

Pinal Regional Partnership Council

2010 Needs and Assets Report Final

August 17, 2010



FIRST THINGS FIRST

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August 17, 2010

Message from the Chair:

The past two years have been rewarding for the First Things First Pinal Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families by expansion of a child care quality improvement initiative, child care professional scholarships, home visitation support, distribution of emergency food boxes, and emergency child care scholarships.

The First Things First Pinal Regional Partnership Council will continue to advocate and provide opportunities for families to provide quality child care and health care to their young children.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Pinal Region in 2008 and the new 2010 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Pinal Regional Council would like to thank our Needs and Assets Vendor Wholomony Consulting for their knowledge, expertise and analysis of the Pinal region. The new report will help guide our decisions as we move forward for young children and their families within the Pinal region.

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

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

Thank you for your continued support.

Sincerely,

Christina Jenkins, Chair
Pinal Regional Partnership Council

Introductory Summary and Acknowledgments

First Things First Pinal

Regional Partnership Council

The way in which children develop from infancy to well functioning members of society will always be a critical subject matter. Understanding the processes of early childhood development is crucial to our ability to foster each child's optimal development and thus, in turn, is fundamental to all aspects of wellbeing of our communities, society, and the State of Arizona. This Regional Needs and Assets Report for the Pinal Region provides a clear statistical analysis, which helps with the understanding the needs, gaps, and assets for young children, and points to ways in which children and families can be supported.

The First Things First Pinal 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 Pinal Region. This report provides basic data points that will aid the Regional Council's decisions and funding allocations, while building a true comprehensive statewide early childhood system.

Acknowledgments:

The First Things First Pinal Regional Partnership Council owes special gratitude to the Ak-Chin Tribal Council, community agencies and key stakeholders who participated in numerous work sessions and community forums throughout the past two years. The success of First Things First

was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

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

The Pinal Regional Partnership Council would also like to thank the Arizona Department of Economic Security, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, and the Arizona Health Care Cost Containment System, the Bureau of Indian Education and the Bureau of Indian Affairs for their contribution of data for this report.

Table of Contents

Executive Summary

Report Overview

Demographic Overview

Population

Race, Ethnicity and Family Composition

Employment

Poverty and Income

Education in the Region

The Early Childhood System

Child Care Providers

Professional Development

Capacity

Supporting Families

Family Support Programs

Parenting Programs

Family Support Successes

What's Missing?

Future Benchmarks

Health

Births

Health Insurance

Healthcare Providers

Infant Deaths and Mortality

Immunization

Special Needs

Oral Health

Child Nutrition

Public Awareness and Collaboration

Connecting with Families

Connecting between Agencies

Summary and Conclusions

Appendix A—Primary Data Collection Overview

Appendix B—Building Community Dialogue

Appendix C—Summary of Ak-Chin Indian Community Meeting

Appendix D—First Things First Community Survey Data

Appendix E—Stakeholder Survey

Appendix F—Parent Survey

Appendix G—Summary of Systems Change Model

Appendix H—References

Executive Summary

The goal of this report is to provide a snapshot of the needs and assets of children ages 0-5 in Pinal County, Arizona. It is hoped that this report will help to guide the funding of the Pinal Regional Partnership Council and inform other efforts in the area.

The Pinal Regional Partnership Council area encompasses the geographic boundaries of Pinal County, the Ak-Chin Indian Community and the City of Apache Junction, adding the portion of Apache Junction in Maricopa County, deducting the portion of the Tohono O’odham Tribal lands in Pinal County, deducting the portion of the Gila River Indian Community lands in Pinal County and deducting the portion of the San Carlos Apache Reservation that is in Pinal County. Throughout the report, the area served by the Pinal Regional Partnership Council is described as “the Region”.

In addition to the indicators that were specified in the First Things First 2010 Needs and Assets Baseline Reports, the Pinal Regional Partnership Council requested that several additional indicators be incorporated in the report. These include: the number of unwed mothers in the Region as an indicator of family support available for children 0-5; the number of children 0-5 diagnosed with a disability; the number of families residing in the Pinal Region giving birth within and outside the Region; the number of high risk births transferred outside the region from families residing in the Pinal Region, and information about pediatric oral health and child nutrition.

Key Findings related to Demographics

The Pinal Region had significant increases in population between the years 2000–2009. During this time the number of children ages 0-5 in Pinal County increased by almost 142%. The rate of births in Pinal County to mothers with no high school diploma decreased from 36% in 2002 to 20% in 2008.

The Pinal Region has been significantly impacted by the recent economic downturn. The Region has an extremely high foreclosure rate, which is a sign of economic distress for families. In March 2010, 11,010 properties in Pinal County received a foreclosure notice. This represents 1 in every 86 housing units, significantly higher than the statewide rate of 1 in every 144 housing units. The following data relates to the poverty level in the region and the percentage of grandparents caring for grandchildren.

- In 2006-2008, 10.5% of children under age 6 lived in deep poverty (less than 50% of the federal poverty level).
- In Pinal County, in 2006-2008, 54.3% of children lived in families with incomes below 200% of poverty, which is higher than the statewide rate of 48.9%.
- In 2006-2008, in 39.7% of households where grandparents have some care responsibilities there is no parent present.

