

NEEDS AND ASSETS REPORT

2008



 **FIRST THINGS FIRST**

Graham/Greenlee
Regional Partnership Council



Graham/Greenlee

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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Contents

First Things First – A Statewide Overview	5
The Graham/Greenlee Regional Partnership Council	5
Executive summary	7
Regional Child and Family Indicators – Young Children and Families in the Graham/Greenlee Region	11
Summary of Regional Findings on Child and Family Indicators.....	11
Regional Population Growth.....	12
Regional Race, Ethnicity and Language	12
Race and Ethnicity Characteristics	12
Immigration Status.....	13
Language Characteristics.....	14
Family Composition	15
Discussion Regional Caregiver and Family Patterns	15
Teen Parent Households.....	15
Grandparent Households.....	16
Employment, Income and Poverty	17
Regional Employment Rates, Annual Income and Families in Poverty	17
Additional Regional Indicator	17
Annual Income.....	17
Families in Poverty	18
Parent Educational Attainment.....	20
Educational Attainment–Charts and Discussion	20
Healthy Births.....	21
Prenatal Care.....	21
Low Birth-Weight Babies.....	22
Pre-Term Births	23
Births to Teen Mothers.....	23
Additional Indicators of Interest to the Regional Council.....	24
Health Insurance Coverage and Utilization	25
Uninsured Children.....	25
Access to Medical Care.....	27
Oral Health Access and Utilization	27
Child Safety.....	28

Child Abuse and Neglect 28

Foster Care Placements 31

Child Mortality32

Children’s Educational Attainment.....33

 School Readiness33

 Elementary Education..... 34

 Secondary Education 35

 High School Graduation Rates.....36

Current Regional Early Childhood Development and Health System 37

Summary of Regional Findings on Early Childhood System37

Quality37

Accredited Early Child Care Centers..... 38

 Graham and Greenlee Counties.....39

Additional Indicators of Interest to the Regional Council..... 39

Access 40

 Number of Early Care and Education Programs..... 40

 Graham/Greenlee Counties..... 40

 Number of Children Enrolled in Early Care and Education Programs41

 Graham/Greenlee Counties..... 42

 Costs of Care 42

Additional Indicators of Interest to the Regional Council..... 43

 Waiting List Information for Early Child Education Programs.....43

 Transportation Information 44

Health 45

 Developmental Screening45

 Insurance Coverage 47

 Immunizations 48

 Additional Indicators of Interest to the Regional Council 48

Family Support 49

 Parent Knowledge About Early Education Issues50

Professional Development 51

 Child Care Professionals’ Certification and Education 51

 Professional Development Opportunities.....52

 Employee Retention52

 Compensation and Benefits.....53

Public Information and Awareness..... 54

System Coordination 56

Additional Indicators of Interest to the Regional Council..... 56

Conclusion 59

Synthesis of Findings on Regional Child and Family Indicators and Early
Childhood System..... 59

 Identification of Greatest Regional Assets59

 Identification of Greatest Regional Needs..... 60

Appendices 61

Chart of Regional Assets – Graham/Greenlee61

Citations for resources used and extant data referenced 63

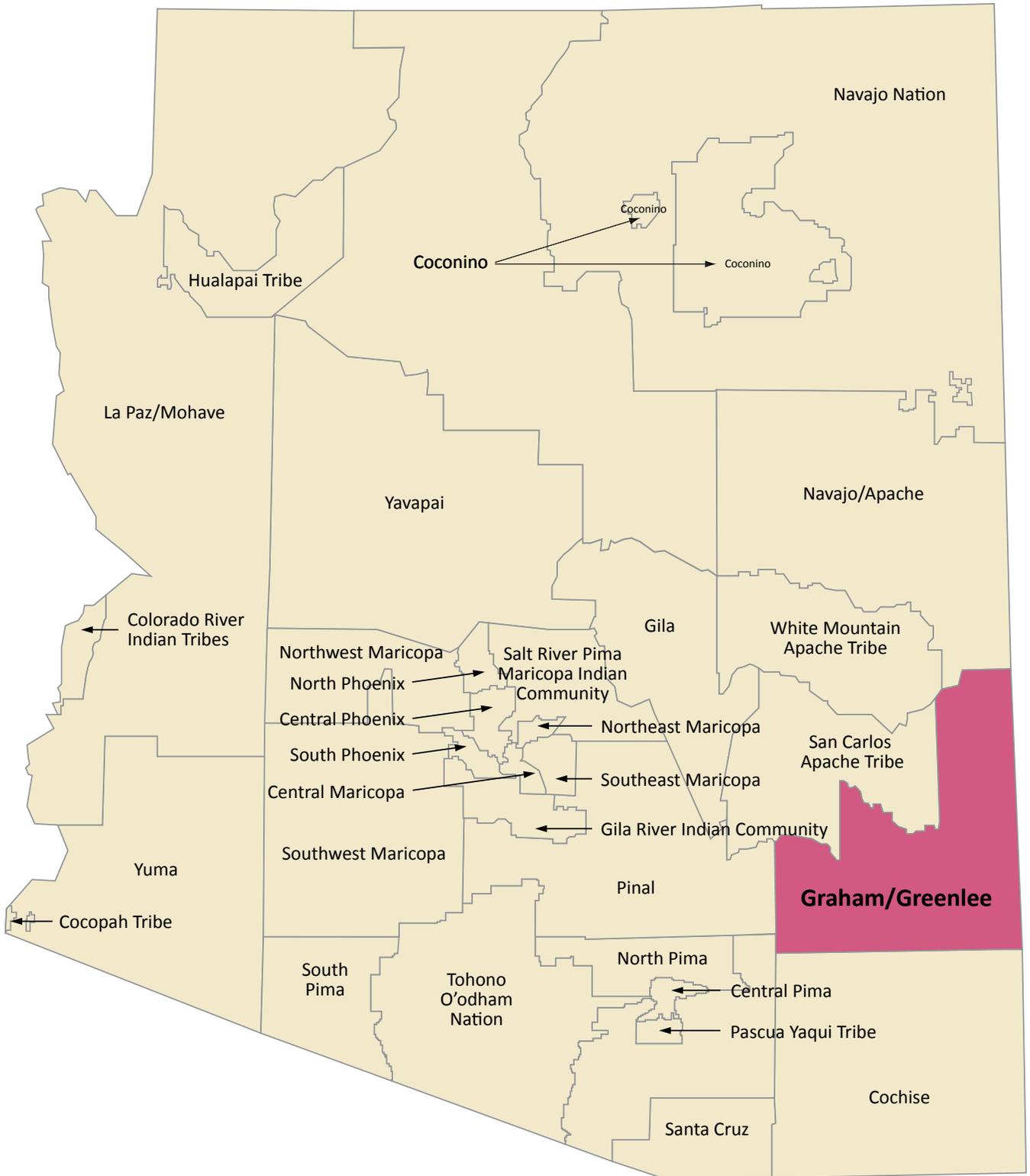
Description of methodologies employed for data collection 67

Graham/Greenlee Regional Partnership Council 68

504 S. 2nd AvenueSafford, Arizona 85546..... 68

Contact: 928-428-0193 Fax: 928-428-2878 68

www.azftf.gov..... 68



First Things First – A Statewide Overview

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

First Things First has responsibility for planning and implementing actions that will result in an improved statewide system of early childhood development and health. The Regional Partnership Councils, 31 in total, represent a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area (“region”) of the state. The Board, Regional Partnership Councils, State and Tribal Governments, and other community sectors will collaborate to ensure that a comprehensive, high quality, culturally responsive early childhood development and health system is in place for children and families in order to accomplish the following:

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

The Graham/Greenlee Regional Partnership Council

The First Things First Graham/Greenlee Regional Partnership Council (Regional Council) works to ensure that all children in the region are afforded equitable opportunities to reach their fullest potential. The Regional Council is charged with partnering with the community to provide families with opportunities to improve their children’s educational and developmental outcomes. By investing in young children, the Regional Council and its partners will contribute to the region’s growth and overall well being and help to build brighter futures for the region’s next generations.

To achieve this goal, the Graham/Greenlee Regional Partnership Council, with its community partners, will work to create a system that builds and sustains a coordinated network of early childhood and health programs and services. As a first step, The First Things First report, *Building Bright Futures: A Community Profile (2007)*

identifies key indicators that reflect child well being in the state and begins the process of assessing needs and establishing priorities. The report reviews the status of these programs and services highlighting the challenges confronting children, their families, and communities while also identifying opportunities to improve child health, well-being and school readiness.

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

To effectively plan and make programming and funding decisions, the Regional Council must first be fully informed of the current status of children in the Graham/Greenlee Region. This identification of regional needs and assets, as they relate to the quality of life of the region's young children and the synthesis of community input, will begin to outline possible priority areas for which the Regional Council may focus

its efforts and resources. This report serves as one of the planning tools that the Regional Council will utilize as it designs its strategic roadmap for improving the early childhood development and health outcomes for children birth through five years.

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

Nonetheless, FTF was successful, in many instances, in obtaining data from other state agencies and a broad array of community-based organizations. In an effort to accurately reflect regional needs and assets, and to create a picture of the well being of children and families, FTF has initiated the process

of compiling data that traditionally, heretofore, existed in silos.

One of First Things First's guiding principles, that accountability is achieved, will be demonstrated in further collaboration between the Regional Council and the Board of FTF to improve data collection at the regional level in order to assure that reliable and consistent data is used to make sound decisions. In the fall of 2008, FTF will conduct a family and community survey that will provide information on parent knowledge related to early childhood development and health parent perception of access to and coordination of services. The survey results, which will include the statewide and regional analyses, will be available in early 2009. ■■



Executive summary

This report presents findings from the first Needs and Assets Assessment completed in 2008 for the Graham/Greenlee Regional Partnership Council. This assessment will be used to help guide strategic planning and funding decisions of the Regional Council.

Together Graham and Greenlee Counties cover more than 6,467 square miles and has a population of over 44,680. The region is also ethnic and racially diverse. Graham/Greenlee families are primarily White/Non-Hispanic (54 percent) and Hispanic (33 percent). In addition, 10 percent of the population is American Indian and 2 percent is African American. The region lies in the heart of one of the most highly natural environments in the state. Every year the area attracts a myriad of visitors including hikers, photographers, birders, campers, hunters and fishermen, off-road vehicle enthusiasts, horseback riders, and countless other outdoor enthusiasts. One group of visitors unique to the region is star gazers. Nearby Mt. Graham is the site of the Large Binocular Telescope (LBT), the world's largest land based telescope. On the same site are the radio telescopes of the Vatican and the Mt. Graham International Observatory. At Discovery Park in Graham County is the 20 feet telescope of the Gov Aker Observatory and a world class astronomy museum. Among the many outdoor attractions are the Gila Box National Conservation Area, the Gila River, Natural Hot Springs, and the Mt. Graham Recreational Area. In Greenlee County the copper mine in Morenci, AZ (Freeport McMoRan Copper and Gold, Inc.) is North America's largest producer of copper and one of the largest open-pit mines in the world. The local mine offers tours to visitors from around the world. The Graham/Greenlee Region is comprised of two medical facilities; Morenci Health Care Center and Mt. Graham Regional Medical Center.

Graham County is located in the Upper Gila River Valley in the southeast corner of Arizona where the San Simon River and the Gila River meet with a population of 34,769. It is situated approximately 160 highway miles east of Phoenix and 125 miles northeast of Tucson. Recreation and tourism follow farming and ranching as the principal industries in Graham County. The cities of Graham County include Safford, Thatcher, Pima and smaller surrounding communities such as Bryce, Klondyke, Solomon, Ft. Thomas and Bonita. Individual or corporate ownership accounts for 9.9 percent of land ownership; the U.S. Forest Service and Bureau of Land management, 38 percent; the State of Arizona, 18 percent; and Indian reservations, 36 percent.

Greenlee County is located directly east of Graham County and has a population of 7,754 (2007). The cities of Greenlee County include Clifton, Morenci, and Duncan. The County is 120 miles long and 20 miles wide and it covers 1,837 square miles. The majority of the land is government owned. The Forest Service controls 63.5 percent; the Bureau of Land Management controls 13.6 percent; the State of Arizona controls 14.8; and individual or corporate ownership is 8.1 percent. Freeport McMoRan Copper and Gold, Inc. (FMI) remains a major employer in both Graham and Greenlee Counties but originated in the city of Morenci in Greenlee County. In addition to the major contribution copper makes to Greenlee County's economy, ranching, agriculture and tourism are factors as well.

