2014 NEEDS AND ASSETS REPORT

LA PAZ / MOHAVE REGIONAL PARTNERSHIP COUNCIL

FIRST THINGS FIRST

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La Paz/Mohave Regional Partnership Council

2014

Needs and Assets Report

Prepared by the
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College of Agriculture and Life Sciences
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Funded by
First Things First La Paz/Mohave Regional Partnership Council

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December 23, 2014

The La Paz/Mohave Regional Needs and Assets Report is conducted every two years. The assessment provides a snapshot of the current status of children and families in the region. It is a collection of useful data and community information that is used to help determine how to best invest resources to improve the lives of young children and families in the region.

The 2014 report provides new information on gaps and opportunities from the perspective of early childhood system partners. It will guide our decision-making and benefit child-serving organizations region-wide.

The La Paz/Mohave Regional Partnership Council takes great pride in the progress made over the past six years. Together with our partners and allies, we are delivering on our promise to help build a solid foundation for young children and their families. Strong relationships with partners throughout the region have allowed us to continue expanding access to quality early learning, health and family support services. Along the way, we've also endeavored to help improve coordination and communication among early childhood service providers and raise awareness of the importance of early childhood.

The La Paz/Mohave Regional Partnership Council would like to thank our Needs and Assets vendor, the Norton School of Family and Consumer Sciences College of Agricultural and Life Sciences at the University of Arizona, for their knowledge, expertise and thoughtful analysis of the region.

Numerous stakeholders from the various programs serving young children and families in the region also generously offered their time, information and insight to make this a rich report. Our work would not be possible without their significant contributions, for which we are immensely grateful.

Thanks to our dedicated staff, volunteers, and partners, First Things First is making a real difference in the lives of our youngest citizens, not only in La Paz and Mohave counties, but throughout the entire State of Arizona.

We thank you for your continued support.

Respectfully,

Nancy Mongeau, Chair

La Paz/Mohave Regional Partnership Council

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Introductory Summary and Acknowledgments

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

This Needs and Assets Report for the La Paz/Mohave 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 La Paz/Mohave 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 La Paz/Mohave Regional Partnership Council owes special gratitude to the stakeholders who participated in numerous work sessions, coordination meetings, and community forums throughout the past two years. The success of First Things First is due, in large measure, to the contributions of numerous individuals who give their time, skill, support, knowledge and expertise.

To the current and past members of the La Paz/Mohave Regional Partnership Council, you are the heart and soul of First Things First. Your dedication, insight and extreme passion have guided our effort to make a difference for young children. Our continued work together will further aid in building a comprehensive and coordinated early childhood system for the betterment of all young children.

We also want to thank the Fort Mojave Indian Tribe, the Arizona Department of Economic Security, the Arizona Child Care Resource and Referral, the Arizona Department of Health Services, 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, the Arizona Health Care Cost Containment System, the Arizona Criminal Justice Commission and the Homeless Management Information Systems for their contribution of data for this report.

In addition, our gratitude is given to our grantees: Arizona's Children Association, Child and Family Resources, Inc., Mohave County Superior Court, Southwest Human Development, the Arizona Department of Economic Security, the Arizona Department of Education, the Association for Supportive Child Care, the Learning Center for Families, the University of Arizona Mohave County Cooperative Extension, and Valley of the Sun United Way. They are our partners and allies in advancing the early childhood movement in La Paz and Mohave counties. We are honored to work alongside them.

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Executive Summary

The La Paz/Mohave Regional Partnership Council supports the needs of young children in the La Paz/Mohave First Things First Region. The La Paz/Mohave Region consists of the two counties of La Paz and Mohave, excluding three reservation areas (Colorado River Indian Tribes, Hualapai, and Kaibab), but including the Arizona portion of the Fort Mojave Indian Tribe reservation. For the purposes of this report, the La Paz/Mohave Region was subdivided into 10 geographic areas, including all communities within the region. The majority of the population in the La Paz/Mohave Region lives in Mohave County in and surrounding the cities of Bullhead, Lake Havasu and Kingman.

According to U.S. Census data, the La Paz/Mohave Region had a population of 211,436 in 2010, of whom 13,397 (6%) were children under the age of six. Both the La Paz/Mohave Region and La Paz and Mohave Counties have a smaller proportion of households with children birth through five years of age (10%, 9%, and 11% respectively) than the state as a whole (16%). The Colorado City-Centennial Park area has the highest percentage of households with children under six in the region (68%), followed by the Arizona part of the Fort Mojave Indian Tribe (17%). The Parker Strip-Cienega Springs area, the Quartzsite-Ehrenberg area, and the Salome-Bouse-Wenden area have the lowest percentage of children under six in the region, all having only five percent of households with those young children in them.

In the La Paz/Mohave Region, 80 percent of children birth to five years of age are living with at least one parent, with 26 percent living in a single-female headed household. Six areas in the region have a higher percentage of young children living with grandparents than the state (14%) including the Dolan Springs-Golden Valley area (24%), the Parker Strip-Cienega Springs area (20%), the Fort Mohave-Mohave Valley-Topock area (19%), the Littlefield-Beaver Dam area (18%), the Bullhead City area (16%), and the Quartzsite-Ehrenberg area (15%). La Paz County has the same percentage of children under the age of six living with a foreign-born parent as the state (29%), while only 16 percent of young children in the La Paz/Mohave Region and 15 percent of young children in Mohave County are living with a foreign-born parent.

Most (84%) of the adult population living in the region and counties identified as White, not-Hispanic and almost two-thirds (65%) of the population of children aged birth through four living in the region and county were identified as White, not-Hispanic. Three areas in the region had more than half of children through age four identified as Hispanic; the Littlefield-Beaver Dam area (59%), the Salome-Bouse-Wenden area (57%), and the Quartzsite-Ehrenberg area (53%).

Many families across the La Paz/Mohave Region face economic challenges. The percentage of the population of children aged birth through five living in poverty in the La Paz/Mohave Region (37%) is higher than the state as a whole (27%). La Paz County has an even higher percentage of

the young population living in poverty at 44 percent, while Mohave County is similar to the region at 36 percent. Unemployment rates in La Paz and Mohave County and the three large cities in Mohave County are slightly higher than the state as a whole. In addition, Mohave County has the highest percentage of very low income renters classified as housing-cost burdened renters (83%), compared to 79 percent across the state as whole, and 55 percent in La Paz County.

Due to this higher rate of economic disadvantage, many families in the region may benefit from public assistance programs. The number of young children receiving Nutrition Assistance (SNAP) benefits has increased in the region between 2010 and 2012 (+4%), while the percentage in La Paz County has dropped (-4%). Overall, 54 percent of young children in the region were receiving SNAP in 2012. Conversely, Temporary Assistance to Needy Families (TANF) benefits have decreased for the region and both counties. In the beginning of 2012, 39 percent of young children in Mohave County were participating in WIC, higher than the state rate of 29 percent. In La Paz County, 17 percent of all residents, and 31 percent of children under 18 years of age faced food insecurity. In Mohave County, 18 percent of all residents, and 30 percent of children under 18 years of age faced food insecurity. La Paz County has the fifth-highest percentage of children facing food insecurity, and Mohave County has the sixth-highest percentage across the counties in Arizona.

Compared to the rest of the state, the La Paz/Mohave Region lags behind in the educational attainment of its adults. Adults in the La Paz/Mohave Region (17%) are more likely to be without a high school diploma or GED than the state of Arizona overall (15%), and more than a quarter of adults in La Paz County do not have a high school diploma or GED (26%). Just one-third of births in the region are to mothers with more than a high school degree. These factors may limit employment opportunities for many in the region, and early literacy opportunities for some children.

Mohave County 3rd graders performed slightly better than students statewide in both the math and reading AIMS tests, with a higher percentage of students passing in each subject (72% math, 79% reading) than the state (69% math, 75% reading). La Paz County 3rd graders did not perform as well as students statewide in both math and reading, with a lower percentage of students passing in each subject (58% math, 65% reading). There was however, much variability across school districts in the region in both the math and reading AIMS scores.

In the La Paz/Mohave Region there are 67 regulated child care providers, the majority of which are ADHS licensed centers. At the end of 2011 there were 86 regulated child care providers in the region, compared to 67 at the beginning of 2014. The percentage of the population of children aged birth through five in the region served in licensed or certified child care settings ranges from 16 to 20 percent, reflecting that roughly four-fifths of the region's population of children aged birth through five are not being served in licensed or certified child care settings.

Many of the families previously in center-based care reportedly turn to the more affordable option of home-based childcare, which can be both regulated and unregulated care, and can vary greatly in terms of quality. First Things First funded preschools and Quality First scholarship slots are assets in increasing participation in early learning programs by addressing the barrier of affordability.

Access to health care is problematic for the La Paz/Mohave Region with all of La Paz County and all but the Bullhead City and Lake Havasu City Primary Care Areas in Mohave County designated as “medically underserved” by the Arizona Department of Health Services, all of the region designated as a Mental Health Professional shortage area, and much of the region as a Dental Health Professional Shortage Area. The newly formed Oral Health Coalition in the La Paz/Mohave Region may help to address the latter area of need.

During 2012, there were 1,750 births in the region, which continued a downward trend from 2009. The percentage of women in the region receiving early prenatal care (83%) exceeded both the state average (79%) and the Healthy People 2020 target (78%). The percentage of births to teen mothers 17 years of age and younger in 2012 was 4.4 percent in Mohave County and 2.9 percent in La Paz County, an increase from the previous year for Mohave County, but a decrease for La Paz County. Averaged over ten years, infant mortality rates for La Paz (8.7/1,000) and Mohave (7.5/1,000) Counties exceeded the state rate (6.5/1,000) and Healthy People 2020 target (6.0/1,000). In the La Paz/Mohave Region in 2012, 14 percent of women reported smoking during pregnancy, much higher than the state of Arizona (4%), and the highest percentage for the region since 2009.

In the La Paz/Mohave Region, the percent of the population of young children (14%) uninsured exceeds the state (11%). Some areas had much higher percentages of young children uninsured such as the Dolan Springs-Golden Valley area (47%) and the Littlefield-Beaver Dam area (43%). Mental health services and services for children with special needs were consistently cited as the greatest health care needs for young children in both counties by key informants. The need for substance abuse treatment resources was also a common refrain, which is supported by high rates of alcohol-induced deaths in the region. For women only in 2012, the age-adjusted mortality rate for alcohol-induced deaths for the state was 7.7/100,000, but 54.9/100,000 in La Paz County, the highest for any county in the state.

The number of children removed from their homes between the ages of birth and five has decreased from 2011 to 2013, in the region (-17%), La Paz County (-36%) and Mohave County (-21%). This is contrary to the pattern in the state, which has seen a 35 percent increase in removals of young children between the years 2011 and 2013. The number of removals varies by area, with increases in the number of removals in four regional areas, and decreases in another six during the same time period. In La Paz County, approximately eight percent of youth indicated that they currently had an incarcerated parent, and 29 percent indicated that

they had a parent who had previously been incarcerated. That nearly a third of youth in La Paz County have had a parent incarcerated highlights a potential need for resources for these children.

The La Paz/Mohave Region is served by a number of quality parenting education and home visitation programs, provided in a variety of settings and by a variety of providers. The Home Visitation Collaboration and the newly hired Home Visiting Coordinator is helping to coordinate and streamline these services and referral processes to best serve the families with young children in the region.

While the La Paz/Mohave Region faces challenges to providing comprehensive, high quality early care and education, children's health care, and support for families with young children due to the diversity of its population and geographical spread of the region, the La Paz/Mohave Regional Partnership Council is committed to the ideal that all children in the La Paz/Mohave Region should arrive at kindergarten healthy and ready to succeed. The Council's commitment to system building and system coordination work is helping to move the La Paz/Mohave Region closer to this goal.

Who are the families and children living in the La Paz/Mohave Region?

The La Paz/Mohave Region

First Things First guidelines were used to establish the La Paz/Mohave Region, which consists of the two counties of La Paz and Mohave, excluding three reservation areas (Colorado River Indian Tribes, Hualapai, and Kaibab), but including the Arizona portion of the Fort Mojave Indian Tribe reservation. The region covers nearly 17,000 square miles, with its northern end separated from the rest by the Grand Canyon. The communities of the region are diverse in population density and in demographics, and are often isolated by large areas of unpopulated land. People and services are concentrated in larger places in the region such as Bullhead City, Kingman and Lake Havasu City in Mohave County and Parker in La Paz County.

When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The Fort Mojave Indian Tribe chose to participate as part of the La Paz/Mohave Region.

In an approval letter dated January 17, 2014, the Fort Mojave Indian Tribal Council approved the La Paz/Mohave Regional Partnership Council data collection effort of non-identifying data for the region's Needs and Assets Report. Publically available data on the Fort Mojave Indian Tribe, as well as data requested from tribal agencies, have been included throughout the various sections of this report.

Regional Boundaries and Report Data

First Things First Regional boundaries were first 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.

These guidelines were used to establish the La Paz/Mohave Region. A detailed description of the La Paz/Mohave Region including zip codes and communities encompassed in its 10 geographical areas is provided in a subsequent section.

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. In most of the tables in this report, the top row of data corresponds to the total La Paz/Mohave Region. The next ten rows present the data for the ten geographical zip code areas in the region. At the bottom of each table will be a row for Fort Mojave Indian Tribe data, La Paz and Mohave County data and a row for the state of Arizona data. In a few tables in this report, we will not be able to present data for the La Paz/Mohave Region or for the individual zip code areas. In these tables, data for La Paz and Mohave County will be used instead. For these tables, the data is not available at the zip code level.

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

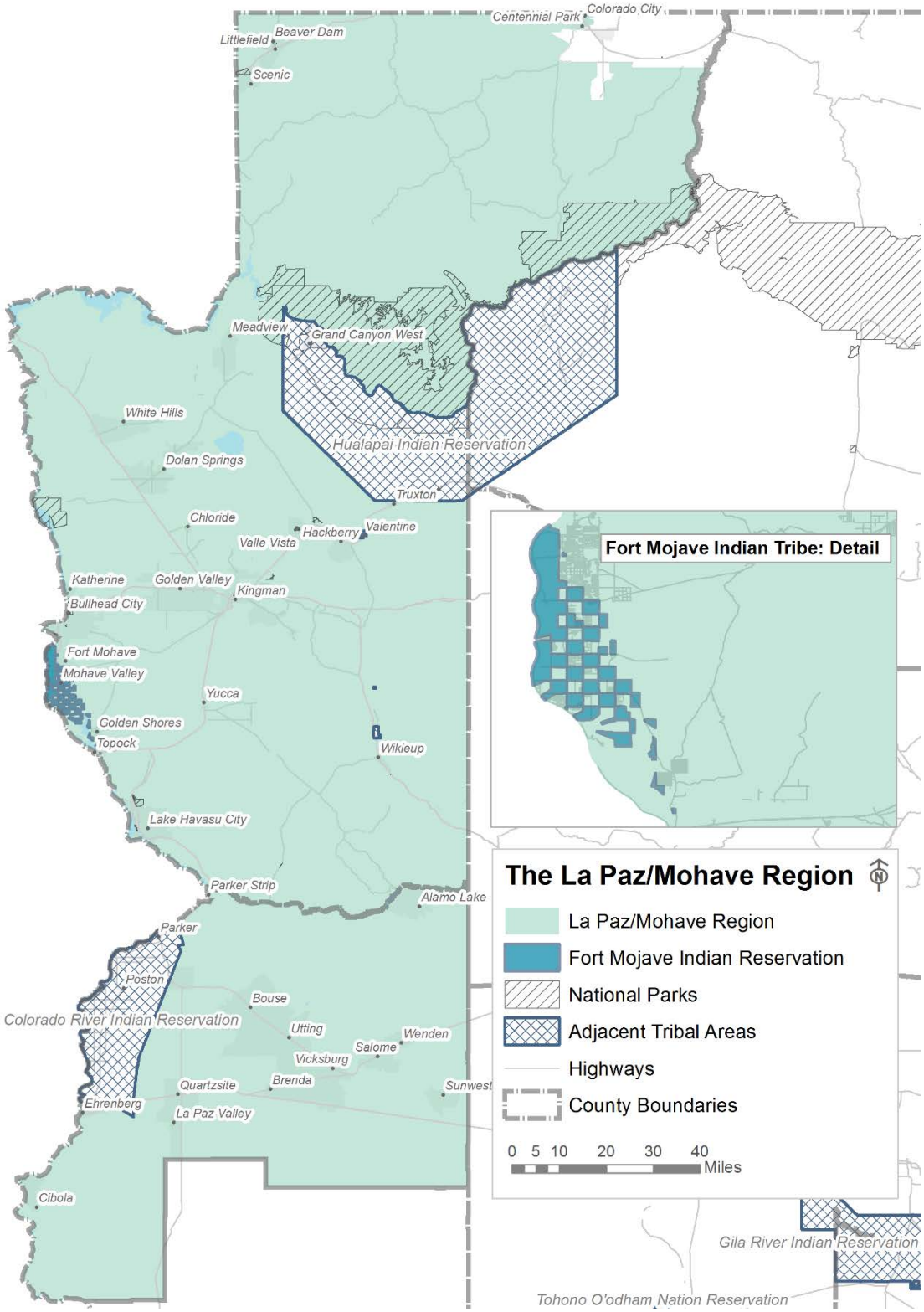
Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS.

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

Figure 1 below shows the geographical area covered by the La Paz/Mohave Region in green, including a detailed inset of the Fort Mojave Indian Tribe.

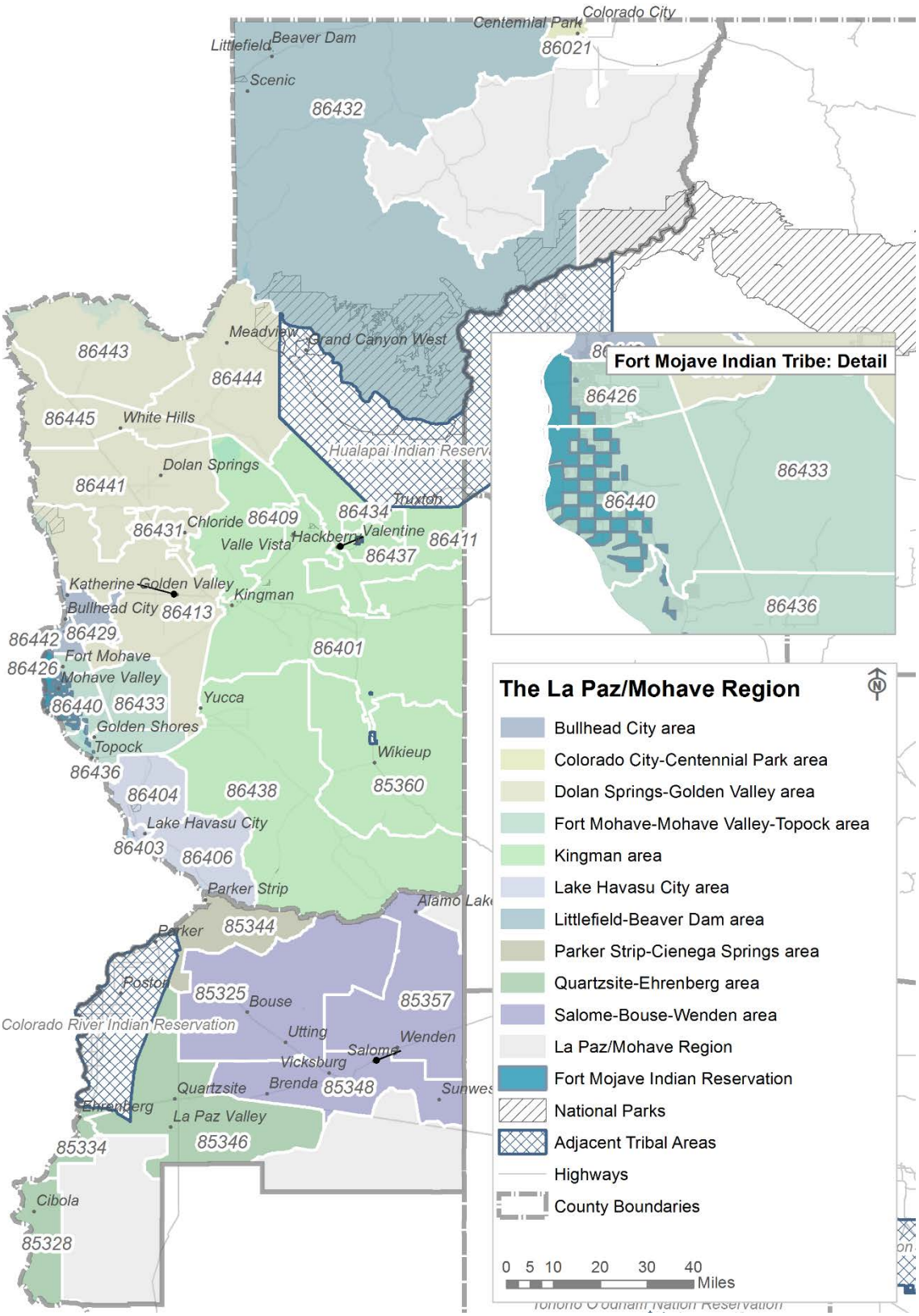
Figure 1: The La Paz/Mohave Region



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

Figure 2 shows the La Paz/Mohave Region by zip code.

Figure 2: The La Paz/Mohave Region, by zip code



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

The Ten Areas of the La Paz/Mohave Region

Because community-level information in rural areas is sparse, the La Paz/Mohave Regional Partnership Council sought additional detailed data gathering, analysis and reporting at the community level in order to provide a more complete picture of the region. For the 2014 report, subdivisions of the region were designated to include all communities in the region. This resulted in 10 areas, for which data will be presented, when possible, throughout the report. Seven of these areas cover Mohave County and the other three cover La Paz County. The number of areas in the 2014 report is fewer than in the 2012 report in part to address First Things First suppression guidelines which will be stringently applied in the 2014 report. By combining smaller communities, the likelihood of data suppression is reduced. However, unlike the 2012 report, all zip codes in the region are included in the geographical areas in the 2014 report. The Arizona portion of the Fort Mojave Indian Reservation is included in the Fort Mohave-Mohave Valley-Topock area (*see area descriptions below*), but data specific to the Fort Mojave Indian Tribe will also be presented separately in tables in the report. Table 1 provides a list of the communities (cities, towns and Census Designated Places) and the ZCTAs associated with each of the 10 geographic areas identified for focus in this report, and the following section provides a brief description of each.

North of the Grand Canyon are the **Littlefield-Beaver Dam** area (86432) and the **Colorado City-Centennial Park** area (86021). Most of the population of the Littlefield-Beaver Dam area live along the I-15 highway, in the unincorporated places of Littlefield, Beaver Dam, or Scenic. All of the population of the Colorado City-Centennial Park area live in either the town of Colorado City on the Utah border, or in Centennial Park, an unincorporated place just to the south.

The **Dolan Springs-Golden Valley** area lies to the south of the Grand Canyon. This area is defined as a group of six zip codes: 86413 (Golden Valley, So-Hi, and Walnut Creek), 86431 (Chloride), 86441 (Dolan Springs), 86443 (Temple Bar), 86444 (Meadview), and 86445 (White Hills).

The **Kingman** area is one of the more populated areas of the region. It includes the city of Kingman and several smaller unincorporated places: Valle Vista, Pinion Pines, Clacks Canyon, Pine Lake, Truxton, Wikieup, Yucca, Antares, Hackberry, McConnico, and Crozier. There are seven zip codes in the Kingman area (85360, 86401, 86409, 86411, 86434, 86437, and 86438). Note that most but not all of the 86434 zip code lies in the Hualapai Reservation; the part which is not tribal land (including Truxton and Crozier) is assigned to the La Paz/Mohave Region.

The **Bullhead City** area includes two zip codes (86429 and 86442). It includes the unincorporated place of Katherine as well as the city of Bullhead City.

The **Fort Mohave-Mohave Valley-Topock** area lies along the Colorado River south of Bullhead City and north of Lake Havasu City. It includes four zip codes: 86426 (Fort Mohave), 86440

(Willow Valley, Arizona Village, Mesquite Creek, and Mojave Ranch Estates), 86436 (Topock and Golden Shores), and 86433 (Oatman). The Fort Mojave Indian Reservation is also included in this area.

In the southwestern corner of Mohave County is the **Lake Havasu City** area (86403, 86404, and 86406). In addition to the incorporated city of Lake Havasu City, there are the unincorporated places of Desert Hills and Crystal Beach.

In the northern part of La Paz County, along the Colorado River, is the **Parker Strip-Cienega Springs** area. This area is defined as the part of the 85344 zip code which is not in the Colorado River Indian Reservation. Parker Strip and Cienega Springs are both unincorporated places.

Farther south, the **Quartzsite-Ehrenberg** area includes three zip codes: 85328, 85334, and 85346. This area has one incorporated town (Quartzsite) and three unincorporated places (Ehrenberg, La Paz Valley, and Cibola).

The **Salome-Bouse-Wenden** area is in the eastern part of La Paz County. It includes several unincorporated places in three zip codes: 85325 (Bouse and Utting), 85348 (Salome, Brenda, Vicksburg, and Sun West), and 85357 (Wenden and Alamo Lake).

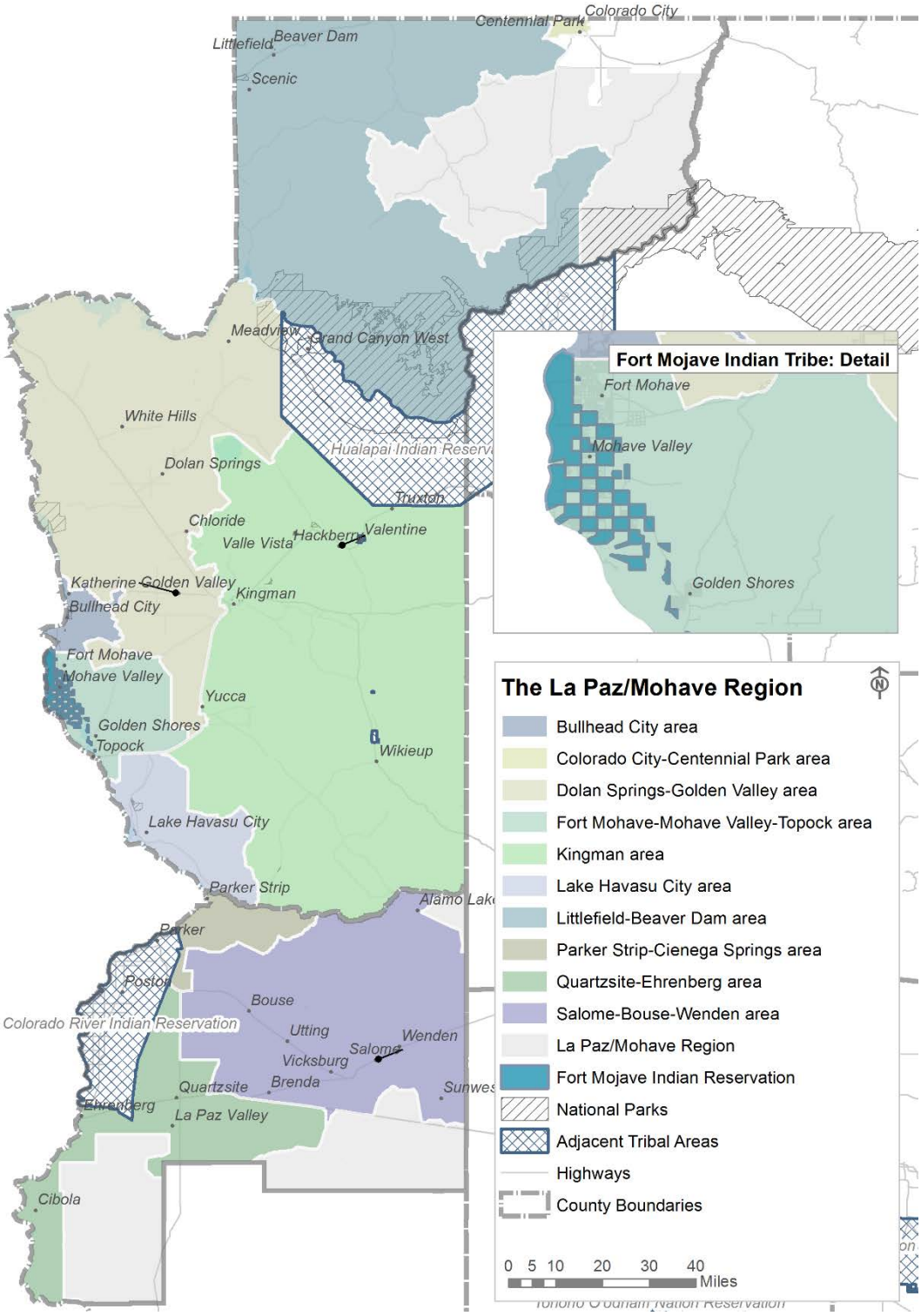
In addition to the zip codes mentioned above, there are eight non-geographical zip codes which have been assigned to the La Paz/Mohave Region (85359, 86402, 86412, 86405, 86427, 86430, 86439, and 86446). These zip codes are primarily used to deliver mail to post office boxes and will not appear in the maps or data tables in this report.

Table 1: Definitions of the La Paz/Mohave Regional Areas Presented in this Report

COMMUNITY	ZIP CODE TABULATION AREAS (ZCTAs)	PLACES	
Bullhead City area	86429 86442	Bullhead City Katherine	
Colorado City-Centennial Park area	86021	Colorado City Centennial Park	
Dolan Springs-Golden Valley area	86413 86431 86441 86443 86444 86445	Chloride Dolan Springs Golden Valley Meadview	So-Hi Walnut Creek White Hills
Fort Mohave-Mohave Valley-Topock area	86426 86433 86436 86440	Arizona Village Fort Mohave Golden Shores Mesquite Creek Mohave Valley	Mojave Ranch Estates Oatman Topock Willow Valley
Kingman area	85360 86401 86409 86411 86434 86437 86438	Antares Clacks Canyon Crozier Hackberry Kingman Lazy Y U McConnico New Kingman-Butler	Pine Lake Pinion Pines Truxton Valentine Valle Vista Wikieup Yucca
Lake Havasu City area	86403 86404 86406	Crystal Beach Desert Hills Lake Havasu City	
Littlefield-Beaver Dam area	86432	Beaver Dam Littlefield Scenic	
Parker Strip-Cienega Springs area	85344	Cienega Springs Parker Strip	
Quartzsite-Ehrenberg area	85328 85334 85346	Cibola Ehrenberg La Paz Valley Quartzsite	
Salome-Bouse-Wenden area	85325 85348 85357	Alamo Lake Bouse Brenda Salome	Sunwest Utting Vicksburg Wenden
Fort Mojave Indian Tribe (Arizona part)	86426 86440	The portion of the zip codes to the left that fall within the Arizona part of the Fort Mojave Indian Reservation	

Figure 3 shows the 10 geographic areas, and the Fort Mojave Indian Tribe, which comprise the La Paz/Mohave Region.

Figure 3: La Paz/ Mohave Region areas



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

Differences between the La Paz/Mohave Region and the Two Counties

There are three parts of La Paz and Mohave Counties which are not part of the La Paz/Mohave Region.

The Colorado River Indian Reservation is located in La Paz County as well as San Bernadino and Riverside Counties in California. The Arizona part of the reservation is its own First Things First region. Nearly half of the residents of the Arizona part of the reservation live in the town of Parker.

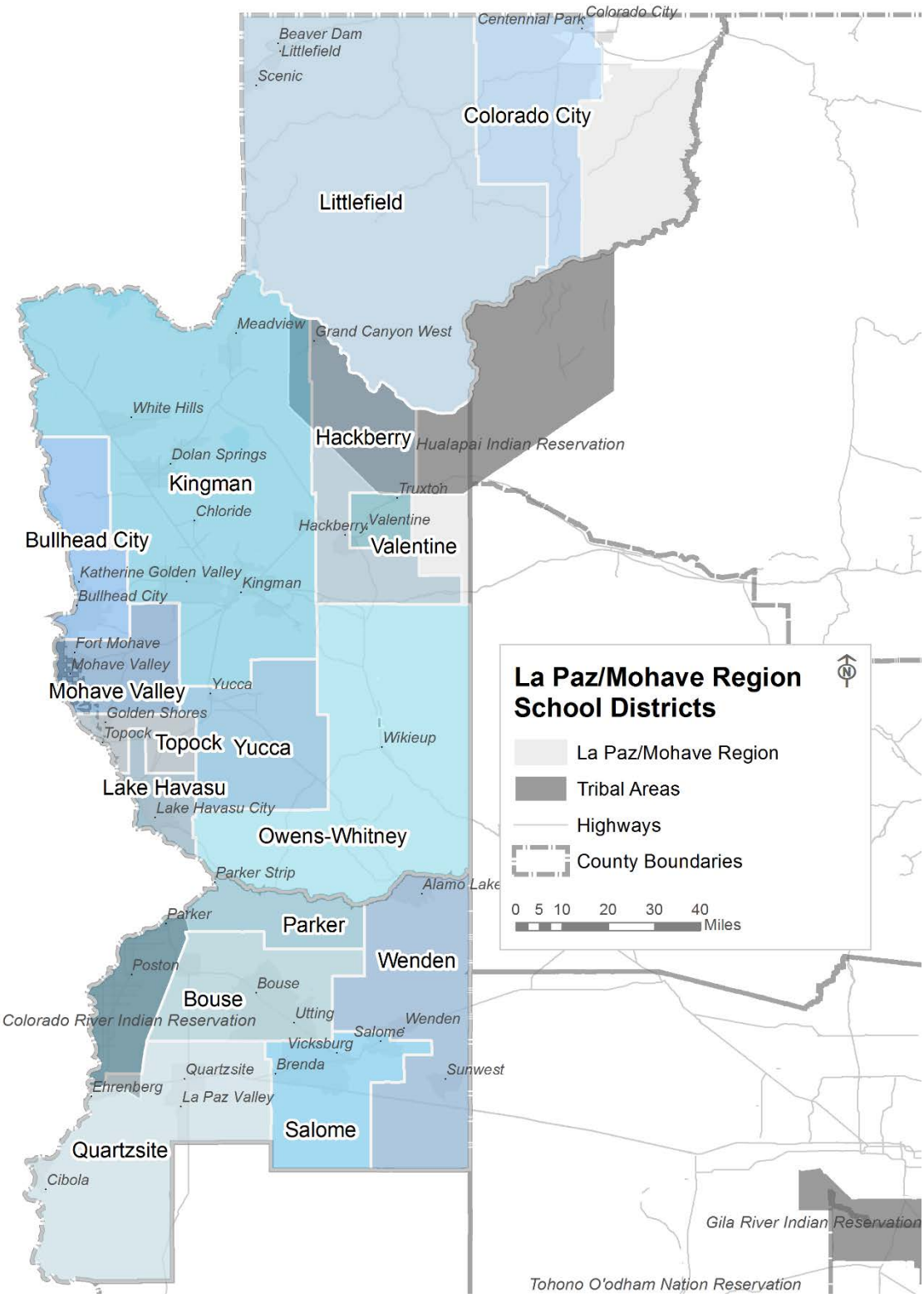
The Hualapai Reservation lies in Mohave and Coconino Counties. The Hualapai Reservation is also a First Things First region. In addition to the main part of the reservation, there are smaller tribal lands near Valentine and near Wikieup. The majority of the residents of the reservation live in Peach Springs.

To the east of Colorado City, the 86022 zip code lies partly in Mohave County and partly in Coconino County. It contains Cane Beds (in Mohave County) and Fredonia (in Coconino County), as well as the Kaibab Paiute reservation. This zip code is assigned to the Coconino Region.

Please note that while the parts of La Paz and Mohave County noted above are not included in the La Paz/Mohave Region, and not included in regional and geographical area data totals presented in this report, they are included when county-level data for La Paz and or Mohave County are presented. For example, in tables throughout this report, in the row for La Paz County, these totals include the Colorado River Indian Reservation, and for the row for Mohave County, these totals include the Hualapai Reservation and the portion of the county east of Colorado City.

Figure 4 shows the school districts that fall within the La Paz/Mohave Region. There are 16 school districts within the La Paz/Mohave Region (a listing of these school districts can also be found in Table 21 on page 57 of this report).

