



2014 NEEDS AND ASSETS REPORT

EAST MARICOPA REGIONAL PARTNERSHIP COUNCIL



FIRST THINGS FIRST

Ready for School. Set for Life.

East Maricopa Regional Partnership Council

2014

Needs and Assets Report

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Funded by
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FIRST THINGS FIRST

September 4, 2014

Message from the Chair:

Throughout the past two years, the First Things First East Maricopa Regional Partnership Council has delivered on our mission to build brighter futures for young children and their families. Strong families are the building blocks of a strong society and during the past year we have positively impacted the lives of many young children and their families in the region by implementing a continuum of strategies that increased access to family support services, promoted better health for children and improved early learning opportunities.

The 2014 East Maricopa Regional Needs and Assets Report is the fourth in a series of assessments conducted every two years for the First Things First East Maricopa Regional Partnership Council. The assessment provides a snapshot of the current status of children and families in our community. It is a collection of useful data and community information vital to our continued work in building a true integrated early childhood system for our young children and their families.

The East Maricopa Regional Partnership Council would like to thank our Needs and Assets vendor, the University of Arizona Norton School of Family and Consumer Sciences, for their knowledge, expertise and analysis of the region. The new report will help guide our decisions as well as inform the communities we serve about how we move forward for young children and their families within the region.

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

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

Thank you for your continued support.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Narducci". The signature is written in a cursive style with a long horizontal flourish at the end.

Frank Narducci, Chair

Introductory Summary and Acknowledgments

First Things First East Maricopa Regional Partnership Council

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

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

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

Acknowledgments:

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

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

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

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Executive Summary

The East Maricopa Region is comprised of several communities within Maricopa County. The region was formerly divided into two separate First Things First regions; the Northeast Maricopa Region (which included Scottsdale, Paradise Valley Village, Cave Creek, Fountain Hills, Paradise Valley, Carefree, and Rio Verde, Ft McDowell, Goldfield Ranch) and the Central Maricopa Region (which included Tempe, Guadalupe, Chandler, and Ahwatukee). As of July 1st, 2014, these regions now comprise one First Things First Region, the East Maricopa Region. The East Maricopa Region also includes the Fort McDowell Yavapai Nation.

According to U.S. Census data, the East Maricopa Region had a population of 836,688 in 2010, of whom 54,699 (6.5%) were children under the age of six. In the East Maricopa Region, about 12 percent of households have young children. This is a lower percentage than in Maricopa County (17%) and in the state of Arizona overall (16%). However, this proportion varies substantially throughout the region, and two communities in the region greatly outpace the state and county levels for households with young children. In Guadalupe, one third (33%) of all households have one or more children under age six. On the Fort McDowell Yavapai Nation, nearly a quarter (24%) of all households have one or more children under age six.

Most children in the East Maricopa Region (89%) are living with at least one parent, and the majority of children not living with a parent live with other relatives such as grandparents, uncles, or aunts (11%). The proportion of children living in a grandparent's household in the region (8%) is below state (14%) and county averages (12%), but in some communities, this proportion is much higher. Three communities have over one-third of children under six living in a grandparent's household; Guadalupe (38%), Rio Verde/Fort McDowell/Goldfield Ranch (37%) and the Fort McDowell Yavapai Nation (45%).

Approximately three quarters (76%) of adults in the East Maricopa Region identify as White, non-Hispanic. Most communities in the East Maricopa Region show similar patterns for race and ethnicity among adults as seen in the region overall, with the exception of Guadalupe, which is 63 percent Hispanic and 32 percent American Indian. There are some differences between race and ethnicity proportions for adults and young children in the region. Notably, in the East Maricopa Region, 54 percent of young children are white (compared to 76% of adults), and 27 percent are Hispanic or Latino (compared to 13% of adults).

The estimated proportion of the population uninsured in the East Maricopa Region tends to be slightly lower than in Maricopa County overall. In the East Maricopa Region, 11 percent of the total population and 17 percent of children aged birth through five are living in poverty (compared to 16% and 25% respectively in Maricopa County). However, poverty estimates vary markedly in communities across the region. In general, economic disadvantage is most concentrated in South Scottsdale, Guadalupe, and parts of Tempe and Chandler.

Adult educational achievement is high throughout the region, although there is some variability between communities. Adults in the East Maricopa Region show higher levels of education than adults in Arizona overall. Nearly half (46%) of all adults ages 25 and older in the region have a Bachelor's degree, compared with 27 percent in Arizona overall and 29 percent in Maricopa County. In addition, high school completion rates across the region exceed the state average (77%). Third grade performance on the Arizona Instrument to Measure Standards (AIMS) tests exceeded state averages for passing rates in math and reading in all school districts in the region.

In the East Maricopa Region, the percentage of three and four year-old children enrolled in early education settings in 2012 (52%) greatly exceeded state levels (34%). Preschool programs include Head Start and public-school based pre-kindergarten programs available in most of the school districts in the region. However, data also suggest that there may be barriers to accessing early education opportunities in the region. The estimated percentage of three and four year olds enrolled in early education ranges throughout the region, with a high of 74 percent in Paradise Valley and a low of 21 percent in Guadalupe.

The total licensed capacity for regulated child care providers in the region covers roughly three-quarters of the total population of children aged birth through five in the region. Child care providers are concentrated in the southern and central portions of the region, and are sparser in the northern portion of the region. Although this corresponds with the overall population trends in the region, families residing in Cave Creek, Carefree, North Scottsdale and Rio Verde have fewer options for regulated child care providers, and may also have to travel long distances for child care. In addition, data about the cost of child care and information from key informants suggest it is likely to be a challenge for the majority of families in South Scottsdale, Guadalupe, Tempe, Cave Creek, and Chandler to afford the cost of child care. The East Maricopa Region funds Quality First scholarships for children aged birth through five in the region to help low-income families afford quality early education.

There are many hospitals, urgent care centers, and family medicine clinics in the East Maricopa Region. Even so, Guadalupe is designated as an Arizona Medically Underserved Area, and Guadalupe, Chandler, North Tempe, and Paradise Valley are also designated as Federal Medically Underserved Areas. Uneven access to medical care throughout the region is reflected in indicators of prenatal care as well. The percent of births with prenatal care begun in the first trimester, and the number of visits across the entire pregnancy are lower in Guadalupe, Tempe and the Fort McDowell Yavapai Nation compared to state and county averages. The percent of births with low birth weight or pre-term births, and infant mortality rates also vary across communities in the region.

In the East Maricopa Region, the number of births to teenage mothers varies by community. While some communities are well-below state and county averages, in other communities,

teenage pregnancies are more common. The teen birth rate is highest in the Fort McDowell Yavapai Nation (192.4/1,000 births) while Guadalupe (74.7/1,000 births) and Tempe (44.5/1,000 births) also have higher rates than most other communities in the region.

The estimated percentage of uninsured young children in the region is similar to Arizona and Maricopa County, however there is variability by community. An estimated 20 percent of young children in Guadalupe, and 30 percent in Rio Verde/Ft McDowell/Goldfield Ranch are uninsured. These communities also have high percentages of children living with foreign-born parents in the region. These parents may be more likely to be out of work or hold jobs without health insurance benefits, or to be unaware of health insurance options for their U.S. citizen children.

The percentage of students enrolled in special education in the East Maricopa Region is approximately equivalent to Arizona schools overall, and slightly higher than in Maricopa County schools over all. More than 10 percent of students are enrolled in special education across all but one of the school districts in the region. This suggests that there may be a higher number of young children in the region who would benefit from an expansion of special education and/or early intervention services. Key informants noted that early identification of special needs such as developmental delays and disabilities is a salient need in the region. A lack of public awareness about the importance of early intervention and the value of early intervention services were also highlighted as concerns by key informants.

The number of children removed from their homes between the ages of birth and five has increased from 2011 to 2013, in the region (+19%), county (+35%) and state (+35%). In some communities in the region, this increase was substantially higher. According to the Arizona Department of Economic Security's Division of Children, Youth and Families, there is also a shortage of foster homes in three communities (Chandler, Tempe, and Fountain Hills) in the East Maricopa Region.

A variety of services that support families with young children, such as family resource centers, early literacy programs, and home visitation programs, are available in the East Maricopa Region. Key informants interviewed noted that the wide availability of resources and activities is a key regional strength. However, data from the 2012 Family and Community Survey suggest that caregivers in the East Maricopa Region were slightly less likely to report that it was easy to find services for young children, and they were slightly less satisfied with services than state averages. Broadening marketing efforts to more child care and early education providers may increase service awareness throughout the region.

System coordination is a salient need throughout Maricopa County. While key informants described community-level system coordination as strong, coordination across communities and First Things Regions can be strengthened. Given high levels of residential mobility, families

often struggle to maintain service continuity when they move, as services funded in one First Things First region are not always funded by First Things First regions elsewhere in Maricopa County. Key informants said that it can be difficult for a family to find out what services are available in their new community.

Notable assets in the region include the variety of opportunities for families created by the region's proximity to the Phoenix metropolitan area; numerous professional development opportunities through local community colleges; TEACH and non-TEACH scholarships funded by the region which enable more early childhood professionals to access these professional development opportunities; high levels of parental educational attainment and well-performing school districts; resources for teenage parents; family resource, early literacy and home visitation strategies funded by the region; and ongoing efforts to improve system coordination.

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

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

Overview of the East Maricopa Region

The East Maricopa Region is comprised of several communities within Maricopa County. The region was formerly divided into two separate First Things First regions: the Northeast Maricopa Region (which included Scottsdale, Paradise Valley Village, Cave Creek, Fountain Hills, Paradise Valley, Carefree, and Rio Verde, Ft McDowell, Goldfield Ranch) and the Central Maricopa Region (which included Tempe, Guadalupe, Chandler, and Ahwatukee). As of July 1st, 2014, these communities now comprise one First Things First Region, the East Maricopa Region. The communities of the East Maricopa Region are diverse, spanning urban communities proximal to Phoenix as well as less densely populated, suburban and rural communities reaching towards the edges of the Maricopa County boundary. The East Maricopa Region is bordered by eight other First Things First Regions: Salt River Pima-Maricopa Indian Community, Southeast Maricopa, Gila River Indian Community, Phoenix South, Phoenix North, Yavapai, Gila, and Pinal.

Geography of the East Maricopa Region

The East Maricopa First Things First Region lies to the east of the city of Phoenix, and includes three cities (Chandler, Scottsdale, and Tempe), five towns (Fountain Hills, Paradise Valley, Guadalupe, Cave Creek, and Carefree), two unincorporated places (Sun Lakes and Rio Verde), two Phoenix neighborhoods (Ahwatukee and Paradise Valley Village) and one Indian reservation (the Fort McDowell Yavapai Nation).

The region is defined as a collection of 29 zip code areas. We have divided the region into 11 communities. Many of the data tables in this report will present data for the East Maricopa Region in the first row. The next rows will present data for each of the communities, as described below.

The **Chandler** community is defined as the six zip code areas (85224, 85225, 85226, 85248, 85249, and 85286) which cover the city of Chandler. The 85248 zip code also includes Sun Lakes. The 85226 and 85248 zip codes also cover part of the Gila River Reservation. The Gila River residents are not included in the East Maricopa Region, and their data (whenever possible) is not included in tables in this report. Only one percent of the children in the 85226 zip code and eight percent of those in the 85248 zip code live on the Gila River Reservation.

Nine zip code areas (85250, 85251, 85255, 85257, 85258, 85259, 85260, 85262, and 85266) make up the **Scottsdale** community. Although most of these zip codes lie in the city of Scottsdale, they also include small portions of the city of Phoenix and the towns of Carefree and Paradise Valley, as well as some unincorporated land. Whenever possible, we will present data separately for **South Scottsdale**, which is the part of this community and which lies south of

Chaparral Road (zip code areas 85251 and 85257). A small part of the Salt River Reservation is also in the 85257 zip code. The only residents of this section live in an age-restricted community on McKellips Road west of the 101. In the 2010 US Census, no children under six were living there. Whenever possible, the residents of this community are not included in the data tables in this report.

The **Tempe** community is defined as four zip code areas (85281, 85282, 85283, and 85284) minus the part of 85283 which lies in the town of Guadalupe. This community includes the entire city of Tempe plus a small amount of unincorporated land.

Located in the southeastern corner of the city of Phoenix, the **Ahwatukee** community contains three zip code areas: 85044, 85045, and 85048. This community is bounded by South Mountain on the north, the Gila River Indian Community on the south, and the I-10 freeway on the east.

Paradise Valley Village (85254) is another Phoenix neighborhood which is included in the East Maricopa Region. This community is approximately bounded by Scottsdale Road, Shea Boulevard, 48th Street, and the Central Arizona Project canal. It includes a small part of the city of Scottsdale.

The **Cave Creek** community (85331) includes the entire town of Cave Creek. Most of the people in this community, however, live to the south of the town of Cave Creek, in neighborhoods along Cave Creek Road and 56th Street, as far south as Dynamite Boulevard. (These neighborhoods are partly in the city of Phoenix and partly unincorporated.) The Cave Creek community also includes unincorporated land to the north of the town of Cave Creek, as well as a small portion of the town of Carefree.

Bounded by the Fort McDowell and Salt River reservations, the city of Scottsdale, and McDowell Mountain Park, the **Fountain Hills** community (85268) contains the town of Fountain Hills.

The majority of the **Paradise Valley** community (85253) is the town of Paradise Valley. It also includes small portions of the cities of Phoenix and Scottsdale, as well as some unincorporated land.

The **Guadalupe** community is defined as the town of Guadalupe. Guadalupe does not have its own zip code area, but it shares 85283 with Tempe. (In certain data tables, we will not be able to report data separately for Guadalupe. In such cases, it will be included in the data for the Tempe community.)

The **Carefree** community is the 85377 zip code area. This community contains almost all of the town of Carefree.

In the northeast corner of the East Maricopa Region is the **Rio Verde, Ft McDowell, Goldfield Ranch** community. It is defined as the two zip code areas of 85263 and 85264. There are no

incorporated cities or towns in this community. About a third of the population live on the Fort McDowell Reservation. The rest live north of the reservation, in Rio Verde or along 172nd Street, or east of the reservation, in the Goldfield Ranch neighborhood off Highway 87.

The last rows in most data tables will present data for the Fort McDowell Yavapai Nation, Maricopa County in its entirety, and the state of Arizona.

Regional Boundaries and Report Data

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

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

First Things First statutory requirements also include the review of regional boundaries every two years to determine if changes to current boundaries are necessary. Changes may be made in order to improve the delivery of services to families with young children.¹ These guidelines were used to establish the East Maricopa Region.

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

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, data requested from regional agencies specifically for this report, and interviews with key informants in the region. The key informant interview guide is included as Appendix 1.

In an approval letter dated June 25th, 2014, the Fort McDowell Yavapai Nation Tribal Council and the Fort McDowell Yavapai Nation Legal Department approved the inclusion of publically available data about the Fort McDowell Yavapai Nation in this report. Publically available data about the Fort McDowell Yavapai Nation have been included throughout the various sections of this report.

¹ www.azftf.gov/boundarytaskforce/Pages/default.aspx

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

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

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

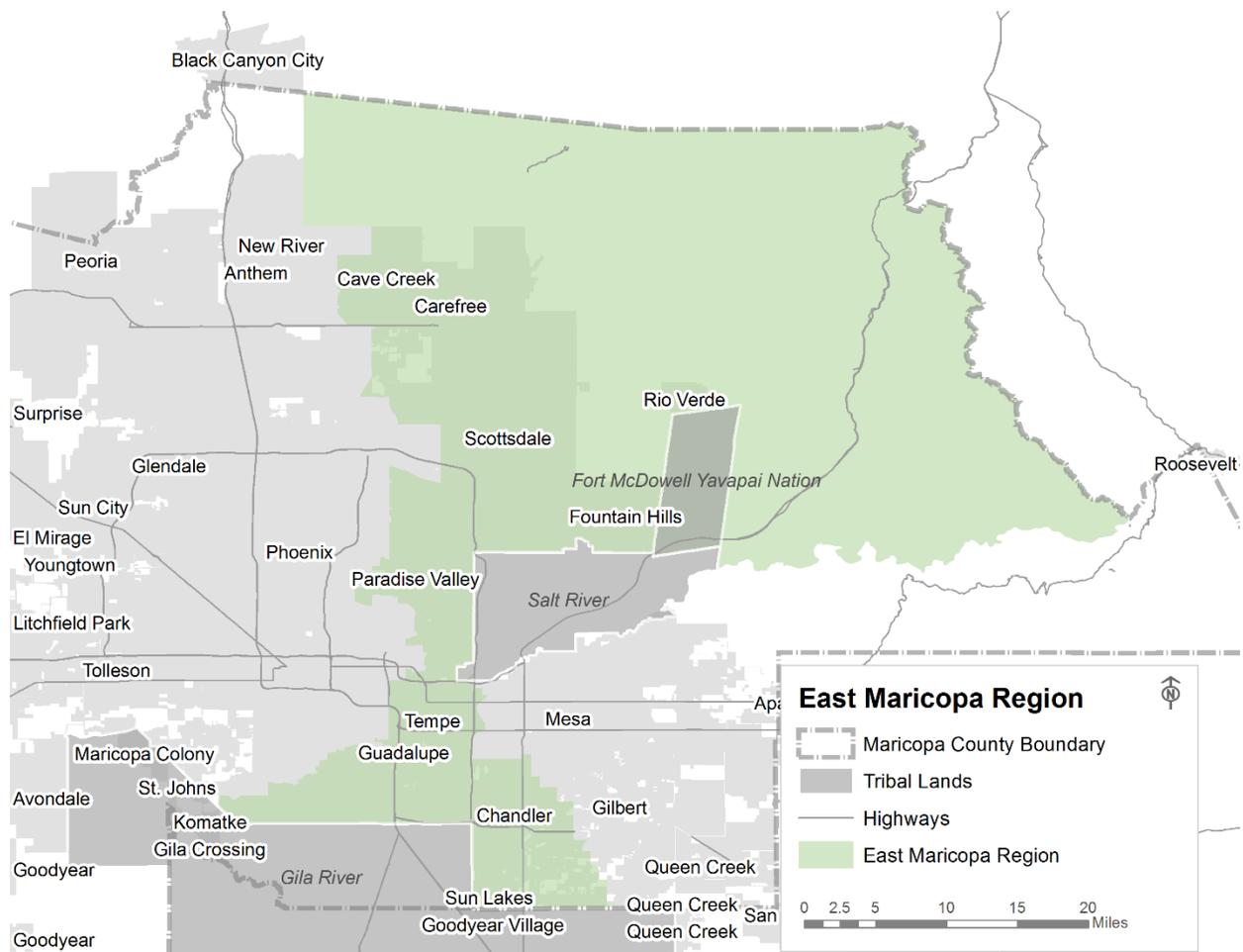
Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS (Data Suppressed).

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

General Population Trends

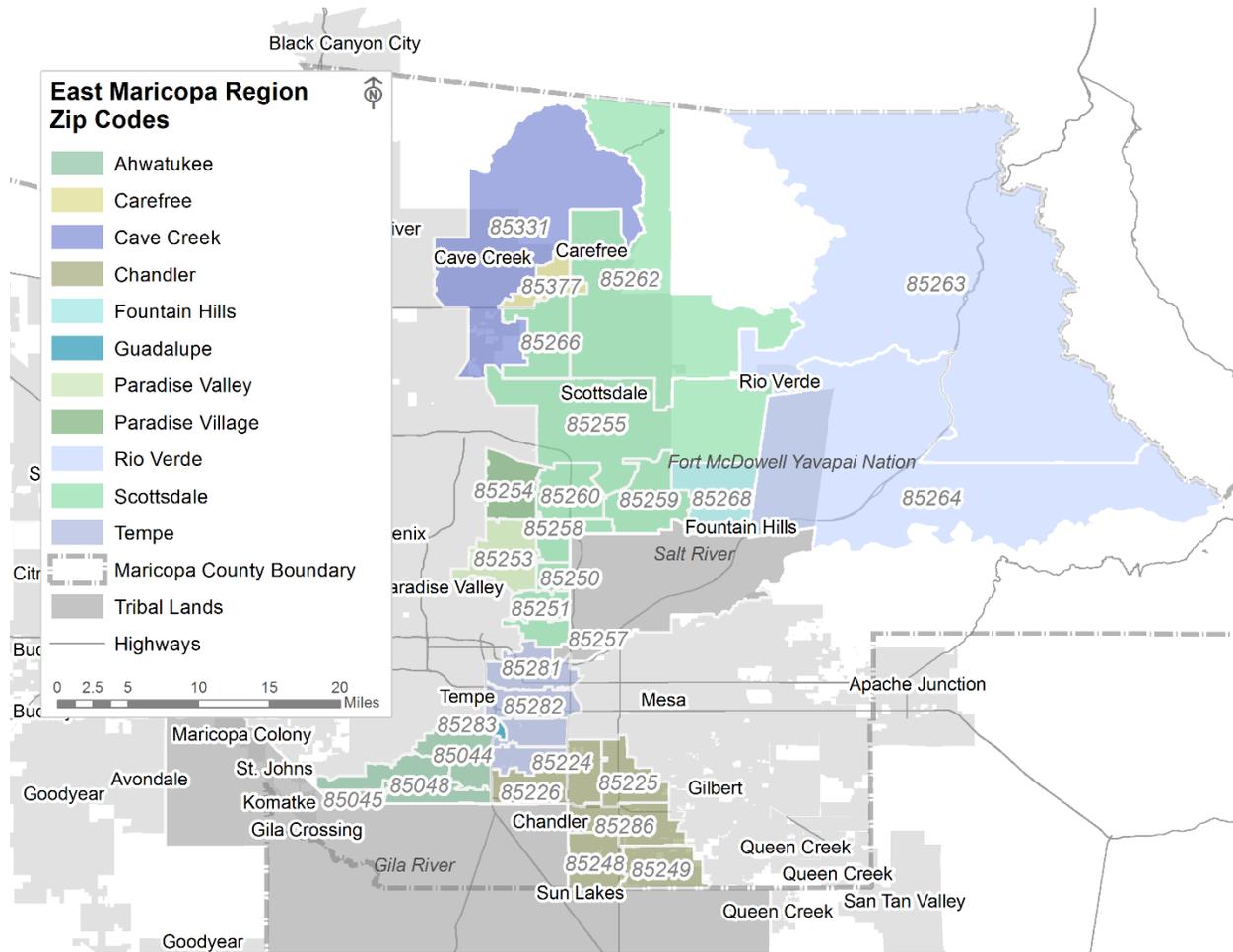
The following maps illustrate the geography of the East Maricopa Region. Figure 1 provides a geographic overview of the East Maricopa Region. Figure 2 illustrates the zip codes and communities in the East Maricopa Region, and Figure 3 shows the school districts in the region.

Figure 1. The East Maricopa Region



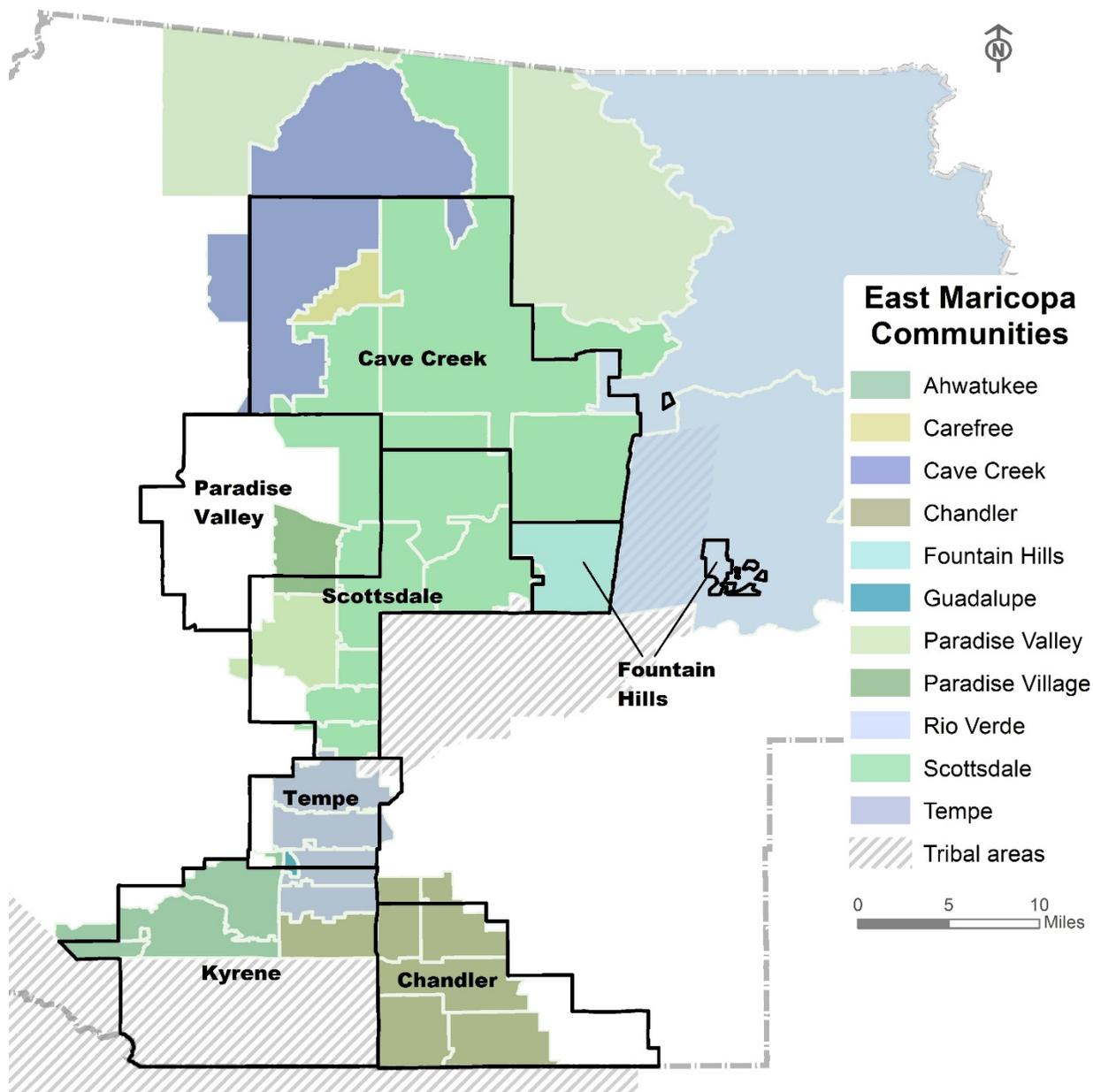
Source: 2010 TIGER/Line Shapefiles prepared by the US Census, 2010

Figure 2. The East Maricopa Region by zip code



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

Figure 3. School districts in the East Maricopa Region



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

According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the East Maricopa Region had a population of 836,688 in 2010, of whom 54,699 (6.5%) were children under the age of six. The table below lists the 2010 populations for the region, the state, and Maricopa County. Also listed are the number of households (individual housing units) in the region, and the number and percentage of those households in which at least one child under six resides.

Table 1. Population and households²

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
East Maricopa Region	836,688	54,699	345,951	40,143	12%
Chandler	254,738	21,899	96,693	16,010	17%
Scottsdale	217,060	11,293	100,507	8,343	8%
South Scottsdale	60,383	3,334	29,573	2,471	8%
Tempe	161,788	9,530	66,027	6,936	11%
Ahwatukee	78,680	5,176	32,084	3,945	12%
Paradise Valley Village	45,801	2,579	18,478	1,912	10%
Cave Creek	26,960	1,750	10,504	1,283	12%
Fountain Hills	22,684	830	10,426	628	6%
Paradise Valley	17,047	721	6,935	523	8%
Guadalupe	5,523	708	1,292	425	33%
Carefree	3,051	57	1,500	45	3%
Rio Verde, Ft McDowell, Goldfield Ranch	3,354	156	1,504	93	6%
Fort McDowell Yavapai Nation	971	117	283	67	24%
Maricopa County	3,817,117	339,217	1,411,583	238,955	17%
Arizona	6,392,017	546,609	2,380,990	381,492	16%

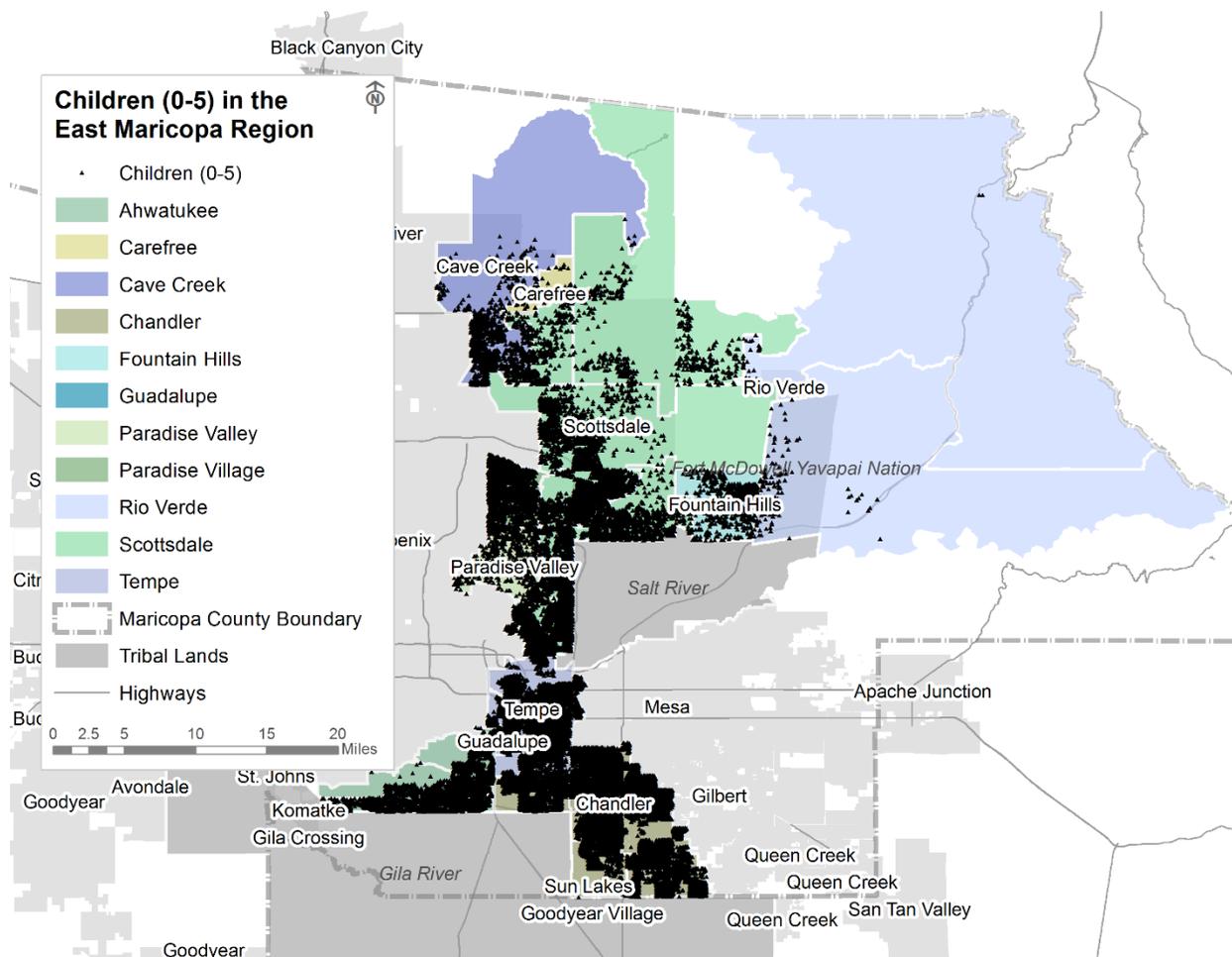
US Census (2010). Tables P1, P14, P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

In the East Maricopa Region, about 12 percent of households have young children. This is a lower percentage than in Maricopa County (17%) and in the state of Arizona overall (16%). However, this proportion varies substantially throughout the region, and two communities in the region greatly outpace the state and county rates for households with young children. In Guadalupe, one third (33%) of all households have one or more children under age six. On the Fort McDowell Yavapai Nation, nearly a quarter (24%) of all households have one or more children under age six.

² The geography in this table will be used for tables that include Census or American Community Survey Data. We are committed to attempting to provide data at the most regionally-specific level, but please be aware that other data sources may not be available at this level. Some may only be available for larger geographic areas.

Figure 4 shows the geographical distribution of children under six in the region according to the 2010 U.S. Census. As the map illustrates, the population of children ages birth through five is most dense in the southern and central portions of the region, and becomes sparser towards the north and east of Scottsdale. One triangle on the map represents the approximate location of one child under the age of six. The dots do not pinpoint each child's location, but are placed generally in each census block in which a young child was living in 2010. Gray areas in the map are unincorporated in the East Maricopa Region.

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



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

Overall, the population of Arizona increased substantially between 2000 and 2010, and the population of young children increased by about one-fifth (see Table 2). The East Maricopa Region experienced a smaller overall population increase (12%), and the number of children aged birth through five in the region decreased by 6 percent. Most communities in the East Maricopa Region saw a decrease in the population of children under six between 2000 and

2010. However, there were increases in the number of young children in some communities: 13 percent in Chandler; 9 percent in Guadalupe; 19 percent in Rio Verde/Ft McDowell/Goldfield Ranch, and 1 percent in the Fort McDowell Yavapai Nation.