The overall population of Graham County has increased by 4 percent and the population of Greenlee County has decreased by 9 percent, from 2000 to 2006. The

overall population increase for the same time period across Arizona was 23 percent. For children age birth to five, the population of young children has decreased in the Graham/Greenlee Region by 11 percent from 2000 to 2007. It is important to note that while the census data indicates that there was an overall population decline in the region, the regional data suggests otherwise. Information that was gathered from Freeport McMoRan Copper and Gold, Inc. per the Graham/Greenlee Regional Partnership Council's request, showed that between June 2006 (2,856 employees) and June 2008 (4,753 employees) there was an increase of 1,897 mine employees. This local increase in numbers may have not been reflected in any census data. The population has increased tremendously due to the opening of the Safford Mine by Freeport McMoRan Copper and Gold, Inc., over the last two years. The opening of the mine has not only offered all of the surrounding communities with employment stability but has also increased the population of children and families in the region. Thus, the areas of Safford, Thatcher and Pima, have seen a vast increase of children who are in need of health care and child care/early education settings. The communities in this region are struggling to meet the needs of the population.

There are currently 12 elementary schools in the Graham/Greenlee Region. They include Bonita Elementary School, Dorothy Stinson School, Duncan Elementary School, Fairbanks Elementary School, Fort Thomas Elementary School, Lafe Nelson School, Laugharn Elementary School, Pima Elementary School, Solomon Elementary School, Ruth Powell, Dan Hinton and Thatcher Elementary School. Although, every effort is being made to accommodate the influx of children into the community, there has been much concern about the quality of service that is offered because of larger class sizes and limited amount of space. The same can be said for those children who are not yet attending school but are in need of child care or early education services.

Within the Graham/Greenlee Region there can be significant differences in family and child indicators between the two counties. In 2006, Graham County's single parent family rate was 24 percent compared to Greenlee County's rate of 19.8 percent. Furthermore, Graham County has 23 percent of its families living at or below 100 percent of the Federal Poverty Level compared to 13 percent of families in Greenlee County. Other important factors to consider would be that 50.6 percent of the Graham County population lives at or below 200 percent of the Federal Poverty Level and 30.3 percent of the Greenlee County population live at or below 200 percent of the Federal Poverty Level.

The Needs and Assets Report identifies many of the concerns that are shared by the Graham/Greenlee Regional Partnership Council. Every parent strives to keep his or her children healthy and happy, but it is difficult to do so when there is a lack of service providers available in the region. Despite having several health care providers in the region, there are currently no pediatricians serving in Graham or Greenlee Counties and the lack of pediatric expertise and services is felt strongly throughout this region. The concern is that children birth through five years are not receiving the appropriate screenings and the pediatric care they need.

Early childhood education services have recently been stretched thin. Currently there are 13 child care/preschool programs, three Head Start Programs and two Early Head Start programs within the region. Two of the 13 child care/preschool programs are National Association for the Education of Young Children accredited centers. There are several centers in the region that offer such services but are at full capacity and can no longer accept children into their programs.

Despite people's creativity to address and resolve the transportation issues (reliance on family and friends), lack of public transportation remains a strong issue in Graham/Greenlee Counties. Given geographical location, diversity, and rural make up of these regions, children age birth through five will not receive proper services unless the transportation issue and a viable solution/plan are addressed comprehensively.

Furthermore, public awareness about issues facing the prenatal through five population needs special consideration in this region given the geography and dispersed population growth. Specific attention needs to focus on providing much needed resources to parents, educators, and law makers, to equip them with all the necessary information and assistance so children reach their full potential. In addition to the support that the region receives from the larger companies, such as Freeport McMoran Copper and Gold, Inc., the Graham/Greenlee Region has many assets such as well-known agencies within the community that provide excellent services to the families and children within the region. Some of these agencies include but are not limited to: Arizona Early Intervention Program Graham/Greenlee, Child and Family Resources – Healthy Families, Choices for Families, Safford Prevention, In-Home, Department of Economic Security Lending Library, Child Care Resource and Referral, Arizona's Children Association-First Steps, Parents as Teachers, Easter Seal's Blake Foundation – Graham/Greenlee School Readiness Partnership, New Visions 24 Hour Response, Early Head Start, Arizona Early Intervention, Palomita Children's Center and Project Me, Too!, Parenting Arizona and regional County Health Departments, Department of Economic Security, WIC (Women Infants and Children) offices and all the school districts.

The Graham/Greenlee Region is similar to many other communities but at the same time is very unique. The region is still considered a very rural area and is attempting to accommodate the needs of its population increase in a short time. Those impacted most by these changes are the children of these communities. The ever changing economy has made it a challenge for many parents and families to stay afloat and provide their children with the very best they can give. The Graham/Greenlee Regional Partnership Council is ready to provide a positive outlook to parents and to reassure them that they are not alone and that we all want the very best for the children of our communities. The best interests of every child are at heart and the Graham/Greenlee Regional Partnership Council is ready to put forth every effort to make sure that every child is healthy and ready to succeed in school and life. 🌱



Regional Child and Family Indicators – Young Children and Families in the Graham/Greenlee Region

The well being of children and families in the region can be assessed by examining indicators that describe early childhood health and development. These data provide policy makers, service providers, and the community with information on factors which influence a child's healthy development and school readiness. The following data sets are discussed in this report:

- **Early childhood population demographics** Race, ethnicity, language, and family composition
- **Family economic status** Employment, income, poverty and parents' educational attainment
- **Birth rates and trends**
- **Health insurance coverage and utilization**
- **Child safety** Abuse and neglect and child mortality
- **Educational achievement** Elementary school performance and high school graduation

Regional data is compared with state and national data wherever possible. 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 at one or more of these levels.

It may not be possible for the Graham/Greenlee Regional Partnership Council to have a direct impact 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

The region has had tremendous growth in the general population over last two years due to the opening of the Freeport McMoRan Copper and Gold, Inc., Safford mine. In births alone, according to the records at Mt. Graham Regional Medical Center, there were 427 births in 2005, 593 births in 2006, and 647 births in 2007 respectively. Thus, increasing the number of children born in this region by 220 over the last three years. This total indicates the average numbers based on residents of both Graham and Greenlee Counties. This report does not include the number of children birth through five years who have migrated to Graham/Greenlee County from 2006 to 2008. Considering the tremendous population growth, the total number of children birth through five years would drastically change if the data was available to count that specific population.

Children born in 2006 in the region were predominantly White, Non-Hispanic (54 percent), with 2 percent of the population being Black/African American, 10 per-

cent American Indian, and 33 percent Hispanic/Latino (versus 44 percent of the rest of the state). Data provided on children living in linguistically isolated households in the Graham/Greenlee Region show that in 2000, 76 percent spoke only English, 4 percent primarily spoke Spanish, and 2 percent primarily spoke another language.

Approximately 24 percent of the families in Graham County are single parent families compared to 19.8 percent in Greenlee County. The percentage of births to teen mothers in the region is 15 percent, only slightly higher than the Arizona and national averages of 13 percent.

Financial well being in the region varies between the two counties. Graham County's median income is \$17,000 less and Greenlee County's median income is \$10,000 less than the Arizona average.

Regional Population Growth

The overall population of Graham County increased by 4 percent and the population of Greenlee County decreased by 9 percent, from 2000 to 2006. The overall population increase for the same time period across Arizona was 23 percent. It is important to note that while the report indicated that there was an overall population decline in the region, the regional data suggests otherwise.

The total number of Graham/Greenlee County children reported to be in this age group represents only 7 percent of the total population (all ages) in the area, compared to the statewide average of 8 percent for children ages birth to four years.

Graham-Greenlee Population Growth (all ages)

	2000	2007	% Change
Graham County	33,489	34,769	4%
Greenlee County	8,547	7,754	-9%
Arizona	5,130,632	6,338,755	+23%
U.S.	281,421,906	301,621,157	+7%

*Data for 2007 is based on the US Census Bureau estimates for 2006. Source: American Community Survey (2000 & 2006)

Population Growth for Children Ages Birth to Four Years

	2000	2007	% Change
Graham/Greenlee Counties	3,312	2,906	-14%
Arizona	459,141	594,110	+29%
U.S.	23,140,901	24,755,834	+7%

Sources: American Community Survey (2007), U.S. Census (2000)

Regional Race, Ethnicity and Language

Race and Ethnicity Characteristics

Residents in the Graham/Greenlee Region are ethnically and racially diverse. According to the U.S. Census data from 2006, Arizona's racial make-up included 29 percent Hispanic/Latino, 60 percent White, Non-Hispanic, 4 percent Black/African American, 5 percent American Indian, and 2 percent Asian/Pacific Islander.

Data about births in 2006 in Arizona reflect a changing demographic both state-

wide and in Graham/Greenlee Counties. The following table shows births by racial/ethnic group for the region. The largest percentage of births in 2006 occurred among White, Non-Hispanic families (54 percent), followed by births to Hispanic/Latinos (33 percent) and American Indians (10 percent). The Graham/Greenlee Region had 12 percent more births to White, Non-Hispanic mothers than the Arizona rate.

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
Graham/Greenlee Region	54% (354)	33% (214)	2% (11)	10% (66)	1% (4)	<1% (1)
Arizona	42% (43,013)	44% (44,862)	4% (3,864)	6% (6,364)	3% (3,136)	<1% (803)

* Source: Arizona Department of Health Service Vital Statistics, 2006.

Immigration Status

An immigrant family is one in which at least one parent is foreign-born. Statewide, 30 percent of all children have at least one foreign-born parent. Although the number of children in Graham/Greenlee Region born to immigrant families was not available for this report, it should be noted that 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 not available to non-citizens. Nonetheless, U.S. 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 non-citizen parents with eligible "citizen children" are unaware of services or are afraid of the consequences of participating in public programs because of their legal status and citizenship.¹

Regional Ethnicity and Immigration Characteristics (2006)

	Native Citizens	Foreign Born Naturalized Citizens	Non-US Citizens	Foreign-born
Graham/Greenlee Counties	Data not Available	Data not Available	Data not Available	Data not Available
Arizona	(85%) 5,237,235	(4%) 273,700	(11%) 655,383	(15%) 929,083
U.S.	(87%) 261,850,696	(5%) 15,767,731	(7%) 21,780,050	(12%) 37,547,789

*Census data not available at the sub-county level. County level data for 2006 not available. Source: American Community Survey (2006)

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

Despite the large numbers of immigrants to the state, Arizona does not rank in the top ten 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 Graham/Greenlee 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 academically or to be able to navigate the educational system. In addition, children of immigrants may be less prepared than their counterparts to start kindergarten. Nationally, three – and four-year old children in immigrant families are less likely to participate in nursery school or preschool programs than their peers.²

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 eighteen speak a language other than English. An examination of Graham/Greenlee Counties data shows that in 2000, 4 percent of families with young children spoke primarily Spanish and 2 percent of families spoke primarily a language other than English and Spanish. These families may be isolated because of this. Many of the children who reside in linguistically isolated families enter school with limited English proficiency.

Graham/Greenlee Counties Children Living in Linguistically-Isolated Households

	Percent who speak only English	Percent who speak primarily Spanish
2000	76%	4%

*Census tract data not available for 2006. Sources: U.S. Census (2000); American Community Survey (2006)

2 (Children’s Action Alliance. “Going Beyond the Immigration Hype: Children and Our Shared Destiny” Fact Sheet, 2006).

Family Composition

Discussion Regional Caregiver and Family Patterns

The majority of children in Graham/Greenlee Counties live in households with two parents. The region has a different percentage of single parent families between the two counties and across communities within the counties. For example, in Graham County, the rate of single parent families is 24 percent while the rate of Greenlee County single parent families is 19.8 percent (2006). Both counties have a significantly higher single parent family rate when compared to Arizona's 15 percent of single parent households with children birth to 18 years in 2006.

Graham County Single Parent Families (2006)

	2006
Graham County (Total)	24.0%
Graham-Southern	22.4%
Pima	18.4%
Bonita/Klondyke	8.0%

Source: ADHS Office of Health Systems Development (2006)

Greenlee County Single Parent Families (2006)

	2006
Greenlee County (Total)	19.8%
Duncan	20.2%
Morenci	19.5%

Source: ADHS Office of Health Systems Development (2006)
Report.adhs.gov/hsd/profiles/11202.pdf

Approximately one out of every three family households in Arizona has been headed by a single parent since the year 2000. 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).³ 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, 85 percent of working mothers of four year olds used early childhood education and care programs in 1991, with that figure jumping to 91 percent in 1999.

Teen Parent Households

There are differences in the percentage of children born to teen mothers between the two counties within the Graham/Greenlee Region. Graham County had 19 percent of

³ Hernandez, D. (2006). Young Children in the U.S.: a Demographic portrait based on the Census 200. Report to the National Task Force on Early Childhood Education for Hispanics, Tempe, Arizona State University.

children born to teen mothers, which is four percent greater than Greenlee County's 15 percent rate in 2006. Both counties have a distinctly higher teen parent rate when compared to the 12 percent Arizona rate.