Figure 4: School districts in the La Paz/Mohave Region



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

According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the La Paz/Mohave Region had a population of 211,436 in 2010, of whom 13,397 (6%) were children under the age of six. As seen below, Table 2 lists the 2010 populations for the region, areas within the region, the Fort Mojave Indian Tribe, La Paz and Mohave Counties, and the state. 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 2: Population and households by area in the La Paz/Mohave Region

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
La Paz/Mohave Region	211,436	13,397	88,772	9,129	10%
Bullhead City area	40,544	2,656	17,187	1,902	11%
Colorado City-Centennial Park area	6,085	1,441	782	529	68%
Dolan Springs-Golden Valley area	16,406	594	6,875	400	6%
Fort Mohave-Mohave Valley-Topock area	22,984	1,343	9,428	979	10%
Kingman area	52,264	3,597	21,343	2,544	12%
Lake Havasu City area	55,808	2,998	24,739	2,242	9%
Littlefield-Beaver Dam area	3,933	280	1,556	196	13%
Parker Strip-Cienega Springs area	2,489	86	1,304	69	5%
Quartzsite-Ehrenberg area	6,164	204	3,199	145	5%
Salome-Bouse-Wenden area	4,759	198	2,359	123	5%
Fort Mojave Indian Tribe (Arizona part)	1,004	89	370	63	17%
La Paz County	20,489	1,227	9,198	822	9%
Mohave County	200,186	13,218	82,539	8,981	11%
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

Note: In the table above and in tables/figures throughout the report, data presented for La Paz County includes the Colorado River Indian reservation, and data presented for Mohave County includes the Hualapai reservation and the Mohave County portion of zip code 86022 east of Colorado City.

Both the La Paz/Mohave Region and La Paz and Mohave Counties have a smaller proportion of households with children birth through five years of age (10%, 9%, and 11% respectively) than the state as a whole (16%). As shown in the table above, the Colorado City-Centennial Park area has the highest percentage of households with children under six in the region (68%), followed by the Arizona part of the Fort Mojave Indian Tribe (17%). The Parker Strip-Cienega Springs area, the Quartzsite-Ehrenberg area, and the Salome-Bouse-Wenden area have the lowest percentage of children under six in the region, all having only five percent of households with those young children in them.

Overall, the population of Arizona has increased substantially between 2000 and 2010, and the population of young children has increased by about one-fifth. Because zip code designations

have changed over time, the most accurate comparison of population change is at the county and incorporated places level.[1] Table 3 shows changes in population between the 2000 Census and the 2010 Census. The total population of the La Paz/Mohave Region has grown substantially, with a 28 percent growth over that time period. The population of children under six in the region has also increased but to a lesser degree (+15%). Both La Paz and Mohave Counties have grown over the same period, but at much differing rates. La Paz County has only seen a four percent increase in total population and the population of young children has increased by five percent. By contrast, the total population of Mohave County has increased by 29 percent, with a 16 percent increase in the population of children under six over the 10 year period. Changes in population in individual communities within the region differ, with a high increase for the Littlefield-Beaver Dam area (+60% total population, +56% children 0-5), and a decrease in the Parker Strip-Cienega Springs area (-25% total population, -43% children 0-5) between 2000 and 2010.

Table 3: Population changes from 2000 to 2010 in the number of children aged 0-5

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
La Paz/Mohave Region	165,429	211,436	28%	11,697	13,397	15%
Bullhead City area	33,961	40,544	19%	2,646	2,656	0%
Colorado City-Centennial Park area	4,135	6,085	32%	1,069	1,441	35%
Dolan Springs-Golden Valley area	11,252	16,406	46%	566	594	5%
Fort Mohave-Mohave Valley-Topock area	17,587	22,984	31%	1,190	1,343	13%
Kingman area	39,939	52,264	31%	3,016	3,597	19%
Lake Havasu City area	44,720	55,808	25%	2,556	2,998	17%
Littlefield-Beaver Dam area	1,588	3,933	60%	179	280	56%
Parker Strip-Cienega Springs area	3,315	2,489	-25%	150	86	-43%
Quartzsite-Ehrenberg area	5,439	6,164	13%	180	204	13%
Salome-Bouse-Wenden area	3,487	4,759	36%	145	198	37%
Fort Mojave Indian Tribe (Arizona part)	773	1,004	30%	87	89	2%
La Paz County	19,715	20,489	4%	1,173	1,227	5%
Mohave County	155,032	200,186	29%	11,369	13,218	16%
Arizona	5,130,632	6,392,017	25%	459,141	546,609	19%

Source: 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 the state show a slight decrease in the population of children aged birth through five years by 2015, but then increases through the year 2025. In La Paz and Mohave Counties the population of young children is projected to also decrease through 2015,

[1] Community counts for the fact sheets and graphics relying on those data are based on zip code tabulation areas, which provide slightly different counts than the incorporated places counts.

then increase after that through the year 2025, although at a slower pace than the state (see Table 4).

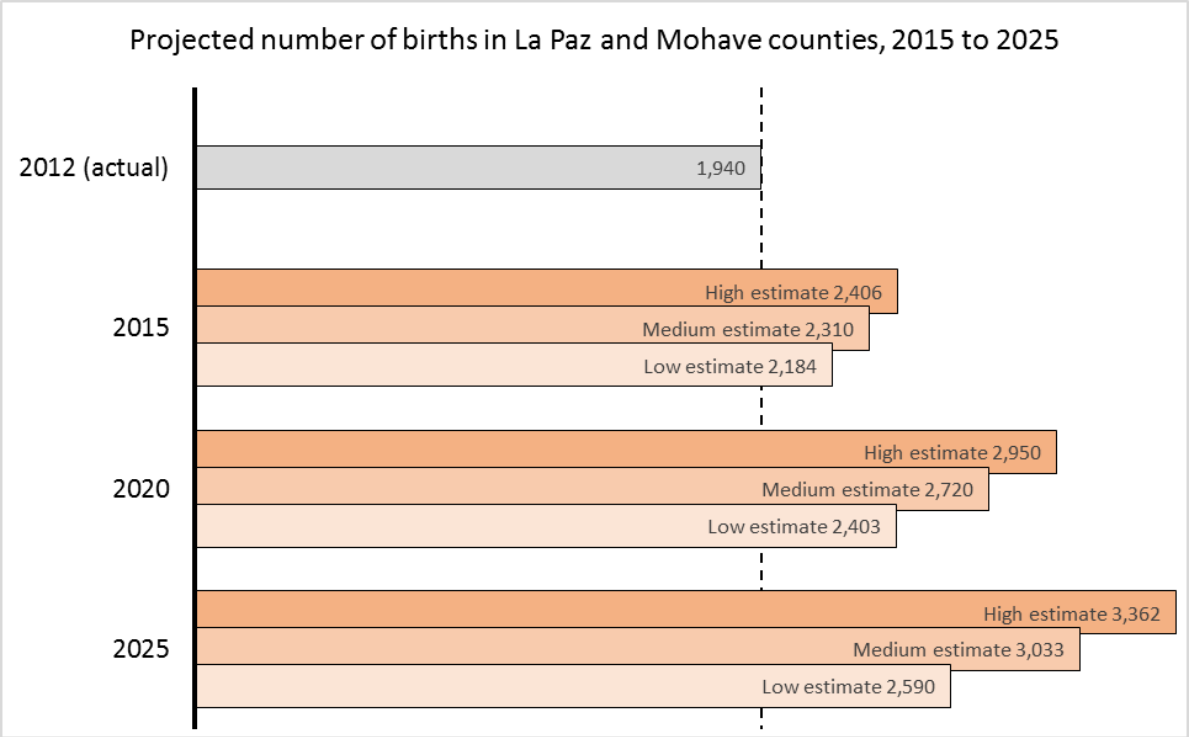
Table 4: Population projections for La Paz and Mohave Counties and the state

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
La Paz County	1,227	1,197	-2%	1,336	+9%	1,439	+17%
Mohave County	13,218	12,025	-9%	13,973	+6%	15,979	+21%
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"

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 Figure 5, even the low estimate for birth projection estimates shows an increase in births through 2025 in La Paz and Mohave Counties.

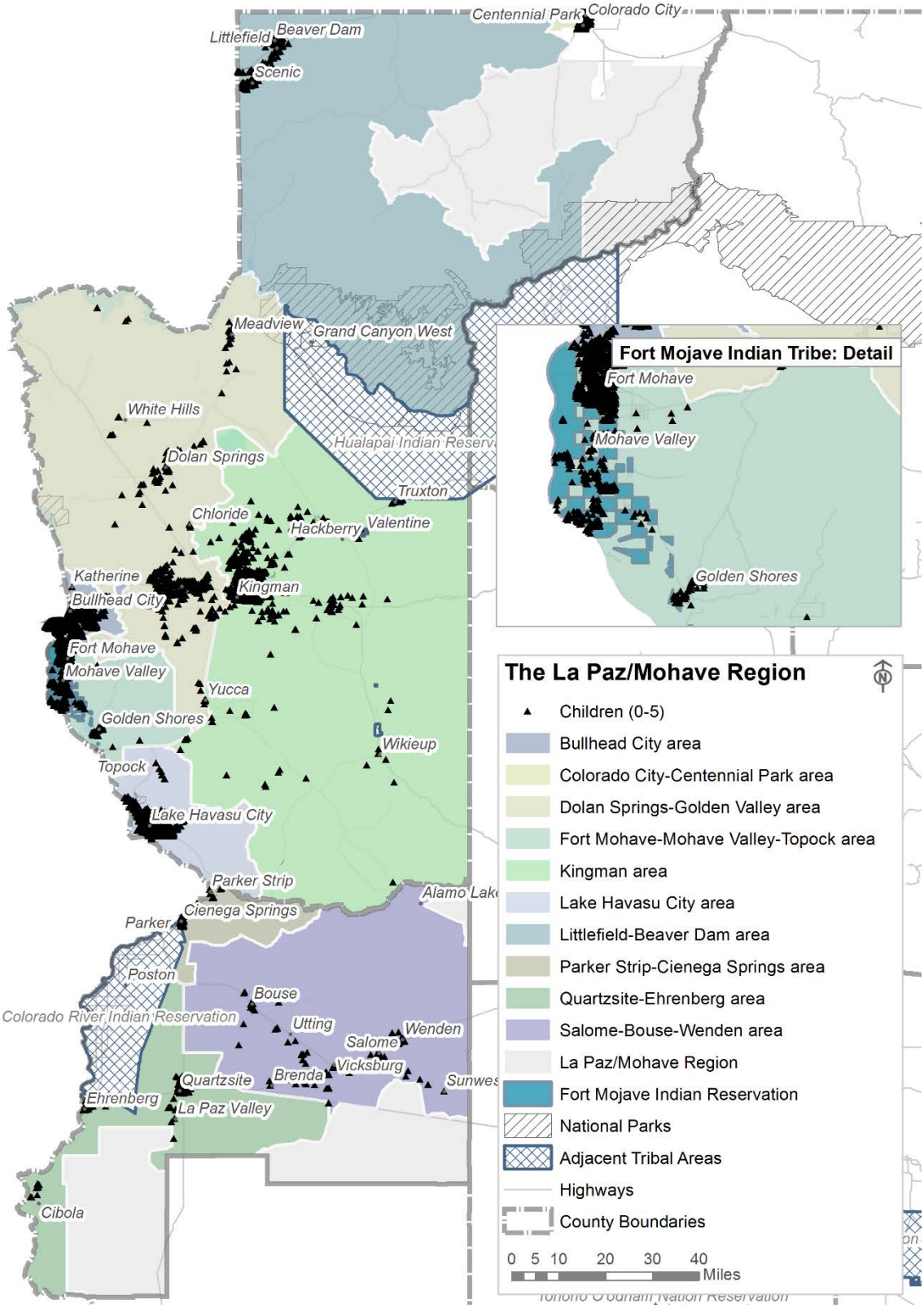
Figure 5: Birth projections for La Paz and Mohave Counties and the state



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

Figure 6 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. A triangle on the map represents one child. The triangles do not pinpoint each child's location, but are placed generally in each census block in which a young child was living in 2010. As can be seen in this map, the areas with the largest populations of young children are clustered around the population centers in Mohave County; Kingman, Bullhead City and Lake Havasu City.

Figure 6: 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

Additional Population Characteristics

Household Composition

In the La Paz/Mohave Region, four-fifths (80%) of children birth to five years of age are living with at least one parent according to 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). The majority of the 20 percent of children not with parents are living with other relatives such as grandparents, uncles, or aunts (2,277 children, 17%). This distribution is very similar to that of the state as a whole, where more children live with parents (82%) and fewer live with other relatives (16%).

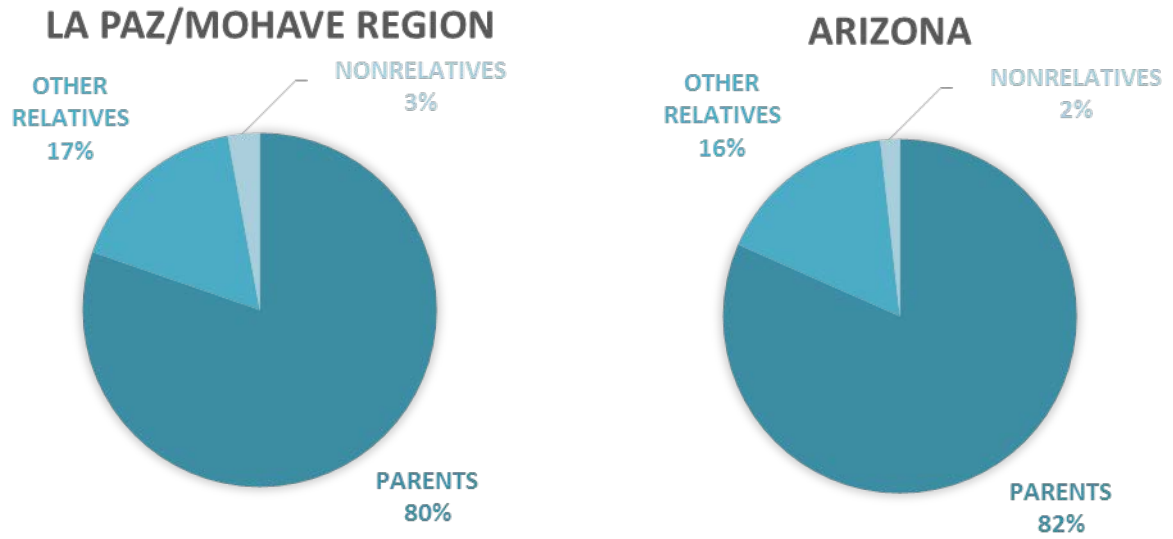


Figure 7: Living arrangements for children (0-5)

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

Most young children in the region and the state are living in married family households (59% and 66% respectively). The La Paz/Mohave Region also has a similar distribution of children aged birth through five residing in single female households (26%) as the state (23%).

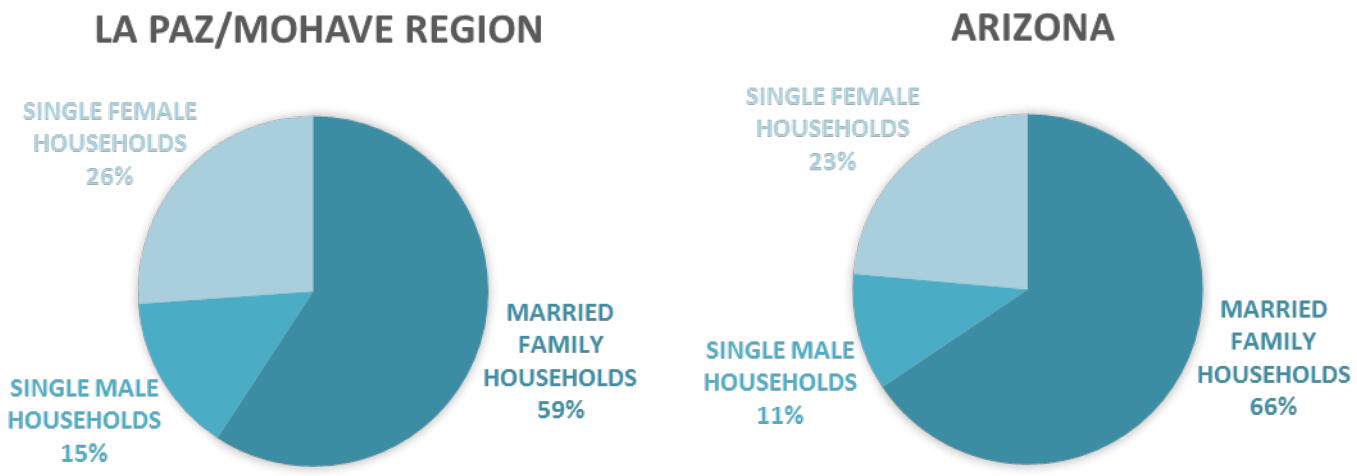


Figure 8: Type of household with children (0-5)

US Census (2010). Table P20. 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.[2] In Arizona, over 74,000 children aged birth to five (14%) are living in a grandparent's household (see Table 5 below). This percentage is the same in the La Paz/Mohave Region and Mohave County, and slightly higher in La Paz County (16%). Six communities in the region have a higher percentage of young children living with grandparents than the state including the Dolan Springs-Golden Valley area (24%), the Parker Strip-Cienega Springs area (20%), the Fort Mohave-Mohave Valley-Topock area (19%), the Littlefield-Beaver Dam area (18%), the Bullhead City area (16%), and Quartzsite-Ehrenberg area (15%). The Colorado City-Centennial Park area has a very low percentage of young children living in a grandparents household (2%).

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

Table 5: 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	
La Paz/Mohave Region	13,397	1,900	14%	88,772	3,127	4%
Bullhead City area	2,656	437	16%	17,187	714	4%
Colorado City-Centennial Park area	1,441	36	2%	782	51	7%
Dolan Springs-Golden Valley area	594	142	24%	6,875	226	3%
Fort Mohave-Mohave Valley-Topock area	1,343	252	19%	9,428	431	5%
Kingman area	3,597	521	14%	21,343	846	4%
Lake Havasu City area	2,998	394	13%	24,739	685	3%
Littlefield-Beaver Dam area	280	51	18%	1,556	52	3%
Parker Strip-Cienega Springs area	86	17	20%	1,304	54	4%
Quartzsite-Ehrenberg area	204	30	15%	3,199	34	1%
Salome-Bouse-Wenden area	198	20	10%	2,359	34	1%
Fort Mojave Indian Tribe (Arizona part)	89	9	10%	370	15	4%
La Paz County	1,227	202	16%	9,198	270	3%
Mohave County	13,218	1,895	14%	82,539	3,062	4%
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

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.[3] 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.[4] 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 raising their grandkids through a Child Protective Services (CPS) placement. Starting in February 2014, these families were offered a $75 monthly stipend per child. To qualify, a grandparent or great-grandparent

[3] Children's Action Alliance. (2012). *Grandfamilies Fact Sheet.* Phoenix, AZ. Retrieved from http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf.

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

must have an income below 200 percent of the Federal Poverty Level (FPL), and not be receiving foster care payments or TANF cash assistance for the grandchildren in their care.[5] Those not in the CPS system might also be eligible for this stipend in the coming months if Arizona Senate Bill 1346 is passed.[6] In addition to this monetary support, a number of programs and services to support grandparents raising their grandkids are available across the state.[7]

In addition to living with grandparents, a small portion of children in the region are living with at least one foreign born parent. In Arizona, just under one-third (29%) of children aged birth through five are living with at least one foreign born parent, while only 16 percent of young children in the La Paz/Mohave Region and 15 percent of young children in Mohave County are (see Table 6). La Paz County has the same percentage of children under the age of six living with a foreign-born parent as the state (29%). There is a good deal of variability across the region, with the Littlefield-Beaver Dam area and the Salome-Bouse-Wenden area with nearly two-thirds of children under age six living with at least one foreign born parent. Other communities show very few children living with foreign-born parents including the Dolan Springs-Golden Valley area, the Quartzsite-Ehrenberg area, and the Colorado City-Centennial Park area.

Table 6: 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
La Paz/Mohave Region	13,397	16%
Bullhead City area	2,656	23%
Colorado City-Centennial Park area	1,441	1%
Dolan Springs-Golden Valley area	594	0%
Fort Mohave-Mohave Valley-Topock area	1,343	27%
Kingman area	3,597	9%
Lake Havasu City area	2,998	16%
Littlefield-Beaver Dam area	280	63%
Parker Strip-Cienega Springs area	86	25%
Quartzsite-Ehrenberg area	204	0%
Salome-Bouse-Wenden area	198	61%
Fort Mojave Indian Tribe (Arizona part)	89	15%
La Paz County	1,227	29%
Mohave County	13,218	15%
Arizona	546,609	29%

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 B05009. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

[5] Children's Action Alliance, January 15, 2014 Legislative Update email.

[6] Children's Action Alliance, February 21, 2014 Legislative Update email.

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

Ethnicity and Race

A very large portion (84%) of the adult population living in the region identified as White, not-Hispanic and only 12 percent identified themselves as Hispanic (Census 2010, Table P11). The White, not-Hispanic population of adults in the region is higher than the White, not-Hispanic population of adults in Arizona overall (63%), and the population of Hispanic adults is lower than in Arizona overall (25%). The racial and ethnic breakdown of adults living in the region varies somewhat by community as can be seen in Table 7 below.

Table 7: Race and ethnicity for adults

GEOGRAPHY	POPULATION (18+)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
La Paz/Mohave Region	169,392	12%	84%	1%	1%	1%	1%
Bullhead City area	32,537	19%	76%	1%	1%	2%	1%
Colorado City-Centennial Park area	2,296	2%	98%	0%	0%	0%	0%
Dolan Springs-Golden Valley area	14,234	11%	83%	2%	1%	1%	2%
Fort Mohave-Mohave Valley-Topock area	18,468	13%	82%	1%	2%	1%	2%
Kingman area	40,990	9%	85%	1%	1%	1%	1%
Lake Havasu City area	45,962	9%	87%	1%	1%	1%	1%
Littlefield-Beaver Dam area	3,055	25%	74%	0%	1%	1%	1%
Parker Strip-Cienega Springs Area	2,192	8%	88%	1%	1%	1%	1%
Quartzsite-Ehrenberg area	5,500	10%	87%	0%	1%	0%	1%
Salome-Bouse-Wenden area	4,158	13%	84%	0%	1%	0%	1%
Fort Mojave Indian Tribe (Arizona part)	729	21%	49%	0%	27%	1%	2%
La Paz County	16,811	18%	70%	1%	9%	0%	2%
Mohave County	158,921	12%	83%	1%	2%	1%	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

Almost two-thirds (65%) of the population of children aged birth through four living in the region were identified as White, not-Hispanic, while 28 percent were identified as Hispanic. This is also different than Arizona as a whole. Less than half of Arizona's population of children aged birth through four were reported to be White, non-Hispanic (40%), while another 45 percent were reported to be Hispanic. As can be seen by comparing Table 7 and Table 8, the population of young children in the region is more likely to be Hispanic, than the adult population. Table 8 also shows that the racial and ethnic breakdown of young children living in the region varies by area, with the Littlefield-Beaver Dam area (59%), the Salome-Bouse-Wenden area (57%), and

the Quartzsite-Ehrenberg area (53%) having the highest percentage of Hispanic children ages birth through four years in the region.

Table 8: Race and ethnicity for children ages 0-4 in the region[8]

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
La Paz/Mohave Region	11,160	28%	65%	1%	2%	1%
Bullhead City area	2,231	46%	47%	1%	2%	1%
Colorado City-Centennial Park area	1,178	1%	98%	0%	0%	0%
Dolan Springs-Golden Valley area	510	21%	71%	1%	3%	1%
Fort Mohave-Mohave Valley-Topock area	1,114	30%	59%	1%	7%	0%
Kingman area	2,999	21%	72%	1%	3%	1%
Lake Havasu City area	1,410	11%	88%	0%	0%	0%
Littlefield-Beaver Dam area	232	59%	36%	0%	1%	0%
Parker-Parker Strip-Cienega area	69	23%	71%	0%	7%	0%
Quartzsite-Ehrenberg area	176	53%	38%	2%	5%	0%
Salome-Bouse-Wenden area	167	57%	34%	3%	1%	0%
Fort Mojave Indian Tribe (Arizona part)	71	32%	6%	1%	63%	0%
La Paz County	1,028	50%	24%	1%	27%	0%
Mohave County	11,005	27%	65%	1%	4%	1%
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

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.

Language Use and Proficiency

As can be seen in Table 9, a large portion of the population five years of age and older in the region and the county speaks only English at home (89%), which is higher than for the state (73%). The primary language used at home for those living in the region varies somewhat by area, with the highest percentage speaking Spanish at home at 23 percent in the Salome-Bouse-Wenden area. Use of Spanish at home does not necessarily mean lack of English language ability.

[8] 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 7 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 8 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 9: Home language use in the region for those 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"
La Paz/Mohave Region	200,638	89%	9%	0%	3%
Bullhead City area	38,208	84%	13%	0%	2%
Colorado City-Centennial Park area	4,370	99%	1%	0%	1%
Dolan Springs-Golden Valley area	17,442	85%	14%	0%	6%
Fort Mohave-Mohave Valley-Topock area	22,142	88%	9%	0%	4%
Kingman area	50,225	93%	6%	0%	1%
Lake Havasu City area	53,524	92%	6%	0%	2%
Littlefield-Beaver Dam area	2,453	86%	14%	0%	4%
Parker Strip-Cienega Springs area	2,621	75%	22%	2%	4%
Quartzsite-Ehrenberg area	5,328	98%	0%	0%	1%
Salome-Bouse-Wenden area	3,965	77%	23%	0%	7%
Fort Mojave Indian Tribe (Arizona part)	1,019	85%	12%	2%	4%
La Paz County (entire)	19,480	81%	17%	1%	2%
Mohave County (entire)	190,191	89%	8%	0%	1%
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

Data about English speaking ability provides additional information about the characteristics of the population in the La Paz/Mohave Region. As shown in Table 10 and Figure 9, rates of linguistic isolation are lower in the La Paz/Mohave Region (2%), and La Paz (3%) and Mohave (2%) Counties than they are in the state (5%).

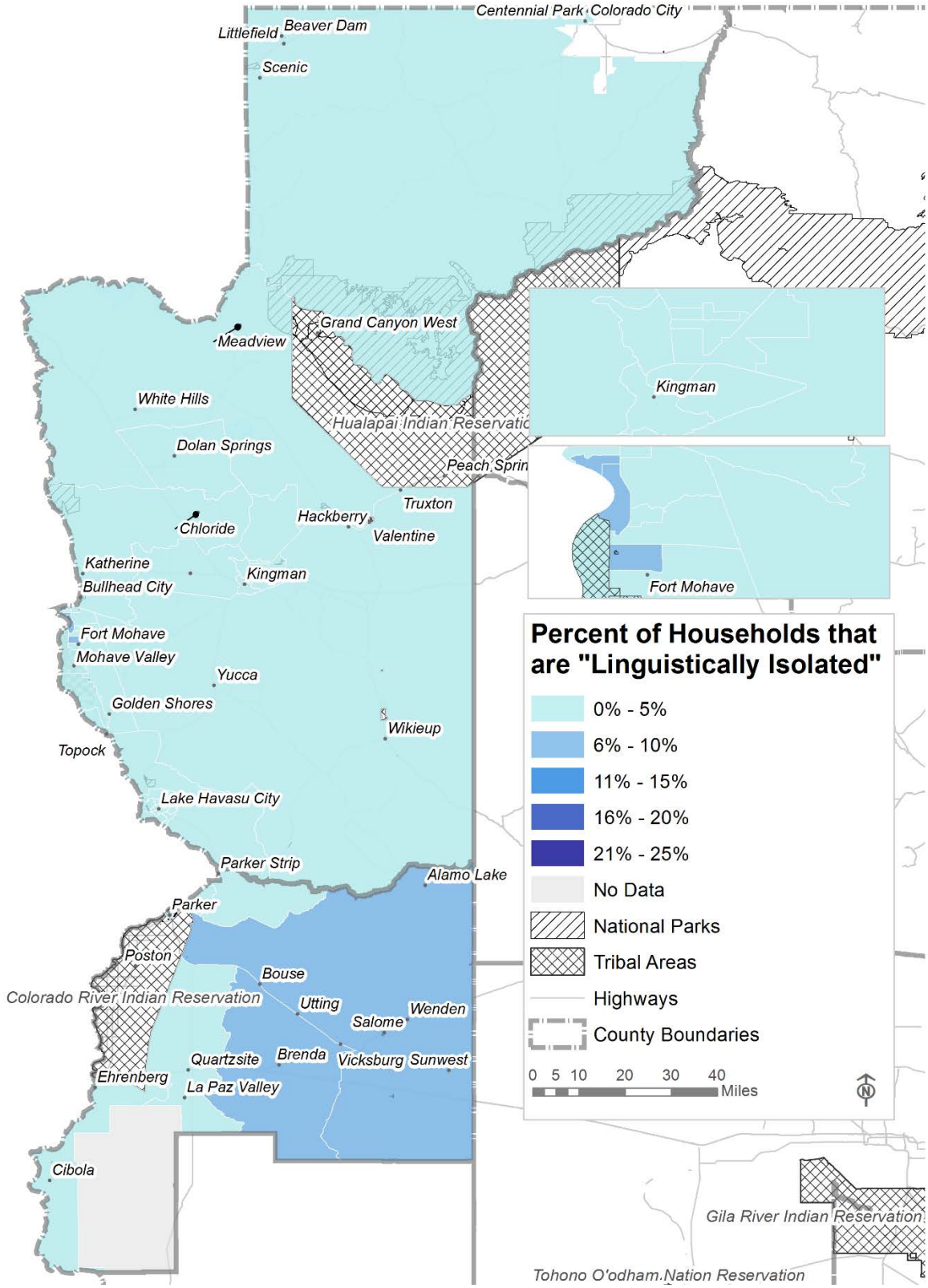
Table 10: Household home language use in the region

GEOGRAPHY	2010 CENSUS TOTAL HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
La Paz/Mohave Region	88,772	10%	2%
Bullhead City area	17,187	14%	4%
Colorado City-Centennial Park area	529	2%	0%
Dolan Springs-Golden Valley area	6,875	7%	1%
Fort Mohave-Mohave Valley-Topock area	9,428	14%	3%
Kingman area	21,343	9%	1%
Lake Havasu City area	24,739	8%	1%
Littlefield-Beaver Dam area	196	16%	6%
Parker Strip-Cienega Springs area	1,304	23%	4%
Quartzsite-Ehrenberg area	3,199	2%	0%
Salome-Bouse-Wenden area	2,359	18%	7%
Fort Mojave Indian Tribe (Arizona part)	370	20%	4%
La Paz County (entire)	9,198	16%	3%
Mohave County (entire)	82,539	11%	2%
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."

Figure 9: Proportion of households that are considered "linguistically isolated"



US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002, and 2010 TIGER/Line Shapefiles prepared by the US Census, 2010

Table 11: Estimated number of migrant and seasonal farmworkers, their families, and children ages birth to five in La Paz and Mohave Counties

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
La Paz County	2,732	2,339	5,071	406
Mohave County	171	146	317	25
Arizona	67,704	47,668	115,372	8,059

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

The Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona[9] attempted to estimate the population of migrant and seasonal farmworkers[10] in Arizona based on data from a variety of sources. The estimates from this report are shown above in Table 11. Although La Paz County has a much smaller population than Mohave County (Table 2) its population of migrant and seasonal farmworkers is substantially larger, with 2,732 estimated migrant and seasonal farmworkers in La Paz County and only 171 in Mohave County. In fact, La Paz County has the fourth largest population of migrant and seasonal farmworkers in the state (after Yuma, Maricopa, and Pinal counties).

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.[11] The Arizona Directions 2012 report notes that Arizona has the 5th highest child poverty rate in the country.[12] In 2012, more than one out of four children in Arizona was living

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

[10] 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).

[11] 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. http://www.cbpp.org/files/11-15-12sfp-pr.pdf

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

in poverty (family income below $18,284 for a family of three).[13] The effects on children living in poverty can be felt throughout their lives, including the link between childhood poverty and mental health issues in adulthood. The increased likelihood of exposure to violence, family dysfunction, and separation from family, and living in chaotic, crowded and substandard housing all increase the risk of poorer mental health status later in life.[14]

As can be seen in Table 12 the percentage of the population of children aged birth through five living in poverty in the La Paz/Mohave Region (37%) is higher than the state as a whole (27%). La Paz County has an even higher percentage of the young population living in poverty at 44 percent, while Mohave County is similar to the region at 36 percent. The percentage of the total population living in poverty is almost the same for the region (18%) as the state (17%). Areas within the region have differing childhood poverty rates, with a high of 62 percent of young children in the Colorado City-Centennial Park area living in poverty.

Table 12: Persons living below the U.S. Census poverty threshold level

GEOGRAPHY	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY[15]
La Paz/Mohave Region	18%	37%
Bullhead City area	21%	42%
Colorado City-Centennial Park area	44%	62%
Dolan Springs-Golden Valley area	19%	42%
Fort Mohave-Mohave Valley-Topock area	17%	34%
Kingman area	18%	27%
Lake Havasu City area	14%	31%
Littlefield-Beaver Dam area	27%	16%
Parker Strip-Cienega Springs area	21%	33%
Quartzsite-Ehrenberg area	12%	-
Salome-Bouse-Wenden area	24%	-
Fort Mojave Indian Tribe (Arizona part)	34%	40%
La Paz County	20%	44%
Mohave County	19%	36%
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

Note: Due to small sample sizes, estimates for several communities cannot be reliably calculated.

[13] 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

[14] Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. Clinical Psych Science. Published online 10/1/13 http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496

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

Between 2007 and 2012, whereas 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 20 percent, compared to 18 percent for men. Women are more likely to be living in poverty than men for a number of reasons: 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3) they are more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households were headed by women.[16]

The proposed increase in the federal minimum wage would have an effect on a number 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).[17] Table 13 shows the median family income in a number of communities within La Paz and Mohave Counties. Please note that median family income is only available for communities made up of a single zip code, so listed below are towns, cities and Census Designated Places in the region, rather than the 10 regional areas listed in most tables in the report.

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

[17] 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 http://www.epi.org/publication/raising-federal-minimum-wage-to-1010

Table 13: Median family annual income for families with children (0-17)

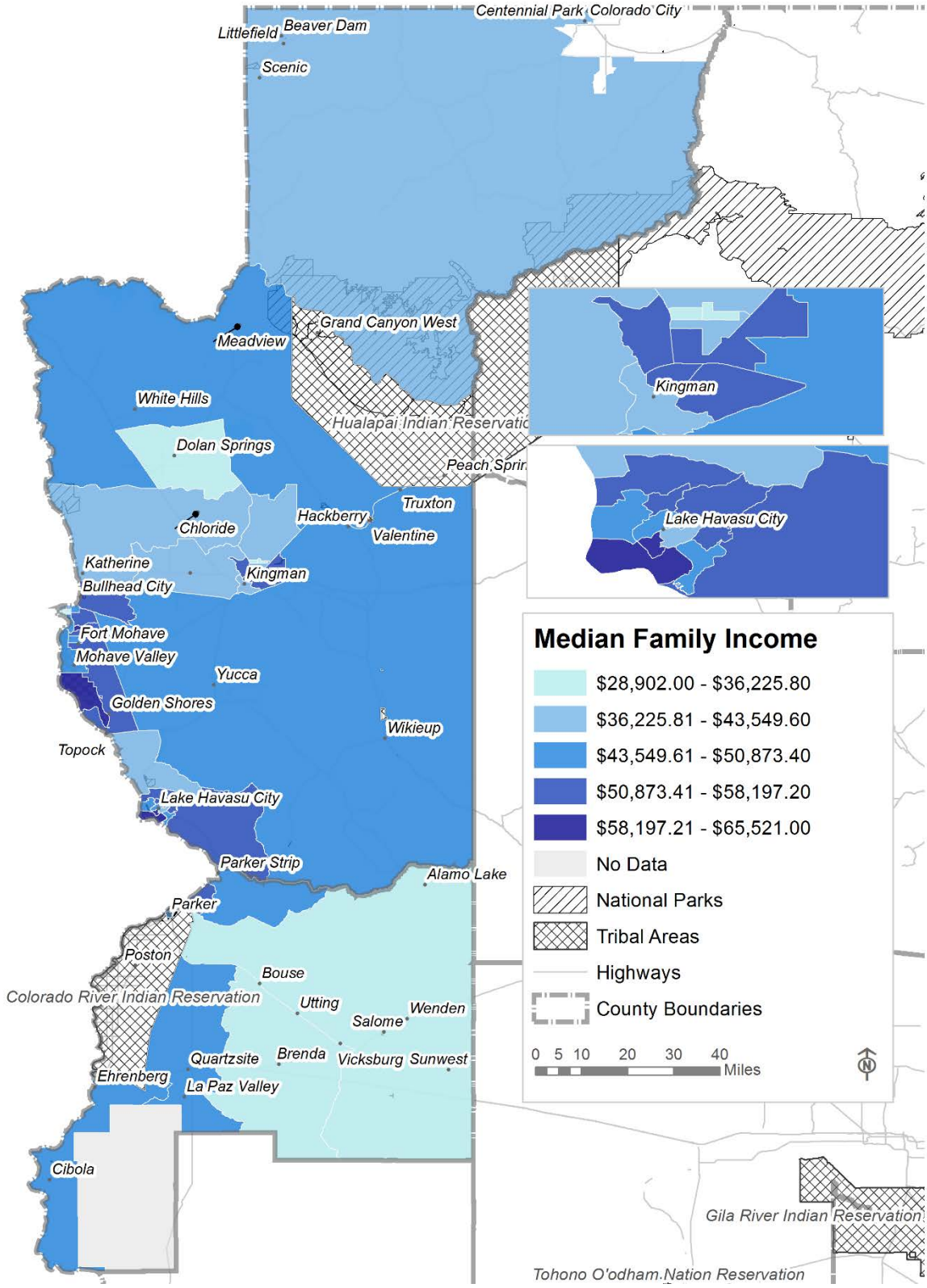
GEOGRAPHY	MEDIAN FAMILY INCOME			
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE FAMILIES	SINGLE FEMALE FAMILIES
Bullhead City	$44,526	$58,135	$17,500	$17,165
Colorado City	$32,396	$31,563	-	-
Dolan Springs	$34,293	-	-	-
Fort Mohave	$55,412	$74,021	-	-
Kingman	$53,069	$62,983	$45,985	$17,013
Lake Havasu City	$50,434	$63,468	$42,696	$19,263
Littlefield	$33,750	$33,750	-	$34,432
Parker	$45,518	$53,527	$28,289	$26,899
Quartzsite	$41,399	-	-	-
Salome	$30,673	$29,153	-	-
Fort Mojave Indian Tribe (Arizona part)	$31,250	$63,750	$15,417	$16,731
La Paz County	$40,786	$47,586	$28,117	$25,683
Mohave County	$46,594	$56,847	$27,102	$18,855
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, estimates for several communities cannot be reliably calculated.