Table 2. Population changes from 2000 to 2010 in the number of children aged 0-5³

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
East Maricopa Region	746,905	836,688	+12%	58,021	54,699	-6%
Chandler	191,594	254,738	+33%	19,395	21,899	+13%
Scottsdale	199,117	217,060	+9%	12,515	11,293	-10%
South Scottsdale	64,555	60,383	-6%	3,906	3,334	-15%
Tempe	158,752	161,788	+2%	10,782	9,530	-12%
Ahwatukee	77,507	78,680	+2%	6,972	5,176	-26%
Paradise Valley Village	49,849	45,801	-8%	3,489	2,579	-26%
Cave Creek	21,105	26,960	+28%	1,871	1,750	-6%
Fountain Hills	20,305	22,684	+12%	1,107	830	-25%
Paradise Valley	18,311	17,047	-7%	1,037	721	-30%
Guadalupe	5,305	5,523	+4%	649	708	+9%
Carefree	2,602	3,051	+17%	73	57	-28%
Rio Verde, Ft McDowell, Goldfield Ranch	2,452	3,354	+37%	131	156	+19%
Fort McDowell Yavapai Nation	824	971	+18%	116	117	+1%
Maricopa County	3,072,149	3,817,117	+24%	288,772	339,217	+17%
Arizona	5,130,632	6,392,017	+25%	459,141	546,609	+19%

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

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

³ The “Change from 2010 to 2012” column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: $\text{Percent Change} = (\text{Number in Year 2} - \text{Number in Year 1}) / (\text{Number in Year 1}) \times 100$

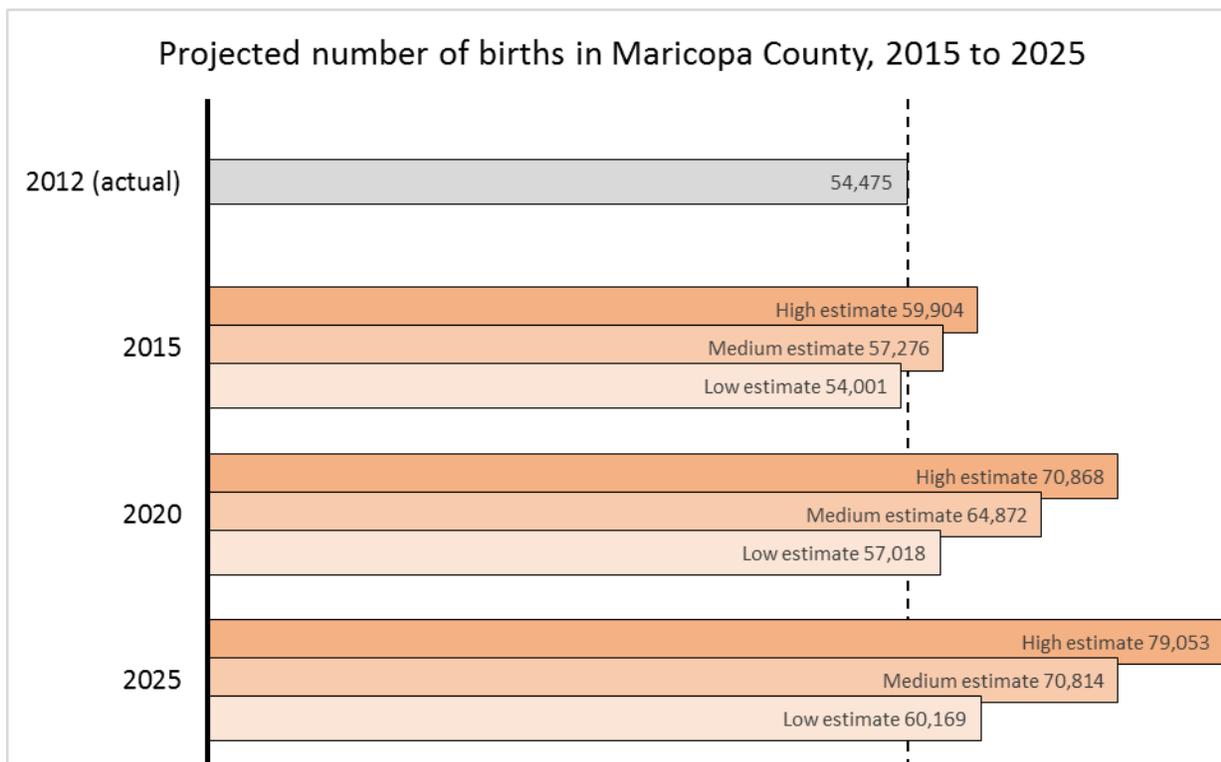
Table 3. Population projections for Maricopa County and the state

GEOGRAPHY	2010 Census (ages 0-5)	2015		2020		2025	
		Population Projection (ages 0-5)	Projected change from 2010	Population Projection (ages 0-5)	Projected change from 2010	Population Projection (ages 0-5)	Projected change from 2010
Maricopa County	339,217	330,840	-2%	373,696	+10%	412,770	+22%
Arizona	546,609	537,167	-2%	610,422	+12%	672,844	+23%

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

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

Figure 5. Birth projections for Maricopa County and the state



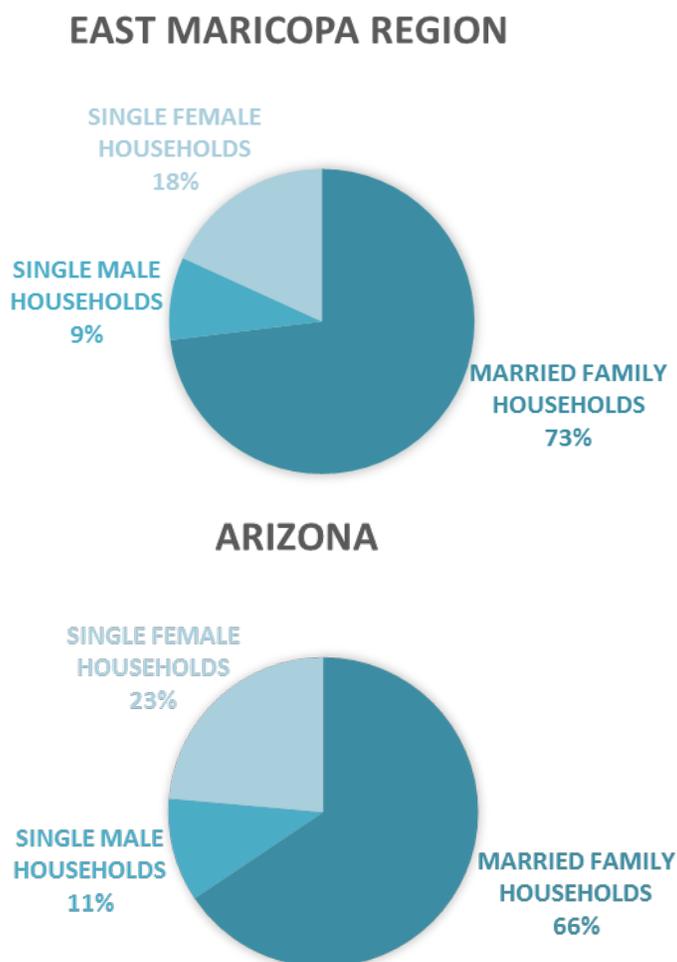
Arizona Department of Administration, Office of Employment and Population Statistics (December 2012): "2012-2050 State and county population projections"

Additional Population Characteristics

Household Composition

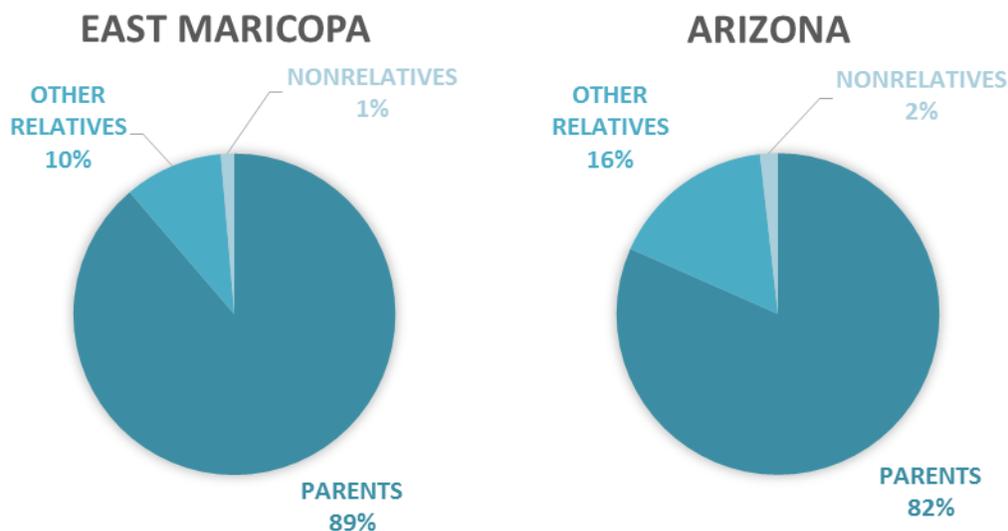
In the East Maricopa Region, about 89 percent of children under six are living with at least one parent according to 2010 Census data (U.S. Census Bureau, Tables P20 and P32). This is higher than in the state of Arizona overall (82%). The vast majority of the 11 percent of children in the region not living with their parents are living with other relatives such as grandparents, uncles, or aunts. A greater proportion of young children in the East Maricopa Region are living in married family households (73%) than in Arizona overall (66%). Of children not living in married family households, most are living in a single female household. In the East Maricopa Region, the proportion of single female households with young children (18%) is double the proportion of single male households (9%). Living arrangements for young children in the East Maricopa Region are illustrated by Figure 6 and Figure 7, below.

Figure 6. Type of household with children (0-5)



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

Figure 7. Living arrangements for children (0-5)



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

The 2010 Census provides additional information about multi-generational households and children birth through five living in a grandparent’s household. Just over 50 percent of grandparents with a child living in their household are estimated to be the primary caregivers for their grandchildren.⁴ In Arizona, over 74,000 children aged birth to five (14%) are living in a grandparent’s household. The Arizona Children’s Action Alliance reports that in Arizona, approximately 36 percent of grandparents caring for grandchildren under 18 have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty.⁵

⁴ More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx

⁵ Children’s Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf.

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

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH 3 OR MORE GENERATIONS	
East Maricopa Region	54,699	4,371	8%	345,951	9,078	3%
Chandler	21,899	1,781	8%	96,693	244	0%
Scottsdale	11,293	651	6%	100,507	1,633	2%
South Scottsdale	3,334	311	9%	29,573	612	2%
Tempe	9,530	940	10%	66,027	1,952	3%
Ahwatukee	5,176	291	6%	32,084	702	2%
Paradise Valley Village	2,579	183	7%	18,478	411	2%
Cave Creek	1,750	92	5%	10,504	244	2%
Fountain Hills	830	67	8%	10,426	187	2%
Paradise Valley	721	34	5%	6,935	134	2%
Guadalupe	708	271	38%	1,292	97	8%
Carefree	57	4	7%	1,500	18	1%
Rio Verde, Ft McDowell, Goldfield Ranch	156	57	37%	1,504	45	3%
Fort McDowell Yavapai Nation	117	53	45%	283	39	14%
Maricopa County	339,217	40,250	12%	1,411,583	66,720	5%
Arizona	546,609	74,153	14%	2,380,990	115,549	5%

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

In the East Maricopa Region, eight percent of children under six are living in a grandparent’s household. This is lower than both the county proportion (12%) and the state proportion (14%). However, in some communities in the region, more than a third of children are living in a grandparent’s household: in Guadalupe, 38 percent of children under six are living in a grandparent’s household, and in Rio Verde/Fort McDowell/Goldfield Ranch, 37 percent of children under six are living in a grandparent’s household. These communities may benefit from resources designed specifically for grandparents raising their grandchildren—particularly Rio Verde/Ft McDowell/Goldfield Ranch, which has a low proportion of young children overall and thus may have fewer early childhood resources and less community awareness around early childhood issues.

Several organizations offer resources to grandparents caring for their grandchildren in the East Maricopa Region. The Arizona Kith and Kin Project⁶ offered by the Association for Supportive Child Care provides a 14 week-long training-support group for family and friend caregivers of young children, including grandparents. Chandler Christian Community Center⁷ offers a program to support grandparent caregivers in and around the Chandler community. In addition,

⁶ www.asccaz.org/kithandkin.html

⁷ www.cusd80.com/Page/1002

Duet⁸ offers a range of services aimed at promoting the health and wellbeing of grandparents raising grandchildren. These services include support groups, workshops, respite assistance, benefit counseling, social therapeutic groups for children, legal guidance, and information and referral. In the East Maricopa Region, Duet serves the Paradise Valley, Scottsdale, and Fountain Hills communities. Resources for grandparents raising their grandchildren are scarce in many parts of Arizona, and the number of organizations offering these services in the East Maricopa Region is a strength of the region. Assuring that these resources, and public awareness about them, reaches residents of Guadalupe and Rio Verde/Fort McDowell/Goldfield Ranch is important to ensuring that these services are reaching the communities that need those services most.

Parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who themselves may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children. Often, grandparents take on childraising responsibilities when parents are unable to provide care because of the parent's death, unemployment or underemployment, physical or mental illness, substance abuse, incarceration, or because of domestic violence or child neglect in the family.⁹ Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren.

There is some positive news for grandparents and great-grandparents who are raising their grandchildren through a CPS placement. Starting in February 2014, these families were offered a \$75 monthly stipend per child. To qualify, a grandparent or great-grandparent must have an income below 200 percent of the Federal Poverty Level. They also must not be receiving foster care payments or TANF cash assistance for the grandchildren in their care.¹⁰ Those grandparents raising grandkids not in the CPS system might also be eligible for this stipend in coming months in Arizona Senate Bill 1346 is passed.¹¹ In addition to this monetary support, a number of programs and services to support grandparents raising their grandkids are available across the state.¹²

⁸ <http://duetaz.org/>

⁹ More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx

¹⁰ Children's Action Alliance, January 15, 2014 Legislative Update email.

¹¹ Children's Action Alliance, February 21, 2014 Legislative Update email.

¹² www.aarp.org/content/dam/aarp/relationships/friends-family/grandfacts/grandfacts-arizona.pdf;
<http://duetaz.org/index.php/services/grandparents-raising-grandchildren/>

In addition to living with grandparents, some children in the region are living with at least one foreign-born parent. In Arizona, just under one-third of children aged birth through five are living with at least one foreign-born parent. In the East Maricopa Region, 27 percent of children aged birth through five are living with at least one foreign-born parent. This is lower than the rates for Maricopa County (33%) and Arizona overall (29%). South Scottsdale has the highest proportion of young children living with at least one foreign-born parent in the region, 33 percent.

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

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS
East Maricopa Region	54,699	27%
Chandler	21,899	30%
Scottsdale	11,293	28%
South Scottsdale	3,334	33%
Tempe	9,530	30%
Ahwatukee	5,176	17%
Paradise Valley Village	2,579	28%
Cave Creek	1,750	8%
Fountain Hills	830	21%
Paradise Valley	721	26%
Guadalupe	708	21%
Carefree	57	0%
Rio Verde, Ft McDowell, Goldfield Ranch	156	26%
Maricopa County	339,217	33%
Arizona	546,609	29%

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

Ethnicity and Race

According to the U.S. Census, more than three quarters (76%) of adults in the East Maricopa Region are White. About 13 percent are Hispanic, five percent are Asian or Pacific Islander, three percent are Black, one percent are American Indian, and the remaining two percent identify as “other”. Most communities in the East Maricopa region show similar patterns for race and ethnicity among adults as seen in the region overall, with the exception of Guadalupe, which is 63 percent Hispanic and 32 percent American Indian.

Table 6. Race and ethnicity for adults in the East Maricopa Region

GEOGRAPHY	POPULATION (18 AND OLDER)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
East Maricopa Region	659,022	13%	76%	3%	1%	5%	2%
Chandler	188,296	18%	68%	4%	1%	8%	1%
Scottsdale	178,167	7%	86%	2%	1%	3%	1%
South Scottsdale	50,626	15%	77%	2%	1%	2%	2%
Tempe	134,563	18%	66%	5%	2%	6%	2%
Ahwatukee	59,531	11%	75%	5%	1%	6%	2%
Paradise Valley Village	35,889	5%	87%	1%	0%	5%	1%
Cave Creek	20,502	5%	91%	1%	0%	2%	1%
Fountain Hills	19,433	3%	93%	1%	0%	2%	1%
Paradise Valley	13,481	4%	90%	1%	0%	4%	1%
Guadalupe	3,538	63%	3%	1%	32%	0%	1%
Carefree	2,738	2%	94%	0%	0%	2%	1%
Rio Verde, Ft McDowell, Goldfield Ranch	2,882	4%	77%	0%	17%	1%	1%
Fort McDowell Yavapai Nation	614	14%	4%	0%	79%	0%	2%
Maricopa County	2,809,256	25%	64%	4%	1%	4%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

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

There are some differences between race and ethnicity proportions for adults and race and ethnicity proportions for young children in the region. As shown in Table 7, in the East Maricopa Region, 54 percent of young children are White (compared to 76% of adults), and 27 percent are Hispanic or Latino (compared to 13% of adults). Notably, in Tempe, the proportion of Hispanic or Latino young children (34%) is more than double the proportion of Hispanic adults (18%), and the proportion of Black or African American children (10%) is double the proportion of Black or African American adults (5%).

Table 7. Race and ethnicity for children ages 0-4 in the East Maricopa Region¹³

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
East Maricopa Region	45,124	27%	54%	5%	3%	7%
Chandler	18,130	31%	49%	5%	2%	9%
Scottsdale	9,208	18%	69%	2%	1%	4%
South Scottsdale	2,810	40%	47%	3%	4%	2%
Tempe	8,055	38%	38%	10%	5%	5%
Ahwatukee	4,220	21%	56%	7%	3%	7%
Paradise Valley Village	2,127	10%	74%	2%	1%	10%
Cave Creek	1,410	10%	82%	1%	1%	1%
Fountain Hills	681	9%	82%	2%	0%	2%
Paradise Valley	547	10%	82%	1%	0%	4%
Guadalupe	572	60%	2%	2%	55%	0%
Carefree	45	16%	82%	2%	0%	0%
Rio Verde, Ft McDowell, Goldfield Ranch	129	21%	18%	0%	68%	0%
Fort McDowell Yavapai Nation	96	22%	0%	0%	92%	0%
Maricopa County	282,770	46%	40%	6%	3%	4%
Arizona	455,715	45%	40%	5%	6%	3%

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

Language Use and Proficiency

Data about English speaking ability provide additional information about the characteristics of the population in the East Maricopa Region. As shown in the table below, the majority of families in the region speak English at home (81%), and most of the remaining families speak Spanish at home (10%). Spanish language use is highest in Guadalupe, where 71 percent of persons five and older speak Spanish at home. In Tempe, 15 percent of persons five and older speak Spanish at home. In Rio Verde/Ft McDowell/Goldfield Ranch, 5 percent of persons five and older speak a Native North American language at home.

Four percent of people in the East Maricopa Region speak English less than “very well” (double the proportion for the state), and this rate is highest in the Tempe community (5%). In Chandler, Ahwatukee, and Guadalupe, four percent of persons five and older speak English less than “very well”.

¹³ Note: The number for children ages 0-5 are not readily available from the US Census, but it is likely that the percentage distribution for children 0-4 will be similar to that of children 0-5. The Census Bureau reports the race/ethnicity categories differently for the 0-4 population than they do for adults; therefore, they are reported slightly differently in this report. For adults, Table 6 shows exclusive categories: someone who identifies as Hispanic would only be counted once (as Hispanic), even if the individual also identifies with a race (e.g. Black). For the population 0-4, Table 7 shows non-exclusive categories for races other than white. This means, for instance, that if a child’s ethnicity and race are reported as “Black (Hispanic)” he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, are very small.

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

GEOGRAPHY	2010 CENSUS POPULATION (5+)	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME	PERSON (5+) WHO SPEAK ENGLISH LESS THAN "VERY WELL"
East Maricopa Region	798,776	81%	10%	0%	4%
Chandler	238,263	79%	12%	0%	4%
Scottsdale	209,266	86%	6%	0%	3%
South Scottsdale	59,533	82%	13%	1%	3%
Tempe	155,124	74%	15%	1%	5%
Ahwatukee	76,573	86%	6%	0%	4%
Paradise Valley Village	45,532	86%	4%	0%	3%
Cave Creek	24,448	91%	5%	0%	2%
Fountain Hills	22,114	92%	3%	0%	2%
Paradise Valley	16,335	87%	6%	0%	3%
Guadalupe	5,167	28%	71%	1%	4%
Carefree	2,849	93%	2%	0%	1%
Rio Verde, Ft McDowell, Goldfield Ranch	3,104	90%	3%	5%	3%
Maricopa County	3,557,419	74%	20%	0%	2%
Arizona	5,955,604	73%	21%	2%	2%

US Census (2010). Table P12. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

However, as shown in Table 9, rates of linguistic isolation are relatively low in most communities across the region. Households are defined as linguistically isolated if none of the adults (ages 14 and older) in the household speak English “very well.” In Arizona overall and in Maricopa County, about five percent of all households are linguistically isolated. In the East Maricopa Region, this rate is about three percent. Linguistic isolation is highest in Guadalupe, where 11 percent of households are linguistically isolated. Guadalupe families are most likely to speak Spanish at home (71% of all families; Table 8), suggesting that Spanish-language outreach efforts may be most effective in reaching families in this community.

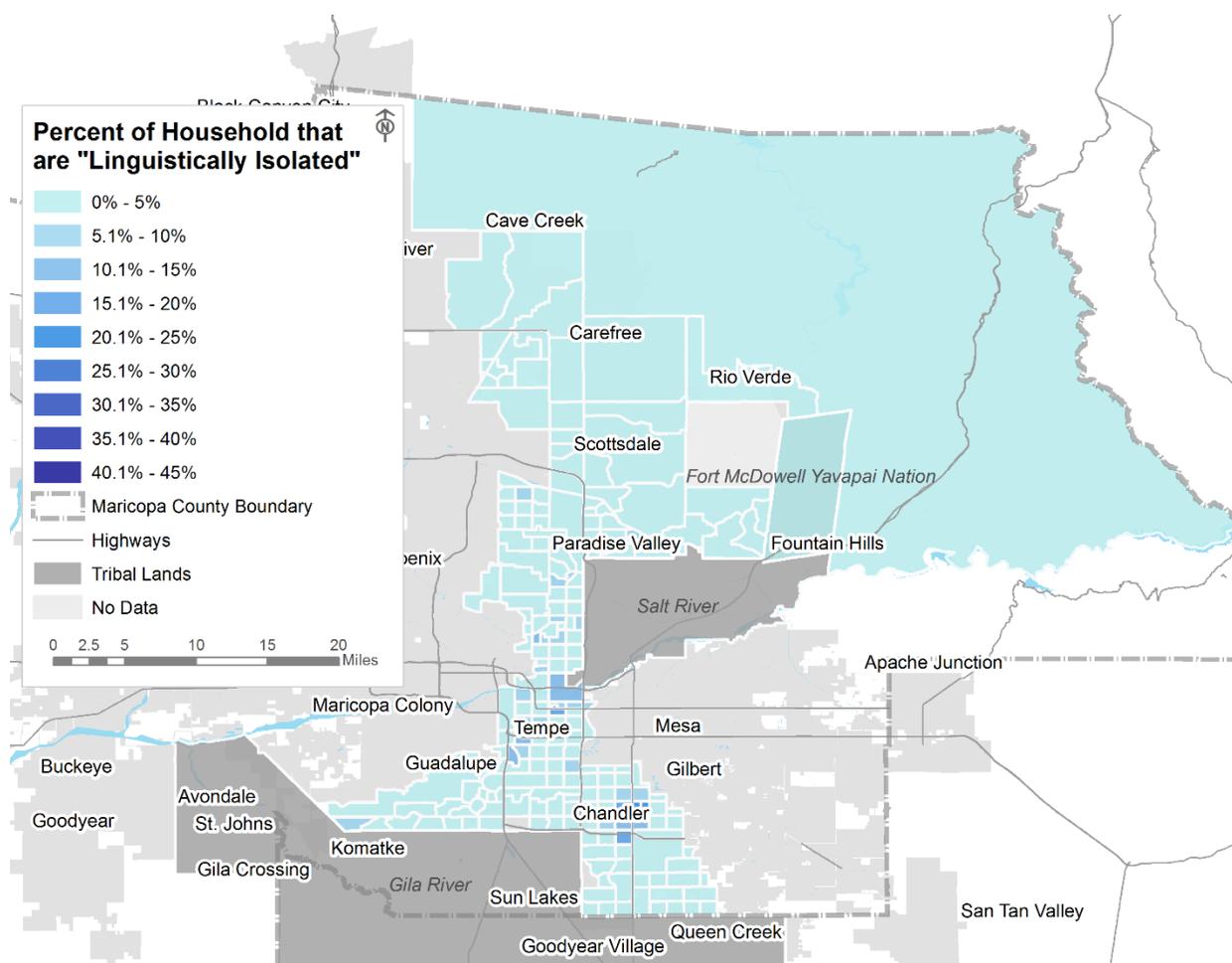
Table 9. Household home language use

GEOGRAPHY	2010 CENSUS TOTAL HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
East Maricopa Region	345,951	20%	3%
Chandler	96,693	22%	4%
Scottsdale	100,507	16%	2%
South Scottsdale	29,573	16%	3%
Tempe	66,027	26%	5%
Ahwatukee	32,084	17%	2%
Paradise Valley Village	18,478	17%	2%
Cave Creek	10,504	14%	1%
Fountain Hills	10,426	11%	1%
Paradise Valley	6,935	17%	1%
Guadalupe	1,292	77%	11%
Carefree	1,500	10%	0%
Rio Verde, Ft McDowell, Goldfield Ranch	1,505	12%	2%
Maricopa County	1,411,583	25%	5%
Arizona	2,380,990	27%	5%

US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
 Note: A “linguistically isolated household” is one in which all adults (14 and older) speak English less than “very well.”

Overall rates of linguistic isolation exceed the regional average (3%) in three communities in the region: Guadalupe (11%), Tempe (5%) and Chandler (4%). The map in Figure 8 illustrates where linguistically isolated families live. As shown, linguistic isolation is relatively high in Guadalupe, and some communities in Tempe and Chandler also have comparably high linguistic isolation rates. Pockets of increased linguistic isolation are seen in northeastern and southwestern Tempe, as well as in Chandler.

Figure 8. Proportion of "linguistically isolated" households in the East Maricopa Region



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

The Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona¹⁴ attempted to estimate the population of migrant and seasonal farmworkers¹⁵ in Arizona based on data from a variety of sources. The estimates from this report are shown in Table 10. In Maricopa County, there are an estimated 13,590 migrant and seasonal farmworkers, about 20 percent of all migrant and seasonal farmworkers in Arizona. However, Maricopa County comprises nearly 60 percent of the total population of Arizona. Comparing these data to the 2010 Census estimates

¹⁴ Larson (2008). Migrant and seasonal farmworker enumeration profiles study: Arizona. Retrieved from: www.ncfh.org/enumeration/PDF14%20Arizona.pdf

¹⁵ The Enumeration Study uses the Migrant Health Program’s definition of seasonal farmworker as: “An individual whose principal employment [51% of time] is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months.” The definition of a migrant farmworker is essentially the same, but includes that the farmworker “established for the purposes of such employment a temporary abode” (Larson, 2008).

for the total county population (3,817,117) suggests that migrant and seasonal farmworkers comprise a small proportion of the total population of Maricopa County.

Table 10. Estimated number of migrant and seasonal farmworkers, their families, and children ages 0-4 in Maricopa County

GEOGRAPHY	MIGRANT AND SEASONAL FARMWORKERS (MSFW)	NON-FARMWORKERS IN MSFW HOUSEHOLDS	TOTAL NUMBER IN MSFW HOUSEHOLDS	ESTIMATED NUMBER OF CHILDREN 0 TO 4 IN MSFW HOUSEHOLDS
Maricopa County	13,590	9,917	23,507	1,868
Arizona	67,704	47,668	115,372	8,059

Larson (2008). *Migrant and seasonal farmworker enumeration profiles study: Arizona.*

Economic Circumstances

Income and Poverty

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Children’s Action Alliance reports that overall in Arizona, disparities in income distribution are increasing rapidly, with Arizona having the second widest income gap between the richest 20 percent and poorest 20 percent of households in the nation. In addition, Arizona ranks fifth in the nation in income inequality between the top income (top 20%) and the middle income (middle 20%) households.¹⁶ The Arizona Directions 2012 report notes that Arizona has the 5th highest child poverty rate in the country.¹⁷ In 2012, more than one out of four children in Arizona was living in poverty (family income below \$18,284 for a family of three).¹⁸ The effects on children living in poverty can be felt throughout their lives, including the link between childhood poverty and mental health issues in adulthood. The increased likelihood of exposure to violence, family dysfunction, separation from family, and living in chaotic, crowded and substandard housing all increase the risk of poorer mental health status later in life.¹⁹

In the East Maricopa Region, 11 percent of the population and 17 percent of children under six are living in poverty. This is a lower rate than in Maricopa County (16% and 25% percent,

¹⁶ Center on Budget and Policy Priorities. *Wide and Growing Income Gaps in Most States, New Report Finds Rich Pulling Away from Low-and Middle-Income Households.* Nov 2012. www.cbpp.org/files/11-15-12sfp-pr.pdf

¹⁷ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy.* Whitsett, A.

¹⁸ The Arizona Children’s Action Alliance. *Arizona Shows No Improvement in Child Poverty.* Posted September 20, 2013. <http://azchildren.org/arizona-shows-no-improvement-in-child-poverty>

¹⁹ Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science.* Published online 1 October 2013. <http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496>

respectively) and in Arizona (17% and 27% percent, respectively). However, as shown in Table 11, poverty rates vary across communities in the region. Although the Scottsdale community has relatively low poverty rates (8% of the total population and 14% of young children), poverty rates are notably higher in the South Scottsdale community (15% of the total population and 24% of young children). Poverty rates also exceeded the state and county averages in Tempe, where 23 percent of the total population and 35 percent of children under six are living in poverty. In Guadalupe, 31 percent of the total population and 58 percent of children under six are living in poverty, much higher proportions than in the state and county overall.

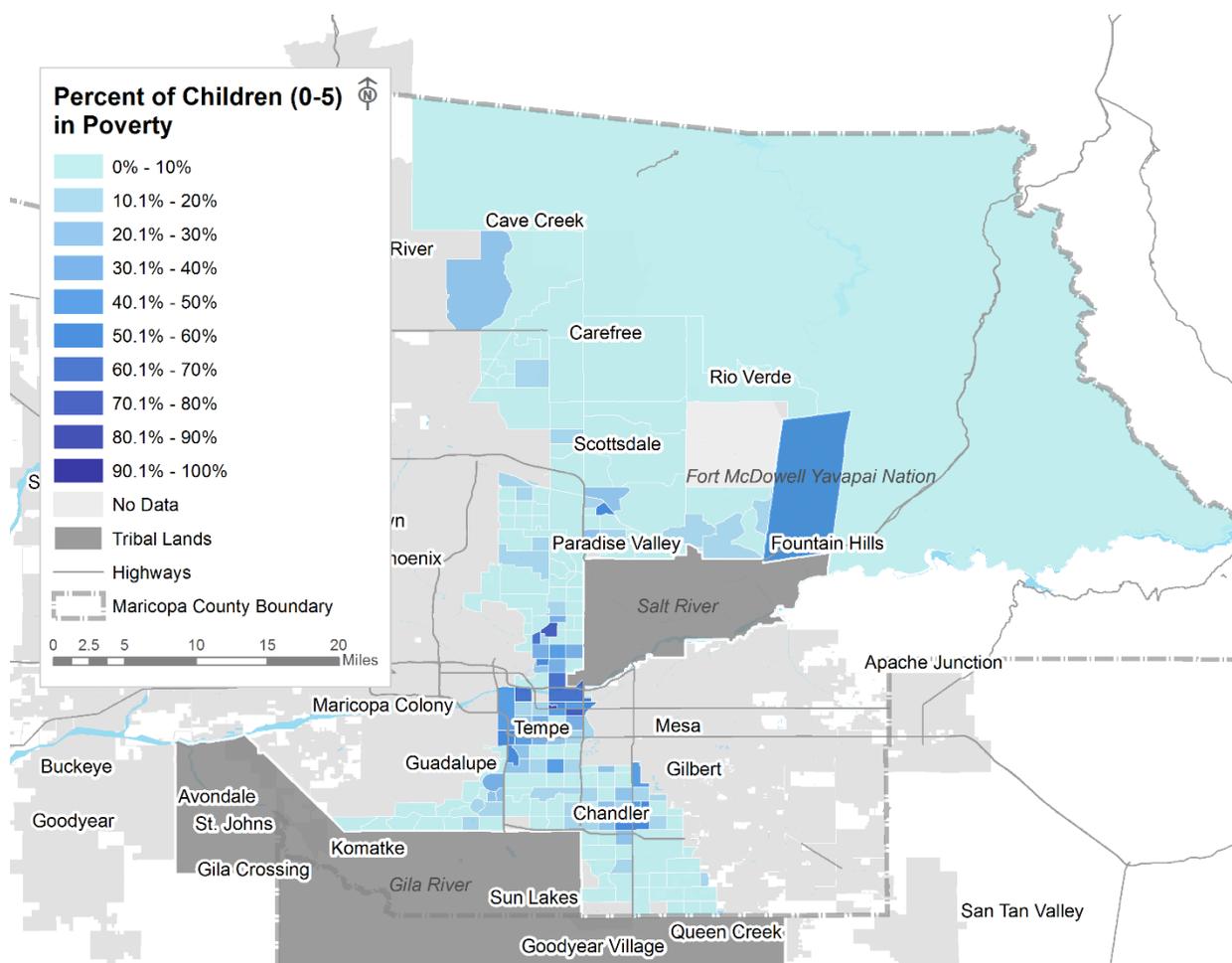
Table 11. Persons living below the U.S. Census poverty threshold level

GEOGRAPHY	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
East Maricopa Region	11%	17%
Chandler	8%	14%
Scottsdale	8%	14%
South Scottsdale	15%	24%
Tempe	23%	35%
Ahwatukee	6%	8%
Paradise Valley Village	6%	6%
Cave Creek	4%	2%
Fountain Hills	6%	6%
Paradise Valley	8%	10%
Guadalupe	31%	58%
Carefree	9%	0%
Rio Verde, Ft McDowell, Goldfield Ranch	17%	35%
Maricopa County	16%	25%
Arizona	17%	27%

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

Although overall poverty rates in the region are lower than state and county averages (Table 11), a more detailed breakdown of poverty rates reveals pockets of economic need in the region. This is further illustrated by Figure 9, which maps the percentage of children under six living in poverty throughout the region. Outreach to families in communities where poverty rates are highest may be important, as these children are likely to particularly benefit from early education opportunities and family support services. Key informants interviewed for this report described economic need as most pronounced in South Scottsdale, Guadalupe, and parts of Tempe and Chandler. This observation supports US Census data presented in the map below. Additionally, poverty rates are higher in part of Cave Creek and in the Fort McDowell Yavapai Nation than they are in most other parts of the region.

Figure 9. Percent of children (0-5) living in poverty in the region



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

In the United States, metropolitan areas have been hardest hit by the recent economic downturn. Most metropolitan regions in the United States ended the 2000-2010 decade with lower median incomes than they began with, despite rising costs of living. At the start of the 2010 decade, cities have continued to show markedly higher rates of poverty than suburbs, although cities and city suburbs have shown increased overall poverty rates by roughly equivalent degrees.²⁰ The poverty rates in Chandler and Tempe can therefore be seen as consistent with national economic trends.

Between 2007 and 2012, while the population of Arizona increased by three percent, the percent of the population living below the Federal Poverty Level grew by 37 percent. In 2012, women in Arizona had a poverty rate of 19.7 percent, compared to 17.6 percent for men.

²⁰ Berube, A., & Kneebone, E. (2011). *Parsing U.S. poverty at the metropolitan level*. Retrieved from: www.brookings.edu/opinions/2011/0922_metro_poverty_berube_kneebone.aspx.

Women are more likely to be living in poverty than men for a number of reasons: 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3) they are more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households were headed by women.²¹

The proposed increase in the federal minimum wage would have an effect on a portion of Arizona families, especially those headed by women. A recent study estimated that 21 percent of the Arizona workforce would be affected by increasing the federal minimum wage to \$10.10 by July 2016, and this in turn would impact 18 percent of Arizona children (who have at least one of their parents affected by this change)²².

According to the American Community Survey, the median family annual income in Maricopa County (\$64,841) is a bit higher than the median family annual income in Arizona overall (\$59,563). As shown in Table 12, median family annual income in the East Maricopa Region varies by community. The median family income for all families is highest in Scottsdale city (\$95,257) and lowest in Guadalupe town (\$38,523). With the exception of Guadalupe town, the median income for all families in each geography of the region is approximately equivalent to or above the median income for all families in Maricopa County. Single-parent households in the region tend to earn substantially less than husband-wife families, and single male families tend to earn more than single female families. This trend is also seen in Maricopa County and in the state overall.

²¹ Castelazo, M. (2014). Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

²² Raising the Federal Minimum Wage to \$10.10 Would Lift Wages for Millions and Provide a Modest Economic Boost. Cooper, D. Economic Policy Institute, Briefing Paper #371, December 19, 2013. Retrieved from www.epi.org/publication/raising-federal-minimum-wage-to-1010

Table 12. Median family annual income for families with children (0-17)

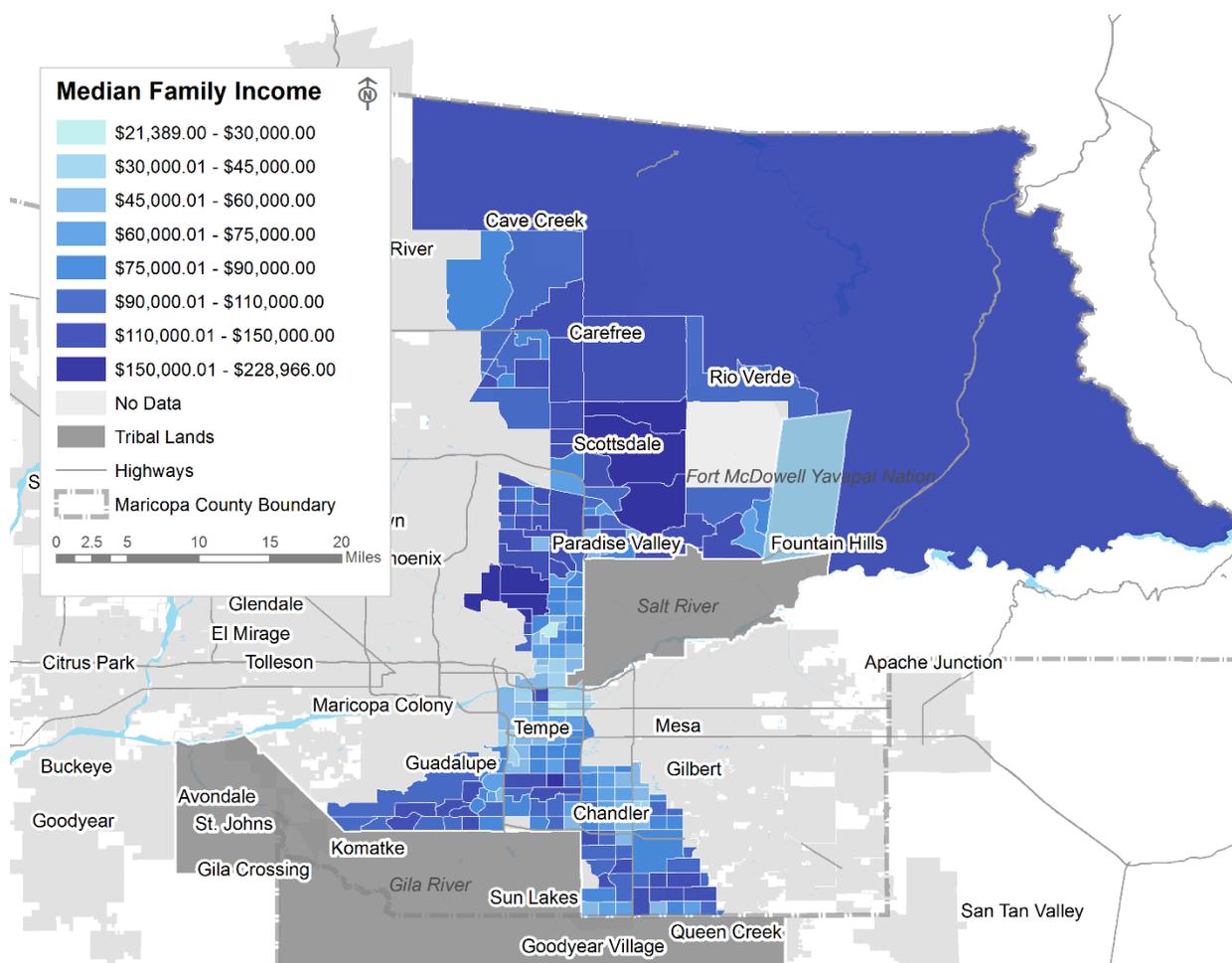
GEOGRAPHY	MEDIAN FAMILY INCOME			
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE FAMILIES	SINGLE FEMALE FAMILIES
Chandler city	\$81,662	\$100,129	\$54,806	\$37,619
Scottsdale city	\$95,257	\$126,736	\$85,203	\$38,173
Tempe city	\$63,883	\$83,153	\$33,733	\$21,042
Paradise Valley town	\$198,594	\$98,068	\$71,607	\$43,750
Cave Creek town	\$84,878	\$113,396	-	\$28,558
Fountain Hills town	\$89,591	\$97,378	\$71,607	\$43,750
Guadalupe town	\$38,523	\$51,875	-	\$24,250
Carefree town	\$111,571	-	-	-
Maricopa County	\$64,841	\$79,098	\$38,950	\$28,847
Arizona	\$59,563	\$73,166	\$36,844	\$26,314

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

Note: Due to small sample sizes, median income estimates for some communities could not be reliably calculated.