Percentage of Children Born to Teen* Mothers

	2002	2003	2004	2005	2006
Graham County	18%	18%	15%	15%	19%
Greenlee County	27%	20%	21%	18%	15%
Arizona	13%	12%	12%	12%	12%
U.S.	11%	10%	10%	10%	Not Available

*Teen defined as 19 years of age and under. Sources: American Community Survey; National Center for Health Statistics, ADHS Vital Statistics

Research has shown that 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.⁴

The state average for teenage births has remained relatively constant at around 12 percent for more than five years, but little progress has been made in reducing the prevalence of Arizona teen mothers giving birth to a second child. From 2000 to 2006, approximately 22 percent⁵ of births to teen mothers were the mother's second child. In 2008, Arizona ranked 41st out of the 50 states for the highest high school drop-out rates, so many teen mothers are also challenged in the workforce to provide for their children because they lack a high school diploma. Ironically, dropout prevention studies consistently identify the need for high-quality early childhood education to prevent the high school drop-out problem, which in turn is cited in the early childhood literature as one reason why children of teenage mothers often have poor early childhood outcomes themselves.

Grandparent Households

Arizona has approximately 4.1 percent of grandparents residing with one or more grandchildren, which is higher than the 3.6 percent national average.⁶ Unfortunately, there is no data available on grandparent caregivers in the Graham/Greenlee Region.

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.⁷

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

5 Ibid.

6 (cannot delete space. lc)

7 ⁷Grandparents Living with Grandchildren, 2000, census brief.

Employment, Income and Poverty

Regional Employment Rates, Annual Income and Families in Poverty

Joblessness can impact the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.6 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 more static social indicators (i.e., gender, ethnicity, etc.). In growth-prone areas of Arizona such as Phoenix, unemployment rates have been slower to creep up toward the state and national averages.

The Graham/Greenlee Region has important differences in unemployment rates between the two counties. From May 2007 to May 2008, the unemployment rate in Graham County is consistently higher than the unemployment rate in Greenlee County. Data from May 2008 shows that Graham County's rate of 4.8 percent is one and a half percent higher when compared to the 3.3 percent unemployment rate in Greenlee County. This difference could be a result of the strong role that the Freeport McMoRan Copper and Gold, Inc., mining company has in Greenlee County. When compared to the unemployment rate in Arizona, the Graham County rate is almost one and a half percent greater than the state and Greenlee County's rate is over one percent less than the Arizona rate.

Unemployment Rates

	May 2007	April 2008	May 2008
Graham County	3.5%	4.4%	4.8%
Greenlee County	2.8%	3.3%	3.3%
Arizona	3.6%	3.9%	4.4%
U.S.	4.5%	5.0%	5.5%

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

Additional Regional Indicator

The Graham/Greenlee Regional Partnership Council selected to include Freeport McMoRan Copper and Gold, Inc., mining company employment information as an indicator. Information provided to the Regional Council shows that between June 2006 (2,856 employees) and June 2008 (4,753 employees) there was an increase of 1,897 mine employees.

Annual Income

The Graham/Greenlee Region has a variation in median income between the counties. The median household income for Graham County is \$29,955 compared to the median income in Greenlee County, of \$37,137. In addition, it is important to note that within Greenlee County there is a significant difference between the two largest cities. That is, Morenci has a median household income of \$40,912, which is \$10,304 greater than the \$30,608 median income of Duncan. The median household income of both Graham and Greenlee Counties is less than the Arizona median income of \$47,265.

Graham County Median Household Income (2006)

	2006
Graham County (Total)	\$29,955
Graham-Southern	\$31,386
Pima	\$30,516
Bonita/Klondyke	\$29,833

Source: Arizona Department of Health Services Bureau of Health Systems Development (2006)

Greenlee County Median Household Income (2006)

	2006
Greenlee County (Total)	\$37,137
Morenci	\$40,912
Duncan	\$30,608

Source: Arizona Department of Health Services Bureau of Health Systems Development (2006)

Median⁸ Annual Income (Per Year – Pretax)

	2002	2003	2004	2005	2006
Arizona	\$41,172	\$40,762	\$41,995	\$44,282	\$47,265
U.S.	\$43,057	\$43,564	\$44,694	\$46,242	\$48,451

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

Families in Poverty

In the Graham/Greenlee Region, many areas contain households where the median annual income is at or below federal poverty guidelines, while other areas of the region are well above these poverty guidelines. For a family of four, the Federal Poverty Level is \$21,200 a year (for the 48 contiguous states and D.C.).⁹ As the following charts show, Graham County has 23 percent of its families living at or below the 100 percent of the Federal Poverty Level, while Greenlee County has more than 13 percent fewer. This is a significant difference between the two counties. The largest communities of Greenlee County also present important differences. The rate of the Duncan community is 7.2 percent greater than the 7.4 percent rate of Morenci.

Graham County population Living at or Below the Federal Poverty Level (2006)

	Percent of Population Living at or Below 100 Percent of the Federal Poverty Level
Graham County Total	23%
Graham-Southern	18.0%
Pima	22.7%
Bonita/Klondyke	14.9%

Source: Arizona Department of Health Services Bureau of Health Systems Development (2006)

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

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

Greenlee County Population Living at or Below the Federal Poverty Level (2006)

	Percent of Population Living at or Below 100 Percent of the Federal Poverty Level
Greenlee County Total	9.9%
Morenci	7.4%
Duncan	14.6%

Source: Arizona Department of Health Services Bureau of Health Systems Development (2006)

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

	Percent of Households Living At or Below 100 Percent of the Federal Poverty Level
Arizona	10%
US	11%

Source: American Community Survey (2006)

Furthermore, 50.6 percent of the Graham County population lives at or below 200 percent of the Federal Poverty Level and 30.3 percent of the Greenlee County population live at or below 200 percent of the Federal Poverty Level.

Graham County Population at or Below 200 Percent of the Federal Poverty Level (2006)

	Percent of Population Living at or Below 200 percent of the Federal Poverty Level
Graham County Total	50.6%
Safford	44.9%
Pima	50.2%
Bonita/Klondyke	51.2%

Source: Arizona Department of Health Services Bureau of Health Systems Development (2006)

Greenlee County Population at or Below 200 Percent of the Federal Poverty Level

	Percent of Population Living at or Below 200 percent of the Federal Poverty Level
Greenlee County Total	30.3%
Morenci	26.2%
Duncan	38.1%

Source: ADHS Bureau of Health Systems Development (2006)

The chart below shows the numbers of food stamp and Children WIC recipients for the Graham/Greenlee Region.

Welfare Benefits—Graham County

Benefits For Graham County	Graham County Total	Pima	Thatcher	Safford
Food Stamps	4,838	576	624	2,875
Children WIC Recipients	970	205	217	879

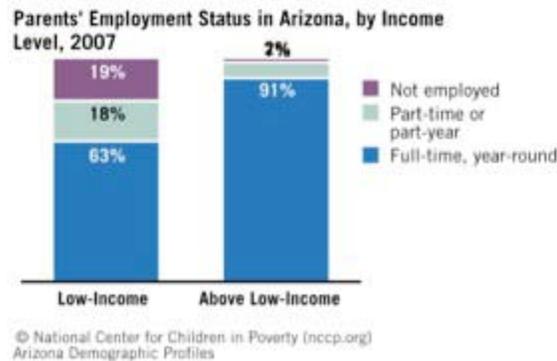
Source: Arizona Department of Health Services, Enrolled refers to women, infants and children certified for WIC in 2007

Welfare Benefits—Greenlee County

Benefits For Greenlee County	Greenlee County Total	Clifton	Duncan
Food Stamps	549	265	350
Children WIC Recipients	241	83	95

Source: Arizona Department of Health Services, Enrolled refers to women, infants and children certified for WIC in 2007

Even Arizona parents who are employed may be struggling to “make ends meet”. Research suggests that, on average, families need an income of about twice the Federal Poverty Level to meet their most basic needs. Children living in families with incomes below this level—\$42,400 for a family of four in 2008—are referred to as low income. According to the National Center for Children in Poverty, 63 percent of children in low income families have at least one parent who is employed full-time, year-round. The following graph shows the relationship between low income and types of employment.



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 ninth grade education could expect to earn less than \$18,000 per year, but with a high school diploma that income expectation rose to more than \$26,000 per year. With a bachelor's degree in 2004, women were reporting an income of \$41,000 per year.¹⁰

Parent Educational Attainment

Educational Attainment—Charts and Discussion

Studies have found consistent positive effects of parent education on different aspects of parenting such as parenting approaches, attitudes, and childrearing philosophy. Parent education can potentially impact child outcomes by providing an enhanced home environment that reinforces cognitive stimulation and increased use of language.¹¹ 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.

¹⁰ US Census Bureau, Income by Education and Sex”.

¹¹ Hoff, E., Laursen, B., & Tardiff, T. (2002). Socioeconomic Status and Parenting. In M.H. Bornstein (Eds.), *Handbook of Parenting, Volume II: Ecology & Biology of Parenting* (pp.161-188). Mahwah, NJ: Lawrence Erlbaum Associates.

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree. According to the data available in Graham County, more than 24 percent of mothers who gave birth had less than a high school diploma between 2002 and 2006. In Greenlee County, during the same time period, approximately 16 percent of mothers who gave birth had less than a high school diploma. It is interesting to note that in Graham County, this number is fairly consistent across the five-year span. However, in Greenlee County, there is a trend that shows a decrease in the mothers who gave birth with less than a high school diploma rate during this same time frame. For instance, the year 2002 indicates the highest rate (30 percent) compared to 16 percent for 2006.

Percentage of Live Births By Educational Attainment of Mother

		2002	2003	2004	2005	2006
Graham County	No High School Diploma	25%	24%	26%	18%	24%
	High School Diploma	38%	35%	36%	42%	43%
	One to four years College	33%	37%	33%	33%	30%
Greenlee County	No High School Diploma	30%	26%	24%	20%	16%
	High School Diploma	40%	41%	52%	48%	57%
	One to four years College	24%	25%	20%	26%	23%
Arizona	No High School Diploma	20%	21%	20%	20%	20%
	High School Diploma	29%	29%	29%	29%	30%
	One to four years College	32%	32%	32%	33%	33%
U.S.	No High School Diploma	15%	22%	22%	N/A	N/A
	High School Diploma	31%	N/A	N/A	84%	84%
	One to four years College	21%	27%	27%	27%	27%

Source: Arizona Department of Health Services, Vital Statistics, American Community Survey

Healthy Births

Prenatal Care

Adequate prenatal care is vital in ensuring the best pregnancy outcome. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many communities, prenatal care is far below what it could be to ensure this healthy beginning. Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills.¹² 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.¹³ Late or no prenatal care is associated with many negative outcomes for mother and child, including the following:

- Postpartum complications for mothers

¹² Ashford, J., LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment*. Belmont, CA: Thompson Brooks/Cole.

¹³ LeCroy & Milligan Associates (2000). *Why Hispanic Women Fail to Seek Prenatal Care*. Tucson, AZ.

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

In the Graham/Greenlee Region, approximately 76 percent of the mothers received prenatal care. Both counties have very similar rates. In Graham County, the rate was almost 77 percent and in Greenlee County, the rate was a little more than 75 percent. According to national statistics 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona¹⁴.

One prominent indicator of whether prenatal care is obtained in the first trimester is ethnicity. In Arizona, Native American women are least likely to start prenatal care in the first trimester. According to 2005 data, 32 percent of Native American women did not start prenatal care in the first trimester, followed by Hispanic women at 30 percent, Black women at 24 percent and White women at 12 percent.¹⁵ Any effort to increase prenatal care should consider these large ethnic differences. There are many barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, teenage motherhood, stress and domestic violence.¹⁶

Selected Characteristics of Newborns and Mothers, Graham/Greenlee County (2006)

Community	Total	Teen Mother (under 19 years old)	Prenatal Care 1 st Trimester	No Prenatal Care	Public \$	Low birth weight Under 2500 grams	Unwed Mothers
Graham County	540	105	414	6	339	46	223
Greenlee County	110	17	83	0	56	5	54
TOTAL	650	122	497	6	395	51	277

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 pounds four ounces) are leading causes of infant health problems and death. Many factors contribute to low birth weight. Among the most prominent are: drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. The Graham/Greenlee Region has a low birth weight rate of 7.8 percent. Again, there are differences in the rates between the two counties. The Graham County low birth weight is 8.5 percent, which is four percent greater than the 4.5 percent rate in Greenlee County.

The Centers for Disease Control reports that the number of low birth-weight births have been rising over the past several years. Arizona is producing fewer low birth-weight babies each year. Studies have suggested that Arizona's lower than average incidence of pregnant women who smoke cigarettes accounts for better outcomes regarding birth-weight than is seen in other cities in the United States. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent,

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

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

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

while the Arizona rate was only 5.9 percent. For those women who do smoke during their pregnancies, white teenagers seem to have the highest prevalence for this behavior, at 30 percent nationally.