Key Findings related to Early Childhood Education

The Early Childhood Education system is comprised of several types of child care programs and providers. In this section, data was collected on access to child care which is affected by the amount of child care (i.e. the supply and demand) and the cost. In addition, indicators of quality

of child care such as accreditation and the credentials and tenure of child care professionals. The key findings include the following:

- In 2008, there were a total of 248 early care and education programs in the Pinal Region, 72% of which were home settings.
- Between 2004 and 2008, the number of children attending early childhood programs increased by 157.9%.
- In 2008 the average cost of child care was between \$24 and \$33 per day and is a burden for lower income families.
- Between 2004 and 2007 assistant teachers saw an 11.6% wage increase while teacher experienced an increase of 1.4%. On average teachers earned \$11.76/hour and assistant teachers earn \$8.76/hour.
- Across the county, in 2007, 20% of teachers had a bachelors or masters degree compared to 25% statewide.

Key Findings related to Family Support

The amount and type of family support impacts the education and health of children ages 0-5. In this section, data was collected on the number of unwed mothers as an indicator of family support. The percentage of births to unwed mothers decreased from 43% in 2006 to 39% in 2008. In addition, child welfare data was collected which connects with the lack of or need for family support. Between October 2008 and March 2009, 1,017 reports of child abuse or neglect were received in Pinal County, compared to 1,004 reports of child abuse or neglect received between October 2007 and March 2008. Between October 2008 and March 2009, 161 children

were removed from their homes due to child abuse or neglect, compared to 192 children removed from their homes due to child abuse or neglect between October 2007 and March 2008.

Key Findings related to Health

There are several health indicators which relate to the wellbeing of children ages 0-5. The increase in population of children ages 0-5 was related to both families with children moving to the Region and an increase of births in the Region. In 2008, there were 5,731 births in Pinal County. This was an increase of 1,264 births over 2006.

The number of children immunized and with health insurance are indicators of the health of the population of children ages 0-5. In Pinal County, 14.6% of children did not have health insurance in 2006, and 68.2% of infants aged 12-24 months received immunizations in 2009.

An indicator of the impact of poverty on nutrition and health is the percentage of children accessing public benefits, such as WIC and the State Nutrition Assistance Program (SNAP). Participation in WIC has been increasing. Currently nearly 10,000 women and children benefit from this program. Between 2006-2008 the number of children aged 0-5 enrolled in the State Nutrition Assistance Program (SNAP) increased by 68.7%, which is higher than the statewide rate.

Public Awareness and Collaboration

The Region is making great progress in public awareness regarding the importance of the early years (0-5) in the development of children. Stakeholders perceive families and community members as becoming better informed regarding the importance of early childhood development

and health, and see evidence of families connecting with services, and service providers connecting with each other.

Report Overview

The goal of this report is to provide a snapshot of the needs and assets of children ages 0-5 in Pinal County, Arizona. It is hoped that this report will help to guide the funding of the Pinal Regional Partnership Council and inform other efforts in the area.

The Pinal Regional Partnership Council area encompasses the geographic boundaries of Pinal County, the Ak-Chin Indian Community, and the City of Apache Junction, adding the portion of Apache Junction in Maricopa County, deducting the portion of the Tohono O’odham Tribal lands in Pinal County, deducting the portion of the Gila River Indian Community lands in Pinal County and deducting the portion of the San Carlos Apache Reservation that is in Pinal County. Throughout the report, the area served by the Pinal Regional Partnership Council is described as “the Region”.

This report provides information on children ages 0-5 in the Region in the areas of:

- Demographics
- The Early Childhood System
- Supporting Families
- Health
- Public Awareness and Collaboration

Much of the information presented has been gathered from publically available data sources, especially in the areas of demographics and health. Where possible we have used multiple years of data and state data, so that trends can be identified and comparisons made.

In order to include data that is more recent than the 2000 Census, we utilized the American Community Survey. Because the American Community Survey draws from a sample of the population, for some geographic areas and questions the sample size is too small to use a single year of data. Thus, for the majority of this report, a three-year average of 2006, 2007, and 2008 data was used. The sample size for the most recent single year (2008) data was too small to use for Pinal County.

There are some areas of the report where there is little to no publically available existing data—Supporting Families and Public Awareness and Collaboration. Because of this the research team also incorporated primary data collection strategies—a focus group, key informant interviews, and two surveys. One survey was completed by service providers/stakeholders, to help capture their perspective of the county’s needs and assets pertaining to children ages 0-5. This survey was conducted during the month of June, 2010 with a total of 88 respondents. Parents, to get their perspectives of what has been useful to them in raising their children 0-5, and also to help understand what else would be useful, completed the second survey. Some parents completed this survey on-line, and others filled out a paper version. A total of 237 parent surveys were completed during June of 2010.

Together, these primary data collection strategies allow us to present a fuller, more developed snapshot of the Region and have also helped with the interpretation of the data.

A full list of interviewees are attached as Appendix A; focus group findings are attached as Appendix C. Appendices E and F provide demographic information of survey respondents, and copies of the survey questions.

