

# NEEDS AND ASSETS REPORT

2008



 **FIRST THINGS**

**Southwest Maricopa**  
Regional Partnership Council



## **Southwest Maricopa**

### **Regional Partnership Council**

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#### **2008 Needs and Assets Report**

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

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# The Southwest Maricopa Regional Partnership Council

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**T**he First Things First Southwest Maricopa Regional Partnership Council is charged with partnering with the community to provide families opportunities to improve their children's educational and developmental outcomes. The Southwest Maricopa Regional Partnership Council (Regional Council) works to ensure that all children in the region are afforded an equal chance to reach their fullest potential. By investing in young children, the Regional Council and its partners will help build brighter futures for the region's next generation of leaders, ultimately contributing to economic growth and the region's overall well being.

Through the identification of regional needs and assets and the synthesis of community input, this regional report begins to outline possible priority areas for which the Regional Council may focus its efforts and resources. This report presents findings from the first needs and assets assessment completed in early summer 2008 for the region.

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

- Executive Summary
- Regional Child and Family Indicators
- Current Regional Early Childhood Development and Health Systems
- Conclusion



# Executive Summary

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## The Southwest Maricopa Region

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The First Things First Southwest Maricopa Region is a predominately rural area of 4,325 square miles. This region is the geographically largest area within Maricopa County, extending across the Sonoran desert to Yuma, Pima, and Pinal counties. Almost half of Maricopa County is located in the Southwest region. The majority of residents reside in a string of suburban communities: Tolleson, Avondale, Litchfield Park, Liberty, Goodyear, and Buckeye, which are adjacent to west Phoenix; additionally, the remote communities of Gila Bend, Palo Verde, and Tonopah are in this region.

Historically, Buckeye, Liberty, and Tolleson, were small farming communities with close-knit families and migrant communities. Palo Verde and Goodyear grew as a result of specific industry in their areas. Litchfield Park is strongly influenced by the adjacent military installation at Luke Air Force Base. Tonopah and Gila Bend traditionally are small outpost communities. However, in the near future, Gila Bend will be home of a state-of-the art solar energy plant. The growth of southwestern Maricopa County is primarily attributed to the rapid expanse of the City of Phoenix. Sleepy, rural farming communities of the 1970s have become suburban bedroom communities of Phoenix. Affordable housing and access to Phoenix has accelerated the region's growth.

The Southwest Maricopa Region is served by Pendergast elementary schools in addition to 9 smaller but rapidly growing community school districts: Avondale, Buckeye, Liberty, Litchfield, Littleton, Palo Verde, Tolleson, Union and Saddle Mountain.

The region represents approximately 8 percent of Maricopa County's population. About 4 percent (11,879) of the population is made up of children ages birth through five, compared to 9 percent for Arizona overall. The regional population has grown by 34 percent since 2002; suburban communities to the south and west of Phoenix have grown by 110 to 353 percent. However, in the rural areas like Gila Bend, population has declined by 6 percent. The racial and ethnic diversity of the area likely includes more Hispanics or Latinos than Maricopa County and Arizona. However, the birth rate for White, non-Hispanic mothers (44 percent) is higher than the state rate of 42 percent, and the birth rate for Hispanic or Latino mothers (36 percent) is lower than the state rate (44 percent). State-level data that annually estimates household language usage projects that up to 32 percent of Arizonans aged 18 years or younger may use a language other than English as their primary language spoken at home.

Economic indicators for the Southwest Maricopa Region vary widely by community, with unemployment running between 2.4 percent (Goodyear) and 5.8 percent (Gila Bend). The median income in Maricopa County, \$52,521, exceeds median income in Arizona by 11 percent. However, in the year 2000, individual communities in the region showed a wide range of median annual income, which likely continues today. For example, in 2003, about 27 percent of the population of Gila Bend and 19 percent in Buckeye was listed living at or below 100 percent of the Federal Poverty Level.

About 11 percent of births in the Southwest Maricopa Region are to mothers age 19 and under. These percentages range widely by community, and are higher in the smaller, more rural communities of Gila Bend (27 percent) and Tonopah (16 percent). On average, the rate for the region overall is similar to Maricopa County and Arizona.

Once a young woman becomes pregnant, the risk of a second pregnancy increases.

As the region has grown, a network of programs for young children has developed. In 2006, 140 fee-paying child care settings in the region were identified; together they served on average, 4,433 students daily. In addition, the region has a network of pre-kindergarten classes and educational services for children with special needs across eight school districts. Out of a total population of 11,879 children ages birth through five, just under 3 percent of children in the region are enrolled in accredited care settings, and only 37 percent of children are using accredited, licensed, or otherwise regulated child care programs. The remaining 60 percent is assumed to be placed in mostly non regulated home care settings with no information as to the quality of care delivered. There are only four accredited child care programs and eight Head Start Programs, including five with home visiting programs. Accredited programs have a capacity of 534 children and a survey in early 2008 indicated there were 342 children enrolled.

According to the surveys of teachers, families, and council members, a significant need is for more accredited child care centers distributed across the Southwest Maricopa Region. These centers should provide care and education to families regardless of proximity to Phoenix.

Lack of access to quality care in all child care setting is one of the pressing needs of the region. The costs of care across group homes, licensed centers, and in-home care are similar regardless of setting. Cost of care in 2006 ranged from \$19.46 per day (\$4,865 per year) for a preschooler in an alternatively-approved home, to \$35.38 per day (\$8,845 per year) for an infant in a licensed center.

The rate of compensation for early childhood professionals is another related concern. Full-time teachers are earning less than \$25,000 per year and teacher assistants are earning less than \$18,000 per year. For families of four these earnings fall below the Federal Poverty Level.

Even though the Southwest Maricopa Region has only 1 hospital, West Valley Hospital, Banner Estrella also services the west region and other medical resources are present: eleven primary care and three pediatric dental practices, fifteen community health centers and school-based clinic sites, and two Prenatal/Healthy Babies programs. The Regional Partnership Council is concerned that too few children receive developmental screening through the Arizona Early Intervention Program (AZEIP). In 2006, just over 3,000 children ages 0-36 months received AZEIP screening across Maricopa County. The AZEIP, Arizona Health Care Cost Containment System (AHCCCS) data as well as Head Start regional data cannot be examined apart from the rest of Maricopa County. Although not an unduplicated count, the Division of Developmental Disabilities (DDD) was able to report that they provided services to an average of 401 children per month across the region.

Interviews with Southwest Maricopa Regional Partnership Council members revealed that behavioral health services for children were thought to be the most difficult service to access, and the least affordable. More data is needed to determine the need and eligibility of children in all areas of health issues including prenatal care, teen pregnancy, and oral health to name a few.

Twenty-eight social service, family support and adoption/foster care resources were identified in the region and there are four libraries. Small municipal human service offices (Avondale, Goodyear and Tolleson) are significant assets for their communities. Due to its close proximity to Phoenix, there are also many resources

available to Southwest Maricopa families including pediatric medical facilities, programs for children with special needs, and multiple parent support groups; however, families must have access to reliable transportation in order to use these assets. This is a big concern to the Regional Partnership Council. When asked to identify barriers to accessing services, Regional Partnership Council members reported cost, eligibility restrictions, lack of transportation, and convenience as the major barriers. These barriers are consistent with other responses collected during the 2007 Key Informant Survey of providers and families in which cost, eligibility, and reimbursement were the key issues.

A pressing concern of the Regional Partnership Council is the preparation of its early childhood and elementary school teachers. Data from two surveys of the greater county region in 2007 and 2008 show that 62 percent of teachers and 90 percent of assistants in childcare programs had no college degree, similar to Arizona's rates. There are multiple avenues for training and certification available to professionals in this region. Different estimates suggest that about 10 percent of early childhood professionals in the region have earned the Child Development Associate (CDA) credential.

It is well documented that there are numerous organizations providing services within the region including health, child care, education, and social services. However, many of these services provide no specific information pertinent for families with children ages birth through five years and even less frequently do service providers collaborate together to provide age-appropriate services along the entire spectrum of care for a family with young children. This early childhood system coordination problem is not only indicative of the Southwest Region, but is one that has typified conditions across the state.

Many of the needs uncovered during this assessment are relative to the size and low density of the region. With its agrarian roots there is still a rural sense of distance and neighborly cooperation. However, these distances seriously impact the planning



of services. Population projections indicate that the Southwest Maricopa Region is poised for a population boom similar to that of the far east part of the county and will rapidly shift from rural agrarian to suburban communities. These distances and access to services will remain problematic for city planners and the Regional Partnership Council. Public transportation and access to services will increase in priority. The Regional Partnership Council will be examining the 2006 report on transportation access completed by Maricopa Association of Governments to determine the barriers to traveling to services in the region when the report is released.

The following questions remain of interest to the Southwest Maricopa Regional Partnership Council:

- What services are being provided by the Division of Developmental Disabilities to children? The Regional Partnership Council is concerned that adequate services may not be available for their children with special needs and that region-specific data are not currently available to determine the scope of needs of families.
- What cultural competence strategies are currently available to providers' families? The Council is interested in information about the quantity and quality of services available to non-English speaking residents as families who are non-English or limited English speakers constitute a significant portion of the communities across the region. They are interested in assessing the cultural competence of health and educational services across the region.
- What is the average spacing (in months) between births of children within families?
- What are the types and amount of infant mental health services available?
- What is the incidence of perinatal mood disorders?
- What is the rate of vehicle ownership? And how do people get to medical services (transportation)?
- What are the three major areas of concern in the community? Greater input from consumers is desired by the Regional Council in order to develop services and measure their efficacy.
- What is the nutritional status of children birth through five?
- Where are and what is the incidence of Spanish speaking residents?
- How many children have access to a Medical Home?
- What is the quality of parent education, routine reading behaviors that predict early literacy, and public awareness in the region?

## Regional Child and Family Indicators—Young Children and Families in the Southwest Maricopa Region



The well-being of children and families in a region can be explored by examining indicators or factors that describe early childhood health and development. Needs assessment data on indicators provide policy makers, service providers, and the community with an objective way to understand factors that may influence a child's healthy development and readiness for school and life.

The indicators included in this section are similar to indicators highlighted in the 2007 Arizona *Building Bright Futures* report:

- **Early childhood population** – Race, ethnicity, language, and family composition
- **Economic status of families** – Employment, income, poverty and parents' educational attainment
- **Trends in births**
- **Health insurance coverage and utilization**
- **Child safety** – Abuse and neglect and child deaths
- **Educational achievement** – elementary school performance and high school graduation

Data on these indicators are provided for the Southwest Maricopa Region and compared with Arizona and United States data wherever possible. Much of the data on early childhood, families and health is reported by State agencies at the county level

and represents all Maricopa County. Therefore, these data may not fully reflect the unique characteristics of the Southwest Maricopa Region.

Every attempt was made to collect data for multiple years at each level of reporting (regional through national). However, there are some items for which no reliable or comparable data currently exist.