Figure 10 shows the median annual household income throughout the region. Median family income tends to be highest in the northeastern portion of the region, although there are places in which the median family income exceeds \$100,000 throughout the region, including within Tempe and Chandler communities. There are also many pockets throughout the region in which the median family income dips below \$30,000. As one would expect, geographies with a lower median family income also tend to have a greater proportion of children living in poverty (see Figure 9). Communities in the East Maricopa Region are economically diverse, suggesting that residents in all areas of the region can benefit from services and programming that support families.

Figure 10. Median annual household income in the region



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

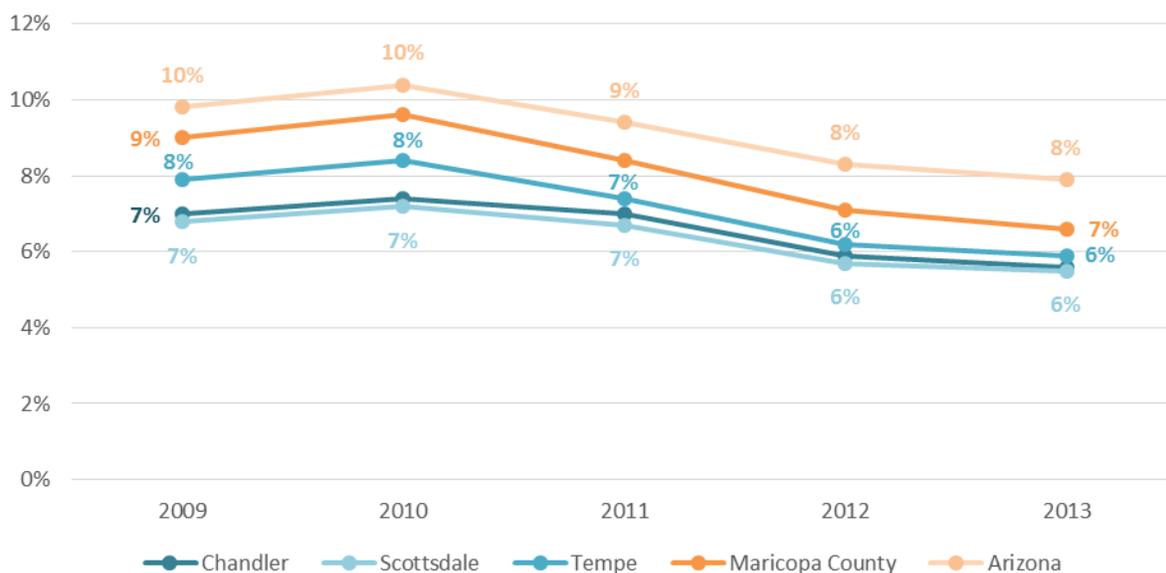
Unemployment and Housing

Parental job loss results in families having fewer resources to meet their regular monthly expenses and support their children’s development. This is especially pronounced when the family income was already low before the job loss, the unemployed parent is the only breadwinner in the household, or parental unemployment lasts for a long period of time. Family dynamics can also be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parental behaviors. Parental job loss can also impact children’s school performance (i.e. lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs).²³

²³ Isaacs, J. (2013). Unemployment from a child’s perspective. Retrieved from www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf

Unemployment rates are therefore an important indicator of economic vitality. The figure below depicts annual unemployment rates in Chandler, Scottsdale, and Tempe (the communities in the East Maricopa Region for which these data are available) and compares them to Maricopa County and Arizona unemployment rates between 2009 and 2013. Unemployment rates have tended to be lower in the East Maricopa Region than in Maricopa County and Arizona overall. Unemployment in the East Maricopa Region has declined since 2010, following a trajectory similar to that of the state and county overall.

Figure 11. Annual unemployment rate in select cities, Maricopa County, and the state, 2009-2013



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

Table 13 shows the employment status of parents of young children in the region. In the East Maricopa Region, more than a third (39%) of children living with two parents have both parents in the labor force, a higher percentage than in Maricopa County (33%) and Arizona (32%). Additionally, for a quarter of young children living with a single parent, that parent is in the workforce. Families with both parents in the labor force and single parents who are in the labor force are likely to be in need of affordable child care for their children.

Table 13. Employment status of parents of young children²⁴

GEOGRAPHY	US 2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH SINGLE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
East Maricopa Region	54,699	39%	31%	1%	24%	6%
Chandler	21,899	41%	31%	0%	22%	5%
Scottsdale	11,293	40%	34%	1%	20%	5%
South Scottsdale	3,334	31%	28%	0%	34%	7%
Tempe	9,530	29%	23%	0%	39%	9%
Ahwatukee	5,176	47%	28%	1%	22%	4%
Paradise Valley Village	2,579	43%	41%	0%	15%	1%
Cave Creek	1,750	57%	33%	0%	7%	2%
Fountain Hills	830	55%	19%	0%	26%	0%
Paradise Valley	721	9%	69%	11%	6%	4%
Guadalupe	708	16%	19%	0%	39%	26%
Carefree	57	67%	0%	0%	33%	0%
Rio Verde, Ft McDowell, Goldfield Ranch	156	28%	13%	8%	17%	34%
Maricopa County	339,217	33%	29%	1%	27%	9%
Arizona	546,609	32%	29%	1%	28%	10%

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

Over the past four years, there have been a total of 509,898 foreclosure filings in Arizona. These foreclosure filings have been trending downward, and have decreased 53 percent from 162,373 filings in 2009 to 76,487 filings in 2012. Arizona has also risen from third worst in the nation for foreclosures in 2009, to sixth in the nation in foreclosures.²⁵

In May of 2014, the number of foreclosures across the region varied, as shown in Table 14 below. The number of foreclosures per 1,000 properties was highest for Cave Creek, followed by Chandler, and these were the only areas in the region that exceeded the state foreclosure rate. As an additional indicator, the percent of housing units that are vacant illustrates the percent of housing units that are “not occupied.” (Reasons for a home being “not occupied” can include housing units that are for rent, for sale, sold but not occupied, for migrant workers, or used seasonally for recreational or occasional use). As can be seen in the table below, many

²⁴In 2012, among children under six in Arizona, about 39 percent live with a parent who is not in the labor force. The other 61 percent are children living with two parents, both of whom are in the labor force, and children living with a single parent who is in the labor force. Among those who live with both parents, about half (51%) have both parents in the labor force. Among children who live with one parent, about three quarters (76%) have a parent in the labor force. (Note that in the labor force includes all adults who are employed or looking for employment.)

²⁵ Home Matters for Arizona 2013. Arizona Housing Alliance. www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf

communities in the region have a higher proportion of “vacant” houses than in housing units across the state as a whole.

Table 14. Foreclosures in Arizona, Maricopa County, and the East Maricopa Region

GEOGRAPHY	NUMBER OF HOUSING UNITS	NUMBER OF FORECLOSURES (MAY 2014)	NUMBER OF FORECLOSURES PER 1,000 PROPERTIES (MAY 2014)	RATIO OF FORECLOSURES TO HOMES FOR SALE (MAY 2014)	PERCENT OF HOUSES THAT ARE VACANT
East Maricopa Region	398,850	2,951	0.465	0.452	14%
Chandler	107,117	914	0.661	0.815	10%
Scottsdale	124,116	863	0.410	0.323	20%
South Scottsdale	35,714	343	0.500	0.797	17%
Tempe	71,607	433	0.362	0.898	11%
Ahwatukee	35,464	229	0.423	0.522	8%
Paradise Valley Village	20,689	165	0.387	0.473	11%
Cave Creek	11,677	94	0.942	0.275	15%
Fountain Hills	12,926	132	0.155	0.270	21%
Paradise Valley	8,291	58	0.121	0.161	15%
Guadalupe	2,371	13	0.468	0.893	7%
Carefree	2,429	42	0.000	0.412	35%
Rio Verde, Ft McDowell, Goldfield Ranch	2,163	8	0.000	0.051	36%
Fort McDowell Yavapai Nation	288	2	0.000	0.167	6%
Maricopa County	1,636,502	19,504	0.767	0.972	14%
Arizona	2,841,432	30,205	0.657	0.752	17%

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

In Arizona, about one-third of households are renters. Of these, 270,000 are classified as very low income renters. Over three-quarters, 210,000 (78%) are paying more than the recommended 30 percent of their income in rent, which is considered “housing cost burdened.” Eighty percent of very low income renters in Maricopa County are classified as housing-cost burdened renters, which is a comparable rate to the state as a whole.²⁶

The percentage of housing units in the East Maricopa Region that have housing problems (34%) and severe housing problems (16%) is lower than the state rate (38% and 20%, respectively). The US Department of Housing and Urban Development defines housing units with “housing problems” as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than one person per room), or housing units for

²⁶ Home Matters for Arizona 2013. Arizona Housing Alliance. www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf

which housing costs exceed 30 percent of income. Housing units with “severe housing problems” consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1.5 person per room), or housing units for which housing costs exceed 50 percent of income.²⁷ More than one third of housing units in the region, county and state are classified as having housing problems (see Table 15). Of those units with housing problems in the region, 16 percent are further classified as having severe housing problems. In the East Maricopa Region, the rate of housing problems varies by community.

Table 15. Percent of housing units with housing problems

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
East Maricopa Region	341,057	34%	16%
Chandler	94,475	32%	14%
Scottsdale	99,402	35%	16%
South Scottsdale	29,399	38%	18%
Tempe	64,282	39%	22%
Ahwatukee	32,599	30%	12%
Paradise Valley Village	19,268	33%	16%
Cave Creek	8,857	32%	16%
Fountain Hills	10,254	30%	14%
Paradise Valley	7,293	40%	23%
Guadalupe	1,245	35%	27%
Carefree	1,566	41%	21%
Rio Verde, Ft McDowell, Goldfield Ranch	1,750	24%	13%
Fort McDowell Yavapai Nation	300	22%	8%
Maricopa County	1,381,933	39%	20%
Arizona	2,326,354	38%	20%

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

Public Assistance Programs

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

²⁷ US Department of Housing and Urban Development (2011). CHAS Background. Retrieved from www.huduser.org/portal/datasets/cp/CHAS/bg_chas.html

SNAP

Nutrition Assistance, or SNAP, helps to provide low income families in Arizona with food through retailers authorized to participate in the program. According to a U.S. Department of Agriculture Economic Research Service, in 2010, about 20 percent of Arizonans lived in food deserts, defined as living more than a half-mile from a grocery in urban areas and more than 10 miles in rural areas.²⁸ Families living in food deserts often use convenience stores in place of grocery stores. New legislation in 2014 could have an effect on what's available in these stores, as they will have to begin stocking "staple foods" (such as bread or cereals, vegetables or fruits, dairy products, and meat, poultry or fish) to continue accepting SNAP.²⁹

In the East Maricopa Region, 20 percent of children ages birth through five were receiving SNAP in 2012, a lower proportion than in Maricopa County (38%) and in Arizona overall (40%). There is considerable variability across communities in the region in the percentage of children aged birth through five who are receiving SNAP (see Table 16 and Figure 12). SNAP participation is highest in Tempe, where 41 percent of children aged birth through five are receiving SNAP.

Overall, the number of children aged birth through five in the East Maricopa Region who receive SNAP decreased by one percent between 2010 and 2012 (see Table 16). In most communities throughout the region, SNAP participation among this age group changed very little between 2010 and 2012. The greatest increase in participation was in Cave Creek, which saw a 14 percent increase in the number of children ages birth through five receiving SNAP. Ahwatukee and Paradise Valley saw the greatest decreases in the region (-13% and -9%, respectively).

²⁸ www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#.UxitQ4VRKwt

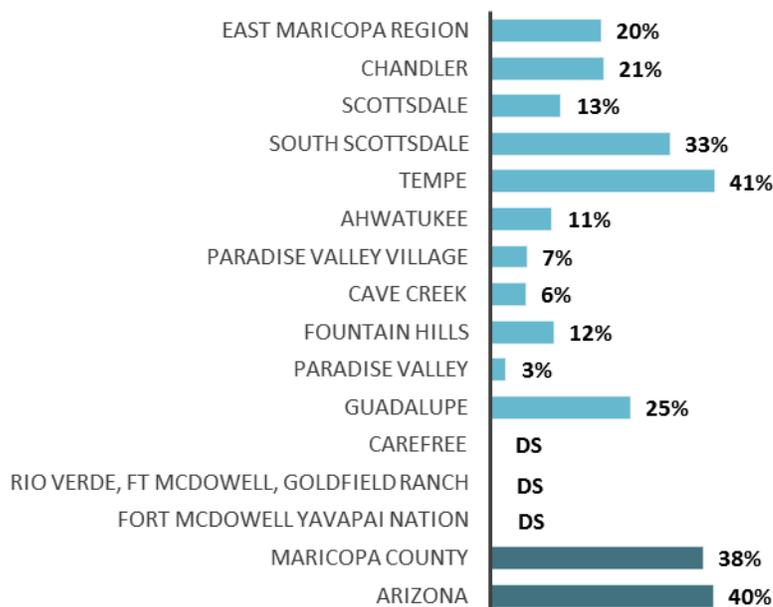
²⁹ <http://cronkitenewsonline.com/2014/02/new-food-stamp-requirements-could-affect-arizona-convenience-stores/>

Table 16. Children ages 0-5 receiving SNAP (Supplemental Nutrition Assistance Program)

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
East Maricopa Region	54,699	11,171	20%	10,438	19%	11,004	20%	-1%
Chandler	21,899	4,479	20%	4,158	19%	4,500	21%	+0%
Scottsdale	11,293	1,420	13%	1,309	12%	1,448	13%	+2%
South Scottsdale	3,334	1,020	31%	939	28%	1,084	33%	+6%
Tempe	9,530	4,023	42%	3,826	40%	3,866	41%	-4%
Ahwatukee	5,176	664	13%	613	12%	579	11%	-13%
Paradise Valley Village	2,579	173	7%	156	6%	174	7%	+1%
Cave Creek	1,750	99	6%	86	5%	113	6%	+14%
Fountain Hills	830	93	11%	71	9%	96	12%	+3%
Paradise Valley	721	23	3%	26	4%	21	3%	-9%
Guadalupe	708	183	26%	175	25%	179	25%	-2%
Carefree	57	<10	DS	<10	DS	<10	DS	DS
Rio Verde, Ft McDowell, Goldfield Ranch	156	<10	DS	17	11%	28	18%	DS
Fort McDowell Yavapai Nation	117	<10	DS	11	9%	20	17%	DS
Maricopa County	339,217	129,566	38%	118,639	35%	130,132	38%	+0%
Arizona	546,609	215,837	39%	204,058	37%	219,926	40%	+2%

Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request; US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Figure 12. Percentage of children ages 0-5 receiving SNAP in January 2012



Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request; US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

TANF

Like SNAP, the number of children receiving TANF in the region has decreased over the last several years, but by a much larger percentage. This is likely due to new eligibility rules and state budget cuts to the program, which have been enacted annually by state lawmakers. In addition, a 2011 rule which takes grandparent income into account has led to a decline in child-only TANF cases, and fiscal year 2012 budget cuts limited the amount of time that families can receive TANF to two years.³⁰ Over the last decade, federal TANF funds have also been increasingly re-directed from cash assistance, jobs programs and child care assistance to Child Protective Services. Federal cuts to funding to support TANF, including supplemental grants to high growth states, have also been enacted. It is estimated that there will be a deficit in Arizona TANF funds between 10 and 29 million dollars in fiscal year 2014, with a projected increase to 20-39 million dollars in fiscal year 2015.³¹

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

Table 17. Children ages 0-5 receiving TANF (Temporary Assistance for Needy Families)

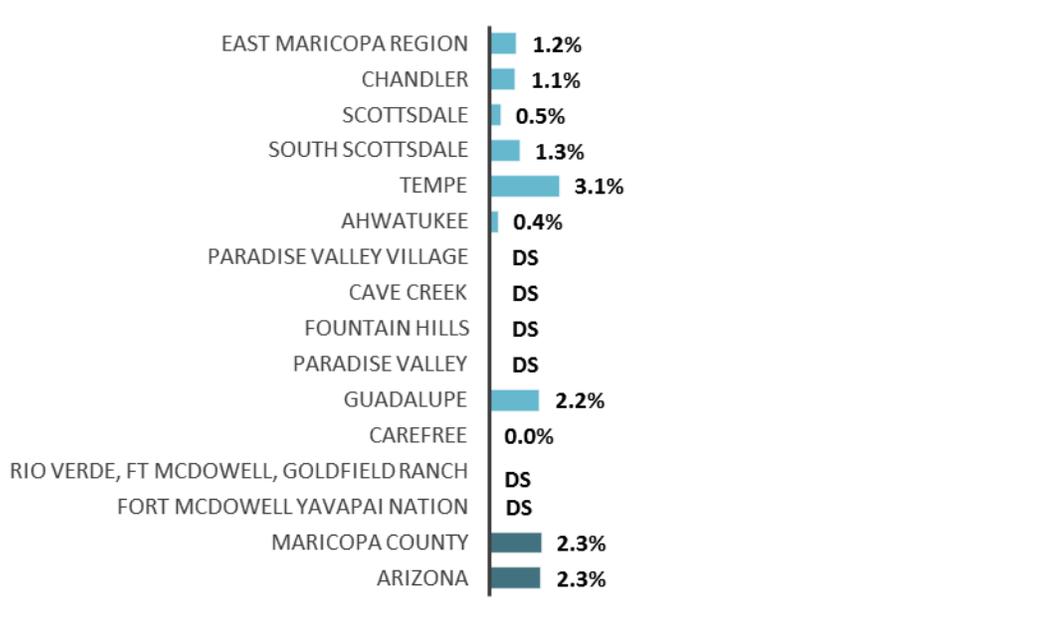
GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
East Maricopa Region	54,699	1,140	2%	692	1%	655	1%	-43%
Chandler	21,899	475	2%	275	1%	249	1%	-48%
Scottsdale	11,293	97	1%	59	1%	53	0%	-45%
South Scottsdale	3,334	62	2%	38	1%	44	1%	-29%
Tempe	9,530	426	4%	299	3%	294	3%	-31%
Ahwatukee	5,176	74	1%	30	1%	20	0%	-73%
Paradise Valley Village	2,579	25	1%	<10	DS	<10	DS	DS
Cave Creek	1,750	15	1%	<10	DS	<10	DS	DS
Fountain Hills	830	<10	DS	<10	DS	<10	DS	DS
Paradise Valley	721	<10	DS	<10	DS	<10	DS	DS
Guadalupe	708	21	3%	<10	DS	16	2%	-26%
Carefree	57	0	0%	0	0%	0	0%	
Rio Verde, Ft McDowell, Goldfield Ranch	156	<10	DS	<10	DS	<10	DS	DS
Fort McDowell Yavapai Nation	117	<10	DS	<10	DS	0	0%	DS
Maricopa County	339,217	15,452	5%	8,723	3%	7,767	2%	-50%
Arizona	546,609	23,866	4%	13,450	2%	12,358	2%	-48%

Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request; US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

³⁰ Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html

³¹ The Arizona Children’s Action Alliance. *Growing up Poor in Arizona: State Policy at a Crossroads*. May 2013. http://azchildren.org/wp-content/uploads/2013/06/TANF_report_2013_ForWeb.pdf

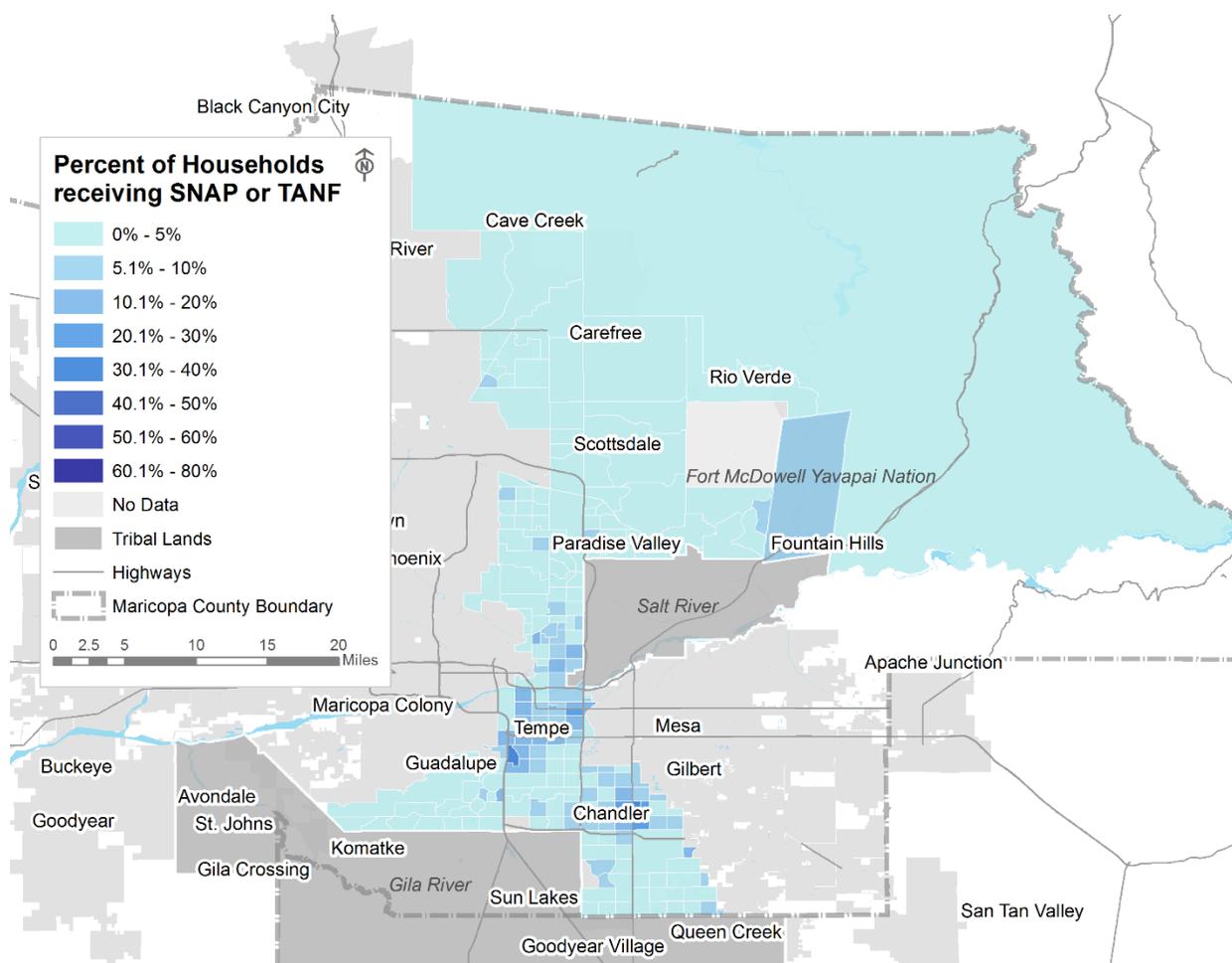
Figure 13. Percentage of children ages 0-5 receiving TANF in January 2012



Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request; US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Figure 14 shows the percentage of households receiving SNAP and TANF across the East Maricopa Region. In most of the region, fewer than five percent of households are receiving this public assistance. A greater proportion of households in Tempe, Chandler, Guadalupe and the Fort McDowell Yavapai Nation are receiving SNAP or TANF. However, when compared with the map of poverty in the region (see Figure 9), this map suggests that fewer households than may be eligible for SNAP or TANF are participating in these programs. This discrepancy is most noticeable in Cave Creek, Paradise Valley, and South Scottsdale.

Figure 14. Percentage of households receiving SNAP or TANF



US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B22002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Women, Infants and Children (WIC)

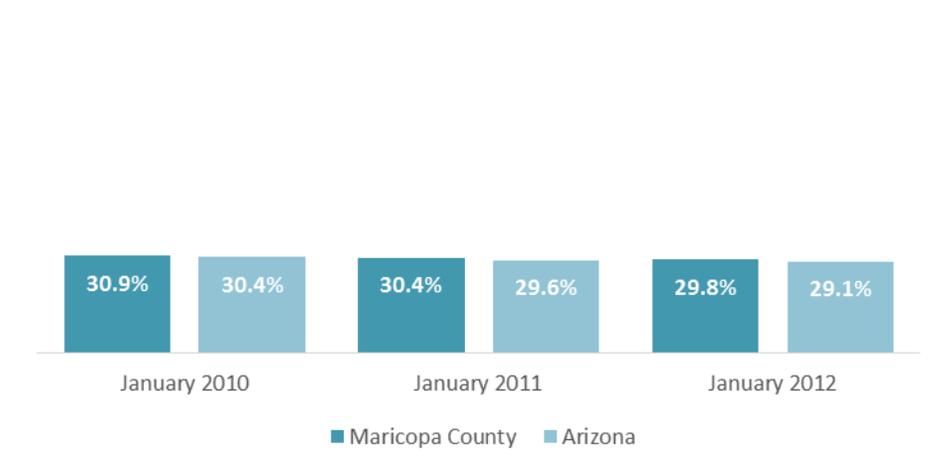
Arizona’s WIC program is a federally funded nutrition program which serves economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. More than half of the pregnant and postpartum women, infants, and children under age five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served approximately 62 percent of the eligible population.³² A primary goal of the WIC program has become obesity prevention through the promotion of breastfeeding, nutritious diet, and physical activity. Changes to WIC in 2009 may be impacting childhood obesity. In that year, WIC added vouchers for produce and also healthier items such as low-fat milk. Studies following the change have shown increases in purchases of whole-grain bread and brown

³² Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

rice,³³ and reduced-fat milk³⁴, and fewer purchases of white bread, whole milk, cheese and juice.³⁵

As shown in Figure 15, rates of participation in WIC in Maricopa County between 2010 and 2012 closely mirrored participation rates in the state overall. In the East Maricopa Region, 19 percent of infants and children aged birth through four years were receiving WIC in 2012, a lower participation rate than in Maricopa County (30%) and Arizona (29%). The rate of WIC participation is highest in Tempe, at 31 percent (see Table 18).

Figure 15. WIC participation in Maricopa County and the state (2010-2012)



Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request; US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

³³ Andreyeva, T. & Luedicke, J. Federal Food Package Revisions Effects on Purchases of Whole-Grain Products. (2013). American Journal of Preventive Medicine, 45(4):422-429

³⁴ Andreyeva, T., Luedicke, J., Henderson, K. E., & Schwartz, M. B. (2013). The Positive Effects of the Revised Milk and Cheese Allowances in the Special Supplemental Nutrition Program for Women, Infants, and Children. Journal of the academy of nutrition and dietetics, Article in Press. www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC_Milk_and_Cheese_Allowances_JAND_11.13.pdf

³⁵ Andreyeva, T., Luedicke, J., Tripp, A. S., & Henderson, K. E. (2013). Effects of Reduced Juice Allowances in Food Packages for the Women, Infants, and Children Program. Pediatrics, 131(5), 919-927.

Table 18. WIC participation for infants and children ages 0-4

GEOGRAPHY	WIC PARTICIPANTS, JANUARY 2011			WIC PARTICIPANTS, JANUARY 2012		
	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)
Chandler	1,009	3,516	19%	962	3,372	19%
South Scottsdale	235	609	22%	213	658	23%
Tempe	824	2,531	31%	814	2,485	31%
Ahwatukee	124	335	8%	125	356	8%
Maricopa County	25,289	85,941	30%	25,648	84,174	30%
Arizona	40,819	134,871	30%	40,780	132,657	29%

Arizona Department of Health Services (2014). [WIC data set]. Unpublished raw data received from the First Things First State Agency Data Request; US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Free and Reduced Lunch

Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the Federal Poverty Level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch. The income criteria for the 2014-2015 school year are shown below.

Table 19. Free and reduced lunch eligibility requirements for the 2014-2015 school year

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

www.fns.usda.gov/sites/default/files/2014-04788.pdf

As shown in Table 20, free and reduced lunch eligibility in the region varies quite a bit by school district. In Tempe School District, 71 percent of students are eligible for free or reduced price

lunch. In all other school districts in the region, about one third of students or fewer are eligible for free or reduced lunch.

Table 20. Free and reduced lunch eligibility in the region

SCHOOL DISTRICT NAME	NUMBER OF SCHOOLS	TITLE I SCHOOLS (2012-2013)		PERCENT OF STUDENTS ELIGIBLE FOR FREE OR REDUCED LUNCH
Cave Creek Unified District	8	6	75%	10%
Chandler Unified District #80	43	7	16%	31%
Deer Valley Unified District	38	12	32%	30%
Fountain Hills Unified District	4	2	50%	28%
Kyrene Elementary District	27	4	15%	29%
Paradise Valley Unified District	48	20	42%	35%
Scottsdale Unified District	33	10	30%	27%
Tempe School District	21	16	76%	71%

Arizona Department of Education (2014). Percentage of children approved for free or reduced-price lunches, October 2013. Retrieved from www.azed.gov/health-nutrition/frpercentages/; Arizona Department of Education (2014). 2012-2013 Title I School List by County. Retrieved from <http://www.azed.gov/no-child-left-behind/title-i/>

On July 1, 2014, all schools in Arizona were eligible for a new provision that allows schools in high-poverty areas to offer nutritious meals through the National School Lunch and School Breakfast Programs to all students at no charge. Called “community eligibility”, this tool not only enables more children to receive free lunch and breakfast at schools, it also reduces the paperwork necessary for schools to provide free lunch and breakfast. Schools are now be able to use information they already have access to, such as the number of students in their school who are receiving SNAP or TANF, to demonstrate that their student population is largely made up of children from households with low incomes.³⁶ Arizona schools could apply for the Community Eligibility Provision between April 1 and June 30, 2014, thru the Arizona Department of Education.³⁷

Educational Indicators

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children’s educational attainment.³⁸ More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.³⁹ A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In

³⁶ Center on Budget and Policy Priorities (CBPP) and the Food Research and Action Center (FRAC) (2013). Community Eligibility and Making High-Poverty Schools Hunger Free. Retrieved from http://frac.org/pdf/community_eligibility_report_2013.pdf

³⁷ www.azed.gov/health-nutrition/special-assistance-provisions/

³⁸ Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O’Hare, W., Mather, M., & Dupuis, G.

³⁹ Education Week. (2014). *Quality Counts 2013 Highlights*. Retrieved from www.edweek.org/media/QualityCounts2013_Release.pdf

2011, Arizona schools received about 37 percent of their funding from the state, compared to a national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent \$7,666 per pupil in 2011, below the national average of \$10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.⁴⁰

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

Common Core/Early Learning Standards

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

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

Move on When Ready

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

Key components of the Move on When Ready model include offering students individualized education pathways; moving away from a "one-size-fits-all" educational approach; and a new performance-based diploma called the Grand Canyon Diploma that can be awarded voluntarily to students. Grand Canyon Diplomas have been available since the 2012-2013 academic year. They can be awarded to high school students who have met the subject area requirements specified by the statute and who also meet college and career qualification scores on a series of

⁴⁰ Dixon, M. (2013). *Public Education Finances: 2011, Government Division Reports*. Retrieved from www2.census.gov/govs/school/11f33pub.pdf.

exams. After a student earns a Grand Canyon Diploma, he or she can opt to remain in high school, enroll in a full-time career and technical education program, or graduate from high school with the Grand Canyon Diploma and attend a community college.

Schools may participate in Move on When Ready on a voluntary basis. As of April 2014, the Center for the Future of Arizona reported that 38 schools were participating in Move on When Ready. Schools in the East Maricopa Region that are participating include BASIS Chandler, BASIS Scottsdale, Brightmont Academy Chandler, Brightmont Academy Scottsdale, and the pvONLINE High School in the Paradise Valley School District.⁴¹

Educational Attainment

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment.⁴² Some studies have indicated that the level of education a parent has attained when a child is in elementary school can predict educational and career success for that child forty years later.⁴³

Adults in the East Maricopa Region show higher levels of education than adults in Arizona overall. Nearly half (46%) of all adults ages 25 and older in the region have a Bachelor's degree, compared with 27 percent in Arizona overall and 29 percent in Maricopa County. Only six percent of adults ages 25 and older in the East Maricopa Region do not have a high school diploma or GED, compared with 15 percent in Arizona overall and 14 percent in Maricopa County. Adult educational achievement is strong throughout in the region, although there is some variance between communities. Notably, in Guadalupe, 46 percent of adults 25 and older do not have a high school diploma or GED, more than triple the state rate. Still, 37 percent of adults in Guadalupe have a Bachelor's degree or more, exceeding the state proportion by 10 percent.

Table 21 shows a comparison of adult educational achievement across communities in the East Maricopa Region. As shown in Figure 16, nearly three quarters of all births in the region are to women with more than a high school diploma, and this rate has increased slightly over the last few years.

⁴¹ Center for the Future of Arizona (2014). *Current Move on When Ready Schools*. Retrieved from www.arizonafuture.org/mowr/participating-schools.html.

⁴² Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf

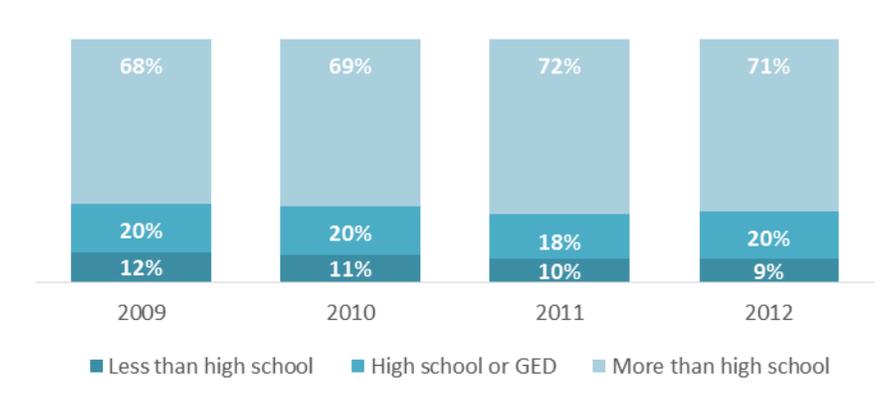
⁴³ Merrill, P. Q. (2010). Long-term effects of parents' education on children's educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*, Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/

Table 21. Educational achievement of adults

GEOGRAPHY	Adults (ages 25+) without a high school diploma or GED	Adults (ages 25+) with a high school diploma or GED	Adults (ages 25+) with some college or professional training	Adults (ages 25+) with a bachelor's degree or more
East Maricopa Region	6%	16%	32%	46%
Ahwatukee	3%	15%	33%	49%
Carefree	1%	14%	24%	60%
Cave Creek	3%	14%	31%	51%
Chandler	8%	18%	35%	39%
Fountain Hills	3%	19%	34%	44%
Guadalupe	46%	29%	34%	37%
Paradise Valley	2%	7%	20%	70%
Paradise Valley Village	4%	14%	30%	52%
Rio Verde, Ft McDowell, Goldfield Ranch	5%	21%	29%	45%
Scottsdale	4%	15%	29%	53%
South Scottsdale	9%	21%	32%	39%
Tempe	10%	17%	33%	40%
Maricopa County	14%	23%	34%	29%
Arizona	15%	24%	34%	27%

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

Figure 16. Births by mother's educational achievement in the East Maricopa Region



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

One councilman in the East Maricopa Region has involved a regional city in education improvement, demonstrating a notable public emphasis on education quality and educational attainment. A Chandler City councilman is spearheading the Chandler Education Coalition, which brings together the city, local businesses and non-profits, and the school districts serving the Chandler community in order to support education. This effort began in 2011,⁴⁴ and a key

⁴⁴ www.azcentral.com/community/chandler/articles/2011/11/17/20111117chandler-should-help-grow-young-scientists-artists.html#ixzz1jmPL6oXi

informant interviewed for this report noted that the coalition remains a vibrant and important source of education support in the Chandler community. Additional local efforts around education include For Our City⁴⁵, which began in 2005 and has grown in momentum in the past decade, according to key informants. For Our City is operated by the non-profit organization CARE INC, and aims to work with city mayors in order to “create a level field where the municipal, business, and faith leaders initiate community projects.”⁴⁶ In the East Maricopa Region, For Our City is active in Chandler,⁴⁷ Scottsdale,⁴⁸ and Tempe.⁴⁹ Although not specifically an educational initiative, one key informant interviewed for this report said that this effort is helping to raise awareness about the importance of early education and opportunities for improving the educational system more generally. Increased public interest may also be partially driven by new requirements for third grade graduation (see Standardized Test Scores, below).

Graduation and Drop-out Rates

Living in poverty decreases the likelihood of completing high school: a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.⁵⁰ This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

The following table shows the graduation and dropout rates for school districts in the East Maricopa Region. The percentage of students across the state who graduated in four years in 2012 was 77 percent.⁵¹ All school districts in the East Maricopa Region graduated a greater proportion of their students, with graduation rates ranging between 88 percent (Paradise Valley School District) and 93 percent (Cave Creek Unified District). Dropout rates in school districts in the region are below the overall dropout rate for the state (4%).