Demographic Overview

Introduction

The number of children ages 0-5 in the Pinal Region grew substantially between 2000-2009, and grew at a faster than the state rate.

Understanding the demographics and characteristics of children and their families in the Region provides an important context for the work of increasing outcomes for children ages 0-5. This information can also help a region predict and respond to change. For example, if the data shows that there is an increase in children being born, a region needs to look at the capacity of programs designed to ensure that these children are ready to enter school at age five. If data shows that most parents are raising their children alone, a region must look more closely at programs and services for single parents.¹

This section includes information about the number of children and families living in the Region, and the race, ethnicity and family structure. In addition, information is provided about the income levels of the population and employment in the Region.

¹ Women's Foundation of Southern Arizona (2009). *Status of women and girls in southern Arizona*. Retrieved May 20, 2010 from http://www.womengiving.org/docs/Status_of_Women_Report_Winter2010.pdf.

Key Findings

- In March 2010, 11,010 properties in Pinal County received a foreclosure notice. This represents 1 in every 86 housing units, significantly higher than the statewide rate of 1 in every 144 housing units.
- The number of children ages 0-5 in Pinal County increased by almost 142% between 2000 and 2009.
- The rate of births in Pinal County to mothers with no high school diploma decreased from 36% in 2002 to 20% in 2008.
- In 2006-2008, 10.5% of children under age 6 lived in deep poverty (less than 50% of the federal poverty level).
- In Pinal County, In 2006-2008, 54.3% of children lived in families with incomes below 200% of poverty, which is higher than the state (48.9% of children in the state).
- In 2006-2008, in 31.97% of households in which grandparents had some care responsibilities, there were no parents present.

Population

Population growth creates a need for increased capacity in infrastructure and service provision. The population of Pinal County is growing rapidly. A June 28, 2010 *Arizona Daily Star* article noted that, “Pinal is one of the fastest-growing counties in the United States. Even in the downturn, and even accounting for people leaving, they expect the area to grow by 12,000

residents this year.”² This trend has been ongoing over the past 30 years. The population of Pinal has increased 3.5 times since 1970 and 2.6 times since 1990³. The rapid population increase accelerated between 2000 – 2009. Exhibit 1 shows the percent increase in population growth in select communities in Pinal County during this time.

Exhibit 1. Percent Growth from 2000 to 2009 in select Pinal Communities

Community	2009 population	% Change since 2000
Apache Junction	34,284	7.8%
Casa Grande	43,878	73.9%
Eloy	13,308	28.3%
Florence	21,769	27.6%
Maricopa (city)	44,691	4,197%

Source: Pinal plight: Lots of roofs, few jobs. *Arizona Daily Star*. June 28, 2010.

As the table below shows, in 2000, children ages 0-5 represented 8.23% of the total population in Pinal, which doesn’t differ drastically from the state-wide rate of 8.96%. In 2009, there were 32,513 children ages 0-5 in the Pinal Region (Table 1). This number represents 5.05% of the state’s young child population. Between 2000 and 2009, the number of children grew by 141.82%, which is significantly higher than the state rate of 39.98%. Between 2008 and 2009, the Pinal growth rate was 9.87%, which is higher than the state rate of 4.12%. The growth of the

² Brodesky, J. (June 28, 2010). Pinal likes its chances geographically. *Arizona Daily Star*. Retrieved from <http://azstarnet.com>.

³ Applied Economics. (2008). Pinal projections study; Task 5: employment to population balance in metropolitan areas. Apache Junction, AZ: Central Arizona Association of Governments.

population in Pinal is expected to continue to increase⁴. This has implications for a continued increased demand for programs that are serving young children and their families.

Table 1. Children Ages 0-5, 2000, 2008, 2009

	2000		2008		2009		% Growth in Number of Children 2000-2009	% Growth in the Number of Children 2008-2009
	Number of Children	Percent of Population	Number of Children	Percent of Population	Number of Children	Percent of Population		
Pinal Region	13,445	8.23%	29,592	NA	32,513	NA	141.82%	9.87%
Arizona	459,923	8.96%	618,300	9.34%	643,783	9.25%	39.98%	4.12%

Source: First Things First Allocation Formula, 2000 data from US Census and FTF estimates

Race, Ethnicity and Family Composition

Between 2006 and 2008, a majority of children 0-4 in Pinal County were White at 62.3%, followed by Hispanic/Latino children at 39.4%. These are both lower than the state rates of 69.27% for White and 47.5% for Hispanic/Latino children ages 0-4 (Table 2).

Table 2. Race and Ethnicity of Children Ages 0-4, 2006-2008

⁴ Brodesky, J. (June 28, 2010). Pinal likes its chances geographically. *Arizona Daily Star*. Retrieved from <http://azstarnet.com>.

	White	Black	American Indian	Asian	Hispanic/Latino
Arizona	69.27%	4.17%	5.49%	2.20%	45.70%
Pinal County	63.20%	3.32%	8.20%	1.31%	39.42%

Source: ACS 2006-2008 (3 year average). Cities not included because sample size too small. Rows will not add to 100%. Hispanic/Latino population can be of any race.