The Southwest Maricopa Regional Partnership Council may not have a direct effect on these or other indicators. Nonetheless, they are important measures to track because they outline a picture of a child's chance for success. In addition, some indicators such as child abuse, child neglect, and poverty are tracked because they provide pertinent information on how children are faring, or factors to consider when designing strategies to improve child outcomes in the region.

## Summary of Regional Findings on Child and Family Indicators

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The Southwest Region represents approximately 8 percent of Maricopa County's population. About 4 percent (11,879) of the population is made up of children ages 0-5, compared to 9 percent for Arizona overall. The regional population has grown by 34 percent since 2002; suburban communities to the south and west of Phoenix have grown by 110 to 353 percent. However, in the rural areas like Gila Bend the population has declined by 6 percent. The racial and ethnic diversity of the area likely includes more Hispanics or Latinos than Maricopa County and Arizona. However, the birth rate for White, non-Hispanic mothers (44 percent) is higher than in the state rate of 42 percent, and the birth rate for Hispanic or Latino mothers (36 percent) is lower than the state rate (44 percent). State-level data that annually estimates household language usage projects that up to 32 percent of Arizonans aged 18 years or younger may use a language other than English as their primary language spoken at home. Based on data for Maricopa County, 83 percent of the region's population is native citizens.

Family composition in the region can only be determined for Maricopa County overall. The majority of children live in two-parent households. In 2006, 15 percent of single-parent households had children under the age of 18; 3 percent of single-parent households had children under the age of 5. About one out of every 10 children in the Southwest Maricopa Region is born to mothers age 19 or younger, which reflects national and state trends.

Economic indicators for the Southwest Maricopa Region vary widely by community, with unemployment running between 2.4 percent (Goodyear) and 5.8 percent (Gila Bend). The median income in Maricopa County, \$52,521, exceeds median income in Arizona by 11 percent. However, in the year 2000, individual communities in the region showed a wide range of median annual income, which likely continues today. Maricopa County includes 9 percent of families living at or below 100 percent of the Federal Poverty level, but again, rates range widely by community. For example, in 2003, about 27 percent of the population of Gila Bend and 19 percent in Buckeye was listed living at or below 100 percent of the Federal Poverty Level.

Indicators for healthy births in the Southwest Maricopa Region show that 84 percent of mothers receive prenatal care in the first trimester, and the rate of premature babies (indicated by low birth rate) is 7 percent. On the other hand just fewer than 43 percent of births were paid for with public funds and 11 percent of mothers in the region are under the age of 19.

In 2007, 66,791 children were enrolled in AHCCCS or Kids Care in Maricopa

County at some point in the year. Since indicators in the Southwest Maricopa Region vary widely in other areas, it is likely that these figures only approximately describe children's health needs in the region. For example, the rate of untreated tooth decay in children 6-8 years old ranges from 14 percent in Goodyear to 49 percent in Tolleson.

Data on child abuse and neglect for the region is available only at the county or state level. In 2006, there were 34,178 reports of child abuse and neglect in Arizona, leading to 60 fatalities. In 2007, there were 10,284 reports of child abuse in Maricopa County from April through September, which represent 57 percent of all reports in Arizona for that time period.

Children's educational attainment in the Southwest Maricopa Region varies by community. Early literacy as measured by the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) assessment show comparable growth in language development for children in kindergarten. Third graders' performance on Arizona's Instrument to Measure Standards (AIMS) assessment in Grade Three varies widely by community. For example, the rate of student proficiency in mathematics ("Meets the Standard" or "Exceeds the Standard") ranges from 11 percent in Gila Bend Unified District to 67 percent in Arlington Elementary District. The region's students perform somewhat better on the Reading and Writing portions of the AIMS for Grade 3. High school graduation rates for 2006 are between 73 percent and 82 percent, which is higher than Arizona's rate of 70 percent overall.

## Regional Population

The Southwest Maricopa Region includes some of the fastest growing communities in the United States. Excluding the three growing Phoenix suburbs of Avondale, Buckeye and Goodyear, the region shows an overall population growth from 2000 to 2007 at 26 percent, which is more than the 22 percent growth of Arizona overall. As the second table shows, the communities of Avondale, Buckeye, and Goodyear, all bedroom suburbs of West Phoenix, have more than doubled or tripled in size, bringing the total population in the region to 318,918. In comparison, the population in Gila Bend, about 80 miles Southwest of Phoenix, decreased by about 6 percent between 2000 and 2006.

### Population Growth (all ages)

	2000	2006	%Change
<b>Southwest Maricopa</b>	120,794	155,201	+28%
<b>Arizona</b>	5,020,782	6,166,305	+23%
<b>U.S.</b>	273,643,273	301,621,157	+10%

Source: US Census +PEP Estimates

The cities of Avondale, Buckeye, and Goodyear were excluded in the above chart because their dramatic increase in population between 2000 and 2006 do not represent the region as a whole. The population change for those cities is listed below.

	2000	2006	% Change
<b>Avondale</b>	35,833	75,403	+110%
<b>Buckeye</b>	6,537	29,615	+353%
<b>Goodyear</b>	18,911	47,359	+150%

Of the total population in the Southwest Maricopa region, 9,936 (6 percent) are children ages birth through four. This is less than half the percentage of children ages birth through four in the State of Arizona, which is at 9 percent. The population of children ages birth through five years in the Southwest Maricopa Region increased by 26 percent from 2000-2006, which mirrors the rate of the population increase for the region if the three fast-growing communities are not included. However, the ratio of children to adults in the region has changed notably in the last seven years. In 2000, approximately one of every 15 people in the region was a child under the age of five. Population estimates for 2006 and 2007 suggest that one out of 26 people in the region is a child between the ages of birth through five.

**Population Growth for Children Ages 0-5 Years**

	2000	2007	%Change
<b>Southwest Maricopa</b>	7,415	9,936	+34%
<b>Arizona</b>	381,833	480,491	+26%
<b>U.S.</b>	19,137,974	20,724,125	+8%

Sources: First Things First Funding Allocation Chart (2007); American Community Survey (2007), U.S. Census (2000)

**Regional Race, Ethnicity and Language Characteristics**

**Race and Ethnicity Characteristics**

Residents in the Southwest Maricopa Region are ethnically and racially diverse. The tables below show US Census 2006 estimates for the State, Maricopa County, and Avondale. Maricopa County mirrors the racial composition of Arizona but Avondale has a higher estimate of White, not Hispanic at 44 percent.

**Racial Composition of Selected Arizona Cities**

City	African American	American Indian	Asian American	Hispanic/Latino (of any race)	White, not-Hispanic
<b>Avondale</b>	N/A	N/A	N/A	N/A	44%
<b>Chandler</b>	4%	1%	6%	23%	64%
<b>Gilbert</b>	3%	1%	5%	15%	74%
<b>Glendale</b>	4%	2%	4%	35%	55%
<b>Mesa</b>	3%	2%	2%	27%	65%
<b>Peoria</b>	2%	<1%	3%	N/A	72%
<b>Phoenix</b>	6%	2%	2%	41%	48%
<b>Scottsdale</b>	2%	<1%	3%	9%	N/A
<b>Surprise</b>	5%	1	2%	21%	N/A
<b>Tempe</b>	4%	3	7%	23%	62%
<b>Tucson</b>	4%	4	3%	39%	50%
<b>Yuma</b>	3%	1%	2%	N/A	39%
<b>Arizona</b>	4%	5%	2%	29%	60%

Source: American Community Survey (2006)

Data about births in 2006 reflect a changing demographic both statewide and in the Southwest Maricopa Region. The largest percentage of births in 2006 in this region

are among White, Non-Hispanic mothers (44 percent), followed by births to Latino mothers (36 percent), then Black/African American mothers (6 percent). The Southwest Region has slightly more (2 percent) births to White, Non-Hispanic mothers than Arizona overall, and 8 percent fewer births to Latino mothers than in Arizona overall.

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

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Unknown
<b>Southwest Maricopa</b>	44% (1,872)	44% (1,892)	6% (248)	1% (59)	4% (159)	1% (27)
<b>Arizona</b>	42% (43,013)	44% (44,862)	4% (3,864)	6% (6,364)	3% (3,136)	<1% (803)

Source: ADHS Vital Statistics, 2006.

### Immigration Status

The majority of citizens in Maricopa County are native citizens (83 percent) or foreign-born, naturalized citizens (5 percent). Statewide, 30 percent of all children have at least one foreign-born parent. Although the number of children born to immigrant families is unknown in Southwest Maricopa, those children born to immigrant families are themselves likely to be citizens. Citizenship status allows children to qualify for public benefits such as AHCCCS and KidsCare (publicly financed health insurance for low-income children) that are generally off limits to non-citizens. Nonetheless, citizenship status does not guarantee that young children are able to access services. Even though young children in the region are likely to be citizens, the citizenship status of their parents may affect their access to services. National studies suggest that many eligible “citizen children” with non-citizen parents do not participate in public programs because of lack of awareness or fear of the repercussions because of parental legal or citizenship status.

### Regional Immigration Characteristics (2006)

	Native Citizens	Foreign Born Naturalized Citizens	Non-US Citizens
<b>Maricopa County*</b>	(82%) 3,111,817	(5%) 177,801	(13%) 478,505
<b>Arizona</b>	(85%) 5,237,235	(4%) 273,700	(11%) 655,383
<b>U.S.</b>	(87%) 261,850,696	(5%) 15,767,731	(7%) 21,780,050

\* Only County level is provided because census data is not available at the sub-county level. Source: American Community Survey (2006).

### Children in Immigrant Families (2006)

Phoenix, AZ	Arizona	U.S.
46%	30%	22%

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

Despite the large numbers of immigrants to the state, Arizona does not rank in the top 10 for naturalizing citizens or providing permanent legal residency to individuals, leading some to speculate that many of the immigrants living in Arizona do not have legal status in the state. As a result, many individuals of foreign origin may not seek the services they need for themselves or their children for fear of having their status questioned, even if they do have legal status to be living in the United States. Consequently, finding data to accurately describe the ethnic and language characteristics of these families is very difficult in the Southwest Maricopa Region, as well as the United States as a whole.

There is some information available to help paint the picture: The Annie E. Casey Foundation estimated in 2004 that Arizona ranked fifth in the nation for births to foreign-born mothers, at 32 percent. Two years later, in 2006, the National Center for Children in Poverty projected that 78 percent of Arizona children born to low-income families had immigrant parents, consistent with recent surges in immigration trends from Mexico being reported by federal agencies.

Children of immigrants face challenges that children of native-born parents do not. Educational attainment of immigrant parents is often quite limited. Nationally, 40 percent of children in immigrant families live with a mother or father who has not graduated from high school, compared to 12 percent of children in non-immigrant families. Parents who have completed fewer years of schooling may be less able to help their children learn to read. In addition, children of immigrants may be less prepared than their counterparts to start kindergarten. Nationally, three and four-year old children in immigrant families are less likely to participate in nursery school or preschool programs than their peers.