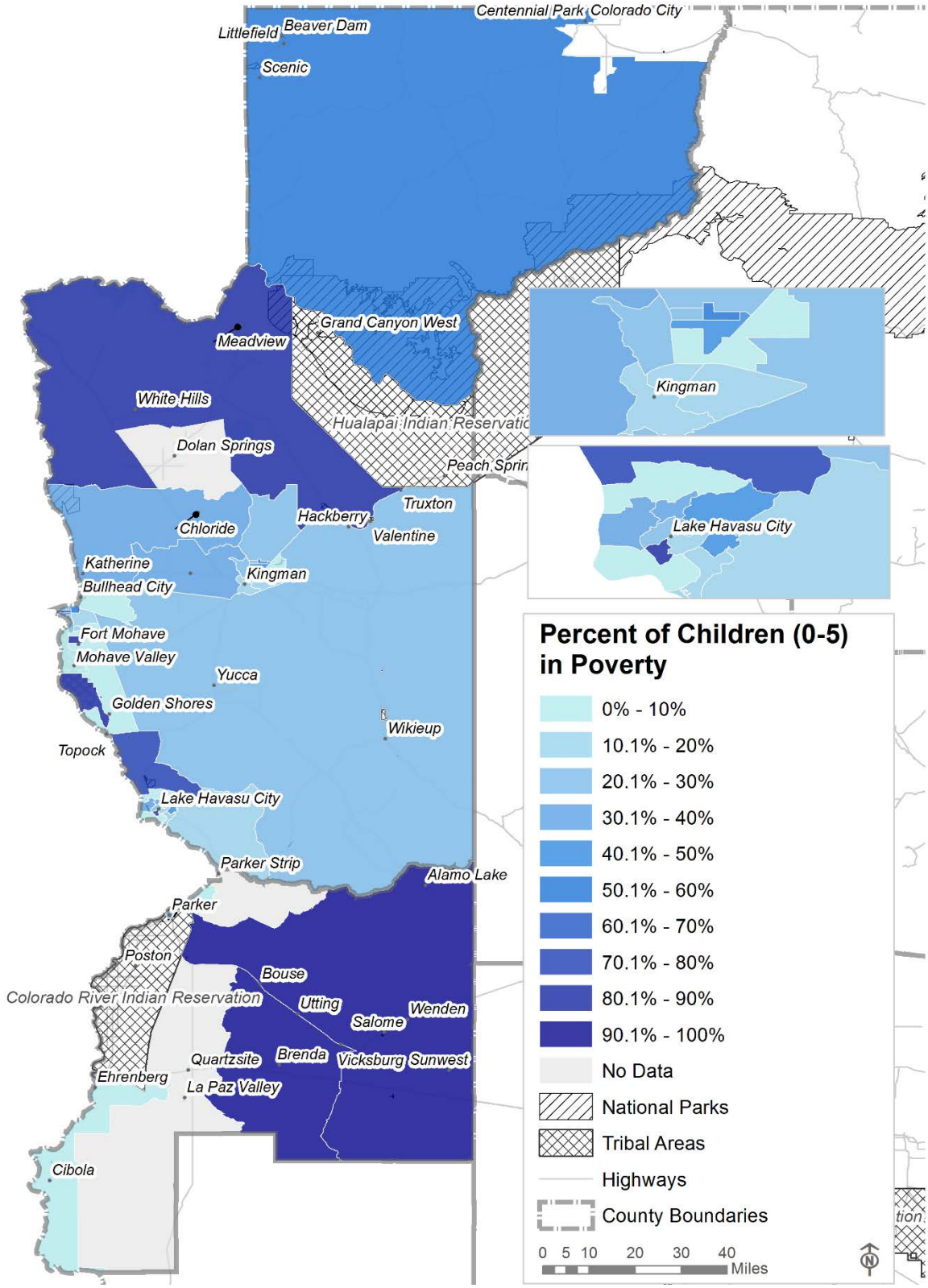
The maps in Figure 10 and Figure 11 illustrate areas in the region with differing median family income levels, and differing levels of childhood poverty. As can be seen in Figure 10 the areas with the lowest median family incomes are clustered in the southern portion of the region in La Paz County, and around Dolan Springs in Mohave County. Figure 11 includes childhood poverty data at the census tract level, a much finer picture than the data in Table 12, which is aggregated at the zip code level, can provide. As can be seen in that figure, some areas in the region, such as in La Paz County and surrounding Dolan Springs in Mohave County have a very high percentage of young children living in poverty.

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

Figure 11: Children (0-5) living in poverty in the region



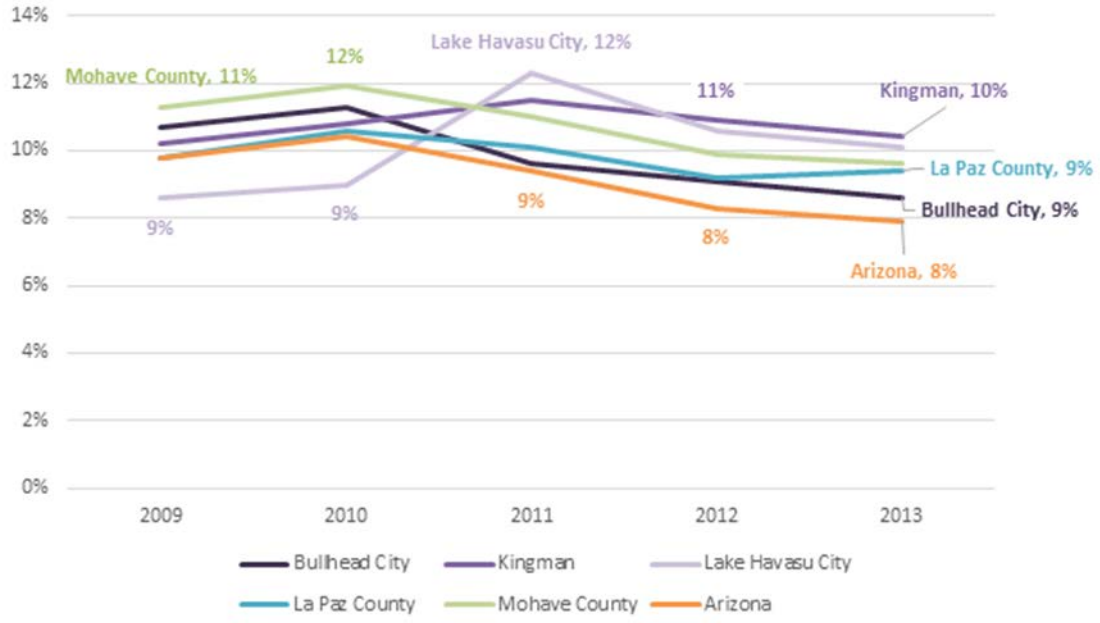
US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B17001. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Unemployment and Foreclosures

Unemployment and job loss often 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 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).[18]

Annual unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality. Figure 12 shows the annual unemployment rates across years for Bullhead City, Kingman, Lake Havasu City, La Paz County, Mohave County and Arizona. Although slightly higher, the trajectory of unemployment rates during the period from 2009 through 2013 are similar to the state of Arizona's trajectory. An exception to this is Kingman and Lake Havasu City, which showed an increase in unemployment rates from 2010 to 2011, while the other rates were decreasing.

Figure 12: Annual unemployment rates in La Paz and Mohave Counties and Arizona, 2009-2013



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

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

Table 14 shows the employment status of parents of young children in the region. The percentage of parents in the labor force for children living with one or two parents are similar for the La Paz/Mohave Region, La Paz County, Mohave County and the state. There is a great deal of variability across communities within the La Paz/Mohave Region however.

Table 14: Employment status of parents of young children

GEOGRAPHY	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
La Paz/Mohave Region	13,397	35%	28%	1%	29%	8%
Bullhead City area	2,656	26%	15%	3%	46%	10%
Colorado City-Centennial Park area	1,441	17%	77%	0%	2%	4%
Dolan Springs-Golden Valley area	594	4%	50%	0%	36%	11%
Fort Mohave-Mohave Valley-Topock area	1,343	48%	23%	0%	24%	5%
Kingman area	3,597	44%	18%	0%	27%	11%
Lake Havasu City area	2,998	42%	29%	0%	26%	2%
Littlefield-Beaver Dam area	280	27%	20%	0%	39%	13%
Parker Strip-Cienega Springs area	86	16%	19%	0%	48%	17%
Quartzsite-Ehrenberg area	204	29%	0%	0%	71%	0%
Salome-Bouse-Wenden area	198	7%	13%	0%	7%	73%
Fort Mojave Indian Tribe (Arizona part)	89	4%	25%	0%	62%	9%
La Paz County (entire)	1,227	15%	19%	0%	42%	24%
Mohave County (entire)	13,218	36%	28%	1%	28%	7%
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

Note: "In labor force" includes adults who are employed or looking for employment.

Over the past four years, there have been a total of 509,898 foreclosure filings in Arizona. These foreclosure filings have been trending downward, and have decreased 53 percent from 162,373 filings in 2009 to 76,487 filings in 2012. Arizona has also risen from third worst in the nation for foreclosures in 2012, to now sixth in the nation in foreclosures.[19]

In May of 2014, the number of foreclosures across the region and counties varied, as can be seen in Table 15 below. The number of foreclosures per 1,000 properties was highest for the

[19] Home Matters for Arizona 2013. Arizona Housing Alliance. http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf

Littlefield-Beaver Dam area, followed by the Arizona portion of the Fort Mojave Indian Tribe and the Kingman area, and these were the only areas in the region that exceeded the state foreclosure rate. In all areas of the region, there were more homes for sale than there were in foreclosure, as evidenced by all values being less than one for the "ratio of foreclosures to homes for sale." An additional indicator, the percent of housing units that are vacant, illustrates the percent of housing units that are "not occupied" for a number of reasons. These 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 more housing units in the region and both counties fall into this "vacant" category than do housing units across the state as a whole.

Table 15: Foreclosures in Arizona, La Paz and Mohave Counties, and the 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 HOUSING UNITS THAT ARE VACANT
La Paz/Mohave Region	119,797	732	0.483	0.177	28%
Bullhead City area	24,410	123	0.410	0.148	30%
Colorado City-Centennial Park area	765	0	0.000		7%
Dolan Springs-Golden Springs area	8,788	86	0.455	0.183	30%
Fort Mohave-Mohave Valley-Topock area	13,492	177	0.371	0.306	28%
Kingman area	25,346	165	0.868	0.197	17%
Lake Havasu City area	35,472	128	0.366	0.103	31%
Littlefield-Beaver Dam area	1,680	35	1.190	0.686	49%
Parker Strip-Cienega Springs area	2,215	6	0.368	0.120	39%
Quartzsite-Ehrenberg area	4,568	5	0.219	0.135	32%
Salome-Bouse-Wenden area	3,060	7	0.000	0.200	29%
Fort Mojave Indian Tribe (AZ part)	446	8	0.947	0.247	18%
La Paz County	16,039	33	0.278	0.134	35%
Mohave County	110,603	714	0.517	0.178	27%
Arizona	2,841,432	30,205	0.657	0.752	17%

RealtyTrac (2014). Arizona Real Estate Trends & Market Info. Retrieved from http://www.realtytrac.com/statsandtrends/foreclosuretrends/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 of these low income renters, 210,000 (78%), are paying more than the recommended 30 percent of their income in rent, which is considered "housing- cost burdened." This is often caused by a shortage of affordable rentals. Mohave County has the highest percentage of very low income renters classified as housing-cost

burdened renters (83%), compared to 79 percent across the state as whole, and 55 percent in La Paz County.[20]

When the cost for transportation is factored into housing affordability calculations, the picture gets even bleaker. The Center for Housing Technology created a housing and transportation index to better define true affordability and sets a benchmark for combined housing plus transportation costs at no more than 45 percent of household income to be truly affordable. Because of the rural nature of many Arizona Counties, when transportation costs are factored into housing costs, the affordability of housing decreases. In Mohave County the average housing plus transportation cost is 59 percent of household income, higher than the recommended 45 percent, and the highest of the nine counties for which data was available.[21]

The percentage of housing units in the region and county that have housing problems and severe housing problems is also similar to the state rate. 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 1 person per room), or housing units for which housing costs exceed 30 percent of income. Housing units with "severe housing problems" consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1.5 persons per room), or housing units for which housing costs exceed 50 percent of income.[22] Over one-third of housing units in the region, counties and state (35%, 29%, 36% and 38% respectively) are classified as having housing problems (see Table 16). Of those units with housing problems, 18 percent in the region and La Paz County, and 19 percent in Mohave County were classified as having severe housing problems, just under the state percentage of 20 percent.

[20] Home Matters for Arizona 2013. Arizona Housing Alliance. http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf

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

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

Table 16: Percent of housing units with housing problems

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
La Paz/Mohave Region	86,714	35%	18%
Bullhead City area	17,289	41%	21%
Colorado City-Centennial Park area	738	44%	42%
Dolan Springs-Golden Valley area	6,348	30%	19%
Fort Mohave-Mohave Valley-Topock area	10,036	32%	16%
Kingman area	21,023	34%	18%
Lake Havasu City area	23,736	37%	18%
Littlefield-Beaver Dam area	791	30%	17%
Parker Strip-Cienega Springs area	1,985	40%	25%
Quartzsite-Ehrenberg area	2,912	8%	5%
Salome-Bouse-Wenden area	1,806	22%	14%
Fort Mojave Indian Tribe (Arizona part)	1,762	33%	14%
La Paz County	10,158	29%	18%
Mohave County	80,358	36%	19%
Arizona	2,326,354	38%	20%

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

Public Assistance Programs

Participation in public assistance programs is an additional indicator of the economic circumstances in the region. Public assistance programs commonly used by families with young children in Arizona include 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).

Supplemental Nutrition Assistance Program (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.[23] 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,

[23] http://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#.UxitQ4VRKwt

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.[24]

The number of children receiving SNAP has increased at the same rate in the La Paz/Mohave Region and Mohave County (both +4%) over the last several years, which is slightly more than the state (2%) (see Table 17). In La Paz County, there was a decrease of four percent in the number of young children receiving SNAP during the same period. Areas in the region vary in the percentage of children aged birth through five who were receiving SNAP between 2010 and 2012. Four areas saw decreases across these years, with the highest in the Littlefield-Beaver Dam area (-36%), while the other areas and the Fort Mojave Indian Tribe saw small increases in participation between 2010 and 2012, with the highest increase in the Colorado City-Centennial Park area (+19%).

Table 17: Children ages 0-5 receiving SNAP (Supplemental Nutritional Assistance Program)

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012[25]
		#	%	#	%	#	%	
La Paz/Mohave Region	13,397	6,947	52%	6,828	51%	7,217	54%	+4%
Bullhead City area	2,656	1,609	61%	1,463	55%	1,669	63%	+4%
Colorado City-Centennial Park area	1,441	885	61%	992	69%	1,050	73%	+19%
Dolan Springs-Golden Valley area	594	358	60%	337	57%	336	57%	-6%
Fort Mohave-Mohave Valley-Topock area	1,343	614	46%	602	45%	639	48%	+4%
Kingman area	3,597	1,735	48%	1,747	49%	1,760	49%	+1%
Lake Havasu City area	2,998	1,305	44%	1,286	43%	1,377	46%	+6%
Littlefield-Beaver Dam Area	280	127	45%	92	33%	81	29%	-36%
Parker Strip-Cienega Springs area	86	131	153%	138	160%	136	159 %	+4%
Quartzsite-Ehrenberg Area	204	81	40%	72	35%	69	34%	-15%
Salome-Bouse-Wenden Area	198	102	52%	99	50%	100	51%	-2%
Fort Mojave Indian Tribe (Arizona part)	89	32	36%	31	35%	33	37%	+2%
La Paz County	1,227	734	60%	735	60%	708	58%	-4%
Mohave County	13,218	6,736	51%	6,625	50%	7,034	53%	+4%
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.

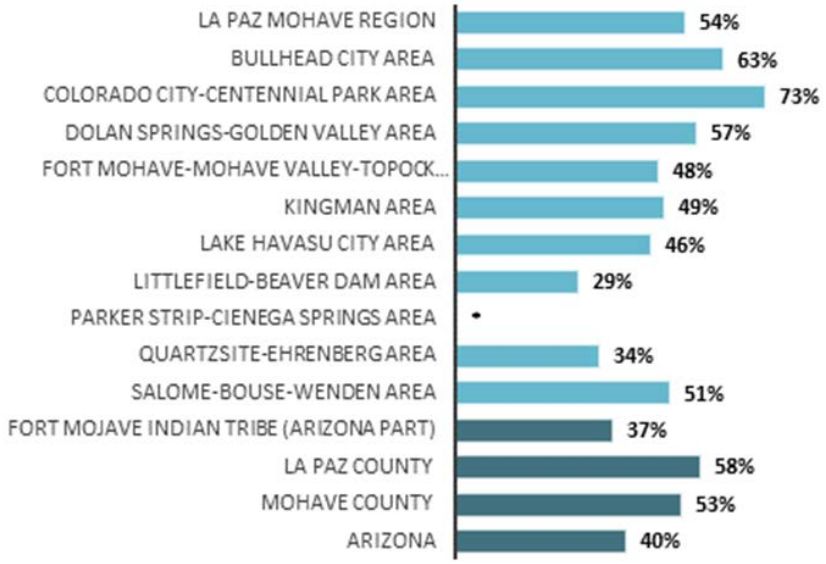
[24] http://cronkitenewsonline.com/2014/02/new-food-stamp-requirements-could-affect-arizona-convenience-stores/

[25] Note: 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: Percent Change = (Number in Year 2-Number in Year 1)/(Number in Year 1) ×100.

It is important to note that data provided by DES for the number of children ages 0-5 receiving SNAP in Parker includes children from the Colorado River Indian Tribe, and therefore is an overestimate of the Parker Strip-Cienega Springs area of the La Paz/Mohave Region.

As shown in Figure 13, the percentage of children aged birth through five in the La Paz/Mohave Region who are receiving SNAP is greater than the percentage of children aged birth through five in Arizona as a whole who are.

Figure 13: 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

Temporary Assistance for Needy Families (TANF)

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

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

TANF funds between 10 and 29 million dollars in fiscal year 2014, with a projected increase to 20-39 million dollars in fiscal year 2015.[27]

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

Table 18: Children ages 0-5 receiving TANF (Temporary Assistance for Needy Families)

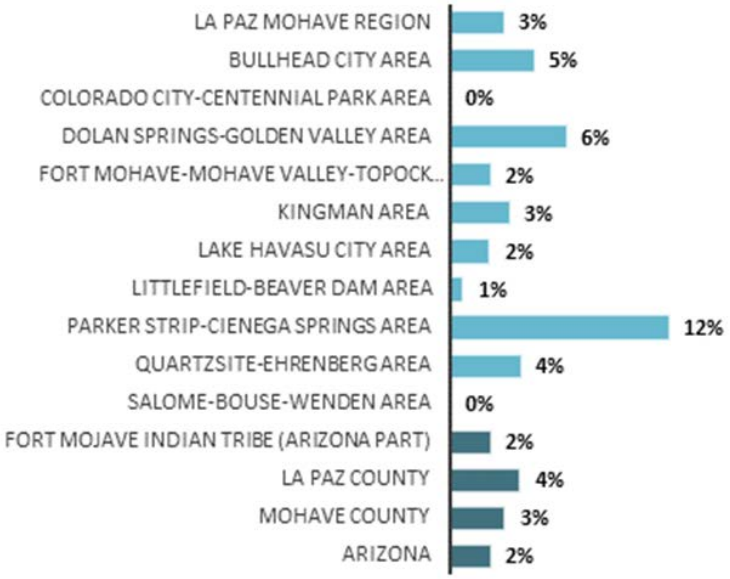
GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
La Paz/Mohave Region	13,397	649	5%	326	2%	394	3%	-39%
Bullhead City area	2,656	174	7%	92	3%	122	5%	-30%
Colorado City-Centennial Park area	1,441	<10	DS	0	0%	0	0%	DS
Dolan Springs-Golden Valley area	594	48	8%	20	3%	38	6%	-21%
Fort Mohave-Mohave Valley-Topock area	1,343	47	3%	20	1%	30	2%	-36%
Kingman area	3,597	210	6%	77	2%	118	3%	-44%
Lake Havasu City area	2,998	117	4%	98	3%	65	2%	-44%
Littlefield-Beaver Dam Area	280	11	4%	<10	DS	<10	DS	DS
Parker Strip-Cienega Springs area	86	19	22%	11	13%	10	12%	-45%
Quartzsite-Ehrenberg area	204	15	7%	<10	DS	<10	DS	DS
Salome-Bouse-Wenden Area	198	<10	DS	<10	DS	0	0%	DS
Fort Mojave Indian Tribe (Arizona part)	89	<10	DS	<10	DS	<10	DS	-44%
La Paz County	1,227	94	8%	48	4%	47	4%	-50%
Mohave County	13,218	620	5%	324	2%	398	3%	-36%
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

Note: Data provided by DES for the number of children ages 0-5 receiving TANF in Parker includes children from the Colorado River Indian Tribe, and therefore is an overestimate of the Parker Strip-Cienega Springs area of the La Paz/Mohave Region.

[27] 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

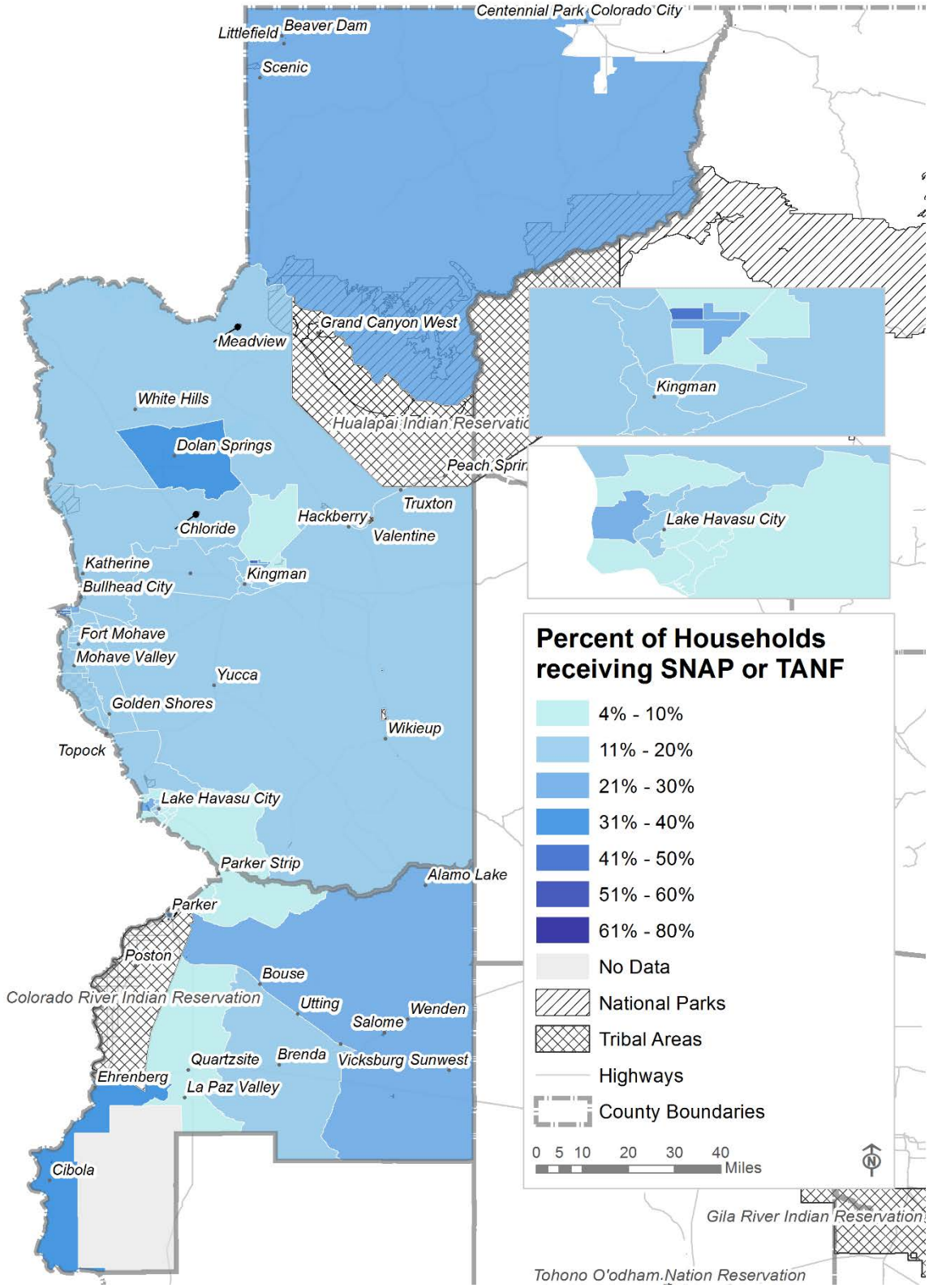
Figure 14: Percentage of children ages 0-5 receiving TANF in January 2012



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

Figure 15 shows a map of the percentage of households in the region receiving either SNAP or TANF. Most of the region falls below 40 percent of households receiving either benefit.

Figure 15: 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. [28] A primary goal of the WIC program is obesity prevention through the promotion of breastfeeding, nutritious diet, and physical activity. Changes to WIC in 2009 may in fact 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 rice,[29] and of reduced-fat milk,[30] and fewer purchases of white bread, whole milk, cheese and juice.[31]

In January 2012, 39 percent of young children in Mohave County were participating in WIC, slightly higher than the state rate of 29 percent (see Table 19). As can be seen in Figure 16, WIC participation among infants and children in Mohave County has been consistently higher than in the state overall from 2010 to 2012.

Table 19: WIC participation in Mohave County and the state

	WIC PARTICIPANTS, JANUARY 2011			WIC PARTICIPANTS, JANUARY 2012		
GEOGRAPHY	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)
Mohave County	1,307	4,297	39%	1,248	4,252	39%
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

Note: La Paz County WIC data is not reported due to numbers that fall below the Arizona Department of Health Services (ADHS) suppression threshold of 30. Due to the small population of La Paz County, all WIC data is suppressed by ADHS.

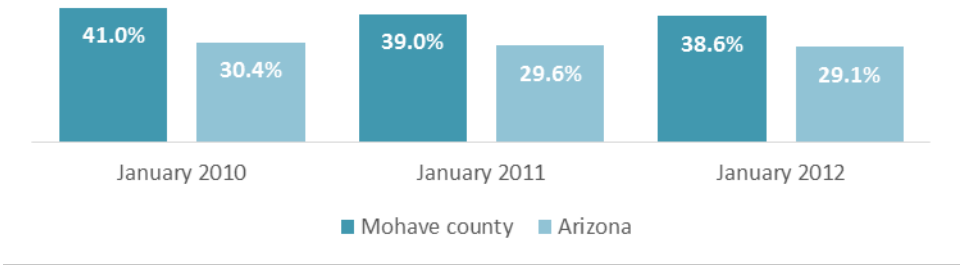
[28] Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

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

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

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

Figure 16: WIC participation in Mohave 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

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 in Table 20.

Table 20: Free and reduced lunch eligibility requirements for 2014-2015 school year

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

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

As can be seen in Table 21, in 2013 10 of the 15 school districts for which data were available in the La Paz/Mohave Region had 80 percent or more of their students eligible for free or reduced lunch. All school districts where data were available had over half of the student population eligible for free or reduced priced lunch.

Table 21: Free and reduced lunch eligibility in the region

SCHOOL DISTRICT NAME	PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH
Bouse Elementary District	85%
Bullhead City School District	80%
Colorado City Unified District	89%
Hackberry School District	80%
Kingman Unified School District	67%
Lake Havasu Unified District	57%
Littlefield Unified District	90%
Mohave Valley Elementary District	73%
Owens-Whitney Elementary District	60%
Parker Unified School District	74%
Quartzsite Elementary District	85%
Salome Consolidated Elementary District	80%
Topock Elementary District	85%
Valentine Elementary District	-
Wenden Elementary District	85%
Yucca Elementary District	80%

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

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

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

[33] http://www.azed.gov/health-nutrition/special-assistance-provisions/

Educational Indicators

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children's educational attainment.[34] More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.[35] A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent $7,666 per pupil in 2011, below the national average of $10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.[36]

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

Common Core/Early Learning Standards

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

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

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

[35] Education Week. (2014). *Quality Counts 2013 Highlights*. Retrieved from http://www.edweek.org/media/QualityCounts2013_Release.pdf

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

Move on When Ready

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

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

Schools may participate in Move on When Ready on a voluntary basis. As of April 2014, the Center for the Future of Arizona reported that 38 schools were participating in Move on When Ready. Three of these schools are in the Kingman Unified School District within the La Paz/Mohave Region; Lee Williams High School, Kingman Middle School (Middle School Partner), and White Cliffs Middle School (Middle School Partner).[37]

Educational Attainment

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

Adults in the La Paz/Mohave Region are more likely to be without a high school diploma or GED (17%) than the state of Arizona overall (15%), which was similar to Mohave County (16%), and lower than La Paz County (26% without a high school diploma or GED) (see Table 22). In addition, just over one third of births in the La Paz/Mohave Region are to women with more than a high school diploma (see Figure 17).

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[37] http://www.arizonafuture.org/mowr/participating-schools.html

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

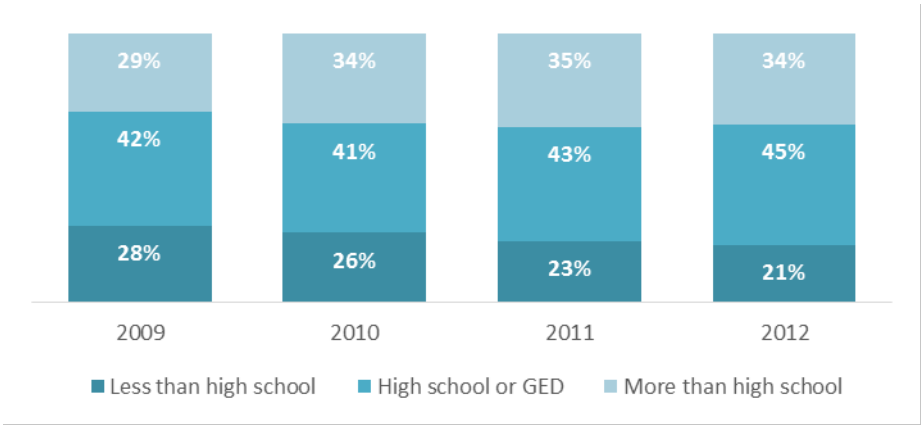
[39] Merrill, P. Q. (2010). Long-term effects of parents' education on children's educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*, Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/

Table 22: Educational achievement of adults in the La Paz/Mohave Region

GEOGRAPHY	Adults (25+) without a high school diploma or GED	Adults (25+) with a high school diploma or GED	Adults (25+) with some college or professional training	Adults (25+) with a bachelor's degree or more
La Paz/Mohave Region	17%	33%	38%	12%
Bullhead City area	18%	34%	35%	13%
Colorado City-Centennial Park area	34%	24%	29%	13%
Dolan Springs-Golden Valley area	24%	34%	37%	5%
Fort Mohave-Mohave Valley-Topock area	18%	35%	36%	11%
Kingman area	15%	34%	39%	12%
Lake Havasu City area	11%	33%	41%	15%
Littlefield-Beaver Dam area	25%	36%	28%	12%
Parker Strip-Cienega Springs area	25%	33%	32%	11%
Quartzsite-Ehrenberg area	21%	31%	39%	9%
Salome-Bouse-Wenden area	32%	33%	25%	11%
Fort Mojave Indian Tribe (Arizona part)	26%	32%	35%	8%
La Paz County	26%	32%	32%	10%
Mohave County	16%	34%	38%	12%
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 17: Births by mother's educational achievement in the La Paz/Mohave Region



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

Graduation and Drop-out Rates

Living in poverty decreases the likelihood of completing high school: a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even

higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.[40] This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

Table 23 below shows the graduation and dropout rates in the region. The percent of students across the state who graduated in four years in 2012 was 77 percent.[41] Three districts in the La Paz/Mohave Region have a higher percent graduated, four have a lower percent graduated than the state, and one is equivalent to the state. Dropout rates are higher in three districts than the state, although most fall at or below the state rate of four percent.

Table 23: High school graduation and drop-out rates

GEOGRAPHY	PERCENT GRADUATED (2012)	DROPOUT RATES (2012-2013)
Bicentennial Union High School District	72%	2%
Colorado City Unified District	75%	4%
Colorado River Union High School District	74%	5%
Kingman Unified School District	80%	5%
Lake Havasu Unified District	81%	3%
Littlefield Unified District	86%	3%
Parker Unified School District	69%	7%
Arizona	77%	4%

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

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.[42] Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. Key informants who were K-12 educators spoke about how they could tell whether a child in kindergarten had been enrolled in an early care or learning setting by their level of social, emotional and educational readiness once the school year began. 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.[43] In the La Paz/Mohave Region, the numbers of preschool aged

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

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

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

[43] Children's Action Alliance. Retrieved from http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf

children estimated to be enrolled in preschool is similar to the state, at 33 percent for the region and 34 percent for the state. La Paz County has a higher estimated percentage of children enrolled in preschool at 41 percent. Five areas within the region have over 40 percent of young children estimated to be enrolled in preschool, with highs in the Littlefield-Beaver Dam area (75%) and the Fort Mohave-Mohave Valley-Topock area (51%), followed by the Parker Strip-Cienega Springs area (48%) and the Lake Havasu City area (46%) (see Table 24).

Table 24: Children (3-4) enrolled in nursery school, preschool, or kindergarten [44]

GEOGRAPHY	2010 CENSUS PRESCHOOL-AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
La Paz/Mohave Region	4,601	33%
Bullhead City area	914	22%
Colorado City-Centennial Park area	491	16%
Dolan Springs-Golden Valley area	231	41%
Fort Mohave-Mohave Valley-Topock area	456	51%
Kingman area	1,213	30%
Lake Havasu City area	1,016	46%
Littlefield-Beaver Dam area	101	75%
Parker Strip-Cienega Springs area	32	-
Quartzsite-Ehrenberg area	76	-
Salome-Bouse-Wenden area	71	-
Fort Mojave Indian Tribe (Arizona part)	32	-
La Paz County	448	41%
Mohave County	4,524	34%
Arizona	185,196	34%

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

Note: Due to small sample sizes, estimates for several communities cannot be reliably calculated.

Arizona reduced funding for kindergarten from full-day to half-day in 2010, and eliminated funds for pre-K programs in 2011. First Things First funds a limited number of preschool scholarships across the state, including $13.7 million for Pre-K Scholarships and $39 million for Quality First Scholarships in FY 2013. [45] More information about how these scholarships are used in the La Paz/Mohave Region can be found in the *Early Childhood System* section of this report.

[44] Please note that the American Community Survey estimate is based on a small sample of three and four year olds in the region, and may be less precise than the Child Care Census Survey results discussed in the *Early Childhood System* section of this report, which surveyed 85% of licensed early care and education providers in the region, and found a slightly smaller percent of three and four year olds enrolled in early care and learning settings.

[45] The Build Initiative. Arizona State Profile. Retrieved from http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf

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).[46]

Standardized Test Scores

The primary in-school performance of current students in the public elementary schools in the state is measured by the Arizona Instrument to Measure Standards (AIMS).[47] 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 Statute[48] (also known as *Move on When Reading*) states that a student shall not be promoted from the third grade "if the pupil obtains a score on the reading portion of the Arizona's Instrument to Measure Standards (AIMS) test…that demonstrates that the pupil's reading falls far below the third-grade level." Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities.