The mother's who gave birth to these children are equally diverse. In 2008, 53.43% of Pinal County births were to White, non-Hispanic mothers and 32.73% were to Hispanic/Latina mothers. This reflects a higher proportion of births to White, non-Hispanic mothers (42.26%) and a lower proportion of births to Hispanic/Latino mothers (42.98) than seen statewide. Between 2006 and 2008, the proportion of births dropped slightly for White, non-Hispanic mothers in Pinal County (a decrease of 4.5%). The proportion of births to American Indian or Alaska Native mothers decreased substantially (28.3%) (Table 3a and 3b).

Table 3a. Births to Mothers by Race/Ethnicity, 2006

2006						
	White Non- Hispanic	Hispanic/ Latina	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Unknown
Arizona	43,013	44,862	3,864	6,364	3,136	803
Arizona %	42.15%	43.96%	3.79%	6.24%	3.07%	0.79%
Pinal County	2,285	1,503	147	421	88	23
Pinal County %	51.15%	33.65%	3.29%	9.42%	1.97%	0.51%

Table 3b. Births to Mothers by Race/Ethnicity, 2008

2008						
	White Non- Hispanic	Hispanic/ Latina	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Unknown
Arizona	41,925	42,639	4,301	6362	3,425	563
Arizona %	42.26%	42.98%	4.34%	6.41%	3.45%	0.57%
Pinal County	3,062	1,876	217	387	159	30
Pinal County %	53.43%	32.73%	3.79%	6.75%	2.77%	0.52%

Source: Arizona Department of Health Services. *Arizona Primary Care Area Program Data Sets*, <http://www.azdhs.gov/hsd/profiles/datasets.html>.

The structure of a household affects both who cares for the children and access to resources. In 2006-2008, the majority of families with children under age 18 were headed by a married couple. One in four (25.07%) Pinal County families with children were headed by a single female. This is slightly higher than the statewide rate of 24.60%. In Florence, more than one-third (36.34%) of families with children are headed by a single female (Table 4).

Key informants noted that being a single parent has significant repercussions in the life of a young child and for their primary care provider. As one noted, “Some families are single parent families and need help with child care in order to keep their job.” And again, “They’re desperate to find a place to put their children.”

Table 4. Family Structure of Households with Children under 18, 2006-2008

	Married Couple Households	Male Headed Household, no Wife	Female Headed Household, no Husband
Arizona	66.82%	8.57%	24.60%
Pinal County	66.40%	8.53%	25.07%
Apache Junction	63.16%	13.75%	23.10%
Casa Grande	60.81%	8.45%	30.75%
Florence	52.57%	11.10%	36.34%

Source: US Census, American Community Survey, 2006-2008 (3-year average).

Respondents to both the provider/stakeholder and parent surveys in the Pinal Region mentioned the impact of family structure, especially when the caregiver is a grandparent. In the survey for providers/stakeholders, one respondent stated that, “A growing number of children are being raised by grandparents.” The data in Table 5 supports this observation. In 2006-2008, 6,379 Pinal County children under the age of 18 lived in households with grandparents. Of all grandchildren living with grandparents, 51.73% of the grandparents had some care responsibility for the children. In 31.97% of the households where grandparents had some care responsibilities, there was no parent present in the home. This is similar to the statewide rate of 29.85% (Table 5).

The affects of grandparent care-giving are widespread. One stakeholder noted that, “The challenges are numerous: personal health and financial challenges; need for programs to

challenge and entertain children; scholarships for school clothing, books and supplies, and sports.” The resource and education demands of programs for grandparents are high.

Table 5. Grandchildren (under 18) being raised by Grandparents, 2006-2008

	Grandchildren under 18 living with Grandparents in the Household	% of all Grandchildren living with Grandparents in the Household where the Grandparent has Some Care Responsibility	% of all grandchildren Living with Grandparents who are Responsible and no Parent is Present**
Arizona	119,819	57.12%	29.85%
Pinal County	6,379	51.73%	31.97%
Casa Grande	1,215	77.37%	18.83%

Source: US Census, American Community Survey 2006-2008;

Note: data for Apache Junction and Florence not available

**as a percent of those where grandparent is responsible

Employment

“Having a job is the only way to be able to care for my child and support him so employment is an extreme necessity to me.”

—Parent

A family’s ability to provide for their children is heavily affected by their employment status. Pinal County has experienced decreasing employment-to-population ratios since the decline of the mining and agricultural sectors. Between 1995 and 2005, this ratio went down from 0.35 to 0.25⁵. This has an affect on families with working parents and the sectors in which these parents are employed. Parent survey respondents noted a high need for employment. One parent shared this concern, “Right now I am in need of a job.”

In 2006-2008, 24,513 Pinal County families with children under the age of 18 had all parents in the labor force. This represents 66.51% of families with children under the age of 18 and is similar to the statewide rate of 67.23%. In Casa Grande, 81.00% of families with children under the age of 18 had all parents in the workforce (Table 6).

⁵ Applied Economics. (2008). Pinal projections study; Task 5: employment to population balance in metropolitan areas. Apache Junction, AZ: Central Arizona Association of Governments.