### Language Characteristics

Language characteristics, in terms of language primacy or fluency, are generally not measured in children until they reach their fifth year. As a result, data on these characteristics are usually limited to children over the age of five. Data from the most recent Kids Count and American Community Survey estimate that up to 32 percent of Arizona children ages five to 18 speak a language other than English. Many of the children who reside in linguistically isolated families enter school with limited English proficiency. An examination of Maricopa County data shows that 12 percent of families with young children speak primarily Spanish and may be isolated because of this.

#### Language Use Among Individuals (age 5 years and older)

Maricopa County*	% who speak only English	% who speak less than well	% who speak primarily other Languages
2000	76%	12%	10%
2006	72%	14%	14%

\*County level data used, as census tract data for the Southwest Region is not available for 2006. Sources: U.S. Census (2000); American Community Survey (2006).

## Family Composition

### Makeup of Households with Children 0-18 Years of Age for Selected Arizona Cities

City	Married Couple Households	Male Headed Household without Wife	Female Headed Household without Husband
Avondale	64%	2%	34%
Chandler	71%	9%	19%
Gilbert	74%	7%	17%
Glendale	61%	10%	27%
Mesa	70%	8%	22%
Peoria	71%	11%	18%
Phoenix	63%	10%	26%
Scottsdale	68%	9%	22%
Surprise	82%	3%	15%
Tempe	65%	9%	25%
Tucson	55%	10%	33%
Yuma	70%	3%	27%
Arizona	65%	9%	24%

Source: American Community Survey (2006)

In Maricopa County, the majority of children live in households with two parents. The county has about the same percentage of single parent families that is reported for state and national averages.

Since the year 2000, approximately 15 to 17 percent of family households in Arizona have been headed by a single parent. Estimates indicate that many of these households are led by mothers only, while a few are led by fathers only. While this number of single-parent households might seem high, Arizona is actually right at the national average for this statistic and better than many states where single parent households can approach the 50 percent mark (i.e., Washington, D.C. and Mississippi). One of the more reliable predictors of a child receiving early education and care services is whether or not the child's mother is both a single parent and needs to work to support the family. Nationally, in 1991, 85 percent of working mothers of four-year olds used early childhood education and care programs, with that figure jumping to 91 percent in 1999.

### Teen Parent Households

About one out of 10 children in the Southwest Maricopa Region in 2006 were born to mothers aged 19 years or younger. This figure remained fairly stable from 2002 to 2006, which reflects the national trend and is slightly better than the rate for Arizona overall.

### Percentage of Children Born to Teen\* Mothers

	2002	2003	2004	2005	2006
Southwest Maricopa***	11%	10%	10%	11%	11%
Arizona	13%	12%	12%	12%	12%
U.S.	11%	10%	10%	10%	10**

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

\*\*\*Includes data on Avondale, Buckeye, Gila Bend, Goodyear, Litchfield Park, and Tolleson

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

The state average for teenage births has remained relatively constant at 12 percent for more than five years, but little progress has been made to reduce the prevalence of Arizona teen mothers giving birth to a second child. From 2000 to 2006, approximately 22 percent of births to teen mothers were the mother’s second child. In 2008, Arizona ranked 41 out of the 50 states for the highest high school drop-out rates at 9 percent. Many of these teen mothers are also challenged in the workforce to provide for their children because they lack a high school diploma. Dropout prevention studies consistently identify the need for high-quality early childhood education to *prevent* the high school drop-out problem. The scarcity of quality early care resources for teen parents is thought to be one reason why children of teenage mothers often have poor early childhood outcomes themselves.

### Grandparent Households

Arizona has approximately 4 percent of grandparents residing with one or more grandchildren which is similar to the 3.6 percent national average. Out of the 1,322,104 households in Maricopa County, there were 77,897 households with grandparents living with their own grandchildren under 18 years of age.

County	Percent Of Households With Children Under 18 Led By Grandparents
Apache	4
Cochise	3
Coconino	4
Maricopa	1
Mohave	2
Navajo	5
Pima	2
Pinal	3
Yavapai	<1
Yuma	2

Source: American Community Survey (2006)

Extrapolating these numbers suggests that in the Southwest Maricopa Region, there are between 26,000 and 27,000 households where children are sometimes or always supervised by a grandparent. For many grandparent caregivers this responsibility is a long term commitment.

It is critical to note that grandparent caregivers are more likely to be poor in comparison with parent-maintained families. Furthermore, many grandparent caregivers have functional limitations that affect their ability to respond to the needs of grandchildren.

## Employment, Income and Poverty

### Families Living in Poverty (2006)

County	%age of families below 100% federal poverty level
Apache	25%
Cochise	16%
Coconino	11%
Maricopa	9%
Mohave	14%
Navajo	17%
Pima	10%
Pinal	11%
Yavapai	9%
Yuma	16%

Source: American Community Survey (2006)

Joblessness for a family can impact the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.3 percent in May of 2007. For the most recent 12 month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates. Data is presented in monthly increments because economic indicators such as joblessness are measured over much smaller periods of time than are static social indicators which do not change (i.e., gender, ethnicity, etc.). In the growth-prone areas of Arizona such as Phoenix, unemployment rates have been slower to creep up toward both state and national averages.

The most recent unemployment estimates from 2008 show that in the Southwest Maricopa Region the rates are similar or slightly lower to the overall rate for Arizona. Gila Bend is the exception, experiencing the highest rate of unemployment in the region at 5.8 percent. Goodyear is also notable, with 2 percent less unemployment than the state generally.

### Average Unemployment Rates

	May 2007	April 2008	May 2008
Maricopa County*	2.7%	3.1%	3.4%
Avondale	2.1%	3.0%	3.3%
Buckeye	3.4%	4.0%	4.4%
Goodyear	1.9%	2.2%	2.4%
Litchfield Park	2.4%	2.9%	3.1%
Tolleson	2.6%	3.1%	3.4%
Gila Bend	4.5%	5.4%	5.8%
Arizona	3.6%	3.9%	4.4%
U.S.	4.5%	5.0%	5.5%

\*Includes all Maricopa County. Source: Arizona Dept. of Commerce, Research Administration (June, 2008)

## Annual Income

As the first table below shows, during 2006, the Arizona median household income was reported at just over \$47,000 per year, very close to the national average of \$48,000 per year. Median income in Maricopa County in 2006 was \$52,271 and it was 11 percent higher than the state's overall median income. However, in selected communities of the Southwest Maricopa Region, the median income for the year 2000 ranged widely, from a low of \$26,895 in Gila Bend to a high of \$71,875 in Litchfield Park. Although data for five communities in the region were not available for 2006, disparities are likely to be similar to those in 2000.

### Median Annual Income (per year – pretax)

	2002	2003	2004	2005	2006
<b>Maricopa County*</b>	\$45,776	\$44,901	\$46,111	\$48,711	\$52,521
<b>Arizona</b>	\$41,172	\$40,762	\$41,995	\$44,282	\$47,265
<b>U.S.</b>	\$43,057	\$43,564	\$44,684	\$46,242	\$48,451

\*Data includes all of Maricopa County. Source: American Community Survey

### Southwest Maricopa Median Annual Income (per year – pretax)

	2000	2006
<b>Maricopa County*</b>	\$45,528	\$52,521
<b>Arizona</b>	\$40,558	\$47,265
<b>U.S.</b>	\$41,994	\$48,451
<b>Avondale</b>	\$49,153	55,807
<b>Buckeye</b>	\$35,383	NA
<b>Goodyear</b>	\$57,492	NA
<b>Litchfield Park</b>	\$71,875	NA
<b>Tolleson</b>	\$38,773	NA
<b>Gila Bend</b>	\$26,895	NA

## Families in Poverty

For a family of four, the Federal Poverty Level is \$21,200 a year (for the 48 contiguous states and D.C.). As the following chart shows, Maricopa County has 9 percent of households living at or below 100 percent of the Federal Poverty Level which is similar to Arizona and the nation.

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

	% of Households Living At or Below 100 % of the Federal Poverty Level
<b>Maricopa County*</b>	9%
<b>Arizona</b>	10%
<b>US</b>	10%

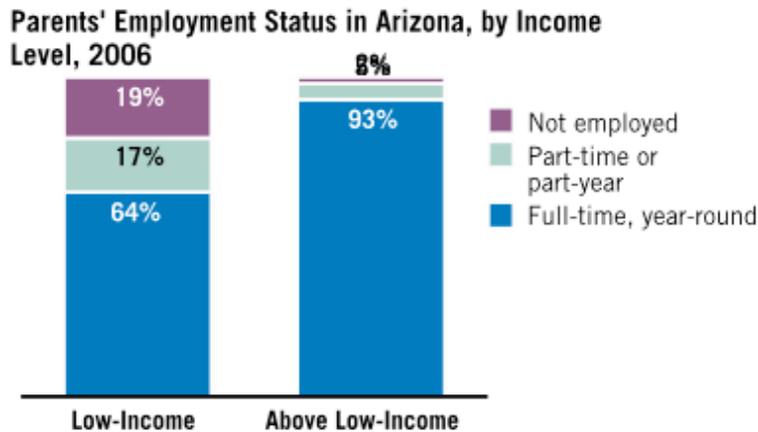
\*Data not available at the sub-county level. Source: US Census, American Community Survey

Additional data by city for the 100 percent and 200 percent Federal Poverty Levels reveal that the community of Gila Bend has the highest rates of poverty in the region.

FPL Level	Maricopa County	Avondale	Buckeye	Goodyear	Gila Bend	Tolleson
Below 100%	11.70%	13.70%	19.30%	6.8%	26.80%	13.70%
Below 200%	29.20%	34.20%	42.50%	19.40%	56.20%	33.00%

Arizona Department of Health Services, Community Health Profile, 2003

Even Arizona parents who are employed may be struggling to “make ends meet,” as some research indicates that almost two-thirds of working families are living at or below the federal poverty line and are considered to be “low-income” families. The following graph shows the relationship between employment levels and categorization as “low income” or “above low income.”



© National Center for Children in Poverty (nccp.org)  
Arizona Demographic Profiles

Both women and men are more likely to have higher incomes if they have greater educational success. For example, according to 2004 statistics, a woman with less than a 9th grade education could expect to earn less than \$18,000 per year, but with a high school diploma that income rises to more than \$26,000 per year. With a bachelor’s degree in 2004, women were reporting an income of \$41,000 per year.

### Parent Educational Attainment

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

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree. According to data reported from 2002 to 2006 almost 30 percent of mothers that gave birth in Maricopa County had less than a high school diploma, which is almost 10 percent higher than the state average over the same period. The

state rate for births to mothers with no high school degree has remained fixed at 20 percent for the past three years.

**Percentage of Live Births By Educational Attainment of Mother**

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

\*Data for Maricopa County only. Arizona Dept. of Health Services, Vital Statistics, American Community Survey.

**Healthy Births**

**Prenatal Care**

Adequate prenatal care is vital in ensuring the best pregnancy outcome. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills. In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care. Late or no prenatal care is associated with many negative outcomes for mother and child, including:

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

The following sections and chart with regionally specific information further describe information about prenatal care, low birth weight, and teen mothers, which are three risk factors that can affect early childhood development.