⁴⁵ www.forourcity.org/

⁴⁶ www.forourcity.org/

⁴⁷ www.forourcity.org/Chandler.html

⁴⁸ www.forourcity.org/Scottsdale_2.html

⁴⁹ www.forourcity.org/Tempe.html

⁵⁰ Hernandez, D. (2011). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation*. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

⁵¹ Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from www.azed.gov/research-evaluation/graduation-rates

Table 22. High school graduation and drop-out rates in the East Maricopa Region⁵²

GEOGRAPHY	PERCENT GRADUATED (2012)	DROPOUT RATES (2012-2013)
Cave Creek Unified District	93%	1%
Fountain Hills Unified District	89%	1%
Paradise Valley Unified District	88%	2%
Scottsdale Unified District	90%	1%
Tempe Union High School District	90%	3%
Arizona	77%	4%

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

Early Education and School Readiness

The positive impacts of quality early education have been well-documented. Previous research indicates that children who attend high-quality preschools have fewer behavior problems in school later on, are less likely to repeat a grade, are more likely to graduate high school, and have higher test scores.⁵³ Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. In 2012 in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked 3rd to last nationally in the number of preschool aged children enrolled in preschool.⁵⁴ In the East Maricopa Region, the numbers are higher; 52 percent of children ages three and four in the region are estimated to be enrolled in early education settings. However, this estimated percentage ranges throughout the region, with a high of 74 percent in Paradise Valley and a low of 21 percent in Guadalupe. In Tempe, only 36 percent of children ages three and four are estimated to be enrolled in early education.

⁵² Note: The Arizona Department of Education calculates four-year graduation rates according to federal education guidelines. The four-year graduation rate consists of the number of students who graduate with a regular high school diploma within four years divided by the number of students in the cohort of the graduating class. A cohort consists of the number of students who enter 9th grade for the first time, adjusted each year by adding any students who transfer into the cohort and subtracting any students who transfer out of the cohort, emigrate out of the US, or die. The drop-out rate is calculated by dividing the number of drop-outs by the number of students currently enrolled in school. Students who are enrolled at any time in the school year but are not enrolled at the end of the school year are counted as drop-outs if they did not transfer to another school, graduate, or die. Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from www.azed.gov/research-evaluation/dropout-rate-study-report/

⁵³ Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf

⁵⁴ Children’s Action Alliance. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf>

Table 23. Children (3-4) enrolled in nursery school, preschool, or kindergarten

GEOGRAPHY	PRESCHOOL-AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
East Maricopa Region	10,224	52%
Chandler	3,955	48%
Scottsdale	2,412	63%
South Scottsdale	790	61%
Tempe	1,125	36%
Ahwatukee	1,297	61%
Paradise Valley Village	635	64%
Cave Creek	343	48%
Fountain Hills	119	49%
Paradise Valley	229	74%
Guadalupe	31	21%
Carefree	17	50%
Rio Verde, Ft McDowell, Goldfield Ranch	61	62%
Maricopa County	38,681	34%
Arizona	62,921	34%

U.S. Census Bureau (2013). *American Community Survey 5-Year Estimates, 2008-2012, Table B14003.*

Note: These estimates apply to resident children in each geographical location. It does not take into account where a child's school may be located.

Arizona reduced funding for kindergarten from full-day to half-day in 2010, and eliminated funds for pre-K programs in 2011. First Things First funds a limited number of preschool scholarships across the state, including \$13.7 million for Pre-K Scholarships and \$39 million for Quality First Scholarships in FY 2013.⁵⁵ More information about scholarship opportunities available in the East Maricopa Region can be found in the *Early Childhood System* section of this report.

First Things First has developed Arizona School Readiness Indicators, which aim to measure and guide progress in building an early education system that prepares Arizona's youngest citizens to succeed in kindergarten and beyond. The Arizona School Readiness Indicators are: children's health (well-child visits, healthy weight, and dental health); family support and literacy (confident families); and child development and early learning (school readiness, quality early education, quality early education for children with special needs, affordability of quality early education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).⁵⁶

⁵⁵ The Build Initiative. Arizona State Profile. Retrieved from www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf

⁵⁶ First Things First. *Arizona School Readiness Indicators*. Retrieved from: www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf

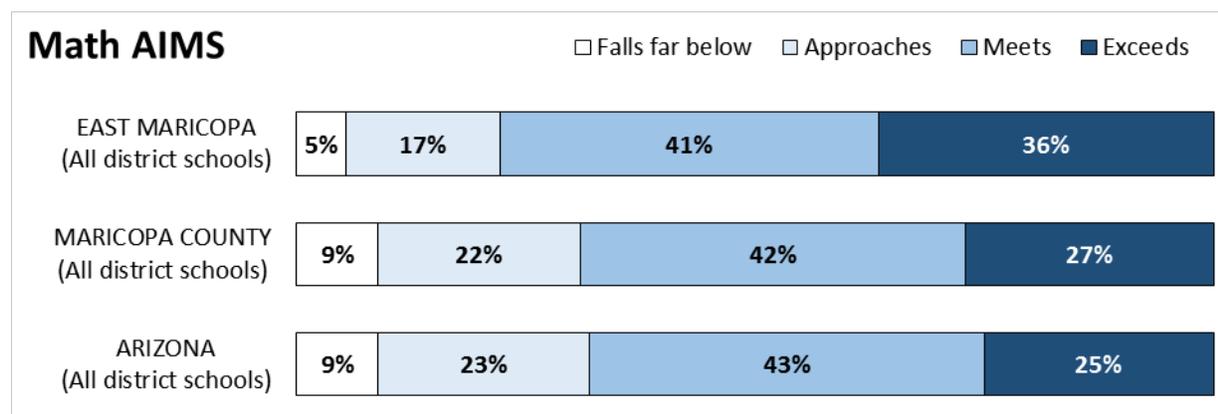
Standardized Test Scores

The primary in-school performance of current students in the public elementary schools in the state is measured by the Arizona Instrument to Measure Standards (AIMS).⁵⁷ The AIMS is required by both state and federal law, and is used to track how well students are performing compared to state standards. Performance on the AIMS directly impacts students' future progress in school. As of the 2013-2014 school year, Arizona Revised Statute⁵⁸ (also known as *Move on When Reading*) states that a student shall not be promoted from the third grade "if the pupil obtains a score on the reading portion of the Arizona's Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil's reading falls far below the third-grade level." Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities.

In order for children to be prepared to succeed on tests such as the AIMS, research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.⁵⁹

As shown in the figure below, a higher proportion of the East Maricopa Region's 3rd graders met or exceeded math and reading standards as measured by the AIMS than 3rd graders in Maricopa County and Arizona overall.

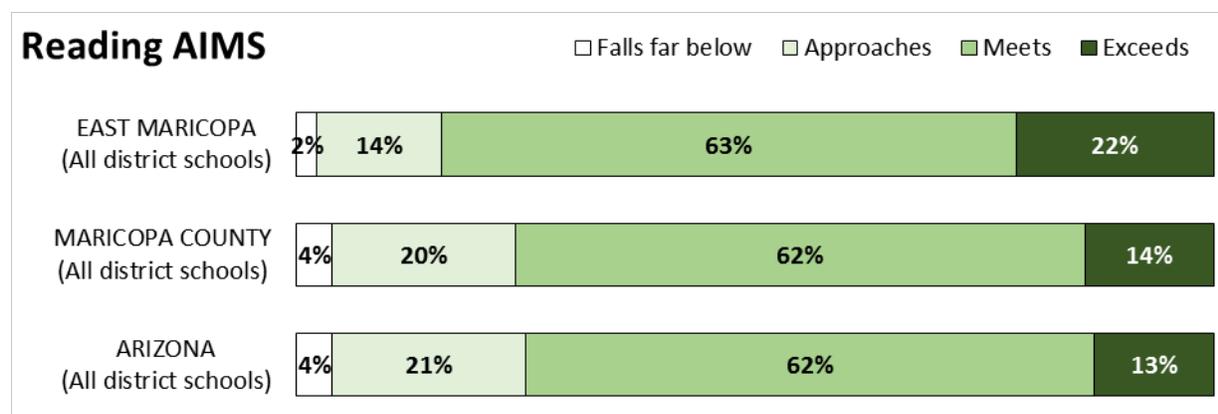
Figure 17. Results of the Arizona Instrument to Measure Standards (AIMS) Test



⁵⁷ For more information on the AIMS test, see the Arizona Department of Education's Website: www.ade.az.gov/AIMS/students.asp

⁵⁸ A.R.S. §15-701

⁵⁹ First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)



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

Table 24 and Table 25 show a breakdown of AIMS scores by school district in the East Maricopa Region. In Maricopa County, 70 percent of all district and charter school 3rd graders passed the AIMS math test in 2013. All school districts in the East Maricopa Region exceeded this rate, other than Tempe School District (63% passing). A slightly higher proportion of 3rd graders in Maricopa County passed the AIMS reading test in 2013, 77 percent. All school districts in the East Maricopa Region exceeded this rate, other than Tempe School District (74% passing). Notably, this school district includes higher poverty areas relative to surrounding school districts (see Figure 3 and Figure 9).

Table 24. Math 3rd grade AIMS results

Local Education Agency (LEA)	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
Cave Creek Unified District	2%	10%	42%	46%	88%
Chandler Unified District #80	4%	15%	43%	37%	80%
Fountain Hills Unified District	8%	20%	40%	32%	72%
Kyrene Elementary District	4%	15%	40%	41%	81%
Paradise Valley Unified District	8%	17%	41%	34%	75%
Scottsdale Unified District	4%	15%	39%	43%	82%
Tempe School District	9%	27%	41%	22%	63%
All Maricopa County Charter Schools	7%	20%	42%	31%	73%
Maricopa County (All charter and district schools)	9%	22%	42%	28%	70%

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

Table 25. Reading 3rd grade AIMS results

Local Education Agency (LEA)	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
Cave Creek Unified District	1%	7%	67%	26%	92%
Chandler Unified District #80	2%	12%	63%	23%	86%
Fountain Hills Unified District	3%	17%	60%	21%	80%
Kyrene Elementary District	2%	12%	64%	22%	87%
Paradise Valley Unified District	3%	15%	61%	21%	82%
Scottsdale Unified District	2%	10%	62%	26%	88%
Tempe School District	3%	23%	63%	11%	74%
All Maricopa County Charter Schools	2%	16%	66%	16%	82%
Maricopa County (All charter and district schools)	4%	20%	62%	15%	77%

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

A sample of students in grades 4, 8, and 12 also takes the National Assessment of Educational Progress (NAEP), which is a nationally administered measure of academic achievement that allows for comparison to national benchmarks. A 2014 report by the Annie E Casey Foundation highlighted early reading proficiency across the nation using the National Assessment of Educational Progress data. In Arizona, the percentage of fourth graders reading at or above proficient levels increased from 23 percent in 2003 to 28 percent in 2013, compared to a national average of 34 percent in 2013.⁶⁰

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

Other research shows that five year-olds with lower-income, less-educated parents score more than two years behind their more advantaged peers on standardized language development tests by the time they enter kindergarten. Further, new research posits that this gap in language development begins as early as 18 months of age.⁶¹

These data reflect not only the need to enhance language development among Arizona’s children, but also the need for increased early intervention among the state’s poorest children. However, Arizona has decreased or eliminated funding for a number of child-focused programs including full-day kindergarten, Healthy Families, family literacy and the Early Childhood Block

⁶⁰ Annie E. Casey Foundation. (2014). Early Reading Proficiency in the United States. January 2014. Retrieved from www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/E/EarlyReadingProficiency/EarlyReadingProficiency2014.pdf

⁶¹ Carey, B. (2013). Language gap between rich and poor children begins in infancy, Stanford psychologists find. Retrieved from Stanford News <http://news.stanford.edu/news/2013/september/toddler-language-gap-091213.html>

Grant. Between 2009 and 2014, Arizona's financial investment in early education is estimated to have fallen from more than \$450 million to less than \$150 million.⁶² The need for strengthening the early childhood system is clear.

⁶² Children's Action Alliance. Arizona's Investment in Early Education has Fallen Substantially. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/chart-for-NAEP-eneews-story.pdf>

The Early Childhood System: Detailed Descriptions of Assets and Needs

Quality and Access

Early Care and Education

Children who take part in high-quality early education programs have better success in school, are less likely to enter the criminal justice system⁶³ and have better long-term outcomes into adulthood, as seen through higher high school graduation rates, increased employment opportunities and earnings, and lower rates of depression and drug use.⁶⁴ Studies of the cost-effectiveness of investing in early education (pre-kindergarten) programs show a substantial return on investment in the long term through increases in economic productivity and decreases in expenses to the criminal justice system.⁶⁵

Center and Home-based Care

In the East Maricopa Region, there are 395 regulated child care providers, according to data provided to First Things First by the Department of Economic Security and Child Care Resource and Referral (CCR&R). The table below shows all but Head Start Centers, which are discussed in a subsequent section of this report. The majority of these providers (298) are ADHS licensed child care centers. Eighty-nine are DES certified homes (family child care), and eight are nannies or individuals certified by DES. The total licensed capacity for the region is 40,925.

⁶³ Lynch, R. (2007). *Enriching Children, Enriching the Nation* (Executive Summary). Washington, DC: Economic Policy Institute. Retrieved from www.epi.org/content.cfm/book_enriching

⁶⁴ The Annie E Casey Foundation. *The first eight years; giving kids a foundation for lifetime success*. (2013). Retrieved from www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf

⁶⁵ Castelazo, M. (2014). *Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs*. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

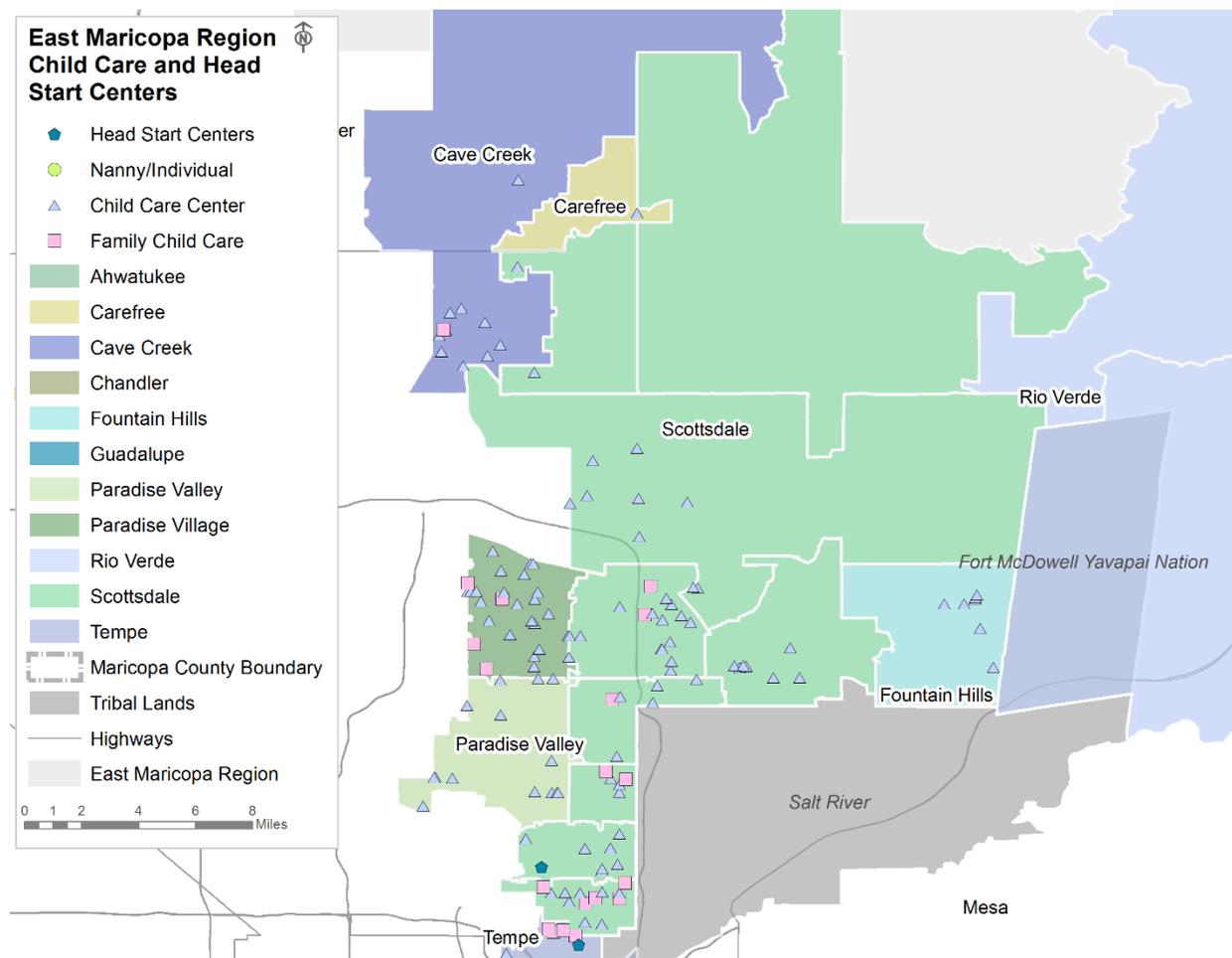
Table 26. Number of early care and education centers and homes and their capacity

GEOGRAPHY	CHILD CARE CENTERS		FAMILY CHILD CARE		NANNY/INDIVIDUAL		TOTAL CAPACITY
	NUMBER	CAPACITY	NUMBER	CAPACITY	NUMBER	CAPACITY	
East Maricopa Region	298	40,451	89	442	8	32	40,925
Chandler	87	12,148	47	231	2	8	12,387
Scottsdale	57	7,850	11	50	-	-	7,900
South Scottsdale	16	1,532	6	24	-	-	1,556
Tempe	65	8,188	25	130	6	24	8,342
Ahwatukee	34	4,805	1	4	-	-	4,809
Paradise Valley Village	22	2,824	-	-	-	-	2,824
Cave Creek	10	1,896	1	4	-	-	1,900
Fountain Hills	7	468	-	-	-	-	468
Paradise Valley	15	2,173	4	23	-	-	2,196
Guadalupe	-	-	-	-	-	-	-
Carefree	1	99	-	-	-	-	99
Rio Verde, Ft McDowell, Goldfield Ranch	-	-	-	-	-	-	-
Maricopa County	802	97,205	321	1,665	18	72	98,942
Arizona	1,907	113,468	574	3,007	22	88	116,563

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

The map in Figure 18 illustrates the locations of child care providers by type in the East Maricopa Region, according to data provided to First Things First by the Department of Economic Security and Child Care Resource and Referral (CCR&R). Figure 19 and Figure 20 provide a more detailed view of child care providers in the region by zooming in on the northern and southern geographies of the region. Grey regions in the maps are unincorporated into the East Maricopa Region. As shown in the maps, child care providers are concentrated in the southern and central portions of the region, and are sparser in the northern portion of the region. Although this corresponds with the overall population trends in the region (see Table 1), families residing in Cave Creek, Carefree, North Scottsdale and Rio Verde have fewer options for regulated child care providers, and may have to travel long distances for child care.

Figure 19. Child care providers, northern portion of the region

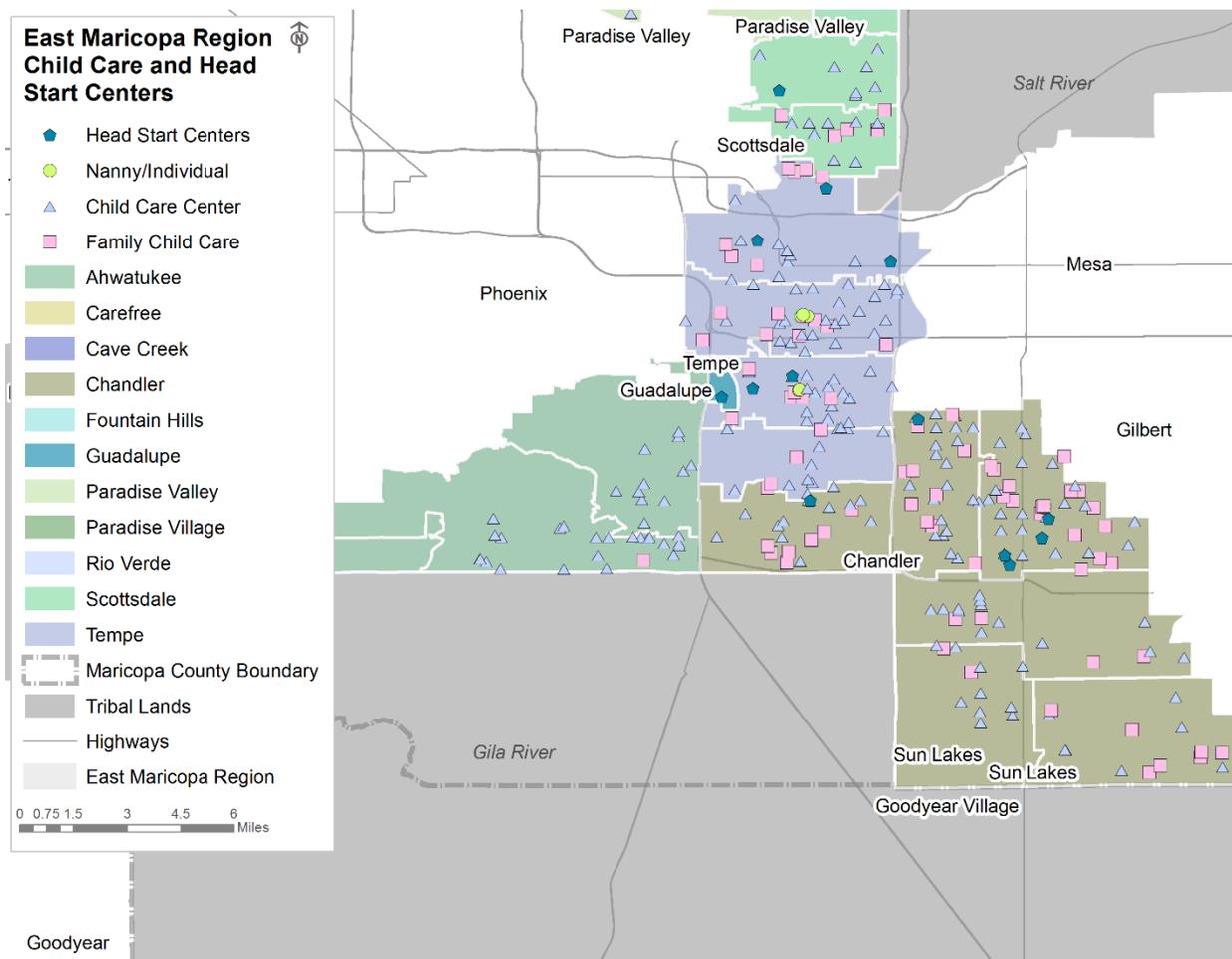


Arizona Department of Economic Security (2014). [Child Care Resource & Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request. 2010 TIGER/Line Shapefiles prepared by the US Census.

In the Fort McDowell Yavapai Nation, the H’man ‘shawa Early Development Center (ECDC)⁶⁶ serves young children (infant through kindergarten) in the Fort McDowell Yavapai community. Students living on tribal lands are provided with a free bus transportation service to and from the center, as well as free breakfast and lunch. In addition to providing early education, the ECDC offers a resource program with a special education teacher, certificated speech/language pathologist, and physical therapist. Yavapai language instruction is integrated into the ECDC curriculum.

⁶⁶ www.fmy.n.gov/departments/education-division/early-childhood-development-center/

Figure 20. Child care providers, southern portion of the region



Arizona Department of Economic Security (2014). [Child Care Resource & Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request. 2010 TIGER/Line Shapefiles prepared by the US Census.

Quality First

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

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

adults and children.⁶⁷ Quality First providers with higher star ratings receive higher financial incentives and less coaching, while those with lower ratings receive more coaching and lower financial incentives.⁶⁸ The following table describes the rating scale as defined by First Things First.

Table 27. Quality First Rating Scale

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

According to the East Maricopa Region’s FY 2015 funding plan⁶⁹, there are 60 center-based providers and five home-based providers targeted to be served through the Quality First program. Additionally, 684 Quality First Scholarship slots are available for young children in the region.

⁶⁷ First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf (April 2012)

⁶⁸ The BUILD Initiative. Arizona State Profile. Retrieved from www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf

⁶⁹ www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20East%20Maricopa%20SFY15.pdf

Local Education Authority Preschools

The No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally disadvantaged children, in meeting the state’s academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase parent involvement, additional instructional services, and school wide reform efforts.⁷⁰ The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.⁷¹ Eight school districts in the East Maricopa Region are utilizing these funds to provide a range of programmatic and support services for young children in the region.

Table 28. Number of Local Education Agency Preschools

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF PRESCHOOL PROGRAMS	PRESCHOOL STUDENTS ENROLLED
Chandler Unified District	13	766
Fountain Hills Unified District	1	50
Kyrene Elementary District	10	406
Paradise Valley Unified District	20	744
Scottsdale Unified District	12	479
Tempe School District	1	227
All Maricopa County Districts	179	8,433
All Arizona Districts	220	10,063

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

Head Start/Early Head Start

Head Start is a comprehensive early childhood education program for pre-school age children whose families meet income eligibility criteria. Arizona residents not meeting these criteria may still be eligible for Head Start if children and families are: homeless, in foster care, or receive TANF or SSI. Eligibility is determined by Head Start program staff, and some programs enroll a percentage of children from families with incomes above the Poverty Guidelines as well.⁷² Head Start addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. Early Head Start is a similar program targeted at families with younger children, and Arizona’s Early Head Start Programs are targeted at low-income pregnant women and women with children aged birth to three years. Each Early Head Start program determines its own eligibility

⁷⁰ Arizona Department of Education, 2011. Retrieved from: www.ade.az.gov/asd/title1/MissionProgDescription.asp

⁷¹ Using Title I of ESEA for Early Education Retrieved from: www.clasp.org/admin/site/publications/files/titleifaq-1.pdf

⁷² www.azheadstart.org/enrollment.php

criteria, although general eligibility criteria are similar to Head Start. The goal of the program is to aid young mothers in being better teachers and caregivers for their children, and to enhance the development of participating children. Both home-based and center-based care are provided by the Early Head Start Program.

There are four agencies of Head Start and Early Head Start in Maricopa County: the city of Phoenix, the Maricopa County Division of Education Head Start / Early Head Start, Chicanos Por La Causa, and Southwest Human Development (which serves children in the Balsz, Creighton, Madison Park, Osborn, and Paradise Valley School Districts). Catholic Community Services additionally acts as a delegate agency in the West Valley, serving El Mirage, Glendale, Peoria, Surprise, and Wickenburg.

Most children in the East Maricopa Region are likely to be served by the Maricopa County Division of Education Head Start / Early Head Start, or Southwest Human Development.

According to the 2012-2013 Head Start Program Information Report⁷³ (the most recent data publically available for all Head Start and Early Head Start programs), the Maricopa County Division of Education Head Start / Early Head Start has a total funded enrollment of 1,276 for its Head Start program, including 1,188 center-based program slots and 88 home-based program slots. The Early Head Start Program has a total funded enrollment of 179, including 80 center-based program slots and 99 home-based program slots.

Southwest Human Development offers a Head Start program with a total funded enrollment of 910, including 898 center-based program slots and 12 home-based program slots.

Chicanos Por La Causa is the Arizona Migrant and Seasonal Head Start grantee, with a total funded enrollment of 840 statewide, including 819 center-based program slots and 21 family child care program slots. Data received from Chicanos Por La Causa for this report⁷⁴ indicate that two communities in Maricopa County were served through the Migrant and Seasonal Head Start Program in the 2012-2013 program year, neither of which are in the East Maricopa Region: Dysart (17 toddlers and 61 preschoolers) and Queen Creek (39 preschoolers). In the 2013-2014 program year, these service numbers increased: 21 toddlers and 62 preschoolers were served in Dysart, and 42 preschoolers were served in Queen Creek. In the 2014-2015 program year, CPLC projects serving eight toddlers and 62 preschoolers in Dysart, and 42 preschoolers in Queen Creek.

⁷³ 2012-2013 Head Start Program Information Report (PIR). Retrieved from: <http://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

⁷⁴ Chicanos Por La Causa. Unpublished Data. Received June 2014.

Cost of Childcare

In Arizona in 2012, the average annual cost of center-based full-time child care for an infant was \$8,671, and for a four year old, \$7,398.⁷⁵ The average cost of a year’s tuition and fees at an Arizona public college was only 10 percent more. The costs of childcare increase with more than one child in a household, with the average annual cost for one infant and one four year old at \$16,069. Family based providers cost slightly less, with the annual cost for an infant at \$6,641 and for a four year old at \$6,285. Arizona was ranked 16th in the nation for least-affordable childcare for an infant in a center, and 14th for least affordable for a four year old in a center. At the state level, to pay for center-based child care for a four year old, a family of three at the federal poverty level would spend nearly 40 percent of their annual income, while a family of three at 200 percent of the federal poverty level would spend almost 20 percent of their annual income. The follow table shows the average cost of child care in a child care center for children of different ages in Maricopa County. These are estimates for one child in care, so needing child care for multiple children would increase these costs.

Table 29. Cost of early childhood care for one child (Median cost per day)

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

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

The Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care. Table 30 shows the average estimated cost of child care in a child care center by percent of median family income in several communities in the region, as well as in Maricopa County and the state. As the table shows, some communities fall well within the expenditure recommendation for most age groups. However, this is not true for all communities in the region. In Guadalupe, residents are estimated to spend more than 20 percent of the median family income for child care for children of all age groups.

⁷⁵ Child Care Aware® of America. Parents and the High Cost of Child Care. 2013 Report. <http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf>

Table 30. Cost of full time child care in a child care center by percent of median family income⁷⁶

GEOGRAPHY	MEDIAN FAMILY INCOME	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Carefree town	\$111,571	9%	8%	7%
Cave Creek town	\$84,878	12%	11%	10%
Chandler city	\$81,662	12%	11%	10%
Fountain Hills town	\$89,591	11%	10%	9%
Guadalupe town	\$38,523	26%	24%	21%
Paradise Valley town	\$198,594	5%	5%	4%
Scottsdale city	\$95,257	11%	10%	9%
Tempe city	\$63,883	16%	15%	13%
Arizona	\$59,563	17%	15%	13%
Maricopa County	\$64,841	16%	14%	13%

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

It is important to note that the percentages shown above are reflective of families with only one young child in need of full-time care. Families with more than one child under five requiring child care would spend a greater proportion of their income on child care. Moreover, the percentages above were calculated with the average median income for all families. Single parent homes, particularly those with a single female householder, typically have a lower median income in the East Maricopa Region (see Table 12), resulting in a higher cost of child care by percent of median income. Single parent families may also be more likely to need full-time child care than married-couple families.

These data suggest that although full time child care may be affordable to the average family in several communities in the East Maricopa Region, it is likely to be a challenge for the majority of families in Guadalupe, Tempe, Cave Creek, and Chandler. Additionally, key informants interviewed for this report noted that families residing in South Scottsdale struggle to afford child care, which makes sense given that the median income in South Scottsdale tends to be lower than the median income in the rest of the city (see Figure 10). Assuring that resources such as Quality First Scholarships funded by the First Things First East Maricopa Regional Partnership Council reach families in these communities is key to supporting early education for young children in the region.

⁷⁶Median income data are available at the community level, but average cost of child care are available at the state and county levels only. These calculations were made with community-level median income data and county-level data on average child care costs. Additionally, child care cost figures assume that child care will be used for 240 days per year.

Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers holding a college degree rose from 47 to 50 percent over the same time period. During that same period, however, the wages of assistant teachers, teachers and administrative directors working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona only make about half the annual income of kindergarten and elementary school teachers across the state.⁷⁷ It is likely that these issues impact retention and turnover of early care and education professionals across the state.

Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential or AA degree. A Bachelor's Degree model of the TEACH program is also currently being piloted in one First Things First Region. According to the East Maricopa Region's FY 2015 funding plan⁷⁸, the region aims to provide TEACH scholarships to 75 child care professionals to take coursework leading to an associate's degree. An additional 50 scholarships will be funded through a non-TEACH strategy. The East Maricopa Region also funds a First Things First Professional REWARD\$ strategy, which aims to improve the retention of early education professionals by rewarding longevity and progressive education through financial incentives. The East Maricopa Region aims to reach 148 child care professionals through this strategy in FY 2015. Key informants interviewed for this report expressed that First Things First professional development scholarships are highly beneficial to enhancing the early childhood education system throughout the region.

⁷⁷ Arizona Early childhood Development and Health Board (First Things First). (2013). Arizona's Unknown Education Issue: Early Learning Workforce Trends. Retrieved from www.azftf.gov/WhoWeAre/Board/Documents/FTF-CCReport.pdf

⁷⁸ www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20East%20Maricopa%20SFY15.pdf

Opportunities for Professional Development

There are a wide variety of professional development opportunities for early childhood education workers in Maricopa County. Table 31 shows the degree programs proximal to the East Maricopa Region.

Table 31. Degrees offered at community colleges proximal to the East Maricopa Region

COLLEGE	DEGREE OFFERED
Mesa Community College	A.A.S. in Early Childhood Administration and Management A.A.S. in Early Learning and Development C.C.L., Early Care Specialist Academic Certificate, Child and Family Professional Development Academic Certificate, Teaching Second Language Acquisition through STEM
Paradise Valley Community College	A.A.S. in Early Childhood Education C.D.A. in Early Childhood Education Certificate of Completion, Early Childhood Education Arizona Department of Education Early Childhood Certificate
Phoenix Community College	C.C.L. in Early Childhood Classroom Management A.A.S. in Early Childhood Education and Administration C.C.L. in Early Childhood Education and Administration
Rio Salado College (online learning program)	A.A.S. in Early Childhood Administration and Management A.A.S. in Early Learning and Development
Scottsdale Community College	A.A.S in Early Learning and Development
South Mountain Community College	A.A.S. in Early Childhood Development C.C.L. in Early Childhood Development

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

Mesa Community College: www.mesacc.edu

Paradise Valley Community College: www.paradisevalley.edu

Phoenix Community College: www.phoenixcollege.edu

Rio Salado College: www.riosalado.edu

Scottsdale Community College: www.scottsdalecc.edu

South Mountain Community College: www.southmountaincc.edu

Additionally, Arizona State University (ASU) offers an Early Childhood and Early Childhood Special Education program through their Bachelor of Arts in Education degree. This program is offered out of ASU’s Tempe campus. ASU also offers some online Early Childhood Education programs that can be completed from anywhere, including a MEd in Early Childhood Education. Graduate certificates in Autism Spectrum Disorders and Applied Behavior Analysis are also offered online through ASU’s Mary Lou Fulton Teachers College.⁷⁹

⁷⁹ Retrieved June 2014 from www.asu.edu and www.asuonline.edu

Health

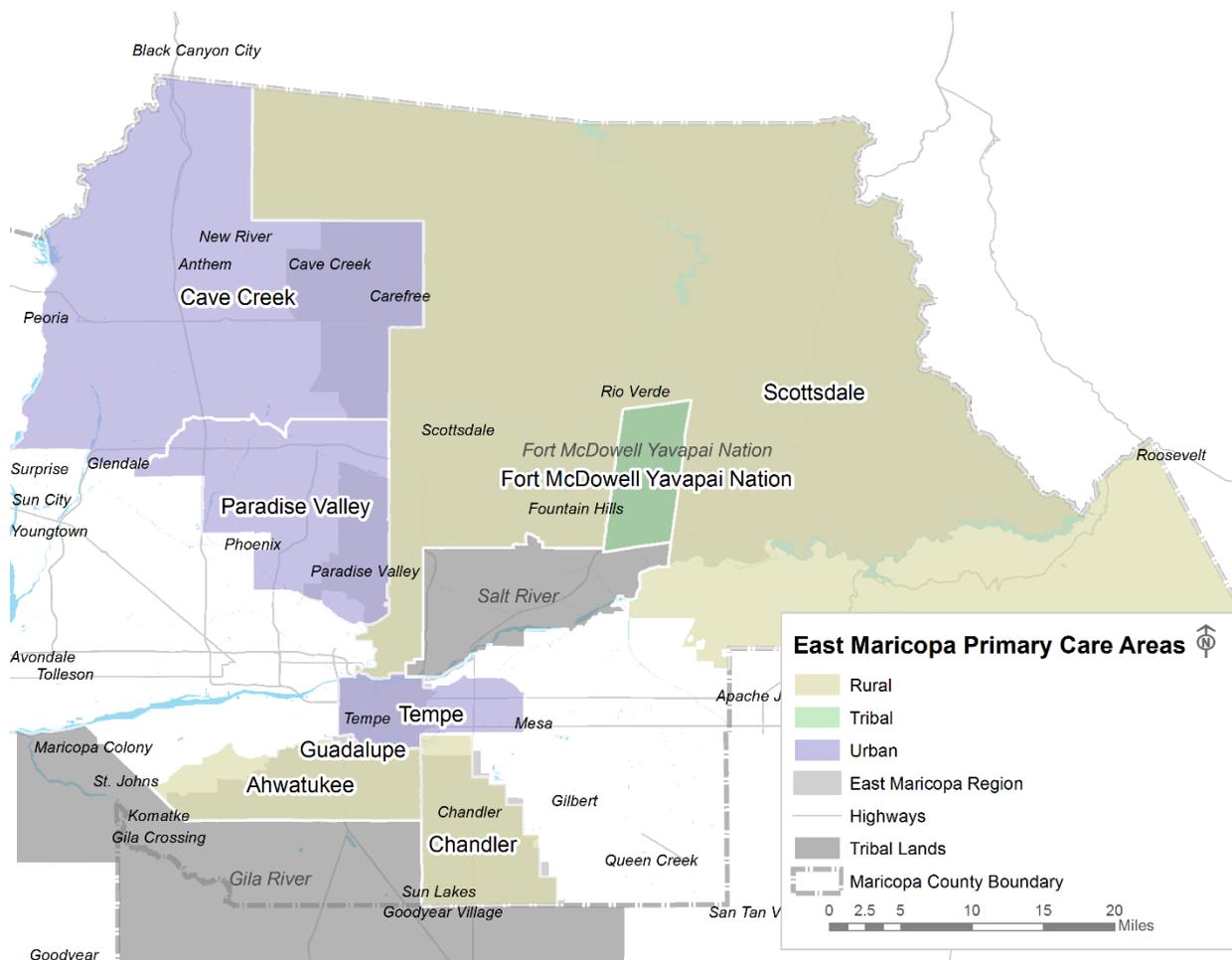
Access to Care

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas (PCAs) as geographically based areas in which most residents seek primary medical care within the same places.⁸⁰ The labels for the Primary Care Areas are drawn from the major population centers for those areas. There are eight Primary Care Areas within the region: Chandler, Guadalupe, Ahwatukee, Tempe, Paradise Valley, Cave Creek, Scottsdale, and the Fort McDowell Yavapai Nation. The figure below shows a map of the East Maricopa Region's PCAs. Cave Creek, Paradise Valley, and Tempe are designated as urban; the Fort McDowell Yavapai Nation is designated as tribal; and all other PCA's in the region have rural designations.⁸¹

⁸⁰ Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

⁸¹ Primary Care Areas can receive one of four designations: Urban, Rural, Frontier or Indian. Urban Primary Care Areas are PCAs in counties with a population greater than 400,000 and where the Census County Division (CCD) population is greater than or equal to 50,000. Rural Primary Care Areas are those which a) do not meet the criteria for Frontier and b) are in counties with a population less than 400,000, or where the county population is above 400,000 but the CCD population is less than 50,000. Frontier Primary Care Areas are those with fewer than 6 persons per square mile for the latest population estimates. Tribal Primary Care Areas are Primary Care Areas on tribal lands. A Census County Division (CCD) is a relatively permanent subdivision of a county made by the Census Bureau for statistical purposes.