Table 6. Families with Children under 18 where Parents (all available parents) Work, 2006-2008

	All Families with Children Under 18	Families with All Parents in Labor Force	% of Families with Children Where all Parents Are in Labor Force
Arizona	682,271	458,723	67.23%
Pinal County	36,854	24,513	66.51%
Apache Junction	4,320	2,938	68.01%
Casa Grande	7,083	5,737	81.00%

Source: US Census, American Community Survey 2006-2008; Note: data not available for Florence.

Although historically mining and agriculture employed a majority of workers in the Region, employment has diversified in recent years. In 2006-2008, 29.1% of civilian workers were employed in management and professional related occupations and 26.1% of workers were employed in sales and office occupations. These rates are similar to statewide trends where the highest concentrations of workers are in management and professional occupations (32.9%) and sales and office occupations (27.0%). In Pinal County, 12.4% of workers were employed in production, transportation and moving occupations. This is slightly higher than the statewide rate of 9.6% (Table 7). Although these ratios have declined over time, they are expected to increase over the next 40 years. Based on case studies of similar cities, employment-to-population ratios

are expected to increase 7.85 percent every five years; bringing the ratio from 0.25 to 0.45 by 2050.⁶

Table 7. Employment in Occupations, 2006-2008

	Pinal	Pinal (%)	Arizona	Arizona %
Management and Professional and Related Occupations	34,957	29.1%	941,755	32.9%
Service Occupations	22,157	18.4%	520,304	18.2%
Sales and Office Occupations	31,423	26.1%	772,564	27.0%
Farming, Fishing and Forestry Occupations	2,113	1.8%	14,530	0.5%
Construction, Extraction, Maintenance, and Repair Occupations	14,674	12.2%	337,310	11.8%
Production, Transportation, and Moving Occupations	14,893	12.4%	273,749	9.6%

Source: US Census, American Community Survey 2006-2008 Note: Of all civilian workers ages 16 or older in the labor force.

Key informants, stakeholders, and parents talked about the challenges of employment in the Region. Recent statistics show that there are only 50,000 non-farm jobs in Pinal County, causing many residents to commute out of the county for work.⁷

Poverty and Income

⁶ Ibid.

⁷ Brodesky, J. (June 28, 2010). Pinal likes its chances geographically. *Arizona Daily Star*. Retrieved from <http://azstarnet.com>.

There is a strong connection between poverty and other risk factors. The research shows that, “By almost every measure, including health, cognitive development, educational outcomes, and emotional difficulties, children in low-income families are at higher risk than those in families with higher incomes.”⁸ If there are a high percentage of children living in poverty in the Region, this will mean that these children will require additional services from the early childhood system.

In 2009, there were 5,819 children ages 0-5 in poverty in Pinal County. The number of children in poverty as measured by a single income level in the Region decreased from 7,208 in 2008 to 5,819 in 2009 (Table 8).

Table 8. Children Ages 0-5 in Poverty, 2008, 2009

	2008	2009
Pinal Region	7,208	5,819
Arizona	138,288	149,931

Source: First Things First Allocation Formula

When we look at the percentages of children living in poverty we see that in 2009 there were 17.9% of children ages 0-5 living in poverty. This is lower than the state rate of 23.3% (Table 9).

We can also see that the percentage of children living in poverty has declined slightly since 2008. Although economic times remain very hard, this change could be attributed to changes in

⁸ O’Hare, W.P. (2009). *The forgotten fifth: Child poverty in rural America*. The Carsey Institute. Retrieved May 20, 2010 from <http://www.carseyinstitute.unh.edu/publications/Report-OHare-ForgottenFifth.pdf>

population dynamics. For example, the poorest families could have moved out of the Region, or their families might have had a very slight increase in wages, putting them slightly above 100% of poverty.

Table 9. Percent of Children Ages 0-5 in Poverty, 2008, 2009

	2008	2009
Pinal Region	24.4%	17.9%
Arizona	22.4%	23.3%

Source: First Things First Allocation Formula.

Although families living in poverty face increased barriers to success, those in deep poverty (less than 50% of the federal poverty level) encounter even greater challenges. In Pinal County for 2006-2008, 10.5% of children under age 6 lived in deep poverty (less than 50% of the federal poverty level). This is the same as the state rate of 10.5%. However, there is regional variation. The rate of children under the age of 6 living in deep poverty is slightly higher in Casa Grande at 13.5%.

In 2006-2008, 54.3 % of children under age 6 in Pinal County lived in households where the family incomes were under 200% of the poverty level, which includes families in poverty (100% of the poverty level and below) and those between 100-199% of the federal poverty level. Families in this income level are considered the working poor. The rate of 54.3% of families below 200% of the poverty level is higher than the state rate of 48.9% (Table 10).

Table 10. Percent of Children Under Age 6 in Deep Poverty (50% of poverty or less), Poverty (51-99% of poverty), or Working Poor (100-199% of poverty), 2006-2008

	% of Children Under 6 in Families with Incomes at 50% of Poverty or Lower	% of Children with Family Incomes Between 50% and 99% of Poverty	% of Children with Family Incomes Between 100% and 199% of Poverty	Total % below 200% of Poverty
Arizona	10.5%	12.2%	26.2%	48.9%
Pinal County	10.5%	16.3%	27.5%	54.3%
Apache Junction	7.8%	11.51%	33.0%	52.31%
Casa Grande	13.5%	13.3%	27.0%	53.80%

Source: US Census, American Community Survey 2006-2008 (3-year average)

Note: data not available for Florence.

