

# NEEDS AND ASSETS REPORT

2008



 **FIRST THINGS**

**Pinal**

Regional Partnership Council



## **Pinal**

### **Regional Partnership Council**

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Aimee Kempton-Sarosi, *Regional Coordinator*

#### **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

<b>First Things First – A Statewide Overview</b>	<b>3</b>
<b>The Pinal Regional Partnership Council</b>	<b>5</b>
<b>Executive Summary</b>	<b>7</b>
<b>Pinal Regional Child and Family Indicators - Young Children and Families in the Pinal Region</b>	<b>11</b>
Overview of Pinal Regional Child and Family Indicators.....	11
Summary of Pinal Regional Findings on Child and Family Indicators .....	12
Pinal Regional Population Growth.....	13
Pinal Regional Race, Ethnicity and Language.....	14
Race and Ethnicity Characteristics .....	14
Pinal Immigration Status.....	15
Language Characteristics .....	16
Pinal Family Composition .....	16
Teen Parent Households .....	17
Pinal Grandparent Households.....	18
Pinal Employment, Income and Poverty .....	19
Unemployment .....	19
Annual Income .....	20
Families in Poverty .....	20
Parent Educational Attainment .....	22
Healthy Births .....	23
Prenatal Care.....	23
Low Birth-Weight Babies .....	24
Pre-term Births .....	25
Births to Teen Mothers .....	25
Health Insurance Coverage and Utilization .....	26
Uninsured Children .....	26
Access to Medical Care .....	28
Oral Health Access and Utilization .....	28
Child Safety.....	29
Child Abuse and Neglect.....	29
Foster Care Placements.....	31
Child Mortality .....	32
Children’s Educational Attainment.....	33
School Readiness .....	33

Elementary Education.....	34
Secondary Education .....	35
<b>Current Regional Early Childhood Development and Health System</b>	<b>37</b>
<hr/>	
Overview of Regional Health Care for Young Children .....	37
Quality .....	38
Accredited Early Child Care Centers .....	39
Access.....	40
Number of Early Care and Education Programs .....	40
Number of Children Enrolled in Early Care and Education Programs.....	41
Child Care Costs in Reference to Family Income .....	42
Additional Early Care Quality/Access Data.....	44
Health .....	45
Developmental Screening.....	46
Insurance Coverage .....	47
Immunizations.....	48
Additional Indicators of Interest to the RPC.....	49
Community Health Issues .....	49
Family Support .....	49
Service Utilization .....	51
Parent Knowledge About Early Education Issues .....	51
Professional Development .....	51
Child Care Professionals’ Certification and Education .....	52
Professional Development Opportunities .....	52
Employee Retention .....	52
Compensation and Benefits.....	53
Regional Professional Development.....	54
Public Information and Awareness.....	54
System Coordination.....	56
Additional Indicators of Interest to the Pinal Regional Partnership Council ....	57
<b>Conclusion</b>	<b>59</b>
<hr/>	
Identification of Greatest Regional Assets .....	59
Identification of Greatest Regional Needs .....	59
<b>Appendices</b>	<b>61</b>
<hr/>	
Chart of Regional Assets – Pinal County.....	61
Citations for Resources Used and Extant Data Referenced .....	65
Description of Methodologies Employed for Data Collection .....	68

## **MEMORANDUM**

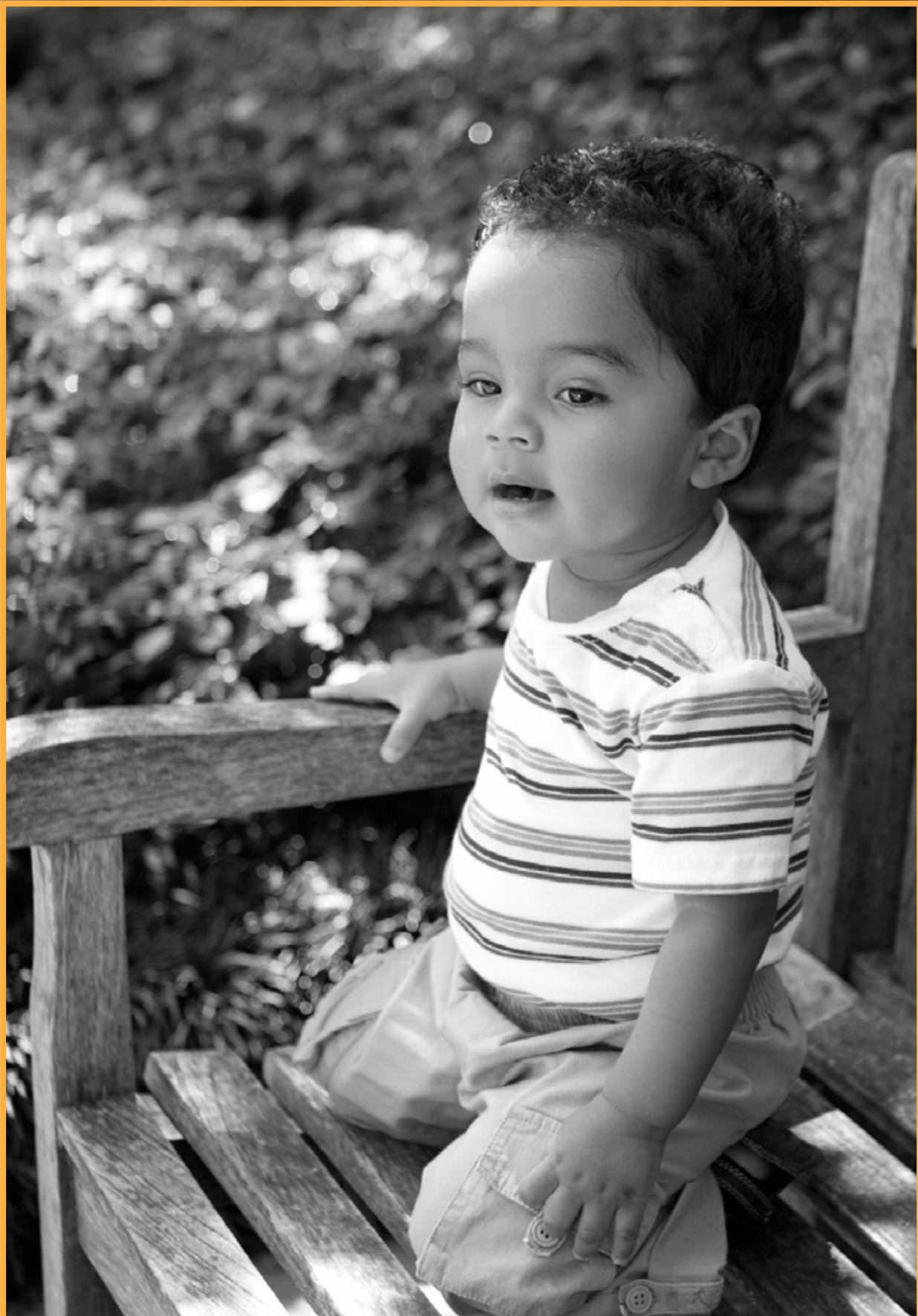
TO: Whom It May Concern  
FROM: Pinal Regional Partnership Council  
DATE: August 27, 2008  
RE: Pinal Needs and Assessment Report

We would like to acknowledge the many hours of research and time commitment that went into this document. There were many committed community volunteers, First Things First staff and LeCroy & Milligan Associates, INC staff that produced this report in a limited time frame to meet looming deadlines.

In reviewing the document it was noted that data was inconsistent, outdated and incomplete. We realize this was due to the limited time constraints involved and not the fault of the people preparing the document.

As we move forward with approving this Assessment, due to a required deadline, we realize the Pinal Region Needs and Asset Report minimally reflect the needs of young children and families in Pinal and the Ak-Chin Communities. Therefore we will be using other established resources and documentation to determine the needs.

It is our intent to complete a more thorough and precise Needs Assessment for the Pinal Region by September 2010 in order to fully understand the Pinal Region's needs for children birth through age five.



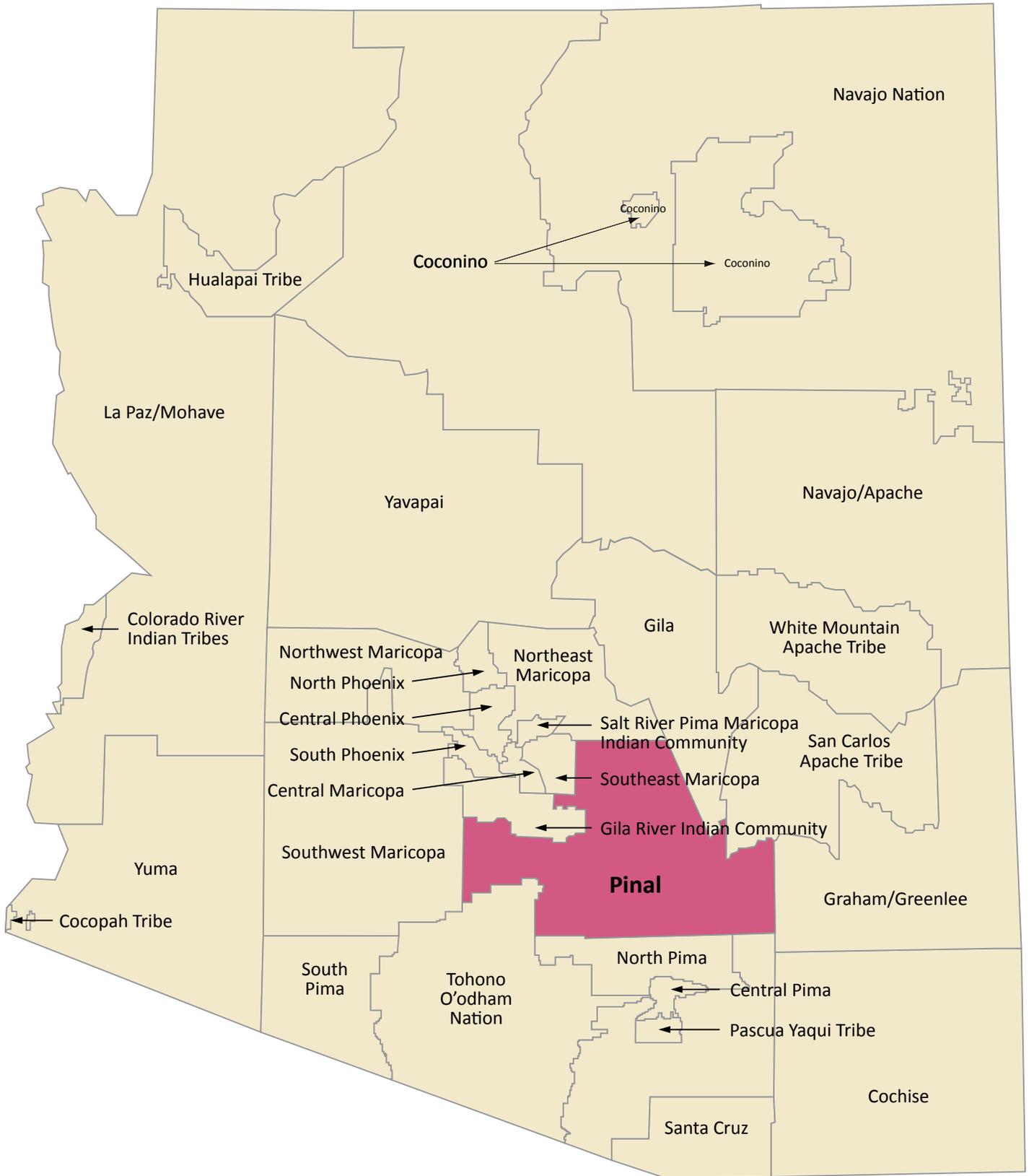
## First Things First – A Statewide Overview

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**T**he 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 (Regional Councils), each comprised of 11 members appointed by the State Board (Board). The model combines consistent state infrastructure and oversight with strong local community involvement in the planning and delivery of services.

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

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



## The Pinal Regional Partnership Council

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

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

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

To effectively plan and make programming decisions, the Regional Council must first be fully informed of the current status of children in the Pinal Region. This report serves as a planning tool for the Regional Council as they design their strategic roadmap to improve the early childhood development and health outcomes for young children. Through the identification of regional needs and assets and the synthesis

of community input, this initial report begins to outline possible priority areas for which the Pinal Regional Council may focus its efforts and resources.

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

Nonetheless, FTF was successful in many instances in obtaining data from other state agencies, Tribes, and a broad array of community-based organizations. In their effort to develop regional needs and assets reports, FTF has begun the process of



pulling together information that traditionally exists in silos to create a picture of the well being of children and families in various parts of our state.

The First Things First model for the Regional Council is to work with the FTF Board to improve data collection at the regional level so that the Regional Council has reliable and consistent data in order to make good decisions to advance the services and supports available to young children and their families. In the fall of 2008 FTF will conduct a family and community survey that will provide information on parent knowledge related to early childhood development, health, and their perception of access to services and the coordination of existing services. The survey results will be available in early 2009, which will include a statewide and regional analysis.



## Executive Summary

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**F**irst Things First presents Arizona with the unprecedented opportunity to create an early childhood system that affords all children an equal chance to reach their fullest potential, gives families real choices, about their children's educational and developmental experiences, and includes every community through the 31 Regional Partnership Councils, in sharing the responsibility as well as the benefits of safe, healthy and productive citizens.

In this first Pinal Regional Needs and Assets Report child and family indicators that describe life in the region are reviewed. An introductory assessment of the current early childhood development and health system is also provided. The goal of this report is to provide a valid and complete presentation of baseline data about young children and their families in the region. However, many challenges around the collection and analysis of data were encountered. While numerous sources for data exist regional level. This first Regional Needs and Assets Report, therefore, provides the best available information in a format that will help inform the Regional Partnership Council, First Things First State Board and community partners about the strengths and challenges that exist in the Pinal Region.