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

As Figure 18 shows, overall, Mohave County 3rd graders performed slightly better than students statewide in both math and reading, with a higher percentage of students passing in each subject (indicated by a combination of the percentages for "meets" and "exceeds"). La Paz County 3rd graders did not perform as well as students statewide in both math and reading, with a lower percentage of students passing in each subject. In math, 69 percent of 3rd graders state wide passed the math AIMS test, whereas 72 percent of 3rd graders in Mohave County

[46] First Things First. *Arizona School Readiness Indicators.* Retrieved from: http://www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf

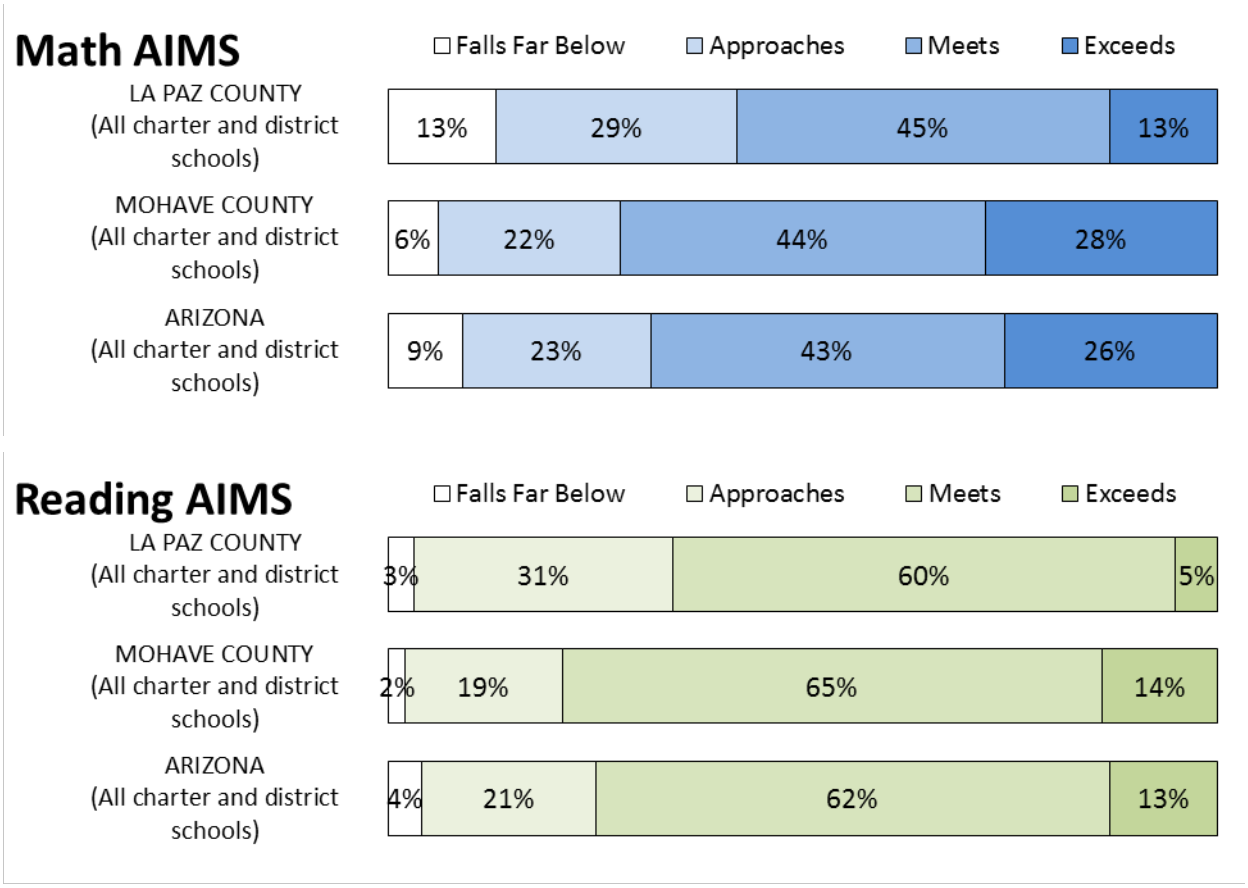
[47] For more information on the AIMS test, see the Arizona Department of Education's Website: http://www.ade.az.gov/AIMS/students.asp

[48] A.R.S. §15-701

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

did, and 58 percent of those in La Paz County did. In reading, 75 percent of Arizona 3rd graders passed the reading AIMS test, while 79 percent of Mohave County and 65 percent of La Paz County 3rd graders did.

Figure 18: Results of the Arizona Instrument to Measure Standards (AIMS) Test



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

Table 25 and Table 26 show a breakdown of AIMS scores by school district in the La Paz/Mohave Region. As AIMS performance in the region varies by county, the percentage of students passing both the math and reading tests varies by school district. Topock Elementary District had the highest percentage of 3rd graders passing both the math and reading tests (90% and 95% respectively). For the AIMS math test, four school districts fell below 50 percent of their third graders passing. For the AIMS reading test only three schools fell below 50 percent passing. The Yucca Elementary District was included on both those lists, with only 33 percent of 3rd graders passing the math and reading tests. On aggregate, Mohave County Charter schools showed 78 percent of 3rd graders passing the math AIMS test and 85 percent passing the reading test.

Table 25: 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
Bouse Elementary District	0%	50%	50%	0%	50%
Bullhead City School District	6%	27%	46%	21%	67%
Colorado City Unified District	3%	11%	49%	37%	86%
Hackberry School District	29%	29%	14%	29%	43%
Kingman Unified School District	10%	22%	42%	26%	68%
Lake Havasu Unified District	4%	19%	42%	35%	77%
Littlefield Unified District	13%	40%	27%	20%	47%
Mohave Valley Elementary District	4%	15%	44%	36%	81%
Parker Unified School District	13%	28%	44%	15%	59%
Quartzsite Elementary District	12%	24%	56%	8%	64%
Salome Consolidated Elementary District	30%	30%	30%	10%	40%
Topock Elementary District	0%	10%	60%	30%	90%
Valentine Elementary District	10%	40%	50%	0%	50%
Wenden Elementary District	0%	50%	50%	0%	50%
Yucca Elementary District	0%	67%	33%	0%	33%
All Mohave County Charter Schools	3%	19%	51%	26%	78%
La Paz County (All charter and district schools)	13%	29%	45%	13%	58%
Mohave County (All charter and district schools)	6%	22%	44%	28%	72%
Arizona (All charter and district schools)	9%	23%	43%	26%	68%

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

Table 26: 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
Bouse Elementary District	0%	25%	75%	0%	75%
Bullhead City School District	3%	24%	62%	10%	73%
Colorado City Unified District	0%	23%	74%	3%	77%
Hackberry School District	0%	43%	43%	14%	57%
Kingman Unified School District	4%	22%	61%	13%	74%
Lake Havasu Unified District	1%	10%	69%	20%	89%
Littlefield Unified District	10%	30%	53%	7%	60%
Mohave Valley Elementary District	1%	16%	70%	14%	84%
Parker Unified School District	3%	32%	59%	5%	65%
Quartzsite Elementary District	4%	16%	76%	4%	80%
Salome Consolidated Elementary District	10%	30%	50%	10%	60%
Topock Elementary District	0%	5%	80%	15%	95%
Valentine Elementary District	0%	60%	40%	0%	40%
Wenden Elementary District	0%	60%	40%	0%	40%
Yucca Elementary District	0%	67%	33%	0%	33%
All Mohave County Charter Schools	1%	14%	71%	14%	85%
La Paz County (All charter and district schools)	3%	31%	60%	5%	65%
Mohave County (All charter and district schools)	2%	19%	65%	14%	79%
Arizona (All charter and district schools)	4%	21%	62%	13%	75%

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

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 system[50] 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.[51] 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.[52]

Center and Home-based Care

In the La Paz/Mohave Region there are 67 regulated child care providers, according to data provided to First Thing First by the Department of Economic Security (DES) and Child Care Resource and Referral (CCR&R). Table 27 shows all but Head Start Centers (n=9) which are discussed in a subsequent section of the report. The majority of these providers (42 of 58) are ADHS licensed centers, eight are ADHS certified group homes, six are DES certified homes (family child care), one is a child care center regulated and operated by the Fort Mojave Indian Tribe, and one is a nanny. At the end of 2011 there were 86 regulated child care providers in the region, compared to 67 at the beginning of 2014. The total licensed capacity for child care providers also dropped from 3,817 at the end of 2011, to 3,195 in spring 2014. Key informants discussed potential reasons for this decrease. In the larger cities, a number of private child care centers and home-based providers have closed in the last year due to the tenuous financial situation over the past several years, with freezes to DES child care subsidies, and the economic downturn's effect on unemployment impacting the revenue of these centers. Many of the families previously in center-based care reportedly turn to the more affordable option of home-based child care, which can be both regulated and unregulated care, and can vary greatly in terms of quality.

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

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

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

The Fort Mojave Indian Tribe has operated the Fort Mojave Child Care Center for seven years and provides early care and learning opportunities for both tribal and non-tribal children. The Center has the capacity to serve 75 children; 15 infants, 15 toddlers 15-24 months and 15 toddlers 24-35 months of age, 25 three and four year olds and five children aged five and six years. As of December 2013, the Child Care Center was serving 63 children with 23 children on a wait list for toddler and infant care slots. The Center focuses on providing care and developmental support for children, as well as activities and resources for parents including nutrition, health and other resources to prepare children for later school success.

Some communities in the region have no licensed child care, including the Colorado City-Centennial Park area and the Parker Strip-Cienega Springs area. There is a Head Start program operated by the Colorado River Indian Tribe that can serve eligible children from Parker, and key informants reported ongoing work towards opening a preschool at the Ed Options Learning Center campus in Quartzsite. There is also a preschool at the elementary school in Colorado City which primarily serves children with special needs. The need for additional early care and education opportunities was voiced repeatedly by key informants from all areas of the region. Outside of the larger communities in Mohave County and in most of La Paz County, district preschools were the only available options, and because of this, wait lists were often long. According to key informants, these preschools in smaller communities were also often seen as a key source of information for families, on resources or services for their young children.

Table 27: Number of early care and education centers and homes and their capacity

GEOGRAPHY	CHILD CARE CENTERS		FAMILY CHILD CARE		NANNY/INDIVIDUAL		TOTAL CAPACITY
	#	CAPACITY	#	CAPACITY	#	CAPACITY	
La Paz/Mohave Region	43	2,815	14	104	1	4	2,923
Bullhead City area	10	852	8	56	-	-	908
Colorado City-Centennial Park Area	-	-	-	-	-	-	-
Dolan Springs-Golden Valley Area	1	30	-	-	-	-	30
Fort Mohave-Mohave Valley-Topock area	6	366	1	10	-	-	376
Kingman area	11	810	2	14	1	4	828
Lake Havasu City area	12	675	3	24	-	-	699
Littlefield-Beaver Dam area	1	47	-	-	-	-	47
Parker Strip-Cienega Springs area	-	-	-	-	-	-	-
Quartzsite-Ehrenberg area	-	-	-	-	-	-	-
Salome-Bouse-Wenden area	2	35	-	-	-	-	35
Fort Mojave Indian Tribe (Arizona part)	1	75	-	-	-	-	75
La Paz County	4	150	-	-	-	-	150
Mohave County	42	2,825	14	104	1	4	2,933
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.

From November 2013 through January 2014, a phone-based survey of child care providers in the La Paz/Mohave First Things First Region was undertaken to assess how many children ages birth to five were served in early learning programs in the region by age and type of program. Fifty-six providers were reached to provide information on the children they served through their programs. Respondents were comprised of seven family care, four group home, and nine Head Start providers, as well as 12 school-based centers and 24 non-school-based centers. The table below summarizes responses from those surveyed who were able to report on the number of children they served by individual age groups, as well as the total number of children served aged birth through five. Infants, one and two-year olds were served by all but one provider type (Head Start), while children aged three and four made up the majority of children served.

Table 28: Number of children served by age and provider type in the La Paz/Mohave Region

Provider Type	Number of Children Served by Age Group						
	Infants	1 year olds	2 year olds	3 year olds	4 year olds	5 year olds	Total Served
Family Care Provider	4	11	9	6	3	1	34
Group Home	4	5	2	4	4	2	42
Head Start	n/a	n/a	n/a	65	154	61	298
Center: School-based	18	15	26	54	171	70	500
Center: Non-school-based	100	183	335	426	295	118	1546
Total	126	214	372	555	627	252	2,420

La Paz/Mohave First Things First (2014). Unpublished raw data from Child Care Census Survey

To put the number of children served by age range, and the total number served into context, it would be helpful to compare these numbers to the population of young children in the region. The table below includes the population of children in the La Paz/Mohave Region and La Paz and Mohave Counties (US Census, 2010), alongside the number of children served by age group for those respondents able to report (n=56), and the resultant percent of the population served. Included in the last row of the table is an additional estimate which includes those ten providers who were not reached for the survey, and one surveyed who was unable to provide a total number of children served. The median number served for each provider type reached for the survey was used as an estimate for these missing providers. These estimates of total children served were; three for family care providers, 5.5 for group homes, 32.5 for school-based centers and 61 for non-school based centers.

Table 29: Population of children, number of children served, and percentage served in the region

Age Group	Population of Children			Number of Children Served	% of Population Served La Paz/Mohave Region
	La Paz/Mohave Region	La Paz County	Mohave County		
Infants (birth-1 year)	2,114	178	2,093	126	6%
1 year olds (13-23 months)	2,201	199	2,174	214	10%
2 year olds (24-35 months)	2,244	203	2,214	372	17%
3 year olds (36-47 months)	2,365	244	2,322	555	23%
4 year olds (48-59 months)	2,236	204	2,202	627	28%
5 year olds (60-71 months)	2,237	199	2,213	252	11%
Total (Population 0-4)	11,160	1,028	11,005	1,894	17%
Total (Population 0-5)	13,397	1,227	13,218	2,146	16%
Total served (including providers who could only report total served)				2,420	18%
Total including estimates for missing providers				2,782	21%

La Paz/Mohave First Things First (2014). Unpublished raw data from Child Care Census Survey

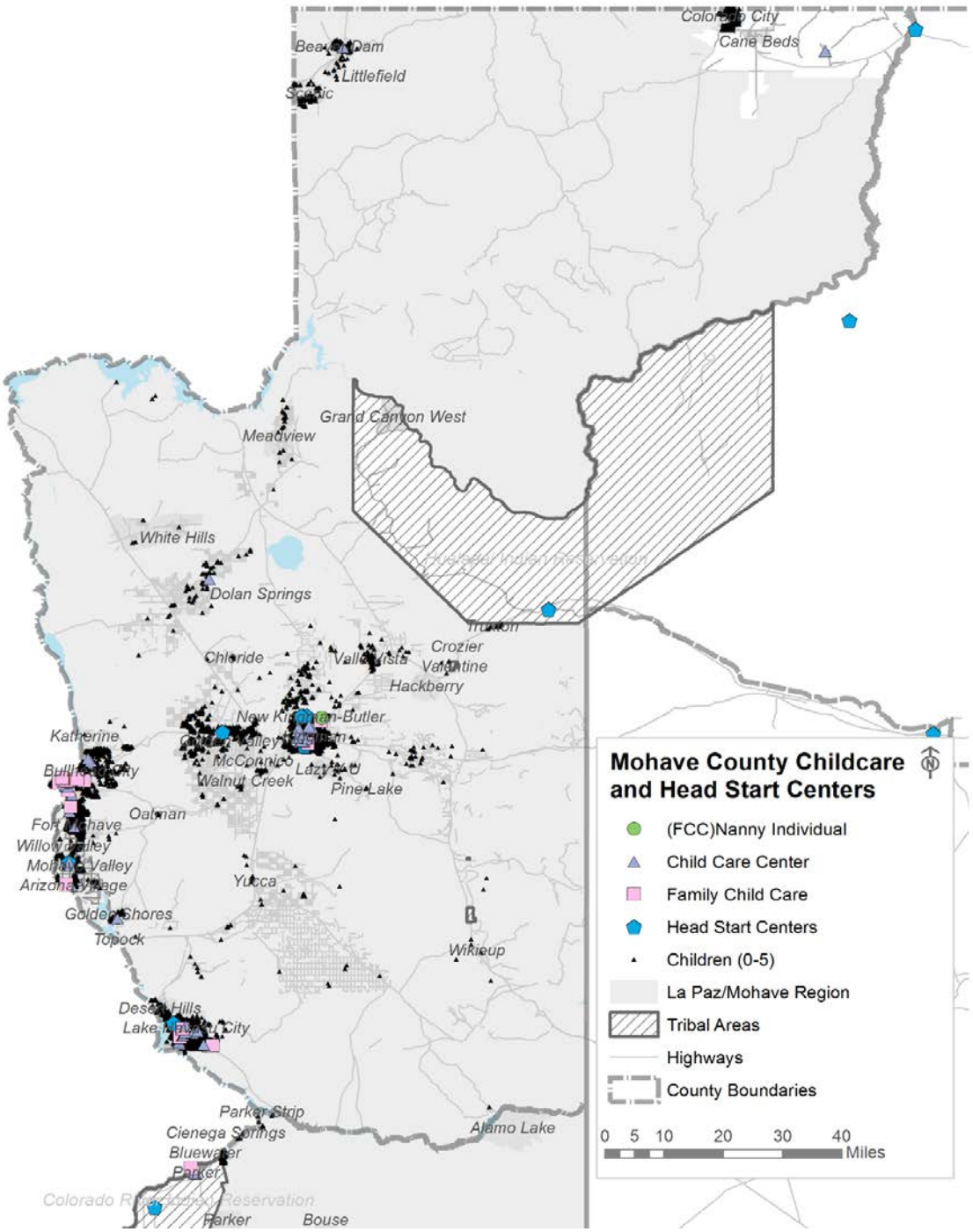
The percentage of the population served by licensed child care increased with increasing age (with the exception of five-year olds). The percentage of the total population of children aged birth through five in the region served in licensed or certified child care setting ranged from 16 to 21 percent (see the last four rows of Table 29 above), reflecting that roughly four-fifths of the region's population of children aged birth through five are not being served in licensed or certified child care settings. Not all families will choose licensed or certified care for their children, and key informants discussed the common use of kith and kin care as an alternative in the region. Whether this alternative is chosen due to preference, or due to lack of availability or affordability of licensed or certified care is unknown, however.

Thirty-four of the fifty-seven child care census survey respondents (60%) reported that they would be willing and able to care for more children than they currently served. The total number of additional children providers could serve ranged from one to 58, although most (n=25, 44%) had space for twenty or fewer additional children.

Key informants often talked about how families' decisions about where to enroll a child had more to do with the location, duration and cost of care than the quality or the content of the care. Working parents, those without transportation, and those with financial constraints may choose a full-day private child care center over a half-day preschool program because of those real world issues. The need to lessen the impact of those issues on these decisions by supplementing the available quality alternatives for early learning, as well as providing resources for transportation, was a common thread throughout key informant interviews.

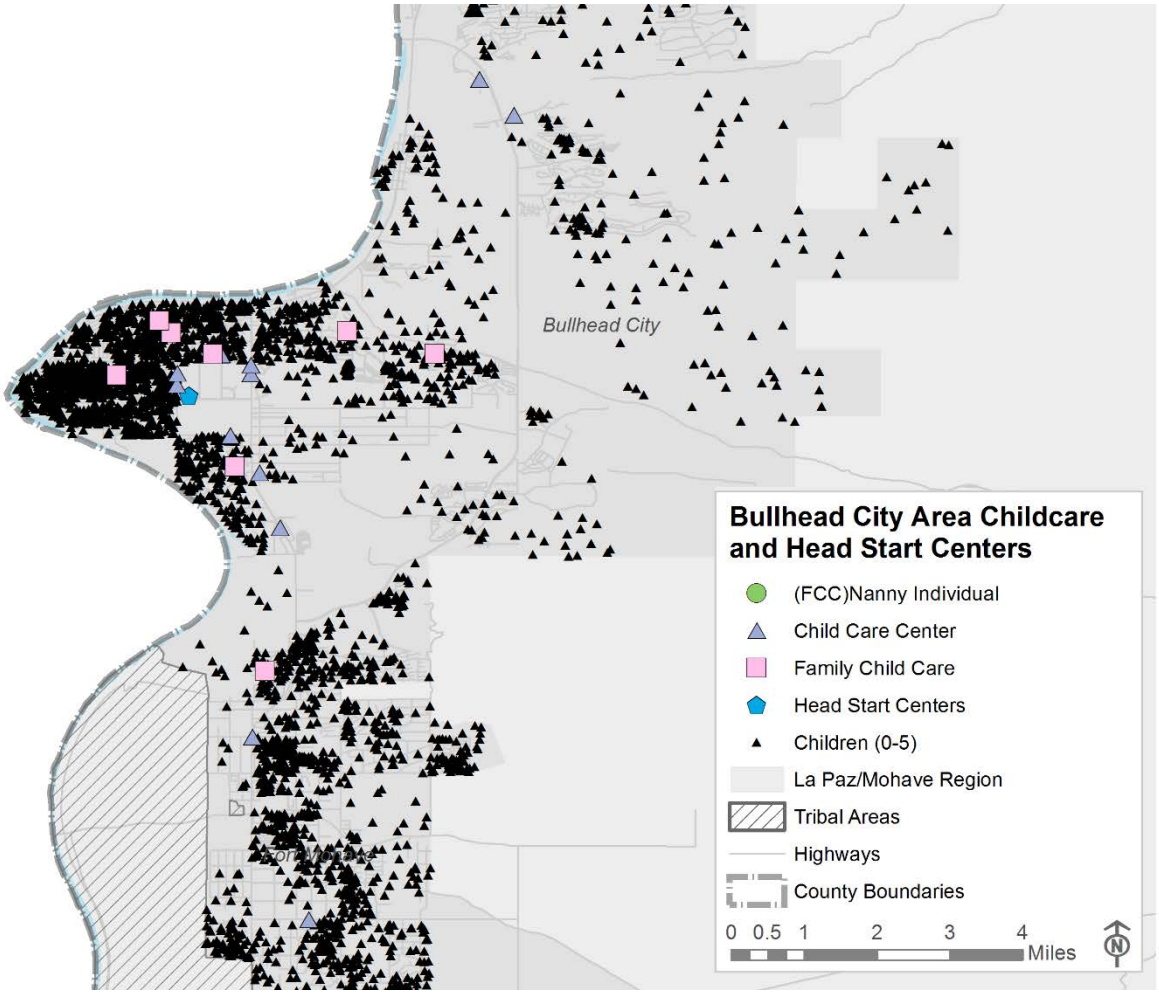
The maps on the following pages shows the approximate location of children aged birth through five and licensed child care providers in Mohave County, Mohave County's three population centers, and La Paz County (from CCR&R 2014 data).

Figure 19: Location of children aged birth through five and child care providers in Mohave County



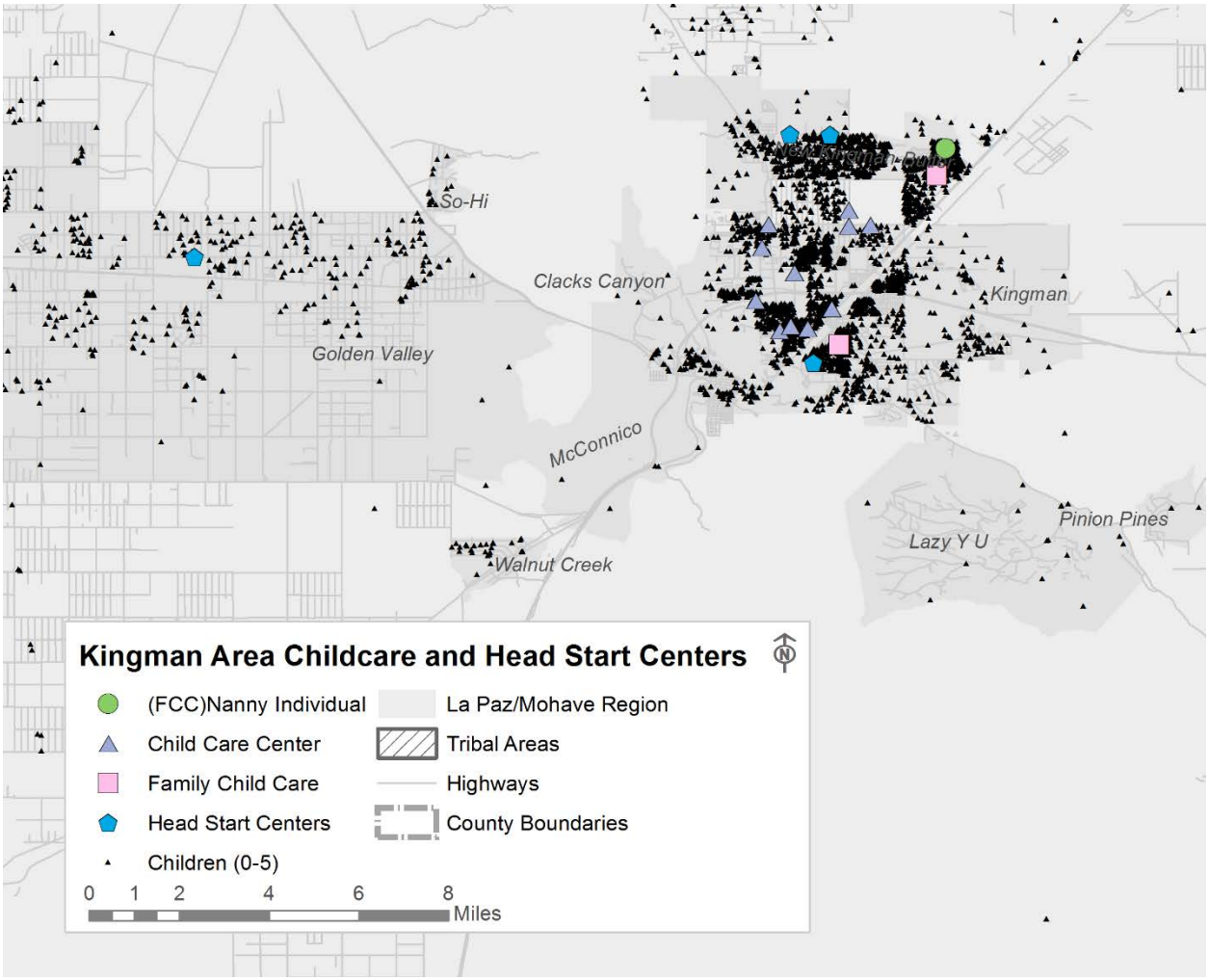
Source: Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

Figure 20: Location of children aged birth through five and child care providers in Bullhead City



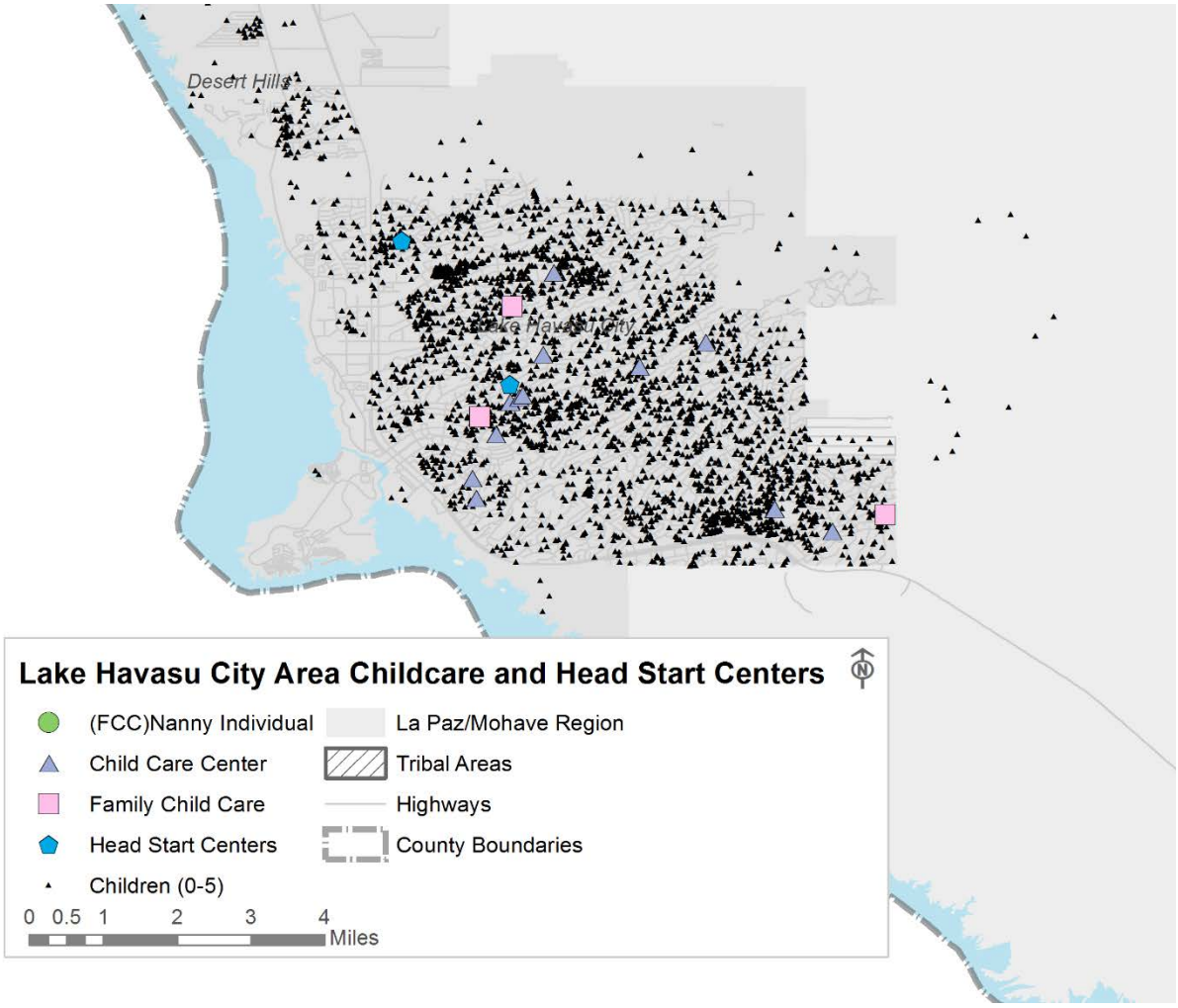
Source: Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

Figure 21: Location of children aged birth through five and child care providers in Kingman



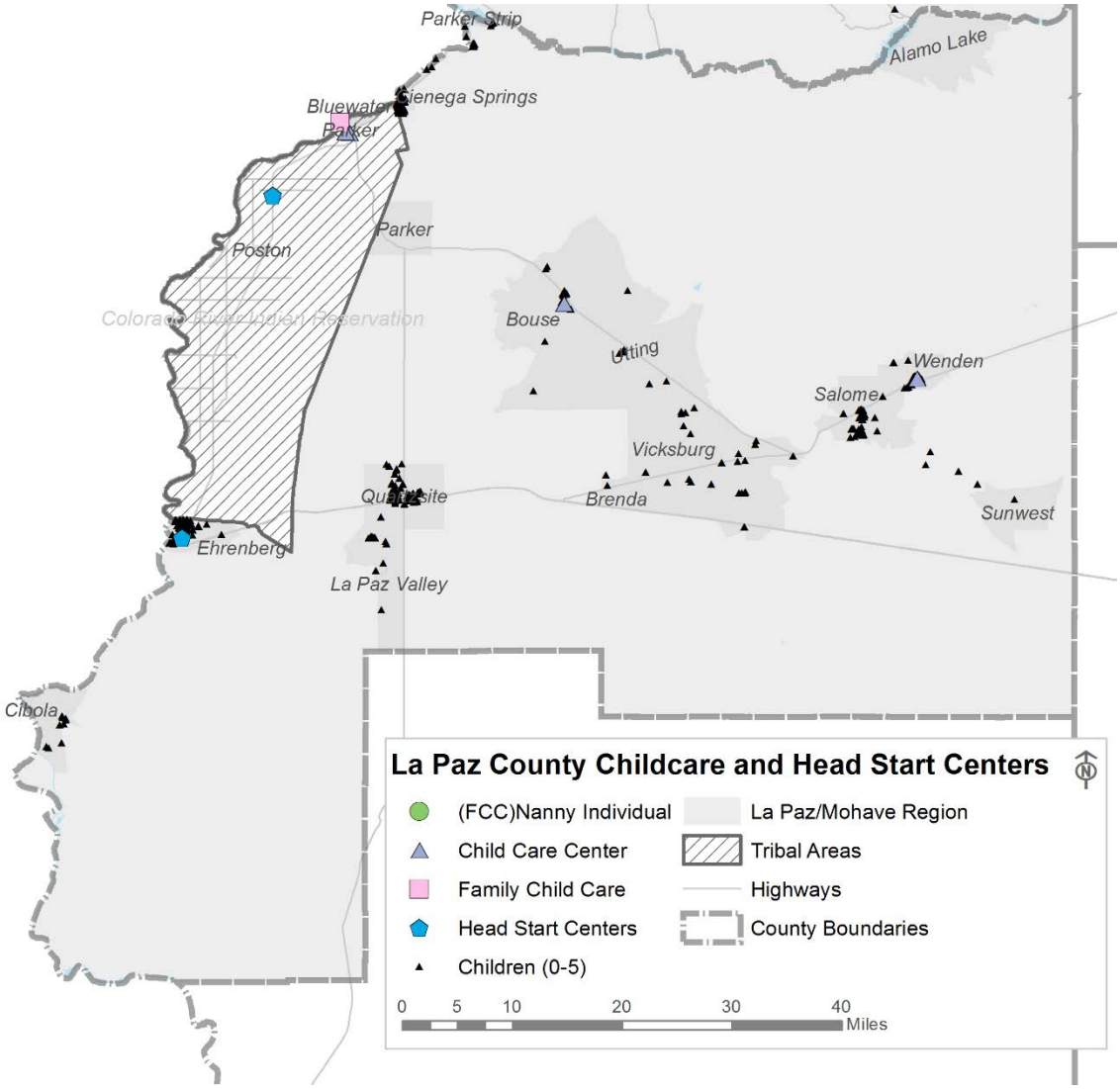
Source: Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

Figure 22: Location of children aged birth through five and child care providers in Lake Havasu City



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

Figure 23: Location of children aged birth through five and child care providers in La Paz County



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

Quality First

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

Quality First provides financial and technical support for child care providers to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, child care scholarships, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on

these, a center is given a star rating that ranges from 1-star – where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements – to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.[53] 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.[54] Table 30 describes the rating scale as defined by First Things First.

Table 30: 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 region's 2015 funding plan, as of fiscal year 2014, 20 centers and one home based provider participated in Quality First; there were 183 pre-K, and 78 child care scholarship slots funded for children aged birth through five in the region; and 20 center-based providers and

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

[54] The BUILD Initiative. Arizona State Profile. Retrieved from http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf

one home-based provider were served through the child care health consultation component of Quality First.[55]

In June 2014, 16 of the 20 providers participating in Quality First in the region had received a public star rating; eight were 2 Star, six were 3 Star, one was 4 Star and one was a 5 Star rated center.[56] As of June 20, 2014, there were 1,022 children (not including children with special needs) who were enrolled in care with providers participating in Quality First in the La Paz/Mohave Region.[57]

Local Education Agency Preschools

Under 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.[58] 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.[59] A number of school districts in La Paz and Mohave Counties are utilizing these funds to provide a range of programmatic and support services for young children in the region.

Table 31: Number of Local Education Agency Preschools

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF PRESCHOOL PROGRAMS	PRESCHOOL STUDENTS ENROLLED
Colorado City Unified District	1	56
Kingman Unified School District	2	180
Lake Havasu Unified District	1	98
Littlefield Unified District	1	28
Parker Unified School District	1	21
Topock Elementary District	1	19
Wenden Elementary District	1	14
All La Paz County Districts	2	35
All Mohave County Districts	6	381
All Arizona Districts	220	10,063

[55] La Paz/Mohave FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20LaPaz%20Mohave%20SFY15.pdf

[56] First Things First. Quality First Star Rating Public Post Report, June 20, 2014. Unpublished data received from First Things First State.

[57] First Things First. Quality First Eligible Applicant and Enrolled Participant Data Report, June 20, 2014. Unpublished data received from First Things First State.

[58] Arizona Department of Education, 2011. Retrieved from: http://www.ade.az.gov/asd/title1/MissionProgDescription.asp

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

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

Head Start/Early Head Start

Head Start is a comprehensive early childhood education program for children pre-school age 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.[60] 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. There are nine Head Start Centers in the La Paz/Mohave Region; eight in Mohave County including Brian Meyer-Davis (Kingman), Cerbat (Kingman), Kingman North, Bullhead City, Golden Valley, Nautilus Lake Havasu City, Mohave Valley, and Lake Havasu and one in La Paz County, Ehrenberg. Eligible, enrolled children living in Quartzsite are bussed to the Ehrenberg Head Start Center. In addition, the Colorado River Indian Tribes manage a Head Start Center in Parker, which serves children from both the La Paz/Mohave Region and the Colorado River Indian Tribes Region. Areas within the La Paz/Mohave Region without access to Head Start include the Colorado City-Centennial Park area, the Littlefield-Beaver Dam area, and the Salome-Bouse-Wenden area.