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.¹⁷ 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 twenty years, with some studies pointing to advances in neonatal care capabilities, as well as a higher incidence of caesarian sections that are not medically necessary, as contributing to these rates. The rate of pre-term births in the United States has increased 30 percent in the past two decades.¹⁸ One half of all pre-term births have no known cause. One factor to consider is that, since 1996, the caesarian section rate has risen to 30 percent, with the latest studies showing that 92 percent of babies delivered by caesarian section from 1996 to 2004 were judged after birth to be “late pre-term”, meaning they were born after 34 to 37 weeks of pregnancy as opposed to the typical 38 to 42 weeks.¹⁹

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 18.²⁰ Once a young woman becomes pregnant, the risk of a second pregnancy increases. About one-third of adolescent mothers have a repeat pregnancy within two years.²¹ 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 one child.²² In spite of a declining teen birth rate, teenage parenthood is a significant social issue in this country. Teen parents face significant obstacles in being able to rear healthy children. Teen parents are generally unprepared for the financial responsibilities and the emotional and psychological challenges of rearing children.

According to data from 2006 for the Graham/Greenlee Region, the percent of mothers ages 19 years or younger in Graham County is 19 percent and the percent of unwed mothers is 41.3 percent. In Greenlee County the percent of mothers ages 19 and younger is 15.5 percent and the percent of unwed mothers is 50 percent.

17 Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New perspectives on the Stubborn Challenge of PreTerm Birth.

18 Mayo Clinic. Premature Births, November, 2006.

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

20 Center for Disease Control, Fact Sheet, 2001.

21 Kaplan, P. S., *Adolescence*, Boston, MA, 2004.

22 Manlove, J., Mariner, C., & Romano, A. (1998). *Positive Educational Outcomes Among School-Age Mothers*. Washington DC: Child Trends.

Additional Indicators of Interest to the Regional Council

The Graham/Greenlee Regional Partnership Council identified teen mothers and their prenatal care as an area on which they requested to have more information. As discussed earlier in this report, adequate prenatal care is vital to ensure the best pregnancy outcome and to set the stage for a healthy infancy. An important indicator is whether prenatal care is obtained in the first trimester. The charts below begin to paint a picture of teen mothers and prenatal care. The data shows that 57 percent of the teen mothers received prenatal care in the first trimester, 33 percent received prenatal care in the second trimester, and that 3 percent had no prenatal care in Graham County in 2002. The data also show that for the 18 – 19 years population, almost 64 percent received prenatal care in the first trimester.

In Greenlee County during this same period, 46 percent of the teen mothers received prenatal care in the first trimester, 12 percent received prenatal care in the second trimester, and 4 percent had no prenatal care.

Graham County: Prenatal Care and Prenatal Visits for Teen Mothers Giving Birth (2002)

Prenatal Care	Mother's Age Group			
	Total Teen Mothers (N=90)	Less than 15 Years	15 - 17 Years	18 – 19 Years
No care	3	0	1	2
First trimester	51	1	13	37
Second trimester	30	1	14	15
Third trimester	4	0	0	4
Unknown	2	0	2	0
Prenatal Visits				
No visits	3	0	1	2
One to Four visits	16	1	8	7
Five to Eight visits	31	0	12	19
Nine to 12 visits	26	1	7	18
13 + visits	14	0	2	12
Unknown	0	0	0	0

Source: Arizona Department of Health Services (2002)

Greenlee County: Prenatal Care and Prenatal Visits for Mothers Giving Birth (2002)

Prenatal care	Mother's Age Group		
	Total Teen Mothers (N=26)	15 - 17 Years	18 - 19 Years
No care	1	0	1
First trimester	12	6	6
Second trimester	8	2	6
Third trimester	3	0	3
Unknown	2	1	1
Prenatal Visits			
No visits	1	0	1
One to Four visits	7	2	5
Five to Eight visits	7	0	7
Nine to 12 visits	8	6	2
13 + visits	1	0	1
Unknown	2	1	1

Source: Arizona Department of Health Services (2002)

Health Insurance Coverage and Utilization

Uninsured Children

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or create economic hardships for families. Having a regular provider of health care promotes children's engagement with appropriate care as needed. Research shows that children receiving health care insurance²³:

- 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 cannot or are unable to access health care services for preventive care such as immunizations, there may be a delay in diagnosis of health problems, failure to prevent health problems, or the worsening of existing conditions.²⁴ Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.²⁵

Arizona had a higher percentage of children without health insurance coverage compared to the nation from 2001 to 2005. One reason that Arizona children may be less likely than their national counterparts to be insured is that they may be less likely

23 Johnson, W. & Rimaz, M. Reducing the SCHIP Coverage: Saving Money or Shifting Costs. Unpublished Paper, 2005. Dubay, L., & Kenney, G. M., Health Care Access and Use Among Low-Income Children: Who fares best? *Health Affairs*, 20, 2001, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured Estimates Based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

24 Chen, E., Matthews, K. A., & Boyce, W. T., Socioeconomic Differences in Children's Health: How and Why Do These Relationships Change with Age? *Psychological Bulletin*, 128, 2002, 295-329.

25 National Education Goals Panel. *Reconsidering Children's Early Developmental and Learning: Toward Common Views and Vocabulary*. Washington DC.

to be covered by health insurance through their families' employer. In Arizona, 48 percent of children (birth to 18 years) receive employer-based coverage, compared to 56 percent of children nationally.²⁶

Percentage of Children (birth to five years) Without Health Insurance Coverage

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

Source: Kids Count

The chart below shows children enrolled in the AHCCCS or KidsCare (Arizona publicly funded) low cost health insurance programs for children in low income families. As the chart shows, Graham County had 730 children (birth to five years) enrolled in AHCCCS or KidsCare and Greenlee County had 81 children (birth to five years) enrolled 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			
	2004	2005	2006	2007	2004	2005	2006	2007	2004	2005	2006	2007
Graham County	726	843	762	699	32	41	40	31	758	884	802	730
Greenlee County	127	93	96	79	2	5	5	2	129	98	101	81
Arizona	87,751	102,379	95,776	96,600	6,029	7,397	8,699	9,794	93,780	109,776	104,475	106,394

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

While many children do receive public health coverage, many others who likely qualify, 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.²⁷ Indeed, the large percent of families who fall below 200 percent of the Federal Poverty Level in the region suggest that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who have access to employer-based coverage.²⁸

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

26 Urban Institute and Kaiser Commission on Medicaid and the Uninsured Estimates Based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

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

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

of needed services, and the linguistic and cultural accessibility of services.

Because the Graham/Greenlee Region is largely rural, the factors of scope and availability of services, the number of health care providers and the geographic proximity of needed services may potentially play an important role in the region.

Lack of health coverage and other factors combine to limit children's access to health services. For example, according to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had a regular doctor and at least one well check visit in the last year. According to the same study, only 55 percent of children who needed behavioral health services received some type of mental health care in 2003.²⁹

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 dental office. For example, the chart below shows that for children under age five enrolled continuously in AHCCCS in Graham County, 81 percent received at least one visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) during the year 2007. In Greenlee County the figure reported is 67 percent.

Percent of children (12-months through five years) continuously enrolled in AHCCCS receiving one or more visits to a primary care practitioner

	Graham County*	Greenlee County*	Arizona
2005	79%	76%	78%
2006	81%	72%	78%
2007	81%	67%	78%

*Data only available at the county level. 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 Arizona and the region. As the chart below shows, in 2003, oral health varies among Graham/Greenlee communities. For example, a problem with untreated tooth decay among six through eight years old ranges from a low of 31 percent in Safford and Clifton, to a high of 43 percent in Pima.

Oral health—Graham/Greenlee Region—Children Six to Eight Years Old

Graham/Greenlee Communities (2003)	Untreated Tooth Decay	Tooth Decay Experience	Urgent Treatment Needs	Sealants Present
Pima	43%	62%	9%	15%
Safford	31%	60%	11%	10%
Thatcher	36%	64%	8%	13%
Clifton	31%	82%	8%	0%
Duncan	Not available	Not Available	Not Available	Not Available
Arizona	40%	62%	9%	28%

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

Enrollment in Head Start programs helps ensure access to medical and dental care. Head Start requires children enrolled in its program to receive well child and oral health visits.

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

Child Safety

All children deserve to grow up in a safe environment. Unfortunately, not all children are born into a home where they are well nurtured and free from parental harm. Additionally, some children are exposed to conditions that can lead to preventable injury or death, such as excessive drug/alcohol use by a family member, accessible firearms, or unfenced pools.

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.³⁰

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. This report includes state and county level data for children under the age of 18.

It is important to note that the child abuse report 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 nonetheless 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 number of reports that are considered

³⁰ References for this section: Augoustios, M. Developmental Effects of Child Abuse: A Number of Recent Findings. *Child Abuse and Neglect*, 11, 15-27; Eckenrode, J., Laird, M., & Doris, J. *Maltreatment and Social Adjustment of School Children*. Washington DC, U. S. Department of Health and Human Services; English, D. J. The Extent and Consequences of Child Maltreatment. *The Future of Children, Protecting Children from Abuse and Neglect*, 8, 39-53.; Lindsey, D. *The Welfare of Children*, New York, Oxford University Press, 2004; National Research Council, *Understanding Child Abuse and Neglect*. Washington DC: National Academy Press; Osofsky, J. D. The Impact of Violence on Children. *The Future of Children*, 9, 33-49.

substantiated are a subset of the total number of reports that were received, investigated, and closed during the reporting period.

The chart below shows the child abuse reports and fatalities for 2005 and 2006 for Arizona and nationally.

Child Abuse and Neglect

	2005		2006	
Arizona	Reports	37,546	Reports	34,178
	Fatalities	50	Fatalities	60
U.S.	Reports	44* (3M)	Reports	48* (3.6M)
	Fatalities	1.86** (1,460)	Fatalities	2.04** (1,530)

*Calculated as the rate for every 1,000 children in the population to account for population growth with actual numbers of incidents in parentheses.

**Calculated as the rate for every 100,000 children in the population to account for population growth with actual numbers of incidents in parentheses

Sources: Department of Health and Human Services; Arizona Child Fatality Review Board, Children's Action Alliance

The chart below provides a history of child abuse reports received and the outcome for Graham County and for Greenlee County.

Child Abuse Reports, Substantiations, Removals, and Placements for Graham County*

	Oct. 2003 – Mar. 2004	Apr. 2004 – Sep. 2004	Oct. 2004 – Mar. 2005	Apr. 2005 – Sep. 2005	Oct. 2005 – Mar. 2006	Apr. 2006 – Sep. 2006	Oct. 2006 – Mar. 2007	Apr. 2007 – Sep. 2007
Number of reports received	121	95	103	103	85	97	94	110
Number of reports Substantiated	NA	NA	NA	NA	6	9	7	6
Substantiation rate	NA	NA	NA	NA	7%	9%	7%	5%
Number of new removals	41	43	26	31	20	23	10	13

*All Data Taken from Arizona Department of Economic Security Child Welfare Reports. Discrete Data for "Number of Reports Substantiated" not Available in Prior to October 2005 to March 2006. Child Welfare Reports Do Not Provide County Level Data for Number of Child in Out-of-Home Care on the Last Day of Reporting Period. Data for Number of Reports Received Drawn from Child Welfare Report Tables Labeled "Number of Reports Responded to by Type of Maltreatment and County."

Child Abuse Reports, Substantiations, Removals, and Placements for Greenlee County*

	Oct. 2003 – Mar. 2004	Apr. 2004 – Sep. 2004	Oct. 2004 – Mar. 2005	Apr. 2005 – Sep. 2005	Oct. 2005 – Mar. 2006	Apr. 2006 – Sep. 2006	Oct. 2006 – Mar. 2007	Apr. 2007 – Sep. 2007
Number of reports received	26	37	34	30	17	18	17	26
Number of reports Substantiated	NA	NA	NA	NA	1	1	1	1
Substantiation rate	NA	NA	NA	NA	6%	6%	6%	4%
Number of new removals	5	1	11	10	5	1	1	10

*All Data Taken from Arizona Department of Economic Security Child Welfare Reports. Discrete Data for “Number of Reports Substantiated” not Available in Prior to October 2005 to March 2006. Child Welfare Reports Do Not Provide County Level Data for Number of Child in Out-of-Home Care on the Last Day of Reporting Period. Data for Number of Reports Received Drawn from Child Welfare Report Tables Labeled “Number of Reports Responded to by Type of Maltreatment and County.”

The table below provides a breakdown of reports received by each county in Arizona. Less than 1 percent of the reports received were in the Graham/Greenlee Region. Of those reports made in Graham County, 61 were reports of neglect, followed by 36 reports of physical abuse, 12 reports of sexual abuse, and one report of emotional abuse. For Greenlee County, 16 were reports of neglect, then eight reports of physical abuse, and two reports of sexual abuse. There were no reports of emotional abuse. Of the total reports, between October 2005 through September 2006, in Graham County 5 to 7 percent resulted in substantiation and in Greenlee County, 4 to 6 percent resulted in substantiation.