Figure 21. Primary Care Areas in the East Maricopa Region



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

Medically Underserved Areas and Populations (MUAs and MUPs) are federally designated areas or populations that have a need for medical services based on: too few primary care providers; high infant mortality; high poverty; and/or high elderly population. Groups designated as an MUP include those with economic barriers such as being largely low-income or Medicaid-eligible populations, or those with culture and/or linguistic access barriers to primary care services. With 36 MUAs and 10 MUPs in Arizona, each of Arizona’s 15 counties has some areas designated as medically underserved areas or population.⁸²

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) and Health Professional Shortage Areas (HPSAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA is given a score based on 14 weighted items including points given for: ambulatory sensitive conditions;

⁸² Arizona State Health Assessment, December 2013. Arizona Department of Health Services. www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

population ratio; transportation score; percentage of population below poverty; percentage of uninsured births; low birth weight births; prenatal care; percentage of death before the U.S. birth life expectancy; infant mortality rate; and percent minorities, elderly, and unemployed. As of April 2013 (the most recent year for which data are available), Guadalupe is designated as an Arizona Medically Underserved Area.⁸³ Guadalupe, Chandler, North Tempe, and Paradise Valley are also designated as Federal Medically Underserved Areas as of August 2013.⁸⁴

A new priority for the State Title V priorities for 2011-2016 for Arizona's maternal and child health population is to improve access to and quality of preventive health services for children. According to a 2013 report, Arizona may have increasing capacity to provide preventive health services for children ages birth through five years through funding from First Things First, and through potential funding for home visiting programs through the Affordable Care Act.⁸⁵

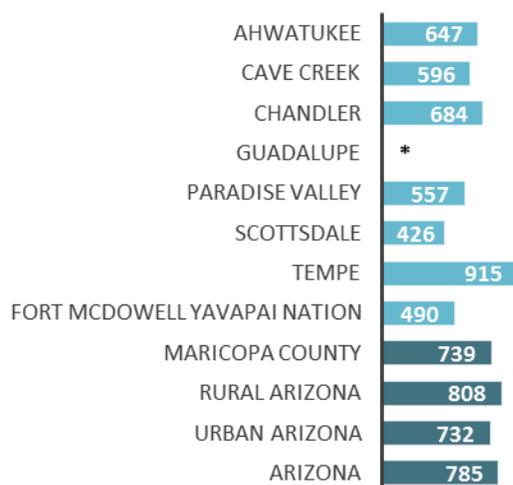
Figure 22 shows the ratio of the population to primary care providers in the region by PCA. The ratio of the population to the number of primary care providers can be used as an indicator of the healthcare infrastructure within the region. In Arizona as a whole, the ratio of residents to the primary care providers is about 785:1; in Maricopa County, this ratio is slightly lower, 739:1.

⁸³ www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf

⁸⁴ www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/Federal_MUA.pdf

⁸⁵ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf

Figure 22. Ratio of population to primary care providers⁸⁶



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

In addition to a number of family primary care practitioners and pediatricians in the East Maricopa Region, there are several clinics, hospitals, urgent care and specialty centers throughout the region. In Tempe, CJ Harris Multi-Specialty Center⁸⁷ (part of the Cigna Medical Group) offers a variety of medical services, including family medicine practice, diabetic education, general surgery, and vision testing. The Tempe Medical Center⁸⁸ (also part of the Cigna Medical Group) offers pediatric, family medicine, lab and pharmacy services. The Mesa Pediatric Professional Association⁸⁹ has an office in Tempe with seven providers who provide wellness, preventative, episodic, and chronic care for children from birth to age 21. Mountain Park Health⁹⁰ offers family medicine, pediatric, and women’s health services, as well as bilingual

⁸⁶ Note: The Primary Care Area Statistical Profile for Guadalupe lists the ratio of population to primary providers for this community as zero. However, as noted in the text, there are medical clinics offering primary care, family medicine, and additional medical services in the Guadalupe community. These providers may be board certified at an address outside of the Guadalupe zip code and therefore are not included in the Statistical Profile ratio. The Arizona Department of Health Services defines Primary Care Providers as follows: “Number of active providers, and ratio to population of Family Practice, General Practice, Gynecology, Internal Medicine, Obstetrics and Gynecology, Obstetrics, Pediatrics (MD’s) physicians, all active Osteopathic Physicians (DO’s), Nurse Practitioners (NP’s) and Physician Assistants (PA’s) working in Primary Care (includes federal doctors). NP’s and PA’s are counted as .8 of an MD FTE. Source: MD’s and PA’s from the Arizona Board of Medical Examiners, July 2012; NP’s from the Arizona Board of Nursing, July 2012; and DO’s from the Arizona Board of Osteopathic Examiners, July 2012, updated with MD FTE survey.” www.azdhs.gov/hsd/data/profiles/documents/datadocu.pdf

⁸⁷ www.cigna.com/cmga/locations/cj-harris-multi-specialty-center

⁸⁸ www.cigna.com/cmga/locations/tempe-medical-office

⁸⁹ www.mesaped.com/our-practice/

⁹⁰ <http://mountainparkhealth.org/>

classes about diabetes management, children's nutrition, and exercise. Banner Health⁹¹ operates a clinic in Tempe that provides general adult primary care, including women's health services. La Vereda Medical Center⁹² specializes in family medicine and offers patients naturopathic options for care. The St. Luke's Medical Center⁹³ offers a wide range of medical specialties including ear, nose, and throat surgery and physical therapy. The center also houses the Tempe St. Luke's Hospital, an 87-bed hospital offering emergency care, intensive care, and women's care (including birthing suites and mother and infant education). Behavioral health care for patients of all ages is also offered through the St. Luke's Behavioral Health Center. Additionally, there are several urgent care centers in Tempe. Fast Med Urgent Care⁹⁴ operates three urgent care facilities in Tempe. Urgent Care Extra⁹⁵ additionally operates three urgent care facilities in Tempe, and Concentra Urgent Care⁹⁶ also offers a Tempe location.

In Guadalupe, the Maricopa Integrated Health System operates a family health center⁹⁷ providing primary care for children and adults, dental care, pharmacy services, and radiology. Pediatric and ob/gyn services are also offered. The Las Fuentes Health Clinic of Guadalupe⁹⁸ is a non-profit corporation that provides medical care to people without insurance. The clinic offers family medicine, women's health, acupuncture, chiropractic and traditional medicine. They also provide health education to local schools and events.

In Chandler, the Chandler Medical Office⁹⁹ offers several services including family medicine, optometry, and pediatrics. The Maricopa Integrated Health System¹⁰⁰ operates a family health center in Chandler¹⁰¹ that provides pediatric, internal medicine, ob/gyn, dental services, and pharmacy services. The Mesa Pediatric Professional Association¹⁰² has an office in Chandler with five providers who offer wellness, preventative, episodic and chronic care for children from birth to age 21. The Hope Community Health Center¹⁰³ is a Christian ministry health center

⁹¹ www.bannerhealth.com/_Banner+Medical+Group/Office+Locations/_Banner+Health+clinic++internal+medicine++tempe/About+Us.htm?rd=bmg-southernaveim

⁹² www.laveredamedicalcenter.com/_site/index.html

⁹³ www.stlukesmedcenter.com/services/

⁹⁴ www.fastmed.com/

⁹⁵ www.urgentcareextra.com/

⁹⁶ www.concentra.com/

⁹⁷ <http://mesafamilyhealthcenter.org/>

⁹⁸ www.lasfuentes.org/index.htm

⁹⁹ www.cigna.com/cm gaz/locations/chandler-medical-office

¹⁰⁰ <http://mesafamilyhealthcenter.org/>

¹⁰¹ <http://mesafamilyhealthcenter.org/>

¹⁰² www.mesapeds.com/our-practice/

¹⁰³ http://hopecommunityhealthcenter.org/index.php?option=com_content&view=article&id=267&Itemid=218

staffed by volunteer medical professionals, and offers primary care and lab services to uninsured patients for a flat fee of \$20. There are several urgent care centers in Chandler, including three Fast Med Urgent Care¹⁰⁴ locations, Next Care Urgent Care¹⁰⁵, Chandler Valley Urgent Care,¹⁰⁶ Sun Valley Pediatric Urgent Care,¹⁰⁷ Desert Valley Urgent Care,¹⁰⁸ and Oasis Urgent Care.¹⁰⁹ Additionally, the Chandler Regional Medical Center¹¹⁰ is a 243-bed acute-care center that offers several services including emergency services, family birth center, intensive care, outpatient services, and urgent care.

The Chandler Regional Medical Center also offers an urgent care center in Ahwatukee.¹¹¹ Additionally, the Ahwatukee Family Medical Clinic¹¹² offers primary care to patients of all ages, and accepts uninsured patients and patients on Medicare and AHCCCS.

In Scottsdale, the Scottsdale Medical Office¹¹³ (part of the Cigna Medical Group) offers several services including family medicine, pediatrics, diabetic education, and a pharmacy. Scottsdale Norte Medical Office¹¹⁴ offers family medicine, digital imaging, and lab services. The Scottsdale Children's Group¹¹⁵ has two offices in Scottsdale offering pediatric care and urgent care services. North Scottsdale Family Medicine¹¹⁶ offers EKGs, childhood and adult immunizations, preventative care, x-rays, and well-child care for children ages two and older.

There are also a number of urgent and emergency care services in the Scottsdale community. Fast Med Urgent Care¹¹⁷ has two offices in Scottsdale that offer care for any non-emergency illness or injury including radiology exams, wound care, nebulizer treatments, and blood glucose problem testing. The Scottsdale Healthcare Osborn Medical Center¹¹⁸ is a 337-bed medical center leading the fields of trauma, orthopedics, neurosurgery, cardiovascular, and

¹⁰⁴ www.fastmed.com/locations/fastmed-locations-by-state/arizona/chandler-az-s-arizona-avenue

¹⁰⁵ www.nextcare.com/locations/az/chandler

¹⁰⁶ www.chandlerurgentcare.com/services

¹⁰⁷ www.sunvalleypediatric.com/Services.html

¹⁰⁸ <http://desertvalleyurgentcare.com/>

¹⁰⁹ <http://desertvalleyurgentcare.com/>

¹¹⁰ <https://hospitals.dignityhealth.org/chandlerregional/pages/default.aspx>

¹¹¹ <https://hospitals.dignityhealth.org/chandlerregional/Pages/services/urgent-care-centers/Urgent-Care--Ahwatukee.aspx>

¹¹² www.phoenixfamilymedical.com/ahwatukee-family-clinic.html

¹¹³ www.cigna.com/cmgaaz/locations/scottsdale-medical-office

¹¹⁴ www.cigna.com/cmgaaz/locations/scottsdale-norte-medical-office

¹¹⁵ www.scottsdalechildrensgroup.com/tour.html

¹¹⁶ www.nsfma.com/

¹¹⁷ www.fastmed.com/locations/fastmed-locations-by-state/arizona/scottsdale-az-e-shea-blvd

¹¹⁸ www.shc.org/scottsdale-healthcare-osborn-medical-center

critical care. They are a level one trauma center and a primary stroke center, and also house the Greenbaum Surgical Specialty Hospital, which has 26 private rooms and offers general surgery, gynecology, a family birthing center, and a neonatal unit. The Scottsdale Healthcare Shea Medical Center¹¹⁹ is a 433-bed medical center with services including an emergency department (including a pediatric ER), a level three NICU, and pediatric and women's services. The Virginia G. Piper Cancer Center,¹²⁰ located on the hospital campus, has 10 operating rooms and nine short-term private hospital rooms. The Scottsdale Healthcare Thompson Peak Hospital¹²¹ has an all-ages emergency department, inpatient and outpatient surgical programs, and gynecology services. The Mayo Clinic operates a 240-exam room outpatient clinic in Scottsdale¹²² that offers outpatient surgery, diagnostic testing, imaging, and pharmacy services. The Phoenix Children's Hospital Scottsdale Urgent Care for Children¹²³ offers emergency care for a variety of needs including allergic reactions, asthma, dehydration, and foreign body removal.

There are a number of primary care and pediatric providers in Paradise Valley, many of whom operate private practices. Three NextCare Urgent Care centers are proximal to Paradise Valley, as well as a FastMed Urgent Care location.

In Fountain Hills, the Fountain Hills Family Practice¹²⁴ is staffed by three doctors and four physician assistants and offers family medicine services. Fountain Hills Pediatrics and Internal Medicine¹²⁵ treats acute and chronic conditions in both children and adults, and also offers preventative services.

In Carefree, Carefree Internal Medicine¹²⁶ provides primary care services for patients ages twelve and older. This includes diagnosing and managing medical conditions, routine exams for men and women, physicals, blood withdrawals and bone density exams. There is also a certified nutritionist available on site for consultations and education.

In the Fort McDowell Yavapai Nation, the Wassaja Memorial Health Center¹²⁷ provides primary care and community health services. The health center offers a range of services, including

¹¹⁹ www.shc.org/scottsdale-healthcare-shea-medical-center

¹²⁰ www.shc.org/hospitals-facilities/she-a-medical-center/piper-surgery-center

¹²¹ www.shc.org/scottsdale-healthcare-thompson-peak-hospital

¹²² (www.mayoclinic.org/patient-visitor-guide/arizona/clinic-hospital-buildings)

¹²³ (www.phoenixchildrens.org/urgent-care/scottsdale-directions)

¹²⁴ (www.fountainhillfamilypractice.com/staff_pages/provider_staff/provider_index.html)

¹²⁵ www.fountainhilldoctors.com/

¹²⁶ www.carefreeinternalmedicine.com/index.html

¹²⁷ www.fmyn.org/departments/clinic/

illness treatment, physicals, pregnancy/lab testing, and an optometry clinic. They also offer diabetes, asthma, and breast health education programs, and a program offering caregiver support.

Additionally, the Phoenix Indian Medical Center (PIMC), an Indian Health Services (IHS) hospital¹²⁸ provides healthcare services to American Indians and Alaska Natives (AIANs) who are members of federally recognized tribes residing in the metropolitan areas of Phoenix and to AIAN tribal members from other areas through the Phoenix Area region who are referred to PIMC. Indian Health Service serves approximately 61,800 active users in Maricopa County, including 7,323 children under the age of six.¹²⁹ There are 127 beds located in PIMC and over 600 people staff the facility. Services offered at PIMC include: anesthesiology, pediatrics, internal medicine, surgery, plastic surgery, obstetrics-gynecology, emergency medicine, radiology, physical therapy, dental services, and more. Subspecialties of PIMC include gastroenterology, infectious disease, and pulmonary health. There are also future plans to expand PIMC to include a cardiology subspecialty department. PIMC also offers an array of community health services to AIANs residing in the Phoenix area, including public health nursing, social services, mental health and substance abuse services, health education, environmental health, and nutritional services. Additionally, PIMC is unique in the fact that an entire floor in the PIMC building is dedicated to the National Institutes of Health, where research on common diseases found in Southwest tribes is conducted.

Urban Native Americans and other community members residing in Maricopa County may also receive healthcare from Native Health. Native Health,¹³⁰ which offers numerous healthcare and wellness services, has been operating since 1978 and has grown and expanded greatly over the years. Native Health now operates Native Health Central, NHW Community Health Center, Native Health Information and Referral Center (located in the Metrocenter Mall), and three WIC facilities located at both Native Health medical facilities (Native Health Central and NHW Community Health Center) and the Phoenix Indian Medical Center (PIMC). The services Native Health provides include podiatry, diabetes education, chronic care management, behavioral health, primary medical services, pediatric services, prenatal and women's health, optometry services, and dental services. Native Health also operates a Health Start (Mothers) Program, which is funded by the Arizona Department of Health Services. This program trains Community

¹²⁸ Indian Health Services. Phoenix Service Unit. *U.S. Department of Health and Human Services*. Retrieved from www.ihs.gov/phoenix/index.cfm?module=dsp_phx_hf_phx

¹²⁹ *Indian Health Service Phoenix Area*. [2014]. FY-2013 Active Users and Census Projections. Unpublished data provided by the Indian Health Service Phoenix Area. Please note that the IHS estimates are based on data from the active users (defined as any child who had one or more visits during this two-year period) under the age of six in fiscal years 2011-2013). These data are based on the children's place of residence and not on where the service was provided. It can be assumed that in most cases services were received at Phoenix Indian Medical Center.

¹³⁰ www.nativehealthphoenix.org/

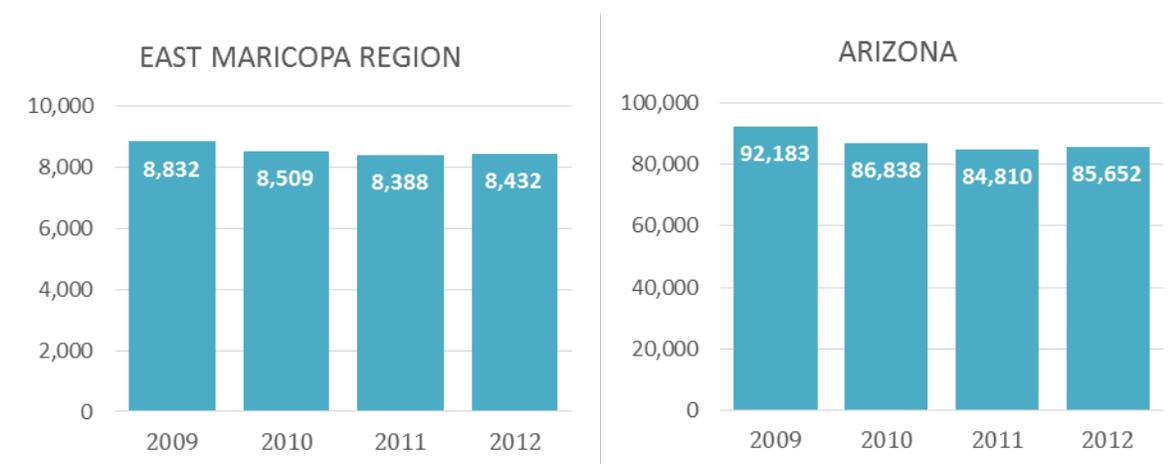
Health Workers (CHWs) to help women in the Phoenix area receive prenatal care and to ensure children receive needed immunizations. The program also offers health and wellness guidance to women and families during pregnancy and until the child reaches the age of two.

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

Pregnancies and Births

The population of Arizona has grown in recent years, however, the number of births decreased from 2009 to 2011, with a slight increase in 2012.¹³¹ As shown in the following figure, births in the East Maricopa Region have followed a similar trajectory.

Figure 23. Number of births per calendar year in the East Maricopa Region (2009-2012)



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

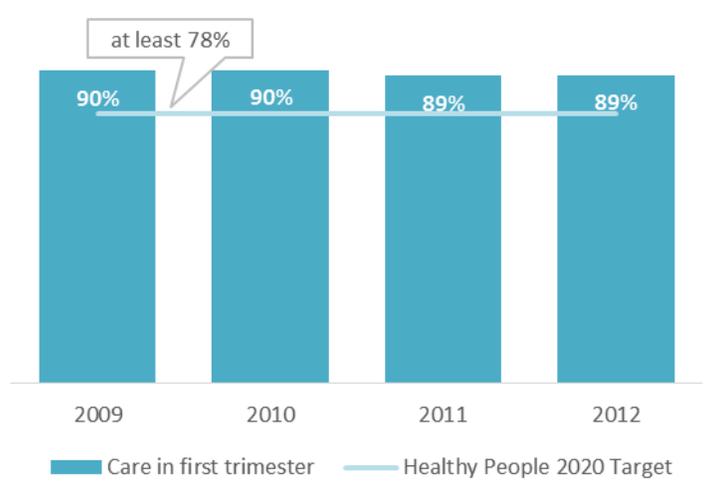
Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant

¹³¹ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf

mortality, premature births, and low-birth-weight births.¹³² Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent or more. In Arizona as a whole, 79 percent of births meet this standard. As shown in Figure 24, a greater proportion of women receive prenatal care in the first trimester of pregnancy in the East Maricopa Region: 89 percent in 2012. The East Maricopa Region meets the Healthy People 2020 target for receiving prenatal care in the first trimester of pregnancy. Figure 25 shows the average percent of births with prenatal care begun in the first trimester by Primary Care Area, averaged over the years 2002-2011. As demonstrated by the figure, although the East Maricopa Region as a whole met the Healthy People 2020 target for receiving prenatal care in the first trimester in 2012, some communities in the region did not meet this target. In the Guadalupe PCA, averaged over the years 2002-2011, only 72 percent of women received prenatal care in the first trimester, and this proportion was lower in the Fort McDowell Yavapai Nation PCA (67%).

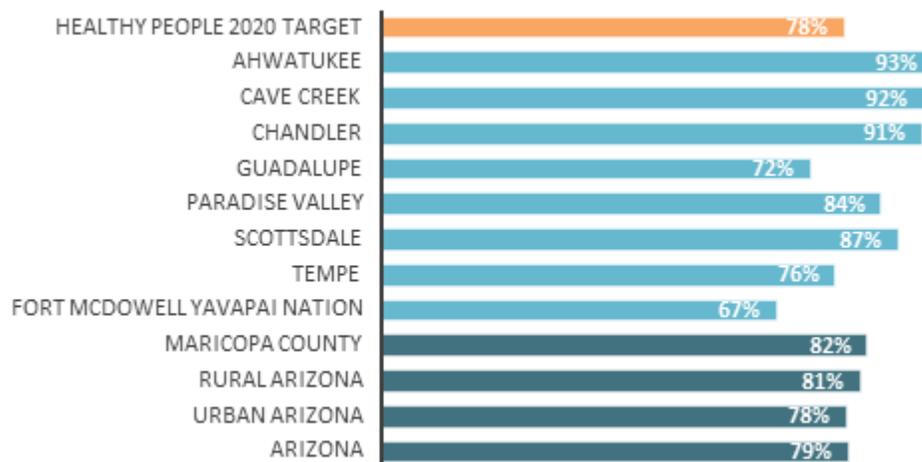
Figure 24. Average percent of births with prenatal care begun first trimester by year in the East Maricopa Region



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

¹³² Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC’s Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf

Figure 25. Average percent of births with prenatal care begun first trimester by PCA (2002-2011)

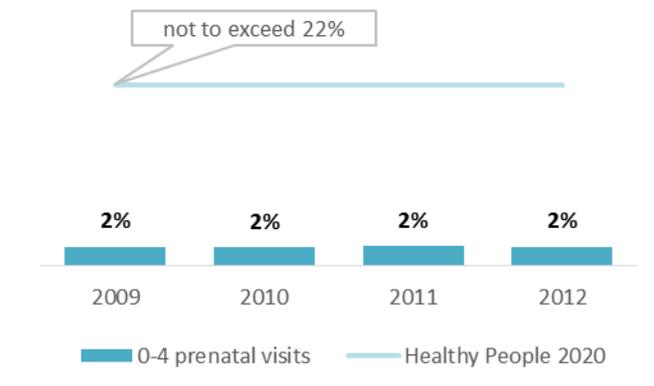


Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from www.azdhs.gov/hsd/data/profiles/primary-care/

In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number.¹³³ The Healthy People 2020 target for receiving fewer than five prenatal care visits is less than 22 percent. The East Maricopa Region met these targets from 2009-2012, and the percentage of women receiving four or fewer prenatal visits remained low and stable from 2009 to 2012 (see Figure 26). Averaged over the years 2002-2011, the Guadalupe PCA had the highest percentage of women receiving four or fewer prenatal visits (9%), followed by Tempe (6%; see Figure 27). These data suggest that there may be barriers to accessing prenatal care in these communities.

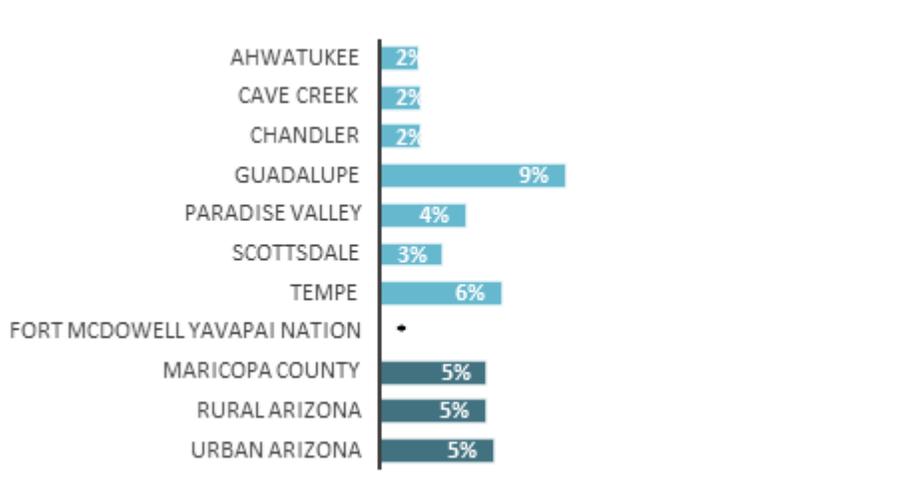
¹³³ American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 5th ed. Elk Grove Village, Ill.: American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists, 2002

Figure 26. Average percent of births with fewer than five prenatal care visits by year in the East Maricopa Region



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

Figure 27. Average percent of births with fewer than five prenatal care visits by PCA (2002-2011)



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

Note: Data were not available for the Fort McDowell Yavapai Nation.

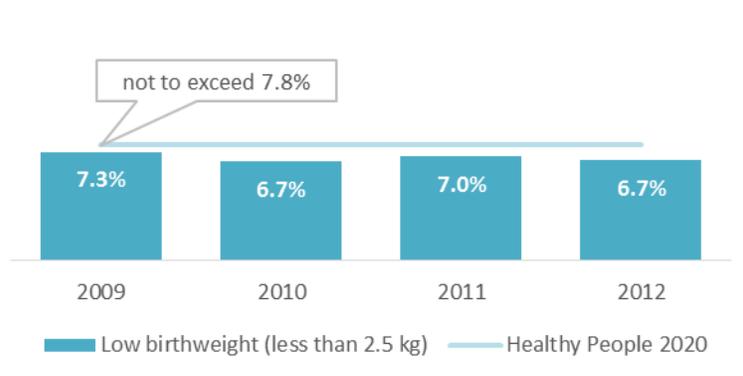
Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or older than 35 years, infections involving the uterus or in the fetus, placental problems, and birth defects,¹³⁴ as well as air pollution.¹³⁵ The Healthy People 2020 target is 7.8 percent or

¹³⁴ Arizona Department of Health Services. Preterm Birth and Low Birth Weight in Arizona, 2010. Retrieved from: www.azdhs.gov/phs/owch/pdf/issues/Preterm-LowBirthWeightIssueBrief2010.pdf

¹³⁵ Pedersen, M., et al. (2013). Ambient air pollution and low birth weight: A European cohort study (ESCAPE). The Lancet Respiratory Medicine. Advance online publication. Doi: 10.1016/S2213-2600(13)70192-9

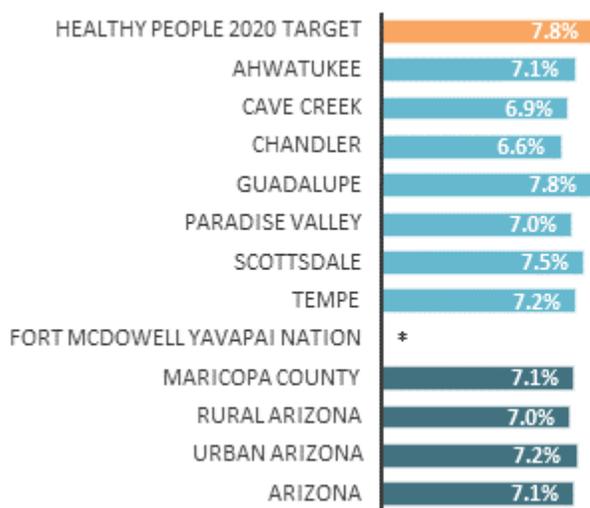
fewer births where babies are a low birth weight. As shown in Figure 28, the East Maricopa Region met the Healthy People 2020 target in 2012, and low birth weight births decreased between 2009 and 2012. Figure 29 shows the percent of babies born with low birth weight averaged over the years 2002-2011 for PCAs in the East Maricopa Region. The Guadalupe PCA had the highest percentage of low weight births (7.8%), but still met the Healthy People 2020 target.

Figure 28. Average percent of births with low birth weight (5 lbs., 8oz. or less) births by year in the East Maricopa Region (2009-2012)



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

Figure 29. Average percent of births with low birth weight (5 lbs., 8oz. or less) by PCA (2002-2011)



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

Note: Data were not available for the Fort McDowell Yavapai Nation.

Teenage parenthood, particularly when teenage mothers are under 18 years of age, is associated with a number of health concerns for infants, including neonatal death, Sudden Infant Death Syndrome (SIDS), and child abuse and neglect.¹³⁶ In addition, the children of teenage mothers are more likely to have lower school achievement and drop out of high school, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult. Teenaged mothers themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.¹³⁷

The teen birth rate in Arizona in 2012 was 18.7/1000 for females aged 15-17, and 66.1/1000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years (reflective of the national trend), Arizona still has the 11th highest teen birth rate nationally.¹³⁸ Arizona had the largest decline in teen pregnancy in the nation between 2007 and 2010, with a 29% decline.¹³⁹ However the teen birth rate in Arizona is still higher than the national average, for both girls aged 10-14 and 15-19.

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

In 2012, nine percent of all births in Arizona were to mothers aged 19 or younger; in the East Maricopa Region, 6.4 percent of births were to teenage mothers.

¹³⁶ Office of Population Affairs, Department of Health and Human Services, (2010). Focus area 9: Family Planning, Healthy People 2010. Retrieved from:
www.healthypeople.gov/Document/HTML/Volume1/09Family.htm

¹³⁷ Centers for Disease control and Prevention. Teen Pregnancy. About Teen Pregnancy. Retrieved from:
www.cdc.gov/teenpregnancy/aboutteenpreg.htm

¹³⁸ The National Campaign to Prevent Teen and Unplanned Pregnancy. Teen Birth Rate Comparison, 2012.
<http://thenationalcampaign.org/data/compare/1701>

¹³⁹ Arizona State Health Assessment, December 2013. Arizona Department of Health Services.
www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

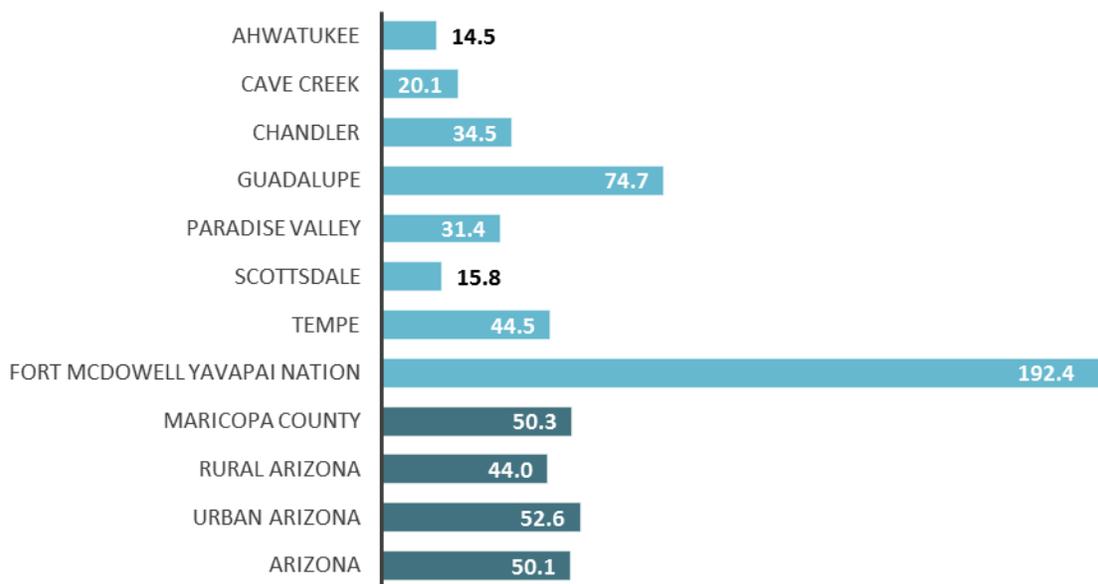
Figure 30. Births to teen mothers by year in the East Maricopa Region (2009-2012)



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

In the East Maricopa Region, the number of births to teenage mothers varies by PCA. The teen birth rate is highest in the Fort McDowell Yavapai Nation PCA (192.4 teen births per thousand). The Guadalupe PCA (74.7 teen births per thousand) and the Tempe PCA (44.5 teen births per thousand) also had higher rates, averaged over a decade, than most other PCAs in the region.

Figure 31. Rate of teen births per 1,000 females by PCA (2002-2011)



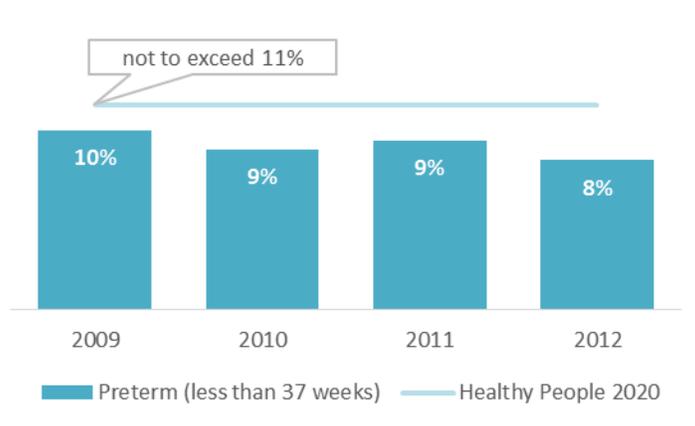
Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from www.azdhs.gov/hsd/data/profiles/primary-care/

In Arizona, teen pregnancy was estimated to have cost the state \$240 million in 2010. The costs in previous years had been much higher and if the declines in teen pregnancy seen in recent years had not occurred, the state would have needed to spend an estimated \$287 million more

in 2010.¹⁴⁰ Reducing the rate of teen pregnancy among youth less than 19 years of age is one of the ten State Title V priorities for 2011-2016 for Arizona's maternal and child health population.¹⁴¹

Teen pregnancy is often linked with preterm births,¹⁴² although the percent of preterm births in the region meets the Healthy People 2020 target of not exceeding 11 percent. In 2012, eight percent of births were preterm births in the East Maricopa Region, below the state percentage for that year (just over 9%).