All Head Start Centers in the region are operated by the Western Arizona Council of Governments (WACOG), which provides Head Start services to La Paz, Mohave and Yuma Counties. Data received from WACOG for La Paz and Mohave County show that the Head Start sites in Mohave County enrolled a total of 252 children in the 2013-2014 school year and the Head Start site in La Paz County enrolled 20 children during the same time.[61] Total enrollment in Head Start in the region represents about six percent of the children aged three and four years in the region (n=4,601).

Data was also provided for the 2012-2013 period for comparison, and as can be seen in Table 32, two centers in Mohave County closed in 2013-2014, and enrollment decreased in three centers. Total enrollment for the region decreased from 380 slots in 2012-2013 to 272 slots the following year. In 2013-2014 enrollment increased compared to the previous year for two Head Start sites in Kingman North and Lake Havasu City, decreased for another three and stayed the same for the remaining four centers. Waitlists for Head Start slots remained for all centers across years, although five saw waitlist numbers decrease, and another three centers saw waitlist increases across years.

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[60] Data received from WACOG through personal correspondence.

[61] NACOG Head Start & Early Head Start. 2012-2013 Annual Report. Retrieved from http://www.nacog.org/files/dep_page_41.pdf

Table 32: Head Start Enrollment (2012-2013 and 2013-2014)

HEAD START CENTER	2012-2013		2013-2014	
	Enrollment	Waitlist	Enrollment	Waitlist
Brian Meyer Davis (Kingman)	30	28	30	31
Bullhead City	80	65	72	46
Cerbat (Kingman)	20	14	20	4
Golden Valley	20	12	20	9
Kingman North	20	10	30	10
Lake Havasu City	20	8	30	28
Mohave Valley	40	24	30	9
Nautilus (Lake Havasu City)	40	11	20	21
Desert Willow (Kingman)	30	7	Closed	
Hubbs House (Kingman)	60	11	Closed	
Ehrenberg	20	13	20	5
La Paz County	20	13	20	5
Mohave County	360	190	252	158
Total	380	203	272	163

Western Arizona Council of Governments (2013). Head Start Enrollment and Waitlist Numbers received through correspondence.

Early Head Start is a program similar to Head Start that is for families with younger children, and Arizona's Early Head Start Programs are targeted at low-income pregnant women and women with children aged birth to three years. Each Early Head Start program determines its own eligibility criteria, although general eligibility criteria are similar to Head Start. The goal of the program is to aid young mothers in being better teachers and caregivers for their children, and to enhance the development of participating children. Currently Early Head Start is only available in the Arizona Strip area of the region. The Learning Center for Families provides Early Head Start services in Beaver Dam, Littlefield, Scenic, Colorado City, and Centennial Park. Many key informants discussed the need for these programs in the rest of the region and the benefits they would have on young children's school success.

Cost of Child Care

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. [62] 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

[62] 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

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% 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. Table 33 shows the average cost of child care in a child care center for children of different ages in La Paz and Mohave Counties. These are estimates for one child in care, so needing child care for multiple children would increase these costs.

Table 33: 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
La Paz & Mohave Counties	Full-time	$27.25	$24.00	$22.00
	Part-time	$18.20	$18.00	$17.00
Arizona	Full-time	$41.00	$36.98	$32.00
	Part-time	$32.56	$29.00	$22.50

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

Note: The Child Care Market Rate Survey estimate above is a combined estimate for La Paz, Mohave and Yuma Counties.

In addition to a limit to the number of available child care slots in the region, the inability to afford child care or early education programs was one of the most cited barriers to accessing these programs by key informants interviewed in the region. Many informants talked in detail about the barrier of strict income eligibility requirements that limit access to many early care and education programs and subsidies, and the need to expand these criteria to make these programs more equitable. Respondents often mentioned the addition of First Things First funded preschools and scholarship slots for typical children at district preschools, and scholarships through Quality First in private child care programs as assets in increasing participation in early learning programs by addressing the barrier of affordability.

Table 34 shows the average estimated cost of child care in a child care center by percent of median family income in communities with child care centers in the region, as well as in La Paz and Mohave Counties and the state. As can be seen, the average cost for full-time center-based care in the region is likely to exceed the Department of Health and Human Services recommendation that parents spend no more than 10 percent of their family income on child care. Because their median income tends to be lower (see Table 13), the percent of income spent on childcare by the average female single parent would be even higher.

Table 34: Cost of full time child care in a child care center by percent of median family income[63]

GEOGRAPHY	MEDIAN FAMILY INCOME	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Bullhead City	$44,526.00	15%	13%	12%
Dolan Springs	$34,293.00	19%	17%	15%
Fort Mohave	$55,412.00	12%	10%	10%
Kingman city	$53,069.00	12%	11%	10%
Lake Havasu City	$50,434.00	13%	11%	10%
Littlefield	$33,750.00	19%	17%	16%
Salome	$30,673.00	21%	19%	17%
Fort Mojave Reservation (Arizona part)	$31,250.00	21%	18%	17%
La Paz County	$40,786.00	16%	14%	13%
Mohave County	$46,594.00	14%	12%	11%
Arizona	$59,563.00	17%	15%	13%

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

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. [64] It is likely that these issues impact retention and turnover of early care and education professionals across the state.

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

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

Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential or AA degree. A Bachelor's Degree model of the TEACH program is also currently being piloted in one FTF Region. According to the region's 2015 funding plan, as of fiscal year 2014, there were 20 child care professionals in the La Paz/Mohave Region who had received TEACH scholarships to take coursework leading to an early childhood credential or degree.[65]

Additional support in the region for child care providers seeking professional development support is the Professional Career Pathways Project (PCPP).[66] This scholarship grant, funded by DES and First Things First, provides tuition and textbook support for early childhood education classes for those working as childcare providers, and is available for coursework taken at Mohave Community College.

Opportunities for Professional Development

Two colleges offering certification and degree programs in early childhood are located in the La Paz/Mohave Region; Mohave Community College and the Parker and Quartzsite sites of Arizona Western College (see Table 35 below). All other available early education certificate or degree opportunities are limited to on-line coursework for residents of the La Paz/Mohave Region.

Table 35: Availability of certification, credentials, or degree programs

College	Locations in …	Degree Offered
Mohave Community College	Bullhead City Campus	AA: Elementary Education with Emphasis in Early Childhood, Elementary Education
Arizona Western College	Parker Learning Center Quartzite Learning Center	Certificate: Early Childhood Education

http://www.mohave.edu/academics/certificates/earlyed; https://www.azwestern.edu/academic_services/instruction/la_paz_county/

Other early childhood education professional development opportunities are available in the region. The First Things First funded Professional Development Program for early childhood educators provided by the Association for Supportive Child Care (ASCC) in the La Paz/Mohave

[65] La Paz/Mohave FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20LaPaz%20Mohave%20SFY15.pdf

[66] https://v5.yc.edu/v5content/academics/divisions/visual-and-performing-and-liberal-arts/DES.htm

Region provides evidence-based and best-practice community-based training for child care providers, teachers, directors, and others in the region working with children birth through five years of age. The program is provided region-wide and serves both La Paz and Mohave Counties, the Fort Mojave Indian Tribe, as well as the Colorado River Indian Tribes Region and the Hualapai Tribe Region. Group training sessions are provided in Lake Havasu City, Parker, Bullhead City, and Kingman. The program includes a series of workshops offered in three tiers, on-site coaching and mentoring, professional conferences, guest speakers, as well as incentive and reward programs for participating early childhood educators. Through the program, participants are eligible to earn college credits for coursework completed. The intent is to create stepping stones that facilitate the completion of educational milestones.

Another professional development opportunity available in the region is the DES Early Childhood Professional Training,[67] offered through Yavapai College. This training is a no-cost, 60-hr course covering the basics of child development, nutrition, early reading and math activities and child-care licensing to prepare participants to enter the early care and education workforce. The grant provides up to 15, 60-hour workshops in 11 counties in Arizona each year. Upon completion, students can earn college credits.

Arizona Childcare Resource and Referral also publishes a quarterly newsletter on early childhood training opportunities, including those in La Paz and Mohave Counties.[68] The most recent newsletter[69] listed two trainings in La Paz County and six in Mohave County.

Key informants commonly discussed the ongoing training opportunities provided by the Mohave/La Paz County Court Team on early childhood development, particularly infant and toddler mental health, as an asset in the region. Other key informants also discussed the need for additional regionally based training opportunities, particularly in La Paz County.

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. [70] The labels for the Primary Care Areas are drawn from the major population centers for those areas. Each Primary Care Area also carries a designation based on its

[67] https://www.yc.edu/v5content/academics/divisions/social-behavioral-organizational-sciences/des.htm

[68] http://www.arizonachildcare.org/providers/professional-development.html

[69] http://www.arizonachildcare.org/pdf/bulletin.pdf

[70] 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.

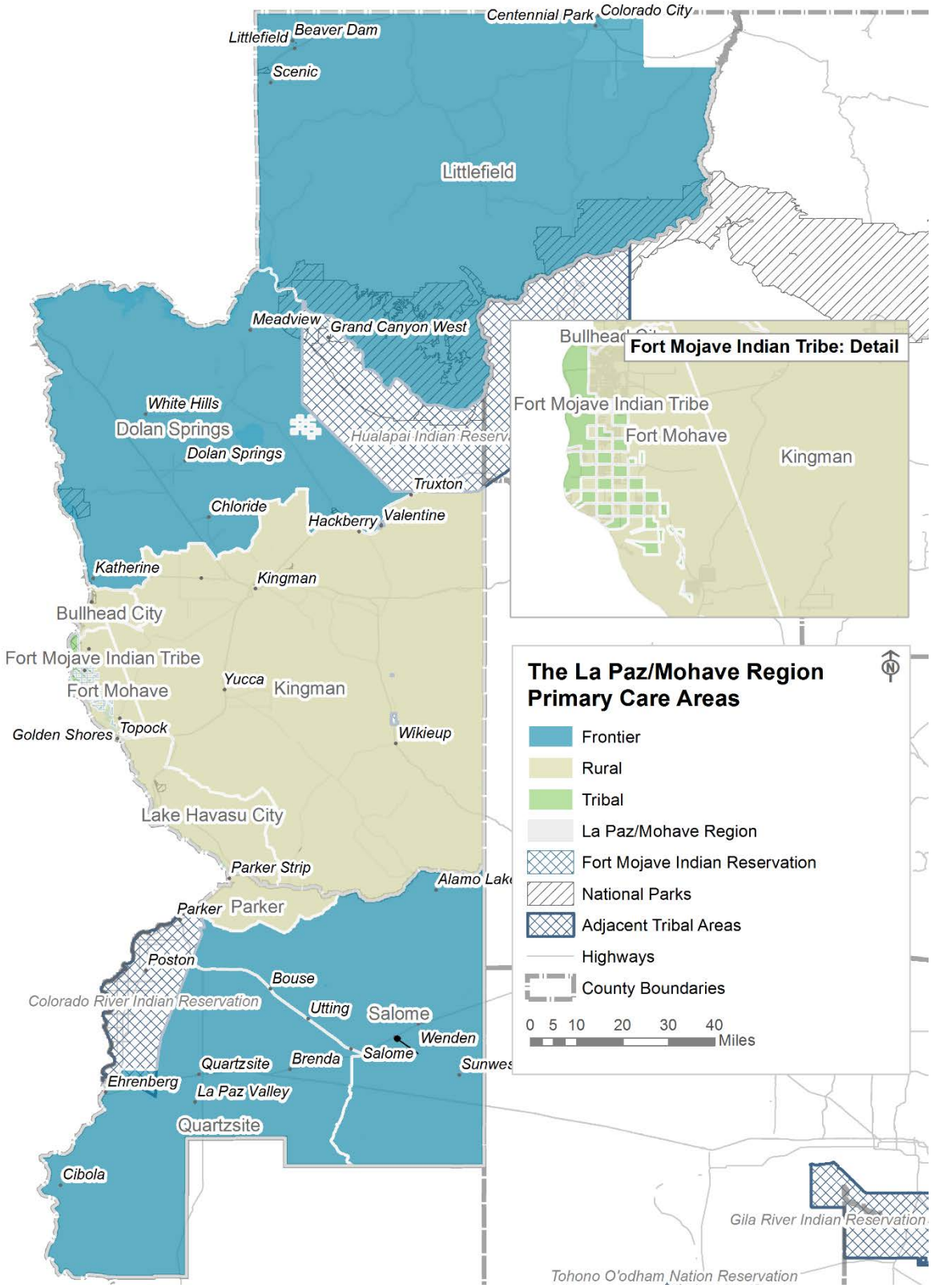
population density.[71] There are 10 Primary Care Areas within the region, and the labels for the Primary Care Areas are drawn from the major population centers for those areas: Littlefield, Dolan Springs, Bullhead City, Fort Mohave Indian Tribe, Fort Mohave, Kingman, Lake Havasu City, Parker, Salome and Quartzsite. [72] [73] Figure 24 below shows a map of the region's PCAs.

[71] Note: 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.

[72] http://www.azdhs.gov/hsd/data/profiles/primary-care/index.php?pg=mohave

[73] http://www.azdhs.gov/hsd/data/profiles/primary-care/index.php?pg=lapaz

Figure 24: Map of primary care areas in the La Paz/Mohave Region



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

Medically Underserved Areas and Populations (MUAs and MUPs) are federally designated areas or populations that have a need for medical services based on: too few primary care providers; high infant mortality; high poverty; and/or high elderly population. Groups designated as an MUP include those with economic barriers such as being largely low-income or Medicaid-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.[74]

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA is given a score based on 14 weighted items including points given for: ambulatory sensitive conditions; population ratio; transportation score; percentage of population below poverty; percentage of uninsured births; low birth weight births; prenatal care; percentage of death before the U.S. birth life expectancy; infant mortality rate; and percent minorities, elderly, and unemployed. Based on their scores, all of La Paz County and all but the Bullhead City and Lake Havasu City PCAs in Mohave County have been designated as "medically underserved" by the Arizona Department of Health Services.[75] All but the Lake Havasu City PCA is also designated as a Federal Medically Underserved area,[76] all of the region is designated as a Mental Health Professional Shortage Area,[77] and much of the region has also been designated as a Dental Health Professional Shortage Area.[78]

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 though five years through funding from First Things First, and through potential funding for home visiting programs through the Affordable Care Act.[79]

Figure 25 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 per primary care provider is about 785:1; in Mohave County it increases to 872:1, and in La Paz

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

[75] http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf

[76] http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/Federal_MUA.pdf

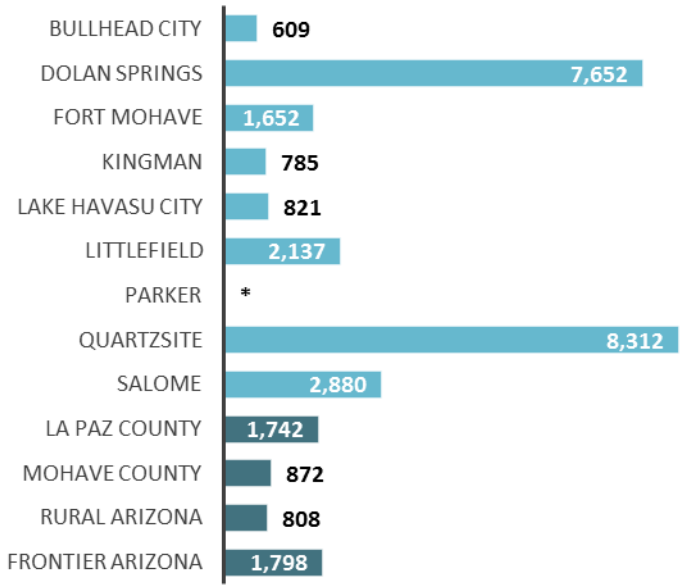
[77] http://www.azdhs.gov/hsd/data/documents/maps/mentalhpsas.pdf

[78] http://www.azdhs.gov/hsd/data/documents/maps/dentalhpsas.pdf

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

County to 1,742:1. All but two of the La Paz/Mohave Regions PCA's exceed the state ratio, with five exceeding 1,000:1 ratios, with highs in the Dolan Springs and Quartzsite PCAs.

Figure 25: Ratio of population to primary care providers



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

There are six hospitals serving the region, four in Mohave County (Havasu Regional Medical Center, Kingman Regional Medical Center, Valley View Medical Center in Fort Mohave, and Western Arizona regional Medical Center in Bullhead City)[80] and two in La Paz County.[81] Both of the La Paz hospitals are located in Parker; one of them is an Indian Health Service (IHS) hospital serving the American Indian community in the area. La Paz Regional Hospital, the only non-IHS hospital in La Paz County, recently received the designation of Critical Access Hospital.[82] The La Paz Regional Hospital has three affiliated clinics in Salome, Quartzsite and Bouse that serve the outlying communities in that county.

Mohave County also has four Federally Qualified Health Centers, three run by North County Healthcare in Kingman, Bullhead City and Lake Havasu City, and a fourth in Beaver Dam run by

[80] Community Health Profile for Mohave County, Arizona 2013. Retrieved from: http://www.azdhs.gov/diro/excellence/documents/assessments/mohave.pdf

[81] 2012 Community Health Assessment: A Healthy LA PAZ Project. Retrieved from: http://www.azdhs.gov/diro/excellence/documents/assessments/la-paz.pdf

[82] http://www.lapazhospital.org/getpage.php?name=history&sub=About+Us

Canyonlands Healthcare. These Centers offer low-cost preventive and primary care services in areas designated as medically underserved.[83]

Children and families who are enrolled members of the Fort Mojave Indian Tribe and other federally recognized tribes can be served by the Fort Mojave Indian Tribe's Health Clinic, which has weekly visits by a pediatrician and also provides dental and vision services for children.

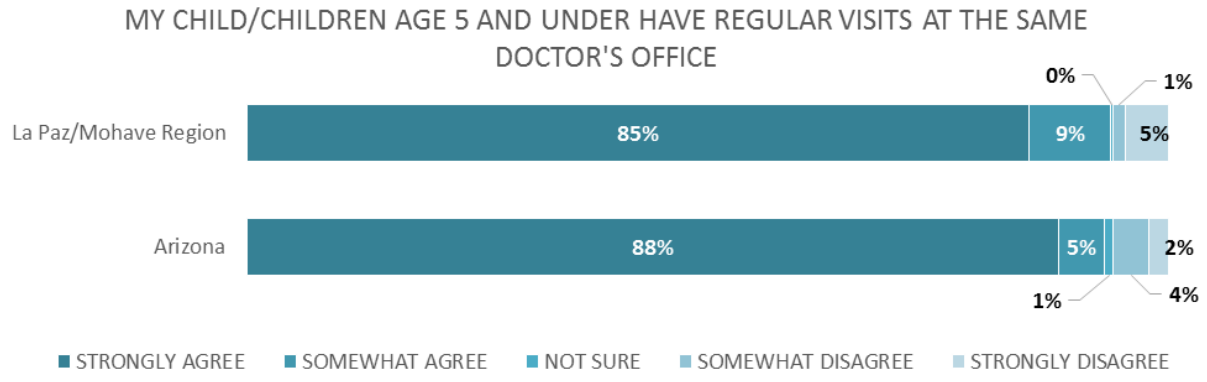
The larger communities in the region are served by hospitals and community health clinics, and local health clinics provide services in some outlying communities. However, there are few pediatricians and fewer pediatric dentists, even in the larger communities. Specialty medical and dental care for young children is very often unavailable. Families living in communities bordering California, Nevada and Utah can benefit from inter-state agreements to access geographically closer health care. Challenges to these agreements include slow reimbursement by AHCCCS (Arizona's Medicaid) to out-of-state health care providers, and the difficulty in cross state licensing of therapists.

Key informants frequently discussed the need for more health care services for children in the region. Suggestions to increase access to health care services were for 1) mobile health and dental services, 2) one day clinics on a weekly or monthly basis that act as a one-stop center with dental, vision and medical providers visiting a community for the day, 3) once monthly clinics with pediatric specialists to lessen travel required for these families, 4) more community health clinics or medical practices that would provide services on a sliding fee scale for those without health insurance, and 5) a one-stop resource for healthcare information, be it an individual, a location, a publication or a website.

One item from the 2012 Family & Community Survey assesses whether young children have regular visits with the same medical provider. As can be seen in Figure 26, families in the La Paz/Mohave Region (94%) are as likely to agree that they have regular visits at the same doctor for their young children as families in the state as a whole (93%).

[83] Community Health Profile for Mohave County, Arizona 2013. Retrieved from: http://www.azdhs.gov/diro/excellence/documents/assessments/mohave.pdf

Figure 26: Regular visits by children (ages 0-5) with same doctor's office.

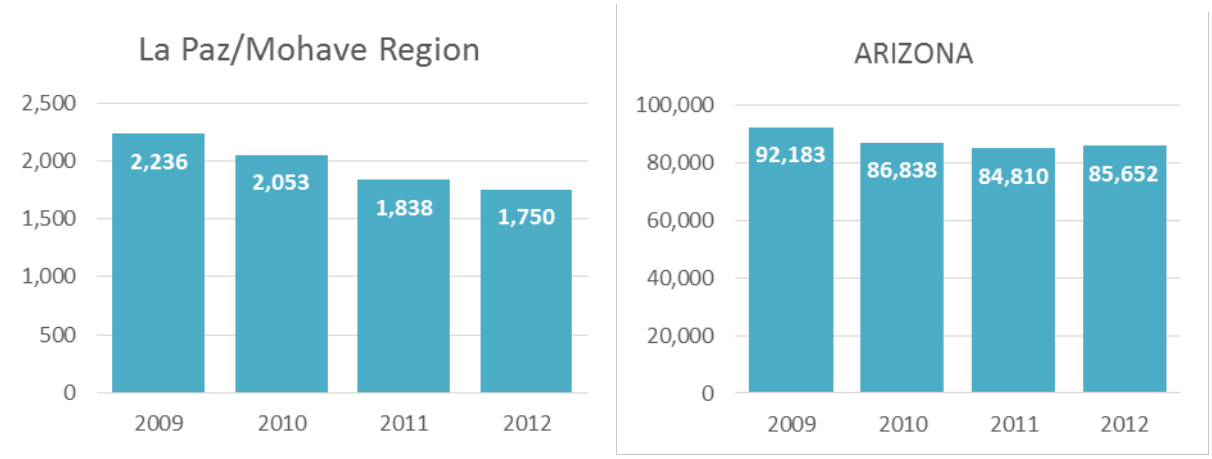


First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

Pregnancies and Births

The population of Arizona has grown in recent years, however, the number of births decreased from 2007 to 2011, with a very slight increase in 2012.[84] As can be seen in Figure 27, births continued to decrease in the La Paz/Mohave Region in 2012.

Figure 27: Number of births per calendar year in the La Paz/Mohave Region (2009-2012)

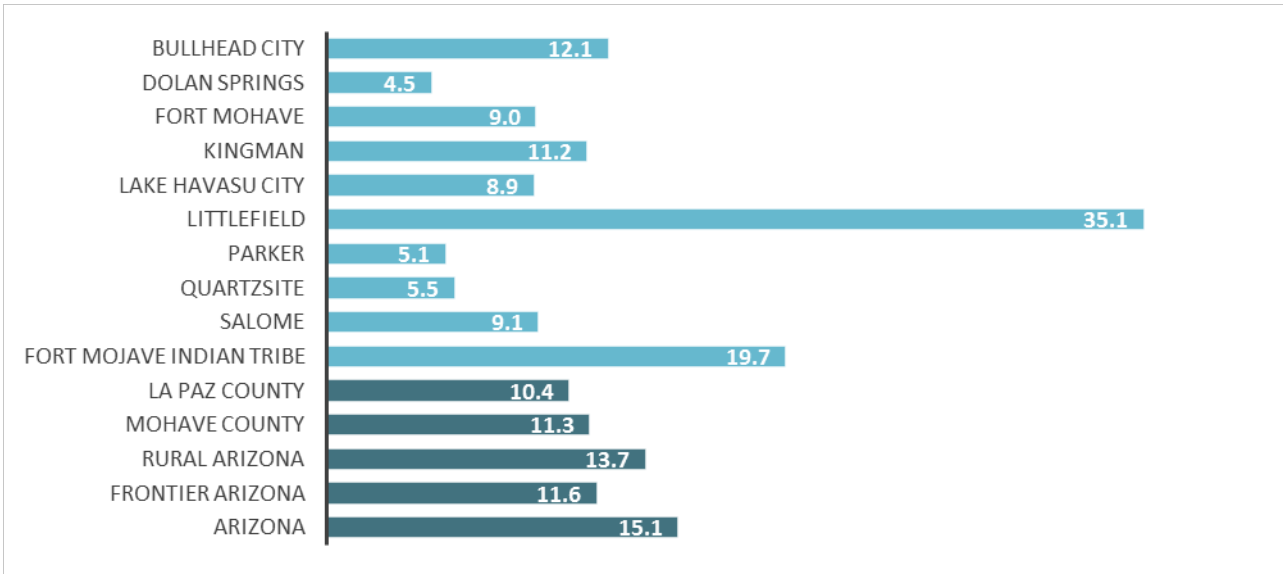


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 28 shows the rate of births in the region averaged over the years 2002-2011. There is a great deal of variability among individual PCAs in the region, with a high of 35.1/1,000 for the Littlefield PCA (which includes communities north of the Grand Canyon), to a low of 4.5/1,000 for the Dolan Springs PCA. The overall birth rates for La Paz and Mohave Counties (10.4/1,000 and 11.3/1000) are lower than the state as a whole (15.1/1,000).

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

Figure 28: Rate of Births per 1,000 Females by PCA (2002-2011)



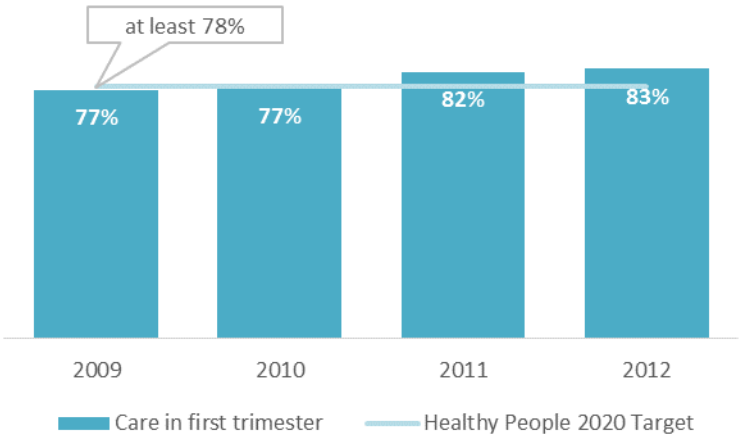
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births.[85] 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, seventy-nine percent of births meet this standard. As can be seen in the figure below, since 2011, the La Paz/Mohave Region has exceeded the Healthy People 2020 target, with a high in 2012 of 83 percent of births with prenatal care begun in the first trimester.

[85] 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: http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf

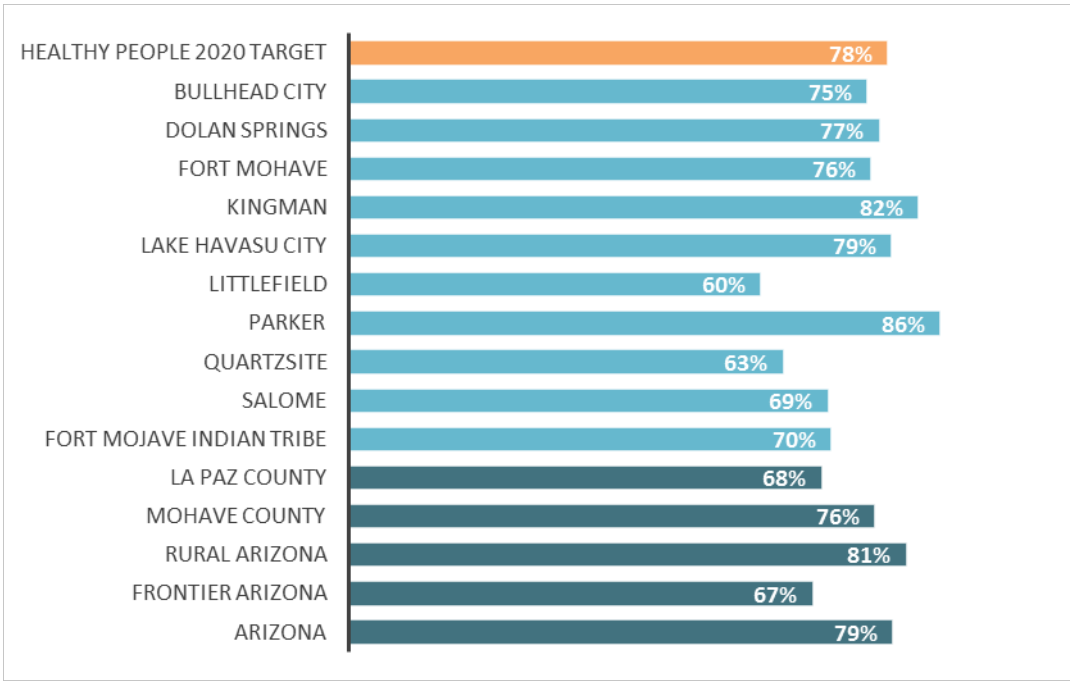
Figure 29: Average percent of births with prenatal care begun first trimester by year in the La Paz/Mohave Region (2009-2012)



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

Figure 30 below shows the percent of births with prenatal care begun in the first trimester for PCAs in the region, averaged over the years 2002-2011. As can be seen in this figure, the different PCAs vary in the percentage of births with early prenatal care, although six of nine fall close to or above the Healthy People 2020 target.

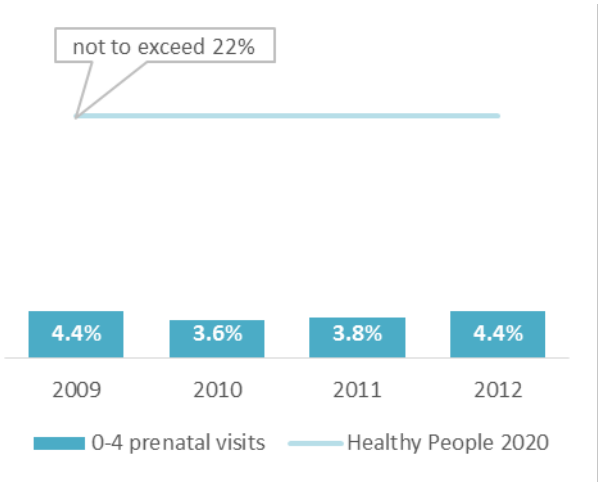
Figure 30: Average percent of births with prenatal care begun first trimester by PCA (2002-2011)



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://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.[86] The Healthy People 2020 target for receiving fewer than five prenatal care visits is less than 22 percent. Again, the La Paz/Mohave Region has met and exceeded these targets from 2009-2012, with just over four percent of women receiving four or fewer prenatal visits in 2012 (see Figure 31).

Figure 31: Average percent of births with fewer than five prenatal care visits by year in the La Paz/Mohave Region (2009-2012)

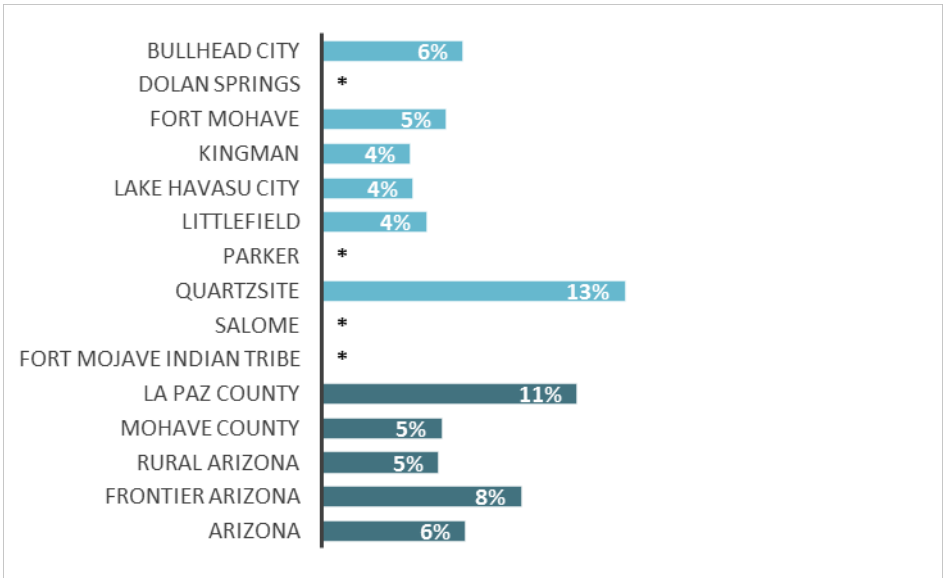


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The figure below shows the variability of births with infrequent prenatal care by PCA in the La Paz/Mohave Region (averaged over the years 2002-2011). While all fall far below the Healthy People 2020 target of less than 22 percent, individual communities range from four percent in the Kingman, Lake Havasu City and Littlefield PCAs to 13 percent for the Quartzsite PCA.

[86] 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 32: Average percent of births with fewer than five prenatal care visits by PCA (2002-2011)



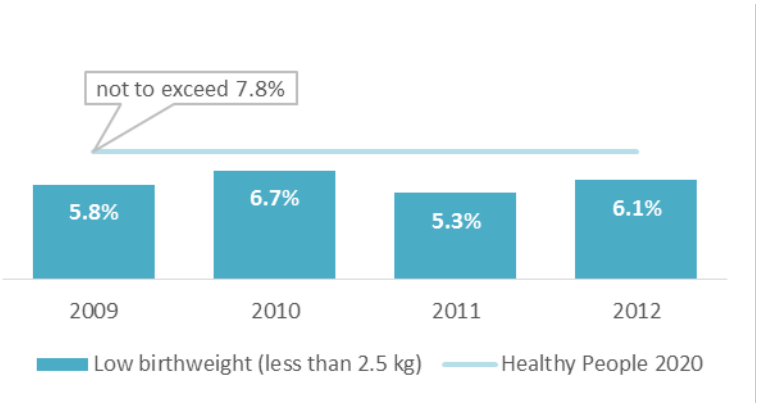
Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from http://www.azdhs.gov/hsd/data/profiles/primary-care/

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,[87] as well as air pollution.[88] The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. As shown in Figure 33, the region has met this target since 2009, although the percent of births with low birth weight in the region rose slightly from 2011 to 2012.

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

[88] 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

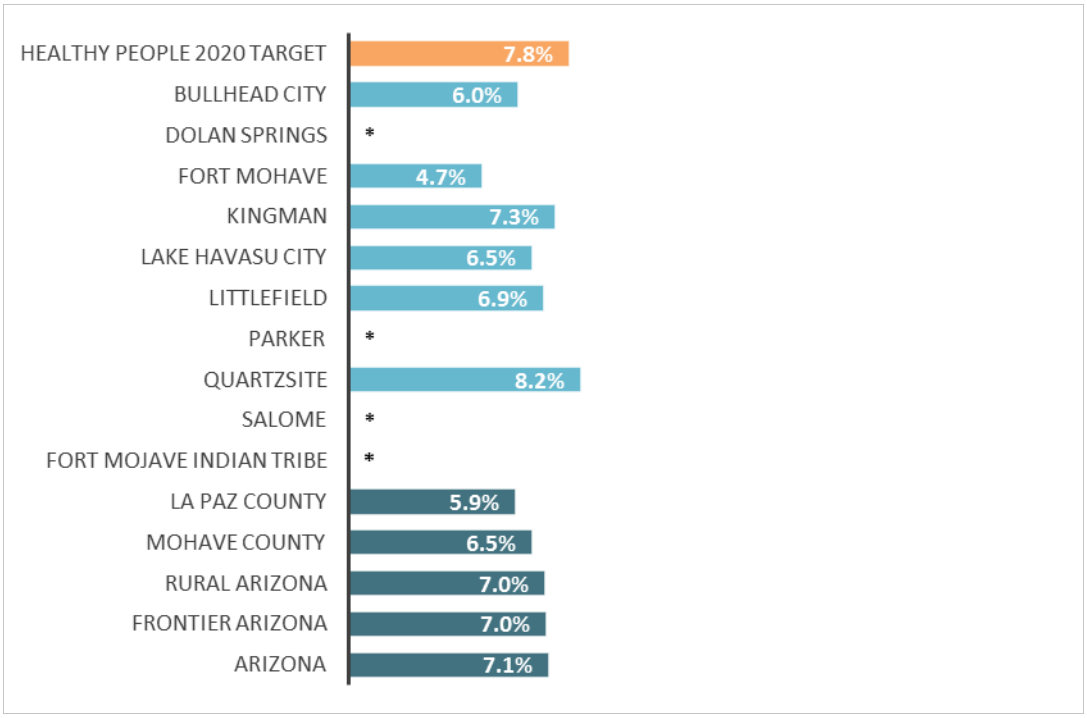
Figure 33: Average percent of births with low birth weight (5 lbs., 8oz. or less) births by year in the La Paz/Mohave Region (2009-2012)



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

Figure 34 shows the percent of babies born with low birth weight averaged over the years 2002-2011 for PCAs in the La Paz/Mohave Region. The Fort Mohave PCA has the lowest ten year average of low birth weight births (4.7%), while Quartzsite had the highest at 8.2 percent.