The Federal Poverty Guidelines are used by many organizations, including First Things First, to determine poverty in a region. It is therefore useful to spend some time understanding the use and limitations of this data.

What is the Federal Poverty Limit? “‘FPL’ or the Federal Poverty Limit is the most common indicator of well being for low income families in America. For over forty years it has been the primary measure of poverty in the United States and the most often-used

benchmark for eligibility to federal, state, and local social welfare benefits. In 2005, the poverty threshold for a family of four in the continental United States was \$19,350.”⁹

What is the primary flaw in the current measure? “The primary flaw in the current measure is that it fails to take into account certain problems, most notably those facing working single mothers. The vast majority of households receiving government assistance are headed by single mothers. The measure does not take into account the costs of child care, transportation and other work-related expenses at all, and fails to adequately account for the exponential growth in the costs of health care and housing. In Arizona, housing and child care is disproportionately expensive. For a family of four making \$33,000 a year, child care is the single biggest expense at \$932 (34%) per month. It exceeds even the cost of housing, \$817 (29%). Neither of these expenses is taken into account by the FPL—undoubtedly many working Arizona families are actually ‘working poor’.”¹⁰

In 2006-2008, 76,458 Pinal County children under the age of 18 lived in households that received public benefits. Pinal County children accounted for 4.6% of children statewide that live in households that received public benefits (Table 11).

Table 11. Number of Children (Under age 18) Living in Households that Receive Public Benefits, 2006-2008

⁹ Women’s Foundation of Southern Arizona (2009). *Status of women and girls in southern Arizona*. Retrieved May 20, 2010 from http://www.womengiving.org/docs/Status_of_Women_Report_Winter2010.pdf.

¹⁰ Ibid.

	All Children under 18	All Children Under 18 Living in Households that Receive Public Benefits*	% of all children Under 18 Living in Households that Receive Public Benefits
Arizona	1,667,117	329,514	19.8%
Pinal County	76,458	14,483	18.9%
Apache Junction	9,146	2,257	24.7%
Casa Grande	14,577	4,980	34.2%

Source: US Census, American Community Survey 2006-2008 (3-year average).

*Public Benefits include: SSI, public assistance income, Food Stamps (SNAP).

Note: data not available for Florence.

The percentage of children living in poverty in the Pinal Region indicates that families are struggling to make ends meet. We would expect this to be reflected in a higher uptake rate for the Earned Income Tax Credit (EITC). The EITC is a federal tax credit for people who work and have an earned income about \$40,000 per year or lower. The EITC reduces the amount of federal taxes owed and may also provide a refund. Nationally, each year, the EITC lifts 4.4 million people out of poverty.¹¹

Table 12 shows that in 2006, 19% of all tax returns in the Pinal Region had an EITC. This is slightly higher than the statewide rate of 17%. In Pinal, 9% of all tax returns had a Refund Anticipation Loan (a predatory lending product) compared to 7% statewide. We know that low-income families are more likely than other families to take predatory loans—including loans at

¹¹ Nagle, A. & Griffiths, S. (2008). *Rural America—EITC and family economic opportunity*. The EITC Funders Network. Retrieved May 20, 2010 <http://www.eitcfunders.org/recentevents.html>.

tax time. Research shows that, “Nationally, EITC recipients taking a Refund Anticipation Loan (RAL) paid nearly \$1.6 billion in RAL fees in 2006. This does not include any monies they paid in interest payments. On average a RAL costs a taxpayer \$140, with tax preparation fees costing another \$163, totaling more than \$300 to complete their taxes. This equates to nearly 12% of what average EITC participants receive.”¹²

In the Pinal Region, 58% of tax returns were prepared by a paid tax preparer and 2% of returns were prepared by a volunteer. These are similar to the statewide rates.

Table 12. Percent of Income Tax Returns with an EITC, a Refund Anticipation Loan, and Return Prepared by Self, Paid Preparer, or Volunteer, 2006

	Pinal Region	Arizona
Total Returns	108,809	2,488,714
% of Returns with EITC	19%	17%
% of Returns with Refund Anticipation Loan	9%	7%
% of Returns Prepared by Taxpayer	40%	39%
% of Returns Prepared by Paid Preparer	58%	58%
% of Returns Prepared by Volunteer	2%	2%

Source: Brookings Institution based on IRS data; Region based on Zip Codes provided by FTF.

¹² Nagle, A. & Griffiths, S. (2008). *Rural America—EITC and family economic opportunity*. The EITC Funders Network. Retrieved May 20, 2010 <http://www.eitcfunders.org/recentevents.html>.