Figure 32. Percent of preterm births in the East Maricopa Region by year (under 37 weeks)



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

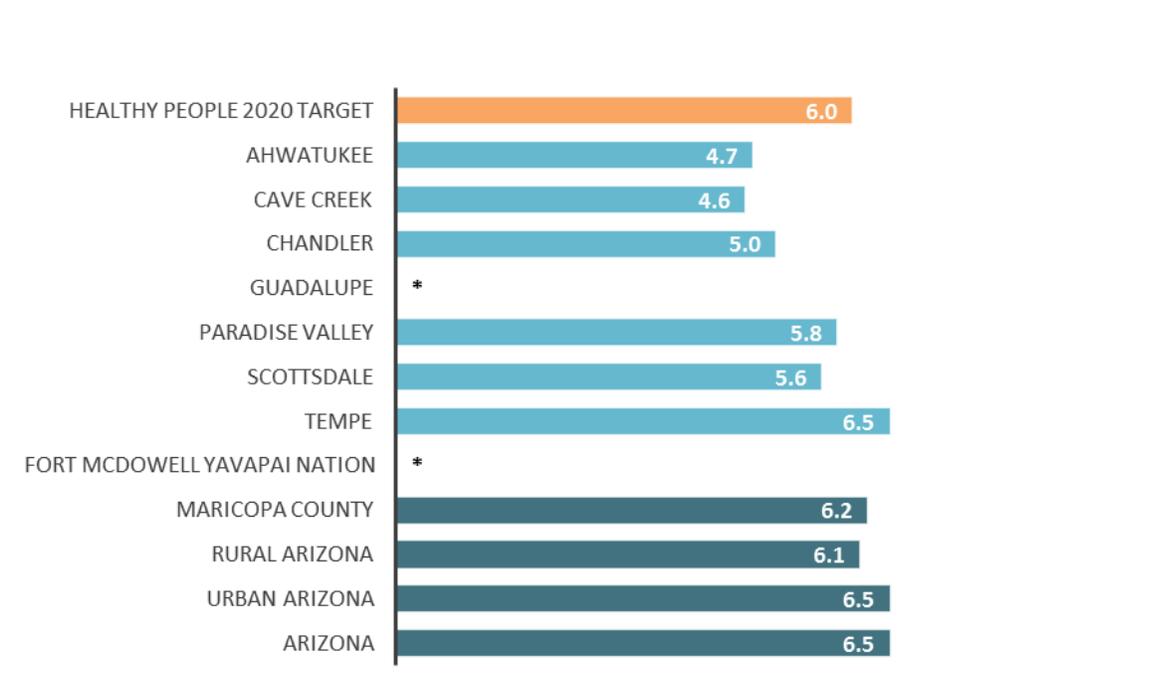
The Healthy People 2020 target for infant mortality is 6.0 per 1,000 live births or fewer. Although Arizona does not meet this target, many PCAs in the East Maricopa Region do: Ahwatukee, Cave Creek, Chandler, Paradise Valley, and Scottsdale. Of the PCAs in the region for which these data are available, only one community does not meet the Healthy People 2020 target (Tempe, 6.5 per 1,000 live births).

¹⁴⁰ The National Campaign to Prevent Teen and Unplanned Pregnancy. Counting It Up. The Public Costs of Teen Childbearing in Arizona in 2010. April 2014. Retrieved from: <http://thenationalcampaign.org/sites/default/files/resource-primary-download/fact-sheet-arizona.pdf>

¹⁴¹ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf

¹⁴² Chen, X-K, Wen, SW, Fleming, N, Demissie, K, Rhoads, GC & Walker M. (2007). International Journal of Epidemiology; 36:368–373. Retrieved from: <http://ije.oxfordjournals.org/content/36/2/368.full.pdf+html>

Figure 33. Average infant mortality rate per 1,000 live births by PCA (2002-2011)

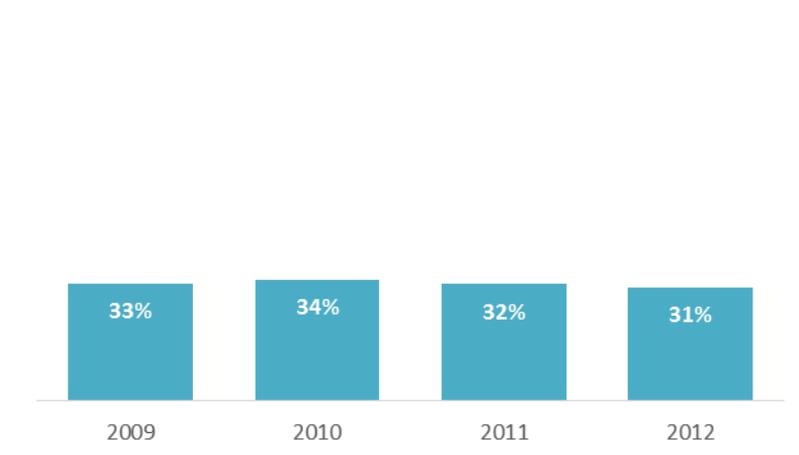


Arizona Department of Health Services (2013). *Primary Care Area Statistical Profiles 2012*. Retrieved from www.azdhs.gov/hsd/data/profiles/primary-care/

Note: Data were not available for Guadalupe or the Fort McDowell Yavapai Nation.

The number of births covered by AHCCCS or IHS in the East Maricopa Region has decreased slightly in recent years, with 31 percent of all births in the region having AHCCCS or IHS as the payee for birth expenses in 2012. This is lower than in the state as a whole, which had 55 percent of births with AHCCCS or IHS as the payee in 2012.

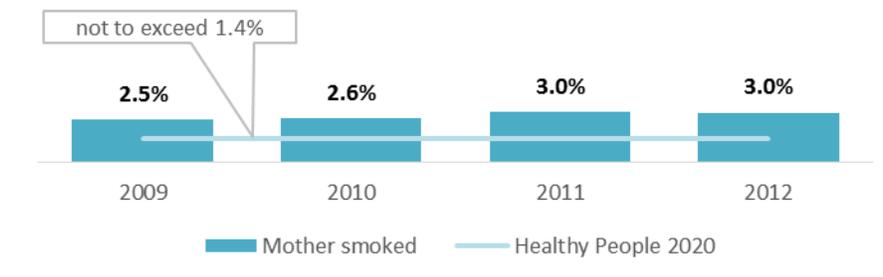
Figure 34. Births covered by AHCCCS or IHS in the East Maricopa Region by year (2009-2012)



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

The Healthy People 2020 target for tobacco use during pregnancy is not to exceed 1.4 percent. Arizona does not meet this target: statewide, about four percent of women report smoking during pregnancy. In the East Maricopa Region, a slightly lower percentage of women reported using tobacco during pregnancy; three percent in 2012.

Figure 35. Tobacco use during pregnancy in the East Maricopa Region by year (2009-2012)



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

Insurance Coverage

Affordable Care Act and Medicaid Expansion

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13 percent of the state’s children (those under 18 years of age) uninsured.¹⁴³

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

¹⁴³ Mancini, T. & Alker, J. (2013). Children’s Health Coverage on the Eve of the Affordable Care Act. Georgetown University Health Policy Institute, Center for Children and Families. <http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>

cost of insurance premiums.¹⁴⁴ These individuals can purchase health insurance through health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover of a number of “essential” services relevant to children. These include routine eye exams and eye glasses for children once per year, and dental check-ups for children every six months.¹⁴⁵ However, in Arizona, offered health plans are not required to include these pediatric vision and oral services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.¹⁴⁶ A potential barrier to this method is that a separate, additional premium for this supplemental plan is required¹⁴⁷, and subsidies will not be available for these separately purchased plans.¹⁴⁸ Both these factors may make these supplemental pediatric dental and vision plans unaffordable for some families. In addition, when these “essential” services are offered in a stand-alone plan, families are not required to purchase them to avoid penalties. These factors may limit the uptake of pediatric dental and vision coverage in Arizona.

Table 32 shows the percent of the population in the region, county, state, and regional communities who are estimated to be uninsured. The percentage of the total population uninsured in the region (11%) is higher than the percentage of uninsured children aged birth through five in the region (7%). The percentage of the overall population uninsured (11%) is lower than the state and county (17%). The percentage of children aged birth through five in the region who are estimated to be uninsured is also lower than Arizona as a whole (11%) and Maricopa County (10%). Insurance seems to be the biggest challenge in Guadalupe and Rio Verde/Ft McDowell/Goldfield Ranch. In Guadalupe, an estimated 27 percent of the total population and 20 percent of children ages birth through five are uninsured. In Rio Verde/Ft McDowell/Goldfield Ranch, an estimated 17 percent of the total population and 30 percent of children ages birth through five are uninsured. These communities also have relatively high percentages of children living with foreign-born parents (see Table 5). These parents may be more likely to be out of work or hold jobs without insurance benefits.

¹⁴⁴ The Affordable Care Act Resource Kit. National Partnership for Action to End Health Disparities. <http://health.utah.gov/disparities/data/ACAResourceKit.pdf>

¹⁴⁵ Arizona EHB Benchmark Plan. Centers for Medicare & Medicaid services. www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/arizona-ehb-benchmark-plan.pdf

¹⁴⁶ Essential Health Benefits. Arizona Department of Insurance. June 1, 2012. www.azgovernor.gov/hix/documents/Grants/EHBReport.pdf

¹⁴⁷ Can I get dental coverage in the Marketplace? www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/

¹⁴⁸ Kids’ Dental Coverage Uncertain under ACA. Stateline, The Daily News of the Pew Charitable Trusts. www.pewstates.org/projects/stateline/headlines/kids-dental-coverage-uncertain-under-aca-85899519226

Table 32. Percent of population uninsured

GEOGRAPHY	POPULATION (ALL AGES)	ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)	POPULATION (0-5)	ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)
East Maricopa Region	836,688	11%	54,699	7%
Chandler	254,738	12%	21,899	7%
Scottsdale	217,060	9%	11,293	6%
South Scottsdale	60,383	15%	3,334	7%
Tempe	161,788	17%	9,530	8%
Ahwatukee	78,680	9%	5,176	5%
Paradise Valley Village	45,801	8%	2,579	5%
Cave Creek	26,960	6%	1,750	6%
Fountain Hills	22,684	7%	830	0%
Paradise Valley	17,047	4%	721	0%
Guadalupe	5,523	27%	708	20%
Carefree	3,051	4%	57	0%
Rio Verde, Ft McDowell, Goldfield Ranch	3,356	17%	156	30%
Maricopa County	3,817,117	17%	339,217	10%
Arizona	6,392,017	17%	546,609	11%

US Census (2010). Table P14. US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B27001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Medicaid (AHCCCS) and KidsCare Coverage

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

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 percent to 175 percent of the FPL, based on family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.¹⁴⁹

¹⁴⁹ Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered through the KidsCare II program. On February 1, 2014, KidsCare II was eliminated. Families of these children then had two options for insurance coverage; they could enroll in Medicaid (AHCCCS) if they earn less than 133 percent of the FPL, or buy subsidized insurance on the ACA health insurance exchange if they made between 133 percent and 200 percent of the FPL. However this leaves a gap group of up to 15,000 kids in Arizona whose families can't afford insurance because they don't qualify for subsidies. A solution proposed by Arizona legislators is to again allow children whose families earn between 133 percent and 200 percent of the poverty level to enroll in KidsCare.¹⁵⁰

Currently, enrollment for the original KidsCare will remain frozen in 2014. Children enrolled in KidsCare with families making between 133 percent and 200 percent of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, and continue paying the monthly premium. Children enrolled in KidsCare whose families make between 100 percent and 133 percent of the FPL will be moved to Medicaid (AHCCCS). New applicants to KidsCare with incomes below 133 percent of the FPL will be eligible for Medicaid (AHCCCS). Applicants with incomes above 133 percent of the FPL will be referred to the ACA health insurance exchanges to purchase (potentially subsidized) health insurance.¹⁵¹

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

Table 33. Children (0-17) with KidsCare coverage in Maricopa County (2012-2014)

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

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

Nearly a quarter of the American Indian population in the state lives in Maricopa County, and the majority (87%) reside outside of reservation areas.¹⁵² Data on Medicaid or AHCCCS coverage through the Indian Health Service¹⁵³ for active users under age six who are members of a federally recognized tribe in Maricopa County were provided by the Indian Health Service

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

¹⁵⁰ Thousands of Kids Could Lose Health Coverage Saturday. January 30, 2014, Arizona Public Media. <https://news.azpm.org/p/local-news/2014/1/30/29919-thousands-of-az-kids-could-lose-health-coverage-saturday/>

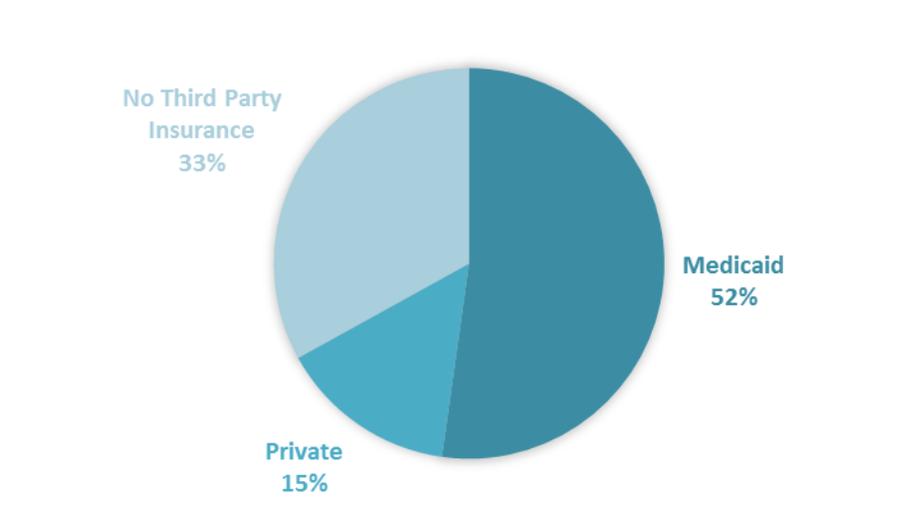
¹⁵¹ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

¹⁵² Source: US Census (2010). Table P9. Retrieved from http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_P9&prodType=table

¹⁵³ www.ihs.gov/

for inclusion in this report. The Indian Health Service serves approximately 61,800 urban Indians in Maricopa County, including 7,323 children under the age of six.¹⁵⁴ As shown in the following figure, 52 percent of these children were covered by Medicaid.

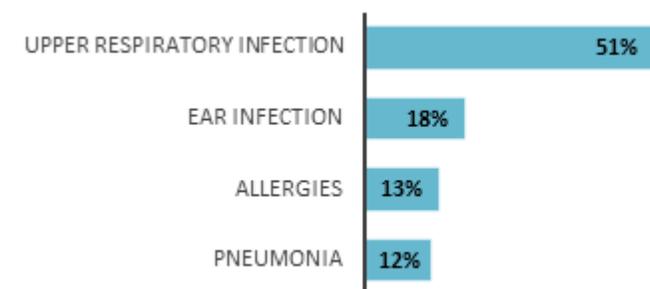
Figure 36. Insurance coverage, Indian Health Service active users in Maricopa County (0-5), 2011-2013



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

Some additional data about the health of young children served by the Indian Health Service were also provided. Figure 37 shows the top five diagnoses over a two-year period for the active users under age six in Maricopa County. As shown, 51 percent of IHS active users under six in the region were seen for an upper respiratory infection between 2011 and 2013.

Figure 37. Top five diagnoses by unique patients aged birth through five, 2011-2013 (Indian Health Service)



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

¹⁵⁴ *Indian Health Service Phoenix Area. [2014]. FY-2013 Active Users and Census Projections. Unpublished data provided by the Indian Health Service Phoenix Area. Please note that the IHS estimates are based on data from the active users (defined as any child who had one or more visits during this two-year period) under the age of six in fiscal years 2011-2013). These data are based on the children’s place of residence and not on where the service was provided. It can be assumed that in most cases services were received at Phoenix Indian Medical Center.*

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

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

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to five (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition, and who also require health and related services of a type or amount beyond that required by children generally.”¹⁵⁵ The survey also estimates that nearly one in three Arizona children with special health care needs have an unmet need for health care services (compared to about one in four nationally). In addition, although all newborns in Arizona are screened for hearing loss at birth, approximately one third of those who fail this initial screening don’t receive appropriate follow up services to address this auditory need.¹⁵⁶

Key informants interviewed for this report noted that early identification of special needs such as developmental delays and disabilities is a salient need in the region. Some key informants perceived a lack of public awareness about the importance of early intervention to be an obstacle throughout the region. Others described early intervention services as stigmatized and perceived as something only families in exceptional circumstances would need. As one key informant described, “There’s a stigma that if you use some kind of service, there must be some kind of major problem. A lot of people don’t understand that these services are for regular families, any families, and that many children can benefit from early intervention or special support.” Another key informant said, “I think many people think that these kind of services are only for the poor, but even a child from a family who makes more than \$100,000 still needs to be prepared for school.”

¹⁵⁵ “Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs.” NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/06/12] from www.childhealthdata.org.

¹⁵⁶ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf

Programming through Southwest Human Development aims to help families who have identified a concern in their child's development. Their signature approach, "One Child, One Family, One Team" coordinates pediatric specialists, psychologists and counselors, speech-language pathologists, occupational therapists, physical therapists, assistive technology specialists, and other early intervention specialists to provide families with children aged birth to five integrated care.¹⁵⁷

AzEIP Referrals and Services

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), which also provides services or makes referrals to other appropriate agencies (e.g. for Division of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50 percent of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

Private insurance often does not cover the therapies needed for their children. The 2009-2010 National Survey of Children with Special Health Care Needs found that about 22 percent of families with a child with special health care needs pay \$1,000 or more in out of pocket medical expenses (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2013).¹⁵⁸ The cost of care has become an even more substantial issue as state budget shortfalls have led AzEIP to begin instituting a system of fees for certain services. Although no fees are associated with determining eligibility or developing an Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, will have fees (Arizona Department of Economic Security, 2012).¹⁵⁹ The families of AHCCCS-enrolled children will not be required to pay the fees. However, in an effort to help reduce the financial burden for services on families, AzEIP has recently proposed to eliminate Family Cost Participation, which

¹⁵⁷ www.swhd.org/programs/disabilities-services

¹⁵⁸ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *The National Survey of Children with Special Health Care Needs Chartbook 2009–2010*. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

¹⁵⁹ Arizona Department of Economic Security. (2012). *Arizona Early Intervention Program Family Cost Participation Fact Sheet*. Retrieved July 25th 2012 from www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/fact_sheet_english_rev_10_12_10.pdf

requires families to share in the costs of early intervention services based upon family size and income. AzEIP is currently in the process of receiving public comment about this proposed change in policy.¹⁶⁰

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

AzEIP service providers are designated based on zip code, and several AzEIP providers serve zip codes in the East Maricopa Region: Arizona Cooperative Therapy, Rise Services, Easter Seals Blake Foundation, Southwest Human Development, United Cerebral Palsy, and Sunrise Therapy Services.¹⁶¹ Regional AzEIP data were unavailable for the current report, however, some state-level summaries were provided. Data provided include AzEIP statewide data for the total unduplicated number of children served for 2012 [note: these numbers include children served in AzEIP only, DDD and ASDB (AZ Schools for the Deaf and Blind)]. During the month of February 2013, there were 5,451 AzEIP eligible children with an Individualized Family Service Plan. In addition, the total number of children served in Arizona in 2012 based on an October 1st count was 5,100. Of those, 667 were one year old or younger, 1,561 were between the ages of one and two and 2,872 were between two and three years of age. The total number of infants and toddlers receiving early intervention services from July 1, 2011, through June 30, 2012 was 9,738 (this includes all AzEIP eligible children including AzEIP only, DDD and ASDB).¹⁶²

DDD Services

The Division of Developmental Disabilities (DDD) serves adults and children throughout the state. DDD supports the family unit by encouraging the family to serve as primary caregivers and by providing in-home assistance and respite care. To qualify for DDD services an individual must have a cognitive delay, cerebral palsy, autism, epilepsy or be at risk for one of these delays. In addition, the delay must limit the individual in three or more of the following areas: self-care, communication, learning, mobility, independent living, or earning potential. Children aged birth through two are eligible if they show significant delays in one or more area of development. They are often served by the Arizona Early Intervention Program (AzEIP), which

¹⁶⁰ Arizona Department of Economic Security. *Family Cost Participation*. Retrieved May 2014 from www.azdes.gov/AzEIP/Family-Cost-Participation

¹⁶¹ www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/azeip_referral_contact_list.pdf

¹⁶² First Things First (2014). [AzEIP Data]. Unpublished raw data received through the First Things First State Agency Data Request.

works to support their development and coach the family in supporting the child's development. Children aged three to six are eligible if they are at-risk for a developmental delay if they don't receive services. DDD also offers support groups for families dealing with autism or Down Syndrome or families receiving services who are Spanish-speaking only.¹⁶³

In the East Maricopa Region, 561 children were served by DDD in 2012. This is a decrease of 15 percent from the number of children served in 2010 (662). The number of children in the East Maricopa Region who receive services from DDD make up approximately 15 percent of all children served in Maricopa County.

Preschool and Elementary School Children Enrolled in Special Education

Another indicator of the needs for developmental services and services for children with special needs is the number of children enrolled in special education within schools. In Arizona, about 12 percent of public and charter school students are enrolled in special education, and this proportion is lower among Maricopa County public and charter school students (7%). As shown in Table 34, the percentage of students enrolled in special education in the East Maricopa Region is approximately equivalent to Arizona schools overall, and a little bit higher than in Maricopa County schools over all. With the exception of Kyrene Elementary District, where eight percent of students are enrolled in special education, more than 10 percent of students are enrolled in special education across school districts in the region. This suggests that there may be a higher number of young children in the region who would benefit from an expansion of special education and/or early intervention services. However, children with special needs may be more likely to be identified in schools that also have resources to provide services, another explanation for the high proportion of students enrolled in special education seen in the table below.

¹⁶³ Family Support Annual Report, July 1, 2011 – June 30, 2012. Department of Economic Security Division of Developmental Disabilities.

Table 34. Percent of preschool and elementary school children enrolled in special education

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	STUDENTS ENROLLED IN SPECIAL EDUCATION	
Cave Creek Unified District	10	3,032	372	12%
Chandler Unified District #80	64	22,545	2,682	12%
Fountain Hills Unified District	6	960	127	13%
Kyrene Elementary District	52	13,641	1,103	8%
Paradise Valley Unified District	70	18,111	2,530	14%
Scottsdale Unified District	46	13,136	1,437	11%
Tempe School District	40	9,846	1,129	11%
All Maricopa County Charter Schools	182	61,264	4,415	7%
All Arizona Public and Charter Schools	2846	610,079	72,287	12%

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

In the Scottsdale Unified School District, the PANDA Preschool (Program for Assessed Needs in Developmental Areas)¹⁶⁴ provides pre-school intervention for children between the ages of three and five who are not eligible for kindergarten. The PANDA curriculum focuses on the development of communication, cognition, social, motor, and adaptive skills, among other developmental areas. Each student enrolled in PANDA has an Individualized Education Program (IEP). PANDA is available in seven of the Scottsdale Unified School District’s elementary school sites.

In the Tempe Unified School District, the Getz School provides pre-school for children ages 2.9 through five who are eligible on the basis of certified special needs. The Getz School provides screenings throughout the school year for language, cognition, speech, social skills, vision, and hearing. The Getz School provides students with opportunities to develop verbal skills, language acquisition, motor skills, pre-literacy skills, beginning map concepts, social skills, problem solving skills, and self-confidence.¹⁶⁵

Immunizations

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.¹⁶⁶ Personal belief exemptions, parents/guardians opting out of required immunizations for their children for personal reasons rather than medical reasons, have risen in Arizona kindergartens in recent years from 1.6 percent in 2003 to 3.9 percent for

¹⁶⁴ http://panda-preschool.susd.schoolfusion.us/modules/groups/group_pages.phtml?gid=958453&nid=69964

¹⁶⁵ http://getz.tempeschools.org/about_our_school

¹⁶⁶ Centers for Disease Control and Prevention. Immunization Schedules. Retrieved from www.cdc.gov/vaccines/schedules/easy-to-read/child.html

the 2012-2013 school year.¹⁶⁷ More than a third of kindergartens (35%), and 29 percent of childcare facilities in the state have personal belief exemption rates greater than five percent. Personal belief exemptions are most often done for convenience (it may be easier than obtaining vaccination records) or due to fears about the negative health consequences of the vaccine itself. Those obtaining personal belief exemptions in kindergarten settings are more likely to be from white, higher income families, with higher rates also found in charter schools compared to public schools.¹⁶⁸ This is particularly interesting when considered along with the fact that Arizona has the highest number of charter schools in the country. Geographic clustering of high personal belief exemption rates also exists in the state, which is of particular concern when considering the likelihood of vaccine-preventable disease outbreaks, e.g., pertussis. In sum, parental refusal to vaccinate is contributing to levels of under-vaccination across the state.

In response to these concerns, the Arizona Department of Health Services has developed an Action Plan to Address Increasing Vaccine Exemptions.¹⁶⁹ This plan includes strategies aimed at schools, childcare centers, physicians' offices and parents consisting of revisions to exemptions forms, education and training, streamlined immunization reporting and better resources covering immunization requirements. Implementation of these strategies has begun, and rates of exemptions will be tracked over time to judge the success of these strategies.

Vaccination and exemption rates in Maricopa County are very similar to rates in Arizona overall, as shown in Table 35 and Table 36. Of young children enrolled in child care or kindergarten in Maricopa County, about four percent have religious exemptions from vaccination, and a little under one half of a percent have a medical exemption.

¹⁶⁷ Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf

¹⁶⁸ Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf

¹⁶⁹ Arizona Department of Health Services. *Action Plan to Address Increasing Vaccine Exemptions*. 10/1/2013. Retrieved from <http://azdhs.gov/phs/immunization/documents/statistics-reports/action-plan-address-vaccine-exemptions.pdf>

Table 35. Immunization rates for children enrolled in child care (2012-2013)¹⁷⁰

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

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

Table 36. Immunization rates for children enrolled in kindergarten (2012-2013)¹⁷¹

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

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

Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.¹⁷² Infant and toddler mental health is the young child’s developing capacity to “experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn.”¹⁷³ When young children experience stress and trauma, they have limited responses available to react to positive developmental experiences. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior.¹⁷⁴ A number of interacting factors influence the young child’s healthy development, including biological factors (which can be

¹⁷⁰ Note: The immunization requirements for children ages 2-5 in child care in the state of Arizona are as follows: 4 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3 doses of the polio vaccine, 1 dose of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hib (Haemophilus Influenzae type B) vaccine, 3 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

¹⁷¹ Note: The immunization requirements for kindergarteners in the state of Arizona are as follows: 4-5 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3-4 doses of the polio vaccine, 2-3 doses of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

¹⁷² *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012: http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf

¹⁷³ Zero to Three Infant Mental Health Task force Steering Committee, 2001

¹⁷⁴ Zero to Three Policy Center. *Infant and Childhood Mental Health: Promoting Health Social and Emotional Development*. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emoional_Development.pdf?docID=2081&AddInterest=11

affected by prenatal and postnatal experiences), environmental factors, and relationship factors.¹⁷⁵

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services would include: 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.¹⁷⁶

In Arizona, the Division of Behavioral Health Services (DBHS) of the Arizona Department of Health Services contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer behavioral health services. Arizona is divided into separate geographical service areas to administer behavioral health services. Arizona is divided into separate geographical service areas served by various RBHAs.¹⁷⁷

Since April 1, 2014 Maricopa County has been served by Mercy Maricopa Integrated Care (previously, Magellan of Arizona had been the county's RBHA administrator). Mercy Maricopa Integrated Care offers two health plans for residents of Maricopa County: Mercy Maricopa, which serves people who qualify for RBHA services, and Mercy Maricopa Advantage, which serves people who qualify for RBHA services, have Medicaid, have been determined to have a serious mental illness, and have Medicare.¹⁷⁸

In 2012, over 213,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 68,743 (32%) of enrollees were children or adolescents, up from 21 percent in 2011; children aged birth through five years comprised

¹⁷⁵ Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

¹⁷⁶ Zero to Three Policy Center. *Infant and Childhood Mental Health: Promoting Health Social and Emotional Development*. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144

¹⁷⁷ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

¹⁷⁸ Mercy Maricopa Integrated Care. Retrieved from: www.mercymaricopa.org

almost five percent of all enrollees¹⁷⁹ in 2012, compared to four percent in 2011.¹⁸⁰ With about 546,609 children aged birth to five in Arizona, this means that almost two percent of young children statewide are receiving care in the public behavioral health system. It is likely that there are a much higher proportion of young children in need of these types of services than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood and therapies specific to interacting with children, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children. Children in foster care are also more likely to be prescribed psychotropic medications than other children, likely due to a combination of their exposure to complex trauma and the lack of available assessment and treatment for these young children.¹⁸¹ Violence-exposed children who get trauma-focused treatment can be very resilient and develop successfully. To achieve this positive outcome, there needs to be better and quicker identification of children exposed to violence and trauma and in need of mental health intervention, and more child-specific, trauma-informed services available to treat these children.¹⁸²

Key informants interviewed for this report described affordable behavioral health services for young children and their parents as a salient need throughout the region. Key informants noted that although the region has an abundance of mental health providers (including those who work with children), these services can often be costly or difficult for families to access due to other barriers such as language or transportation.

The East Maricopa Region funds a Mental Health Consultation strategy. This strategy provides tuition reimbursement to support professional development in mental health, in order to increase the capacity of providers. The strategy also provides mental health consultation to early childhood providers to help these providers support the social-emotional development of young children.

¹⁷⁹ Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona. Retrieved from www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf

¹⁸⁰ Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

¹⁸¹ Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

¹⁸² United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from www.justice.gov/defendingchildhood/cev-rpt-full.pdf

Oral Health

Oral health is an essential component of a young child's overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children aged birth through four years have never seen a dentist.¹⁸³ In a statewide survey conducted by the Arizona Department of Health Services, Office of Oral Health, parents cited difficulties in finding a provider who will see very young children (34%), and the belief that the child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.¹⁸⁴

Screenings conducted in Arizona preschools in 2008-2009 found that seven percent of children aged one year and younger showed the first signs of tooth decay, and 28 percent of children aged birth through four years had untreated tooth decay. Thirty-seven percent of four year olds were identified as needing dental care within weeks to avoid more significant problems, while three percent of four year olds were identified as needing urgent treatments due to severe decay.¹⁸⁵ Arizona had nearly twice the proportion of children aged two to four years with untreated tooth decay (30%) compared to the US as a whole (16%). This rate is more than three times higher than the Healthy People 2010 target of nine percent. Untreated decay was highest amongst children whose parents had less than a high school education.¹⁸⁶

One item from the 2012 Family & Community survey assess whether young children have dental visits with the same provider. As shown in the figure below, families in the East Maricopa Region (78%) are about as likely to agree that they have a regular provider of dental care for their young children than families in Arizona overall (79%).

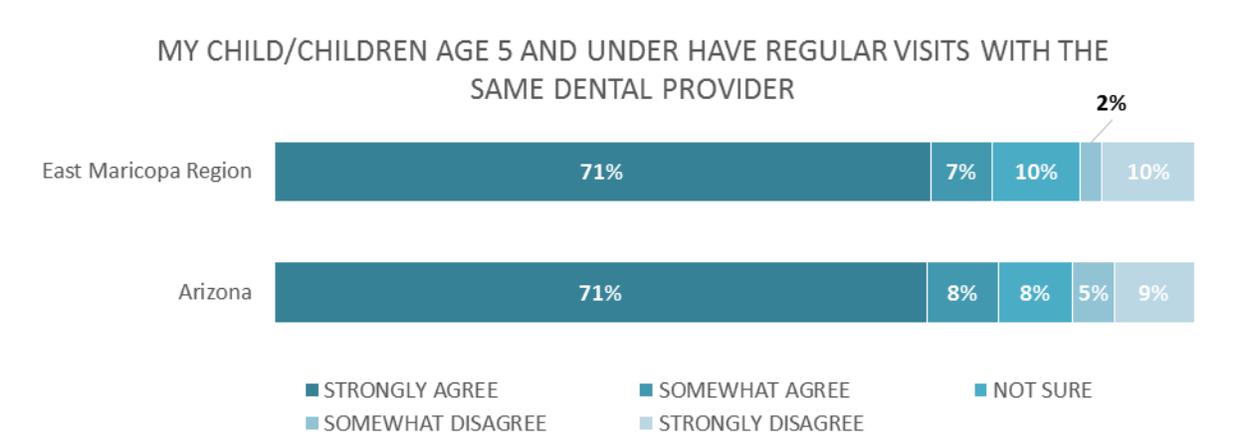
¹⁸³ www.azdhs.gov/phs/owch/oral-health/azsmiles/about/disease.htm

¹⁸⁴ Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

¹⁸⁵ Arizona Department of Health Services, Office of Oral Health
www.azdhs.gov/phs/owch/ooh/pdf/FactSheet_Oral%20Health_Preschool.pdf

¹⁸⁶ Arizona Department of Health Services, Office of Oral Health
www.azdhs.gov/phs/owch/ooh/pdf/FactSheet2_Oral%20Health_Preschool.pdf

Figure 38. Family & Community Survey 2012: Regular dental care



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

The First Things First East Maricopa Region funds an Oral Health strategy to address the dental needs of young children throughout the region. This strategy provides oral health screenings and fluoride varnish in community-based settings, offers outreach to dentists to encourage service to very young children, and educates families on the importance of oral health care for young children.

Overweight and Obesity

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also a strong predictor of adult obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten.¹⁸⁷

A major new report revealed promising news, however: a 43 percent decline in the obesity rate among children aged two to five years-old in the United States over the past decade, from about 14 percent to about eight percent.¹⁸⁸ While the cause for the decline is not known, possible reasons include reduced consumption of fewer overall calories and sugary drinks by young children, increased breastfeeding and/or state, local or federal policies aimed at reducing obesity. While this decline is indeed promising, the disproportionate rates of obesity in minority and low-income children remain. Nationally, among two to five year olds in 2012, about four percent of white children were obese, compared to 11 percent of black children and 17 percent

¹⁸⁷ Cunningham, S. A., Kramer, M. R., & Venkat Narayan, K. M. (2014). Incidence of Childhood Obesity in the United States. *The New England Journal of Medicine*. 370 (5); 403-411.

¹⁸⁸ Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *JAMA*, 2014; 311(8):806-814. <http://jama.jamanetwork.com/article.aspx?articleid=1832542>

of Hispanic children. This is in spite of fairly similar obesity rates for children under two years old. And while 18 other states have shown a decrease in obesity among low-income preschoolers between 2008 and 2011, Arizona was not one of those states.¹⁸⁹

The Arizona Department of Health Services (ADHS) and the Maricopa County Department of Public Health (MCDPH) jointly identified obesity as a top five community public health issue in Maricopa County in 2012. Obesity was selected as the second most important priority among health professionals at MCDPH, and was the second most important health problem identified by community members who participated in the assessment. The Maricopa County Community Health Assessment reports that one quarter of adults in Maricopa County are obese, and one in seven children in Maricopa County are obese. Hispanic individuals are over-represented in these statistics: according to the report, Hispanics make up nearly one third of obese individuals in Maricopa County. Not only is obesity a concerning public health challenge, but it is a costly issue. One estimate indicates that if obesity decreases to 1987 levels, this could yield a savings of up to 1.85 billion dollars in health care costs to the county over time.¹⁹⁰ Encouragingly, data from WIC indicate that obesity rates in Maricopa County are decreasing in children ages birth to five. In 2006, 16 percent of children aged birth through five in the county were obese; by 2011, this percentage had steadily declined to 13.6 percent.¹⁹¹

Data about overweight and obesity were also provided by the Indian Health Service for active users under the age of six in Maricopa County. In Maricopa County, 51 percent of children ages two and a half through five served by the Indian Health Service were normal weight, 22 percent were overweight, and 26 percent were obese. By comparison, 24.9 percent of children in the Indian Health Service Phoenix area (which includes the tri-state area of Arizona, Nevada, and Utah)¹⁹² who are enrolled members of a federally-recognized tribe or otherwise have the right to receive services through Indian Health Service were obese.¹⁹³

¹⁸⁹ CDC. Vital Signs: Obesity among Low-Income, Preschool-Aged Children — United States, 2008–2011. *MMWR*, August 9, 2013 / 62(31);629-634

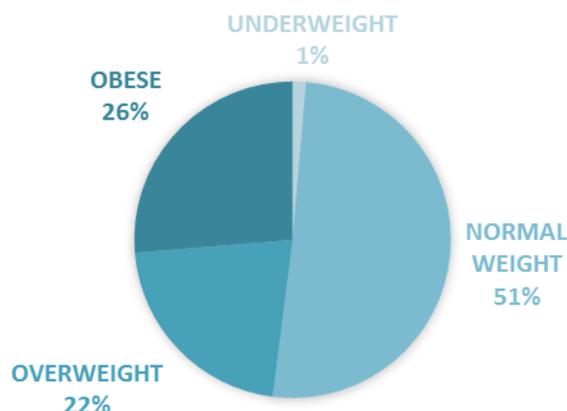
¹⁹⁰ Arizona Department of Health Services and Maricopa County Department of Public Health. *Maricopa County Community Health Assessment Public Health Strategic Priorities 2012*. Retrieved from www.maricopa.gov/PublicHealth/programs/OPI/pdf/CHA-Strategic-Priorities.pdf.

¹⁹¹ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity, Research and Development. (2013). *WIC Needs Assessment*.

¹⁹² The Phoenix Area Indian Health Service oversees the delivery of health care to approximately 140,000 Native American users in the tri-state area of Arizona, Nevada, and Utah. For more information, please visit: www.ihs.gov/phoenix/

¹⁹³ *Indian Health Service Phoenix Area*. [2014]. Phoenix Area -2014 GPRA Dashboard Report. Unpublished data provided by the Indian Health Service Phoenix Area.

Figure 39. Children (ages 2.5-5) served by the Indian Health Service in Maricopa County by BMI category



Note: Weight Categories are determined by the CDC 2000 BMI Guidelines. Definitions are as follows: Underweight (<5th Percentile), Health Weight (5th-85th Percentile), Overweight (85th-95th Percentile), Obese (>95th Percentile) Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

Breastfeeding can play a role in obesity prevention for babies, and this also holds true for mothers. Exclusively breastfeeding among Arizona WIC participants doubled between 2007 and 2011, although the majority of infants on WIC are still formula fed.¹⁹⁴ The Centers for Disease Control and Prevention also recommends supporting breastfeeding in hospitals and the workplace as a strategy to decrease childhood obesity.¹⁹⁵ The table below shows rates for breastfeeding in Maricopa County, the state, and a number of Healthy People 2020 objectives. The percentage of women reporting ever breastfeeding in Maricopa County was 63 percent, which is less than the state as a whole (67%), and falls below the 2020 target (at least 82%).