According to national statistics 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona. Most expectant mothers in the Southwest Maricopa Region (83 percent) obtain prenatal care in the first trimester, which is notably higher than the Arizona rate and closer to the U.S. as a whole. The percent of mothers receiving prenatal care varies by community. In Gila Bend, an outlying rural community, 75 percent of mothers receive prenatal care,

compared to 80 percent in Avondale, 82 percent in Buckeye and 87 percent in Goodyear, which are all suburbs of Phoenix. Proximity to Phoenix may make it easier for residents of these communities to access medical care.

### Selected Characteristics of Newborns and Mothers, SW Maricopa Region (2006)

Community	Total Births	Teen Mother (<=19yr)	Prenatal Care 1 <sup>st</sup> Trimester	No Prenatal Care	Public Funds	Low Birth Weight <2500 grams	Unwed Mothers
Arizona	102,042	12,916	79,299	2,401	54,909	7,266	44,746
Avondale	1,391	183	1,121	25	698	99	580
Buckeye	935	100	774	3	407	73	282
Goodyear	824	67	724	4	237	54	197
Litchfield Park	440	25	400	2	106	33	116
Tolleson	623	70	518	7	306	41	262
Gila Bend	44	12	33	2	38	5	28
<b>TOTAL</b>	<b>4,257</b>	<b>457</b>	<b>3,570</b>	<b>43</b>	<b>1,792</b>	<b>305</b>	<b>1,465</b>

Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics

### Low Birth-Weight Babies

Low birth weight and very low birth weight (defined as less than three lbs., four oz.) is a leading cause of infant health problems and death. Many factors contribute to low birth weight. Among the most prominent are: drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. As the chart above shows, about 7 percent of all babies born in the Southwest Region are under their optimum birth weight. The percentages range from about 7 percent in the Phoenix suburbs to 11 percent in the community of Gila Bend.

Arizona is producing fewer low birth-weight babies each year. Studies have suggested that Arizona's lower than average incidence of pregnant women who smoke cigarettes accounts for better outcomes regarding birth-weight than is seen in other cities in the United States. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent, while the Arizona rate was only 5.9 percent.

### Pre-term Births

Pre-term births, defined as birth before 37 weeks gestation, account for nearly one-half of all congenital neurological defects such as cerebral palsy, and more than two thirds of infant deaths. In the above chart, low birth weight is presented. Because these indicators are closely linked, low birth weight can be considered as a proxy for pre-term births. Low birth weight has a direct link to the gestational age at which the child is born. Overall, the rates of premature birth have been rising in the U.S. over the past 20 years, with some studies pointing to advances in neonatal care capabilities, as well as a higher incidence of medically unnecessary caesarian sections.

### Births to Teen Mothers

About 10 percent of American teen girls between the ages of 15 and 19 will become pregnant each year. It is startling to consider that one in five 14-year-old girls become pregnant before reaching the age of 18. According to the table above, about 11 percent of births in the Southwest Maricopa Region are to mothers age 19 and under. These

percentages range widely by community, and are higher in the smaller, more rural communities of Gila Bend (27percent) and Tonopah (16percent). On average, the rate for the region overall is similar to Maricopa County and Arizona. About one-third of adolescent mothers have a repeat pregnancy within two years. A repeat teen birth comes with a significant cost to the teenage mothers themselves and to society at large. Teen mothers who have repeat births, especially closely spaced births, are less likely to graduate from high school and more likely to live in poverty and receive welfare when compared with teen parents who have only child.

## Health Insurance Coverage and Utilization

Data on the number of uninsured children 0-5 in the Southwest Maricopa Region was not available for this report. However, a 2007 report entitled *Health Insurance In Arizona: Residents of Maricopa County* provides estimates of the number of uninsured children living in each zip code area in Maricopa County. The estimates are based on health records contained in a community health data system known as Arizona Health Query (AZHQ). The data system contains health records for 1.4 million people in Maricopa County, representing 40 percent of county residents. Health records for children are even more complete in the AZHQ database, representing 72 percent of the county's children ages 0-9. The report estimates that a large number of uninsured children reside in the Southwest Maricopa Region. In the chart below, the number of children without health insurance is estimated by zip code for 2004. Estimates are based on an estimate of the rate of uninsured children in each zip code area applied to US Census population projections.

### Uninsured Children (Ages 0-9) by Selected Zip Codes in the SW Region, 2004

Zip Code	Estimated Number of Uninsured Children
85323 – Avondale	1,695
85326 – Buckeye	2,922
85337 – Gila Bend	706
85338 – Goodyear	566
85340 – Litchfield Park	150
85353 – Tolleson	220
85354 – Tonopah	287

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

## Uninsured Children

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

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

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

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

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

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

Source: Kids Count

The chart below shows children enrolled in AHCCCS or KidsCare – Arizona's publicly funded low cost health insurance programs for children in low income families. As the chart shows, 66,791 children (ages birth through five) were enrolled in AHCCCS or KidsCare in Maricopa County in 2007.

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

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

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

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

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

For the Southwest Maricopa Region, this last factor may potentially play a large

role, given the number of immigrant and linguistically isolated households in the region. While no specific evidence exists for the region, such evidence does exist statewide. For example, 37percent of 788 AHCCCS providers surveyed in 2005 had *no means* of understanding their Spanish-speaking patients unless the patient's family member could translate for their relative and the medical provider. Similarly, a 2007 Commonwealth Fund study found low rates of patient satisfaction among Arizonans, who cited lack of cultural competency as one contributing factor.

## Access to Medical Care

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

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

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

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

## Oral Health Access and Utilization

Access to dental care is also limited for young children in both the state and the region. As the chart below shows, in 2003, oral health varies among Southwest Maricopa cities. For example, untreated tooth decay among 6 to 8 year olds ranges from a low of 14percent in Goodyear to a high of 49percent in Tolleson.

### Oral Health—Southwest Maricopa—Children 6-8 Years Old

Southwest Maricopa Communities (2003)	Untreated tooth decay	Tooth decay experience	Urgent Treatment needs	Sealants present
Avondale	16%	35%	3%	59%
Buckeye	43%	68%	16%	41%
Gila Bend	37%	57%	17%	27%
Goodyear	14%	43%	0%	50%
Litchfield Park	30%	55%	13%	41%
Tolleson	49%	69%	22%	33%
Arizona	40%	62%	9%	28%

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

Access to oral health care is even more challenging for families with special needs children. According to a statewide Health Provider Survey report released in 2007, a large majority (78percent) of Arizona dental providers surveyed in 2006 (N =729

or 98percent of all AHCCCS providers) said they did not provide dental services to special needs children because they did not have adequate training (40percent), did not feel it was compatible with the environment of their practices (38percent), or did not receive enough reimbursement to treat these patients (19percent). The Health Provider Survey report recommended more training for providers to work with Special Needs Plans (SNP), collaborating with the Arizona Dental Association (ADA) and the Arizona Department of Health Services (ADHS) to increase the number of providers who accept young children.

## **Child Safety**

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

## **Child Abuse and Neglect**

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

The following data illustrates the problem of abuse and neglect in Arizona and the significant number of children that are placed at greater risk for poor school performance, frequent grade retention, juvenile delinquency and teenage pregnancy as child abuse and neglect are strongly linked with these negative outcomes for children. The data provided in this report includes state and county level data for children under age 18.

It is important to note that the substantiation rate is not an indicator of risk and is not tied to the removal of a child. There are many cases where the specific allegation in the report cannot be proven but it is determined that the child is at imminent risk of harm and services and supports are put in place to keep the child safely at home, or the child is removed. The numbers of reports that are considered substantiated are a subset of the total of reports that were received, investigated, and closed during the reporting period.

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

**Child Abuse Reports, Substantiations, Removals, and Placements for Maricopa County\***

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

\*All data taken from Arizona Department of Economic Security Child Welfare Reports. Discrete data for “number of reports substantiated” not available in reports prior to Oct. 2005-Mar. 2006. Child Welfare Reports do not provide county-level data for number of child in out-of-home care on the last day of reporting period.

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

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

County	Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse	Total	% of Total
<b>Maricopa</b>	117	6,098	3,424	645	10,284	57.0%

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

In any given year, more than three million child abuse and neglect reports are made across the United States, but most child welfare experts believe the actual incidence of child abuse and neglect is almost three times greater, making the number closer to 10 million incidents each year. In 2006, 3.6 million referrals were made to Child Protective Service agencies (CPS) nationally, involving more than 6 million children. While 60percent of these referrals were determined to be “unsubstantiated” according to CPS criteria and only 25percent of cases resulted in a substantiated finding of neglect or abuse, research continues to show that the line between a substantiated or unsubstantiated case of abuse or neglect is too often determined by: A lack of resources to investigate all cases thoroughly; lack of training for CPS staff, where employee turnover rates remain high; and a strained foster care system that is already beyond its capacity and would be completely overwhelmed by an increase in child removals from families. The youngest children suffer from the highest rates of neglect and abuse, as shown below:

- Birth to 1 year 24 incidents for every 1,000 children
- 1-3 years 14 incidents for every 1,000 children
- 4-7 years 14 incidents for every 1,000 children
- 8-11 years 11 incidents for every 1,000 children

According to overall child well-being indicators, in 2005 Arizona ranked 36th out of the 50 states, with child abuse and neglect a leading reason for the state's poor ranking. In the following year, Arizona's Child Fatality Review Board issued its annual report for 2005, which showed that 50 Arizona children died from abuse or neglect. Contributing factors in these deaths included caretaker drug/alcohol use (31percent), lack of parenting skills (31percent), lack of supervision (27percent), a history of maltreatment (20percent) and domestic violence (15percent). Only 11percent of the children who died had previous Child Protective Services involvement.

## Foster Care Placements

Foster care placement is directed toward children whose parents are perceived as unable to properly care for them. Foster care has increasingly become an important aspect of the child welfare system. The extent to which foster care is being used in different communities reflects the resources available to provide needed care to vulnerable children. In Maricopa County there were 4,454 child placements in 2004 and that number increased to almost 5,000 in 2005 (See chart below). The majority of children in out-of-home care across the State of Arizona are either White (42percent) or Hispanic (35percent), followed by African American (13percent). Problems with the foster care system have led to efforts at reform. Efforts have included new methods for keeping children safe in their own homes, provision of kinship care, and family foster care. The Arizona Department of Economic Security is working to embed the Casey Foundation's Family to Family Initiative into Arizona's child welfare practice. This is a nationwide child welfare initiative, and one of the core strategies in the recruitment, development and support of resource families that focuses on finding and maintaining kinship and foster families who can support children and families in their own neighborhoods.