Figure 34: Average low birth weight (5 lbs., 8oz. or less) births per 1,000 by PCA (2002-2011)



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

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, and child abuse and neglect. [89] In addition, the children of young 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, particularly young teenage mothers, are also 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. [90]

The teen birth rate in Arizona in 2012 was 18.7/1,000 for females aged 15-17, and 66.1/1,000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 11th highest teen birth rate nationally.[91] 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 may be strategies to consider in order to improve the well-being of young children in these areas.

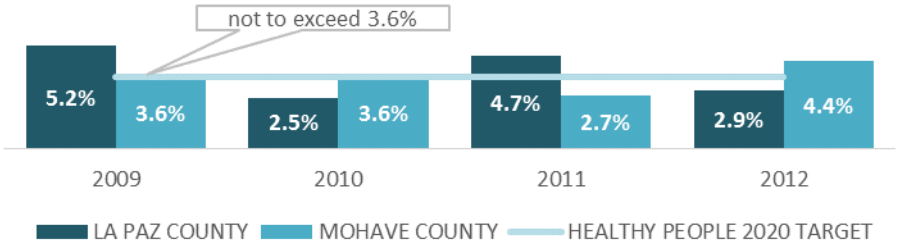
The Healthy People 2020 target is 3.6 percent or fewer births to teen mothers between 15 and 17 years of age. As shown in Figure 35 below, there is variability by year for La Paz and Mohave Counties in the percent of births to teen mothers 17 and under. In 2012, La Paz County met the Healthy People 2020 target (2.9%) while Mohave County did not (4.4%). In previous years, Mohave County had met the Healthy People 2020 target of 3.6 percent or fewer births to teen mothers between 15 and 17 years of age, and in two of the four years, La Paz County had not.

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

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

[91] The National Campaign to Prevent Teen and Unplanned Pregnancy. Teen Birth Rate Comparison, 2012. http://thenationalcampaign.org/data/compare/1701

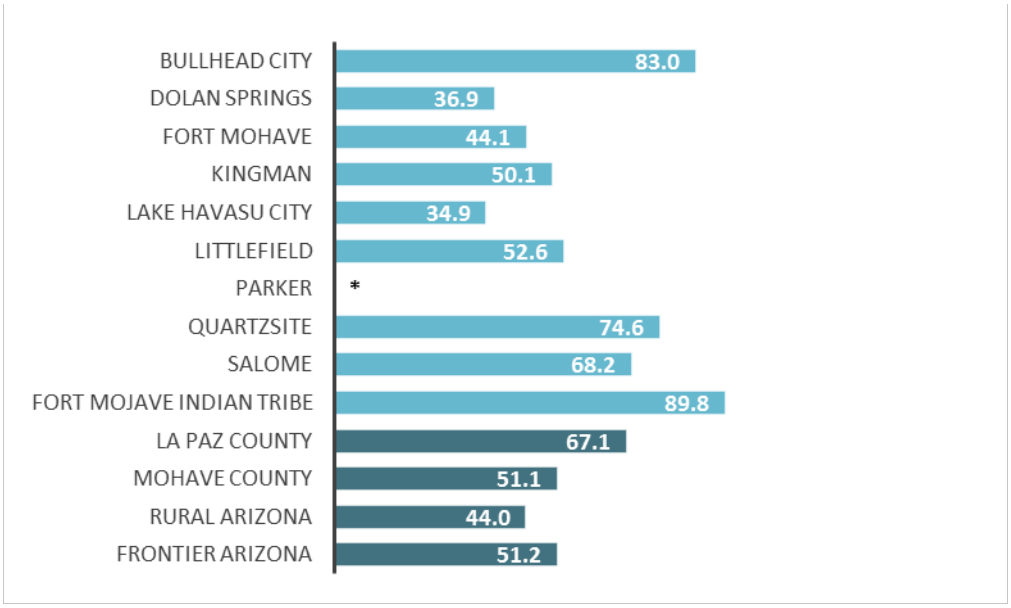
Figure 35: Percent of Births to Teen Mothers 17 and younger by year in the La Paz/Mohave Region (2009-2012)



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

Figure 36 shows the rate of teen births for females aged 14-19 years old in the region averaged over the years 2002-2011. There is a great deal of variability among individual PCAs in the region, with highs of 83/1,000 for the Bullhead City PCA, to a low of 34.9/1,000 for the Lake Havasu City PCA.

Figure 36: Rate of Teen Births per 1,000 Females 14-19 years old by PCA (2002-2011)

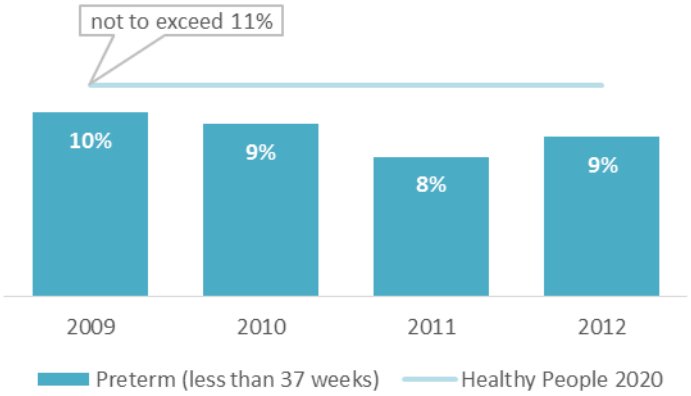


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Arizona had the largest decline in teen pregnancy in the nation between 2007 and 2010, with a 29% decline.[92] However the teen birth rate in Arizona is still higher than the national average, for both girls aged 10-14 and 15-19. 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.[93] 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.[94]

Teen pregnancy is linked with preterm births,[95] and the percent of preterm births in the region falls below the Healthy People 2020 target (see Figure 37).

Figure 37: Percent of preterm births (under 37 weeks) in the La Paz/Mohave Region by year (2009-2012)



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

One of the consequences that has been linked to high teen birth rates is high infant mortality. The Healthy People 2020 target for all infant deaths is 6.0 infant deaths or fewer per 1,000 live births. As can be seen in Figure 38, averaged over ten years, the rates for both counties, and all of the PCA's for which data are available, exceed that rate.

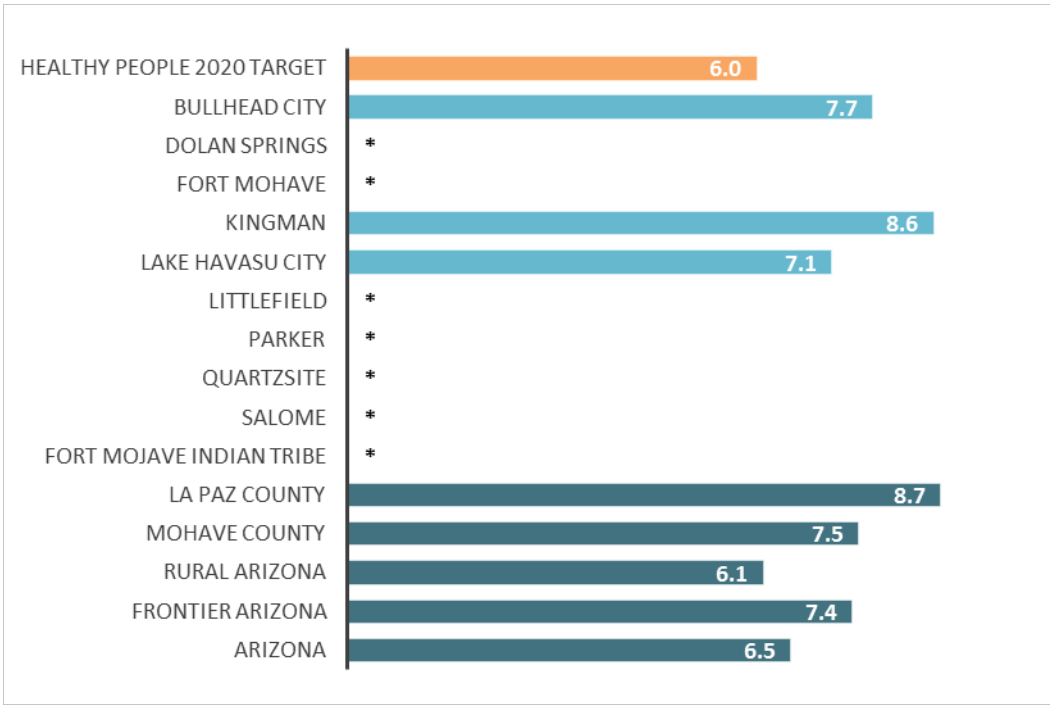
[92] Arizona State Health Assessment, December 2013. Arizona Department of Health Services. http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf

[93] 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

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

[95] 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

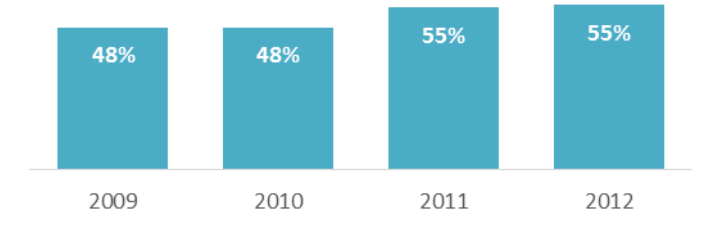
Figure 38: Average infant mortality rate per 1,000 live births by PCA (2002-2011)



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

Just over half of the births (55%) in the La Paz/Mohave Region were to unmarried mothers in 2012, which is higher than the state of Arizona in 2012 (45%). In the La Paz/Mohave Region, births to unmarried mothers have increased in recent years.

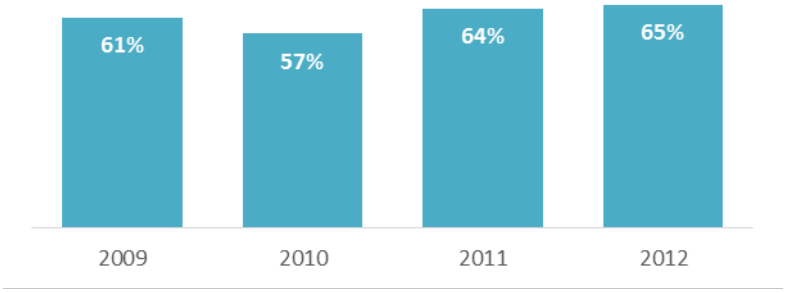
Figure 39: Births to unmarried mothers in the La Paz/Mohave Region by year (2009-2012)



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

The number of births to women with AHCCCS insurance coverage has increased slightly in the region in recent years, with 65 percent of births having AHCCCS or IHS as the payee for birth expenses in 2012. This is higher than the state as a whole, which had 55 percent of births with AHCCCS or IHS as the payee in 2012.

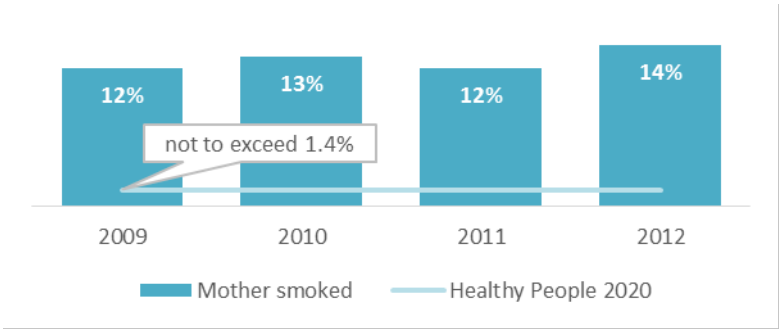
Figure 40: Births covered by AHCCCS or IHS in the La Paz/Mohave Region by year (2009-2012)



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

The percent of births where the mother smoked in the La Paz/Mohave Region in 2012 (14%) is much higher than the state of Arizona as a whole in which four percent of women reported smoking during pregnancy. This percentage has increased slightly over the four years since 2009. The Healthy People 2020 target for using tobacoo during pregnancy is not to exceed 1.4 percent. That so many women reported using tobacco during pregnancy in the La Paz/Mohave Region indicates an area where additional prevention and educational resources are needed.

Figure 41: Tobacco use during pregnancy in the La Paz/Mohave 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% of the state's children (those under 18 years of age) uninsured.[96]

[96] 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

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA aims to expand access to health care coverage, requires insurers to cover preventative and screening services such as vaccinations, and ensures coverage for those with pre-existing conditions. In 2013, states could choose to expand Medicaid, with the federal government covering the entire cost for three years and 90 percent thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately $14,000 for an individual and $29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 percent and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the cost of insurance premiums. [97] These individuals can purchase health insurance through health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover a number of "essential" services relevant to children. These include routine eye exams and eye glasses for children once per year, and dental check-ups for children every six months.[98] 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.[99] A potential barrier to this method is that a separate, additional premium for this supplemental plan is required,[100] and subsidies will not be available for these separately purchased plans.[101] 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 36 shows the percent of the population in the region, regional areas, counties and state who are estimated to be uninsured. The percentage of the total population uninsured in the region (17%) is higher than the percentage of uninsured children aged birth through five in the region (14%). Compared to the state, the percentage of the population without health insurance in the state as a whole (17%) is the same as the La Paz/Mohave Region, while the percent of the young population uninsured in the region (14%) is higher than the state (11%).

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

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

[99] Essential Health Benefits. Arizona Department of Insurance. June 1, 2012. http://www.azgovernor.gov/hix/documents/Grants/EHBReport.pdf

[100] Can I get dental coverage in the Marketplace? https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/

[101] Kids' Dental Coverage Uncertain under ACA. Stateline, The Daily News of the Pew Charitable Trusts. http://www.pewstates.org/projects/stateline/headlines/kids-dental-coverage-uncertain-under-aca-85899519226

These percentages in La Paz and Mohave Counties are consistent with the region. However, the estimated percent of the population without insurance varies across areas of the region.

Table 36: Percent of population uninsured

GEOGRAPHY	2010 CENSUS POPULATION (ALL AGES)	ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)	POPULATION (0-5)	ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)
La Paz/Mohave Region	211,436	17%	13,397	14%
Bullhead City area	40,544	15%	2,656	9%
Colorado City-Centennial Park area	6,085	17%	1,441	25%
Dolan Springs-Golden Valley area	16,406	20%	594	47%
Fort Mohave-Mohave Valley-Topock area	22,984	19%	1,343	17%
Kingman area	52,264	16%	3,597	17%
Lake Havasu City area	55,808	15%	2,998	9%
Littlefield-Beaver Dam area	3,933	30%	280	43%
Parker Strip-Cienega Springs area	2,489	21%	86	19%
Quartzsite-Ehrenberg area	6,164	9%	204	0%
Salome-Bouse-Wenden area	4,759	15%	198	2%
Fort Mojave Indian Tribe (Arizona part)	1,004	21%	89	42%
La Paz County	20,489	16%	1,227	14%
Mohave County	200,186	17%	13,218	14%
Arizona	6,392,017	17%	546,609	11%

US Census (2010). Tables P1, 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 B27001. Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

Note: If an individual indicated that his or her only coverage for health care services is through the Indian Health Service (IHS), the American Community Survey considers this person to be "uninsured."

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 to 175 percent of the FPL, based on

family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.[102]

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.[103]

Currently, enrollment for the original KidsCare will remain frozen in 2014. Children enrolled in KidsCare with families making between 133 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 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.[104]

Table 37 below shows that very few children in La Paz and Mohave Counties and the state were enrolled in KidsCare in 2014.

Table 37: Children (0-17) with KidsCare coverage (2012-2014)

GEOGRAPHY	POPULATION (0-17)	MARCH 2012		MARCH 2013		MARCH 2014	
La Paz County	3,678	44	1.2%	97	2.6%	5	0.1%
Mohave County	41,265	265	0.6%	991	2.4%	30	0.1%
Arizona	1,629,014	11,646	0.7%	35,965	2.2%	2,148	0.1%

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

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

[103] 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/

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

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 though 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."[105] 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).

When asked about health services in the region, second to the need for mental health services, key informants commonly cited the need for services for children with special needs. As an example, although all newborns in Arizona are screened for hearing loss at birth, approximately one third of those who fail this initial screening do not receive appropriate follow up services to address this auditory need.[106] According to key informants, there has been ongoing difficulty in recruiting providers and specialists to the region, which has led to a lack of speech, occupational and physical therapists trained in and comfortable working with young children, and long-standing un-filled vacancies. For services for the birth through three age group, there are substantial time lags between referrals and follow-up, and waits of months for therapy to begin are common. In addition, there are even more limited resources for children with less severe delays, who would still benefit from early intervention. Even when families are able to access services by travelling to more urban areas, follow-up is difficult due to the lack of therapeutic resources in the region, and to the difficulty in maintaining contact with the provider outside of the La Paz/Mohave Region.

An asset in the region is the Mohave County Special Needs Advocacy Coalition (SNAC) led by the Mohave County Department of Public Health. The group coordinates special needs services

[105] "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.

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

in the region, provides networking opportunities for service providers, and works to create easier access to resources and parent support. SNAC caregiver support groups are offered twice a month in Kingman, Bullhead and Lake Havasu City. In addition, the La Paz/Mohave First Things First Community Outreach and Awareness strategy works in partnership with WACOG Head Start, the Arizona Early Intervention Program (AzEIP), and local school districts to co-host Child Find events in Mohave, La Paz and Yuma Counties (the three counties that WACOG serves) that help link children in need of early intervention with appropriate services to meet their needs.

Arizona Early Intervention Program (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 (DDD) 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 (IFSP) that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

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). The contracted AzEIP provider in La Paz and Mohave Counties is A to Z Therapies, with the exception of the Arizona Strip (including the Colorado City-Centennial Park area and the Littlefield-Beaver Dam area) where the contracted provider is The Learning Center for Families.[107]

Private insurance often does not cover the therapies needed for children. The 2009-2010 National Survey of Children with Special Health Care Needs found that about 22 percent of families with a child with special health care needs pay $1,000 or more in out of pocket medical expenses.[108] The cost of care has become an even more substantial issue as state budget

[107] https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/azeip_referral_contact_list.pdf

[108] 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.

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 IFSP, some services that were previously offered free of charge, such as speech, occupational and physical therapy, now have fees for those not enrolled in AHCCCS. [109] However, in an effort to help reduce the financial burden for services on families, AzEIP has recently proposed to eliminate Family Cost Participation, which requires families to share in the costs of early intervention services based upon family size and income. AzEIP is currently in the process of receiving public comment about this proposed change in policy.[110]

Regional AzEIP data were unavailable for the current report, however state-level data was provided. The table below shows the total, unduplicated number of children served by AzEIP from 2009 to 2012. The data provided was point in time data for each year. As can be seen in Table 38 , the number of children served in Arizona by AzEIP, The Arizona Schools for the Deaf and Blind, and DDD has decreased overall from 2009 to 2012.

Table 38: Number of AzEIP eligible children served in Arizona

GEOGRAPHY	Dec 1 2009	Oct 1 2010	Oct 1 2011	Oct 1 2012
Arizona	5,372	5,301	4,850	5,100

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

Note: These numbers include children served in AzEIP only, Arizona Schools for the Deaf and Blind and DDD.

The Division of Developmental Disabilities (DDD) Services

The Division of Developmental Disabilities (DDD) serves adults and children throughout the state. DDD supports the family unity by encouraging the family to serve as primary caregivers and by providing in-home assistance and respite care. To qualify for DDD services an individual must have a cognitive delay, cerebral palsy, autism, epilepsy or be at risk for one of these delays. In addition, the delay must limit the individual in three or more of the following areas: self-care, communication, learning, mobility, independent living, or earning potential. Children aged birth through two are eligible if they show significant delays in one or more area of development. They are often served by the Arizona Early Intervention Program (AzEIP) which works to support their development and coach the family in supporting the child's development. Children aged three to six are eligible if they are at-risk for a developmental delay if they do not receive services. DDD also offers support groups for families dealing with autism or Down syndrome or families receiving services who are Spanish-speaking only.[111]

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

[110] https://www.azdes.gov/AzEIP/Family-Cost-Participation/

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

In 2012, in the La Paz/Mohave Region, 78 children were receiving services from DDD, up from 67 in 2010 (see Table 39). The number of children receiving services across the state has decreased during the same period. While the total number of children served in the La Paz/Mohave Region has increased, the number of children under age three receiving DDD services in the region has decreased slightly over the period from 2010-2012. The number of visits made by DDD to provide services in the region has also decreased from 2010 to 2012 from a high of 5,475 visits in 2010 to a low of 5,329 visits in 2012.[112]

Table 39: Children receiving services from DDD in the region

GEOGRAPHY	2010			2011			2012		
	0-2yrs Served	3-5yrs Served	Total Served	0-2yrs Served	3-5yrs Served	Total Served	0-2yrs Served	3-5yrs Served	Total Served
La Paz Mohave Region	33	35	67	35	40	75	32	46	78
Arizona	2,992	2,696	5,688	2,808	2,616	5,424	2,657	2,574	5,231

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

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. As can be seen in Table 40, the percentage of students enrolled in special education varies across school districts in the region, with a high of 24 percent in the Colorado City Unified District. Across the state, 12 percent of preschool and elementary school students are enrolled in special education.

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

Table 40: 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	
Bouse Elementary District	2	32	<25	DS
Bullhead City School District	12	2,560	302	12%
Colorado City Unified District	2	347	85	24%
Hackberry School District	2	34	<25	DS
Kingman Unified School District	20	4,020	504	13%
Lake Havasu Unified District	12	2,916	297	10%
Littlefield Unified District	2	256	<25	DS
Mohave Valley Elementary District	6	1,220	153	13%
Owens-Whitney Elementary District	2	21	<25	DS
Parker Unified School District	6	1,184	240	20%
Quartzsite Elementary District	4	175	<25	DS
Salome Consolidated Elementary District	2	90	<25	DS
Topock Elementary District	2	129	<25	DS
Valentine Elementary District	2	53	<25	DS
Wenden Elementary District	2	94	<25	DS
Yucca Elementary District	2	21	<25	DS
All Mohave County Charter Schools	7	2,182	199	9%
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 addition to children enrolled in school district programs, children in other early care and learning programs may be in need of special services. The child care census survey undertaken with child care providers in the La Paz/Mohave Region between November 2013 and January 2014 also asked child care providers about their ability to care for children with special needs. Most of those surveyed (n=47, 82%) reported having the ability to serve children five and under with special needs (physical, emotional, developmental or behavioral) in their program or care. However, only 27 (47%) currently had children with either a special physical or emotional need enrolled in their care. Only 19 (33%) were able to report that those children they served with a special need had an Individualized Education Plan or Individualized Family Service Plan (IEP/IFSP). The table below provides responses by child care provider type.

Table 41: Ability to serve and number serving children with special needs by child care provider type

Provider Type	N	Serving Children with Special Needs (SN)			
		Ability to serve SN children	Currently serving children w/ physical SN	Currently serving children w/ E/B/D[1] SN	Currently serving children w/ IEP/IFSP
Family Care Provider	7	6	1	2	1
Group Home	4	3	0	1	0
Head Start	9	9	0	7	7
Center: School-based	12	9	1	4	3
Center: Non-school-based	25	20	5	11	8
Total	57	47	7	25	19

La Paz/Mohave First Things First (2014). Unpublished raw data from Child Care Census Survey

[1] E/B/D = Emotional, Behavioral or Developmental

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.[113] Personal belief exemptions, parents/guardians opting out of required immunizations for their children for personal reasons rather than medical ones, have risen in Arizona kindergartens in recent years from 1.6 percent in 2003 to 3.9 percent for the 2012-2013 school year.[114] 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.[115] 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

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

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

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

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.[116] This plan includes strategies aimed at schools, childcare centers, physicians' offices and parents consisting of revisions to exemptions forms, education and training, streamlined immunization reporting and better resources covering immunization requirements. Implementation of these strategies have begun and rates of exemptions will be tracked over time to judge the success of these strategies.

La Paz and Mohave Counties are not one of the areas in the state with high rates of personal belief exemptions. In fact, within child care settings, religious and medical exemptions are rare in both counties (see Table 42) and this was similar in kindergarten settings (Table 43).

Table 42: Immunization rates for children enrolled in child care (2012-2013)[117]

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	1+ MMR	3+ HIB	3+ HEP B	1+ VARICELLA OR HISTORY	RELIGIOUS EXEMPTION	MEDICAL EXEMPTION
La Paz County	67	97%	100%	100%	99%	100%	100%	0%	0.0%
Mohave County	2,032	95%	96%	96%	94%	96%	97%	3%	2.3%
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 43: Immunization rates for children enrolled in kindergarten (2012-2013)[118]

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	2+ MMR	3+ HEP B	1+ VARICELLA OR HISTORY	PERSONAL EXEMPTION	MEDICAL EXEMPTION
La Paz County	234	99%	98%	98%	99%	99%	1%	0.0%
Mohave County	2,012	92%	92%	99%	95%	96%	5%	0.0%
Arizona	87,909	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

[116] 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

[117] 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.

[118] 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.

Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.[119] 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."[120] When young children experience stress and trauma they have limited responses available to react to those experiences. Mental health disorders in young children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior.[121] A number of interacting factors influence the young child's healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors. [122]

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.[123]

A 2013 Community Health Assessment for Mohave County, found limited access to mental health and substance abuse services to be one of the four main causes of poor overall health of Mohave County residents. This assessment cited a number of barriers to mental health care in the county including a severe shortage of mental health professionals, no in-patient facilities for

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[119] *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

[120] Zero to Three Infant Mental Health Task force Steering Committee, 2001

[121] 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

[122] 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

[123] 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

alcohol and drug rehabilitation, cultural attitudes towards mental health issues and care seeking, dysfunctional family life and financial hardships. [124] Behavioral and mental health programs and services specifically for young children are even more scarce in the region.

Mental health services were consistently cited as the greatest health care need for young children in both counties by key informants. Issues cited by informants were that mental health services are largely unavailable to those not on AHCCCS, long wait times for referral follow-up and appointments are common, the use of non-certified mental health workers to provide care, and the absence of coordination of care between the mental health provider, families, schools and other health care providers. Staff turnover and long-term vacancies in behavioral health positions were also cited as barriers to providing mental health services to children and families in the region.

Enrollment in Public Behavioral Health System

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 (GSAs) served by various RBHAs:[125] Northern Arizona Behavioral Health Authority (NARBHA) serves Mohave, Coconino, Apache, Navajo, and Yavapai Counties; Cenpatico Behavioral Health Services (CBHS) serves La Paz, Yuma, Greenlee, Graham, Cochise, Santa Cruz, Gila, and Pinal Counties. In 2012, there were 30,745 enrollees in NARBHA, and 25,166 in CBHS, representing 23 percent of those enrolled in Arizona RHBAs.[126]

Each RBHA contracts with a network of service providers similar to health plans to deliver a range of behavioral health services, including treatment programs for adults with substance abuse disorders, and services for children with serious emotional disturbance. In La Paz County there are two contracted Cenpatico providers who can serve young children and their families, Arizona Counseling & Treatment Services (ACTS) with offices in Parker and Quartzsite, and Community Intervention Associates with an office in Parker. In Mohave County, the NARBHA contracted providers are Mohave Mental Health with offices in Bullhead City, Kingman and Lake Havasu City, Southwest Behavioral Health Services with offices in Bullhead City and Kingman and Encompass Behavioral Services providing outpatient services in Littlefield.

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[124] Community Health Profile for Mohave County, Arizona 2013. Retrieved from: http://www.azdhs.gov/diro/excellence/documents/assessments/mohave.pdf

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

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

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 though five years comprised almost five percent of all enrollees[127] in 2012, compared to four percent in 2011.[128] With about 546,609 children aged birth to five in Arizona, this means that almost two percent of young children statewide are receiving care in the public behavioral health system. It is likely that there is a much higher proportion of young children in need of these types of services than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood and therapies specific to interacting with children, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children, an issue that was echoed by key informants in the region. 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.[129] Violence-exposed children who get trauma-focused treatment can be very resilient and develop successfully. To achieve this resilience, there needs to be better and earlier 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.[130]

Key informants discussed additional barriers affecting access to services within the public behavioral health system in the region. Although AHCCCS-covered children are entitled to mental health services, they first require a diagnosis (such as autism, ADHD, or psychiatric disorders). Lack of specialists sometimes means children are unable to be diagnosed in a timely way, delaying care and early intervention. Key informants felt that the needs in the region would support at least one pediatric psychiatrist and a behavioral therapist/interventionist.

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

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

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

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

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

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.[131] 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.[132]

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 though 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.[133] 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%) and were 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. [134]

An additional barrier to adequate dental care for children is the fact that Arizona has 155 designated Dental Health Professional Shortage Areas; much of the La Paz/Mohave Region is designated as such. These represent areas with a lack of dental providers, areas with geographic barriers to accessing care, and areas with large low-income populations who would be unable to afford care. Arizona needs an estimated 246 additional dental health professionals to meet the needs of Arizonans.[135]

One item from the 2012 Family & Community Survey assesses whether young children have regular dental visits with the same provider. As can be seen in Figure 42, families in the La Paz/Mohave Region (83%) are slightly more likely to agree that they have a regular provider of dental care for their young children than families in the state as a whole (79%).

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[131] http://www.azdhs.gov/phs/owch/oral-health/azsmiles/about/disease.htm

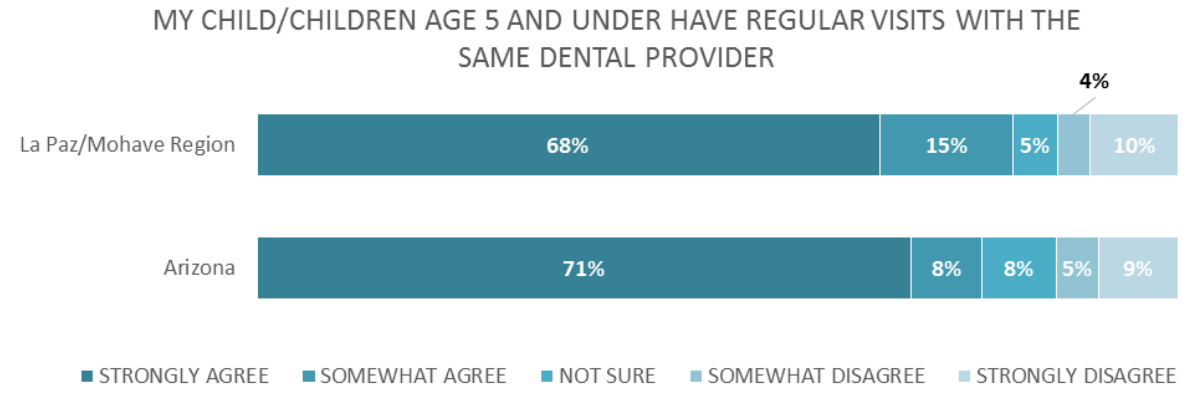
[132] Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children.*

[133] Arizona Department of Health Services, Office of Oral Health
http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet_Oral%20Health_Preschool.pdf

[134] Arizona Department of Health Services, Office of Oral Health
http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet2_Oral%20Health_Preschool.pdf

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

Figure 42: Regular visits to dental provider



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

An asset related to oral health in the La Paz/Mohave Region is the newly formed Oral Health Coalition working to raise awareness of the importance of oral health in early childhood and to integrate preventative oral health education into existing family support and early learning programs in the region. This coalition is funded through a grant from the Delta Dental of Arizona Foundation and provided by the University of Arizona, Mohave County Cooperative Extension.

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.[136]

A 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 13.9 percent to 8.4 percent.[137] While the cause for the decline is not known, possible reasons include reduced consumption of overall calories and sugary drinks by young children, increased breastfeeding and/or state, local or federal policies aimed at reducing obesity. While this decline is indeed promising, the disproportionate rates of obesity in minority and low-income children remain. Nationally among two to five year olds in 2012, 3.5 percent of White children

[136] 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.

[137] 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

were obese, compared to 11.3 percent of Black children and 16.7 percent of Hispanic children. And 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.[138]

As noted above, breastfeeding can play a role in obesity prevention for babies. 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.[139] The Centers for Disease Control and Prevention also recommend supporting breastfeeding in hospitals and the workplace as a strategy to decrease childhood obesity.[140] The table below shows rates for breastfeeding in Mohave County, the state and a number of Healthy People 2020 objectives. The percentage of ever breastfeeding in Mohave County (63%) was less than the state as a whole (67%), and fell far below the 2020 target (at least 82%).

Table 44: Breastfeeding and weight in Mohave County and the state (2011)

	Healthy People 2020 Target	Arizona	Mohave County
Percent Breastfed Ever	82%	67%	63%
Percent Breastfed at least 6 months	61%	25%	19%
Percent Exclusively Breastfed at least 6 months	26%	7%	6%
Percent Overweight (ages 2-5)	-	16%	15%
Percent Obese (ages 2-5)	10%	15%	11%

Arizona Department of Health Services (2013). WIC Needs Assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

In Mohave County in 2011, 11 percent of children aged birth through five years of age were obese. As can be seen in Table 44 above, for children aged two to five years of age in Mohave County in the same year, 15 percent were overweight, and 11 percent were obese. These figures are all lower than those for the state as a whole; 13 percent of children in the state aged birth through five years were obese, and 16 percent of children aged two through five were classified as overweight, and 15 percent were obese.[141]

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

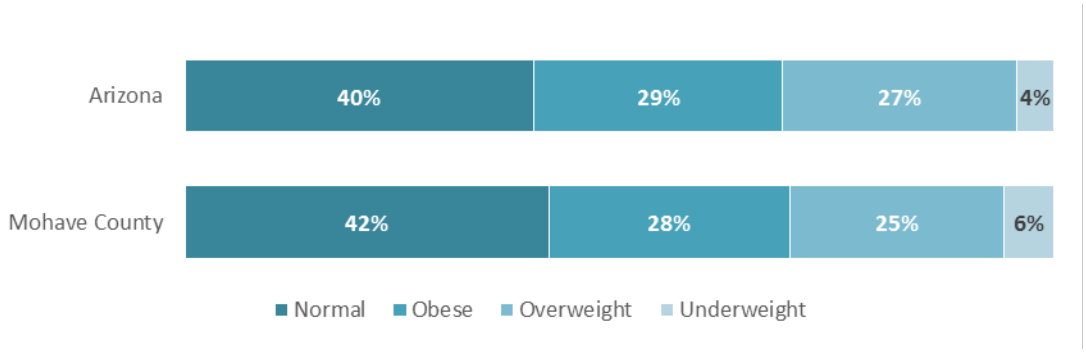
[139] Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

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

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

A mother's weight before birth can impact a baby's birth weight,[142] and may subsequently impact overweight or obesity in childhood.[143] The figure below shows the rates of pre-pregnancy overweight and obesity for Mohave County and the state, which are very similar.

Figure 43: Pre-pregnancy overweight and obesity rates in Mohave County (2013)



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

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.[144] 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%) 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, there 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.

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[142] 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.

[143] 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: http://www.medscape.com/viewarticle/776504_3

[144] Arizona Child Fatality Review Program, 2013 http://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 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).

The number of child fatalities has decreased overall in Mohave County since 2007, although this decrease has not been consistent between the years 2007 and 2012. The number of child fatalities reported in Mohave County was 27 in 2007, a low of 11 in 2008, 21 in 2009, 22 in 2010, 23 in 2011 and 21 again in 2012.[145] The inconsistent pattern was similar in La Paz County, although in the opposite direction, with an overall increase in reported child deaths between 2007 and 2012. The number of child fatalities reported in La Paz County was one in 2007, five in 2008, five again in 2009, two in 2010, three in 2011 and a high of eight in 2012.

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.[146]

In Arizona in 2012, the age-adjusted mortality rate for alcohol-induced deaths was 14.2/100,000. This rate in Mohave County was only slightly higher at 14.7/100,000, while the rate in La Paz County was much higher at 41.3/100,000.[147] For women only, the age-adjusted mortality rate for alcohol-induced deaths for the state was 7.7/100,000, but 54.9/100,000 in La Paz County, the highest for any county in the state. The need for substance abuse prevention and treatment resources is evidenced not only by these mortality rates, but by the input of key informants. The dearth of regional in-patient treatment facilities, particularly for women with children necessitates the need for travel and separation from families. Fort Mojave Indian Tribe enrolled members who are in need of in-patient treatment are transported to other IHS facilities outside of the region. These rates additionally echo the need for more and better mental health services for children and families dealing with these issues.

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

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

[147] http://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 to 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.[148]

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.[149]

What constitutes childhood neglect (intermittent, chronic and/or severe), and how these varying levels effect children is becoming more clearly understood.[150] 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 focusing on prevention to stop 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.[151] The essential

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[148] 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.