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

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

*All data taken from Arizona Department of Economic Security Child Welfare Reports, Apr. 1, 2007 – Sep. 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 ten million incidents each year. In 2006, 3.6 million referrals were made to Child Protective Service agencies (CPS) nationally, involving more than six million children. While 60 percent of these referrals were determined to be “unsubstantiated” according to CPS criteria and only 25 percent 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 one year** 24 incidents for every 1,000 children
- **One to three** 14 incidents for every 1,000 children
- **Four to seven** 14 incidents for every 1,000 children
- **Eight to 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 (31 percent), lack of parenting skills (31 percent), lack of supervision (27 percent), a history of maltreatment (20 percent) and domestic violence (15 percent). Only 11 percent of the children who died had previous Child Protective Services involvement.

In 2004, Arizona governor Janet Napolitano commissioned the Prevention System Subcommittee’s *“Action Plan for Reform of Arizona’s Child Protection System”*. As part of the plan it was recommended that pregnant women receive better access to comprehensive prenatal care by fast-tracking health insurance processes for prenatal care, helping teenage mothers, and providing home visitation services using the existing Healthy Families model. For children up to four years, the subcommittee recommended more parent education and support especially for teenage parents and for parents of children with special needs. The committee also recommended that these parents take advantage of early childhood education opportunities through Early Head Start and Head Start and access to quality child care.

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 Graham County there were 101 child placements in 2004 and that number decreased to 99 in 2005. In Greenlee County the child placement rate

more than doubled between 2004 and 2005. As the chart shows, there were eight child placements in 2004 and that number increased to 17 in 2005. The majority of children in out-of-home care across the state of Arizona are either White (42 percent) or Hispanic (35 percent), followed by African American (13 percent).

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.³¹ The 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
Graham County	2004 Graham County: 101* 2005 Graham County: 99*				
Greenlee County	2004 Greenlee County: 8* 2005 Greenlee County: 17*				
Arizona	5,049**	6,208**	7,173**	7,546**	7,388**
U.S.	29%*** (154,000)	30%*** (155,000)	31%*** (158,000)	32%*** (164,000)	44%*** (131,000)

*All children in out-of-home care (such as foster care)

**Includes all Children Under the Age of 18 years

***Based on Total Number of Children Removed from the Home Ages Birth through Five Years

Sources: Kids Count (data provided by Children's Action Alliance); The AFCARS 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 at all, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers.³² Furthermore, children living in poverty are more likely to die in the first year of life from health conditions such as asthma, cancer, congenital anomalies, and heart disease.³³ 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

³¹ Family to Family Tools for Rebuilding Foster Care, A Project of the Annie E. Casey Foundation, July 2001.

³² Mathews, T. J., MacDorman, M. F., & Menacker, F. Infant Mortality Statistics From the 1999 Period linked Birth/Infant Death Data Set. In *National Vital Statistics Report* (Vol. 50), National Center for Health Statistics.

³³ Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic Differences in Children's Health: How and Why Do These Relationships Change with Age? *Psychological Bulletin*, 129, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from Childhood Leukemia Depending on Socioeconomic Status in Athens. *Oncology*, 51, 1994, 391-395; Vagero, D., & Ostberg, V. Mortality among children and young persons in Sweden in relation to childhood socioeconomic group. *Journal of Epidemiology and Community Health*, 43, 1989, 280-284; Weiss, K. B., Gergen, P. J., Wagener, D. K., Breathing Better or Wheezing Worse? The Changing Epidemiology of Asthma Morbidity and Mortality. *Annual Review of Public Health*, 1993, 491-513.

provides information on the total number of child deaths in the Graham/Greenlee Region, by county, for children under the age of four.

Child* Deaths Among the Birth to Four Years Population

	2003	2004	2005	2006
Graham County	2% (5)	2% (4)	2% (5)	2% (6)
Greenlee County	0	2% (1)	2% (1)	0
Arizona*	2% (872)	2% (870)	2% (938)	2% (920)
U.S.	1% (32,990)	Not available	1% (33,196)	Not available

*Data Available on Birth to 14 years only. Sources: CDC; Arizona Department of Health Services

Children's Educational Attainment

School Readiness

Early childhood programs can promote successful school readiness especially for children in low-income families. Research studies on early intervention programs for low-income children have found that participation in educational programs prior to kindergarten is related to improved school performance in the early years.³⁴ Furthermore, research indicates that when children are involved in early childhood programs over a long period of time, with additional intervention in the early school years, better outcomes can emerge.³⁵ Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.³⁶ Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.³⁷

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to ten by memory or identifying the letters of the alphabet. Preparedness for school includes 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 is 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

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

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

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

37 Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., *The Children of the Cost, Quality, and Outcomes Study Go to School: Technical report*, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

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

The results of the DIBELS assessment should not be used to assess children's full range of skills and understanding in the area of language and literacy. Instead, it provides a snapshot of children's learning as they enter and exit kindergarten. Since all schools do not administer the assessment in the same manner, comparisons across communities cannot be made. 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 Arizona Reading First Schools						
	Beginning of the Year			End of the Year		
	% Intensive	% Strategic	% Benchmark	% Intensive	% Strategic	% Benchmark
Arizona Reading First Schools	52	35	13	10	12	78
Graham Greenlee*						
Pima Unified School District	14	44	42	7	5	88
Safford Unified School District	29	42	29	0	5	95

*From the DIBELS assessments available, there were two school districts reporting within the Graham/Greenlee 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. Only 56 percent of Arizona's fourth graders scored "at basic" or better on the 2007 NAEP Reading Assessment, compared with a national average rate of 67 percent. The percentage of Arizona fourth graders achieving "at basic" or better on the NAEP Math Assessment increased dramatically from 57 percent in 2000 to 74 percent in 2007, but Arizona's fourth graders still score 8 percent below the national rate of 82 percent. The NAEP is a standardized means for measuring educational progress in the core subject areas beginning in the fourth grade. It is one of the earliest comprehensive assessments used with students all over the United States and it can provide helpful insights into how well students are progressing through the core subject areas and where groups of students (gender, ethnicity, income, geographic region) may be systematically experiencing delays in their progress. The NAEP is administered to a sample of fourth grade students and data at the regional level was not available to

include at the time of printing this report.

Data is available for Safford Unified, Solomon Elementary, and Thatcher Unified, in the Graham/Greenlee Region, on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in third through eighth grades. 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 fourth and eighth grades are given a science assessment.³⁸ The chart below shows a picture of how school districts in the Graham/Greenlee Region perform. For example, Safford Unified reports 14 percent of students falling below the standard in Mathematics but only 7 percent falling below the standard in reading.

Graham/Greenlee Region 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
Duncan Unified	--	--	--	--	--	--	--	--	--	--	--	--
Fort Thomas Unified	--	--	--	--	--	--	--	--	--	--	--	--
Grand Canyon Unified	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Pima Unified	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Safford Unified	14%	17%	16%	16%	7%	26%	59%	9%	6%	20%	69%	6%
Solomon Elementary	0%	4%	52%	43%	0%	10%	71%	19%	0%	0%	96%	4%
Thatcher Unified	3%	8%	48%	41%	2%	12%	70%	16%	2%	7%	85%	7%

Arizona Department of Education AIMS Spring 2007 Grade 03 Summary

NA is used when data have not been published to protect student privacy in districts in which fewer than 10 students took the exam. Dashes indicate data are not provided for the school in the AIMS Spring 2007 Grade 03 Summary.

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

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.³⁹ As the chart on schools in the Graham/Greenlee Region show, high school graduation rates vary 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 the Graham/Greenlee Region have higher graduation rates. In 2006, an exception was Duncan Unified, with a graduation rate of 69 percent.

³⁸ Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

³⁹ Sigelman, C. K., & Rider, E. A., *Life Span Development, 2003*, Pacific Grove, CA: Wadsworth.

High School Graduation Rates

2006

Graham/Greenlee High School Districts	Total Number Graduates	Total Number in Cohort	Graduation Rate
Clifton Unified (N=1)	-	4	-
Duncan Unified (N=1)	24	35	69%
Ft Thomas Unified (N=1)	35	43	81%
Morenci Unified (N=1)	50	59	85%
Pima Unified (N=1)	68	44	86%
Safford Unified (N=2)	171	237	72%
Thatcher Unified (N=1)	97	105	92%
Arizona*	50,355	71,691	70%
United States**	N/A	N/A	N/A

2005

Graham/Greenlee High School Districts	Total number Graduates	Total Number in Cohort	Graduation Rate
Clifton Unified (N=1)	14	17	82%
Duncan Unified (N=1)	39	45	87%
Ft Thomas Unified (N=1)	33	39	85%
Morenci Unified (N=1)	71	80	89%
Pima Unified (N=1)	45	49	92%
Safford Unified (N=2)	133	143	93%
Thatcher Unified (N=1)	78	85	92%
Arizona*	50,355	71,691	70%
United States**	N/A	N/A	N/A

2004

Graham/Greenlee High School Districts	Total Number Graduates	Total number in Cohort	Graduation Rate
Clifton Unified (N=1)	13	13	100%
Duncan Unified (N=1)	42	50	84%
Ft Thomas Unified (N=1)	29	41	71%
Morenci Unified (N=1)	56	60	93%
Pima Unified (N=1)	46	46	100%
Safford Unified (N=2)	179	238	75%
Thatcher Unified (N=1)	95	98	97%
Arizona*	50,355	71,691	70%
United States**	N/A	N/A	N/A

* Arizona Department of Education

** National Center for Education Statistics

Current Regional Early Childhood Development and Health System

Summary of Regional Findings on Early Childhood System

For more than 3,000 children ages birth through five years who live in the Graham/Greenlee Region, there are only two accredited child care centers. There are a total of four Head Start program sites and three Early Head Start programs.

In 2006, the Graham/Greenlee Region's fee-paying child care facilities included nine licensed centers and 99 approved family child care homes. The approved capacity for these programs is as follows. Data was available for the nine licensed centers and the approved family child care homes. For the nine licensed centers, approved capacity is 515 and the average number served was 323 children. For approved family child care homes, approved capacity is 480 children and the average number of children served was 422 children. Much of the care for working families still takes place in informal or unregulated settings.

The costs of care across group homes, licensed centers, and in-home care are relatively similar regardless of setting. Costs for infant care are generally higher than that for toddlers and preschoolers, and costs for in-home care is greater than the costs of care in centers.

Medical health insurance coverage for young children in the Graham/Greenlee Region differs between counties. Data on children 12 months to five years continuously enrolled in AHCCCS receiving one or more visits to a primary care physician, show the Graham County rate is 81 percent and the Greenlee County rate is 67 percent for 2007. The Graham County rate is greater than the state average and the Greenlee County rate is 11 percent lower than the state average.

There are resources and services to help support families and young children, but 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 funding for the system of education and care for young children be increased to build the region's capacity to serve children birth through five years and their families. In addition there is interest in creating vehicles to better facilitate the sharing of information so that parents are knowledgeable about the resources available and to help parents navigate through the system effectively, rather than leaving it up to parents, largely, 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 been increasingly concerned about creating high quality early care and education. This concern makes sense for a number of reasons. First, child care needs are growing because a majority of children ages birth to six years of age participate in regular, nonparental child care. In one study, 61 percent of young children participated in some form of child care. Further, 34 percent par-

ticipated in some type of center-based program⁴⁰. 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 readiness⁴¹. Quality care is often associated with licensed care, and while this isn't always true one study found that the single best indicator of quality care was the provider's regulatory status.⁴²

Currently, there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. One of the tasks of First Things First will be to develop a Quality Improvement and Rating System with these common indicators of quality. Until this Rating System is available statewide, this report presents the Graham/Greenlee Regional Partnership Council with 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)
- National Early Childhood Program Accreditation (NECPA)

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 Graham/Greenlee Regional Partnership Council, some data related to centers was not available.

The Graham/Greenlee Region has two accredited early childhood programs, the Palomita Children's Center and Bulldog Boulevard Preschool. Childcare in Safford has achieved NAEYC accreditation. There are a total of four Head Start sites in the region. In addition, Palomita Children's Center has a center based Early Head Start Program. The Early Head Start program is home-based and is offered in Safford through the Easter Seals Blake Foundation and in Duncan through Duncan Head Start.

Overall, the data show there are few accredited program options for working families in this region.

40 Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being, 2002*. Washington DC.

41 NICHD Early Child Care Research Network, The Relation of Child Care to Cognitive and Language Development, *Child Development, 2000, 71, 960-980*.

42 Pence, A. R., & Goelman, H. The Relationship of Regulation, Training, and Motivation to Quality Care in Family Day Care. *Child and Youth Care Forum, 20, 1991, 83-101*.

Graham and Greenlee Counties

Number of Accredited Early Care and Education Centers and Head Start Sites

	AMI/AMS	ACSI	NAC	NAEYC	NECPA	NAFCC Homes	Head Start
Number of Accredited Centers				2			

Sources: NAEYC, AMI, AMS, ACSI, NAC, NECPA, NAFCC, lists of accredited providers.