### Child Placements in Foster Care

	2002	2003	2004	2005	2006
<b>Maricopa County</b>	2004 Maricopa County: 4,454* 2005 Maricopa County: 4,939*				
<b>Arizona</b>	5,049**	6,208**	7,173**	7,546**	7,388**
<b>U.S.</b>	29%*** (154,000)	30%*** (155,000)	31%*** (158,000)	32%*** (164,000)	44%*** (131,000)

\*Based on total number of children removed from the home ages 0-5 years

\*\*Includes all children under the age of 18 years

\*\*\*Based on total number of children removed from the home ages 0-5 years

Sources: The AFCAR Report; Children's Bureau, Arizona Department of Economic Security

## Child Mortality

The infant mortality rate can be an important indicator of the health of communities. Infant mortality is higher for children whose mothers began prenatal care late or had none, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers. For example, children living in poverty are more likely to die from health conditions such as asthma, cancer, congenital anomalies, and heart disease. In Arizona as well as the rest of the nation,

many factors that lead to a young child's death are related to health status, such as a pre-existing health condition, inadequate prenatal care, or even the lifestyle choices of the parent. Another area of concern includes factors such as injury – unfortunately, in many circumstances, preventable injury. The table below provides information on the total of child deaths in Maricopa County for children under the age of 14, followed by the leading causes of death for infants in Maricopa County in 2006.

### Child Deaths Among the 0-14 Years Population

	2003	2004	2005	2006
<b>Maricopa County</b>	15% (55)	15% (58)	17% (69)	19% (77)
<b>Arizona</b>	2% (721)	2% (730)	2% (779)	2% (786)
<b>U.S.</b>	1% (32,990)	Not available	1% (33,196)	Not available

Sources: Arizona Department of Health Services

### Leading Causes of Death Among Infants (n = 406) in Maricopa County During 2006

1. **Natural causes in the first 30 days following the birth** (203; 50percent)
2. **Congenital Malformations** (89; 22percent)
3. **Pre-term and Low birth-weight** (64; 16percent)
4. **Sudden Infant Death Syndrome** (21; 5percent)
5. **Homicide** (4; 1percent)

## Children's Educational Attainment

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### School Readiness

Early childhood programs can promote successful school readiness especially for children in low-income families. Research studies on early intervention programs for low income children have found that participation in educational programs prior to kindergarten is related to improved school performance in the early years. Furthermore, research indicates that when children are involved in early childhood programs over a long period, with additional intervention in the early school years, better outcomes can emerge. Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years. Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships. Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to 10 by memory or identifying the letters of the alphabet. Preparedness for school includes the ability to problem solve, self confidence, and willingness to persist at a task. While experts identify such skills as being essential to school readiness, the difficulty comes in attempting to quantify and measure these more comprehensive ideas of school readiness. Currently no instrument exists that sufficiently identifies a child's readiness for school entry. Although Arizona has a set of Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the start of kindergarten), current assessment of

those learning standards have not been validated nor have the standards been applied consistently throughout the state.

One component of children's readiness for school consists of their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy. One assessment that is used frequently across Arizona schools is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). The DIBELS is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year. The results of the DIBELS assessment should not be used to assess children's full range of skills and understanding in the area of language and literacy. Instead, it provides a snapshot of children's learning as they enter and exit kindergarten. Since all schools do not administer the assessment in the same manner, comparisons across communities cannot be made. In the specific area of language and literacy development assessed, the data in the following chart indicate that only a small percentage of children entering kindergarten were meeting the benchmark standard but at the end of the year significant progress was made.

### Basic Early Literacy as Measured by DIBELS

SFY 2006-2007 Kindergarten DIBELS AZ Reading First Schools						
	Beginning of the Year			End of the Year		
	% Intensive	% Strategic	% Benchmark	% Intensive	% Strategic	% Benchmark
<b>AZ Reading First Schools</b>	52	35	13	10	12	78
<b>Southwest Maricopa*</b>						
<b>Avondale Elem School District</b>	64	29	7	10	14	77
<b>Tolleson</b>	49	39	13	2	2	96

\*From the DIBELS assessments available, there were only two school districts reporting within the Southwest Maricopa Region.

## Elementary Education

Children who cannot read well by fourth grade are more likely to miss school, experience behavior problems, and perform poorly on standardized tests. The performance of Arizona's children on standardized tests continually lags behind that of the nation. 56percent of Arizona's 4th graders scored "at basic" or better on the 2007 NAEP Reading Assessment, compared with a national average rate of 67percent. The percentage of Arizona 4th graders achieving "at basic" or better on the NAEP Math Assessment increased dramatically from 57percent in 2000 to 74percent in 2007, but Arizona's 4th graders still score 8percent below the national rate of 82percent. Data at the regional level was not available to include at the time of printing this report.

Data is available for the Southwest Maricopa Region on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in Grades three through eight. This assessment measures the student's level of proficiency in Writing, Reading, and Mathematics and provides each student's national percentile rankings in Reading/Language and

Mathematics. In addition, Arizona students in Grades four and eight are given a science assessment. The chart below shows a complex picture of how each school district in the Southwest Maricopa Region performs. There are many differences in AIMS achievement by community in the region. For example, the rate of student proficiency in mathematics (“Meets the Standard” or “Exceeds the Standard”) ranges from 11percent in Gila Bend Unified District to 67percent in Arlington Elementary District. The region’s students perform somewhat better on the Reading and Writing portions of the AIMS for Grade Three.

### Southwest Maricopa AIMS DPA 3rd Grade Score Achievement Levels in Mathematics, Reading, and Writing (2007)

School District*	Mathematics				Reading				Writing			
	FFB*	A	M	E	FFB	A	M	E	FFB	A	M	E
Arlington Elementary	6%	17%	64%	14%	3%	19%	75%	3%	0%	11%	72%	17%
Avondale Elementary	15%	23%	53%	9%	8%	32%	54%	6%	10%	20%	62%	8%
Buckeye Elementary	18%	26%	51%	5%	9%	34%	54%	3%	6%	25%	61%	8%
Gila Bend Unified	34%	38%	28%	0%	25%	38%	38%	0%	10%	39%	48%	3%
Liberty Elementary	6%	17%	59%	19%	2%	19%	66%	13%	3%	9%	65%	23%
Litchfield Elementary	9%	12%	70%	9%	12%	28%	53%	7%	2%	21%	63%	14%
Littleton Elementary	16%	28%	48%	8%	9%	35%	51%	5%	6%	23%	60%	10%
Saddle Mountain Unified	9%	26%	51%	14%	1%	31%	59%	9%	3%	17%	65%	15%
Tolleson Elementary	19%	29%	47%	5%	11%	31%	56%	2%	7%	20%	67%	5%
Union Elementary	19%	24%	51%	6%	9%	32%	55%	4%	7%	19%	71%	3%

\*List of districts for region provided by FTF. Arizona Department of Education AIMS Spring 2007 Grade 03 Summary

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

## Secondary Education

The completion of high school is a critical juncture in a young adult’s life. Students who stay in school and take challenging coursework tend to continue their education, stay out of jail, and earn significantly higher wages than their non-graduating counterparts.

In 2006, Arizona had 70percent of its students graduate compared to 74 percent in the nation.

As the tables below show, high school graduation rates in the Southwest Maricopa Region varies by school district and year of graduation. Furthermore, graduation rates are likely to vary according to race and gender. Compared with the state and national data, the schools in this region have higher graduation rates than the State of Arizona.

### High school graduation rates

2006

SW Maricopa HS Districts*	Total # Graduates	Total # in Cohort	Graduation Rate
Agua Fria Union (N=3)	743	908	82%
Buckeye Union (N=3)	371	505	73%
Gila Bend Unified (N=1)	31	41	76%
Tolleson Union (N=3)	1104	1358	81%
Arizona	50,355	71,691	70%
United States**	N/A	N/A	N/A

## 2005

<b>SW Maricopa HS Districts*</b>	<b>Total # Graduates</b>	<b>Total # in Cohort</b>	<b>Graduation Rate</b>
<b>Agua Fria Union (N=3)</b>	665	800	83%
<b>Buckeye Union (N=2)</b>	345	400	86%
<b>Gila Bend Unified (N=1)</b>	21	25	84%
<b>Tolleson Union (N=3)</b>	980	1,178	83%
<b>Arizona</b>	50,923	68,498	74%
<b>United States**</b>	2,799,250	3,747,323	75%

\* Arizona Department of Education

\*\* National Center for Education Statistics



# Current Regional Early Childhood Development and Health System

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## Summary of Regional Findings on Early Childhood System

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There is currently no single source or list identifying all of the various types of regulated and unregulated (neither licensed nor certified) early care and education options in the state, which makes counting the number and types of centers a challenge. In the Southwest Maricopa Region, there are 12 National Association for the Education of Young Children (NAEYC) accredited child care centers in which children can receive services. The average enrollment in these accredited centers in 2006 was 342. In addition, in 2006 there were 140 fee-paying child care centers in the region. In 2006, these 140 centers served an average of 4,433 children per day. The majority of care for working families still takes place in informal or unregulated settings. According to a telephone survey by the Southwest Institute in 2008, the staff to child ratios in the accredited centers is slightly higher than recommended by NAEYC standards. According to 21 administrators contacted in the survey, the cost of accreditation is prohibitive, and the challenge of hiring and retaining highly qualified staff limits their ability to improve quality.

The costs of care across group homes, licensed centers, and in-home care are similar regardless of setting. Costs for infant care are generally higher than that for toddlers and preschoolers, which is consistent with state and national norms. Care for one infant in a certified home or licensed center runs between \$6,000 and \$7,000 per year. For the 9percent of families living at or below 100percent of the poverty level in the region, child care costs represent 25percent of their annual income. A key informant survey conducted with members of the Southwest Maricopa Regional Partnership Council in 2008 reports that perceived barriers include cost, eligibility restrictions, and lack of transportation.

According to the Swift Resource database, there are many resources available in and around the Southwest Maricopa Region to help support families and young children. No systematic data have been collected to measure how well these resources are known or accessed by parents in the area. Providers have recommended that the system of education and care for young children be streamlined to better facilitate sharing of information that can help parents navigate through the system effectively, rather than leaving it up to parent to figure out how different pieces of the system work and what this means for the care of their children.

### Quality

A number of states have become increasingly concerned about creating high quality early care and education. This concern makes sense because of a number of reasons. First, child care needs are growing because a majority of children ages years of age participate in regular, nonparent child care. Further, 34percent participated in some type of center-based program. Second, child care is a growing industry. Increasing maternal employment rates and policies from welfare reform have increased demand. Third, research has found that high quality child care can be associated with many positive outcomes including language development and cognitive school readiness.

Quality care is often associated with licensed care, and while this is not always true, one study found that the single best indicator of quality care was the provider's regulatory status.

The Board of First Things First approved funding in March 2008 for the development and implementation of a statewide quality improvement and rating system. Named Quality First!, this system sets standards of quality for Arizona, which will take effect in 2010. Quality First's star rating system, when implemented, will assist families and community members, as well as providers, in identifying what quality child care looks like and which providers offer quality care. This system will be a clear asset upon which regions can build as they consider whether or not improving quality is a regional priority.