Table 37. Breastfeeding and weight in Maricopa County (2011)

	Healthy People 2020 Target	Arizona	Maricopa County
Percent Breastfed Ever	82%	67%	63%
Percent Breastfed at least 6 months	61%	25%	24%
Percent Breastfed at least 6 months (exclusive breastfeeding)	26%	7%	6%
Percent Overweight (ages 2-5)	-	16%	16%
Percent Obese (ages 2-5)	10%	15%	15%

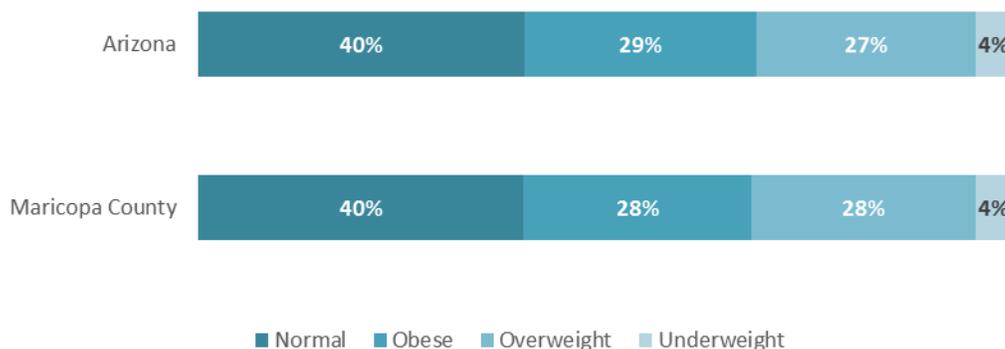
Arizona Department of Health Services (2013). WIC Needs Assessment.

¹⁹⁴ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

¹⁹⁵ Centers for Disease Control. Childhood Overweight and Obesity; Strategies and Solutions. Last updated February, 2013. www.cdc.gov/obesity/childhood/solutions.html

A mother’s weight before birth can impact a baby’s birth weight,¹⁹⁶ and may subsequently impact overweight or obesity in childhood.¹⁹⁷ The following figure shows the rates of pre-pregnancy overweight and obesity for Maricopa County and the state, which are very similar.

Figure 40. Pre-pregnancy overweight and obesity rates in Maricopa County (2013)



Arizona Department of Health Services, 2014

Child Fatalities

Since 2005, the Arizona Child Fatality Review Program has reviewed the death of every child who died in the state. In 2012, there were 854 child fatalities (aged birth to 18) in Arizona. Of these, 72 percent (616) were young children between birth and five years old.¹⁹⁸ More than one third of these deaths (325, or 38%) were during the neonatal period (birth-27 days) and were due to natural causes (prematurity, congenital anomalies, and other medical conditions). About one-fifth (171, 20%) were during infancy (28-365 days), of which almost two-thirds (64%) were undetermined (most of which, 81, 47%, were attributed to Sudden Infant Death Syndrome). One in seven deaths in early childhood (120, or 14%) were of children one to four years of age. In this age group, 40 percent of deaths were attributed to homicide, and 15 percent were due to drowning.

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

¹⁹⁶ Koepp UMS, Andersen LF, Dahl-Joergensen K, Stigum H, Nass O, Nystad W. Maternal pre-pregnant body mass index, maternal weight change and offspring birthweight. *Acta Obstet Gynecol Scand* 2012; 91:243–249.

¹⁹⁷ O'Reilly, JR, & Reynolds RM. The Risk of Maternal Obesity to the Long-term Health of the Offspring. *Clinical Endocrinology*. 2013; 78(1):9-16. Retrieved from: www.medscape.com/viewarticle/776504_3

¹⁹⁸ Arizona Child Fatality Review Program, 2013 www.azdhs.gov/phs/owch/pdf/cfr/20th-annual-child-fatality-review-report-nov-2013.pdf

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

In 2011 (the most recent year for which data are available), Maricopa County had a crude rate of 48.2 child deaths per 100,000 residents. This is a lower rate than the state of Arizona overall (57.2 deaths per 100,000 residents). Medical conditions (39%) and prematurity (27%) were the leading causes of child deaths in the county. Child fatalities were over-represented among Hispanic children (47% of child deaths) and African American children (10% of child deaths). Additionally, substance use was a contributing factor in more than one fifth (21%) of child deaths in Maricopa County.

Substance Use

Exposure to adverse childhood experiences including abuse, neglect and household dysfunction can lead to a variety of consequences, including increased risk of alcoholism and increased likelihood of initiating drug use and experiencing addiction.¹⁹⁹

In Arizona in 2012, there were 76,825 hospital inpatient discharges related to drug dependence or drug abuse. Sixty-one percent of all inpatient discharges related to drug dependence or drug abuse occurred in Maricopa County, where there were a total of 47,173 hospital inpatient discharges in 2012.²⁰⁰ (Note that because the population of Maricopa County makes up nearly 60 percent of Arizona's total population, this does not indicate a disproportionate number of hospital discharges related to drug dependence or drug abuse in the county.) In Arizona in 2012, the age-adjusted mortality rate for alcohol-induced deaths was 14.2/100,000, and the age-adjusted rate for drug-induced deaths was 16.3/100,000. In Maricopa County, these rates were slightly lower, at 12.0/100,000 for alcohol-induced deaths, and 14.9/100,000 for drug-induced deaths.²⁰¹

¹⁹⁹ United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention. (2008). The effects of childhood stress on health across the lifespan. Retrieved from www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf.

²⁰⁰ www.azdhs.gov/plan/hip/index.php?pg=drugs Table B1

²⁰¹ www.azdhs.gov/plan/report/ahs/ahs2012/5e.htm Table 5E-11

Family Support

Child Welfare

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that although infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention for child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.²⁰²

Children with disabilities are at increased risk of child abuse, especially neglect. Children with disabilities related to communication, learning, and sensory or behavior disorders appear to be at increased risk. Authors of a recent study reviewing the current literature on child abuse, child protection and disabled children also noted that the level of child abuse and neglect of disabled children is likely under-reported, and that children with disabilities are in need of greater attention to improve child abuse prevention and protection efforts.²⁰³

What constitutes childhood neglect (intermittent, chronic and/or severe), and how these varying levels affect children is becoming more clearly understood.²⁰⁴ From shortly after birth, the child's interaction with caregivers impacts the formation of neural connections within the developing brain. If those interactions are inconsistent, inappropriate, or absent these connections can be disrupted, and later health, learning and behavior can be impacted. As with other issues affecting children, earlier identification and intervention for those experiencing neglect is key, coupled with policies and programs focused on preventing neglect before it occurs.

The Department of Health and Human Services has outlined a cross-systems approach to promoting the well-being of children who have experienced trauma.²⁰⁵ The essential

²⁰² Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

²⁰³ Stalker, K., & McArthur, K. (2012). Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review*, 21(1), 24-40.

²⁰⁴ Harvard University, Center on the Developing Child. (2013). InBrief: The science of neglect. Retrieved from http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_neglect/

²⁰⁵ Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

components of this approach include 1) periodic functional assessments of the child's well-being, 2) trauma screening to evaluate trauma symptoms and/or history, 3) an in-depth, clinical mental-health assessment, and 4) outcome measurement and progress monitoring to assess the appropriateness of services at both the individual and systems level.

CPS

In 2013, the Arizona Department of Economic Security's (DES) Division of Children, Youth and Families (DCYF) was the state-administrated child welfare services agency that oversaw Child Protective Services (CPS), the state program mandated for the protection of children alleged to be abused and neglected. This program receives, screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. On January 13, 2014, the Governor of Arizona signed an Executive Order abolishing the Arizona Department of Economic Security's (DES) Division of Children, Youth & Families (DCYF) and establishing a new cabinet level Division of Child Safety & Family Services (DCSFS) which would focus on and house the state child welfare programs, including CPS, foster care, adoption, and the Comprehensive Medical and Dental Program.²⁰⁶ CPS is now known as the Department of Child Safety.²⁰⁷

In the East Maricopa Region, there was an overall 19 percent increase in the number of children removed by CPS between 2011 and 2013. This is a smaller increase than in Maricopa County (35%) and in Arizona overall (35%). However, as shown in Table 38, some communities in the East Maricopa Region experienced substantial increases in removals.

²⁰⁶ http://azgovernor.gov/dms/upload/MA_011314_CPSReformFactSheetFAQ.pdf

²⁰⁷ www.azdes.gov/landing.aspx?id=9471

Table 38. Number of children removed from their homes who were five years or younger at removal

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) REMOVED BY CPS			CHANGE 2011-2013
		2011	2012	2013	
East Maricopa Region	54,699	202	248	240	+19%
Chandler	21,899	101	99	95	-6%
Scottsdale	11,293	27	42	42	+57%
South Scottsdale	3,334	14	25	34	+147%
Tempe	9,530	46	78	76	+65%
Ahwatukee	5,176	19	18	12	-37%
Paradise Valley Village	2,579	<10	<10	<10	+100%
Cave Creek	1,750	<10	<10	<10	+300%
Fountain Hills	830	<10	<10	0	DS
Paradise Valley	721	0	0	0	-
Guadalupe	708	<10	<10	<10	+47%
Carefree	57	0	0	0	-
Rio Verde, Ft McDowell, Goldfield Ranch	156	0	<10	0	-
Fort McDowell Yavapai Nation	117	0	<10	0	-
Maricopa County	339,217	1,851	2,558	2,503	+35%
Arizona	546,609	3,176	4,231	4,293	+35%

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

Key informants interviewed perceived a noticeable recent increase in removals in the community of Guadalupe. One key informant perceived addiction to be a salient problem in this community that contributes to high numbers of removals. This key informant noted that a culturally sensitive, bilingual rehabilitation center would benefit the Guadalupe community.

Juvenile Justice Involvement by County

The Attorney General’s National Task Force on Children Exposed to Violence²⁰⁸ recommends that the Juvenile Justice System screen youth entering the system for violence-exposure and offer trauma-informed treatment as an essential component to rehabilitating these youth. In addition, they assert that juvenile justice employees need to understand that trauma changes brain chemistry in these violence-exposed youth by limiting impulse control, the understanding of consequences, and the ability to tolerate conflict.

According to the Arizona’s Juvenile Court Counts summary for fiscal year 2012,²⁰⁹ during that year, 33,617 juveniles were referred at least once to Arizona’s juvenile courts. In Maricopa

²⁰⁸ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General’s National Task Force on Children Exposed to Violence. Retrieved from www.justice.gov/defendingchildhood/cev-rpt-full.pdf

²⁰⁹ Administrative Office of the Courts, Juvenile Justice Services Division. Arizona’s Juvenile Court Counts; Statewide Statistical Information FY2012. Retrieved from www.azcourts.gov/Portals/29/JJSD%20Publication%20Reports/Juveniles%20Processed/Arizonas_Juvenile_Court_Counts_FY2012.pdf

County, 17,635 juveniles were referred, representing a little more than half (52%) of statewide referrals. In Maricopa County, 3,816 juveniles were detained in fiscal year 2012, about 50 percent of the number of juveniles detained across the state.

Foster Parenting

Arizona's foster parents care for approximately half of the children who have been removed from their homes in the state. In March 2013, there were 3,576 licensed foster homes throughout Arizona. Between October of 2012 and March of 2013, there was a net decrease of 18 foster homes. Previously, between April and September of 2012 there was a net increase of 252 foster homes, which was the first time since 2009 that more foster homes were opened than closed in the state.²¹⁰

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

²¹⁰www.azdes.gov/uploadedFiles/Children_Youth_and_Families/Child_Protective_Services_%28CPS%29/CPS_Oversight_MW_FosterHomes.pdf

Table 39. Number of children currently in foster care who were removed at ages (0-5)²¹¹

GEOGRAPHY	NUMBER OF CHILDREN IN FOSTER CARE REMOVED AT AGES 0-5		
	2010	2011	2012
East Maricopa Region	209	252	324
Chandler	82	113	149
Scottsdale	37	38	52
South Scottsdale	20	18	30
Tempe	51	54	81
Ahwatukee	21	29	25
Paradise Valley Village	<10	<10	<10
Cave Creek	<10	<10	<10
Fountain Hills	<10	<10	<10
Paradise Valley	<10	0	0
Guadalupe	<10	<10	<10
Carefree	0	0	0
Rio Verde, Ft McDowell, Goldfield Ranch	<10	<10	<10
Fort McDowell Yavapai Nation	<10	<10	<10
Maricopa County	2,878	3,117	3,890
Arizona	4,976	5,206	6,392

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

In 2011, the Arizona Department of Economic Security’s Division of Children, Youth and Families examined differences in the number of available foster homes and the number of removals across Arizona. Differences were calculated by subtracting the number of removals from the number of foster homes from each zip code across the state. These data indicate a shortage of foster homes in Chandler, Tempe, and Fountain Hills. The paucity of foster homes was greatest in Tempe and in the 85225 zip code of Chandler. However, Scottsdale, Paradise Valley and the Fort McDowell Yavapai Nation had a balance of foster homes and removals.²¹²

A 2012 study²¹³ assessing Arizona foster parent’s satisfaction with and likelihood to continue as a foster parent identified a number of issues affecting foster parents, including lack of support from CPS, monetary constraints from continuing budget cuts, and a desire for more social,

²¹¹These numbers reflect only the children who were in foster care on the last day of the fiscal year who were removed between the ages of birth to five and who remained in foster care in the state of Arizona. This data does not include children who were removed and were placed in other states or children who were removed then reunited with parents or adopted between the start and end dates of one fiscal year.

²¹² Arizona Department of Economic Security, Division of Children, Youth and Families. (2011). *Differences between foster homes and removals by zip code*. Retrieved from www.azdes.gov/uploadedFiles/ArizonaServes/CentralRegion_Differences_By_ZIPCode.pdf

²¹³ Geiger, J.M., Hayes, M.J., & Lietz, C.A. (2012). *Arizona foster parent study 2012*. School of Social Work, Arizona State University, Phoenix, AZ.

emotional and educational support to enhance their role as a foster parent. The study authors made the following recommendations to improve the Arizona foster care system:

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

Incarcerated Parents

A 2011 report from the Arizona Criminal Justice Commission estimates that in Arizona, about three percent of youth under 18 have one or more incarcerated parent. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers.²¹⁴ More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8th, 10th, and 12th graders in all 15 counties across Arizona every other year. In 2012, three percent of youth indicated that they currently have a parent in prison. Fifteen percent of youth indicated that one of their parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.²¹⁵

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

Children with incarcerated parents represent a population of youth who are at great risk for negative developmental outcomes. Previous research demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents.²¹⁶ In recent studies, even when caregivers have indicated that children were coping well with a parent's incarceration, the youth expressed extensive and often secretive feelings of anger, sadness, and resentment. Children who witness their parents arrest also undergo significant

²¹⁴ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

²¹⁵ Arizona Criminal Justice Commission. (2012). *2012 Arizona Youth Survey*. Unpublished data.

²¹⁶ Arizona Criminal Justice Commission Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

trauma from experiencing that event and often develop negative attitudes regarding law enforcement.²¹⁷

The emotional risk to very young children (aged birth through five) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder.²¹⁸ Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so²¹⁹ and the Arizona Department of Corrections states that it endeavors to support interactions between children and incarcerated parents, as long as interactions are safe.²²⁰ Research suggests that strong relationships with other adults is the best protection for youth against risk factors associated with having an incarcerated parent. This person can be, but does not necessarily need to be, the caregiver of the child. Youth also benefit from developing supportive relationships with other adults in their community.²²¹ Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.²²²

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. The Kinship and Adoption Resource and Education (KARE) program, an Arizona Children's Association initiative, offers online informational brochures such as Arizona Family Members Behind Bars for caregivers of incarcerated parents. The Children of Incarcerated Parents Project (CIP) out of Northern Arizona University offers a booklet of questions and answers for children.²²³ The Children of Prisoner's Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These resources may be downloaded for free in English or Spanish at <http://fcnetwork.org/resources/library/children-of-prisoners-library>.

²¹⁷ Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. <http://nau.edu/SBS/CCJ/Children-Incarcerated-Parents/>

²¹⁸ Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html.

²¹⁹ Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from www.fcnetwork.org/cpl/CPL105-VisitingMom.html.

²²⁰ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

²²¹ La Vigne, N. G., Davies, E. & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: The Urban Institute Justice Policy Center.

²²² Dallaire, D. H. & Zeman, J. L. (2013). Empathy as a protective factor for children with incarcerated parents. *Monographs of the Society for Research in Child Development*, 78(3), 7-25.

²²³ This booklet can be accessed at: http://nau.edu/uploadedFiles/Academic/SBS/CCJ/Children-Incarcerated_Parents/_Forms/Childs%20Booklet%20correct.pdf

Domestic Violence

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught up in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety.²²⁴ Physically abused children are at an increased risk for gang membership, criminal behavior, and violent relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.²²⁵

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended²²⁶. In order for interventions to be effective they must take the age of the child into consideration since children's developmental stage will affect how they respond to trauma. While trauma-specific services are important (those that treat the symptoms of trauma), it is vital that all the providers a child interacts with provide services in a trauma-informed manner (with knowledge of the effects of trauma to avoid re-traumatizing the child). Children exposed to violence need ongoing access to safe, reliable adults who can help them regain their sense of control.

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

²²⁴ Davies, Corrie A.; Evans, Sarah E.; and DiLillo, David K., "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes" (2008). Faculty Publications, Department of Psychology. Paper 321. <http://digitalcommons.unl.edu/psychfacpub/321>

²²⁵ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from www.justice.gov/defendingchildhood/cev-rpt-full.pdf

²²⁶ United States Department of Justice, National Advisory Committee on Violence against Women. (2012). Final report. Retrieved from www.ovw.usdoj.gov/docs/nac-rpt.pdf

Table 40. Domestic violence shelters and services provided in Maricopa County

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

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

Food Security

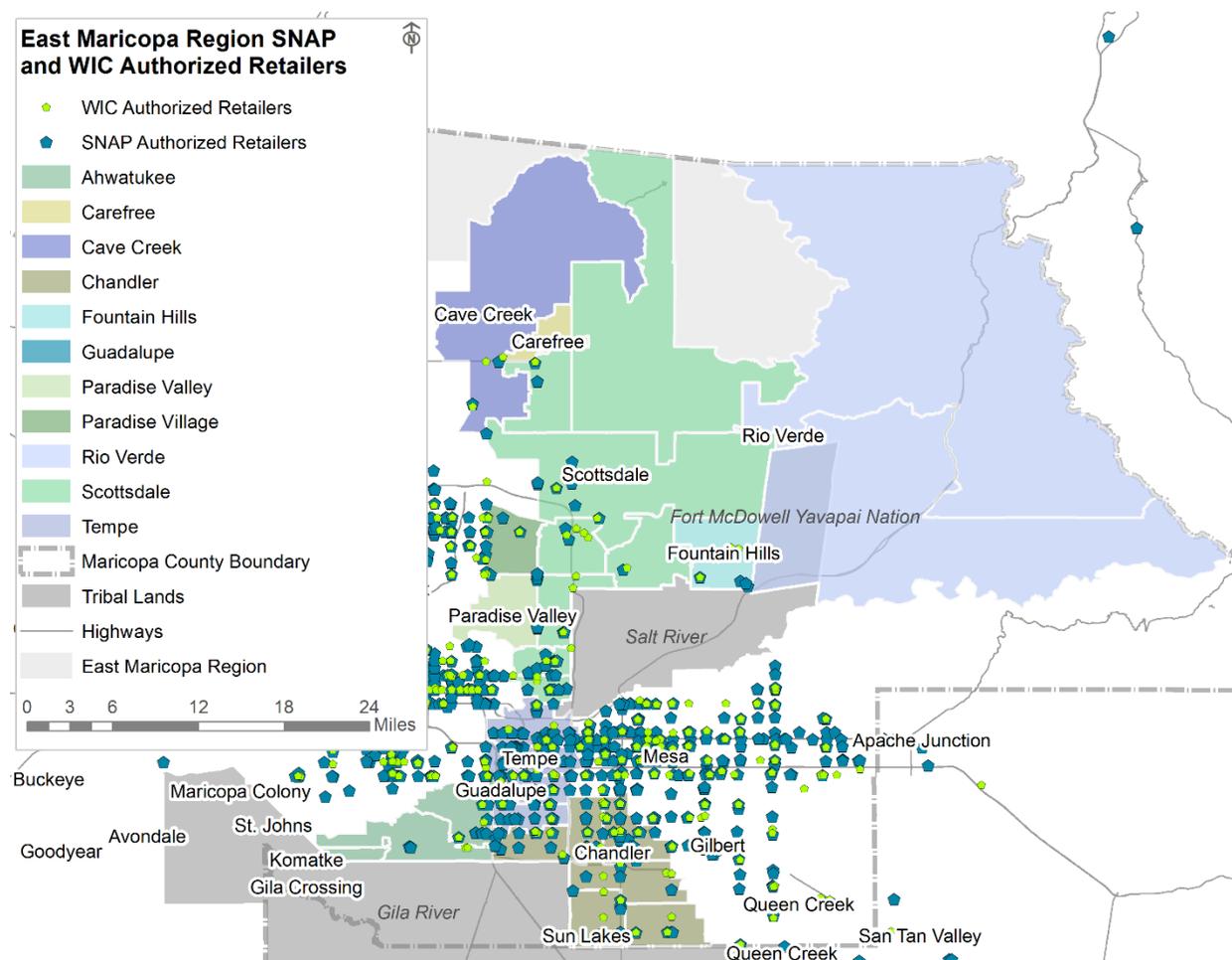
Food insecurity is defined as a “household-level economic and social condition of limited or uncertain access to adequate food.”²²⁷ Episodes of food insecurity are often brought on by changes in income or expenses caused by events like job loss, the birth of a child, medical emergencies, or an increase in gas prices, all of which create a shift in spending away from food.²²⁸ Food assistance programs such as the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants and Children (WIC) can help in alleviating food insecurity. Participating in SNAP has been shown to decrease the percentage of families facing food insecurity in all households (10.6%) and households with children (10.1%) after six months in the SNAP program.²²⁹ The map below shows the location of authorized SNAP and WIC retailers in the East Maricopa Region.

²²⁷ United States Department of Agriculture. Definitions of Food Security. www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#.UyDjQIVRKws

²²⁸ United States Department of Agriculture, Food and Nutrition Service. (2013). Snap food security in-depth interview study: Final report. Retrieved from www.fns.usda.gov/sites/default/files/SNAPFoodSec.pdf

²²⁹ United States Department of Agriculture, Food and Nutrition Service, Office of Policy Support. (2013). Measuring the effect of supplemental nutrition assistance program (SNAP) participation on food security executive summary. Retrieved from www.mathematicampr.com/publications/pdfs/Nutrition/SNAP_food_security_ES.pdf

Figure 41. SNAP and WIC authorized retailers in the East Maricopa Region



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

Homelessness

In Arizona in 2013, 27,877 adults and children experienced homelessness. The population of rural counties makes up a quarter of the state population, but only nine percent of those experiencing homelessness in 2013.²³⁰ Children are defined as homeless if they lack a fixed, regular, and adequate nighttime residence. According to this definition, 31,097 children in Arizona were reported as homeless in 2013. Almost three-quarters of these children were living temporarily with another family, with the rest residing in shelters, motels/hotels or unsheltered conditions.²³¹

²³⁰ Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf

²³¹ Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf

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

As shown in Table 41, the number of economically disadvantaged students is substantial in some school districts in the region: 69 percent of students in Tempe School District are economically disadvantaged.

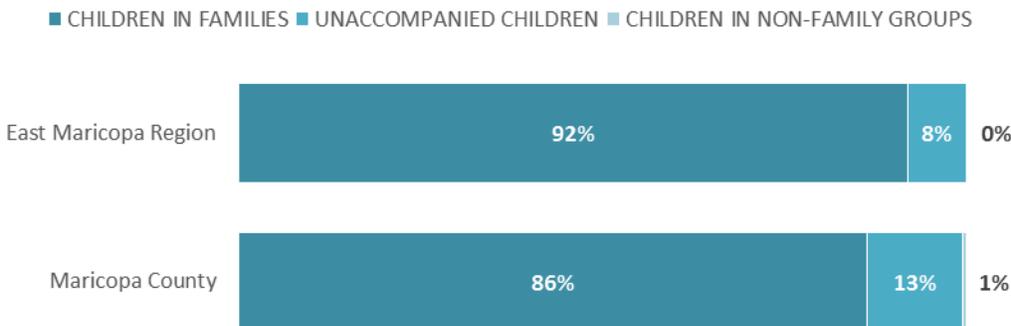
Table 41. Economic disadvantage and homelessness by school district

SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	ECONOMICALLY DISADVANTAGED STUDENTS		HOMELESS STUDENTS	
Cave Creek Unified District	7	3,032	350	12%	0	0%
Chandler Unified District #80	46	22,545	7,105	32%	249	1%
Fountain Hills Unified District	4	960	<10	DS	<10	DS
Kyrene Elementary District	35	13,641	3,718	27%	210	2%
Paradise Valley Unified District	57	18,111	7,172	40%	146	1%
Scottsdale Unified District	35	13,136	3,409	26%	76	1%
Tempe School District	25	9,846	6,832	69%	199	2%
All Maricopa County Schools	1049	397,842	197,543	50%	6,342	2%
All Arizona Schools	1888	610,079	311,879	51%	10,800	2%

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

Data from the Maricopa County Homeless Management Information System (HMIS) was requested for this report in order to provide information about homeless children ages birth through five in the East Maricopa Region. As shown in Figure 42, a smaller percentage of homeless children were unaccompanied in the East Maricopa Region (8%) as were in Maricopa County overall (13%). The majority of homeless children in the East Maricopa Region and in Maricopa County are children with families. Table 42 shows the number of homeless children by community in the East Maricopa Region. Most of the homeless children recorded by HMIS were from Chandler or Tempe in both 2012 and 2013, and the number of homeless children in these communities remained stable across the two years.

Figure 42. Homeless children (0-5) by family arrangement (2013)



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

Table 42. Homeless children (0-5 in the East Maricopa Region by community)

GEOGRAPHY	TOTAL HOMELESS CHILDREN (AGES 0-5)		CHANGE 2012-2013
	2012	2013	
East Maricopa Region	50	62	+24%
Chandler	21	22	+5%
Scottsdale	4	13	+225%
South Scottsdale	2	7	+250%
Tempe	20	20	+0%
Ahwatukee	2	7	+250%
Paradise Valley Village	0	0	-
Cave Creek	1	0	-100%
Fountain Hills	1	0	-100%
Paradise Valley	0	0	-
Guadalupe	1	0	-100%
Carefree	0	0	-
Rio Verde, Ft McDowell, Goldfield Ranch	0	0	-
Fort McDowell Yavapai Nation	0	0	-
Maricopa County	909	986	+8%

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

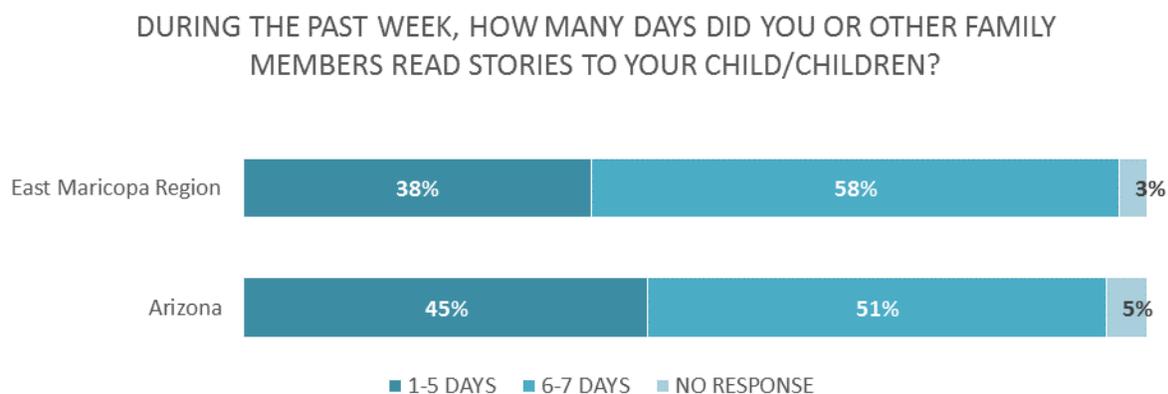
Parental Involvement

Parental involvement has been identified as a key factor in the positive growth and development of children,²³² and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

²³² Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

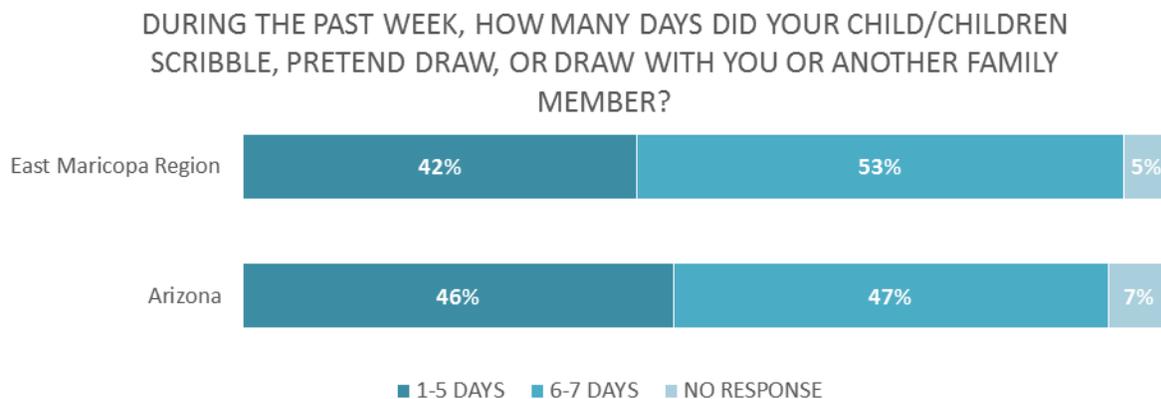
The First Things First Family and Community Survey is designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The 2012 Family and Community Survey collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development. The following figures show results for the region and the state for some of these activities. Responses to all three of the items (reading stories, telling stories, and scribbling or drawing) indicate that a greater proportion of parents in the East Maricopa Region are engaging in these activities with their children on a frequent basis (6-7 days a week) than parents in the state overall.

Figure 43. Family & Community Survey 2012: Days reading to child



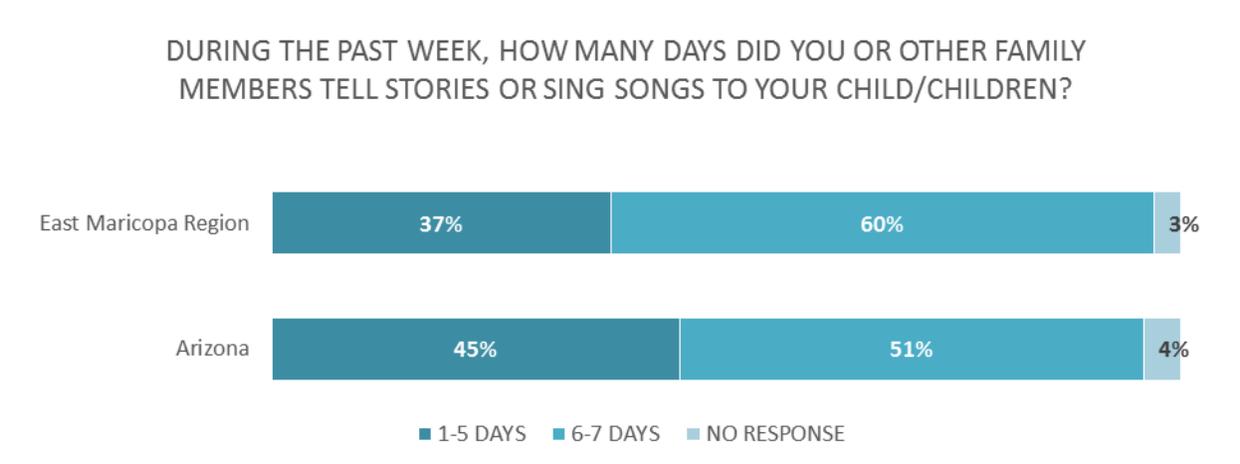
First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

Figure 44. Family & Community Survey 2012: Days drawing with child



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

Figure 45. Family & Community Survey 2012: Days telling stories to child

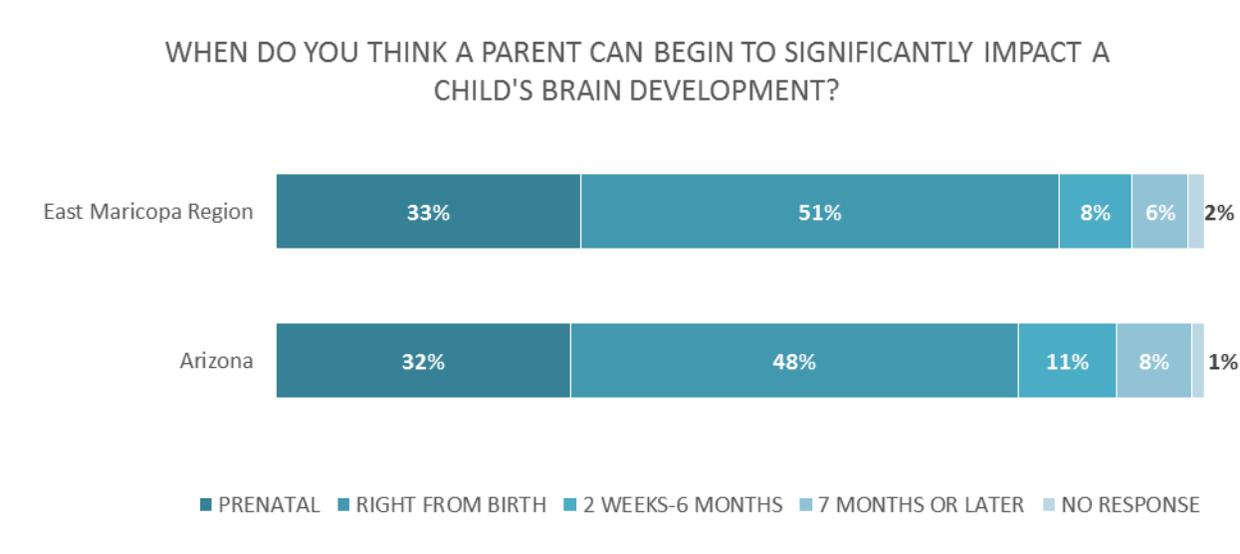


First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First

Parent Education and Family Support Programming in the East Maricopa Region

Parent education and similar supportive services can help parents better understand the impact that a child’s early years have on their development and later readiness for school and life success. The 2012 First Things First Family and Community Survey collected data illustrating parental knowledge about healthy development. A slightly greater proportion of respondents in the East Maricopa Region show an understanding that brain development can be impacted from very early on (84% prenatally or right from birth) as respondents across the state as a whole (80% prenatally or right from birth).

Figure 46. Family & Community Survey 2012: When a parent can impact brain development



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

There are a number of parent education and family support resources available to families who reside in the East Maricopa Region. Key informants interviewed for this report noted that the

wide availability of resources and activities is a key regional strength. The Phoenix metropolitan area and its surrounding communities offers a strong overall infrastructure as well as a number of opportunities for families. This includes: museums, parks, and other attractions; activities for children such as after school programs, summer camps and faith-based programs; educational opportunities through Arizona State University and community colleges; a rich network of libraries and community centers; and the presence of a number of services and non-profit organizations that aim to support families.

The First Things First East Maricopa Regional Partnership Council plays an important role in supporting families in the region by facilitating partnerships and funding a number of strategies for parents and caregivers of young children. The region funds family resource centers, which offer parent education resources, health insurance enrollment, food security support (through food boxes), and provide locally-based information and instruction on child health and development issues. Family resource centers are located in Chandler, Tempe, Guadalupe, and Ahwatukee through partnerships with Chandler Christian Community Center, Chandler CARE Center, Thrive to Five (Tempe Community Council) and Guadalupe/Chicanos Por La Causa, Inc.²³³

Each resource center offers a wide variety of services. Services offered by the Chandler Christian Community Center include a food bank, early literacy programs (“Giggles Squiggles and Squirms and others”), adult literacy, parenting and family development, nutrition and health awareness programs, rent and utility assistance, a homeless program, medical and dental screenings including free fluoride treatments for children ages birth through five through Dignity Health, bilingual Narcotics Anonymous meetings and enrollment assistance in services such as AHCCCS, SNAP, and the Health Insurance Marketplace.²³⁴ Services offered at the Chandler CARE Center include a food bank, WIC, counseling via Southwest Behavioral Health, immunizations, medical and dental care (including well-child checkups), medical and dental screenings including free fluoride treatments for children ages birth through five through Dignity Health, parenting and early literacy classes, interactive classes and activities for children ages birth through five and their families, and resources and referrals.²³⁵ Thrive to Five, Tempe Community Council offers a variety of services, including early literacy classes, complimentary fluoride varnish treatments and oral health screenings for young children, and enrollment assistance in services such as AHCCCS, SNAP, and the Health Insurance Marketplace.²³⁶

²³³ www.azfff.gov/RPCCouncilPublicationsCenter/Family%20Guide%20-%20East%20Maricopa.pdf

²³⁴ Information provided through personal communication, August 2014. More information about the Chandler Christian Community Center can be found at: <http://chandlerfoodbank.org/programs-2/family-resource-center/>

²³⁵ www.cusd80.com/Page/52412

²³⁶ <http://thrivetofive.org/>

Guadalupe/Chicanos Por La Causa offers a family resource center with variety of services and resources, including parent education classes.