The Pinal region comprises all of Pinal County, including the Ak-Chin Indian Community, and excluding the portions of the Tohono O'odham Nation, and the Gila River Indian Community that fall within county boundaries. The area encompasses over 5,369 square miles; which is composed of urban and rural areas, and has seen an accelerated growth pattern within a majority of the county. The Pinal Region is located between two major metropolitan areas, Maricopa County (Phoenix) and Pima County (Tucson); which has been a key contributor to the massive population growth. Since 2000, population in the region has grown 69 percent, exceeding the state's rate of growth of 24 percent. There are now over 276,226 people living in Pinal County. The Region has also seen a rapid decrease of population within the far east portion of the county. This decrease has been connected to the mining cease in August 1999 and the final closure in October 2002.

Pinal is a collection of unique cities and unincorporated communities. The Region's largest city is Casa Grande with other significant population centers including: Apache Junction, Florence, Eloy, Coolidge, and Maricopa; which only became an incorporated city in 2003. Numerous other smaller communities also make up the Pinal Region including: Mammoth, Superior, Arizona City, Picacho, San Manuel, Toltec, Stanfield, Ray, Red Rock, Oracle, Gold Canyon, Queen Valley, Eleven Mile Corner, Mobile, Valley Farms, and Kearny.

There are approximately 18,104 children ages birth through five living within the Pinal Region. Children comprise 7 percent of the total population. Many of children are at risk due to their home environment and family structure. The percentage of grandparents raising their grandchildren has risen to 62 percent, which is over the state average of 41 percent. While Pinal has also seen a decline in teen parents over the past five years, it still remains 2 percent higher than the state average.

The Pinal Region has had a remarkable growth period in home development over the last 10 years, but has not seen an equal amount of commercial business and social services to support the needs that come with this major population growth. Working families are having to seek employment outside the region to support their families.

The median household income for Pinal County in 2006 was \$43,142 which was about 9 percent less than the state median income (\$47,265).

Families in the Pinal region are finding it difficult to have access to high quality early care and education programs. This has left a large percentage of the population either turning to unregulated/unlicensed care or having to take their children outside the region for care. There are only 17 early care and education programs (25 percent) that are nationally accredited, of which none serve children ages birth through two. Pinal has a total of 68 center based programs and 94 family child care homes. During the asset mapping workshop held by the Regional Council, the significant efforts in the region to improve early childhood education in Pinal were highlighted. Partnerships such as Central Arizona College, United Way of Pinal, Pinal Gila Community Child Services, and Central Arizona Association for the Education of Young Children have been working together for several years to improve early care and education. These partnerships have developed the C3 Directors Network, Pinal Leadership Academy and have piloted two quality improvement programs. The Regional Council recognized the need to continue and build on these efforts in order to significantly move the early childhood education field forward.

In Pinal County less than 1 percent of children received AzEIP screening at birth through 12 months and less than 2 percent of children received AzEIP screening at birth through 36 months in 2006. 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 areas 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.

Access to medical, dental, and early health care was identified as an area that needs improvement in the region. Increased parental education and education/service delivery systems were also key areas identified for improvement, along with increased infant/toddler mental health services. A need for additional pediatric dentists and prenatal care providers was also noted as a possible area for improvement.

In order to gain additional information on early care and education in the region, the Pinal Regional Council held an Asset Mapping workshop on June 25, 2008, that was attended by community members and Regional Council members. The following areas were identified as the assets and changes needed in the community.

A.) Assets, strengths, and resources that exist in the Region:

- Early Intervention
- Central Arizona College – Early Childhood Education
- Healthy Families
- Head Start and Early Head Start
- Success By 6

B.) Changes that would make a positive impact and ideal changes for the Region.

- Increased standards and expectations for quality of care across the continuum.
- Focus on increased parental education and education/service delivery systems.

This report identified many of the concerns that were shared by the Pinal Regional Partnership Council. As the region continues to grow in population, so do the needs for services for young children and their families. There are many challenges and opportunities in the Pinal region related to ensuring that all children are healthy and ready for success. The Pinal Region has opportunities to support, expand and coordinate quality programs and services already in place and to design strategies to leverage those strengths to meet the identified needs and challenges facing children and families in this region



## Pinal Regional Child and Family Indicators - Young Children and Families in the Pinal Region

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The well being of children and families in a region can be explored by examining indicators or factors that describe early childhood health and development. Needs assessment data on indicators provide policy makers, service providers, and the community with an objective way to understand factors that may influence a child's healthy development and readiness for school and life. The indicators included in this section are similar to indicators highlighted in the statewide needs and assets report. Data in this report examine the following:

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

Pinal 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.

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

### Overview of Pinal Regional Child and Family Indicators

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The population of children and families in the Pinal County Region differs somewhat from other areas of Arizona and the nation. While Arizona has experienced an overall growth, near 22 percent since 2006, the Pinal Region has grown at almost three times the state average during the same time period. The percent increase of children ages birth through five was even higher, at 79 percent between 2000 and 2007.

The Region also varies in race, ethnic and language characteristics from other areas of the state. Racially, a somewhat higher percent of the children born in the Region in 2006 were White (Non-Hispanic) than in the state overall and a lower percent were Hispanic or Latino. The county also has a 9 percent American Indian or Alaska Native population, some of which reside in the Ak-Chin tribal community, which is considered part of the Pinal Regional Council region. There are no reliable data sources, locally or nationally, to accurately measure what language is spoken at

home by children five years or younger in this Region, but state and county level data indicate that up to 32 percent of Arizonans ages 18 years or younger may use a language other than English as their primary language spoken at home. In Pinal County, 7 percent of families with young children speak primarily Spanish in the home.

Data on economic stability of families in Pinal County, suggest higher rates of unemployment and of children living in poverty, and lower median income levels than the state overall. City-level data, however, does suggest variation in the severity of these concerns within the Region. Educational attainment has been identified as a significant factor in lifetime income, and new mothers in Pinal County are slightly more likely not to have a high school degree or one to four years of college than their counterparts across the state and nation. The current high school graduation rate, however, is well below the state and national averages.

Teen parents and grandparent caregivers may face additional challenges in making ends meet, with a high percent of both of these groups residing in Pinal County. It is of note that the birth rate to teen mothers decreased by roughly 1 percent each year from 2000 to 2006, nearing the state average of 12 percent. Also, grandparent caregivers are the primary caregivers for 3,607 households in the Region, and many report that they struggle to access necessary services without, or while attaining, legal guardianship of the children in their care.

In regard to the health and well-being of children in the Region, most mothers do receive some type of prenatal care, though not always during the first trimester. Some areas of the Region report a higher percent of children born with a low birth weight. In the county, 3,406 children were enrolled in the Arizona Health Cost Containment System (AHCCCS) or KidsCare in 2007 and 78 percent who were enrolled in AHCCCS continuously, had one or more visits to a primary care practitioner that same year. Oral health problems are, however, of major concern in the Region, with a high percent of children in many areas with untreated tooth decay and urgent treatment needs. Of the statewide child abuse and neglect reports, 5.9 percent were from Pinal County, with 4 percent of cases in the county substantiated. There was a large increase in foster care placements between 2004 and 2005 in the county. The leading cause of infant death in the Region in 2006 was congenital malformations (24 percent), followed by pre-term and low-birth weight (17 percent).

## Summary of Pinal Regional Findings on Child and Family Indicators

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The Region varies in race, ethnic and language characteristics from other areas of the state. Pinal County has a higher percent of native citizens and a slightly lower percent of Non-U.S. citizens, foreign-born, and foreign-born naturalized citizens than the state as a whole. Racially, a somewhat higher percent of the children born in the Region in 2006 were White (Non-Hispanic) than in the state overall and a lower percent were Hispanic or Latino. The county also has a 9 percent American Indian or Alaska Native population, some of which reside in the Ak-Chin tribal community, which is considered part of the Pinal Regional Council region. There are no reliable data sources, locally or nationally, to accurately measure what language is spoken at home by children five years or younger in this Region, but state and county level data indicate that up to 32 percent of Arizonans ages 18 years or younger may use a language other than English as their primary language spoken at home (add citation from NW MAR) and 7 percent of Pinal County families with young children speak

primarily Spanish in the home.

Data on economic stability of families in Pinal County, suggest higher rates of unemployment and of children living in poverty, and lower median income levels than the state overall. City-level data, however, does suggest variation in the severity of these concerns within the Region. Educational attainment has been identified as a significant factor in lifetime income, and new mothers in Pinal County are slightly more likely to have a high school degree or 1-4 years of college than their counterparts across the state and nation. The current high school graduation rate, however, is well below the state and national averages.

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In regard to the health and well-being of children in the Region, most mothers do receive some type of prenatal care, though not always during the first trimester. Some areas of the Region report a higher percent of children born with a low birth weight. In the county, 3,406 children were enrolled in AHCCCS or KidsCare in 2007 and 78 percent who were enrolled in AHCCCS continuously had one or more visits to a primary care practitioner that same year. Oral health problems are, however, of major concern in the Region, with a high percent of children in many areas with untreated tooth decay and urgent treatment needs. Of the statewide child abuse and neglect reports, 5.9 percent of them were from Pinal County, with 4 percent of cases in the county substantiated. There was a large increase in foster care placements between 2004 and 2005 in the county. The leading cause of infant death in the Region in 2006 was congenital malformations (24 percent), followed by pre-term and low-birth weight (17 percent).

## Pinal Regional Population Growth

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The overall population in the Pinal Region increased by 69 percent from 2000 to 2006, well above the 22 percent average population growth rate across the state of Arizona. The exponential growth in the Region may be partially explained by the location of Pinal County, which is situated between Maricopa and Pima Counties. It is, thus, positioned directly between Phoenix and Tucson, the state's two largest urban areas, both of which have also experienced significant growth during the same time frame.

In 2007, children aged birth through five represented 7 percent of the total population in the Region compared to the statewide average of 9 percent. With this overall increase in population came significant growth in the number of children aged birth through five, as the total number of children under six in the Region grew 79 percent as compared to 30 percent for the state as a whole. If the Pinal Region's population continues at or near this pace, there will continue to be significantly more children under age six in the Region.

**Population Growth (all ages)**

	2000	2006	% Change
<b>Pinal County</b>	163,293	276,226	69%
<b>Arizona</b>	5,020,782	6,116,505	22%
<b>U.S.</b>	293,648,273	301,621,157	9%

Sources: Data for 2006 is based on the US Census Bureau estimates for 2006.

**Population Growth for Children Ages Birth Through Five Years**

	2000	2007	% Change
<b>Pinal</b>	10,127	18,104	79%
<b>Arizona</b>	381,833	480,491	26%
<b>U.S.</b>	19,137,974	20,724,125	+8%

Sources: US Census 2000 and PEP Estimates.

## Pinal Regional Race, Ethnicity and Language

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**Race and Ethnicity Characteristics**

Residents in the Pinal Region are ethnically and racially diverse. According to the U.S. Census Bureau, in 2006 Pinal County's racial make-up was 30 percent Hispanic/Latino, 59 percent White (Non-Hispanic), 4 percent Black/African American, 6 percent American Indian, and 1 percent Asian/Pacific Islander. When examining births in the Pinal Region by racial/ethnic group, the largest percentage of births in 2006 were among White (Non-Hispanic) families (51 percent), followed by births to Latinos (34 percent). The Pinal Region has nearly 10 percent more births to White, Non-Hispanic mothers than the state rate.

**Racial Composition of Selected Arizona Counties**

County	African American	American Indian	Asian American	Hispanic/Latino	White, not Hispanic
<b>Apache</b>	1%	74%	<1%	5%	20%
<b>Cochise</b>	4%	1%	2%	32%	60%
<b>Coconino</b>	1%	29%	1%	12%	56%
<b>Gila</b>	1%	14%	1%	16%	68%
<b>Graham</b>	2%	15%	1%	28%	55%
<b>Greenlee</b>	1%	2%	<1%	45%	51%
<b>La Paz</b>	1%	13%	1%	23%	64%
<b>Maricopa</b>	5%	2%	3%	30%	60%
<b>Mojave</b>	1%	2%	1%	13%	81%
<b>Navajo</b>	1%	46%	<1%	9%	43%
<b>Pima</b>	3%	3%	2%	33%	58%
<b>Pinal</b>	4%	6%	1%	30%	59%
<b>Santa Cruz</b>	1%	1%	1%	81%	18%
<b>Yavapai</b>	1%	2%	1%	12%	84%
<b>Yuma</b>	3%	2%	1%	56%	40%

Source: American Community Survey (2006)

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

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Unknown
<b>Pinal County</b>	51% (2285)	34% (1503)	3% (147)	9% (421)	2% (88)	1% (23)
<b>Arizona</b>	42% (43,013)	44% (44,862)	4% (3,864)	6% (6,364)	3% (3,136)	<1% (803)

Source: ADHS Vital Statistics, 2006.