Accreditation by a national organization is another method for identifying quality in early care and education. The challenge in using accreditation as a standard of quality lies in the fact that not all accrediting bodies measure the same indicators of quality in the same way. Nonetheless, reviewing accreditation status allows the region to develop a baseline reflection of the availability of quality care in the area. This report presents for the Southwest Regional Partnership Council an initial snapshot of quality in the Region through the nationally accredited organizations approved by the Arizona State Board of Education:

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

### **Accredited Early Child Care Centers**

The tables below present the number of accredited early care and education centers, and the number of children served in these accredited centers, along with a snapshot of staff to student ratios in the centers. In this first Needs and Assets Report for the Southwest Maricopa Regional Partnership Council, some data related to centers was not available.

The Southwest Maricopa Region has four accredited early care and education programs. One Montessori program has earned AMI recognition. Two Head Start programs are accredited by NAEYC, along with one school district early childhood program. There are a total of eight Head Start programs in the region.

**Southwest Maricopa County  
Number of Accredited Early Care and Education Centers**

	AMI/AMS	ACSI	NAC	NAEYC	NECPA	NAFCC Homes	Head Start
<b>Number of Accredited Centers</b>	1	0	0	1+2 Head Start	0	0	8

Sources: NAEYC, AMI, AMS, ACSI , NAC, NECPA, NAFCC, lists of accredited providers.  
 AMI Recognition Schools List <http://www.montessori-ami.org/amiusa/schools.lasso>  
 AMS Accredited Montessori Schools List <http://www.amshq.org/schoolExtras/accredited.htm>  
 ADHS Licensed Child Care List <http://www.azdhs.gov/als/childcare/>  
 ACSI Schools and Accredited Schools <http://www.acsi.org/web2003/default.aspx?ID=1630&subarticlenbr=78>  
 NAC Accredited Centers <http://www.nacpp.org/displaycommon.cfm?an=1&subarticlenbr=78>

**Ratios and Group Sizes**

In addition to offering accreditation to early care and education programs, the National Association for the Education of Young Children (NAEYC) is involved in developing position statements around significant early childhood development issues. One area in which NAEYC has published recommendations for the industry is in group sizes and staff to child ratios, since these factors have been shown to be significant predictors of high quality. Other national accreditation systems vary in the recommended ratios and group sizes. According to the NAEYC standards, the staff to child ratios among accredited providers in the Southwest Maricopa Region is slightly higher than recommended (1:5 for Southwest Maricopa settings versus NAEYC recommendation of 1:4) for the infant group. For the toddler and preschool groups, the local ratios are within the recommended range suggested by NAEYC, as shown in the following table.

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

Source: NAEYC Accreditation Criteria

Southwest Institute conducted a telephone survey in June 2008 of all accredited early childhood centers and a random sample of at least 25percent of licensed early childhood centers. Total enrollment for four of the five accredited centers was 342.

**SWI Survey of Accredited Centers in Southwest Maricopa Region**

Regional Data for 2008	Accredited Centers
Number of Programs surveyed	4 of 5
Number of Children Enrolled	342
Infant-Toddler Staff to Child Ratio (Avg.)	1:5
Two –Three Year Olds	1:7
Three –Five Year Olds	1:10

Sources: Southwest Institute survey with 342 total children enrolled in four (4) accredited centers, 2008.

## Additional Indicators Addressed Under This Priority

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Results of the phone survey of 25 providers in the Southwest Maricopa Region indicate that the majority (21 of 25) of early care and education services are not accredited. Administrators indicated that the cost of accreditation is prohibitive and that the additional costs for preparing for accreditation, especially hiring highly qualified staff, is beyond their ability.

## Access

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

### Number of Early Care and Education Programs

There are numerous types of early care and education programs in the Southwest Maricopa Region. These numbers indicate that parents have choices between types of care providers. However, this data does not indicate whether parents in the region have *quality* choices for care for their children. Currently in Arizona, center or home based programs have only a few options to designate their quality of operation. Accreditation by a nationally recognized accrediting body indicates that the level of quality is important to the provider and has been measured and acknowledged.

The table below presents the number of children enrolled in early care and education programs by type in the Southwest Maricopa Region. Again, it is important to clarify that these numbers do not account for children cared for in unregistered or unregulated care, or in care which is provided by family or friends. Identification of methodologies and data sets related to unregulated care and demand for early care and education are a priority for the future.

**Southwest Maricopa County Number of Early Care and Education Programs by Type\***

Licensed centers	Small group homes	Approved family child care homes	Providers registered with the Child Care Resource and Referral
51	9	77	3

Source: DES Child Care Market Rate Survey 2006

\*Licensed centers include only DHS licensed program providing fee-paying childcare: full-day and part-day child-care programs, Head Start centers with wraparound childcare programs, and school district fee-based part-and full-day fee-paying care only. DHS licensed small group homes have a 10 child maximum; DES certified family childcare homes, homes approved for the child care food program, and CCR&R registered homes have a 4-child maximum.

The Department of Economic Security's (DES) 2006 Child Care Market survey provides information on a range of child care settings statewide. For this report, data were analyzed by zip code to identify which early care and education providers were accessible in each *First Things First* Region. Only providers in the geographical boundaries of the Region are included. These data do not include all providers that are accessible to families in the Southwest Maricopa Region. There are four types of providers designated in the chart above: licensed centers, group homes, approved family child care homes, and providers registered with the Child Care Resource and Referral service. Licensed centers have been granted the ability to operate a safe and healthy child care center by the Arizona Department of Health Services (ADHS). Small group homes are also licensed by the ADHS to operate safe and healthy child care homes. Approved family child care homes are either certified or regulated by DES to provide care, or are approved by agencies to participate in the Arizona Department of Education Child and Adult Care Food Programs (CACFP).

Licensure or certification by the Departments of Economic Security or Health Services ensures completion of background checks of all staff or child care providers, and monitors staff training hours related to early care and education, as well as basic first aid and CPR. Additionally, periodic inspections and monitoring ensure that facilities conform to basic safety standards. While licensure and regulation by the Departments of Economic Security and Health Services are a critical foundation for the provision of quality care for young children, these processes do not address curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements. These important factors in quality care and parent decision-making are provided *only* with national accreditation (see discussion in the section on Quality) and will be included in First Things First's forthcoming Quality Improvement and Rating System, Quality First!.

The Department of Economic Security's 2006 Child Care Market Rate Survey provides information on a range of fee-paying childcare settings, including licensed centers that provide fee-paying childcare, Head Start programs and district programs with fee-paying wraparound care, small group homes, family childcare providers certified by DES and those approved by agencies for the Child and Adult Care Food Program (CACFP), as well as otherwise unregulated providers who register to be listed with the child care resource and referral agency as available child care. This source is particularly useful for understanding approved and unregulated family child care and child care for working parents. It does not, however, provide information about Head Start and district programs that *do not* charge fees.

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

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

### Number of Children Enrolled in Early Care and Education Programs

The table below presents the total capacity compared to the actual number of children enrolled in early care and education programs by type in the Southwest Maricopa Region for 2006. In 2006, child care programs in the Southwest Maricopa region had the licensed capacity to serve 8,824 children. On average, 4,433 children were served by these programs. These numbers do not account for children cared for in unregulated care, by kin, utilizing non-fee based care, or who are in need of care but do not have access to it.

#### Southwest Maricopa County Number of Children Enrolled in Early Care and Education Programs by Type (2006)

	Licensed centers	Group homes	Approved family child care homes	Providers registered with the Child Care Resource and referral	Total
Approved capacity	8,277	120	411	16	8,824
Average daily reported number served	3,856	9	382	115	4,433

Source: DES Child Care Market Rate Survey 2006

To understand regional capacity in 2008, the Southwest Institute conducted a survey of all accredited centers and a random sample of 20percent of all other sites. Percent of enrollment as of April 1, 2008 was 100percent Head Start, 60percent Private and 100percent ECBG. The DES subsidy is unknown as respondents were unclear or unwilling to report this information and DES subsidy was only reported by units paid by age classifications and did not match to the time frame of the enrollment data. However, of the programs surveyed, 76percent reported accepting DES child care subsidy.

### Costs of Care

The following tables present the average cost for families, by type, of early care and education for the US, Arizona, Maricopa County, and a sample of programs from a telephone survey by the Southwest Institute in June, 2008. These data were collected in the Department of Economic Security's Market Rate survey, by making phone calls

to care providers asking for the average charge for care for different ages of children.

In general, it can be noted that care is more expensive for younger children. Infant care is more costly for parents, because ratios of staff to children *should* be lower for very young children and the care of very young children demands care provider skill sets that are unique. Infant care costs range from \$22 to \$35 per day, which translate to an estimated yearly cost of between \$5,500 and \$8,750 per year. A family of four living at the Federal Poverty Level of \$21,200, which represents one out of every 11 families in Maricopa County, might spend about 26percent of its income on child care if both parents work. Clearly these costs present challenges for families, especially those at the lowest income levels. These costs begin to paint a picture of how family choices in early care are determined almost exclusively by financial concerns rather than concerns about quality.

**Average Costs of Early Care and Education in Maricopa County Southwest**

Setting Type & Age Group	Maricopa County Southwest (2006)
<b>Group Homes</b>	
<b>Infant</b>	\$26.67 per day
<b>Toddler</b>	\$23.78 per day
<b>Preschooler</b>	\$23.78 per day
<b>Licensed Centers</b>	
<b>Infant</b>	\$35.38 per day
<b>Toddler</b>	\$32.28 per day
<b>Preschooler</b>	\$23.78 per day
<b>In-Home Care</b>	
<b>Infant</b>	\$26.50 per day
<b>Toddler</b>	\$26.50 per day
<b>Preschooler</b>	\$26.50 per day
<b>Certified Homes</b>	
<b>Infant</b>	\$24.59 per day
<b>Toddler</b>	\$23.37 per day
<b>Preschooler</b>	\$21.44 per day
<b>Alternately Approved Homes</b>	
<b>Infant</b>	\$21.77 per day
<b>Toddler</b>	\$20.25 per day
<b>Preschooler</b>	\$19.46 per day
<b>Unregulated Homes</b>	
<b>Infant</b>	\$26.33 per day
<b>Toddler</b>	\$26.33 per day
<b>Preschooler</b>	\$22.50 per day

\* Hourly rates that differ by less than .50 have been combined and averaged across all age groups.\*\*Assumes full-time enrollment. Sources: 2006 DES Market Rate Study; 2008 rates were obtained from SWI ECE Centers; survey results conducted with 48 randomly selected ECE centers in the region

**Child Care Costs in Reference to Family Income:**

The cost of child care can be a considerable burden for Arizona families. Yearly fees for child care in the State of Arizona range from almost \$8000 for an infant in a licensed center to about \$5900 for before and after school care in a family child care home. This represents about 12percent of the median family income of an Arizona married couple with children under 18 years of age. It represents 22-30percent of the median income of a single parent female headed family in Arizona.

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

NACCRRRA fact sheet: 20008 Child Care in the State of Arizona. <http://www.naccrra.org/randd/data/docs/AZ.pdf>

## Additional Indicators of Interest to the Regional Partnership Council

A Key Informant Survey was conducted with members of the Southwest Maricopa Regional Partnership Council resulting in the following findings related to access to childcare.