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

[150] 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/

[151] 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.

The Department of Child Safety (DCS) – formerly Child Protective Services (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.[152] CPS is now known as the Department of Child Safety.[153]

The Arizona Department of Economic Security (DES) provided data on the number of children removed from their homes within fiscal years 2011, 2012, and 2013 who were five years or younger at the time of removal. Table 45 shows these numbers for the La Paz/Mohave Region, communities within the region, the county and the state. The number of children removed between the ages of birth and five has decreased from 2011 to 2013, in the region (-17%), La Paz County (-36%) and Mohave County (-21%). This is contrary to the pattern in the state, which has seen a 35 percent increase in removals of young children between the years 2011 and 2013. The number of removals varies by area, with increases in the number of removals in four regional areas and the Fort Mojave Indian Tribe, and decreases in another six areas during the same time period.

[152] http://azgovernor.gov/dms/upload/MA_011314_CPSReformFactSheetFAQ.pdf

[153] https://www.azdes.gov/landing.aspx?id=9471

Table 45: 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	
La Paz/Mohave Region	13,397	132	108	109	-17%
Bullhead City area	2,656	35	35	14	-60%
Colorado City-Centennial Park area	1,441	<10	0	0	DS
Dolan Springs-Golden Valley area	594	12	<10	<10	DS
Fort Mohave-Mohave Valley-Topock area	1,343	<10	<10	<10	-50%
Kingman area	3,597	43	38	52	+21%
Lake Havasu City area	2,998	27	16	24	-11%
Littlefield-Beaver Dam area	280	<10	0	<10	+100%
Parker Strip-Cienega Springs area	86	<10	<10	<10	-70%
Quartzsite-Ehrenberg area	204	0	<10	<10	
Salome-Bouse-Wenden area	198	<10	<10	<10	+100%
Fort Mojave Indian Tribe (Arizona part)	89	0	0	<10	
La Paz County	1,227	11	13	<10	DS
Mohave County	13,218	128	102	101	-21%
Arizona	546,609	3,176	4,231	4,293	+35%

Arizona Department of Economic Security (2014). [Child Welfare data set]. Retrieved from http://azdhs.gov/phs/immunization/statistics-reports.htm

In addition to the data above received from DES, data were provided by Mohave County Superior Court on the number of removal petitions filed for juvenile dependency cases. In 2013, a total of 170 petitions for removal were filed for children aged birth through five years of age. In just the first five months of 2014, 99 petitions for removal were filed for children aged birth through five years with the Mohave County Superior Court.[154] This increase is in line with key informants who stated that they had seen an increase in dependency filings in 2014 across the region, which may offset the decreasing number of removals seen in previous years.

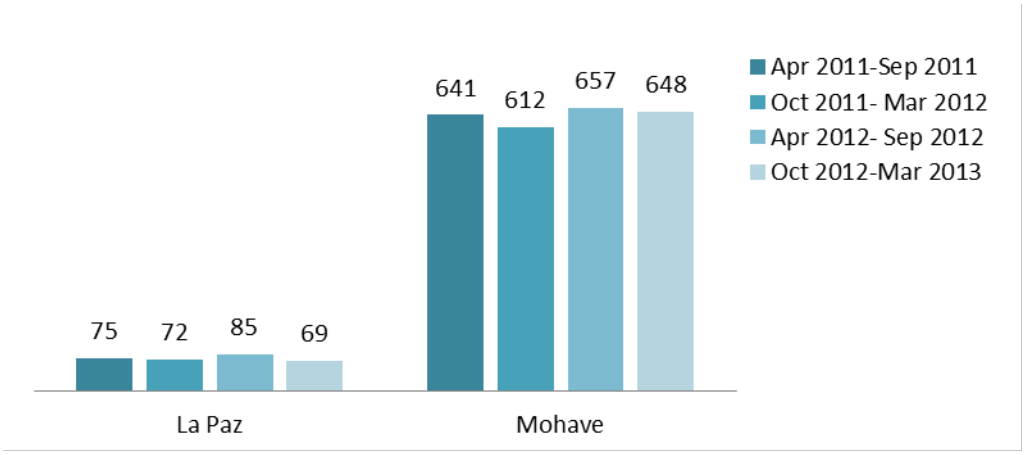
The Arizona Department of Economic Security (DES) produces a semi-annual report on child welfare services. The figures below show the reports received of alleged abuse and neglect in La Paz and Mohave Counties between April 2011 and March 2013. Reports of child abuse and neglect have been increasing across the state, but not in La Paz and Mohave County. There has been a decrease between 2012 and 2013 in reports in both counties, however in La Paz County the number of reports has decreased overall between 2011 and 2013, but in Mohave County there has been a slight increase overall (see Figure 44).[155] The assessed risk of child welfare

[154] Data received from Mohave County Superior Courts through personal correspondence.

[155] Arizona Department of Economic Security, Division of Children, Youth and Families. Child Welfare Reporting Requirements Semi-annual Report, for the Period of October 1, 2012 through March 31, 2013. Retrieved from: https://www.azdes.gov/InternetFiles/Reports/pdf/semi_annual_child_welfare_report_oct_2012_mar_2013.pdf

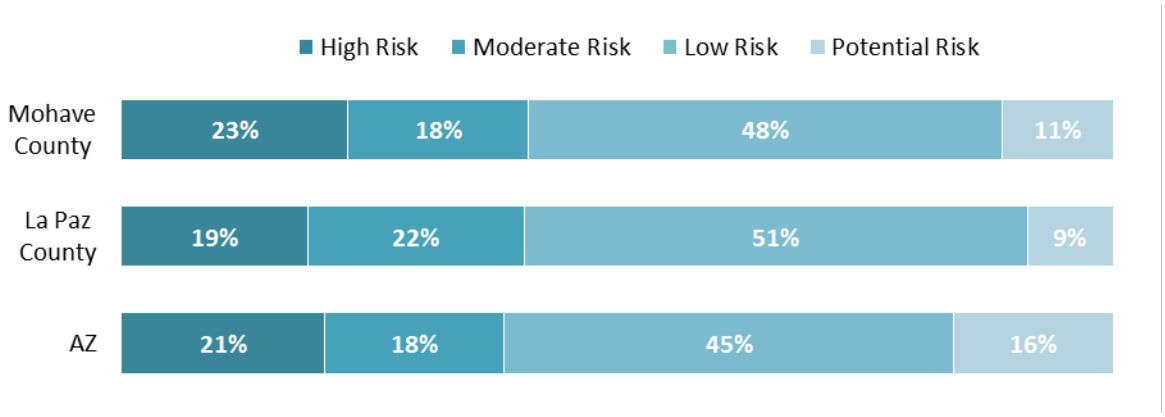
reports in La Paz and Mohave Counties tend to be similar to that seen in the state as a whole, as seen in Figure 45.

Figure 44: Child welfare reports in La Paz and Mohave Counties (April 2011- March 2013)



Arizona Department of Economic Security (2014). Child Welfare Reports. Retrieved from http://public.tableausoftware.com/profile/#!/vizhome/LandingPage/LandingPage

Figure 45: Assessed risk of child welfare reports in La Paz and Mohave Counties and the state (Oct 2012- March 2013) [156]



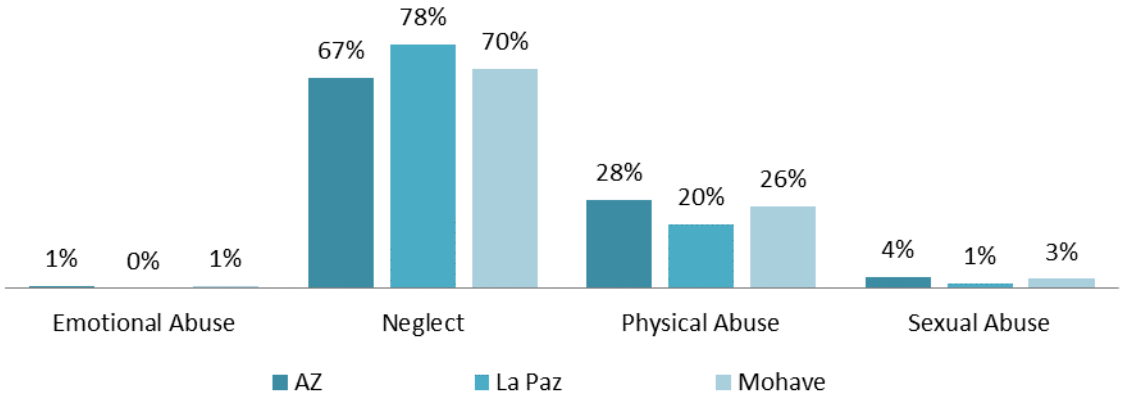
Arizona Department of Economic Security (2014). Child Welfare Reports. Retrieved from http://public.tableausoftware.com/profile/#!/vizhome/LandingPage/LandingPage

Figure 46 shows that there is also a similar mix of type of maltreatment in the county as seen across the state. It is important to note that these figures show child welfare reports; a relatively small proportion of the reports are substantiated after investigation. Substantiated reports are those where at least one of the allegations in the report of abuse and neglect is determined to be true. These numbers are often revised upwards in subsequent reports because of the time needed to complete investigations and to assure that parents have their

[156] Because DES totals are revised with each reporting period to reflect updated investigation, these data are subject to change and should therefore be seen as estimates. For that reason, we report on updated data for the Oct 2012-Mar 2013 time period for report risk levels and types of maltreatment.

rights to due process met. Because of this the substantiated reports for the April 2012-September 2012 cases, updated in Oct 2012-March 2013 child welfare report will be presented here. Statewide, for the April 2012- September 2012 reporting period, 14 percent of the cases were substantiated; for the same period, thirteen percent of cases in La Paz County and nine percent of cases in Mohave County were substantiated.[157]

Figure 46: Types of maltreatment, child welfare reports, in La Paz and Mohave Counties and the state (Oct 2012- March 2013)



Arizona Department of Economic Security (2014). Child Welfare Reports. Retrieved from http://public.tableausoftware.com/profile/#!/vizhome/LandingPage/LandingPage

Annual reports of child abuse and neglect were also provided by the Fort Mojave Indian Tribe's Social Services Department. In Fiscal Year 2012 (October 2011 through September 2012), 28 referrals were received, the majority for neglect, followed by physical and sexual abuse. In the following year (October 2012 through September 2013) fewer than 10 referrals were received and they had the same pattern of maltreatment type as the previous year.[158] In the first part of Fiscal Year 2014, referrals were increasing over the previous year, although complete data was unavailable for this report. The Social Services Department oversees these cases as well as foster care placements. The Department provides parenting classes to involved families and the community at large, as well as supports for foster families. They also partner with programs in the California side of the Fort Mojave Indian reservation to provide additional supports for tribal children and families.

The La Paz/Mohave First Things First Region has responded to the needs of young children and their families involved in the child welfare system.[159] In 2010, the La Paz/Mohave Court Team

[157] Arizona Department of Economic Security, Division of Children, Youth and Families. Child Welfare Reporting Requirements Semi-annual Report, for the Period of October 1, 2012 through March 31, 2013. Retrieved from: https://www.azdes.gov/InternetFiles/Reports/pdf/semi_annual_child_welfare_report_oct_2012_mar_2013.pdf

[158] Fort Mojave Indian Tribe Social Services Department, 2012. Fort Mojave Indian Tribe Social Services Department, 2013.

[159] http://www.mohavecourts.com/CourtAdmin/Infantandtoddler/ITMHT1.html

was established, comprised of those working with these young children, such as the presiding Juvenile Judge, attorneys, CPS workers, foster care workers and parents, Court Appointed Special Advocate (CASA) volunteers, and early childhood education providers. The goal of the Court Team is to promote a collaborative environment to promote a healthy environment for children and reduce abuse and neglect through training and the provision of technical assistance on topics of early childhood development to all those involved with these young children. Many key informants in the region discussed the activities of this Court Team as key resources and assets in the region. According to region's 2015 funding plan, as of fiscal year 2014, 200 children were served through the region's Court Team Strategy, and 525 participants attended trainings provided by the Court Team.[160]

Juvenile Justice Involvement by County

The Attorney General's National Task Force on Children Exposed to Violence[161] 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,[162] during that year, 33,617 juveniles were referred at least once to Arizona's juvenile courts. In La Paz County 102 juveniles were referred and in Mohave County 1,479 juveniles were referred, representing 4.7 percent of statewide referrals. In La Paz County there were 11 juveniles detained in fiscal year 2012, and 368 in Mohave County, totaling five percent of the number of juveniles detained across the state. Overall, the number of juvenile referrals and detentions has dropped in Arizona between 2010 and 2012, with an 18 percent drop in referrals and a 20 percent drop in detentions. La Paz and Mohave County have also seen reductions during that period in juvenile

[160] La Paz/Mohave FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20LaPaz%20Mohave%20SFY15.pdf

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

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

referrals (34% drop in La Paz County, 10% drop in Mohave County) and juvenile detentions (8% drop in both La Paz and Mohave County).[163]

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.[164]

A 2012 study[165] 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, 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
7) 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. [166] 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

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[163] Arizona Judicial Branch, Administrative Office of the Courts, Juvenile Justice Services Division (2013). Arizona's Juvenile Court Counts: Statewide Statistical Information FY2012, FY2011, FY2010. Retrieved from http://www.azcourts.gov/jjsd/PublicationsReports.aspx

[164]https://www.azdes.gov/uploadedFiles/Children_Youth_and_Families/Child_Protective_Services_%28CPS%29/CPS_Oversight_MW_FosterHomes.pdf

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

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

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.[167]

In La Paz County, approximately eight percent of youth indicated that they currently had an incarcerated parent, and 29 percent indicated that they had a parent who had previously been incarcerated. These numbers were lower in Mohave County with four percent of youth indicating that they currently had an incarcerated parent, and 21 percent indicating that they had a parent who had previously been incarcerated. These percentages are higher than the state percentage reported above, particularly for La Paz County. That nearly a third of youth in La Paz County have had a parent incarcerated highlights a potential need for resources for these children.

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.[168] 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 trauma from experiencing that event and often develop negative attitudes regarding law enforcement.[169]

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.[170] Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so[171] and the Arizona Department of Corrections states that it endeavors to support interactions

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[167] Arizona Criminal Justice Commission. (2012). *2012 Arizona Youth Survey*. Unpublished data.

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

[169] 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/

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

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

between incarcerated parents and children, as long as interactions are safe.[172] 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.[173] Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.[174]

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[175] 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.[176] 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.

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.[177] 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.[178]

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

[173] 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.

[174] 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.

[175] This brochure can be accessed at: http://extension.arizona.edu/sites/extension.arizona.edu/files/resources/azfamilymembersbehindbars%20%281%29.pdf

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

[177] 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

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

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended.[179] 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 four domestic violence shelters in the region, which served 342 adults and 157 children in 2013. The average length of stay ranged from 25 to 77 days. These shelters received 620 hotline and Information & Referral calls, about three percent of the state's total 22,824.

Table 46: Domestic violence shelters and services provided

DOMESTIC VIOLENCE SHELTERS	POPULATION SERVED			UNITS OF SERVICE PROVIDED			
	Total Served	Adults	Children	Bed Nights	Average Length of Stay (in days)	Hours of Support Services	Hotline and I& R Calls
Colorado River Regional Crisis Shelter	98	61	37	3,895	40	3,128	111
Kingman Aid to Abused People	180	119	61	5,024	28	1,703	293
Sally's Place- Interagency Council Lake Havasu City	72	50	22	5,524	77	728	80
WestCare Arizona I	149	112	37	3,675	25	383	136
La Paz County Total	98	61	37	3,895	-	3,128	111
Mohave County Total	401	281	120	14,223	-	2,815	509
Arizona Total	8,916	4,676	4240	330,999	37	176,256	22,824

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

Food Security

Food insecurity is defined as a "household-level economic and social condition of limited or uncertain access to adequate food". [180] 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

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

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

emergencies, or an increase in gas prices, all of which create a shift in spending away from food.[181]

In 2012, 18 percent of all Arizonans and 28 percent of children in Arizona experienced food insecurity.[182] In La Paz County, 17 percent of all residents, and 31 percent of children under 18 years of age faced food insecurity. In Mohave County, 18 percent of all residents, and 30 percent of children under 18 years of age faced food insecurity. La Paz County has the fifth-highest percentage of children facing food insecurity, and Mohave County has the sixth-highest percentage across the counties in Arizona. With nearly one-third of children in the region facing food-insecurity, expansion of available free breakfast and lunch programs might be advised, particularly since 100 percent of food-insecure children in La Paz County, and 80 percent in Mohave County would likely be eligible for these programs.[183]

Food assistance programs can also help in alleviating food insecurity. Participating in SNAP has been shown to decrease the percentage of families facing food insecurity in both all households (10.6%) and households with children (10.1%) after six months in the SNAP program.[184] The map below shows the location of authorized SNAP and WIC retailers in the region.

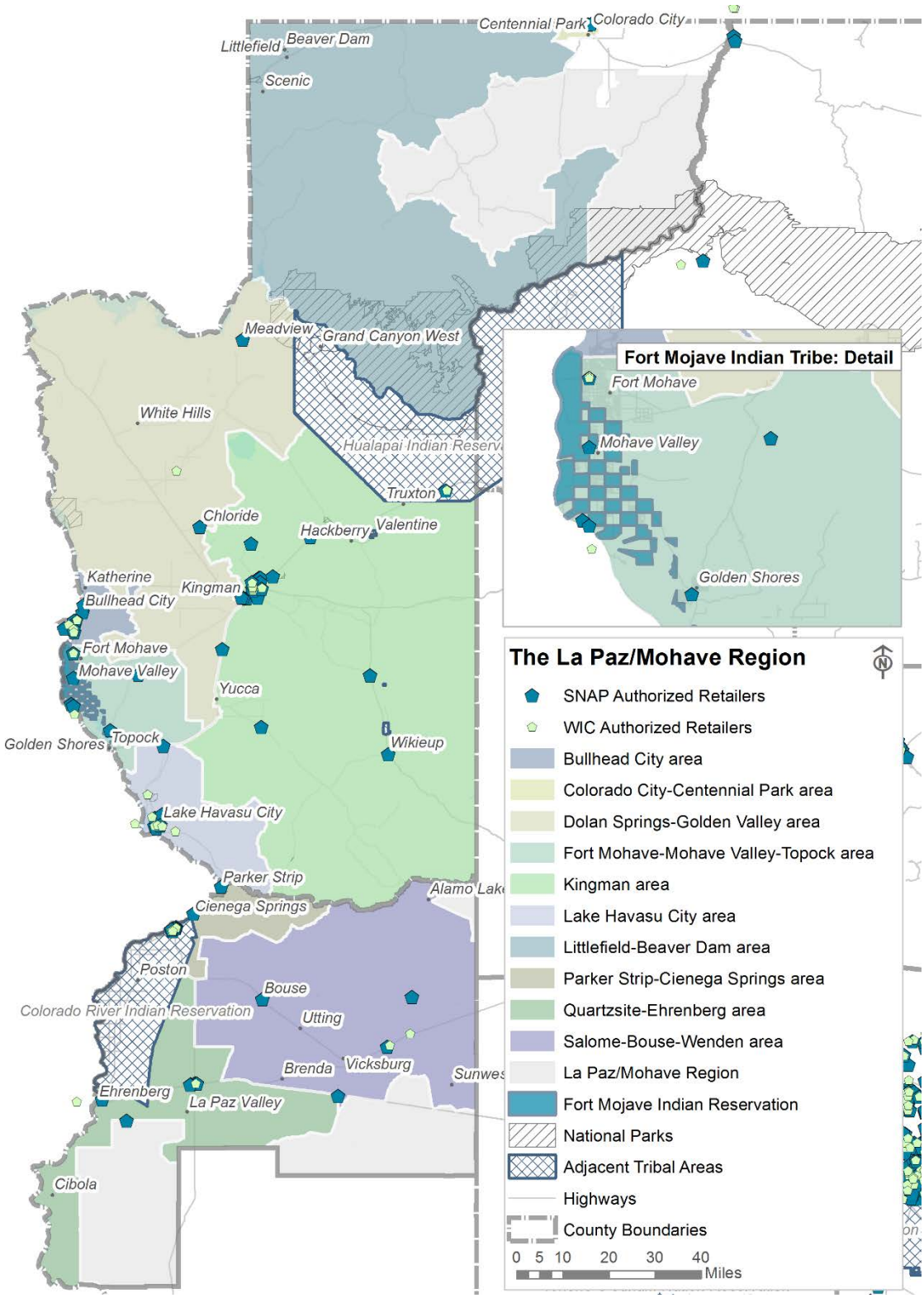
[181] United States Department of Agriculture, Food and Nutrition Service. (2013). Snap food security in-depth interview study: Final report. Retrieved from http://www.fns.usda.gov/sites/default/files/SNAPFoodSec.pdf

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

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

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

Figure 47: SNAP and WIC authorized retailers in the 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.[185] Children are defined as homeless if they lack a fixed, regular, and adequate night-time residence. According to this definition, 31,097 children in Arizona were reported as homeless in 2013. Almost three-quarters of these children were living temporarily with other families, with the rest residing in shelters, motels/hotels or unsheltered conditions. [186]

School districts collect data on the number of homeless students in their schools. As can be seen in Table 47, the number of homeless students in school districts varies little in the region, with the Kingman Unified School District having the highest percent of their student population classified as homeless, at six percent.

Table 47: Economic disadvantage and homelessness by school district

SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	HOMELESS STUDENTS	
Bouse Elementary District	1	32	0	0%
Bullhead City School District	6	2,560	56	2%
Colorado City Unified District	1	347	0	0%
Hackberry School District	1	34	0	0%
Kingman Unified School District	10	4,020	234	6%
Lake Havasu Unified District	6	2,916	58	2%
Littlefield Unified District	1	256	0	0%
Mohave Valley Elementary District	3	1,220	33	3%
Owens-Whitney Elementary District	1	21	0	0%
Parker Unified School District	3	1,184	<10	DS
Quartzsite Elementary District	2	175	0	0%
Salome Consolidated Elementary District	1	90	0	0%
Topock Elementary District	1	129	<10	DS
Valentine Elementary District	1	53	0	0%
Wenden Elementary District	1	94	0	0%
Yucca Elementary District	1	21	0	0%

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

The Homeless Management Information System (HMIS) collects data from emergency shelters, transitional housing programs, permanent supportive housing, street outreach, homeless

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

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

prevention and rapid re-housing, and service providers in all fifteen counties in Arizona. HMIS produces periodic program demographics report for each HMIS Region, with the intent that this information may be used to assess local service needs. The La Paz/Mohave Region falls into HMIS Region 1, which includes Mohave, La Paz and Yuma counties. For the purposes of this report, data were provided by HMIS for the La Paz/Mohave Region alone. There are no providers from La Paz County who contribute data to HMIS, though some La Paz residents may access services in Mohave County, and so be included in these numbers (and some may access services in Yuma County, but those numbers are not captured here).

Data were provided for two years, July 2012 through July 2013, and July 2013 through May 2014.[187] In the 2012-2013 reporting period there were four emergency shelters, one transitional housing program and four permanent supportive housing programs reporting to the HMIS in Mohave County. In the next year, all remained except for the transitional housing program.

A total of 337 clients were provided with homelessness services between July 2012 and July 2013, down from 606 in 2010-2011. Of these, almost all (308) were identified as individuals, rather than part of families. There were 18 children (birth to 17) served, and less than ten of these were children aged birth through five years. Again, this is a large drop from the 2010-2011 year where 41 of those served were five years of age and younger. Between July 2013 and May 2014, the total number served rose slightly to 354, but not near the 2010-2011 levels. The drop in service numbers is not likely due to less need, but due to the end of the Housing Prevention & Rapid Re-housing Program (HPRP) in 2012, which had served a large proportion of the clients being served. In the 2010-2011 reporting year, almost all (94%) of the children aged birth through five years were served by the HPRP.

Key informants discussed homeless shelters, along with domestic violence shelters as a large need in the region. A particular need was for family shelters rather than those that only take men or women, requiring a homeless family to be split apart when accessing shelter. The need for additional homeless services can be seen in the school data presented in Table 47, which shows many more elementary school-aged students across the region identified as homeless, than the 18 served by homelessness service providers reporting to HMIS.

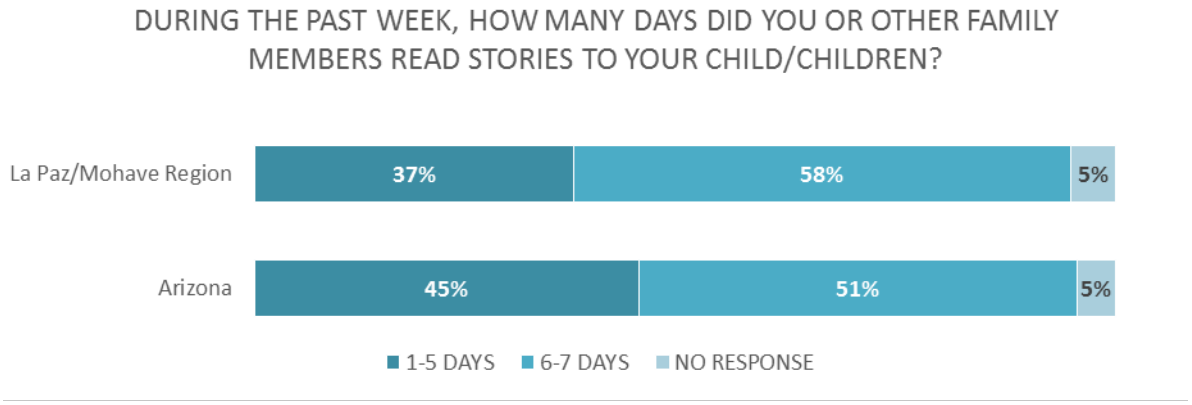
[187] Homeless Management Information System Entry/Exit Program All Clients data for 2012-2013 and 2013-2014 obtained through personal correspondence.

Parental Involvement

Parental involvement has been identified as a key factor in the positive growth and development of children,[188] and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

First Things First Family and Community Survey data is designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The Family and Community Survey, 2012, collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development. The figures below show results for the region and the state for some of these activities. Families in the La Paz/Mohave Region were slightly more likely to report reading to their children (58%), telling stories to their children (54%) and drawing with their child (50%) six or seven days a week compared to families across the state (51%, 51% and 47% respectively).

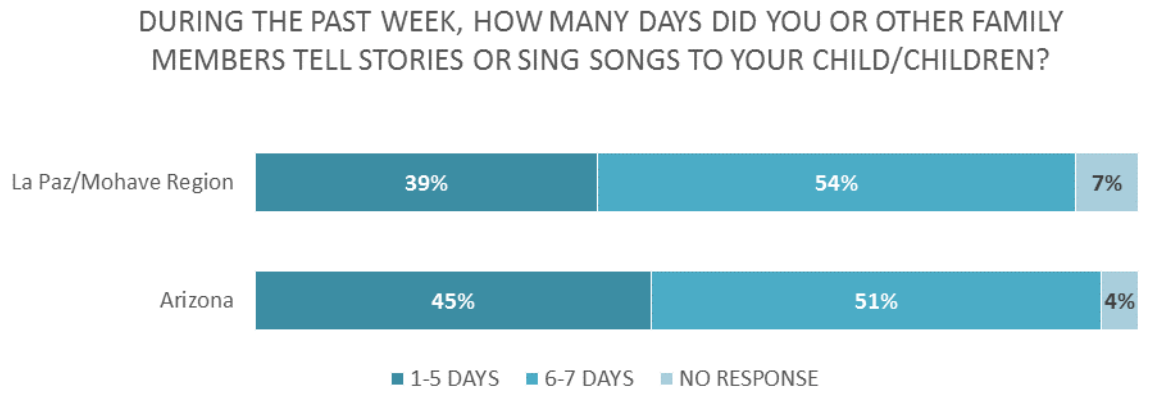
Figure 48: Family & Community Survey 2012: Days reading to child



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

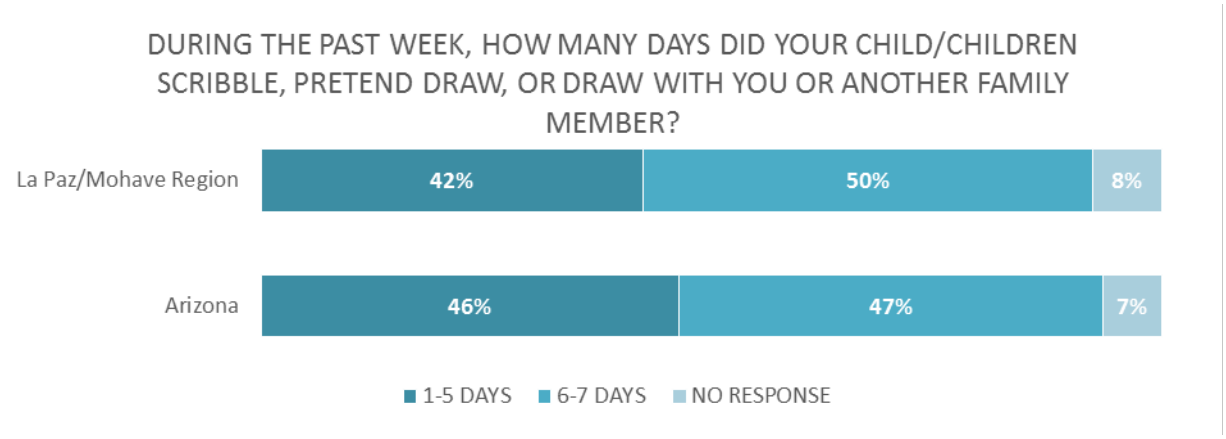
[188] Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children.* Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

Figure 49: 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.

Figure 50: Family & Community Survey 2012: Days drawing with child

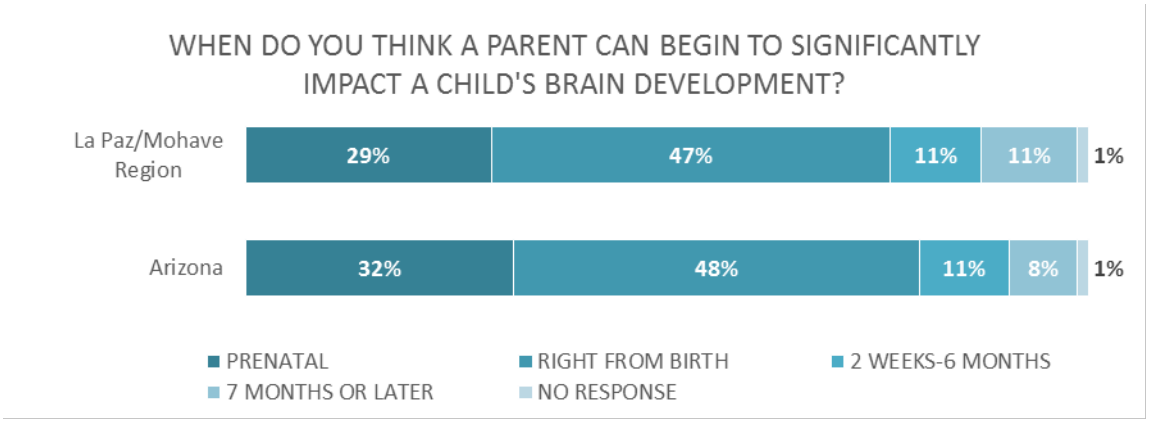


First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

Parent Education

Parenting education supports and services can help parents better understand the impact that a child's early years have on their development and later readiness for school and life success. The Family and Community Survey, 2012, collected data illustrating parental knowledge about healthy development. Families in the La Paz/Mohave Region showed a similar understanding that brain development can be impacted prenatally or right from birth, as did respondents across the state as a whole.

Figure 51: 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.

A number of parenting resources are available in the La Paz/Mohave Region although these are largely available to those in, or able to travel to, the population centers of the region.

- Interagency Council in Lake Havasu City offers ongoing six-week "Successful Parenting" classes for families with young children.[189]
- Raising Special Kids, available in La Paz and Mohave Counties provides parenting support, training, information, and assistance for parents raising children with disabilities.[190]
- Pilot Parents of Southern Arizona,[191] serving La Paz County, provides support to parents of children with special needs through peer-to-peer support, parent education, sibling support groups, and a newsletter.
- Grandparents Raising Grandchildren offers a support group for grandparents in Kingman.[192]
- Arizona Kith and Kin Project through the Association of Supportive Childcare offers four week long training-support group sessions to kith and kin (including parents and grandparents) providers that are providing child care to young children.[193]
- Parenting courses are offered in Mohave County through Active Parenting which also offers on-line parenting courses. The classes offered include; 1,2,3,4, Parents! (for parents of young children), and Active Parenting Now (for parents with children ages 5-12).[194]
- Parenting classes are offered weekly through the Fort Mojave Indian Tribe's Social Services Department for clients and other tribal members.[195]

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[189] http://www.lhcinteragency.org/healthyfamilies.htm

[190] http://www.raisingspecialkids.org/_media/uploaded/b/0e2316635_1374683358_blue-pages.pdf

[191] http://www.pilotparents.org/ppsa/

[192] http://kingmancares.com/seniors/index.htm

[193] http://www.asccaz.org/kithandkin.html

[194] http://www.activeparenting.com/listings/?action=store&state=AZ&submit=

[195] Information provided by regional key informant.

- The Fort Mojave Child Care Center collaborates with the Tribal Health Department to provide parents with health and wellness information, and with the Tribal Police Department on car seat safety.[196]

An asset in the region is that parenting education resources are available, provided in a variety of settings (schools, hospitals, libraries, and provider agencies), and by a variety of providers (non-profits, schools and government agencies). Key informants did discuss however, issues of participation and low attendance at parenting education programs and courses, and outlined a number of barriers to families accessing these resources. Often eligibility criteria, such as current enrollment in AHCCCS or involvement in the child welfare system, limits participation in these services. The stigma of parenting education was also cited as a barrier to participation, and many informants discussed the need to reframe these resources so as not to imply a deficit. Suggestions made to improve attendance and participation included providing child care during the session, requiring attendance as part of a parent involvement component for schools, reframing either the title of the class or embedding it within a "fun" event, offering the session in Spanish, or providing incentives such as money, tickets for events, or other "prizes." The lack of transportation was also discussed as a large barrier to participation in parenting education services. Key informants suggested a mobile service to provide information and resources in outlying communities, or offering classes through an on-line mechanism for those families with transportation issues.

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 provide 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-

[196] Fort Mojave Indian Tribe 2013 Child Care Development Fund Supplemental Narrative Report provided through correspondence.

risk families, lasting two years or longer, and conducted by professionals (as opposed to trained paraprofessionals) were more successful.[197]

A number of home visiting programs are available in the La Paz/Mohave Region, although these are largely available in or near the population centers, and primarily in Mohave County.

The Mohave County Health Department Public Health Nursing Division (with offices in Kingman, Bullhead City, Lake Havasu City and Colorado City) offers two programs providing home visitation support.[198] These include:

- Health Start, a free service that utilizes promotoras as resources for pregnant women and their families. After the birth of the child, the promotora visits the family in the home to provide education on health and safety issues such as immunizations, car seat safety, and home safety; and
- Newborn Intensive Care Program, which provides follow up care and education from a nurse for children at risk due to a stay in the neonatal intensive care unit after birth.

A number of other home visitation programs are offered in the La Paz/Mohave Region. These include:

- Healthy Families, offered through Child and Family Resources, Inc. in and around Bullhead City and Kingman, and by Interagency Council in and around Lake Havasu City and Parker, is a free program for families with children under six helping them to build parenting skills and obtain resources and education;[199]
- Interagency Council in Lake Havasu City offers Fatherhood Now, a free program for fathers or father role models with children ages birth through five years. Participants can have up to 12 in-home sessions to learn new information to help with parenting;[200]
- Building Bright Futures, also offered through Child and Family Resources, Inc. to families within a 50 mile radius of Kingman or Bullhead City with children with developmental delays, offers in-home support and parenting education using the Parents as Teachers curriculum;[201]
- Parents as Teachers, a free home visiting program available in La Paz and Mohave Counties through the Arizona Children's Association, where families receive visits from a Parent

[197] 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.

[198] http://www.mohavecounty.us/ContentPage.aspx?id=127&cid=341#Healthstart

[199] http://www.lhcinteragency.org/healthyfamilies.htm

[200] http://www.lhcinteragency.org/healthyfamilies.htm

[201] http://www.childfamilyresources.org/55202_CFR_BBF_RC_Special_Needs_1.pdf

Educator, are connected to resources, and children receive periodic developmental screenings; [202]

- The Fort Mojave Indian Tribe collaborates with Morongo Indian Health Services in California to provide home visitation to families with young children living in the Arizona portion of the reservation. (The home visitation program provided by the Fort Mojave Child Care Center ended when grant funding ended);[203] and
- Early Head Start, offered through the Learning Center for Families in the Arizona Strip area of the region, offers home based services for pregnant women and children aged birth through five with weekly home visits, parenting education and referral to needed resources.[204]
- Head Start which is available in both La Paz and Mohave Counties also provides twice yearly home visits with families.[205]

According to region's 2015 funding plan, as of fiscal year 2014, there were 298 families in the La Paz/Mohave Region served by the region's Home Visitation Strategy.[206]

Key informants felt there were quality home visitation programs available to families in the region. A current effort to coordinate these programs to improve application and referral mechanisms to best serve families in the region was also seen as valuable. This effort has made important progress on home visiting coordination through a collaborative that meets monthly, and will be further supported by the newly hired Home Visiting Coordinator funded through the Arizona Department of Health Service's Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) to serve the region. This work may help address a concern of key informants that home visitation programs often have mileage restrictions limiting who they could serve, such as a families living within a radius of 50 miles from one of the large cities, which left out some families in the region who could also benefit from these services.