### Pinal Immigration Status

American Community Survey data for Pinal County reveals that the immigration status of county residents may be somewhat different than that of the rest of Arizona, with a slightly higher percent of native citizens, and slightly lower percents of foreign-born naturalized citizens, non-US citizens, and those who are foreign born (see table below). Statewide, 30 percent of all children have at least one foreign-born parent. Although the number of children born to immigrant families is unknown in Pinal County, those children born to immigrant families are, themselves, likely to be citizens. Citizenship status allows children to qualify for public benefits such as AHCCCS or KidsCare (publicly financed health insurance for low-income children) that are generally not available to non-citizens. Nonetheless, citizenship status does not guarantee that young children are able to access services. Even though more young children in the Region are likely to be citizens, the citizenship status of their parents may also affect their access to services. National studies suggest that many non-citizen parents of “citizen children” are unaware of or afraid of the consequences of participating in public programs because of their legal status and citizenship.<sup>1</sup>

### Regional Immigration Characteristics 2006

	US Born Citizens	Foreign Born Naturalized Citizens	Non-US Citizens	Foreign-born
<b>Pinal RPC</b>	(90%) 244,578	(3%) 8,986	(6%) 17,495	(10%) 26,481
<b>Arizona</b>	(85%) 5,237,235	(4%) 273,700	(11%) 655,383	(15%) 929,083
<b>U.S.</b>	(87%) 261,850,696	(5%) 15,767,731	(7%) 21,780,050	(12%) 37,547,789

Source: American Community Survey (2006)

Despite the large numbers of immigrants to the state, Arizona does not rank in the top 10 for naturalizing citizens or providing permanent legal residency to individuals, leading some to speculate that many of the immigrants living in Arizona do not have legal status in the state. As a result, many individuals of foreign-origin may not seek the services they need for themselves or their children for fear of having their status

<sup>1</sup> 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.

questioned, even if they do have legal status to be living in the United States. Consequently, data to accurately describe the ethnic and language characteristics of these families is very difficult to obtain in the Pinal Region, or in the United States for that matter.

In 2006, the National Center for Children in Poverty projected that 78 percent of Arizona children born to low-income families had immigrant parents, consistent with recent surges in immigration trends from Mexico being reported by federal agencies.

Children of immigrants face challenges that children of native-born parents do not. Educational attainment of immigrant parents is often quite limited. Nationally, 40 percent of children in immigrant families live with a mother or father who has not graduated from high school, compared to 12 percent of children in non-immigrant families. Parents who have completed fewer years of schooling may be less able to help their children learn to read. In addition, children of immigrants may be less prepared than their counterparts to start kindergarten. Nationally, three to four year old children in immigrant families are less likely to participate in nursery school or preschool programs than their peers.<sup>2</sup>

### Language Characteristics

Language characteristics, in terms of language primacy or fluency, are generally not measured in children until they reach their fifth year. As a result, data on these characteristics are usually limited to children over the age of five. Data from the most recent Kids Count and American Community Survey estimate that up to 32 percent of Arizona children ages five to 18 speak a language other than English. An examination of 2006 Pinal county data shows 7 percent of families with young children speak primarily Spanish and may be isolated because of this. This number is down from 9 percent of families with young children who spoke primarily Spanish in 2000. Many of the children who reside in linguistically isolated families enter school with limited English proficiency.

#### Language Spoken at Home\* - 2000

	Percent Speak only English	Percent Speak Spanish
2000	75	9
2006	76	7

Sources: U.S. Census (2000); American Community Survey (2006).

### Pinal Family Composition

In Pinal County, the majority of young children live in households with two parents. The Region has the same percent of single parent families with children birth to 18 as is average across the United States, at 14 percent in 2006. This is slightly below the statewide average of 15 percent single parent households.

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

**Makeup of Households with Children Birth to 18 Years of Age for Selected Arizona Counties**

County	Married Couple Households	Male Headed Household without Wife	Female Headed Household without Husband
Apache	63%	5%	31%
Cochise	65%	8%	26%
Coconino	61%	4%	34%
Maricopa	67%	9%	23%
Mohave	55%	15%	27%
Navajo	57%	13%	27%
Pima	62%	10%	27%
Pinal	63%	12%	23%
Yavapai	63%	8%	25%
Yuma	66%	6%	28%

Since 2000, approximately one out of every three family households in Arizona has been headed by a single parent. Estimates indicate that almost a quarter of these households are led by mothers-only, while up to 9 percent are being led by fathers-only. While the 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.; Mississippi). One of the more reliable predictors of a child receiving early education and care services is whether or not the child’s mother is both a single parent and needs to work to support the family. Nationally, in 1991, 85 percent of working mothers of four-year olds used early childhood education and care programs, with that figure jumping to 91 percent in 1999.

**Teen Parent Households**

The Pinal Region has consistently been several percentage points above the state average as far as births to teenage parents are concerned, though it was only 1 percent higher than the state average in 2006, with 13 percent of births by teenagers 19 years or younger. It is notable that the percent of children born to teen mothers in the Region has seen a steady decline of at least a percentage point each year since 2003.

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

	2002	2003	2004	2005	2006
Pinal**	17%	17%	16%	15%	13%
Arizona	13%	12%	12%	12%	12%
U.S.	11%	10%	10%	10%	10**

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

Babies born to teen mothers are more likely than other children to be born at a low birth weight, experience health problems 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.<sup>3</sup>

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 percent<sup>4</sup> of births to teen mothers were the mother’s second child. In 2008, Arizona ranked 41<sup>st</sup> of 50 states for the highest high school drop-out rate, 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.

### Pinal 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. Out of the 105,004 households in Pinal County, there were 5,836 households with grandparents living with their own grandchildren under 18 years. Of those households, 62 percent (n=3,607) had grandparents that were responsible for their grandchildren, compared to the state average of 41 percent. Also, for many grandparent caregivers, this responsibility is a long term commitment.<sup>5</sup>

#### Percentage of Grandparents Responsible for Grandchildren (“Grandparent Caregivers”)

	2006
<b>Pinal County*</b>	62%
<b>Arizona</b>	41%
<b>U.S.</b>	41%

\*Indicator not measured as grandparent as primary caregiver prior to 2006

Source: American Community Survey

\* Percentage was calculated taking the total number of households in the county, dividing that by the total number of grandparents living with their grandchildren, then dividing that by the total number of grandparents responsible for their grandchildren. Indicator not measured as grandparent as primary caregiver prior to 2006. Source: American Community Survey.

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.<sup>6</sup>

Two focus groups were held in the summer of 2007 as part of the statewide needs and assets assessment that provided additional information on grandparent caregivers in Pinal County. It was reported that grandparents raising grandchildren in Pinal County face significant challenges; often they are raising more than one child, and

3 Annie E. Casey Foundation. Kids Count Indicator Brief: Preventing Teen Births, 2003.

4 Ibid.

5 Grandparents Living with Grandparents, 2000 Census brief.

6 Grandparents Living with Grandchildren, 2000 Census brief.

the children often have special needs as a result of being exposed to drugs prenatally. Several of the grandparents participating in the focus group were raising more than three grandchildren; the highest number was six. Grandparents also face additional challenges in obtaining assistance as financial and other supports are more available to parents. Grandparents often have significant challenges getting legal custody of their grandchildren. The following suggestions were offered by the focus group to help grandparent caregivers and the children in their care:

- Increase the number of Child Protective Service (CPS) caseworkers so they can assist grandparents in getting custody and process their work faster;
- More all-day kindergarten;
- More preventative health screenings;
- Higher subsidies for grandparents raising grandchildren
- Better process for grandparents to get guardianship subsidy without children having to go through CPS first (which can take a long time). Income may not allow eligibility for other services such as food stamps or other financial assistance.

## Pinal Employment, Income and Poverty

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### Unemployment

Joblessness for a family impacts the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.3 percent in May of 2007. During 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 are presented in monthly increments because economic indicators such as joblessness are measured over much smaller periods of time than are static social indicators, which change less rapidly (i.e., gender, ethnicity, etc.). In the growth-prone areas of Arizona such as Phoenix, unemployment rates have been slower to creep up toward both state and national averages.

In the Pinal area, the economic indicators for unemployment are slightly less than one percent above the state average, with the May 2008 regional estimates reaching 5.2 percent unemployment. This is still below the national unemployment rate of 5.5 percent for the same time period.

### Unemployment Rates

	May 2007	April 2008	May 2008
<b>Pinal County</b>	3.8%	4.8%	5.2%
<b>Arizona</b>	3.6%	3.9%	4.4%
<b>U.S.</b>	4.5%	5.0%	5.5%

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

## Annual Income

In Arizona, during 2006, the median income was reported at just over \$47,000 per year, very close to the national average of \$48,000 per year. Pinal County reports a median income level that is just over \$43,000 per year, which is about 9 percent below the state average median annual income.

### Median<sup>7</sup> Household Annual Income (per year- pretax)

	2003	2004	2005	2006
<b>Pinal County</b>	Data Not available	Data Not available	\$41,164	\$43,142
<b>Arizona</b>	\$40,762	\$41,995	\$44,282	\$47,265
<b>U.S.</b>	\$43,564	\$44,684	\$46,242	\$48,451

Source: American Community Survey

## Families in Poverty

In the Pinal 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 4, the Federal Poverty level is \$21,200 a year (for the 48 contiguous states and D.C.).<sup>8</sup> As the following charts show, Pinal County has 11 percent of its families living at or below 100 percent of the Federal Poverty Level.

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

	Percent of Households Living At or Below 100 Percent of the Federal Poverty Level
<b>Pinal County</b>	11%
<b>Arizona</b>	10%
<b>US</b>	10%

Source: American Community Survey (2006)

The following chart shows the numbers of food stamp and Children WIC recipients for the major cities in the Pinal Region.

<sup>7</sup> 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.

<sup>8</sup> Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.

**Welfare Benefits–Pinal**

Benefits For Region	Apache Junction	Superior	Florence	Coolidge	Kearny	Casa Grande	Eloy	Mammoth	Pinal	AZ	US
<b>Food Stamps</b>	4,381	677	693	2,106	369	6,062	2,453	561	23,641	504,400	7,286,735
<b>Children WIC Recipients</b>	1,382	162	322	786	124	2,197	908	162	6,837	158,270	5,773,612
<b>Women WIC Recipients</b>	559	65	129	270	55	911	361	70	2,750	69,124	1,857,396

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

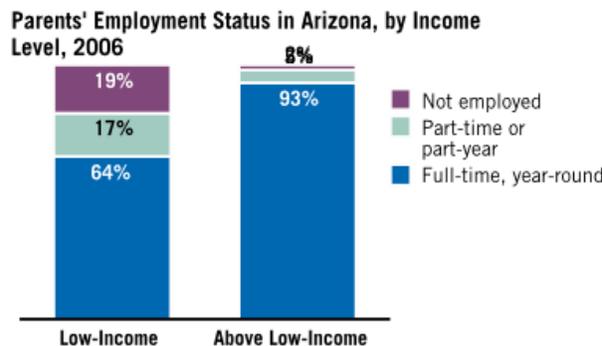
Additional data by city for the 100 percent and 200 percent Federal Poverty Levels reveals some variation in percent of children living in poverty across Pinal County. The percent of children living at or below 200 percent of the Federal Poverty Level ranges from 28 percent (Florence) to 61 percent (Eloy) in the cities for which data was available.

**Children Living at or Below Federal Poverty Level–by City (2003) –Pinal County**

Benefits For Region	Apache Junction	Superior	Florence	Coolidge	Kearny	Casa Grande	Eloy	Mammoth
<b>100% FPL</b>	12%	28%	10%	25%	14%	16%	31%	25%
<b>200% FPL</b>	34%	48%	28%	51%	30%	40%	61%	51%

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

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



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

Both women and men are more likely to have higher incomes if they have greater edu-

cational 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.<sup>9</sup>

## Parent Educational Attainment

Studies have found consistent positive effects of parent education on different aspects of parenting such as parenting approaches, attitudes, and child rearing philosophy. Parent education can potentially impact child outcomes by providing an enhanced home environment that reinforces cognitive stimulation and increased use of language.<sup>10</sup> 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.

In 2004, approximately 22 percent of births nationally were to mothers who did not possess a high school degree. In Pinal County, that percent was higher than the national average for the same year, at 33 percent, though it had fallen to 25 percent by 2006. The state rate for mothers with no high school diploma and the state rate of mothers with one to four years of college have remained steady since 2002, at or near 20 percent and 33 percent respectively. By 2006, new mothers in Pinal County were slightly more likely to have one to four years of college experience (36 percent) than their peers around the state (33 percent). Both the Pinal County and Arizona state rates are above the national average of 27 percent for this level of educational attainment of new mothers.

### Percentage of Live Births by Mother's Educational Attainment

		2002	2003	2004	2005	2006
<b>Pinal County</b>	No H.S. Degree	36%	33%	33%	29%	25%
	H.S. Degree	35%	37%	35%	32%	33%
	1-4 years College	26%	26%	28%	33%	36%
<b>Arizona</b>	No H.S. Degree	20%	21%	20%	20%	20%
	H.S. Degree	29%	29%	29%	29%	30%
	1-4 years College	32%	32%	32%	33%	33%
<b>U.S.</b>	No H.S. Degree	15%	22%	22%	N/A	N/A
	H.S. Degree	31%	N/A	N/A	N/A	N/A
	1-4 years College	21%	27%	27%	27%	27%

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

<sup>9</sup> *US Census Bureau, Income by education and sex*."

<sup>10</sup> 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.

## Healthy Births

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### 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.<sup>11</sup> 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.<sup>12</sup>

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

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

In Pinal County, approximately 4 percent of mothers reported receiving no prenatal care in 2006. The Town of Superior reported the highest percent of women not receiving prenatal care, at 17 percent. While many women receive prenatal care, a lower percent receive early prenatal care. According to national statistics 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona<sup>13</sup>. In Pinal County in 2006, 78 percent of mothers were reported to have received prenatal care in the first trimester, which is very close to the state average.

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.<sup>14</sup> 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.<sup>15</sup>

<sup>11</sup> Ashford, J. , LeCroy, C. W., & Lortie, K. (2006). Human Behavior in the Social Environment. Belmont, CA: Thompson Brooks/Cole.

<sup>12</sup> LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.

<sup>13</sup> Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.

<sup>14</sup> Arizona Department of Health Services, Health disparities report, 2005.