The respondents considered a myriad of social issues facing their communities. The greatest concern to the majority of members was poverty and its impact on families. The most pressing issue facing providers was identified as costs/reimbursement strategies. When asked to rate quality, accessibility, cultural responsiveness, and cost of different core services, the Regional Council generally rated both private and public educational services as somewhat effective but only slightly family centered. All respondents rated services as costly and poorly accessible to families. When asked to rate health care, respondents thought services were slightly effective, only slightly family centered and not culturally responsive. However, accessibility was slightly better but cost remained a perceived barrier. Dental health fared slightly better on measures of accessibility and cultural responsiveness, but was still thought to be unaffordable. Behavioral health services for children were thought to be the most difficult to access, and the least affordable.

Data were mixed when rating the quality of teacher preparation opportunities across the region. The state universities were rated as average on quality while community colleges, high schools, community-based training, and state trainings were not conclusive. This may indicate lack of knowledge or experience with these institutions.

Finally, when asked to identify barriers to service council members reported cost, eligibility restrictions, lack of transportation, and convenience as the major barriers. These barriers are convergent with other responses collected during the 2007 Key Informant Survey of providers and families in which cost, eligibility, and reimbursement were the key issues.

## Health

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Children's good health is an essential element that is integrally related to their learning, social adjustment, and safety. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social and emotional well-being necessary for them to succeed when they reach school age. Children's healthy development benefits from access to preventive, primary, and comprehensive health services that include screening and early identification for developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health. Previous sections of this report presented data on prenatal care, health insurance coverage, immunizations, and oral health for the Southwest Maricopa Region. This section focuses on developmental screening.

### Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at 9, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhanced developmental outcomes and reduced developmental problems. For example, children with autism, identified early and enrolled in early intervention programs, show significant improvements in their language, cognitive, social, and motor skills, as well as in their future educational placement.

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

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

Every state is required to have a system in place to find and refer children with developmental delays to intervention and treatment services. The federal Individuals with Disabilities Education Act (IDEA) governs how states and public agencies provide early intervention, special education, and related services. Infants and toddlers with disabilities (birth to age three) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B.

In Arizona, the system that serves infants and toddlers is the Arizona Early Intervention Program (AZEIP). Eligible children have not reached 50percent of the developmental milestones expected at their chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communi-

cation, social/emotional, and adaptive self-help. Identifying the number of children who are currently being served through an early intervention or special education system, indicates what portion of the population is determined to be in need of special services (such as speech or physical therapy). Comparing that number to other states with similar eligibility criteria provides a basis for understanding how effective the child find process is. This is the first task in knowing whether or not a community’s child find process, including screening, is working well.

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

The following chart shows the number of AZEIP Screenings for children 0-12 months and for children 13-36 months for Maricopa County.

**Children 0-5 Years Receiving Developmental Screenings in Maricopa County**

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

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

There are many challenges for Arizona’s early intervention program in being able to reach and serve children and parents. Speech, Physical, and Occupational Therapists are in short supply and more acutely so in some area of the state than others. Families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. These problems will require the combined efforts of state and regional stakeholders to arrive at appropriate solutions. While longer-term solutions to the therapist shortage are developed, parents can be a primary advocate for their children to assure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy of Pediatrics. Any parent who believes his or her child has delays can contact the Arizona Early Intervention Program or any school district and request that his or her child be screened. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention system and how it works, are parent support services that each region can provide. These measures, while not solving the problem, will give parents some of the resources to increase the odds that their child will receive timely screening, referrals, and services.

**Insurance Coverage**

As information reports, over 38percent of children who are uninsured all or part of the year, are not receiving medical care compared to 15percent of children who are

insured throughout the year. While the number of children having access to medical care or well child visits could not be determined for this report, the high rate of uninsured children in the region would suggest that access to medical care and well child visits is limited. Children who are enrolled in AHCCCS are very likely to receive well child visits during the year, as are children who are enrolled in Head Start.

## Immunizations

Immunization of young children is known to be one of the most cost-effective health services available and is essential to prevent early childhood diseases and protect children from life threatening diseases and disability. A Healthy People 2010 goal for the U.S. is to reach and sustain full immunization of 90percent of children two years of age. Data from 2003 suggest that Maricopa County lags behind the state and nation in percent of immunized two year olds. In 2003, only 55.6 percent of Maricopa County two year olds were immunized according to the 4:3:1:3 immunization schedules. Data from 2003 shows that different communities in the Southwest Maricopa Region ranged from a low of 52.5percent of two year olds immunized in Avondale to a high of greater than 90percent in Gila Bend and Litchfield Park.

### Percent of Immunized Two Year Olds (2003)

	2003	2007	2008
<b>Maricopa County</b>	55.60		
<b>Arizona</b>	79.80	78.00	81.00
<b>US</b>	80.30	82.00	82.00
<b>Avondale</b>	52.50		
<b>Buckeye</b>	53.20		
<b>Gila Bend</b>	90.00		
<b>Goodyear</b>	58.90		
<b>Litchfield Park</b>	90.00		
<b>Tolleson</b>	80.80		

## Additional Indicators Addressed Under This Priority

The Southwest Maricopa Regional Partnership Council remains concerned that adequate services may not be available for their children with special needs. The Department of Economic Security reports that each month they serve approximately 400 children and youth with special needs across the region. These are likely the same individuals each month.

## Family Support

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

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

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

Supporting families is a unique challenge that demands collaboration among parents, service providers, educators and policy makers to promote the health and well-being of young children. Every family needs and deserves support and access to resources. Effective family support programs will build upon family assets which are essential to creating self-sufficiency in all families. Family support programming will play a part in strengthening communities so that families benefit from "belonging." Success is dependent on families being solid partners at the table, with access to information and resources. Activities and services must be provided in a way that best meet family needs. Family support is a holistic approach to improving young children's health and early literacy outcomes. In addition to a list of services like the licensed child care providers, preschool programs, food programs, and recreational programs available to families, Regional Partnership Councils will want to work with their neighborhoods to identify informal networks of people – associations – that families can join and use to build a web of social support.

In the Southwest Maricopa Region, there are a wide array of efforts, initiatives and programs providing support to families. For example, there are state-wide programs such as Healthy Families Arizona and Promoting Safe & Stable Families that provide a variety of support services and parent education. The Healthy Families program served 108 participants in the Tolleson and Avondale communities in 2006-2007.

In the Phoenix area, the Valley of the Sun United Way has developed an excellent array of education materials for families. School and library programs offer a wealth of resources for parent knowledge and education materials including classes, Web sites, handouts, and brochures. Raising Special Kids, Southwest Autism Research & Resource Center (SARRC), United Cerebral Palsy of Central AZ, Inc., and Southwest Human Development all provide information and resources for families with children with special needs. Southwest Institute for Families has developed Swift® resources — a web-based listing of over 2795 resources for families in Maricopa County.

### **Parent Knowledge, Family Literacy, and Daily Reading to Children**

In 2007, the Valley of the Sun United Way held a day-long parent training at a public school community center. Three general sessions and six breakout sessions were held on a series of topics including advocacy, identifying special needs, community

supports, and early literacy. More than 800 flyers on early childhood education have been distributed to parents in the Southwest Maricopa Region. A minimum of 19 family literacy programs are available in the region including four libraries, 10 school-based programs, and five Reach out and Read sites.

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

Literacy Volunteers of Maricopa County provides one-to-one tutoring, preparation for the GED exam at the LEARN Center, computer literacy training at the Community Technology Center, Family Literacy (including basic education and parenting for parents of preschool and kindergarten children), and workplace education. Libraries and school districts also offer programs to assist families with literacy. The Reach Out and Read Program encourages family literacy during a child’s visit to the physician/clinic. Children are given a book during each well-child check. Channel 8 PBS programming offers many opportunities for children and families to learn together using the internet, television programming, and direct training. In the parent training component – Ready to Learn – families meet with a trainer and are given books and techniques for reading to their children as well as strategies for watching television together.

## Professional Development

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

### **Childcare Professionals’ Certification and Education**

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

The following table summarizes the educational background of child care professionals in the Southwest Maricopa Region (specific communities were not identified). The data suggest that about 60percent of teachers and 90percent of assistants in child care have no or minimal higher education training or credentials in early childhood or education.

A pressing concern of the Southwest Maricopa Regional Partnership Council, and for many other areas around the state, is the preparation of its early childhood and elementary school teachers. Professional training and credentialing of profession-

als appears to be similar in the Southwest Maricopa Region to Arizona, yet lacking compared to national statistics.

### Childcare Professionals' Educational Background

Degree Type	Southwest Maricopa 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	62%	90%	61%	82%	20%	12%
CDA	12%	7%	9%	7%	N/A	N/A
Associates	13%	2%	15%	8%	47%	45%
Bachelors	20%	4%	19%	7%	33%	43%
Masters	6%	0%	6%	<1%		

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

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

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

### Professional Development Opportunities

Early childhood educators and professionals have a variety of education and training resources available, including online training and education and degree programs through the state universities or through the Maricopa Community College Programs. In the Phoenix area, Phoenix College provides a variety of education and certification programs designed to meet the needs of individuals interested in pursuing careers in early childhood education, or who are currently employed at preschools, child care centers, extended day programs, or other programs or agencies that focus on early childhood education and development. These varied pathways enable Phoenix College to address the needs of those students who wish to continue their education at the university level as well as those students who need the credentials of a two-year degree. Aside from other online educational programs, Glendale Community College, Arizona State University West, Northern Arizona University, and University of Arizona programs are available. There are two locations for Glendale Community College in the region. Tracking of personnel training and qualifications is provided by the SUCCEEDS Program from the Association for Supportive Child Care.

### Available Education and Certification Programs for Childcare Professionals

School	Degree/Certificates
Mesa Community College	Certificate of Completion – Early Care Specialist
Rio Salado College	Associate in Applied Science (AAS) for Early Childhood Education
Arizona State University – Polytechnic Campus	B.A.E Early Childhood Education (Pre K-3)
Arizona State University – Tempe Campus	B.A.E Early Childhood Education
Arizona State University – West	B.A.E., Early Childhood Teaching and Leadership
Grand Canyon University	Bachelor of Science in Elementary Education with an Emphasis in Early Childhood Education
Central Arizona College	Early Childhood Education-Family Child Care (A.A.S.)
Phoenix College	Associate in Applied Science (Career Program Specified)-Early Childhood Education and Administration
	Child and Family Studies degree
	Certificates in: early childhood and administration, early childhood classroom management, family development, family support, adolescent studies, and curriculum for young children
Northern Arizona University	B.S. Ed. in the Early Childhood
Arizona Western College	Early Childhood Education (Occupational Certificate)

Source: Phone Survey of IHEs conducted by SWI, 2008.

### Employee Retention

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

As the chart below shows, on average over 40percent of child care teachers remain in their current place of employment for less than two years. The majority of all teachers and assistant teachers are retained for less than three years. Turnover appears greater for teacher assistants, who receive the lowest pay in the profession. As the table in the next section shows, turnover is likely related to the low level of compensation for most workers in child care.