Pinal has been heavily affected by foreclosures in the past couple years. During the housing peak in Arizona many homes were built in Pinal County, but jobs, services, and infrastructure did not always follow¹³. Currently, Pinal County has one of the nation's highest foreclosure rates¹⁴. In March 2010, 11,010 properties in Pinal County received a foreclosure notice. This represents 1 in every 86 housing units. The foreclosure rate in Pinal County is significantly higher than the statewide rate of 1 in every 144 housing units in foreclosure (Table 13). Foreclosures are having a significant impact on families and their ability to provide for their children.

Table 13. Foreclosed Properties, March 2010

	Properties that Received a Foreclosure Notice in March 2010	Foreclosure Rate
Pinal County	11,010	1 in every 86 housing units
AZ	123,262	1 in every 144 housing units

Source: Realty Trac. Data accessed April, 21, 2010.

In addition to the foreclosure rate being high, foreclosures are highly concentrated in certain population centers, those that experienced a high volume of new homes built. For example, in the town of Maricopa, distressed homes made up 80% of home sales at the end of 2009, and the median sales price has fallen from \$260,000 in 2006 to about \$110,000 presently. Pinal's

¹³ Brodesky, J. (June 27, 2010). After housing bust, Pinal sees solution: More growth. *Arizona Daily Star*. Retrieved from <http://azstarnet.com>.

¹⁴ Brodesky, J. (June 28, 2010). Pinal likes its chances geographically. *Arizona Daily Star*. Retrieved from <http://azstarnet.com>.

population nearly doubled in the last decade to about 340,000, and more than 530,000 un-built housing units have been approved in the County—enough to service 1.3 million more people.¹⁵

Families in the Region are facing many economic stressors. As one stakeholder noted, “Many families lack adequate income to provide for all family needs and this in turn stresses household adults, leading to Domestic Violence, substance abuse and other issues.”

The cumulative findings in this section suggest families are struggling to make ends meet, and this struggle is reflected in other data from the Region. When we look at the number of schools that qualify as State Nutrition Assistance Program-Education (SNAP-Ed) sites, those with more than 50% of the students eligible for free and reduced lunch, stakeholders reported that over the last few years there has been a continuous increase in the number of schools in the Region that reach this threshold, i.e. have a majority of the population qualifying for free and reduced lunch. In addition, we see a high uptake rate for public benefits. As described by one stakeholder, “In my mind they are all related. Income issues impact health care and home conditions.” The poverty rate has an impact on programs supporting children and families. One parent noted the affect of poverty as she pointed out that the biggest issue is, “Home Conditions due to many children being brought up under the poverty line and living in rundown housing.”

Education

¹⁵ Brodesky, J. (June 28, 2010). Pinal plight: Lots of roofs, few jobs. *Arizona Daily Star*. Retrieved from <http://azstarnet.com>.

“Education is important for my children’s future.”

—Parent

“Education helps the kids learn and understand right from wrong.”

—Parent

Education matters, and as these quotes illustrate, parents understand this. Success in education can be a predictor of many things—how much you earn, the kind of job you can expect to get, where you live. Being successful in education has an impact on the life of an adult and the economy of the region in which they live. It also has an impact on the children being raised by these adults.¹⁶

There is a correlation between parent’s academic attainment and how well children achieve in school—“Parents’ schooling is positively and significantly associated with their children’s high school graduation and years of schooling . . .”¹⁷ Furthermore, “The percentage of neighborhood residents who did not complete high school strongly and negatively affects educational attainment among young people in the neighborhood.”¹⁸ By looking at the data, we can gain a better understanding of the educational environment of the Region.

Preschool is where education begins for many young children. As expressed by one stakeholder, “Preschool is a great asset, as it lays the foundation for the children.” Because of preschool’s function as a foundation, it is important to look at the rates of preschool enrollment in the county.

¹⁶ Women’s Foundation of Southern Arizona (2009). *Status of women and girls in southern Arizona*. Retrieved May 20, 2010 from http://www.womengiving.org/docs/Status_of_Women_Report_Winter2010.pdf.

¹⁷ Campbell, M., Haveman, R., Sandefur, C., & Wolfe, B. (2005). Economic inequality and educational attainment across a generation. *Focus* 23(3), 11-15.

¹⁸ Ibid.

In 2006-2008, 3,422 children between the ages of 3 and 4 were enrolled in preschool in Pinal County. This represents 4% of all 3 and 4 year old children in the state enrolled in preschool (Table 14). This data, which is drawn from the Census, is a rolling average, and provides an account of 3 and 4 year old children, inclusive of all kinds of preschool settings. Later in this report, there is additional data on the number of children enrolled in different settings and for a wider age range.

Table 14. Number of 3 and 4 yr old Children in Preschool, 2006-2008

Area	Number
Arizona	85,848
Pinal County	3,422
Casa Grande	656

Source: US Census, American Community Survey (2006-2006). No data for Apache Junction or Florence because of small numbers.

According to research on school readiness, two key factors that determine whether a child will be adequately prepared to begin elementary school are the level of poverty in the child’s neighborhood and the educational level attained by the child’s mother.¹⁹

In the previous section we explored child poverty rates in the Region and we could see indicators that families are struggling economically. In the following table (Table 15), we can see that in 2008, 20% of births in Pinal County were to mothers with no high school diploma. This is lower than the state rate of 26%. The rate of births in Pinal County to mothers with no high school

¹⁹ Rand Corporation (2004). First 5 LA study finds mother’s education, neighborhood poverty determine a child’s readiness for elementary school. Retrieved June 29 from <http://www.rand.org/news/press.04/09.16c.html>.

diploma decreased from 36% in 2002 to 20% in 2008. In comparison, the state reflected an increase in the rate of births to mothers with no high school diploma from 20% in 2002 to 26% in 2008 (Table 15).