<sup>15</sup> <http://www.cdc.gov/reproductivehealth/products&-pubs/dataoaction/pdf/rhow8.pdf>

**Selected Characteristics of Newborns and Mothers, Pinal County (2006)**

Community	Total	Teen Mother (</=19yr)	Prenatal Care 1 <sup>st</sup> Trimester	No Prenatal Care	Public \$	Low birth weight <2500 grams	Unwed Mothers
Apache Junction	604	87 (14%)	459	20 (3%)	317	34 (6%)	258 (43%)
Superior	36	8 (22%)	24	6 (17%)	27	3 (8%)	22 (61%)
Florence	171	25 (15%)	134	5 (3%)	77	13 (8%)	68 (40%)
Coolidge	297	51 (17%)	204	27 (9%)	163	25 (8%)	162 (55%)
Kearny	33	6 (18%)	26	1 (3%)	20	6 (18%)	16 (48%)
Casa Grande	907	170 (19%)	627	54 (6%)	507	64 (7%)	520 (57%)
Eloy	233	54 (23%)	150	15 (6%)	172	24 (10%)	165 (71%)
Mammoth	39	11 (28%)	24	2 (5%)	27	4 (10%)	21 (54%)
<b>Pinal County</b>	<b>4,467</b>	<b>584 (13%)</b>	<b>3,492 (78%)</b>	<b>168 (4%)</b>	<b>1,967 (44%)</b>	<b>298 (7%)</b>	<b>1,903 (44%)<sup>8</sup></b>

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

**Low Birth-Weight Babies**

Low birth weight and very low birth weight (defined as less than 3 lbs., 4 oz.) are leading causes of infant health problems and death. Many factors contribute to low birth weight. Among the most prominent are: drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. In Pinal County just under 7 percent of babies are born at low or very low birth weight. Data from 2003, suggests there is some variation in this rate across Pinal County, with higher rates reported in Kearny (18 percent), Eloy (10 percent) and Mammoth (10 percent) and a slightly lower rate reported in Apache Junction (6 percent). As the largest city in Pinal County, Casa Grande reported 7 percent of births were low-birth weight babies, right at the county and state average.<sup>16</sup>

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

<sup>16</sup> ADHS Community Health Profile (2003). Note: information only available on larger population areas in county.

## 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.<sup>17</sup> In the above chart, low birth weight is presented. Because these indicators are closely linked, low birth weight can be considered as a proxy for pre-term births. Low birth weight has a direct link to the gestational age at which the child is born. Overall, the rates of premature birth have been rising in the U.S. over the past 20 years, with some studies pointing to advances in neonatal care capabilities, as well as a higher incidence of 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.<sup>18</sup> One half of all pre-term births have no known cause. One factor to consider is that, since 1996, the caesarean section rate has risen to 30 percent, with the latest studies showing that 92 percent of babies delivered by C-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.<sup>19</sup>

## Births to Teen Mothers

About 10 percent of American teen girls between the ages of 15 and 19 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.<sup>20</sup> 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.<sup>21</sup> A repeat teen birth comes with significant cost to the teenage mothers and to society. 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.<sup>22</sup> 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 raising children.

According to data from 2006, the number of mothers, ages 19 years or younger, is slightly higher in several of the smaller Pinal County communities. In particular, four communities had slightly higher percentages of teen mothers: Eloy, 23 percent, Mammoth, 28 percent, and Superior, 22 percent. The percent of mothers who were unwed also varied across the county, ranging from 40 percent (Florence) to 71 percent (Eloy) in the population areas for which data was available.

<sup>17</sup> Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New perspectives on the subborn

<sup>18</sup> Mayo Clinic. Premature births, November, 2006.

<sup>19</sup> Preliminary births for 2005: Infant and Marternal Health National center for Health Statistics.

<sup>20</sup> Center for Disease Control, fact sheet, 2001.

<sup>21</sup> Kaplan, P. S., Adolescence, Boston, MA, 2004.

<sup>22</sup> Manlove, J., Mariner, C., & Romano, A. (1998). Positive educational outcomes among school-age mothers. Washington DC: Child Trends.

## 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 health care provider promotes children’s use of health services. Research shows that children receiving health care insurance<sup>23</sup>:

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

When parents can’t access health care services for preventive care such as immunizations, there may be delayed diagnosis of health problems, failure to prevent health problems, or the worsening of existing conditions.<sup>24</sup> Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.<sup>25</sup>

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

#### Percentage of Children Ages Birth Through Five Without Health Insurance Coverage

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

Source: Kids Count

The chart below shows children enrolled in AHCCCS or KidsCare — Arizona’s publicly funded low cost health insurance programs for children in low income families. As the chart shows, 3,406 children (ages birth through five) were enrolled in AHCCCS or KidsCare in Pinal County in 2007.

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.

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

	AHCCCS				KidsCare				Total Children Under Six Enrolled In AHCCCS or KidsCare			
	'04	'05	'06	'07	'04	'05	'06	'07	'04	'05	'06	'07
<b>Pinal County</b>	2,761	3,330	3,125	3,178	154	168	230	228	2,915	3,498	3,355	3,406
<b>Arizona</b>	87,751	102,379	95,776	96,600	6,029	7,397	8,699	9,794	93,780	109,776	104,475	106,394

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

While many children do receive public health coverage, many others who likely qualify, do not. In 2002, the Urban Institute’s National Survey of America’s Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.<sup>26</sup> Indeed, the large percentage 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.<sup>27</sup>

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

For the Pinal Region, this last factor may potentially play a large role, given the number of immigrant and linguistically isolated households in the Region. For example statewide data show that 37 percent of 788 AHCCCS providers surveyed in 2005 (98 percent of all AHCCCS providers) had no means of understanding their Spanish-speaking patients unless the patient’s family member could translate for their relative and the medical provider. Similarly, a 2007 Commonwealth Fund study found low rates of patient satisfaction among Arizonans, citing cultural competency as one contributing factor.<sup>28</sup>

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.<sup>29</sup>

26 Genevieve Kenney, et al, “Snapshots of America’s Families, Children’s Insurance Coverage and Service Use Improve,” Urban Institute, July 31, 2003.

27 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.

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

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

## Access to Medical Care

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

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

	Pinal County*	Arizona
2005	80%	78%
2006	79%	78%
2007	78%	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 the state and the Region. As the chart below shows, in 2003, oral health varied among Pinal County cities. For example, untreated tooth decay among children six to eight years old ranged from a low of 31 percent in Kearny to a high of 71 percent in Eloy. Many children in this age range also have urgent treatment needs, ranging from 4 percent in Mammoth to 16 percent in Coolidge. Overall, the county reports a higher percent of children (ages six to eight) with oral health concerns than the state.

### Oral Health – Pinal - Children (ages six to eight)

Pinal Communities (2003)	Untreated tooth decay	Tooth decay experience	Urgent Treatment needs	Sealants present
Apache Junction	43%	61%	12%	35%
Case Grande	39%	58%	6%	23%
Coolidge	63%	80%	16%	4%
Eloy	71%	84%	9%	12%
Florence	35%	57%	14%	29%
Kearney	31%	58%	12%	10%
Mammoth	57%	76%	4%	10%
Superior	65%	78%	9%	26%
Arizona	40%	62%	9%	23%

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

Enrollment in Head Start may help ensure access to medical and dental care, as 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 children with special needs. According to a statewide Health Provider Survey report released in 2007, a large majority (78 percent) of Arizona dental providers surveyed in 2006 (N =729 or 98 percent of all AHCCCS providers) said they did not provide dental

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

## Child Safety

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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. This section provides information on child abuse and neglect and child fatalities in the Pinal Region.

### Child Abuse and Neglect

Child abuse and neglect can result in both short-term and long-term negative outcomes. A wide variety of difficulties have been documented for victims of abuse and neglect, including 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.<sup>30</sup>

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

It is important to note that the 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 numbers of reports considered to be substantiated are a subset of the total number of reports that were received, investigated, and closed during the reporting period.

The chart below provides a history of child abuse reports received and the outcome for Pinal County. The number of total child abuse and neglect reports for Pinal County between the April 2005-March 2006 and April 2006-March 2007 are very similar at 1,855 and 1,860 respectively. Initial data suggests a slight increase for the following year.

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<sup>30</sup> 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.

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

	Oct 2003 through Mar 2004	Apr 2004 through Sep 2004	Oct 2004 through Mar 2005	Apr 2005 through Sep 2005	Oct 2005 through Mar 2006	Apr 2006 through Sep 2006	Oct 2006 through Mar 2007	Apr 2007 through Sep 2007
<b>Number of reports received</b>	913	892	912	991	864	915	945	1,057
<b>Number of reports Substantiated</b>	NA	NA	NA	NA	50	75	66	47
<b>Substantiation rate</b>	NA	NA	NA	NA	6%	8%	7%	4%
<b>Number of new removals</b>	127	201	208	263	211	271	227	270

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

The table below provides a breakdown of reports received by each county. Just fewer than 6 percent of the reports received in the state were in Pinal County. Of those reports made in Pinal County, 648 were reports of neglect, followed by 315 reports of physical abuse, 80 reports of sexual abuse, and 14 reports of emotional abuse. Of the total reports, about 4 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%
<b>Pinal</b>	<b>14</b>	<b>648</b>	<b>315</b>	<b>80</b>	<b>1,057</b>	<b>5.9%</b>
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%
<b>Statewide</b>	<b>212</b>	<b>10,922</b>	<b>5,836</b>	<b>1,108</b>	<b>18,078</b>	<b>100.0%</b>
<b>% of Total</b>	<b>1.2%</b>	<b>60.4%</b>	<b>32.3%</b>	<b>6.1%</b>	<b>100.0%</b>	

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

In any given year, more than 3 million child abuse and neglect reports are made across the United States, but most child welfare experts believe the actual incidence of child abuse and neglect is almost three times greater, making the number closer to 10 million incidents each year. In 2006, 3.6 million referrals were made to Child Protective Service agencies (CPS) nationally, involving more than 6 million children. While 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 1 year:** 24 incidents for every 1,000 children
- **1-3 years:** 14 incidents for every 1,000 children
- **4-7 years:** 14 incidents for every 1,000 children
- **8-11 years:** 11 incidents for every 1,000 children

According to overall child well-being indicators, in 2005 Arizona ranked 36<sup>th</sup> 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.

## 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 Pinal County there were 345 child placements in 2004 (including all children placed in out of home care) and that number increased to 548 in 2005 (See chart below). 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.<sup>31</sup> 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

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

core strategies in the recruitment, development and support of resource families that focuses on finding and maintaining kinship and foster families who can support children and families in their own neighborhoods.

### Child Placements in Foster Care

	2002	2003	2004	2005	2006
<b>Pinal</b>			345*	548*	
<b>Arizona</b>	5,049**	6,208**	7,173**	7,546**	7,388**
<b>U.S.</b>	29%*** (154,000)	30%*** (155,000)	31%*** (158,000)	32%*** (164,000)	44%*** (131,000)

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

\*\*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.<sup>32</sup> Furthermore, children living in poverty are more likely to die in the first year of life. For example, children living in poverty are more likely to die from health conditions such as asthma, cancer, congenital anomalies, and heart disease.<sup>33</sup> In Arizona as well as the rest of the nation, many factors that lead to a young child's death are related to health status, such as a pre-existing health condition, inadequate prenatal care, or even the lifestyle choices of the parent. Another area of concern includes factors such as injury — unfortunately, in many circumstances, preventable injury. The table below provides information on the total number of child deaths in the Pinal Region for children under the age of four, followed by the leading causes of death for infants in Pinal County in 2006.

### Child\* Deaths Among the Birth to Four Years Population

	2003	2004	2005	2006
<b>Pinal County*</b>	2% (39)	2% (26)	2% (46)	3% (50)
<b>Arizona</b>	2% (872)	2% (870)	2% (938)	2% (920)
<b>U.S.</b>	1% (32,990)	Not available	1% (33,196)	Not available

\*Data available for birth to 14 years only. Sources: CDC; Arizona Department of Health Services.

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.

### Leading Causes of Death Among Infants (n = 29) in Pinal County During 2006

1. Congenital malformations (24 percent)
2. Pre-term and low birth-weight (17 percent)
3. Sudden infant death syndrome (7 percent)
4. Choked on Food (1 infant-3 percent)

## Children's Educational Attainment

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### School Readiness

Early childhood programs can promote successful school readiness especially for children in low-income families. Research studies on early care and education 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.<sup>34[1]</sup> Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.<sup>35[3]</sup> Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.<sup>36[4]</sup>

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to 10 by memory or identifying the letters of the alphabet. Preparedness for school includes the ability to problem solve, demonstrate self-confidence, and the 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. In addition, most scholarly definitions about school readiness also address the need for the school be ready to meet the needs, instructional, social and personal, of every child who enters kindergarten.

Currently no instrument exists across Arizona that sufficiently identifies a child's readiness for school entry. Although Arizona has a set of Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the start of kindergarten), current assessment of those learning standards have not been validated nor have the standards been applied consistently throughout the state.

One component of children's readiness for school consists of their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy. One assessment that is used frequently across Arizona schools is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). The DIBELS is used to identify children's reading skills upon entry to school and to measure their reading progress throughout the year. The DIBELS

34 [1] 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 [1] 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

36 [4] Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al *The children of the cost, quality, and outcomes study go to school: Technical report, 2000*, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

measures were specifically designed to assess the five early literacy components: Phonological Awareness, Alphabetic Principle, Vocabulary, Comprehension, and Fluency with Connected Text.

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. Nor is it a full measure of a child's readiness for school. 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.

There are six districts in Pinal reporting that their students reached the benchmark by the end of the year which is up from the beginning of the year (2006-2007). The Arizona Reading First Schools report 78 percent of students reaching benchmark by the end of the year.