AMI Recognition Schools List <http://www.montessori-ami.org/amiusa/schools.lasso>

AMS Accredited Montessori Schools List <http://www.amshq.org/schoolExtras/accredited.htm>

ADHS Licensed Child Care List <http://www.azdhs.gov/als/childcare/>

ACSI Schools and Accredited Schools <http://www.acsi.org/web2003/default.aspx?ID=1630&>

NAC Accredited Centers <http://www.naccp.org/displaycommon.cfm?an=1&subarticlenbr=78>

http://www.naeyc.org/academy/search/Search_Result.asp

NAFCC Accr. Providers <http://nafcc.fmdatabase.com/fmi/iwp/cgi?-db=accreditationsearch.fp7&-loadframes>

NECPA <http://www.necpa.net/AccreditedPrograms.htm>

*Source: Arizona Department of Health Services. List of Licensed Child Care Centers

The National Association for the Education of Young Children (NAEYC) offers accreditation to centers throughout the U.S. including centers in Arizona. As part of the accreditation designation, NAEYC has published standards for staff to child ratios based on the size of the program and according to age group, as reflected in the chart below.⁴³

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

Regional information was collected on accredited centers in the Graham/Greenlee County area in June 2008. According to the NAEYC standards, information showed the staff to child ratios met the standards.

Additional Indicators of Interest to the Regional Council

A focus group was held in the Graham/Greenlee Region with community members knowledgeable about early child education in June 2008. The following information and insights about quality programs was provided.

Community assets in the provision of quality early child education include:

- The use of parent education evidence-based curricula, for example; Growing Great Kids and Strengthening Families.
- Agencies provide professional development opportunities.

⁴³ NAEYC standards here are used to provide a context for high standards. It is not presumed that all centers should become NAEYC accredited

Source: NAEYC Accreditation Criteria

- Palomita Children’s Center blends funding streams and provides services to low-income families, private pay, CPS families, and children with disabilities.
- Child screenings and assessments are provided early.

Challenges identified in providing quality programs in the region include:

- The lack of sufficient funding, which impacts staffing patterns, attendance at conferences and trainings, and the ability to provide training to parents.
- There are challenges in finding qualified staff. These include; inadequate wages, the need to provide competitive salaries to attract staff to Graham and Greenlee Counties, applicants can lack the necessary education and training, applicants may have substance abuse issues and criminal histories.
- High caseloads can be a barrier to prepare and provide individualized intervention with families.

Access

Family demand and access to early care and education is a complex issue. Availability and access are influenced by, but not limited to factors such as: number of early care and education centers or homes that have the capacity to accommodate young learners; time that families have to wait for an available opening (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 Graham/Greenlee 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

In 2006, the Graham/Greenlee Region’s fee-paying child care facilities included nine licensed child care centers and 99 approved family child care homes.

Graham/Greenlee Counties

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
9	0	99	0

Source: DES Child Care Market Rate Survey 2006

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

The Arizona Department of Economic Security’s (DES) 2006 Child Care Market survey provides information on a range of child care settings statewide.

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 abil-

ity 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 regulation 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 cardiovascular pulmonary resuscitation (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.

The Department of Economic Security's 2006 Child Care Market Rate Survey provides information on a range of fee-paying child care settings, including licensed centers that provide fee-paying child care, Head Start programs and district programs with fee-paying wraparound care, small group homes, family child care providers certified by DES and those approved by agencies for the Child and Adult Care Food Program (CACFP), as well as otherwise unregulated providers who register to be listed with the 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 Centers. Registration with Child Care Resource and Referral is voluntary; however, those centers and homes receiving Department of Economic Security subsidy or regulation are required to register.

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

Number of Children Enrolled in Early Care and Education Programs

The table below presents the number of children enrolled in early care and education programs by type in the Graham/Greenlee Region. In Graham County, there are seven child care centers and two Head Start sites (total capacity 336). In Greenlee County, Clifton has one preschool program (capacity 34) and Morenci has two (capacity data unavailable), Clifton has one child care center (capacity 30) and

Duncan has a Head Start site (capacity 64). The region has no small group homes. It is important to note that these numbers do not account for children cared for in unregulated care, by kin, or who are in need of care but do not have access to it. Identification of methodologies and data sets related to unregulated care and demand for early care and education are a priority for the future. These numbers are not reflective due to additional facilities will not release information.

Graham/Greenlee Counties

Number of Children Enrolled In Early Care and Education Programs By Type

	Licensed Centers	Groups Homes	Approved Family Child Care Homes	Providers Registered with the Child Care Resource and Referral	Total
Approved Capacity	515	No data	480	No data available	995
Average Number Served	323	No data	422	No data no data available	745

Source: DES Child Care Market Rate Survey 2006

*Capacity refers to the total capacity of a physical site and does not necessarily reflect the size of the actual program in that site.

Costs of Care

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

In the Graham/Greenlee Region, the child care rates are most expensive for in-home care when compared with other settings. Costs for infants are the highest across all types and settings when compared with the toddler and preschooler populations.

Average Costs of Early Care and Education

Setting Type & Age Group		Graham/Greenlee Counties (2006)	Graham/Greenlee Counties (2008)	U.S. (2008)
Group Homes	Infant	Data not available	Data not available	Data not available
	Toddler	Data not available	Data not available	Data not available
	Preschooler	Data not available	Data not available	Data not available
Licensed Centers	Infant	\$19.00 per day		\$9,567 per yr**
	Toddler	\$19.40 per day	Data not available	Data not available
	Preschooler	N/A	\$7,084 per yr**	
In-Home Care	Infant	\$30.00 per day	Data not available	Data not available
	Toddler	\$30.00 per day	Data not available	Data not available
	Preschooler	\$27.50 per day	Data not available	Data not available
Certified Homes	Infant	\$21.49 per day		\$6,505 per yr.**
	Toddler	\$21.01 per day	Data not available	
	Preschooler	\$20.67 per day	Data not available	
Alternately Approved Homes	Infant	\$17.05 per day		
	Toddler	\$16.58 per day	Data not available	
	Preschooler	\$15.54 per day	Data not available	
Unregulated Homes	Data not available			
Subsidized Settings (all ages)	Data not available	Data not available		

**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

Additional Indicators of Interest to the Regional Council

The Graham/Greenlee Regional Partnership Council chose two additional indicators for data collection in the Access focus area. The indicators include the following:

1. Children on waiting lists for early childhood education programs.
2. The issue of transportation focused on young children birth through five years, getting young children birth through five years to medical appointments, pre-school programs and early child education programs.

Information was collected on both areas through the regional Coordinator's survey of licensed child care agencies. Information was also gathered through two focus groups, one with providers and one with parents.

Waiting List Information for Early Child Education Programs

The June 2008 regional survey results provided the following information:

- Out of nine licensed child care agencies that responded to the survey; six agencies have a waiting list and three agencies did not have a waiting list at that time. Of those agencies who specified the number of children on their waiting list, one organization has a waiting list of 19 children, one agency has a total waiting list of 46 children (both full and part-time), one agency has 12 children on their waiting list for a class for three year olds, and one agency has a waiting list of three chil-

dren. (Since this data was gathered, one of the child care facilities has closed its doors bringing the number of licensed centers to eight. Thus, the number of children on waiting lists has increased at other centers.)

The following is information provided by parents who participated in the June 2008 parent focus group:

- Waiting lists for child care programs were identified as a barrier to services and programs. It was noted that programs tended to fill-up quickly.
- It was also noted that sometimes access can be tied to who you know in smaller communities.

The following is information provided by participants who participated in the June 2008 provider focus group:

- It was noted that programs are constantly full and there are a lack of funds to expand.
- In regard to early child care programs, it was said that Palomita Children's Center currently has a 3-month waiting list, the Methodist Child Care preschool enrollment is already at capacity for their August program, and the Laugharn preschool had a waiting list this past year.

Information on early child education program waiting lists was collected by the Graham/Greenlee School Readiness Partnership (GGSRP) in January 2008. The Partnership conducted a survey with 16 child care centers and found eight centers reported a waiting list totaling 117 children. The GGSRP noted that Safford special education preschool programs are not allowed waiting lists for their identified students due to Federal regulations. This point possibly indicates that if waiting list information was collected, there could be a greater number of children identified who need access to programs.

Transportation Information

The June 2008 region survey collected the following information:

- Out of eight licensed child care agencies who responded, one agency (The Pima Head Start program) provides transportation and seven agencies do not provide transportation.

The following information was provided by parents of young children who participated in the June 2008 focus group:

- Transportation was identified as a service that is needed.
- The need for specialized transportation to take children to the doctor's office was identified as a need similar to the elderly population that is served by the Safe Ride program.
- The lack of transportation presents a barrier for parents to attend classes and to get to the WIC office as well as other services.
- There is a need for a public bus system. Living in this rural area presents challenges including high gas prices and many people in a farming community drive large trucks.

- An asset that was identified for this area is that a Head Start program and a pre-school program have vans to transport the children to their programs.

Participants in the providers focus group shared the following information on transportation:

- Public transportation was identified as a service that is missing in caring for young children.
- It was said that people who do not have a vehicle cannot get to programs. Examples include: a child who needs specialized treatment in Tucson may not be able to get there, clients may not be able to get to the WIC program, and parents may not have transportation to the health department to get children their immunizations.
- One challenge mentioned as a barrier to agencies providing transportation is the issue of agency liability.

The Transportation Feasibility Report, May 2007 (Ostrander Consulting, Inc. with RAE consultants) emphasizes the significant transportation need within Graham County. It provides baseline information, strategies, and next steps to develop transit services in Graham County. The population identified in need in this report and recommendations is low-income and retired people who lack transportation. This report did not address children birth through five years. However, the attention to this service area could provide an opportunity to collaborate and incorporate transportation issues / solutions related to children birth through five years and their families.

Health

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

Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at nine, 18, and 24 months with a valid and reliable screening instrument. Providing 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.⁴⁴ 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.⁴⁵

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, for example, an early child care provider cannot identify children with special needs correctly.⁴⁶

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42 percent)⁴⁷. 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 years) and their families receive early intervention services under IDEA Part C. Children and youth (ages three to 21 years) 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 50 percent of the developmental milestones expected at their chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Identifying 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

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

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

46 Hendrickson, S., Baldwin, J. H., & Allred, K. W. Factors Perceived By Mothers As Preventing Families from Obtaining Early Intervention Services for their Children with Special Needs, *Children's Health Care*, 2000, 29, 1-17.

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

of children deemed eligible compared to the total number of children referred. The higher the percent of children eligible, the more accurate and appropriate the referral. Effective screening activities are critical to assuring such accuracy.

The following chart shows the number of AZEIP Screenings for children birth to 12 months and for children 13-36 months for the Graham/Greenlee Region.

Children Birth to Three Years Receiving Developmental Screenings in the Graham/Greenlee Region

Service Received According to Age Group	2006	2007
AZEIP Screening 0-12 months	40	43
AZEIP Screening 13-36 months	46	71

Source: Arizona Early Intervention Program, the Blake Foundation

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 Arizona Academy of Pediatrics. Also, any parent who believes their child has delays can contact the Arizona Early Intervention Program or any school district and request that their child be screened. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention system and how it works, are parent support services that each region can provide. These measures, while not solving the problem, will give parents some of the resources to increase the odds that their child will receive timely screening, referrals, and services.

Insurance Coverage

The following chart compares the percent of children receiving no medical care for those insured all year versus those uninsured all or part of the year. As the chart shows, over 38 percent of children who are uninsured all or part of the year, are not receiving medical care compared to 15 percent of children who are insured throughout.

Percent of Children Birth to 17 Years Not Receiving Any Medical Care, 2003

	Insured All Year		Uninsured All or Part of the Year	
	Percent Not Receiving Medical Care	Number Not Receiving Medical Care	Percent Not Receiving Medical Care	Number Not Receiving Medical Care
Arizona	14.8%	171,303	38.1%	134,259
US	12.3%	7,635,605	25.6%	2,787,711

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

While the number of children having access to medical care or well child visits could not be determined for this report, the high rate of uninsured children in the region would suggest that access to medical care and well child visits is limited. As described in the section on Health Coverage and Utilization, children who are enrolled in AHCCCS are very likely to 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 90 percent of children two years of age.

Although current data was unavailable for this report, data from 2003 suggests that the Graham/Greenlee Region lags behind Arizona and nation in percent of immunized two year olds. In 2003, only 40.6 percent of Graham County two year olds were immunized, and in Greenlee County, only 44.6 percent of two year olds were immunized according to the 4:3:1:3 immunization schedules. As the chart below shows, there are differences between the communities in the immunization rate.

Percent of Immunized Two-Year-Olds

Graham/Greenlee County	2003
Clifton	42.4%
Duncan	90.0%
Pima	35.6%
Safford	58.0%
Thatcher	67.8%
Graham County	53.7%
Greenlee County	55.2%
Arizona	79.8%
US	80.3%

Source: ADHS Community Health Profiles, 2003
ASIS, Arizona State Immunization Information System 2007

Additional Indicators of Interest to the Regional Council

Early child education professionals, parents, and community members have identified the lack of a pediatrician in the Graham/Greenlee Region as an important area that needs to be addressed to support the healthy development of young children.