### Average Length of Employment for Childcare Professionals in Southwest Maricopa (2007)

Southwest Maricopa	6 Months or Less	7-11 Months	One Year	Two Years	Three Years	Four Years	Five Years or More	Not applicable	“Don’t Know/Refused”
Teachers	5%	7%	11%	20%	14%	5%	34%	5%	0%
Assistant Teachers	14%	9%	17%	20%	6%	6%	9%	17%	3%
Teacher Directors	9%	0%	9%	3%	11%	3%	23%	43%	0%
Administrative	2%	0%	2%	2%	0%	0%	36%	55%	2%

## Compensation and Benefits

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and in child care centers, workers' salaries are related to quality child care. Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care. Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies. In Southwest Maricopa, from 2004 to 2007, hourly wages have increased 13-15percent for assistant teachers and teachers, and have increased 39percent for directors. Overall, however, wages for workers in early child care remain low. The average early child education teacher's salary is approximately \$27,000 per year, before taxes, which is approximately one-half of the median income of \$52,521 for Maricopa County.

### Average Wages and Benefits for Child Care Professionals in Southwest Maricopa

	2004	2007
Teacher	\$11.32	\$13.07
Assistant Teacher	\$7.75	\$8.78
Teacher/ Director	\$13.09	\$18.24
Admin/ Director	\$18.55	N/A

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

## Public Information and Awareness

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

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

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

In the Southwest Maricopa Region, many organizations currently play a role in providing information on child development and family resources and supports to families. Across each community in Arizona the following resources provide important early childhood services:

- **School Districts** – disseminate information to parents and the community at large through a number of events throughout the school year that include open house nights, Parent Teacher Organization (PTO) monthly meetings, information fairs and parent university weekends. School districts also use federal funding to keep parents aware of important issues such as health care and child nutrition through information campaigns. School districts have also created a network of information for parents through weekly or monthly newsletters, health bulletins, and Web site updates. For example, there is a summer Parent Training Institute run by 12 different service providers who offer all-day information on the various early childhood resources and supports in the region. Litchfield Elementary School District has three early childhood education programs that support the needs not only of low income children and children with disabilities, but any child who requests services.
- **Public Libraries** – many libraries offer parent workshops to families on how to raise young readers. Many of the libraries offer story times for young children and their caregivers, where best practices in early literacy are modeled. The libraries may also conduct outreach story times at a limited number of child care centers in the region, where they also train child care providers and families on best practices in early literacy.
- **Community Organizations** – A variety of community organizations provide education, social services, education, and other forms of assistance related to early childhood. Each community has unique agencies that can foster the goals of promoting early childhood development.
- **Head Start** – The Southwest Maricopa Region has eight Head Start Programs to inform low income families about issues related to child growth and development as well as school readiness, issues around parent involvement, children’s health, and available community social services.

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

- **Learning Kits** – Several organizations in the Southwest Maricopa Region provide kits to families with information on how to best care for young children.
- **The Virginia G. Piper Charitable Trust** collaborates with the medical community to provide information to parents of newborns through area hospitals. The kits provided include the Arizona Parents Guide, which contains useful tips about child development, health and safety, quality child care, and school readiness. The kit also includes five high quality videos describing the importance of the early years of child development, parenting skills such as positive discipline, quality early care and education settings, and keeping a child well and healthy. A first book for baby is also included in the kit.
- **The Arizona Literacy and Learning Center** provides Readiness kits for parents with young children that includes 18 categories of objects that are appropriate for interactive play with infants and toddlers. *The Play to Learn* activity book included in the kit provides activities that nurture learning through multiple intelligences across four major learning domains. A special emphasis is put on language

development and pre-math and pre-reading skills as well as the development of self-confidence, self-image, and imagination.

- **The Valley of the Sun United Way** provides School Readiness Kits to parents and caregivers in Maricopa County. This comprehensive tool (offered in both English and Spanish) is divided into three sections including Early Learning & Development, Nurturing a Positive Attitude and The First Day of School. The kit fosters proper learning and social skill progress for children ages 0 – 5.

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

## System Coordination

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

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

Partnerships are needed across the spectrum of organizations that touch young children and their families. Organizations and individuals must work together to establish a coordinated service network. Improved coordination of public and private human resources and funding could help maximize effective outcomes for young children. A wide array of opportunities exists for connecting services and programs that touch children and families. Early childhood education providers could be better connected to schools in the region. Services and programs that help families care for their young children could be better connected to enhance service delivery and efficiency. Public programs that help low income families could be better coordinated so that redundancies as well as "gaps" in services are eliminated. Faith-based organizations could increase awareness among families of child development and family resources and services.

## Parent and Community Awareness of Early Childhood

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*Building Bright Futures*, the 2007 Statewide Assessment, noted that the passage of First Things First by majority vote demonstrates that Arizonans are clearly concerned about the well-being of young children in Arizona. However, when asked "how well

informed are you about children's issues in Arizona," more than one in three respondents say they are not informed. A 2007 survey of families conducted for Valley of the Sun United Way indicated that young parents rely heavily on the Internet as well as family and friends for information on resources and support services. Traditional models of the phone book, magazines, governmental or contract agencies were of low utility for parents. The majority of families in Western Maricopa report soliciting referral advice and information from friends and relatives. In this study, parents reported general satisfaction with their child care provider. However, 20 percent reported that they were looking for alternative providers. This may be due in part to the distances parents travel to their providers. Families in the Western Region drive an average of 13 miles one way to their child care provider.

### Coordination and cohesion of early childhood resources

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In the 2007 Key Informant Survey conducted for Valley of the Sun United Way, 80 of 100 service providers reported a 'high' degree of collaboration and coordination with other service providers in order to maximize resources and avoid duplication. Service coordination between and among organizations is a high priority for resource poor schools and child care centers.



## Conclusion

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**T**he Southwest Maricopa Region faces many opportunities and challenges in meeting the needs of its growing population of children and families. The region reflects greater diversity of geography, population, demographics, infrastructure and services than Maricopa County overall. Contrasts between the intensive growth and development in communities nearer to Phoenix and the outlying rural communities will likely continue, which means that solutions based on Maricopa County data or proposed for the region overall may not fit local needs. More work needs to be done to locate reliable and comparable data at the community level to identify regional needs and assets.

The Southwest Maricopa Region is a young vital region with many committed professionals and supported by a large and coordinated network of resources, supports, and services. It is hampered by its sheer size in effecting wide spread change. However, a regional approach to the needs of families is wise as it can leverage new resources by building upon its existing strengths. A strategy for the Southwest Maricopa Regional Partnership Council will be to continue to identify new partners, test the needs and concerns of the communities, and look to data to make decisions that have the maximum benefit to its constituents.

### Identification of Greatest Regional Assets

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**Health / Medical Assets** – Even though the Southwest Maricopa Region has only one hospital, West Valley Hospital, Banner Estrella also serves the west region, and other medical resources are present: 11 primary care and three pediatric dental practices, 15 community health centers and school-based clinic sites, and two Prenatal/Healthy Babies programs.

**Education Assets** – the Southwest Maricopa Region is served by Pendergast elementary schools in addition to nine smaller but rapidly growing community school districts (Avondale, Buckeye, Liberty, Litchfield, Littleton, Palo Verde, Tolleson, Union and Saddle Mountain). Head Start resources include five home visiting programs and 8 centers.

**Community Assets** – Efforts have been taken to provide social service resources in the region by well-known organizations. 28 social service, family support and adoption/foster care resources were identified. There are four libraries in the region that are excellent resources that could be expanded. Small municipal human service offices (Avondale, Goodyear and Tolleson) are active participants in the Regional Partnerships and are significant assets for their communities; with their citizen connections, they are a source of strength for educational activities. Resources focused on children with special needs are minimal or possibly under-identified.

In summary, the Southwest Maricopa Region is thought of as vast, rapidly growing, and lacking resources, yet it has extensive high quality elementary schools, public school classes, and Head Start Centers, and a well integrated social service network that includes county, local and faith based resources. Community leaders are actively

working to meet health needs through community health centers and school-based clinics. Parent education is increasing as evidenced by United Way's promotion of a Parent Institute.

## Identification of Greatest Regional Needs

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Many of the needs uncovered during this assessment are relative to the size and low density of the region. With its agrarian roots there is still a rural sense of distance and neighborly cooperation. However, these distances seriously impact the planning of services. Population projections indicate that the Southwest Maricopa Region is poised for a population boom similar to that of the far east part of the county and will rapidly shift from rural agrarian to suburban communities. These distances and access to services will remain problematic for city planners and the Southwest Maricopa Regional Partnership Council. Public transportation and access to services will increase in priority. The Regional Council will be examining the 2006 report on transportation access by Maricopa Association of Governments to determine the barriers to traveling to services in the region.

The greatest concern to the majority of members was poverty and its impact on families. The most pressing issue facing providers was identified as cost and reimbursement strategies. When asked to rate quality, accessibility, cultural responsiveness, and cost of different core services, the council generally rated both private and public educational services as somewhat effective but only slightly family centered. All respondents rated services as costly and poorly accessible to families. When asked to rate health care, respondents thought services were slightly effective, only slightly family centered and not culturally responsive. However, accessibility was slightly better but cost remained a perceived barrier. Dental health fared slightly better on measures of accessibility and cultural responsiveness but was still thought to be unaffordable. Behavioral health services for children were thought to be the most difficult to access, and the least affordable. Finally, when asked to identify barriers to services, Regional Council members reported cost, eligibility restrictions, lack of transportation, and convenience as the major barriers. These barriers are convergent with other responses collected during the 2007 Key Informant Survey of providers and families in which cost, eligibility, and reimbursement were the key issues.

There is no usable data on the level and quality of parent education, routine reading behaviors that predict early literacy, or public awareness. Systematic assessment of these areas needs to occur in order to track progress.

Education of families and public awareness are critical to the success of the Southwest Maricopa Regional Partnership Council's success. Currently, family and consumer input are not well represented. Greater input from consumers is desired by the Regional Council in order to develop services and measure their efficacy. Additionally, the Regional Council is interested in information about the quantity and quality of services available to non-English speaking residents as families who are non-English or limited English speakers constitute a significant portion of the communities across the region. They are interested in assessing the cultural competence of health and educational services across the region.

According to the surveys of teachers, families, and Regional Council members, a significant need is for more accredited child care centers distributed across the Southwest Maricopa Region. These centers should provide care and education to families

regardless of proximity to Phoenix. The rate of compensation for early childhood professionals is another related concern. Full-time teachers are earning less than \$25,000 per year and teacher assistants are earning less than \$18,000 per year. For families of four these earnings fall below the Federal Poverty Level. Additionally, wages for these groups have not increased significantly in the past three years.

The Regional Council remains concerned that adequate services may not be available for their children with special needs and that region-specific data are not currently available to determine the scope of needs, especially for Latino families. The AZEIP, AHCCCS data as well as Head Start data cannot be examined apart from the rest of Maricopa County. Although not an unduplicated count, the Division of Developmental Disabilities was able to report that they provided services to an average of 401 children per month across the region.



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