### Basic Early Literacy as Measured by DIBELS (Pinal Reading First Schools)

SFY 2006-2007 Kindergarten DIBELS AZ Reading First Schools						
	Beginning of the Year			End of the Year		
	% Intensive	% Strategic	% Benchmark	% Intensive	% Strategic	% Benchmark
<b>AZ Reading First Schools</b>	52	35	13	10	12	78
<b>Pinal*</b>						
<b>Casa Grande</b>	38.5	43.6	17.9	9.1	6.7	84.2
<b>Eloy</b>	43.9	46.2	9.8	22.0	18.2	59.8
<b>Mary C O'Brien</b>	0.0	56.3	43.8	0.0	6.3	93.8
<b>Picacho</b>	45.0	45.0	10.0	15.0	15.0	70.0
<b>Stanfield</b>	64.5	30.6	4.8	4.8	6.5	88.7
<b>Superior</b>	27.5	52.5	20.0	27.5	20.0	52.5

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

## Elementary Education

Children who cannot read well by the 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 regions) may be systematically experiencing delays in their progress. The National Assessment of

Educational Progress is administered to a sample of fourth grade students data at the regional level was not available to include at the time of printing this report.

Data is available for the Pinal Region on the Arizona’s Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in grades three through eight. This assessment measures the student’s level of proficiency in writing, reading, and mathematics and provides each student’s national percentile rankings in reading/language and mathematics. In addition, Arizona students in grades four and eight are given a science assessment.<sup>37</sup> The chart below shows a complex picture of how each school district in the Pinal Region performs. For example, Maricopa Unified School District reports 29 percent “falling far below” the standard in mathematics but only 15 percent falling far below the standard in reading and writing. It is also of note that Ray Unified School District reports only 6 to 11 percent of students falling far below the standard in each assessment area.

**Pinal AIMS DPA Third Grade Score Achievement Levels in Mathematics, Reading, and Writing**

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
<b>Apache Junction Unified</b>	24%	32%	41%	2%	21%	33%	45%	0%	14%	26%	60%	0%
<b>Mammoth-San Manuel Unified</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Maricopa Unified</b>	29%	31%	40%	0%	15%	47%	38%	0%	15%	21%	62%	2%
<b>Oracle Elementary</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Ray Unified</b>	11%	11%	47%	31%	6%	25%	58%	11%	8%	14%	75%	3%
<b>Sacaton Elementary</b>	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>Stanfield Elementary</b>	17%	27%	53%	3%	7%	50%	43%	0%	20%	17%	57%	7%
<b>Toltec Elementary</b>	14%	29%	57%	0%	14%	64%	21%	0%	7%	43%	50%	0%

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.

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.<sup>38</sup> As the chart on schools in the Pinal 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. The average graduation rate across Pinal County school districts, however, was 63 percent, which is 14 percent below the state average and 11 percent below the national average. In comparison, the average graduation rate in Pinal County in 2004 was 76 percent.

<sup>37</sup> Spring 2008 Guide to Test Interpretation, Arizona’s Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

<sup>38</sup> Sigelman, C. K., & Rider, E. A., Life-span development, 2003, Pacific Grove, CA: Wadsworth.

### High School Graduation Rates 2006

Pinal HS Districts	Total # Graduates	Total # in Cohort	4-year Graduation Rate
Apache Junction Unified (N=1)	223	322	69%
Casa Grande Union (N=3)	456	720	63%
Coolidge Unified (N=2)	144	236	61%
Florence Unified (N=1)	79	130	61%
Mammoth-San Manuel Unified (N=1)	58	73	79%
Maricopa Unified (N=1)	70	115	61%
Ray Unified (N=1)	39	53	74%
Santa Cruz Valley Union (N=1)	82	153	54%
Superior Unified (N=1)	7	37	19%
Arizona*	47,071	61,450	77%
United States**	2,753,438	3,705,838	74%

### 2004

Pinal HS Districts	Total # Graduates	Total # in Cohort	4-year Graduation Rate
Apache Junction Unified (N=1)	267	304	88%
Casa Grande Union (N=3)	443	568	78%
Coolidge Unified (N=1)	149	201	74%
Florence Unified (N=1)	65	79	82%
Mammoth-San Manuel Unified (N=1)	81	95	85%
Maricopa Unified (N=1)	66	108	61%
Ray Unified (N=1)	44	47	94%
Santa Cruz Valley Union (N=1)	91	176	52%
Superior Unified (N=1)	31	41	76%
Arizona*	47,071	61,450	77%
United States**	2,753,438	3,705,838	74%

\* Arizona Department of Education

\*\* National Center for Education Statistics.

# Current Regional Early Childhood Development and Health System

## Overview of Regional Health Care for Young Children

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).<sup>39</sup> In Pinal County less than 1 percent of children received AzEIP screening at birth to 12 months and less than 2 percent of children received AzEIP screening at birth to 36 months in 2006. 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. In Arizona, 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.

Although recent data was unavailable for this report, data from 2003 suggest that Pinal lags well behind the state and nation in percent of immunized two year olds. In 2003, only 55 percent of Pinal County two year olds were immunized according to the 4:3:1:3 immunization schedules. There is significant local variation in the percent immunized across the county, ranging from 10 to 80 percent.

Access to medical, dental, and early health care was identified as an area that needs improvement in the Region. Increased parental education and education/service delivery systems were also key areas identified for improvement, along with increased infant/toddler mental health services. A need for additional pediatric dentists and prenatal care providers was also noted as a possible area for improvement.

With nearly 13,623 children ages birth through five in the Region and a growth in that population of 58 percent between 2000 and 2006, a 48 percent poverty rate for households (at or below 200 percent FPL), a large number of working families, and only 1,179 children in all types of care and education programs, it is clear there are not nearly enough early care and education programs of any type for working parents and those who wish or need a development program for their children. In addition, many centers reported being at or near capacity. Further, the majority of care for working families still takes place in informal or unregulated settings. Child care of all types and for all ages can be quite expensive, with the highest rates seen for licensed centers and group homes. Increased quality of care across the continuum was recommended.

Children in Pinal County also have limited access to the health and dental care that they need, with a very low percent screened for developmental delays. Pinal County also lags well behind the state and nation in the percent of two year olds immunized, with some areas of the county reporting up to 80 percent without immunizations. Access to health care services, parental education, education/service delivery, and quality of care was noted as areas for improvement. This suggests that some services

<sup>39</sup> Inkelas, M., Regalado, M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.

may be available in the Region, but that they are not always being accessed.

Family support service demand in Pinal County appeared to increase over the first few months of 2008, perhaps due, in part, to the increasing financial burdens families across the nation are facing. Programs that are working directly with families and the resources available in the county were noted as strengths, but the greatest impact on family support in this Region would include increased parental involvement. Thus, as was noted for health care, family support services may be available but underutilized.

Professional development services for early childhood providers across fields were noted as an area for possible future improvement. In regard to early childhood educators, over 50 percent of teachers and 90 percent of teachers' assistants have no degree in Pinal County. Minimal professional development opportunities were available or accessed by providers in the Region. Those mentioned include Central Arizona College's Early Childhood Education Program, Head Start Professional Development Program, and United Way of Pinal Counties' Success By 6 Initiative. Average length of employment, salaries, and benefits available to early childhood educators have all remained low nearly county-wide.

Areas requiring further distribution and availability of information include parental education on topics such as immunizations, brain development, and nutrition. Developing a system for delivery or a resource center was also suggested as possible ways to facilitate the distribution of information.

## Quality

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A number of states have been increasingly concerned about the role high quality early care and education (ECE) programs within their continuum of preschool to post high school (P-20) education systems, and with creating, developing and improving the quality of ECE programs. A majority of children birth through age five participate in regular, nonparental child care. In one 2002 study, 61 percent of young children were found to participate in some form of child care whether regulated, licensed, unregulated, unlicensed, in home or out of home, for some portion of the day. Further, 34 percent participated in some type of center-based program.<sup>40</sup> Second, child care is becoming a growing industry. Increased employment of mothers with children under the age of 12 and welfare reform policies have increased the demand for out of home and in home care arrangements to meet the increased needs of the working mother. Third, research has found that high quality child care is associated with many positive outcomes for children and their families (and for employers, as well) including language development and cognitive school readiness.<sup>41</sup> For employers and those in parenting roles the positive outcomes include less absenteeism due to children's illnesses, time away from work because of failed child care arrangements, and more productive work environments and production because of lowered anxiety regarding the quality of care that one's child(ren) are receiving.

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

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.

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 for the Pinal Regional Partnership Council an initial snapshot of quality in the Region through the nationally accredited organizations approved by the Arizona State Board of Education for Public School Preschools.

- 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 Early Childhood Program Accreditation (NECPA).
- National Association for Family Child Care (NAFCC)

## Accredited Early Child Care Centers

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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. However, some data related to centers were not available for this report.

The Pinal Region has 17 accredited early care and education programs. National Association for the Education of Young Children (NAEYC) accredited programs include 15 Head Start sites and two school district programs. There are few options for accredited child care for working parents in the Region.

In an effort to get a snapshot of child care at the local level and to actively engage community members, an early childhood education center survey was distributed to a sample of child care centers in the Region (for more information on the survey and select results see Access section). None of the centers completing the survey responded that they were currently accredited, or in the process of becoming accredited, to provide services.

Information was not available on the staff-to-child ratios at all licensed centers in Pinal County. Of a limited sample of licensed centers that were surveyed, however, a majority reported that they followed state licensing standards for staff to child ratios.

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.<sup>42</sup>

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<sup>42</sup> NAEYC standards here are used to provide a context for high standards. It is not presumed that all centers should become NAEYC accredited

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

## 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 Pinal 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

The Department of Employment Security's 2006 Child Care Market Rate Survey provides information on a range of child care settings, including licensed centers that provide fee for service care, Head Start programs with fee-paying wraparound care, district programs with fee-paying wraparound care, small group homes, family child care providers certified by DES and those approved by agencies for the Child and Adult Care Food Program (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.

Pinal Region's fee-paying child care facilities in 2006 included 23 licensed centers, seven small group homes and 53 family child care homes.

### Pinal County Number of Early Care and Education Programs by Type\*

Licensed Centers	Small Group Homes	Approved Family Child Care Homes	Providers Registered with the Child Care Resource and Referral
23	7	50	3

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

There are four types of providers designated in the chart above: licensed centers, group homes, approved family child care homes, and providers registered with the

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

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 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.

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

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The table below presents the number of children enrolled in early care and education programs by type in the Pinal Region. 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.

In the Pinal Region, in 2006, a total of 1,779 children were enrolled daily on average, in 83 centers, group homes, and approved and Resource and Referral listed family child care homes. The approved capacity was 3,074 children, though this refers to the total capacity of a physical site and does not necessarily reflect the size of the actual program in that site or age range served.

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

	Licensed Centers	Groups Homes	Approved Family Child Care Homes	Providers Registered with Child Care Resource and Referral	Total
<b>Approved capacity</b>	2731	75	256	12	3074
<b>Average number served</b>	1492	7	214	No data	1779

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.

With nearly 13,623 children under age five in the Region<sup>43</sup> and a growth in that population of 57 percent between 2000 and 2006, a 48 percent poverty rate for households (at or below 200 percent FPL), a large number of working families, and only 1,179 children in all types of care and education programs, it appears there are not enough early care and education programs of any type for working parents and those who wish or need a development program for their children. Further, the majority of care for working families still takes place in informal or unregulated settings.

### Child Care Costs in Reference to Family Income

The cost of child care can be a considerable burden for Arizona families. Yearly fees for child care in the state of Arizona range from almost \$8,000 for an infant in a licensed center to about \$5,900 for before and after school care in a family child care home. This represents about 12 percent of the median family income of an Arizona married couples with children under 18. It represents 22-30 percent of the median income of a single parent female headed family in Arizona.

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

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 Pinal Region, child care rates are most expensive for licensed centers and group homes when compared with other settings. Alternatively approved homes and in-home care were generally the least expensive types of care in the Region. There were noticeable differences between the costs of care for different age groups across settings.

**Costs of Early Care and Education in Pinal County**

Setting Type and Age Group	Pinal County (2006)
<b>Group Homes</b> • Infant • Toddler • Preschooler	\$27.75 per day \$26.99 per day \$26.99 per day
<b>Licensed Centers</b> • Infant • Toddler • Preschooler	\$30.20 per day \$27.11 per day \$26.99 per day
<b>In-Home Care</b> • Infant • Toddler • Preschooler	\$18.00 per day \$15.00 per day \$14.50 per day
<b>Certified Homes</b> • Infant • Toddler • Preschooler	\$22.68 per day \$22.12 per day \$21.00 per day
<b>Alternately Approved Homes</b> • Infant • Toddler • Preschooler	\$18.56 per day \$17.17 per day \$15.63 per day
<b>Unregulated Homes</b> • Infant • Toddler • Preschooler	\$20.62 per day \$20.62 per day \$19.43 per day

\*\*Assumes full-time enrollment

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

## Additional Early Care Quality/Access Data

Surveys were conducted with 14 child care centers in the Region in order to acquire local information on enrollment, costs of care, DES subsidy acceptance, capacity, adult to child ratios, hours of operation, and number of teachers and teacher's aides. Of 20 child care centers that were selected randomly (from the list of licensed providers) to be surveyed via telephone, staff from 14 centers completed surveys. The following table summarizes the information provided by these 14 centers:

### Survey Responses of 14 Licensed Regional Child Care Providers

Provider Name*	Enrollment**	Capacity	Cost of Care	DES Subsidy	Adult to Child Ratio	Total Teachers/Teachers Aids	Hours of Operation
Ak-Chin Child Care Center (Early Head Start and Child Care)	NA	173	\$15 a Day	No	1-3 Year Olds (6:1) 4-5 Year Olds (9:1)	4/5	M-F 8:00 a.m.-4:30 p.m.
We Are One #1	217	220	\$40 a Day \$35 Half a Day	Yes	State Licencing Standards	20/5	M,T,W&F 5:30 a.m.-11:00 p.m. Thur 6:00 a.m.-6:00 p.m. Every Other Sat. 6:00 a.m. - 6:00 p.m.
Junior Village Preschool (Private Preschool)	25	50	1 - 3 yr 100/wk, 3 yr and up 100/wk	Yes	2 and under 1:6, 2yr 1:8, 3yr and up 1:13	5	M-F 5:30 a.m. - 6:00 p.m.
Hohokam C.A.S.P.E.R.	50	24 at each site	\$72 mth up to 12 days, past 12, days it is \$6 each additional day	Yes	State Licencing Standards	12	M-F 3:00 p.m. - 7:00 p.m. and Early Dismissal
Blooming Buds Child Care/ Preschool (Group Home)	24	24	\$25.00 a Day	No	State Licencing Standards	4/3	M-F 5:00 a.m. - 6:00PM
Children Only	65	65	Infants 135wk/105 ½ wk, 1-2 yr 130wk/100 ½ wk, 3yr 120wk/95 ½ wk, 4-up 115wk/90 ½ wk	Yes	Infants 1:5 1-2 yr 1:6 3yr 1:8 4yr-up 1:15	12	M - F 5:00 a.m. - 6:00 p.m.
Learn and Play Child Care (Group Home)	25	15	\$17 a Day	Yes	State Licencing Standards	2/0	24/7
Precious Ones Day Care Center	77	76	\$22 a Day	Yes	State Licencing Standards	13/0	M-F 6:30 a.m. - 6:30 p.m.
Little Bear Daycare & Preschool Center	175	170	\$25 - \$30 a Day	Yes	0-1 Year Old (5:1), 1-3 Years Old (6:1) 4-10 Years Old (8:1)	9/6	M-F 5:00 a.m. - 6:00 p.m.
Serendipity Day Care	120	120	\$30 a Day	Yes	State Licencing Standards	10/4	M-F 6:30 a.m. - 6:30 p.m.
Wonderland Playhouse	40	46	\$27 a Day	Yes	State Licencing Standards	7	M-F 6:00 a.m. - 5:30 p.m.
Raggedy Ann and Andy Day Care Center	90	109	1-2 yr \$23dy/\$17 ½ dy, 3-5yr \$22dy/\$16 ½ dy, after school \$21dy/\$16 ½ dy	Yes	Infants 1:6 1-2yr 2:17 3-5yr 1:15 After school 1:20	10	M-F 6:30 a.m. - 6:30 p.m.
Kidz Covenant Child Care (Group Home)	25	22	\$24.00 Aa Day	No	State Licencing Standards	4/2	M-F 6:30 a.m. - 6:30 p.m.
Mini Leaders	45	60	Newborn - 1yr \$31.50 dy, 1-4yr \$30 dy	Yes	State Licencing Standards	6/0	M-F 6:00 a.m. - 6:00 p.m.

\*Are child care centers unless other type of care setting is noted.

\*\*As of April 1, 2008.

Most of the child care providers surveyed were near capacity, with several reporting over their listed capacity as of April 1, 2008. There is also variation between child care providers in cost of care and acceptance of DES subsidies for payment. Many listed 6:30 a.m. to 6:30 p.m. as their weekday hours of operation, with few reporting being open on weekends.

Respondents to the child care center survey were also asked, “If they could make one change in their programs what would they change?” Respondents stated the following:

- teacher education
- parent education;
- professional development for staff;
- nutrition;
- expand child care center;
- teachers using activities with children which include moving and playing;
- have more hands on learning;
- new equipment for centers, i.e., chairs, tables, and reading materials;
- parents reading to their children; and
- motivating teachers to bring better activities to their classroom;
- vehicle;
- outdoor playground;

In order to gain additional information on early care and education in the Region, the Pinal Regional Council held an Asset Mapping workshop on June 25, 2008, that was attended by community members and Regional Council members. Participants identified the following related to Early Care Quality and Access: a.) Assets, strengths, and resources that exist in the Region, and b.) Changes that would make a positive impact and ideal changes for the Region. The primary recommendations made for improvement in this area were increased standards and expectations for quality of care across the continuum. Head Start early intervention programs and Healthy Families were noted as strengths of the child care providers in the county.

## Health

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Children’s good health is an essential element that is integrally related to their learning, social adjustment, and safety. Healthy children are more 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 is dependent on 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 Pinal Region. This section focuses on developmental screening.

## Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at nine, 18, and 24 months with a valid and reliable screening instrument. Providing children with special needs with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhance developmental outcomes and reduced developmental problems.<sup>44</sup> 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.<sup>45</sup>

Parents' access to services is a significant issue, as parents may experience barriers to obtaining referrals for young children with special needs. This can be an issue if, for example, an early child care provider cannot identify children with special needs correctly.<sup>46</sup>

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).<sup>47</sup> 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 Prenatal 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 Individuals with Disabilities Education Act (IDEA) governs how states and public agencies provide early intervention, special education, and related services. Infants and toddlers with disabilities (birth to age three) and their families receive early intervention services under IDEA Part C. Children and youth (ages three to 21) receive special education and related services under IDEA Part B.

In Arizona, the system that serves infants and toddlers is the Arizona Early Intervention Program (AzEIP). Eligible children are those who have not reached 50 percent of the developmental milestones expected for 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

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 Policy. July 2005.

be in need of special services (such as speech or physical therapy). Comparing that number to other states with similar eligibility criteria provides a basis for understanding how effective the child find process is. This is the first task in knowing whether or not a community’s child find process, including screening, is working well.

Second, when conducted effectively, screening activities assist in identifying children who may be outside the range of typical development. Based on screening results, a child may be further referred for an evaluation to determine eligibility for services. Accurate identification through appropriate screening most often leads to a referral of a child who then qualifies to receive early intervention or special education services. One consideration of the effectiveness of screening activities is the percent of children deemed eligible compared to the total 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 Pinal County. Less than 1 percent of children received AzEIP screening at birth to 12 months and fewer than 2 percent of children received AzEIP screening at birth to 36 months in 2006.

**Children Birth to Three Years Receiving Developmental Screenings in the Pinal Region**

Service Received According to Age Group	2005	2006
AzEIP Screening 0-12 months	46 (1.47%)	29 (0.70%)
AzEIP Screening 0-36 months	216 (2.27%)	232 (1.90%)

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

There are many challenges for Arizona’s early intervention program in being able to reach and serve children and parents. Speech, Physical, and Occupational Therapists are in short supply and more acutely so in rural areas of the state. Families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. These problems will require the combined efforts of state and regional stakeholders to arrive at appropriate solutions.

While longer-term solutions to the therapist shortage are developed, parents can be a primary advocate for their children to assure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy of Pediatrics. 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 provide parents with 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) 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
<b>Arizona</b>	14.8%	171,303	38.1%	134,259
<b>US</b>	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 recent data was unavailable for this report, data from 2003 suggest that Pinal lags well behind the state and nation in percent of immunized two year olds. In 2003, only 55 percent of Pinal County two year olds were immunized according to the 4:3:1:3 immunization schedule. As the table below shows, there is significant local variation in the percent immunized, ranging from 10 to 80 percent.

**Percent of Immunized Two-Year-Olds**

<b>Pinal RPC</b>	<b>2003</b>
<b>Apache Junction</b>	42%
<b>Casa Grande</b>	63%
<b>Coolidge</b>	48%
<b>Eloy</b>	80%
<b>Florence</b>	72%
<b>Kearny</b>	32%
<b>Mammoth</b>	10%
<b>Superior</b>	47%
<b>Pinal County</b>	55%
<b>Arizona</b>	80%
<b>US</b>	80%

Source: ADHS Community Health Profiles, 2003.

## Additional Indicators of Interest to the RPC

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### Community Health Issues

Key Informant Interviews were done with the Director of the Ak-Chin Child Care Center, an Ak-Chin tribal leader, the Executive Director of a nonprofit organization, a community college early childhood education administrator, and a kindergarten teacher knowledgeable about the county. These interviews included questions about issues related to health in the county. The key informants identified the following as health concerns in the Region:

- Increasing substance abuse in families and the negative impacts on children; and
- Increasing homelessness among families in the county, which negatively impacts health and well-being.

As mentioned previously, on June 25, 2008, the Pinal Regional Council held an Asset Mapping workshop that was attended by community members and Regional Council members. Participants identified the following related to Health: a.) Assets, strengths, and resources that exist in the Region, and b.) Changes that would make a positive impact and ideal changes for the Region. Increased parental education and education/service delivery systems were key areas identified for improvement, along with increased infant/toddler mental health services.

Additional health data on children in the Region include findings from the Pinal Community Assessment in 2007, where 2.7 percent of Pinal County babies (120) were reportedly born exposed to substance abuse. It is also noted in this survey, and again by key informants, that there are very few pediatric dentists and prenatal care providers in the Region.

### Family Support

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

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.<sup>48</sup> Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.<sup>49</sup> Strategies for promoting enhanced development often

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 and misreading behavior genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

stress parent-child attachment, especially in infancy, and parenting skills.<sup>50</sup> Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.<sup>51</sup> Parent-child relationships that are secure and emotionally close have been found to promote children’s social competence, prosocial behaviors, and empathic communication.<sup>52</sup>

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 be fully supported in 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.

Family support is a holistic approach to improving young children’s health and early literacy outcomes. In addition to a list of services such as like the licensed child care providers, preschool programs, food programs, and recreational programs available to families, Regional Partnership Councils will want to work with their communities identify informal networks of people — associations — that can reach out to families to build a web of social support.

In the Pinal Region, there are an array of efforts, initiatives and programs providing support to families. For example, there are state-wide programs such as Healthy Families Arizona and Promoting Safe & Stable Families that provide a variety of support services and parent education. From July 2006–June 2007, Healthy Families Arizona served over 240 families through four program areas in Pinal County by providing home visitation with families from the prenatal period through age five.

At the June 25, 2008 Asset Mapping workshop mentioned previously, participants identified the following related to Family Support: a.) Assets, strengths, and resources that exist in the Region, and b.) Changes that would make a positive impact and ideal changes for the Region.

Head Start and Early Head Start provide a strong support for families, assessing

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.

parents and family goals and basic need attainment. Over 1000 families were served in over 18 communities.

The strengths of family support in the Region were identified as programs working directly with families in the home, the successful empowerment of families, consistent staff, community support and collaborations, as well as the resources available (including the Success By 6 Web site and pinalresources.org). The changes mentioned that would have the greatest impact on the Region in regard to family support include increased parental involvement and education and professional development for service providers (ECE). Broader community-wide issues were also identified as having a direct impact on family support including, public transportation, affordable health care, economic self-sufficiency, and substance abuse services/treatment.

### **Service Utilization**

A survey was conducted in March and April of 2008 by the United Way of Tucson and Southern Arizona to gauge the status of faith-based and community organizations providing services to meet basic needs, during the current economic decline. Several Pinal County non-profit organizations participated in this survey and the results that were reported for these non-profits were consistent with the overall findings. Of Pinal County respondents, 74 percent saw increases in demand for services, 12 percent stated revenue had increased, 42 percent said revenue has declined, and 46 percent said revenue has remained steady. This suggests an overall increase in service demand, often without a corresponding increase in resources available.

### **Parent Knowledge About Early Education Issues**

When asked, child care professionals continually report that families need more and better information around quality child care.<sup>53</sup> Parents seem fairly perceptive of their need for more information. One example of this need for information is demonstrated by data collected from a focus group with low-income, pregnant and parenting teenage mothers in a high school in the Pinal Region. The teens were enrolled in a program that helped them complete school and taught them about child development and health care giving. Many admitted a lack of knowledge in these areas, prior to enrollment in the program, including lack of knowledge about sex and about raising a child.

## **Professional Development**

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Professionals providing early childhood services can improve their knowledge and skills through higher education and state or national 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 on-going professional development and education impacts the development of the Region's young children in our Region.

<sup>53</sup> 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' Certification and Education

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

A concern of the Pinal Regional Council is the preparation of its early childhood and elementary school teachers. Professional training and credentialing of professionals appears to be lacking in the Region, with over 50 percent of teachers and over 90 percent of teaching assistants having no degree. Pinal County does have a higher percent of teachers with a CDA or an associate degree than is average for the state, though a lower percent have a Bachelor's degree.

### Child Care Professionals' Educational Background

Degree Type	Pinal 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	54%	91%	61%	82%	20%	12%
CDA	19%	8%	9%	7%	N/A	N/A
Associates	22%	7%	15%	8%	47%	45%
Bachelors	11%	2%	19%	7%	33%	43%
Masters	9%	0%	6%	<1%		

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

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

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

## Professional Development Opportunities

The Pinal Regional Council conducted a random phone survey of regional centers, and group homes, and 30 percent of licensed (non-accredited) early care and education centers for the purposes of this needs and assets assessment. Of the centers surveyed, 17 of the 22 accredited centers and 48 of the 210 licensed centers successfully completed the survey. The survey also included questions about staff training. When asked about current available training, respondents noted there were just a few professional development opportunities.

## Employee Retention

Providing families with high quality child care is an important goal for promoting child development. Research has shown that having child care providers who are more qualified and who maintain employee retention is associated with more positive

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.

outcomes for children.<sup>56</sup> 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.<sup>57</sup>

As the chart below shows, average length of employment has remained low with teachers employed more than five years at 23 percent and assistant teachers employed more than five years at 12 percent. A slightly higher percent of administrative directors were employed for more than five years, at 33 percent.

**Pinal County, the Ak-Chin Indian Community Survey**

	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”
<b>Teachers</b>	3%	3%	13%	23%	13%	15%	23%	8%	0%
<b>Assistant Teachers</b>	21%	6%	15%	12%	12%	3%	12%	18%	0%
<b>Teacher Directors</b>	3%	0%	12%	12%	0%	9%	24%	39%	0%
<b>Administrative Directors</b>	0%	3%	8%	5%	10%	5%	33%	33%	3%

**Compensation and Benefits**

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and in child care centers, workers’ salaries are related to quality child care.<sup>58</sup> Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care.<sup>59</sup> Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.<sup>60</sup>

As the chart below shows, small salary increases have been implemented from 2004 to 2007 in Pinal County. For teachers, salaries increased an average of only 17 cents over that three year period.