During the June 2008 parent focus group, parents voiced that they would like to have more choice for specialized medical services for children in the Graham/Greenlee Region. Examples of these services include a pediatric cardiologist, a pediatric orthopedist, and others. In addition, specialized services for children with Autism were identified as a need within the community. Teen pregnancy and the lack of prenatal care were also identified as high concerns in the community, which is consistent with the data presented earlier in this report.

Family Support

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

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.⁴⁸ Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.⁴⁹ Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.⁵⁰ Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.⁵¹ Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, pro-social behaviors, and empathic communication.⁵²

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

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

48 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The Learning, Physical and Emotional Environment of the Home In The Context of Poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Hair, E., C., Cochran, S. W., & Jager, J. Parent-Child Relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends; Maccoby, E. E. Parenting and Its Effects On Children: On Reading and Misreading Behavior Genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

49 Baumrind, D. Parenting Styles and Adolescent Development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), *The Encyclopedia of Adolescence* (Pp. 749-758). New York: Garland; Maccoby, E. E. Parenting and its Effects on Children: On Reading a Misreading Behavior Genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

50 Sroufe, L. A. *Emotional Development: The Organization of Emotional Life in the Early Years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and Emotional Communication in Infants, 1989, *American Psychologist*, 44, 112-119.

51 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The Learning, Physical, and Emotional Environment of the Home In The Context of Poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., & Hemphill, J., *Unfulfilled Expectations: Home and School Influences On Literacy*. Cambridge, MA: Harvard University Press.

52 Hair, E., C., Cochran, S. W., & Jager, J. Parent-Child Relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends; Sroufe, L. A. *Emotional Development: The Organization of Emotional Life in the Early Years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and Emotional Communication in Infants, 1989, *American Psychologist*, 44, 112-119.

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, home visiting programs and recreational programs available to families, the Graham/Greenlee Regional Partnership Council will work with their neighborhoods to identify informal networks of people or associations that families can join and utilize to build a web of social support.

In the Graham/Greenlee Region, there are a wide array of efforts and programs providing support to families. For example, there are statewide programs and nationwide programs that provide a variety of support services and parent education.

In addition, this region has numerous public and non-profit agencies that have developed and provided parent education materials and have programs to support parents in the care of their young children. Local library programs, including the Pima Public Library, the Safford City-Graham County Library, and the Clifton Public Library offer a wealth of resources and programs for parent knowledge and support of children's literacy.

Parent Knowledge About Early Education Issues

When asked, child care professionals continually report that families need more and better information around quality child care⁵³. Parents seem fairly perceptive of their need for more information.

The Graham/Greenlee Region June 2008 parent focus group yielded the following insights and information about family support and parent education:

The following family supports were identified as being assets in the community.

- When asked who the parents turn to for information and advice in raising their young children, responses included; their children's teachers and mentors (children's program staff), friends, family members, church leaders, and physicians.
- There are activities/programs for children such as the Easter Seals Blake Foundation Friday swim program, the College's dance class for three year olds, the Public Library's reading programs and arts & crafts programs for children birth to five years, and the Safford School District's summer free breakfast & lunch program (at different locations) for children birth to 18 years. *(Please note that most of these programs identified are summer programs).*
- Parents reported they had access to children's books and the majority of parents in the group said they read to their children daily / nightly. One parent said that they read to their child when he sits still.

Areas identified that are missing in the community include

- Services and resources that have more flexible income eligibility and criteria. It was said that many programs have financial eligibility criteria and therefore do not serve families who are "in the middle". (Examples of these programs include: WIC, DES, Head Start, housing, and health insurance for parents).

⁵³ Whitebook, M., Howes, C., & Phillips, D. *Who Cares? Child Care Teachers and The Quality of Care In America, 1989*, Oakland, CA: Child Care Employee Project.

- Play groups with parents and children together, for example “Mommy and Me” classes. Parents suggested more evening classes so they can participate with their children.
- Services, supports, and resources for children with autism and their families.
- Parent support groups.

Parent education materials and information available in the community that the parents found helpful include:

- Materials that help explain what to expect from your child. Examples include WIC brochures that contain age appropriate feeding ideas, health threats, and formula feeding, written information/brochures in doctors’ offices that are specific to the child’s age and information on immunizations, books that help prepare parents on what to expect in the child’s first year, magazines such as Parenthood, Childhood, American Babies, television shows such as Nanny 9-1-1 and Super Nanny. Parents said they want information that assists in understanding child behavior and development and to learn techniques that “work”.
- The parents articulated the need for information on the identification of and easy access to resources available in the community for young children and who to contact.

Professional Development

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

Child Care Professionals’ Certification and Education

Research on caregiver training has found a relationship between the quality of child care provided and child development outcomes.⁵⁴ Furthermore, formal training is related to increased quality care; however, *experience without formal training* has not been found to be related to quality care.⁵⁵

A pressing concern in the Graham/Greenlee Region, and for many other areas around the state, is the preparation of its early childhood and elementary school teachers.

54 NICHD Early Child Care Research Network. The Relation of Child Care to Cognitive and Language Development, 2000, *Child Development*, 71, 960-980.

55 Galinsky, E. C., Howes, S., & Shinn, M. *The Study of Children In Family Care and Relative Care*. 1994, New York: Families and Work Institute; Kagan, S. L., & Newton, J. W. Public Policy Report: For-Profit and Non-Profit Child Care: Similarities and Differences. *Young Children*, 1989, 45, 4-10; Whitebook, M., Howes, C., & Phillips, D. *Who Cares? Child Care Teachers and The Quality of Care in America*, 1989, Oakland, CA: Child Care Employee Project.

Child Care Professionals' Educational Background

Degree Type	Graham Greenlee 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	61%	36%	61%	82%	20%	12%
CDA	12%	0%	9%	7%	N/A	N/A
Associates	27%	64%	15%	8%	47%	45%
Bachelors	12%	0%	19%	7%	33%	43%
Masters	0%	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 Care giving Population Report, 2002.

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

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

Professional Development Opportunities

Early childhood educators and professionals have a variety of education and training resources available, including online training and education and degree programs through the state universities or through the Community College Programs. In the Graham/Greenlee Region, Eastern Arizona College is the primary source for early child education programs. The 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 Eastern Arizona 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.

In addition, Northern Arizona University has recently created a B.A. in Early Child Education, with satellite classes offered on the Eastern Arizona College. Tracking of personnel training and qualifications is provided by the S*CCEEDS Program from the Association for Supportive Child Care.

Available Education and Certification Programs for Child Care Professionals

School	Degree/Certificates
Eastern Arizona College	Coursework for High School diplomas CDA preparation Associate in Applied Science (AAS): Early Childhood Education Associate of Arts (AA) Early Childhood Education
Northern Arizona University	Bachelors/Masters in Early Childhood
Arizona State University and Northern Arizona University	B.A. in Early Child Education

Source: Professor JoAnn Morales, Eastern Arizona College (June 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.⁵⁶ 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.⁵⁷

As the chart below shows, average length of employment has remained low with teachers employed more than five years at 18 percent and there are no assistant teachers employed more than five years.

Average Length of Employment for Child Care Professionals in Graham/Greenlee Region (2007)

	6 Months or Less	7-11 Months	One Year	Two Years	Three Years	Four Years	Five Years or More	Not Applicable	Don't Know/Refused
Teachers	9%	9%	9%	0%	9%	9%	18%	36%	0%
Assistant Teachers	11%	0%	11%	11%	11%	0%	0%	56%	0%
Teacher Directors	11%	0%	0%	11%	11%	0%	11%	56%	0%
Administrative Directors	0%	9%	0%	9%	0%	0%	9%	73%	0%

Source: Compensation and Credentials Survey

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 care⁵⁸. Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care⁵⁹. Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.⁶⁰

As the chart below shows, small salary increases as well as salary decreases have been implemented from 2004 to 2007 in Graham/Greenlee County. For teachers, their hourly wage increased 38 cents; however the hourly wage of Teacher Directors decreased \$1.09 within the same time period.

56 Raikes, H. Relations Duration In Infant Care: Time With A High Ability Teacher and Infant-Teacher Attachment. 1993, *Early Childhood Research Quarterly*, 8, 309-325.

57 Stremmel, A., Benson, M., & Powell, D. Communication, Satisfaction, and Emotional Exhaustion Among Child Care Center Staff: Directors, Teachers, and Assistant Teachers, 1993, *Early Childhood Research Quarterly*, 8, 221-233; Whitbook, M., Sakai, L., Gerber, E., & Howes, C. *Then and Now: Changes In Child Care Staffing, 1994-2000*. Washington DC: Center For Child Care Workforce.

58 Lamb, M. E. Nonparental Child Care: Context, Quality, Correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology*(5th Ed.), 1998, Pp. 73-134. New York: Wiley & Sons; National Research Council and Institute of Medicine. *From Neurons To Neighborhoods: The Science of Early Childhood Development*. Washington DC: National Academy Press.

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

60 Ibid.

Average Hourly Wages For Child Care Professionals in the Graham/Greenlee Region

	2004	2007
Teacher	\$8.28	\$8.66
Assistant Teacher	\$8.02	\$8.84
Teacher Director	\$10.72	\$9.63
Admin Director	\$23.68	N/A

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

Public Information and Awareness

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

Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.⁶¹

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 Graham/Greenlee Region, many organizations currently play a role in providing information on child development and family resources and supports to families. A listing of resources is included in the appendix. Across each community in Arizona the following resources provide important early childhood services:

- **School Districts** Which disseminate information to parents and the community at large through a number of events throughout the school year that include open house nights, PTO monthly meetings, information fairs and parent university weekends. School districts also use federal funding to keep parents aware of important issues such as health care and child nutrition through information campaigns. School districts have also created a network of information for parents through weekly or monthly newsletters, health bulletins, and website updates.
- **Public Libraries** Many libraries offer parent workshops to families on how to raise young readers. Many of the libraries offer story times for young children and their caregivers, where best practices in early literacy are modeled. The libraries may also conduct outreach story times at a limited number of child care centers in the

61 Halfon, Nel, Et Al. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and Early Childhood Health Policy, January 2004.

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 programs** The Graham/Greenlee Region has four Head Start programs and three Early Head Start programs (two home based and one center based) 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:

- **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.
- **Back-to-School Information** Numerous organizations distribute information to families with young children as they prepare to enter or return to elementary school each year in July or August.

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.⁶²

For example, the Graham/Greenlee Region June 2008 focus group yielded the following information and insight into community public awareness. Focus group participants identified early childhood and health care information that currently is distributed locally.

- WIC flyers are distributed in physicians' offices, grocery stores, and other places where young children and their families congregate.
- Methodist Child Care Center provides a handbook to all parents (whose children attend their Center) that contains a wide range of community resource information.
- Child and Family Resources has an overall agency brochure that it distributes at WIC offices and the county health department.

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

- Channel six airs agency / resource public service announcements. The Community Network Team has information in the newspaper (ten-week process).

System Coordination

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

System coordination can help communities produce higher quality services and obtain better outcomes. For example, one study found that families who were provided enhanced system coordination benefited more from services than did a comparison group that did not receive service coordination.⁶³ Effective system coordination can promote Regional Partnership Council and 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. Connections between early education and health providers could be forged.

Additional Indicators of Interest to the Regional Council

A provider focus group held in June 2008 yielded information and insight into system coordination in the Graham/Greenlee Region. The Graham/Greenlee County School Readiness Partnership was identified as an important collaboration that has assisted with information sharing, networking and service coordination. In addition, the local The Community Network Team meets regularly and was said to be an important community group that networks and shares child and family services information across disciplines. Other community partnerships that help agencies network and coordinate services include the following: The Meth Coalition, the Prenatal Block, and the Child Abuse Prevention Council. Key agencies identified that

63 Gennetian, L. A., & Miller, C. *Reforming Welfare and Rewarding Work: Final Report On The Minnesota Family Investment Program: Effects On Children*, 2000, New York: Manpower Demonstration Research Corporation; Miller, C., Knox, V., Gennetian, L. A., Dodoo, M., Hunter, J. A., & Redcross, C. *Reforming Welfare and Rewarding Work: Final Report On The Minnesota Family Investment Program: Vol. 1: Effects On Adults*, 2000, New York: Manpower Demonstration Research Corporation.

coordinate and strengthen services for young children and their families include: Southeastern Arizona Behavioral Health Services (SEABHS), county health departments (including the WIC program), hospitals, OB/GYN physicians, Child and Family Resources, Arizona's Children Association, AZEIP, Head Start, Easter Seals Blake Foundation, child care centers, Child Protective Services.