Public Information and Awareness

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

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[202] http://azpartnershipforchildren.org/parentsAsTeachers.htm

[203] Information provided by regional key informant.

204 http://www.tlc4families.org/#!services

[205] http://www.wacog.com/head_start_info.html

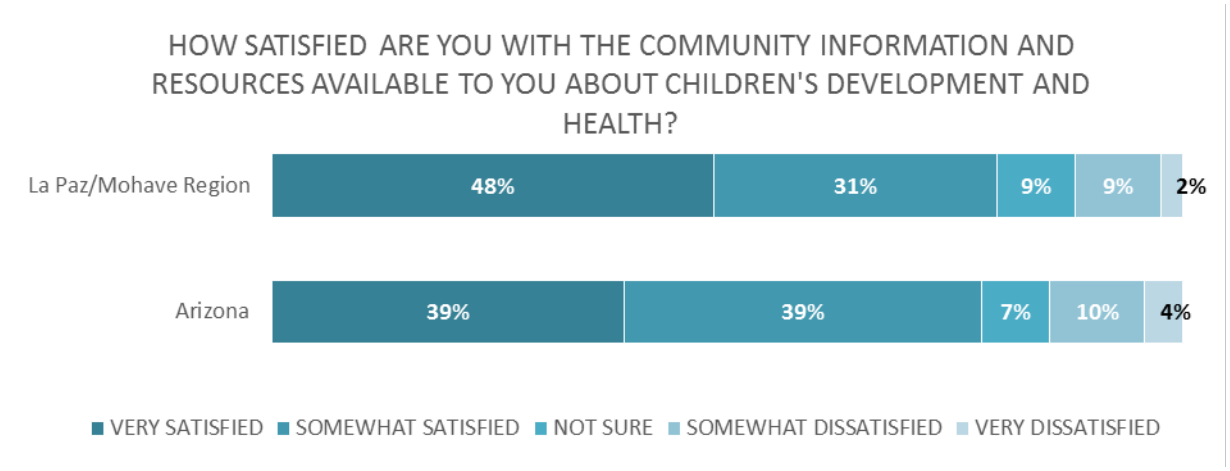
206 Yavapai County FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20Yavapai%20SFY15.pdf

Data from Family and Community Survey, 2012

The overall results of the 2012 First Things First Family and Community Survey demonstrated higher levels of satisfaction with available information and resources and agreement with ease of locating services, compared to the state. For example:

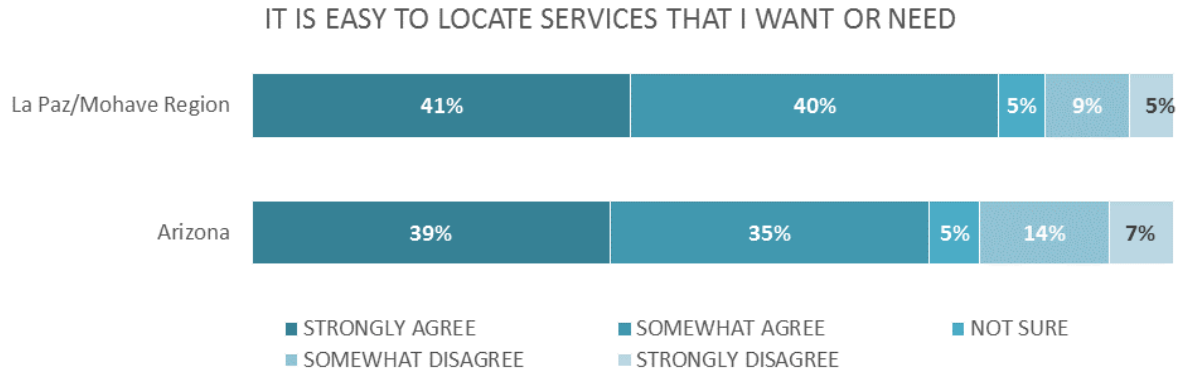
- 48 percent of La Paz/Mohave Region respondents indicated they were "very satisfied" with "the community information and resources available to them about their children's development and health," compared to 39% of respondents across the state (see Figure 52); and
- 81 percent of La Paz/Mohave Region respondents "strongly" or "somewhat agreed" that "it is easy to locate services that I want or need," compared to 74 percent of respondents across the state (see Figure 53).

Figure 52: 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.

Figure 53: Family & Community Survey 2012: Ease of locating services

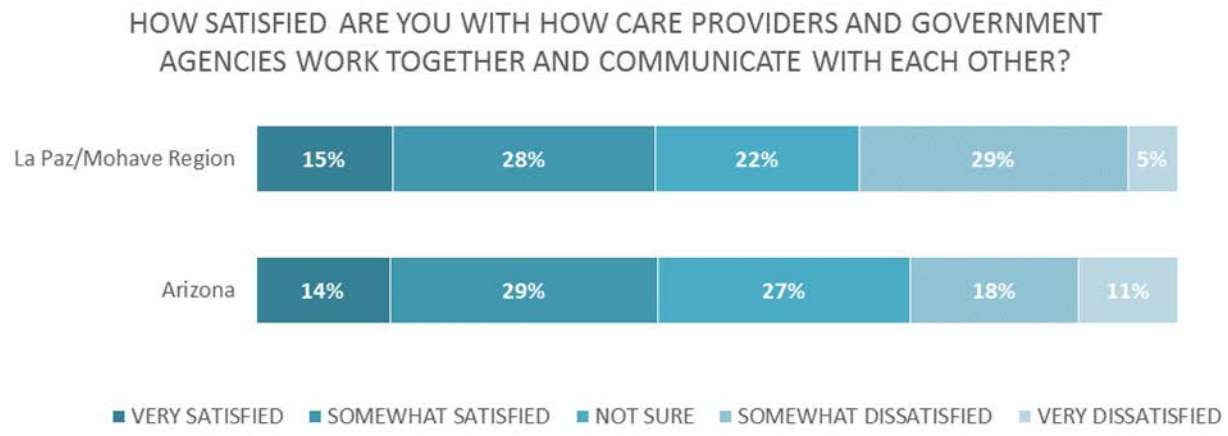


First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

System Coordination

One item from the First Things First Family and Community Survey (FCS) (First Things First, 2012), directly addresses the issue of perceived early childhood system coordination. The figure below shows similar levels of satisfaction with coordination and communication among providers in the region, compared to the state. Respondents in the both the region and the state were more likely to indicate satisfaction (43%) than dissatisfaction (34% in the region and 29% in the state) with how care providers and government agencies work together and communicate.

Figure 54: 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.

Findings from Key Informant Interviews

In addition to this quantitative data source, over 100 key informant interviews provided considerable information on system coordination in the region. In order to identify the strengths, weaknesses, opportunities and priorities for improving the early childhood system in La Paz and Mohave Counties, the La Paz/Mohave Regional Partnership Council looked to key informants in both counties for their perspectives. The information collected was structured around a framework developed by the national Build Initiative to evaluate early childhood systems initiatives,[207] which is discussed in more detail in the next section of this report. Information collected from respondents was summarized into three early childhood systems areas; healthcare, early care and education and family support. Recommendations related to coordination for each are presented below, followed by recommendations that were common to all three, or cross-system recommendations.

[207] Coffman, J. (2007). A Framework for Evaluating Systems Initiatives. Accessed at http://www.buildinitiative.org/Portals/0/Uploads/Documents/Framework for Evaluating Systems Initiatives.pdf

Healthcare System Recommendations;

- Address the lack of mental health providers, speech, occupational and physical therapists that are qualified to work with young children.
- Continue and expand educational opportunities and training for early childhood service providers on mental health and special needs topics.
- Promote degree and certification programs to prepare the local early childhood workforce; in particular with coursework in mental health and services for children with special needs.
- Collaborate with health departments and local communities to provide more ongoing immunization clinics, and health, dental, hearing and vision screenings at schools, child care centers, and other local community sites.
- Consider a model used by successful collaborative clinics (e.g., Sun River Utah program) where different providers come once or more each month to a single location. In larger cities, these collaborative clinics could focus on specialty care, and in smaller communities they could also provide that missing general, young-child focused healthcare piece.
- Increase wrap-around support. This could be increased linkages and coordination between 1) primary care and specialty care, 2) primary care and other healthcare services in the community or farther afield, 3) primary care and family support programs in the community or 4) primary care and transportation providers.
- For services for children with special needs: Establish a specialist coordination group educated on the needs of the local population. Include early intervention agencies and programs, as well as health care providers and early childhood educators. Hold ongoing meetings (with web-access option) to share information on programs/services, and allow client-based discussion, problem-solving and referral.

Early Learning System Recommendations;

- Explore the possibility of expansion of Head Start and Early Head Start programs.
- Place additional focus on the quality of kith and kin care environments because they are so common in the region.
- Explore options for partnering to provide transportation between half-day school district and Head Start programs and child care centers. The lack of transportation between these settings is a large barrier to utilizing these services for working families.
- Expand the concept of the high school learning laboratory (where high school students work and learn in school-based child care centers) to more schools to impact the future, homegrown, early care and education workforce.
- Ensure that owners and directors of early care and education settings have information on regional resources to be able to disseminate this information.
- Explore the possibility of sliding fee scale based preschools to reach more young children.

Family Support System Recommendations;

- Continue efforts to address duplication in home visitation services, application fatigue and improved referral mechanisms between programs.
- Explore options to offer family support services targeted to more remote and underserved areas of the region.
- Provide training opportunities for early childhood professionals on the needs of children in the child welfare system and how to recognize potential warning signs.
- Explore the possibility of offering additional support services aimed at special populations, such as fathers, grandparents raising grandchildren and teen parents.
- Examine eligibility conditions for home visitation (geographic limits) and parenting programs (AHCCCS enrolled or involvement in child welfare programs) to determine if such criteria are necessary.
- Reframe parenting education and support to be less likely to imply a deficit that needs to be address, and instead as a support for good parenting.

Cross-System Recommendations;

- Provide more opportunities for cross-system collaboration, bringing together family support agencies, school administrators, child care providers, and health care providers to share information across disciplines.
- Continue outreach on existing early childhood healthcare, education and family support programs and services. Promote more outreach among agencies and to families about what is available, through health and community fairs, local resource guides, referral networks, radio and print media, and social networks. Also increase outreach with this information to schools, churches, businesses, and service organizations, who may also be able to share this information. Local, city-level boards or coalitions can help lead and foster these efforts.
- Support a one-stop resource for early childhood healthcare, education and family support information, be it an individual, location, publication or website, with local information.
- Continue and expand educational opportunities for early childhood providers and educators on mental health and special needs topics.
- Promote additional degree and certification programs in the region to prepare the future local early childhood education and healthcare workforce; in particular, provide coursework in mental health services and case management.
- Support and enhance collaborative efforts and information sharing within Fort Mojave Indian Tribe Departments and between these Departments and city, county and state service providers and programs to ensure that tribal members have access to all available Mohave County resources.

The lack of healthcare providers, be they medical, dental or behavioral health providers, is a key concern in the La Paz/Mohave Region. A possible way to increase access in a time of limited resources is currently being used by two health care agencies that provide services in the region. The Northern Arizona Telemedicine Programs Cooperative Alliance includes the Northern Arizona Regional Behavioral Authority (NARBHA) which is the RBHA for Mohave County, and North Country Healthcare which has clinics in five communities in Mohave County.[208] While not necessarily providing services via telemedicine now in these communities in Mohave County, the existence of a collaboration could be a helpful starting point to the use of telemedicine as a means to increase healthcare access in the region.

The Build Initiative

The BUILD Initiative[209] 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.[210] This work to date has resulted in the Build Arizona: Strategic Blueprint,[211] which outlines suggested key priorities for the early childhood system in Arizona for 2013-2016. These priorities are listed below.

Under *Policy Research and Development*:

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

Under *Coordination and Convening Leadership/Support*:

- Implement and expand the Statewide Early Childhood (0-8) Professional Development System Strategic Plan;
- Convene stakeholders on early childhood nutrition, wellness and obesity prevention to identify linkages and connections to create a more integrated statewide strategy;

[208] http://telemedicine.arizona.edu/blog/northern-arizona-telemedicine-programs-form-cooperative-alliance

[209] http://www.buildinitiative.org/Home.aspx

[210] http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf

[211] http://buildaz.files.wordpress.com/2013/10/build-arizona-blueprint.pdf

- 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.

First Things First Capacity Building Initiative

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

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

Summary and Conclusion

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

It is clear that the region has substantial strengths. We base this conclusion on the quantitative data reported here, as well as the qualitative data gathered through interviews with numerous key informants in the region. These strengths include: high participation in SNAP and WIC, the activities and resources provided by the La Paz/Mohave Court Team, school-based preschools in smaller communities striving to meet the needs of children and families, multiple ongoing coordination and collaborative efforts to enhance services for young children and their families, high and increasing rates of early prenatal care among pregnant women in the region, and a variety of quality home visiting programs for both typical and special needs children. A table containing a full summary of these and other regional assets can be found in **Appendix 1**.

However, there continue to be challenges to fully serving the needs of families with young children throughout the region. It is particularly important to recognize that there is considerable variability in the needs of families across the region. Although the three large cities in Mohave County and the city of Parker in La Paz County are more likely to have resources and opportunities for young children and their families, there are continuing needs across all 10 areas of the La Paz/Mohave Region. These areas run the risk of being overlooked for services if only regional or county-level "averages" are examined. A table containing a full summary of identified regional challenges can be found in **Appendix 2**. Many of these have been recognized as ongoing issues by the La Paz/Mohave 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 capacity of early care and education slots available compared to the number of young children in the region, the length of wait lists for Head Start programs, and insight provided by key informants, all point to a shortage of affordable and accessible early care and learning opportunities in the region. Quality First Scholarships will continue to be funded in order to address the need for affordable early childhood education, as will Quality First Coaching & Incentives to continue to improve the quality of early care and education in the region. The growing use of kith and kin care may also warrant additional support through continued or enhanced funding of the Family, Friend and Neighbor strategy of the La Paz/Mohave Regional Partnership Council, which provides education and resources to kith and kin caregivers.
- **The need for additional resources for children with special needs** – Cited as the second largest health care need of young children by key informants, along with most of the region being designated as a medically underserved area, points to the need for

additional resources for children with developmental and physical health care needs. Early intervention can also decrease the need for special education services once children reach school age. The La Paz/Mohave Regional Partnership Council has recognized this need and is investing in the Family Support – Children with Special Needs, Home Visitation and Community Outreach and Awareness strategies. These strategies provide coaching, group activities and services to the parents of children with special needs who don't qualify for publicly funded early intervention programs, in addition to partnering to offer Child-Find events to link children in need with early intervention services. It is likely however that additional support and resources will be needed to attract occupational, physical and speech therapists to the region to address the unmet needs of the region's young children.

- **The need for added supports for grandparents raising grandchildren** – In six of the region's 10 areas, there are a higher percentage of grandparents raising their grandchildren than across the state as a whole. The Home Visitation and Family, Friend and Neighbor strategies of the La Paz/Mohave Regional Partnership Council can help to address the needs of these grandparents. Support and expansion of existing resources in cities in the region, coupled with efforts to increase awareness of these resources, as well as available online resources, may add to the pool of support services available to these grandparents. This may include resources for children with incarcerated parents, as incarceration may be a reason why children are living with their grandparents.

A table of La Paz/Mohave Regional Partnership Council funded strategies for fiscal year 2015 is provided in **Appendix 3**.

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

- **The need for additional mental health resources for children and families** – Mental health was cited as the largest health care need of young children and their families by key informants, which, along with the region being designated as a Mental Health Professional Shortage area, points to the need for additional resources for children with mental and behavioral health care needs. Issues of abuse, domestic violence and substance use can impact the welfare of young children and their families dealing with these issues. The increased likelihood of children in foster care being prescribed psychotropic medications, and the reported lack of educated and certified mental health professionals skilled in trauma-based therapy working with young children support the need for additional mental health resources for children in the La Paz/Mohave Region. The lack of specialists sometimes means children are unable to be diagnosed in a timely way, delaying care and early intervention. Key informants felt that

the needs in the region would support at least one pediatric psychiatrist and a behavioral therapist/interventionist.

- **Fewer services and resources available in smaller, more rural communities** – Quantitative data and key informants input suggest a much lower level of services and resources in smaller communities including less health care, early education and family support. Schools within these communities are often the hub for resources and could be utilized to further support accessibility to resources. Collaborations between health departments and schools have increased access to immunizations and vision and hearing screenings. These could be bolstered to include visiting health care professionals for well-child checks, libraries to provide additional literacy resources, or other regional programs to provide additional parenting supports. Because the staff at these schools are often over-burdened, these collaborations may need to be spearheaded by outside organizations, but could be maximized by support and communication from school officials once collaborations are in place.
- **The high number of women smoking during pregnancy** – The percentage of births to mothers who report smoking in the region far exceeds that of the state, and rose to 14 percent in 2012. This high percentage may be associated with La Paz and Mohave County's higher infant mortality rates as well. Collaborations between early childhood professionals, home visitation providers, health professionals and county health departments could increase the amount of information and education available to expectant mothers or women of child-bearing age on the dangers that smoking can pose to their children, as well as provide supports to those wishing to quit smoking.
- **The high alcohol-induced mortality rates for women** – The lack of substance use treatment options and rehabilitation facilities in the region may be impacting the alcohol-induced mortality rates in the region. Economic hardship and related stress may also be impacting substance use in the region, all of which affect the health and development of young children. Collaborating with available treatment resources and facilities to provide information to families through a variety of early childhood program and service venues, and to support AHCCCS enrollment to make these services more accessible to families in need may be a worthwhile effort to undertake.
- **An information deficit among families and early childhood professionals**– Key informants often discussed a lack of knowledge of available services and resources among families, and even among providers themselves. There appears to be a need to further support information sharing to support cross-system referrals, so that families have greater access to information on a variety of services for themselves and their children. Topic-focused coalitions, such as Oral Health and Home Visitation, may be able to incorporate this whole-system approach into their work. Investigating means to get health care and family support information into early care and education professionals

hands, and to get early care and education and family support information to health care providers, may help increase families' knowledge of available resources may be worthwhile.

Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration among First Things First and other state agencies, the La Paz/Mohave Regional Partnership Council and staff, local providers, and other community stakeholders in the region. Families are drawn to the La Paz/Mohave Region both for the close-knit, supportive nature of many of its communities and for the increasing number of opportunities available to its residents. Continued collaborative efforts have the long-term potential to make these opportunities available to more families across the La Paz/Mohave Region.

Appendix 1. Table of Regional Assets

First Things First La Paz/Mohave Regional Assets
The region is comprised of many close-knit, supportive communities.
Nearly 40 percent of young children in Mohave County are benefitting from WIC participation.
Over half of young children in the region are benefitting from SNAP benefits.
First Things First funded preschools and Quality First scholarship slots are increasing participation in early learning programs by addressing the barrier of affordability.
In smaller communities school-based preschool programs serve as a key resource for early care and education, basic health care screening and family support.
Several coordination efforts are ongoing in the region including the Oral Health Coalition, the Special Needs Advocacy Coalition (SNAC) and the MIECHV Home Visitation Collaboration.
Collaborative work is ongoing to co-host Child Find Events to link children in need with early intervention services.
The Mohave/La Paz Court Team works to educate those working with children on children's mental health and child welfare needs.
High rates of early prenatal care among pregnant women in the region.
Many and varied parenting and home visitation programs are available in the region.

Appendix 2. Table of Regional Challenges

First Things First La Paz/Mohave Regional Challenges
Above average unemployment rates and housing and transportation cost burdens mean families are more likely to be stressed and in need of affordable (or free) services for young children.
The projected increase in births in both La Paz and Mohave Counties over the next decade will likely lead to an increased demand for services and resources for young children and their families in the coming years.
Six areas in the region have a higher percentage of young children living with grandparents than the state.
La Paz County has the fourth largest population of migrant and seasonal farmworkers in the state (after Yuma, Maricopa, and Pinal counties).
The decrease in licensed and certified child care capacity over the last several years in the region has decreased the proportion of the young population being served in these settings.
Total enrollment in Head Start in the region represents about six percent of children aged three and four years in the region, which is low considering the higher childhood poverty rates in the region. The number of Head Start centers and slots decreased from 2012-2013 to 2013-2014 while waitlists remained.
High rates of smoking during pregnancy.
High alcohol-induced mortality rates, particularly for women in La Paz County, support the need for additional substance abuse treatment and resources in the region.
The continued difficulty in recruiting providers and specialists to the region, which has led to a lack of speech, occupational and physical therapists trained in and comfortable working with young children, and long-standing un-filled vacancies.
Mental health services were consistently cited as the greatest health care need for young children in both counties by key informants.
For families in communities living along borders, challenges to inter-state agreements, such as slow AHCCCS reimbursement, or not allowing cross-state licensing of therapists, can hinder families' access to geographically closer care in another state.
Key informants identified a high need for homeless and domestic violence shelters.
A high number of children with incarcerated parents, particularly in La Paz County.

Appendix 3. Table of Regional Strategies, FY 2015

La Paz/Mohave 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.
	Family, Friends, and Neighbors (Kith and Kin)	Supports provided to family, friend and neighbor caregivers include training and financial resources. Improves the quality of care and education that children receive in unregulated child care homes.
	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.
Professional Development	Community-Based Professional Development	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
	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.
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. Connects parents with community resources to help them better support their child's health and early learning. Conducts developmental screenings.

La Paz/Mohave Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
	Family Support-Children with Special Needs	Provides coaching, group activities and services to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential. Improves the education and health of 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.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
Coordination	Court Team	Assign multidisciplinary teams, led by superior court judges, to monitor case plans and supervise placement when a child 5 or younger is involved with the court system. Promotes children's wellbeing and reduces recurrence of abuse and neglect.
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.
	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.

Appendix 4. Data Collection Instruments

Script for Phone-based Census of Childcare and Preschool Programs

Interviewer Instructions: The questions for this survey address multiple types of child care; child care providers (family or home based providers) and child care centers (daycare centers and preschools). Rather than have individual surveys for each type of provider, please note which type of provider each is before you place the call and use only the appropriate term; either child care provider or child care center when reading the questions to the respondent. For example, for Item # 1, if you were calling a home-based provider, you would read "And do you provide child care to kids aged five years and younger", but if you were calling a preschool or daycare center you would read, "And does the center provide child care to kids aged five years and younger." As an added tool, you could highlight the appropriate word for each item before each call to ensure you read the question correctly. Once you are comfortable with the provider/center distinction you can begin each interview beginning with the following script.

Interviewer Script: Hello. My name is _____ and I am calling on behalf of the La Paz/Mohave First Things First Regional Partnership Council. May I speak with the Director or Owner of (*insert name of center/preschool/provider*_____) please?

If Owner/Director not available;
Can you tell me the best day/time to call back and who I should ask to speak with?_____
_____

If not the expected Center/Preschool/Provider;
Is this still a child care center/provider or do I have a wrong #? *If not the expected respondent, but still a child care center/provider, record name and address and continue with the interview. If not a childcare center/provider, thank them for their time and discontinue interview.* (*o not a provider*)
Name:_____
Address:_____
_____

If answering machine;
Hello. My name is _____ and I am calling on behalf of the La Paz/Mohave First Things First Regional Partnership Council. We are calling all child care providers in the region to determine how many child care spots for children five years old and younger are available. If the Director or Owner of *name of center/preschool/provider*) could return my call I would appreciate it. Again, my name is _____ and my phone number is _____. Thank you and I look forward to your call.

Once connected to Owner or Director;
Hello. My name is _____ and I am calling on behalf of the La Paz/Mohave First Things First Regional Partnership Council. We are calling all child care providers in the region to determine how many child care spots for children five years old and younger are available. We are collecting this information to include in the 2014 La Paz/Mohave Needs and Assets Report, which is used to help determine priorities for early childhood services in the region. I'm calling to ask you a few questions about the number of children up to and including age 5 you could and do serve. The questions will take about fifteen minutes to answer, and your name and/or the name of your center will not be included in the report. You may choose not to answer some or all of these questions. May I ask you these questions now? If not, is there a better day and time to call back?
_____
Record name of person you speak with: _____

1. *If now is a good time*: Ok, let's get started. First, could you tell me whether you/the center provide child care to children aged five years and younger?

   ☐ YES *If yes, proceed to next item*
   ☐ NO *If no, read to respondent*: We want to collect information from those who provide childcare to young kids. Since you don't, we can stop the questions now. Thanks for talking with me today!
2. Could you please tell me the number of children aged five years and younger you are currently licensed or certified to serve?

   _____
3. And how long have you/the program/center been providing care to children five years of age and under?
   Years _____ and/or Months _____

Now I'm going to ask some questions about your hours and the children you serve/the children enrolled in your center.

4. What are the days and hours you provide childcare for children 5 and younger in a typical week? (*Interviewer: Check each day that the center or provider provides childcare and write in the hours provided each day, e.g. 8am-5pm, 6am to midnight, etc.)*
   o Monday: hours_____
   o Tuesday: hours_____
   o Wednesday: hours_____
   o Thursday: hours_____
   o Friday: hours_____
   o Saturday: hours_____
   o Sunday: hours_____

(Interviewer: Ask each question below, starting with #5, and fill in the information in the appropriate place in the table, then move on to the next question (#6), filling in all the information in the table before moving on to the next question (#7).)

5. How many children do you serve in each of the following age groups?
6. What do you consider full-time enrollment for each age group, and how many kids in each age group are currently enrolled full-time?
7. At this time, how many *more* children in each age group would you be willing and able to care for?

Age Group	**5: How many children do you serve in each of the following age groups?**	6a: How many hours do you consider full-time enrollment for this age group?	**6b: How many children are currently enrolled full time in this age group?**	**7. At this time, how many *more* children in this age group would you be willing and able to care for?**
Infants (birth-1 year)		___ Hrs		
1 year olds (13-23 months)		___ Hrs		
2 year olds (24-35 months)		___ Hrs		

3 year olds (36-47 months)		___ Hrs		
4 year olds (48-59 months)		___ Hrs		
5 year olds (60-71 months)		___ Hrs		
TOTAL				

8. Do you currently have a waiting list for any of the age groups we just discussed?
   - ☐ Yes (*proceed to 9.*)
   - ☐ No (*skip to 10.*)

9. (*If yes to 8*) How many children do you have on a waiting list for each of the following age groups;

Age Group	**# of Children on Waiting List**
Infants (birth-1 year)	
1 year olds (13-23 months)	
2 year olds (24-35 months)	
3 year olds (36-47 months)	
4 year olds (48-59 months)	
5 year olds (60-71 months)	
TOTAL	

10. Do you provide transportation to or from your center/home for the children enrolled in your care?
    - ☐ Yes (*proceed to 11.*)
    - ☐ No (*skip to 12.*)

11. Please describe the transportation you provide, e.g., transportation is provided for every child enrolled, provided on a case by case basis, for an extra fee, etc.

_____

_____

_____*(go to 13)*

12. Has not providing transportation been mentioned as a reason why some children do not enroll in your program/care?
    - ☐ Yes
    - ☐ No

13. Do you have the ability to serve children 5 and under with special needs (physical, emotional, developmental or behavioral) in your program/care?
    - ☐ Yes (*proceed to 14.*)
    - ☐ No (*skip to 17.*)

14. How many of the children five and under currently enrolled in your program have a physical condition that affects the way you/your program serves them?

Number of children _____

15. How many of the children five and under have an emotional, developmental, or behavioral condition that affects the way you/your program care for them?

    Number of children _____

16. *Ask this item only for respondents who gave an answer other than 0 to #14 or #15 above.*: How many of the children five and under have an IEP/ISFP IF NEEDED: An IEP is an Individualized Education Plan for children with disabilities who receive special education services in school. An IFSP is an Individualized Family Services Plan for children with disabilities and their families who receive early intervention services.

    Number of children _____

Now I have just one or two questions about you before we're done.

17. (*If not known already*) Can you please tell me your title?
    ☐ Director ☐ Director/Teacher
    ☐ Lead Teacher ☐ Other (please specify:_____)

18. How many years of experience do you have working with children under age 6? Please do not count any experience raising your own children.

    Years _____ *and/or* Months _____

Thank you for taking the time to complete this survey. We know people who look after children/provide childcare have a lot to do and we appreciate your making this effort.

La Paz/Mohave RPC Key Informant Interviews

Interviewer Script: We are collaborating with the First Things First La Paz/Mohave Regional Partnership Council to produce their 2014 Needs and Assets Report. A key component of that process is identifying the strengths, weaknesses, opportunities and priorities for improving the early childhood system in La Paz and Mohave counties. You have been identified by the Regional Partnership Council as a person knowledgeable about your community, who could help in identifying early childhood system-building strategies, and we would like to invite you to participate in a brief interview. The information you provide will be kept confidential and the interview should take about 45 minutes to complete. Is now a good time to complete the phone interview? If not, when would be a good day and time to conduct the interview?_____

First I'd like to collect/confirm some information about you and the role you have with kids under six years and their families.

(Prefill before interview) **Interviewee Name:** _____

I understand that you are a *(read the appropriate category for the interviewee and check):*

- ☐ K-12 Educator
- ☐ Healthcare Provider
- ☐ Childcare Provider
- ☐ Local State Agency and Non-Profit Provider

Could you please confirm the organization with which you work, its location and your title:

Interviewee Organization and location: _____

Interviewee Title: _____

Ask if unknown: What services are provided to Children 0-5 by you/your organization?_____

What communities does your organization serve? _____

Interviewer: _____ **Interview date:** _____

Interview language: Spanish English

Interviewee's demographic information: **Gender:** Male Female

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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. As I mentioned before, we are interested in gathering different perspectives on the early childhood system in the La Paz/Mohave Region. By early childhood I'm referring to children five years of age and younger, and my questions will focus on the areas of early care and education, children's health care and family support. I'll reiterate this as we go through the interview, but I want to focus our discussion from the beginning on children 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.

Let's start our discussion around **early care and education** in La Paz and Mohave Counties.

1. What do you think are the most important factors that make a child adequately prepared to enter kindergarten? *Probe*: Do you think that most children in the region are getting to kindergarten healthy and ready to succeed? Why or Why not?

2. Could you talk a little about the early care and education programs available in your community?
    a. (*Components*) How would you rate the quality of these programs? What factors impact the quality of these services? What is needed to improve the quality of these programs?
    b. (*Scope and Scale*) Do you think all the young children who could benefit from programs in your community are able to access the programs? Why or Why not?
    c. (*Context*) What (other) barriers keep children aged five years and younger in your community from accessing early learning programs and services? *Probe*: How does the political environment support or impede these services? Does it affect funding and resources for programs?
    d. (*Connections*) What could organizations or agencies do together to improve access to early learning programs for children five and younger?

3. Pre-Kindergarten or Pre-K, is classroom-based learning for children beginning as young as three years of age, to better prepare them to enter kindergarten. Universal Pre-K, or offering Pre-K programs to all young children free of charge, is a topic that is receiving much attention nationally and in the state. Do you think your community is currently prepared to implement universal, full-day Pre-K, if it were mandated? *(If informant is not knowledgeable about topic skip to #5)*

    ☐ No (skip to 4.)
    ☐ Yes (skip to 5.)

4. (If no to # 3) What would it take to be prepared to implement universal full-day pre-K in your community?

Now I'd like to move our discussion to **children's healthcare** in La Paz and Mohave Counties. Remember that I'd like our discussion to still focus on those young children five years of age and younger.

5. (*Scope and Scale*) Thinking about the range of health care services such as medical, dental, vision, emergency medicine, mental health, special needs and rehabilitative care, do you think there are adequate health care services for young children in your community? Why or why not? What health care is needed in your community?
    a. (*Components*) Again, thinking about the full range of health care services available, what do you think of the quality of health services for children birth-5 in your community? What factors impact the quality of these services? What is needed to improve the quality of these services?

    b. (*Scope and Scale*) Do you think all the young children who could benefit from health care services such as medical, dental, vision, and special needs care in your community are able to access them? Why or Why not?

c. What impacts have you seen in your community on these young children who lack or have inadequate health insurance?

d. (*Context*) What (other) barriers do you think keep children five years old and younger from accessing health services? Probe: How does the political environment in your community support or impede these services; does it affect funding and resources for health services?

e. (*Connections*) What could organizations or agencies do together to improve access to health services for young children in your area (including insurance coverage, immunizations, mental health, oral and vision services)?

Now, please take a moment to think about the **families** of those young children in La Paz and Mohave Counties.

6. (*Scope and Scale*) Could you talk a little about the family support programs available in your community, things like parenting education, home visitation, and crisis support services? Do you think there are adequate family support services for the families of young children in your community? Why or why not? What programs are needed in your community?
    a. (*Components*) What do you think of the quality of the family support programs in your community? What factors impact the quality of these services? What is needed to improve the quality of these programs?
    b. (*Scope and Scale*) Do you think all the families of young children who could benefit from family support services in your community are able to access them? Why or Why not?
    c. (*Context*) What (other) barriers do you think keep families of children aged five years and younger from accessing family support programs? Probe: How does the political environment in your community support or impede these services; does it affect funding and resources for family support services?
    d. (*Connections*) What could organizations or agencies do together to improve access to family support programs for the families of young children in your area?

Before we end I'd like to bring our discussion back to the wider early childhood system, rather than focusing on a specific facet of it like health care or family support. I have just a couple of questions to get your insight into this larger system.

7. What opportunities do you see to improve coordination and collaboration across the early childhood system in your area?

8. 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)

9. We've talked a lot about early care and education, children's healthcare and family support. Are there other components to the early childhood system that you would like to discuss 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 5. Communities in Primary Care Areas

PRIMARY CARE AREA (PCA)	PLACES INCLUDED IN THE AREA
BULLHEAD CITY	Bullhead City, Riviera
DOLAN SPRINGS	Antares, Archibald Corral, Bonelli Landing, Cyclopic, Cerbat, Chloride, Dolan Springs, Fry Mine, Gold Chain Mine, Grasshopper Junction, Hualapai Valley Joshua Trees, Katherine, Lake Mohave Resort, Meadview, Mineral Park, Mohave Crossing, Patterson Corral, Pearce Ferry, Ray Place, Santa Claus, South Cove, Stockton, Temple Bar Marina, Truxton, White Hills, Willow Beach
FORT MOHAVE	Catfish Paradise, Fort Mohave, Golden Shores, Mohave Valley, Topock
FORT MOJAVE INDIAN TRIBE	Beals Crossing, Fort Mohave, Fort Mojave Indian Reservation, Hardyville, Mojave City
KINGMAN	Alamo Crossing, American Mine, Athos, Aquarius Cliffs, Artillery Mountains, Artillery Peak, Berry, Black Canyon, Black Diamond Mine, Burro Cliffs, Burro Mine, Blue Rock, Cedar, Chalk Spring Canyon, Cherokee, Devils Canyon, Drake, Farrel Mountain, Franconia, Golden Valley, Goldroad, Gordon Canyon, Greenwood, Greenwood Peak, Griffith, Hackberry, Harris, Haviland, Hilltop, Hopewell Ranch, Kaiser Spring Canyon, Kingman, Leivas Ranch, Loves Camp, Loves Mine, Lower Simmons Peak, Madril Ranch, McConnico, Neale Mesa, Neeye Mine, Oatman, Pony Mesa, Powell, Priceless Mine, Pyramid Rock, Raster Wash, Red Canyon, Rohr Ranch, Signal, Signal Canyon, Signal Mountain, Six Mile Crossing, Snow Mountain, Uslm, Virginia City, Wagon Bow Ranch, Wagon Canyon, Walapai, Warm Spring Canyon, White Rock, Wikieup, Yucca
LAKE HAVASU CITY	Lake Havasu City
LITTLEFIELD	Beaver Dam, Colorado City, Cane Beds, Esplins Corral, Honeymoon Trail, Hualpais Village, Littlefield, Mt. Trumbull, Oak Grove, Rock Crossing, Tuweep, Wolf Hole
PARKER	Cienega Springs, Parker, Planet
QUARTZSITE	Adobe Lake, Bouse, Brenda, Cibola, Ehrenberg, Nornmel Place, Plomosa, Quartzsite, Vicksburg Junction
SALOME	Browns Crossing, Bush Pit, Centennial, Harcuvar, Hope, Love, McVay, Salome, Swansea, Utting, Vicksburg, Wall, Wenden

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