56 Raikes, H. Relationship duration in infant care: Time with a high ability teacher and infant-teacher attachment. 1993, *Early Childhood Research Quarterly*, 8, 309-325.  
 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*(5<sup>th</sup> 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 Wages and Benefits for Child Care Professionals in Pinal

	2004	2007
Teacher	\$11.59	\$11.76
Assistant Teacher	\$7.75	\$8.67
Teacher/ Director	\$12.36	\$13.16
Admin/ Director	\$21.34	N/A

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

In Pinal County, very few child care professionals were reported to receive benefits of any type, including health, life, dental, vision, disability, paid vacation, or retirement.

### Regional Professional Development

At the June 25, 2008, Pinal Regional Council Asset Mapping workshop mentioned previously, participants identified the following related to Professional Development: a.) Assets, strengths, and resources that exist in the Region, and b.) Changes that would make a positive impact and ideal changes for the Region. Several specific resources were identified as Region strengths in this area, including Central Arizona College's Early Childhood Education Program and Success By 6. More staff training, ideally with all educators having a college degree, was described as a way to impact child care in the Region. Providing incentives for teachers to continue with their education was also offered as a recommendation.

## Public Information and Awareness

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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, have 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.<sup>61</sup>

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.

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.

In the Pinal 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 Web site 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 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** – Head Start programs 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, according to key informant interviews, The United Way of Pinal County is noted for its contributions through the Success by 6 Initiative. The Success by 6 Initiative, which began in 2001, has taken a leading role in public awareness, public support, and information dissemination efforts in the by:

- Providing information to the public about the importance of early education and the available resources;
- Managing a Web site with a wealth of information about child development and other resources;
- Publishing and distribute resource guides for families (annually); and
- Having members who individually and collectively raise public support and awareness of the importance of early education.

At the June 25, 2008, Pinal Regional Council Asset Mapping workshop mentioned previously, participants identified the following related to Public Awareness and Information: a.) Assets, strengths, and resources that exist in the Region, and b.) Changes that would make a positive impact and ideal changes for the Region. Resources including the United Way and efforts, were noted, as well as available transportation services. Areas requiring further distribution and availability of information include parental education on topics such as immunizations, brain development, and nutrition. Developing a system for delivery or resource center was

mentioned as possible ways this information could be distributed.

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.<sup>62</sup>

## System Coordination

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Throughout Arizona, programs and services exist that are aimed at helping young children and their families succeed. However, many such programs and services operate in isolation of one another, compromising 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.<sup>63</sup> Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

Partnerships are needed across the spectrum of organizations that touch young children and their families. Organizations and individuals must work together to establish a coordinated service network. Improving 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.

*Building Bright Futures*, the 2007 Statewide Assessment, noted that the passage of First Things First by majority vote demonstrates that Arizonans are clearly concerned about the well-being of young children in Arizona. However, when asked "how well informed are you about children's issues in Arizona," more than one in three respondents say they are not informed.

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

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., Doodoo, 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.

Key informant interviews noted the United Way Success By 6 initiative as well as Central Pinal County Human Resources Directory (CAHRA) for their roles in the system coordination efforts of the Pinal Region:

- The membership of Success by 6, which is dedicated to children ages birth through five and their families, and other community resources such as CAHRA, dedicated to family support of families with children of all ages, provide significant services, resources and support.
- There are resources and information available online through the Success by 6 Web site and Web sites of Success by 6 members. They also provide printed resource directories.

At the June 25, 2008, Pinal Regional Council Asset Mapping workshop mentioned previously, participants identified the following related to System Coordination: a.) Assets, strengths, and resources that exist in the Region, and b.) Changes that would make a positive impact and ideal changes for the Region. Findings suggest that system coordination is generally one of the Region's strengths, and includes working together to use all available resources, sharing knowledge, and sharing workshops, conferences, and trainings.

### **Additional Indicators of Interest to the Pinal Regional Partnership Council**

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Other future data of interest to the Pinal Region include:

- Information about the families with children ages birth through five who are commuting out of the county to work, and the impacts on the children (i.e. placement in care etc.);
- More information on professional development opportunities and barriers;
- Substance abuse as it affects children ages birth through five;
- Accreditation issues;
- Demographics for child care centers who are licensed and unlicensed;
- Homelessness, housing, and migrant issues; and
- More information on the Ak-Chin Indian Community.



## Conclusion

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Located between some of the fastest growing urban areas in Arizona, the population of Pinal county is increasing at a rate nearly twice that of the state as a whole. This rapid growth is also contributing to a significant increase in the number of children ages birth through five in the Region. There are benefits and challenges associated with this type of exponential growth, within the county and in neighboring areas.

The growth has increased tourism, manufacturing and service opportunities within the county, but it may also be very challenging for the services provided in the Region to keep up with demand, particularly in the smaller communities. The rates of unemployment and children living in poverty are above the state average and the median income levels are below those of the state as a whole, suggesting many families are still struggling despite some of the increasing economic opportunities in the area. Costs of child care for children of all ages may be a concern for many families. There is, however, significant variation within the Region in economic and overall well-being, as well as in access to, and utilization of services.

## Identification of Greatest Regional Assets

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While system coordination is frequently cited as a challenge across many regions of Arizona, Pinal County community members consider their system coordination to be one of their Region's strengths.

The county also has many successful programs including those working directly with families in the home and empowering families. Thus, while there may be some barriers to access, and insufficient programs/services, many of those that are accessed are noted as beneficial and successful. Consistent staff and community support are also present in many centers, schools, and health practices across the region.

It is also important to note some positive trends in the Region including a declining teen birth rate and a high percent of mothers who receive at least some type of prenatal care.

## Identification of Greatest Regional Needs

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While one challenge in a region experiencing such population growth is providing sufficient services, a second is informing families of the services available. Across areas related to early childhood, there is a need in Pinal County for increased parent education and education delivery systems. Teen mothers and grandparent caregivers, in particular, may not have the support and information they require to raise healthy children ready to begin kindergarten. Families of all types may not be aware of their children's health needs, including early prenatal care, immunizations, etc. They also may not have information regarding service availability, including the types and quality of child care in their area.

Quality of care across the child care continuum is also an area requiring improvement. Increasing the educational attainment of child care providers is one way to potentially impact quality in the Pinal Region. The area is in need of increased opportunities for Professional Development and incentives for, or assistance in, pursuing these opportunities. With their low salary rates and lack of benefits, child care pro-

viders face many barriers in pursuing professional development on their own.

A particular health care concern in the Region is related to specialized care, including: oral health, mental health care, and early prenatal care. There do not appear to be sufficient numbers of providers of these types of care, and there may be reasons families do not always access the ones that exist, including lack of information and cost concerns.

Finally, as is the case with many Arizona schools, drop-out prevention and meeting educational standards continue to be concerns in the Pinal Region. A low graduation rate and variation in the percent of students meeting benchmarks and satisfactory achievement levels in mathematics, reading, and writing deserve further consideration.

## Appendices

### Chart of Regional Assets – Pinal County

Agencies/Coalitions				
<b>Against Abuse Thrift Store</b>	119 N. Florence St.	Casa Grande	AZ	85222
<b>Against Abuse, Inc.</b>	112 N. Florence St.	Casa Grande	AZ	85222
<b>Against Abuse, Inc.</b>	995 N. Arizola Rd.	Casa Grande	AZ	85222
<b>Apache Junction Boys and Girls Club</b>	1215 S. Winchester Rd.	Apache Junction	AZ	85219
<b>Apache Junction Food Bank</b>	565 N. Idaho Rd. #701	Apache Junction	AZ	85219
<b>Arizona Cooperative Extension</b>	820 E. Cottonwood Ln.	Casa Grande	AZ	85222
<b>Arizona Department of Economic Security (DES)</b>	318 N. Florence Street	Casa Grande	AZ	85222
<b>Arizona Department of Economic Security (DES)</b>	1155 N. Arizona Blvd.	Coolidge	AZ	85228
<b>Arizona Department of Economic Security (DES)</b>	109 N. Sunshine	Eloy	AZ	85231
<b>Arizona Department of Economic Security (DES)</b>	228 Main St.	Mammoth	AZ	85618
<b>Arizona Department of Economic Security (DES)</b>	331 Alden Dr.	Kearny	AZ	85237
<b>Arizona Dept of Economic Security (DES)</b>	2066 W. Apache Trail, Ste. 108	Apache Junction	AZ	85220
<b>Arizona's Children Association</b>	2066 W. Apache Trail Rd., Ste. 112	Apache Junction	AZ	85220
<b>Arizona's Children Association</b>	2800 N. Highway 87, Mesquite Building	Coolidge	AZ	85228
<b>Arizona's Children Association</b>	115 E. 1 <sup>st</sup> St.	Casa Grande	AZ	85222
<b>Big Brother/Big Sisters</b>	119 N. Florence St.	Casa Grande	AZ	85222
<b>Border Health Foundation Food Pantry</b>	1112 Tilbury Dr.	Kearny	AZ	85237
<b>Boys &amp; Girls Club of Casa Grande</b>	798 N. Picacho St.	Casa Grande	AZ	85222
<b>CAC Child Development Center</b>	273 Old West Hwy.	Apache Junction	AZ	85219
<b>Casa Grande Food Bank</b>	235 E. 4 <sup>th</sup> St.	Casa Grande	AZ	85222
<b>Casa Grande Police Dept.</b>	520 N. Marshall St.	Casa Grande	AZ	85220
<b>Casa Grande Valley Outreach Center</b>	201 W. Main	Casa Grande	AZ	85222
<b>Child Support Division Pinal County Attorney's Office</b>	30 N. Florence St. Building D	Florence	AZ	85222
<b>City of Apache Junction, Community Block Grant, Planning/Zoning Dept.</b>	300 E. Superstition Blvd.	Apache Junction	AZ	85219
<b>City of Casa Grande Victim Assistance Program</b>	510 E. Florence Blvd.	Casa Grande	AZ	85222
<b>City of Eloy Housing Authority</b>	100 W. Phoenix Ave.	Eloy	AZ	85231
<b>Community Action Human Resource Agency (CAHRA)</b>	311 N. Main	Eloy	AZ	85231
<b>Community Alliance Against Family Abuse (CAFA)</b>	P.O. Box 3778	Apache Junction	AZ	85217
<b>Coolidge Family Resources Center</b>	340 S. Main St.	Coolidge	AZ	85229
<b>Corazon Mental Health</b>	900 E. Florence Blvd., Ste. G	Casa Grande	AZ	85222

<b>Eloy District Office Family Resource Center</b>	1011 N. Sunshine Blvd.	Eloy	AZ	85231
<b>Family Automotive</b>	455 S. Meridian Dr.	Apache Junction	AZ	85220
<b>Food Care at the Epiphany Lutheran Church</b>	1050 W. Superstition Blvd.	Apache Junction	AZ	85220
<b>Head Start, Apache Junction</b>	900 N. Plaza	Apache Junction	AZ	85220
<b>Head Start, CAC AJ</b>	273 Old West Highway	Apache Junction	AZ	85219
<b>Head Start, Arizona City</b>	12115 W. Benito Drive	Arizona City	AZ	85223
<b>Head Start, Casa Grande</b>	468 W. McMurray Blvd	Casa Grande	AZ	85222
<b>Head Start, Central Arizona College</b>	8470 N. Overfield Rd	Coolidge	AZ	85228
<b>Head Start, Coolidge</b>	227 W. Pinkley Ave	Coolidge	AZ	85228
<b>Head Start, Eloy</b>	105 N. E Street, PO Box 293	Eloy	AZ	85231
<b>Head Start, Florence</b>	40 E. Celaya Street	Florence	AZ	85232
<b>Head Start, Mammoth</b>	111 W. Dugan, Rm 47	Mammoth	AZ	85618
<b>Head Start, Maricopa</b>	19188 N. John Wayne Pkwy	Maricopa	AZ	85239
<b>Head Start, Queen Creek</b>	301 E. Combs Road, Rm 505	Queen Creek	AZ	85242
<b>Head Start, Superior</b>	150 N. Lobb Ave., PO Box 386	Superior	AZ	85273
<b>Head Start, Stanfield</b>	515 S. Stanfield Road, PO Box 205	Stanfield	AZ	85272
<b>Head Start, Toltec</b>	3720 N. Marsh Street, PO Box 74	Eloy	AZ	85231
<b>Health Start Program</b>	110 N. Main	Mammoth	AZ	85618
<b>Healthy Families</b>	188 S. Main	Casa Grande	AZ	85228
<b>Horizon Human Services</b>	210 E. Cottonwood Ln.	Casa Grande	AZ	85222
<b>Hug-A-Bunch</b>	150 S. Smith Dr.	Superior	AZ	85273
<b>One Stop Career Center</b>	230 W. Main St.	Superior	AZ	85273
<b>Pinal County, Division of Housing</b>	733 S. Tomahawk Rd.	Apache Junction	AZ	85219
<b>Pinal County Housing Department</b>	970 N. Eleven Mile Corner Rd.	Casa Grande	AZ	85222
<b>Pinal County Meth Coalition</b>	P.O. Box 11043	Casa Grande	AZ	86230
<b>Pinal Gila Community Child Services, Central Office</b>	1750 S. Arizona Blvd.	Coolidge	AZ	85228
<b>Pinal Gila Council for Senior Citizens</b>	8969 W. McCartney Rd.	Casa Grande	AZ	85222
<b>Project Help – Apache Junction Schools</b>	195 E. Superstition Blvd.	Apache Junction	AZ	85219
<b>St. Vincent de Paul</b>	405 E. 2 <sup>nd</sup> St.	Casa Grande	AZ	85222
<b>San Pedro Valley Behavioral Health</b>	980 Mount Lemmon Rd.	Oracle	AZ	85623
<b>Seeds of Hope</b>	702 E. Cottonwood Ln.	Casa Grande	AZ	85222
<b>Social Security Administration</b>	253 W. Superstition Blvd.	Apache Junction	AZ	85220
<b>Southern Arizona, Legal Aid</b>	766 N. Park Ave.	Casa Grande	AZ	85222
<b>United Way</b>	Post Office Box 10541	Casa Grande	AZ	85230
<b>The Salvation Army</b>	605 E. Broadway	Apache Junction	AZ	85217
<b>The Salvation Army</b>	1333 N. Center St.	Casa Grande	AZ	85222
<b>Victim's Assistance</b>	1001 N. Idaho Rd.	Apache Junction	AZ	85219
<b>Colleges</b>				
<b>Central Arizona College Superstition Mountain Campus</b>	273 Old West Hwy.	Apache Junction	AZ	85219
<b>Central Arizona College Signal Peak Campus</b>	8470 N. Overfield Road	Coolidge	AZ	85228
<b>Central Arizona College Training &amp; Assessment Cntr.</b>	168 S. Main Street	Coolidge	AZ	85228
<b>Central Arizona College Casa Grande Center</b>	1015 E. Florence Boulevard	Casa Grande	AZ	85222