Focus group identified ways to strengthen service coordination and provide more effective services include reach-out and partner with other organizations, expand the Community Network Team, provide more information to the community, build community awareness about the services and resources available, increase accessibility to programs, and provide transportation. 🇺🇸



Conclusion

Synthesis of Findings on Regional Child and Family Indicators and Early Childhood System

Altogether, the Graham/Greenlee Region presents an area with opportunity to build on existing quality programs, dedicated and competent professionals, and caring and concerned parents to strengthen its early childhood education and health care system. With its shifting population of fewer children birth through five years and more retirees entering the region, it is an important time to develop and mobilize attention on its youngest citizens and their families

The Graham/Greenlee Region is comprised of small towns and rural areas that are distributed over a large beautiful geographic area with distances between many communities. It is important to note that within the region, there are distinct differences between the two counties. This expansive region presents challenges to the provision of quality programs and access to services and resources. The lack of a public transportation system can be a barrier to children participating in programs and receiving preventative and needed intervention services. The communities lack some specialized medical services and there is not a pediatrician in the community. There is a wider array of child and family services in Graham County compared to Greenlee County. Providers recognize the need to better coordinate local resources to provide parents and families with a more collaborative and quality system of early child education programs that will better meet the needs of children and families in their communities.

The region has three accredited early child education centers for a population of 3,000 children birth through five years. Non-profit agencies have model child and family programs and services. However many of these programs are at capacity and have child waiting lists. The salaries of child care professionals including teachers, teacher assistants, and teacher directors are lower compared to the rest of the state. This presents a challenge in attracting professionals to the region.

Although the majority of Head Start children in the two counties received regular medical and oral health care assessments, children not enrolled in or eligible for the Head Start program could benefit from these same services.

The region has a higher rate of teen pregnancy, lower utilization or access to prenatal care, and lower annual incomes.

Opportunities to strengthen and add choices to enrich early childhood education experiences and offer alternatives for care and support services.

Identification of Greatest Regional Assets

The area has quality and best practices programs that greatly benefit children and families in the region. The elementary education resources that can provide children who are ready to learn with the opportunities needed to advance through high school and into post-secondary education environments. Active community members including parents, business, educators, healthcare, and social service providers are concerned and committed to early childhood issues, including the Freeport McMoran Copper and Gold, Inc. mining company. Community child and family service

providers have developed a good partnership with local media, which provides a vehicle for information sharing and knowledge-building that can help create conditions to bring the community together in regard to the health and development needs of young children.

Identification of Greatest Regional Needs

As is so often the case, great strengths can also be the flip side of subtle challenges. The region's rural communities and employment opportunities with the copper mine make it an attractive place for residents. Yet the infrastructure of the smaller communities may lag behind the needs of their young children birth through five years and their families, leaving residents either dependent on traveling long distances to access services or simply unable to access the resources they need.

The lack of adequate child care options in the region cannot go unnoticed; more children are still in need of accessible, high-quality child care options. 🇺🇸

Appendices

Chart of Regional Assets – Graham/Greenlee

Programs					
AZEIP Graham / Greenlee Counties	(928) 428-7770	250 W. 15 th St.	Safford	AZ	85546
Choices for Families Child and Family Resources	(928) 428-7231	310 B E. 4 th St.	Safford	AZ	85546
Early Head Start Easter Seals Blake Foundation	(928) 428-7770	250 W. 15 th St.	Safford	AZ	85546
First Steps Arizona's Children Association	(928) 428-0711	203 W. 5 th St.	Safford	AZ	85546
Graham / Greenlee School Readiness Partnership Easter Seals Blake Foundation	(928) 428-7770	250 W. 15 th St.	Safford	AZ	85546
Graham County Health Department	(928) 428-1962	826 W. Main St	Safford	AZ	85546
Graham County WIC Program	(928) 428-7690	820 W. Main St.	Safford	AZ	85546
Graham Greenlee Health Resources	(928)	118 W. 5 th St.	Safford	AZ	85546
Greenlee County Health Department	(928) 865-2601	253 Fifth St.	Duncan	AZ	85534
Healthy Families Child and Family Resources	(928) 428-7231	301 B E 4 th St.	Safford	AZ	85546
New Visions Easter Seals Blake Foundation	(928) 428-7770	250 W. 15 th St.	Safford	AZ	85546
Parenting Arizona	(928) 428-8005	1070 Thatcher Blvd.	Safford	AZ	85546
Parents as Teachers Arizona's Children Association	(928) 428-0711	203 W. 5 th St.	Safford	AZ	85546
Safford Prevention Program Child and Family Resources	(928) 428-7231	310 B E. 4 th St.	Safford	AZ	85546
Colleges					
Eastern Arizona College	(928) 428-8233	615 N. Stadium Ave.	Thatcher	AZ	85552
Hospitals/Clinics					
Duncan Health Clinic	(928) 359-1383	227 Main St.	Duncan	AZ	85534
Family Medical Center	(928) 348-2151	1492 S. 20 th Ave.	Safford	AZ	85546
Graham Greenlee Valley Clinic		2016 W. 16 th St., #W	Safford	AZ	85546
Mt. Graham Regional Medical Center	(928) 348-4000	1600 S. 20 th St	Safford	AZ	85546
Newborn Intensive Care Program (NICP),Easter Seals Blake Foundation	(928) 428-7770	250 W. 15 th St.	Safford	AZ	85546
Safford Community Health Center		618 S. Central Ave.	Safford	AZ	85546
Southeastern Arizona Behavioral Health Services (SEABHS)	(928) 428-4550	620 S. Central Ave.	Safford	AZ	85546
Schools					
Blue Unified School District					
Blue Elementary School	(928) 339-4346	80 Turkey Creek Rd.	Blue	AZ	85922
Bonita Unified School District					
Bonita Elementary School	(928) 828-3363	18008 S. Fort Grant Rd.	Bonita	AZ	85643
Dan Hinton Accommodation School District					
Dan Hinton Accommodation School	(928) 485-2759	146 E. 4 th St.	Pima	AZ	85543

Discovery Plus Academy School District					
Discovery Plus Academy	(928) 485-2498	852 W. 250 N.	Pima	AZ	85543
Fort Thomas School District					
Fort Thomas Elementary School	(928) 485-2433	15560 West Elementary Rd.	Fort Thomas	AZ	85536
Fort Thomas High School	(928) 485-2427	15502 W. Highway 70	Fort Thomas	AZ	85536
Gila Preparatory School District					
Gila Preparatory Academy	(928) 348-8688	1976 Thatcher Blvd.	Safford	AZ	85546
Mt. Graham High School District					
Mt. Graham High School	(928) 348-3393	3200 West Discovery Park Blvd.	Safford	AZ	85546
Pima Unified School District					
Pima Elementary School	(928) 387-8000	129 S. Main St.	Pima	AZ	85543
Pima Junior High School	(928) 387-8100	192 E. 200 S.	Pima	AZ	85543
Pima High School	(928) 387-8150	38 E. 200 South	Pima	AZ	85543
Safford Unified School District					
Dorothy Stinson School	(928) 348-7010	2013 S. 8 th Ave.	Safford	AZ	85546
Lafe Nelson School	(928) 348-7020	1100 S. 10 th Ave.	Safford	AZ	85546
Ruth Powell School	(928) 348-7030	1041 S. 14 th Ave.	Safford	AZ	85546
Safford Middle School	(928) 348-7040	612 W. 11 th St.	Safford	AZ	85546
Safford High School	(928) 348-7050	1400 W. 11 th St.	Safford	AZ	85546
Solomon School District					
Solomon Elementary School	(928) 428-0477	2250 S. Stevens Ave.	Solomon	AZ	85551
Thatcher Unified School District					
Jack Daley Primary School	(928) 348-7240	3500 W. Second St.	Thatcher	AZ	85552
Thatcher Elementary School	(928) 348-7250	1386 N. 4 th Ave.	Thatcher	AZ	85552
Thatcher Middle School	(928) 348-7260	1300 N. 4 th Ave.	Thatcher	AZ	85552
Thatcher High School	(928) 348-7270	601 N. 3 rd Ave.	Thatcher	AZ	85552
Triumphant Learning Center School District					
Triumphant Learning Center	(928) 348-8422	201 E. Main St.	Safford	AZ	85546
Clifton Unified School District					
Laugharn Elementary School	(928) 865-4917	110 Hill St.	Clifton	AZ	85533
Clifton High School	(928) 865-3262	110 Hill St.	Clifton	AZ	85533
Duncan Unified School District					
Duncan Elementary School	(928) 359-2471	108 Stadium Blvd.	Duncan	AZ	85534
Duncan High School	(928) 359-2474	108 Stadium Blvd.	Duncan	AZ	85534
Morenci Unified School District					
Fairbanks Elementary School	(928) 865-3501	P.O. Box 1060	Morenci	AZ	85540
Morenci Jr./Sr. High School	(928) 865-3631	P.O. Box 1060	Morenci	AZ	85540
Preschools					
Brighter Day Preschool	(928) 485-2759	150 E. 4 th St.	Pima	AZ	85543
Bulldog Boulevard	(928) 348-7050 ext. 4260	1400 S. 11 th St.	Safford	AZ	85546
Dorothy Stinson Preschool	(928) 348-7010 ext. 1316	2013 S. 8 th Ave.	Safford	AZ	85546
First United Methodist Church Preschool and Daycare	(928) 428-1167	1020 S. 10 th Ave.	Safford	AZ	85546
Palomita Children's Center (The Blake Foundation)	(928) 428-0363	250 W. 15 th St.	Safford	AZ	85546
Safford Christian School	(928) 428-4234	3616 S. US Hwy 191	Safford	AZ	85546
Solomon Preschool	(928) 428-0477	2250 S. Stevens Ave.	Solomon	AZ	85551

Duncan Preschool	(928) 359-2054				
Fairbanks Learning Connections Preschool	(928) 865-3501				
Laugharn Preschool	(928) 865-4917	110 Hill St.	Clifton	AZ	85533
Shepherd of the Hills Preschool	(928) 865-4650				
Head Start and Early Head Start					
Duncan Head Start	(928) 359-2872	P.O. Box 860	Duncan	AZ	85534
Early Head Start					
Easter Seals Blake Foundation	(928) 348-8825	250 W. 15 th St.	Safford	AZ	85546
Pima Head Start	(928) 485-3024	P.O. Box 1083	Pima	AZ	85543
Sierra Bonita Head Start	(928) 428-0455	P.O. Box A	Safford	AZ	85548
Childcare					
Mt. Graham Childcare and Guidance	(928) 348-7087 ext. 6230	300 Discovery Blvd.	Safford	AZ	85546
Teddy Bear Haven	(928) 865-1368	400 Chase Creek	Clifton	AZ	85533
Community Centers					
Gila Valley Boys and Girls Club	(928) 348-7922	805 S. 7 th Ave.	Safford	AZ	85546
Libraries					
Clifton Public Library	(928) 865-2461	102 School St.	Safford	AZ	85546
Eastern Arizona College Library	(928) 428-8304	615 N. Stadium Ave.	Thatcher	AZ	85552
Morenci Public Library	(928) 865-1981	9 Morenci Mall	Morenci	AZ	85540
Pima Public Library					
Early Reading Programs	(928) 485-2822	70 S. 200 W	Pima	AZ	85543
Safford City Graham County Library					
Preschool and Toddler Story Time Program	(928) 348-3202	808 S. 7 th Ave	Safford	AZ	85546
Safford City Graham County Library,					
Every Child Ready to Read Program	(928) 348-3202	808 S. 7 th Ave	Safford	AZ	85546

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Description of Methodologies Employed For Data Collection

For existing data, collection methods used for collecting data included the review of published reports, utilization of available databases, review of information collected by the Graham/Greenlee County School Readiness Partnership, and the completion of environmental scans that resulted in asset inventories as well as listings for licensed and accredited child care settings.

Primary data, otherwise defined as newly collected data that did not previously exist, were collected in the most rapid fashion available given the short time horizon in which to complete the assessment. For the Graham/Greenlee Region, this rapid needs and assets assessment approach consisted of the Regional Coordinator creating a survey tool to collect information on early child education centers in the region. Information was collected on 11 out of 16 identified Early Childhood Education (ECE) programs and included information on waiting lists and transportation. Information was also collected on some medical service waiting lists. This information was gathered by phone and in person.

Two focus groups were held within the Graham/Greenlee Region, one with parents of young children birth through five years and one with early child and health care providers. The consultant and regional Coordinator worked collaboratively in the development of the focus group questions. The goal of the focus group with parents was to learn more about ECE and health care assets and needs in the community, access to and knowledge of services and resources, family support and education programs, and transportation. The goal of the focus group with providers was to gain insight and information on ECE and health care community needs and assets, quality programming, professional development and workforce issues, public awareness and system coordination.

As made plain in the state's 2007 *Bright Futures* report, gaps in data capacity infrastructure are more than evident when looking for evidence of how well young children are doing in Arizona with regard to early childhood health and education efforts. Data were not always available at the regional level of analysis, particularly for small rural communities. In particular, data for children birth through five years were especially difficult to unearth and in many cases indicators are shown that include all children under the age of 18 years, or school age children beginning at age six years.

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

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



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