Additionally, a partnership with the New Directions Institute through the region's Parent Education Community-Based Training also serves the Chandler, Tempe, Guadalupe, and Ahwatukee communities.²³⁷ The New Directions Institute offers several free workshops: Wired for Success (which provides information about early brain development), Kinder Prep (an adult/child interactive literacy workshop series for parents or caregivers of children ages three to five), Brain Time with Brain Boxes (a story and play workshop for parents and young children), S.T.E.P.S. Plus (interactive parent education for parents and caregivers of children ages birth through five), and Nurturing Parenting (a program for parents and children that aims to enhance self-worth, empathy, discipline, and empowerment).²³⁸

Scottsdale Public Library's Knowing and Growing University provides the region's Parent Education Community-Based Training classes in the Scottsdale, Cave Creek, and Fountain Hills communities, on the Ft. McDowell Yavapai Nation, at Paiute Neighborhood Center, Vista del Camino, and in seven of the Scottsdale Unified School District's Title I Elementary Schools. Scottsdale Public Library's Knowing and Growing University offers a menu of free class options for parents and families to attend with their children: Books Can[®] (which uses picture books to promote children's social and emotional development), Brain Time for Babies and Toddlers (uses New Directions Institute's Brain Boxes to introduce parents to early brain development), Fun with Math and Science (a hands-on introduction to math and science concepts), Get Ready to Read (introduces early literacy skills through books and activities), and Stay and Play (play-based learning featuring local resource professionals).²³⁹

In addition to parent education, the Paiute Neighborhood Center offers a wide range of services for families and community members. These include: a kith and kin program offered through the Association of Supportive Child Care, Storytime and Shake Rattle and Roll classes offered through Scottsdale Public Library, after school programs for children, a senior center, and classes on other topics such as health, nutrition, and CPR. The Paiute Neighborhood Center primarily aims to serve the South Scottsdale community, although key informants report a recent increase of families coming from other communities (e.g., central or northern Scottsdale and Paradise Valley).²⁴⁰

²³⁷ www.azftf.gov/RPCCouncilPublicationsCenter/Family%20Guide%20-%20East%20Maricopa.pdf

²³⁸ www.newdirectionsinstitute.org/freeworkshops.htm

²³⁹ www.scottsdalelibrary.org/programs

²⁴⁰ www.scottsdaleaz.gov/parks/paiute

Teen Parenting

As previously described, teenage parenthood is associated with a range of negative health outcomes for mother and baby alike, as well as socioeconomic challenges and barriers to educational achievement for teen mothers and their children. In the East Maricopa Region, there are a few programs specifically designed to support pregnant teenage women. The Adolescent Pregnancy and Parenting Program at the Tempe Union High School²⁴¹ is a drop-out prevention program which works to decrease teen pregnancy and repeated pregnancy. In Chandler, the Chandler Regional Medical Center offers a Teen Childbirth Preparation Class²⁴² designed for expectant teen moms. Teen parents are also able to participate in home visitation programs offered in the region, and educational opportunities for their children such as Head Start or Early Head Start.

Home Visitation Programs

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

A systematic review conducted by the non-federal Task Force on Community Preventive Services found that early childhood home visitation results in a 40 percent reduction in episodes of abuse and neglect. Not all programs were equally effective; those aimed at high-risk families, lasting two years or longer, and conducted by professionals (as opposed to trained paraprofessionals) were more successful.²⁴³

The First Things First East Maricopa Region funds a home visitation strategy throughout the region through partnerships with My Child's Ready and the Fort McDowell Yavapai Nation.²⁴⁴ This strategy provides voluntary in-home services for the families of infants and young children. Through home visitation, families are connected to resources that support health, development, and early learning. Families also receive information about child development, health, nutrition, literacy, and parenting skills.

²⁴¹ www.tuhsd.k12.az.us/chs/new/index.php?option=com_content&view=article&id=42&Itemid=41

²⁴² <https://hospitals.dignityhealth.org/chandlerregional/Pages/Classes%20and%20Events/Motherhood.aspx>

²⁴³ Centers for Disease Control and Prevention. First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from the Task Force on Community Preventive Services. MMWR 2003; 52(No. RR-14):1-9.

²⁴⁴ www.azfff.gov/RPCCouncilPublicationsCenter/Family%20Guide%20-%20East%20Maricopa.pdf

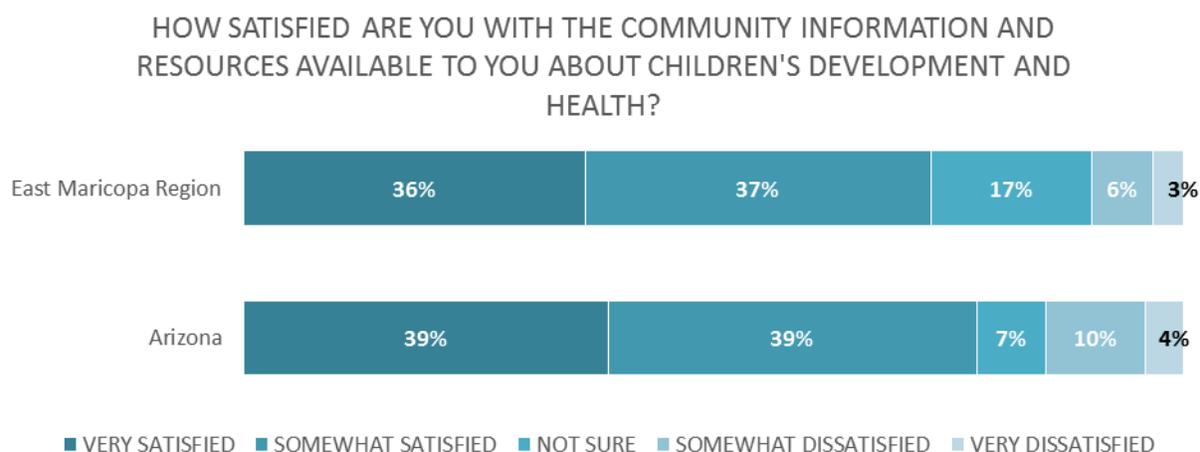
Public Information and Awareness

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

Data from Family and Community Survey, 2012

The 2012 First Things First Family and Community Survey collected data about respondents' level of satisfaction with the resources, accessibility, and coordination of services in their area. A little less than three quarters (73%) of respondents in the East Maricopa Region indicated being very or somewhat satisfied with the information and resources available to them about their children's health and development. This is lower than the rate for Arizona overall, 78 percent.

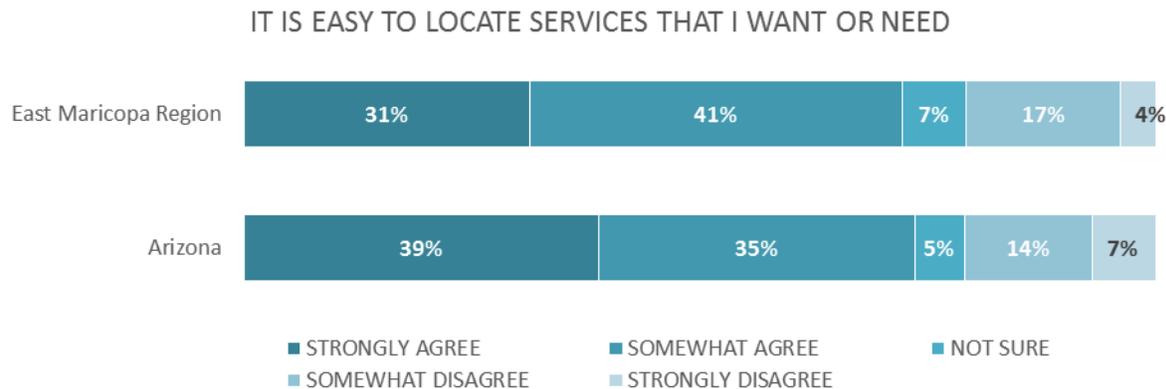
Figure 47. Family & Community Survey 2012: Satisfaction with information and resources



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

Most respondents in the East Maricopa Region (72%) agreed with the statement, “It is easy to locate services that I want or need.” However, this is a slightly lower proportion than in the state of Arizona overall (74%). A higher percentage of respondents in the East Maricopa Region disagreed with the statement than in the state overall (24% in the region as compared to 19% in the state).

Figure 48. Family & Community Survey 2012: Ease of locating services



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

These data suggest that targeted efforts to improve public awareness about services would be beneficial to families in the East Maricopa Region.

Findings from Key Informant Interviews

Key informants were asked to comment on public awareness of programs, activities, and other efforts to support families with children ages birth through five. Key informants noted that parents in the region overwhelmingly find out about available services through word of mouth, and that although public awareness is steadily increasing, there is room for improvement in spreading awareness of services. As one key informant described, “We are online now with a website and a Facebook page, but I don’t know if we’re reaching new families this way...This stuff just hasn’t been around long enough for people to know to look for it.” Another key informant said, “There are a lot of services out there, but our families don’t know that they are there, or how to connect with them, or understand that there are free services available. I’m a parent to a zero to fiver, but if I didn’t work where I work and I didn’t participate in an early childhood collaboration group, I’m not sure how I would have found out about these services.”

When asked how public awareness could be improved in the region, key informants said it would be beneficial for child care providers and pediatricians to have flyers about community services, and ultimately to be able to make recommendations and referrals themselves. Key informants perceived that although information about a number of services is advertised through Title 1 schools, this same information is not available at many early care and education providers throughout the region. Broadening marketing efforts to more child care and early education providers may increase service awareness throughout the region. “We do a lot of outreach to low income families,” one key informant said, “but families who make a little bit more but would still greatly benefit are being missed.” Pediatricians and family medical clinics were also highlighted as promising potential avenues for reaching more parents. A key informant from the Scottsdale community said, “When you have a baby, medical providers are

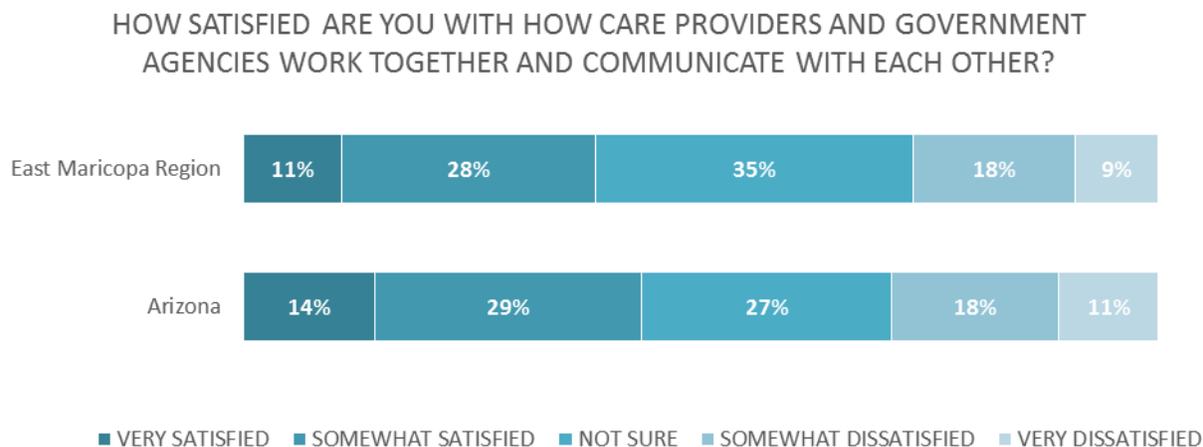
who you have the most contact with. I wish other services connected with the medical providers more. That seems like a very good way to connect parents with more programs.”

Misconceptions about social services were another barrier to public awareness described by key informants. The misconception that early childhood services are only for families in poverty or crisis was described as common, especially in communities with higher median incomes such as Scottsdale and Paradise Valley. Some key informants also perceived trust of services to be a barrier, and described a community culture in which families are hesitant to seek assistance. “There is a feeling of, ‘there must be a string attached,’” one key informant said.

System Coordination

One item from the 2012 First Things First Family and Community Survey directly addresses the issue of perceived early childhood system coordination. The figure below shows slightly lower levels of satisfaction with coordination and communication among providers in the region, compared to the state. However, respondents in both the region and state were more likely to indicate satisfaction (39% and 43%, respectively) than dissatisfaction (27% and 29%, respectively) with how care providers and government agencies work together and communicate.

Figure 49. Family & Community Survey 2012: Satisfaction with coordination and communication



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

Coordination and Collaboration Efforts in Maricopa County

First Things First and other organizations across Maricopa County are seeking to respond to the need for increased coordination. The Maricopa Family Support Alliance was formed in April 2011 by First Things First and the Virginia G. Piper Charitable Trust with the goal of uniting and coordinating the efforts of family service providers. The Alliance is a member of the National Network of Family Support and Strengthening Networks and a partner of Strong Families AZ (a

network of home visitation programs). Additionally, the Alliance has partnered with Find Help Phoenix (Maricopa County Department of Public Health) to support an online resource for identifying services in communities across the county through the website FindHelpPhx.com. As of June 2014, the Alliance listed 45 member organizations, agencies, and providers on its website. The Alliance lists four goal areas, and each has a subcommittee responsible for overseeing its implementation:²⁴⁵

- Increase knowledge about family support services and build capacity among the Alliance member agencies.
- Improve access to family support services through collaborative outreach, intake and referral processes.
- Enhance the quality and responsiveness of family support services by adopting and promoting the implementation of family support practice standards.
- Provide current, relevant information regarding the wellbeing of families in Maricopa County, assets available, and strategic mapping to inform all Alliance member agencies.

Additionally, recent coordination efforts by First Things First seek to build upon on the wide scope of programming funded by First Things First in Maricopa County. The Family Resource Network is a collaboration of 30 First Things First funded Family Resource Centers located throughout Maricopa County.²⁴⁶ Begun in 2011, the network meets monthly and has the following primary goals:

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

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

Coordination in the region has also taken place around the topic of health and health care. The Health Improvement Partnership of Maricopa County is a collaborative effort between the

²⁴⁵ Retrieved from: <http://maricopafamilysupportalliance.org/>

²⁴⁶ Information provided through personal correspondence

Maricopa County Department of Public Health and more than 60 public and private organizations addressing priority health issues through the 2012-2017 Community Health Improvement Plan.²⁴⁷ These organizations work together towards improving health status, outcomes and access in four domains; Worksites, Community, Education and Healthcare.

Findings from Key Informant Interviews

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

Existing collaboration and networking groups were described by key informants both as a strength and as a “work in progress.” Key informants described these meetings as useful and beneficial to facilitating collaboration across the region, but noted that these groups are usually attended by “the same dedicated grantees every time”, and that there is a need to incentivize more individuals who work in areas relevant to the early childhood system to attend.

Key informants described community-level system coordination as strong. Key informants said that providers within individual cities and towns in the East Maricopa Region are knowledgeable about a range of resources available within their own community, and are therefore often able to make local referrals. However, awareness of resources in neighboring communities was highlighted as a current challenge and an important area for future growth. This may be a particularly salient issue as the communities comprising the former Central Maricopa Region and the communities comprising the former Northeast Maricopa Region conjoin as the East Maricopa Region in 2014. As key informants noted, this development has substantial impacts on service providers. For some providers, this change has an impact on day-to-day work life. Providers serving new communities for the first time may be less familiar with community demographics and culture, needs, and local resources.

As described throughout this report, the East Maricopa Region spans a large portion of Maricopa County, and is highly diverse culturally, demographically, and economically. The wide variety of resources and services for families with young children available throughout the East

²⁴⁷ www.arizonahealthmatters.org/index.php?module=htmlpages&func=display&pid=5007

Maricopa Region is a substantial asset to the region, and as some key informants described, this asset can be leveraged to address the challenges inherent in serving a diverse population. “Families can have more options now,” as one key informant said. However, another key informant noted that due to the large geography of the East Maricopa Region, there is a need to balance developing region-level coordination with supporting community-level coordination. Both remain important, as cross-regional travel may not be possible or desirable for many families.

When asked what would help enhance system coordination in the region, several key informants said they would find an initial mandatory meeting or networking event useful for learning about the communities and providers in the new East Maricopa Region that they may be less familiar with. One key informant said, “I think there needs to be some real dedicated time around sharing what we do, sharing our practices, sharing our programs. I don’t know if that will be as easily done if it’s just left in the service provider’s hands [to organize].” Key informants also noted that time is a common constraint and obstacle to collaboration and system coordination, and that an “online gathering point” (e.g., a blog or feed) where providers can share information and updates may enhance system coordination in the region.

The Build Initiative

The BUILD Initiative²⁴⁸ is a nationwide effort that helps states create comprehensive early childhood systems with programs, services and policies that address children’s health, mental health and nutrition, early care and education, family support, and early intervention. Arizona is one of 10 BUILD state partners, which receive funding and technical support to develop or improve early childhood services, programs and systems, and identify and assess measurable outcomes of this work. In Arizona, the BUILD Arizona Steering Committee is working to identify priorities across five workgroups; Communications, Early Learning, Professional Development, Health and Early Grade Success.²⁴⁹ This work to date has resulted in the Build Arizona: Strategic Blueprint²⁵⁰, which outlines suggested key priorities for the early childhood system in Arizona for 2013-2016. These priorities are listed below.

Under Policy Research and Development:

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

²⁴⁸ www.buildinitiative.org/Home.aspx

²⁴⁹ www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf

²⁵⁰ <http://buildaz.files.wordpress.com/2013/10/build-arizona-blueprint.pdf>

Under *Coordination and Convening Leadership/Support*:

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

Under *System Enhancement/Alignment*:

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

FTF Capacity Building Initiative

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

The implementation phase of this project was awarded to the same organization in July 2013. The goal of this phase was to provide targeted capacity building services and technical assistance to early childhood providers throughout the state in order to: 1) increase understanding of the mission, goals, local governance structure and contractual requirements of First Things First; 2) explore the potential pathways for participating in the First Things First system; and 3) identify and increase the capacities necessary for successful partnership with First Things First and/or other major funders. In this second phase, participating agencies will be paired with a qualified consultant who will assist agency leaders in designing a capacity building action plan customized to the capacity needs of each enrolled organization, delivering the corresponding technical assistance services, and providing ongoing guidance and coaching as staff determines and initiates strategies deemed most feasible and relative to available resources and buy-in from staff, board and clients. This process was slated to continue through June 2014.

Summary and Conclusion

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

Through assembly of quantitative data and additional information gathered through interviews with key informants in communities throughout the region for this report, it is clear that the region has substantial strengths. These strengths include: a variety of opportunities for families created by the region's proximity to the Phoenix metropolitan area; a wide range of health and social service providers; numerous professional development opportunities through local community colleges; TEACH and non-TEACH scholarships funded by the region which enable more early childhood professionals to access these professional development opportunities; resources for teenage parents; a family resource strategy funded by the East Maricopa Region which offers training, educational opportunities, and resources to parents at a number of centers throughout the region; and ongoing efforts to improve system coordination. A table containing a full summary of these and other regional assets can be found in **Appendix 2**.

However, there continue to be challenges to fully serving the needs of families with young children throughout the region. Data suggest considerable variability of the needs of families across the region. Moreover, the varied geography of the region, including the recent merger of two regions for the East Maricopa region, can pose challenges for designing services that meet the needs of families across the region, and awareness of services across all communities. A table containing a full summary of identified regional challenges can be found in **Appendix 3**. Many of these have been recognized as ongoing issues by the East Maricopa Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region:

- **A need for affordable, high quality and accessible child care** – The number of early care and education slots available compared to the number of young children in the region, as well as data about the affordability of child care suggest that despite a considerable capacity, there may be a shortage of high quality, affordable and accessible early educational opportunities in some communities in the region. Child care providers are concentrated in the southern and central portions of the region, and are sparser in the northern portion of the region. In addition, only 21 percent of children ages three and four in Guadalupe and only 36 percent of children ages three and four in Tempe are estimated to be enrolled in early education despite high levels of poverty and need among young children in those communities. Although data suggest that full time child care may be affordable to the average family in some communities in the East Maricopa Region, it is likely to be a challenge for the majority of families in South Scottsdale, Guadalupe, Tempe, Cave Creek, and Chandler. Quality First Scholarships will continue to

be funded by the East Maricopa Region in order to address the need for affordable early childhood education. Quality First Coaching & Incentives will also be funded to continue to improve the quality of early care and education in the region.

- **A need for behavioral health services for young children** – Improved access to behavioral health services for young children is an identified need throughout the region. Key informants noted that although the region has an abundance of mental health providers (including those who work with children), these services can often be costly or difficult for families to access due to other barriers such as language or transportation. The East Maricopa Region funds a Mental Health Consultation strategy. This strategy provides tuition reimbursement to support professional development in mental health, in order to increase the capacity of providers. The strategy also provides mental health consultation to early childhood providers to help these providers support the social-emotional development of young children, and funds a Mental Health Consultant warmline.
- **The need for accessible and regular pediatric care for young children** – Although there are a number of medical providers in the East Maricopa Region including many hospitals, pediatricians and urgent care centers, there are areas in need of better access to health care. Guadalupe is designated as an Arizona Medically Underserved Area, and Guadalupe, Chandler, North Tempe, and Paradise Valley are also designated as Federal Medically Underserved Areas. The East Maricopa Region supports a Care Coordination/Medical Home strategy, which helps connect young children and their families to appropriate, coordinated health care to assure that young children have a regular source of medical care. The region also funds Quality First Child Health Care Consultants and Child Health Consultant warmlines.
- **The need for earlier identification and additional resources for children with special needs** – Key informants interviewed for this report noted that early identification of special needs such as developmental delays and disabilities is a salient need in the region. Some key informants perceived a lack of public awareness about the importance of early intervention to be an obstacle throughout the region. Others described early intervention services as stigmatized and perceived as something only families in exceptional circumstances would need. The rates of children in special education across most school districts in the region also point to the potential need for expanded early intervention services. The East Maricopa Region has recognized this need and supports a Family Support – Children with Special Needs strategy to provide coaching, group activities, and services to the parents of children with special needs in the region. This strategy aims to improve the well-being and early education of children who have special needs but do not qualify for publically funded early intervention programs.

A table of the East Maricopa Regional Partnership Council's funded strategies for fiscal year 2015 is provided in **Appendix 4**.

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

- **The need for greater awareness of available services**– Despite the wide variety of services available for young children and families in the East Maricopa region, data from the 2012 Family and Community Survey suggest that caregivers in the region were slightly less likely to report that it was easy to find services for young children, and they were slightly less satisfied with services than state averages. Key informants reported that when parents move they may be unaware of services. Broadening marketing efforts to more child care and early education providers may increase service awareness throughout the region. Key informants said it would be beneficial for child care providers and pediatricians to have flyers about community services, and ultimately to be able to make recommendations and referrals themselves. Key informants perceived that although information about a number of services is advertised through Title 1 schools, this same information is not available at many early care and education providers throughout the region. In addition, according to key informants, these efforts should battle misconceptions that services are only available for families in poverty and increase trust in service providers.
- **The need for increased services and outreach in some disadvantaged communities** - Outreach to families in communities where poverty rates are highest may be important, as these children are likely to particularly benefit from early education opportunities and family support services. Key informants interviewed for this report described economic need as most pronounced in South Scottsdale, Guadalupe, and parts of Tempe and Chandler. For example, public benefit programs may be under-utilized in some communities with high poverty rates.
- **Supports and resources for foster parents** – Data collected for this report indicate that although child removals by CPS and the number of children currently in foster care who were removed between birth and age five have increased in recent years, there is a shortage of foster homes in some communities in the East Maricopa Region. This shortage is most pronounced in Chandler, Tempe, and Fountain Hills. Efforts to understanding barriers for recruiting foster parents and finding ways to connect foster parents with resources are likely to be important first steps in addressing this need.
- **Health insurance coverage for children** – On average, young children in the region are uninsured at rates similar to the state and county levels. Lack of health care insurance can be a significant barrier to accessing health care. Health insurance for children may be a particular challenge in Guadalupe and Rio Verde/Ft McDowell/Goldfield Ranch.

Given high child poverty rates in these communities, many of these uninsured children may qualify for publically-funded health insurance. These communities also have high percentages of children living with foreign-born parents. These parents may be more likely to be out of work or hold jobs without health insurance benefits. Parents in this community may also be unaware of health insurance options for their U.S. citizen children. Therefore, access to health care may be a particular challenge despite the considerable health care resources in the region.

- **A need for services for grandparents raising grandchildren** – The percentage of young children residing in grandparent-headed families across the region is below state and county levels. However, the rates are higher in some communities such as Guadalupe and Rio Verde/Fort McDowell/Goldfield Ranch and the Fort McDowell Yavapai Nation. Importantly, these communities may benefit from resources designed specifically for grandparents raising their grandchildren—particularly Rio Verde/Ft McDowell /Goldfield Ranch, which has a low proportion of young children overall and thus may have fewer early childhood resources and less community awareness around early childhood issues. The other areas with high rates of grandparent-headed families are in low-income, high need communities. Grandparent-headed families in all parts of the region are likely to have unique needs related to raising young grandchildren. In the East Maricopa Region, there are a number of resources for grandparents raising their grandchildren in Chandler, Paradise Valley, Scottsdale, and Fountain Hills communities. These and other services as well as public awareness about their existence likely need to be expanded throughout the region and integrated into existing service delivery for families with young children.
- **Outreach in communities with large Hispanic populations** – Outreach and collaboration with local institutions (such as schools and early child care providers) where stakeholders see themselves as advocates for the Hispanic population is important to reaching this population. Recent legislation and the perception of a current anti-immigrant climate has led to feelings of distrust and anxiety about accessing support services among the Hispanic population. Service access and parental involvement in early education may be improved through Spanish-speaking liaisons or other services, particularly for monolingual Spanish-speaking families. Notably, child poverty rates and uninsured rates are highest in Guadalupe, which also has the highest rate of linguistic isolation.
- **Connecting more families with early education opportunities** – Although overall, many children in the East Maricopa Region are enrolled in early education opportunities, there are significant discrepancies across communities in the region. Leveraging existing strategies (such as family resource centers and home visitation) to connect more families with early education opportunities and available scholarships

may be helpful to families. For families that prefer or need to use friend and family care, education and hands-on opportunities for parents and caregivers to learn about early childhood enrichment, health and safety can be beneficial.

- **A need for better access to and utilization of prenatal care** - While rates of rates of prenatal care in the first trimester, and the number of visits across the entire pregnancy exceed state averages and Healthy People 2020 recommendations on average in the region, these rates are lower than state and county averages in Guadalupe, Tempe and the Fort McDowell Yavapai Nation. Rates of low birth weight, pre-term births and infant mortality also vary across communities in the region. Two of these communities, Guadalupe and Tempe, are designated medically under-served areas, and have high rates of uninsured adults and children. Outreach efforts aimed at increasing awareness of the importance of prenatal care for child health and development and efforts to improve access to affordable care may be beneficial.
- **A need for increased coordination of services and collaboration** - Key informants described community-level system coordination as strong, but coordination across the region and other proximal First Things First Regions could be improved. Given high levels of residential mobility, families often struggle to maintain service continuity when they move, as services funded in one First Things First Region are not always funded by First Things First Regions elsewhere in Maricopa County. Key informants said that it can be difficult for a family to find out what services are available in their new communities. Service providers may also be unaware of resources in other communities. This may be a particularly salient issue as the communities comprising the former Central Maricopa Region and the communities comprising the former Northeast Maricopa Region merged recently as the East Maricopa Region. A number of efforts are underway to address this concern, such as the Maricopa Family Support Alliance, the Family Resource Network, and the BUILD Initiative. However, key informants indicate the need for other strategies such as region-wide meetings, including an initial mandatory meeting or networking event, and online opportunities to share information.

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

Appendix 1. Key Informant Interview Guide

East Maricopa Key Informant Interview Script

Interviewer Script: *The First Things First Central Maricopa Region and the First Things First Northeast Maricopa Region will be combining into a new East Maricopa Region in July of 2014. We are collaborating with both Regional Partnership Councils to produce a combined 2014 Needs and Assets Report. As part of our effort to better understand the needs of children aged birth-5 and their families in the communities of this region, we're inviting you to participate in a brief interview. You have been identified by the Regional Partnership Council as someone knowledgeable about early childhood issues. The information you provide will be kept confidential and the interview should take between 30 and 45 minutes to complete. Is now a good time to complete the interview? If not, when would be a good day and time to conduct the interview?* _____

First I'd like to collect some information about you and the role you have with children aged birth to five years and their families.

Interviewee Name:

Ask if unknown: May I ask your occupation?

Occupation:

Ask if unknown: Do you represent an organization? If so, please provide the name and location.

Interviewee organization and location:

Ask if unknown: What services are provided to children birth-5 and their families by you/your organization? _____

What communities does your organization serve? (Probe for serving families in Phoenix or Southeast Maricopa and offer the following East Maricopa communities as prompts: Chandler, Scottsdale, Tempe, Ahwatukee, Paradise Valley Village, Cave Creek, Fountain Hills, Paradise Valley, Guadalupe, Rio Verde, Ft McDowell, Goldfield Ranch, Carefree)

Other than your work with (the organization above), do you represent any other organization?

Interviewee other organization and location:

Interview location if not by phone (name of facility, city, county):

Interviewer: _____ **Interview date:** _____

INTERVIEWER'S COMMENTS ABOUT INTERVIEW (Respondent's willingness to participate, relevant issues in the interview, aspects that might have been difficult to address, questions not understood, etc.)

Now before we get started let me give you a little context about the questions I'll be asking. All of the questions refer to early childhood issues. By "early childhood", I'm referring to children five years of age and younger, and issues include things like quality of and access to early education, child care and daycare, children's healthcare, training of childcare workers and teachers, and support for parents and families of young kids. I'll reiterate this as we go through the interview, but I want to focus our discussion from the beginning on issues affecting kids aged five and under and their families. If you don't feel comfortable or don't have enough information to answer any of these questions, please let me know and I'll move on to the next question.

- 1. Please describe the efforts, such as programs, activities, policies, etc., that are available in [insert community respondent works in] to address early childhood issues.** *Probe:* How long have these efforts been going on in your community? Are any of these efforts new?
- 2. What do the families with young children in your community know about these efforts, programs or activities?** *Probe:* How knowledgeable are community members about the early childhood programs available in the community? How do you think that they find out about them? Are the families of young children participating in these programs and activities? Do you think that these programs and activities are reaching the families who most need them? Do community members know about First Things First and the work they do in (insert town name)? Are there many volunteers who support early childhood issues such as early education, children's health and family support?
- 3. Please describe the existing level of coordination/communication among early childhood programs and services in your community.** *Probe:* Is there duplication of services from different efforts? Are agencies/organizations providing services to children birth through 5 and their families in partnership with other agencies? These partnerships may be formal or informal. What does the existing level of coordination/communication look like?
- 4. Are you familiar with the Phoenix/Maricopa Family Resource Collaborative Project? What do you know about this effort?** *Probe:* Are there other individuals or organizations that are currently involved in addressing service coordination for programs serving children five and under in your community? What can you tell me about these? Are you aware of

other partnerships/workgroups or regular meetings to discuss coordination/communication needs and identify solutions?

5. **As far as you know, is there any planning for more efforts/services, or coordination of these services, going on in your community surrounding early childhood issues such as early education, children's health and family support? If yes, please explain. Probe:** Is there a need to expand efforts to coordinate services? Why or why not?
6. **What opportunities do you see for improving coordination and collaboration across the early childhood system in your area? Probe:** There may be opportunities to partner with less traditional players or to leverage resources in your community to help improve the early childhood system. What other community organizations or agencies could play a role in attracting new services to the area or in better leveraging existing resources? (probe for less traditional players, such as County Board of Supervisors, elder services)
7. **What are the obstacles to improving coordination of services and programs serving young children in your community?**
8. **Please name the three most important things that should happen to improve the lives of kids aged birth-five and their families in your community?**
9. **Those are all the questions I have for you. Would you like to add anything about the need for, or availability or coordination of early childhood programs and services in your community before we end?**

Thank you very much for taking the time to participate in this interview. The information you provided and your time are really appreciated.

Appendix 2. Table of Regional Assets

First Things First East Maricopa Regional Assets

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

Head Start and Early Head Start programs as well as school-based public pre-kindergarten, and comprehensive programs are available throughout the region. In the Fort McDowell Yavapai Nation, the H'man 'shawa Early Development Center (ECDC) serves young children (infant through kindergarten) in the Fort McDowell Yavapai community with comprehensive services.

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

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

There are higher levels of parental educational attainment than in the rest of the county or state. High schools in the region graduate a high proportion of their students—a greater proportion than Maricopa County and Arizona overall.

Multiple organizations aim to provide support to teenage parents within the region.

The First Things First East Maricopa Region funds a variety of strategies which support and benefit families throughout the region, including (but not limited to) an Oral Health strategy, Mental Health Consultation Strategy, a Home Visitation strategy, and Family Resource Centers.

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

Appendix 3. Table of Regional Challenges

First Things First East Maricopa Regional Challenges

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

The recent merger of regions to create the East Maricopa Region, which is geographically large and diverse, creates a need for better coordination and communication across service providers in various communities in the region in order to be informed about services throughout the region, and to better inform families about these services.

Although the proportion of children living in a grandparent's household in the region is equivalent or below county and state rates, in Guadalupe, the Fort McDowell Yavapai Nation and Rio Verde/Fort McDowell/Goldfield Ranch this rate is much higher, suggesting a need for services that support grandparents in these communities.

In Guadalupe, the linguistic isolation rate is one percent. Some parts of Tempe and Chandler also have comparably high linguistic isolation rates. Notably, these are also communities with large populations of young children.

Poverty rates vary markedly across communities in the region, and other economic data indicate pockets of economic need throughout the region.

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

Data about the cost of child care by percent of median family income as well as informant interviews suggest that affording child care may be a barrier to accessing early education for some families in specific communities in the region.

Four communities in the region (Guadalupe, Chandler, North Tempe, and Paradise Valley) are considered to be Medically Underserved Areas by State and/or Federal guidelines.

Rates of prenatal care are below Healthy People 2020 targets in Guadalupe, Tempe and the Fort McDowell Yavapai Nation.

Teenage birth rates are high in some communities, especially the Fort McDowell Yavapai Nation, Guadalupe, and Tempe.

A greater proportion of children in most school districts in the East Maricopa Region are enrolled in special education than in Arizona and Maricopa County public and charter schools overall.

There is a shortage of foster parents in some communities in the region. This shortage is most pronounced in Chandler, Tempe, and Fountain Hills.

Appendix 4. Table of Regional Strategies, FY 2015

East Maricopa Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	Strategy	Strategy Description
Quality and Access	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.
	Quality First Scholarships	Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better educational beginning for their children. Provides scholarships to quality preschool programs in a variety of settings to allow programs to serve more children. Increases the number of 3- and 4-year olds enrolled in high quality preschool programs that prepare them to succeed in kindergarten and beyond.
	Kindergarten Transition	This strategy is presently in a pilot stage; a full description is not available.
Professional Development	Scholarships TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
	Scholarships non-TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
	Community Based Professional Development Early Care and Education Professionals	Provides quality education and training in community settings to early care and education professionals. Improves the professional skills of those providing care and education to children 5 and younger.
	Director Mentoring/Training	Provides education, mentoring and training to early care and education directors. Increases the efficiency of the early care and education

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Goal Area	Strategy	Strategy Description
		system by building the leadership and business skills of its administrators.
	FTF Professional REWARD\$	Improves retention of early care and education teachers through financial incentives. Keeps the best teachers with our youngest kids by rewarding longevity and continuous improvement of their skills.
Family Support	Home Visitation	Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connects families to resources to support their child's health and early learning. Gives young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy, etc. Provides developmental screenings. Connects parents with community resources to help them better support their child's health and early learning.
	Parent Education Community-Based Training	Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness. Improves child development by educating parents and connecting them to resources and activities that promote healthy growth and school readiness.
	Family Resource Centers	Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development. Strengthens families of young children by providing locally-based information and instruction on health and child development issues. Provides parent education and health insurance enrollment assistance.
	Family Support-Children	Provides coaching, group activities and services

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Goal Area	Strategy	Strategy Description
	with Special Needs	to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential. Improves the education and health of children with special needs who don't qualify for publicly funded early intervention programs. Conducts developmental screenings.
Health / Mental Health	Child Care Health Consultation	Provides qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care. Improves the health and safety of children in a variety of child care settings.
	Mental Health Consultation	Provides mental health consultation to teachers and caregivers, and tuition reimbursement to support professional development to increase capacity of workforce. Helps child care staff and early childhood programs to support the social-emotional development of young children.
	Oral Health	Provides oral health screenings and fluoride varnish in a variety of community-based settings; provides training to families on the importance of oral health care for their children; and provides outreach to dentists to encourage service to children for a first dental visit by age one. Decreases preventable oral health problems in young children.
	Care Coordination/Medical Home	Provides children and their families with effective case management, and connect them to appropriate, coordinated health care. Improves children's health care and future development by ensuring they have a regular source of care. Provides health insurance enrollment assistance. Conducts developmental screenings.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board

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Goal Area	Strategy	Strategy Description
		and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
Coordination	Service Coordination	Through coordination and collaboration efforts, improves and streamlines processes including applications, service qualifications, service delivery and follow-up for families with young children. Reduces confusion and duplication for service providers and families. Strengthens and improves the coordination of services and programs for children 5 and younger.
Community Outreach	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.
	Media	Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.
	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.

Appendix 5. Data Sources

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