<b>Central Arizona College Corporate Center</b>	540 N. Camino Mercado	Casa Grande	AZ	85222
<b>Central Arizona College Florence Center</b>	800 E. Butte Avenue	Florence	AZ	85222
<b>Central Arizona College Maricopa Center</b>	20800 N. John Wayne Pkwy, Suite 104	Maricopa	AZ	85239
<b>Central Arizona College San Tan/Johnson Ranch Cntr.</b>	The Shops at Copper Basin	Queen Creek	AZ	85243
<b>Central Arizona College Aravaipa Campus</b>	80440 E. Aravaipa Road	Winkelman	AZ	85292
<b>Hospitals/Clinics</b>				
<b>Pinal County Health Dept. Apache Junction Clinic</b>	575 N. Idaho St., Ste. 301	Apache Junction	AZ	85219
<b>Pinal County Health Dept. Casa Grande Clinic</b>	820 E. Cottonwood Ln. Building E	Casa Grande	AZ	85222
<b>Casa Grande Regional Medical Center</b>	1800 E. Florence Blvd.	Casa Grande	AZ	85222
<b>Cottonwood Medical Center</b>	560 N. Camino Mercado, Suite 7	Casa Grande	AZ	85222
<b>Dr. Ginger Rutz, D.D.S.</b>	100 Tilbury Dr.	Kearny	AZ	85237
<b>Dr. James Celis, D.D.S.</b>	342 Alden Rd.	Kearny	AZ	85237
<b>Dr. Jeff Crawford, Family Practice Medicine</b>	351 Airport Rd.	Kearny	AZ	85237
<b>Pinal County Health Dept., Eloy Clinic</b>	302 E. 5 <sup>th</sup> St., P.O. Box 70	Eloy	AZ	85231
<b>Pinal County Health Dept Florence Clinic</b>	500 S. Central, P.O. Box 2945	Florence	AZ	85232
<b>Central Arizona Medical Center</b>	450 W. Adamsville Road	Florence	AZ	85232
<b>Hope Women's Center</b>	252 N. Ironwood Dr.	Apache Junction	AZ	85217
<b>Pinal County Health Dept Kearny Clinic</b>	355 Alden Rd., P.O. Box 28	Kearny	AZ	85237
<b>Pinal County Health Dept Mammoth Clinic</b>	110 Main St., P.O. Box 28	Mammoth	AZ	85618
<b>Pinal County Health Dept Oracle Clinic</b>	1870 W. American Ave	Oracle	AZ	85623
<b>SMI – Seriously Mentally Ill</b>	564 N. Idaho Rd, Ste. 10	Apache Junction	AZ	85219
<b>Pinal County Health Dept Stanfield Clinic</b>	36711 W. Papago Dr.	Stanfield	AZ	85272
<b>Sun Life Family Health Center</b>	23 McNab Pkwy.	San Manuel	AZ	85631
<b>Sun Life Family Health Center</b>	865 N. Arizola Rd.	Casa Grande	AZ	85222
<b>Sun Life Family Health Center</b>	110 Main St.	Mammoth	AZ	85618
<b>Sun Life Family Health Center</b>	1870 W. American Way	Oracle	AZ	85631
<b>Sun Life Family Health Center – Coolidge Clinic</b>	1080 N. Arizona Blvd.	Coolidge	AZ	85228
<b>Sun Life Health Center – Eloy Clinic</b>	501 N. Main St.	Eloy	AZ	85231
<b>Pinal County Health Dept Superior Clinic</b>	60 E. Main St.	Superior	AZ	85273
<b>CVCH Superior Clinic</b>	14 N. Magma Ave.	Superior	AZ	85631
<b>Superstition Mountain Mental Health</b>	150 N. Ocotillo	Apache Junction	AZ	85219
<b>Schools</b>				
<b>Apache Junction Unified Schools</b>	1575 W. South Ave	Apache Junction	AZ	85220
<b>Apache Trail High School</b>	945 W. Apache Trail	Apache Junction	AZ	85220
<b>Casa Grande Union High School</b>	1362 N. Casa Grande Ave	Casa Grande	AZ	85222
<b>Casa Grande Elementary School</b>	1460 N. Pinal Ave.	Casa Grande	AZ	85222
<b>Coolidge Unified District</b>	221 W. Central Ave.	Coolidge	AZ	85228
<b>Eloy Elementary School District</b>	1011 N. Sunshine Blvd.	Eloy	AZ	85231
<b>Florence Unified School District</b>	225 S. Orlando Street	Florence	AZ	85232

<b>J O Combs Unified School District</b>	301 E. Combs Road	Queen Creek	AZ	85242
<b>Mammoth-San Manuel Unified School District</b>	P.O. Box 406	San Manuel	AZ	85631
<b>Maricopa Unified School District</b>	45012 West Honeycutt Ave	Maricopa	AZ	85239
<b>Mary C O'Brien Elem School</b>	1400 N. Eleven-mile Corner Road	Casa Grande	AZ	85222
<b>Oracle School District</b>	HCR Box 2743	Oracle	AZ	85623
<b>Picacho Elem School District</b>	17865 S. Vail Road	Picacho	AZ	85241
<b>Pinal County Special Education Program</b>	P.O. Box 769	Casa Grande	AZ	85232
<b>Ray Unified District</b>	Highway 177, PO Box 427	Kearny	AZ	85237
<b>Red Rock Elem School District</b>	PO Box 1010	Red Rock	AZ	85245
<b>Santa Cruz Valley Union High School District</b>	Ninth and Main Street	Eloy	AZ	85231
<b>Stanfield Elem District</b>	PO Box 578	Stanfield	AZ	85272
<b>Stanfield Unified School District</b>	515 S. Stanfield Rd.	Stanfield	AZ	85272
<b>Superior Unified School District</b>	199 Lobb Ave.	Superior	AZ	85273
<b>Toltec Elementary District</b>	3315 N. Toltec Rd.	Eloy	AZ	85231
<b>Community Centers</b>				
<b>Apache Junction Parks and Recreation</b>	1001 N. Idaho Road	Apache Junction	AZ	85219
<b>Apache Junction Senior Center</b>	1035 N. Idaho Rd.	Apache Junction	AZ	85219
<b>Casa Grande Parks &amp; Recreation Department</b>	510 E. Florence Blvd.	Casa Grande	AZ	85222
<b>Coolidge Adult Center</b>	250 S. Third St.	Coolidge	AZ	85228
<b>Coolidge Parks &amp; Recreation</b>	670 W. Pima Ave.	Coolidge	AZ	85228
<b>Dorothy Powell Senior Center</b>	405 E. 6 <sup>th</sup> St.	Casa Grande	AZ	85222
<b>Eloy Recreation Department</b>	501 W. 3 <sup>rd</sup> St.	Eloy	AZ	85231
<b>Eloy/Toltec Adult Center</b>	3925 N. Shira	Toltec	AZ	85231
<b>Florence Parks &amp; Recreation</b>	775 N. Main Street	Florence	AZ	85232
<b>Dorothy Nolan Senior Center</b>	330 N. Pinal Street	Florence	AZ	85232
<b>Kearny Parks &amp; Recreation</b>	912-C Tilbury Dr.	Kearny	AZ	85237
<b>Kearny Senior Center</b>	Constitution Hall, 012 E. Tilbury Dr.	Kearny	AZ	85237
<b>Maricopa Parks &amp; Recreation</b>	45145 W. Madison Ave	Maricopa	AZ	85239
<b>Mammoth Park &amp; Recreation</b>	125 N. Central Ave	Mammoth	AZ	85618
<b>Oracle Senior Center</b>	2685 American Ave., P.O. Box 138	Oracle	AZ	85623
<b>San Manuel Senior Center</b>	210 Avenue A	San Manuel	AZ	85631
<b>Superior Senior Center</b>	325 Main St.	Superior	AZ	85273
<b>Superior Parks &amp; Recreation</b>	271 W. Main Street	Superior	AZ	85273
<b>Libraries</b>				
<b>Eloy Library</b>	100 E 7th St.	Eloy	AZ	85231
<b>Apache Junction Library</b>	1177 N. Idaho Rd.	Apache Junction	AZ	85219
<b>Apache Junction Library</b>	1155 N. Idaho Rd.	Apache Junction	AZ	85219
<b>Arizona City Library</b>	13254 S Sunland Gin Rd.	Arizona City	AZ	85223
<b>Casa Grande Library</b>	449 N Dry Lake St.	Casa Grande	AZ	85222
<b>Coolidge Library</b>	160 W. Central Ave.	Coolidge	AZ	85228
<b>Florence Library</b>	1000 South Willow	Florence	AZ	85232
<b>Kearny Public Library</b>	912 A Tilbury Dr.	Kearny	AZ	85237
<b>Mammoth Library</b>	125 North Clark St.	Mammoth	AZ	85618
<b>Maricopa Library</b>	44240 W. Maricopa	Pinal	AZ	85239
<b>Oracle Library</b>	565 E American Ave.	Oracle	AZ	85623

<b>San Manuel Library</b>	108 W Fifth Ave.	San Manuel	AZ	85631
<b>Stanfield Community Center Library</b>	36680 W. Cooper Drive	Stanfield	AZ	85272
<b>Superior Public Library</b>	99 Kellner Ave.	Superior	AZ	85273
<b>Faith-Based Organizations</b>				
<b>St. George's Catholic Church</b>	300 E. 16 <sup>th</sup> Ave.	Apache Junction	AZ	85219
<b>Community Christian Church</b>	1150 W. Superstition Blvd	Apache Junction	AZ	85220
<b>Central Lutheran Church</b>	12921 S. Sunland Gin Road	Arizona City	AZ	85223
<b>Church of Christ</b>	805 E. Racine Pl.	Casa Grande	AZ	85222
<b>First Church of Nazarene</b>	1915 N. Casa Grande Ave.	Casa Grande	AZ	85222
<b>Emergency Assistance Ministries</b>	PO Box 10541	Casa Grande	AZ	85230
<b>Presbyterian Church-Coolidge</b>	179 S. 3 <sup>rd</sup> Street	Coolidge	AZ	85228
<b>First Assembly of God</b>	230 W. Battaglia	Eloy	AZ	85231
<b>Toltec Ev. Methodist Church</b>	7125 W. Catalina Drive	Eloy	AZ	85231
<b>Florence Baptist Church</b>	30 N. Willow Street	Florence	AZ	85232
<b>Church of Jesus Christ of the Latter Day Saints</b>	200 Hammond Road	Kearny	AZ	85237
<b>Mammoth Assembly of God</b>	201 E. King Street	Mammoth	AZ	85618
<b>Maricopa Community Church</b>	44977 W. Hathaway Ave	Maricopa	AZ	85239
<b>Maha Ganapati Temple</b>	51933 W. Teel Road	Maricopa	AZ	85239
<b>St. Helen Catholic Church</b>	205 W. 8 <sup>th</sup> St.	Oracle	AZ	85623
<b>Indian Assembly of God</b>	36530 W. Highway 84	Stanfield	AZ	85272
<b>Kingman Hall of Jehovah's Witness</b>	639 W. Hill Street	Superior	AZ	85273

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## Description of Methodologies Employed for Data Collection

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

Primary data, 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 Pinal Region the data was collected from a variety of sources which included: key informant interviews, a telephone survey of child care centers, document review, and discussion at the Asset Mapping Workshop held at the Regional Council Meeting on June 25, 2008.

There is data available on a sample of the centers from a telephone survey conducted by the Coordinator in June, 2008. As part of this survey, data was collected from 14 centers. There were 20 child care centers selected randomly to be surveyed via telephone, from the list of 82 licensed centers. Of these 20, staff from 14 completed surveys.

On June 25, 2008 the Pinal Regional Council held an Asset Mapping workshop that was attended by community members and Regional Council members. Partici-

participants identified the following related to early childhood health and education: a.) Assets, strengths, and resources that exist in the Region, and b.) Changes that would make a positive impact and wishes for the Region. After identifying these in pairs and small groups, participants synthesized the information and shared it with the whole group by posting key concepts and summary statements on the walls for review and discussion with the whole group.

Two focus groups were held in the summer of 2007 as part of the statewide needs and assets assessment that provided additional information on family support in Pinal County related to two subpopulations, grandparents raising grandchildren and teen mothers.

Key Informant Interviews were done with the Director of the Ak-Chin Child Care Center, an Ak-Chin tribal leader, the Executive Director of a nonprofit organization, a community college early childhood education administrator, and a kindergarten teacher knowledgeable about the County. These were conducted by the Coordinator and a Consultant.

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. 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 6. Compounding this problem are additional barriers that limit the sharing of data between communities, organizations, and other entities due to concerns over privacy and other obstacles that impede the dissemination of information.

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

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



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