Table 15. Education Level of Mothers Giving Birth 2002, 2004, 2006, 2008

		2002	2004	2006	2008
Pinal County	No HS	36%	33%	25%	20%
	HS	35%	35%	33%	32%
	1-4 yrs college	26%	28%	36%	41%
Arizona	No HS	20%	20%	20%	26%
	HS	29%	29%	30%	30%
	1-4 yrs college	32%	32%	33%	34%

Source: Arizona Department of Health Services, Vital Statistics.

Another factor that affects the educational future of children is the language(s) spoken at home. Research shows that, “Compared to native-English speaking students, children deemed as language minority in kindergarten show important educational disadvantages that remain significant through fifth grade.”²⁰ In 2006-2008, 76% of the Pinal County population over age 5 spoke English and 20% spoke Spanish/Creole. This is only a slight increase over 2000, where 75% of the population over age 5 spoke English and 22% spoke Spanish/Creole (Table 16). The

²⁰ Galindo, C (2009). *English language learners’ math and reading Achievement trajectories in the elementary grade*. Boston, MA: National Institute for Early Education Research. Retrieved May 22, 2010 from http://nieer.org/resources/research/English_language_learners_math_reading_achievement_trajectories_elem.pdf

²⁰Lunenburg, F. (2000). Early childhood education programs can make a difference in academic, economic and social arenas. *Education*, Retrieved May 17, 2010 from <http://www.accessmylibrary.com>.

language spoken at home speaks to the necessity for programs to be culturally competent if they are to truly respond to and meet the needs of the children.

Table 16. Percent of Population (Ages 5+) where Language Spoken at Home is English only or Spanish*, 2000, 2006-2008

Pinal County	2000	2006-2008
English Only	75%	76%
Spanish	22%	20%

Source: US Census 2000; American Community Survey 2006-2008
Columns will not add to 100%.

*The Census Category is Spanish/Creole and includes both languages.

One of the first opportunities to measure success in school is at third grade. A child’s attainment at third grade, especially in reading, is pivotal. Between kindergarten and third grade a child’s schooling is focused on learning how to read. Once a child reaches 4th grade, they need to be able to read in order to learn in other subject areas. The results of the AIMS test (administered in 3rd grade in the public education system) are therefore an important predictor of future educational success.

According to information posted on the Arizona department of Education’s website, the “AIMS 3-8 is a statewide assessment that is both standards-based, measuring student knowledge against the Arizona Academic Standards and norm-referenced, comparing student knowledge against students nationwide. Stanford 10 norm-referenced test items included in the test compare a student’s performance to students nationwide. AIMS test items measure a child’s knowledge ‘without comparison to other student’s’ based on whether the child is proficient in accordance with the Arizona Academic Standards. AIMS questions are written by Arizona educators. The

purpose of Arizona’s Instrument to Measure Standards Dual Purpose Assessment (AIMS 3-8) is: to reduce testing time from two weeks to one week, to require fewer tests for students, to increase classroom instructional time, and to provide parents, teachers, and school districts information about a student’s academic strengths and weaknesses.”²¹

The AIMS test scores for 3rd grade students in the Region are displayed in Table 17. At the highest rates, 81% of 3rd grade students at Mammoth-San Manuel District and 74% of 3rd grades students at Apache Junction Unified Schools met or exceeded reading standards. In the average or middle rate, between 61% and 68% of students met or exceeded the AIMS reading standard at Maricopa Unified, Oracle Elementary, Ray Unified, and Toltec Unified. At the low end of the scale, 38% of 3rd grade students at Stanfield Elementary met or exceeded AIMS 3rd grade reading standards. Several districts demonstrated improvement between 2007 and 2009 in 3rd grade reading scores. Those with the largest improvement were Toltec Elementary and Apache Junction Unified (Table 17).

Table 17. Percent of 3rd Grade Students who Met or Exceeded AIMS Standards in Math and Reading, 2007, 2009

	Math		Reading	
	2007	2009	2007	2009
	Met or	Met or	Met or	Met or

²¹ *A Parent’s Guide to Understanding AIMS 3-8*. Arizona Department of Education. Retrieved August 16, 2010 from http://az.gov/webapp/portal/SiteSearch?sitename=http%3A%2F%2Fazed.gov&sitename=ADE&returnlink=http%3A%2F%2Fwww.azed.state.az.us%2F&template=http%3A%2F%2Fazed.gov%2FSearch_Results.asp&q=cache:ZHNfi5NZs4AJ:www.azed.gov/standards/downloads/AIMS DP A color.pdf+aims&client=azportal&output=xml_no_dtd&proxystylesheet=azportal&ie=UTF-8&access=p&oe=UTF-8

	Exceeded	Exceeded	Exceeded	Exceeded
Apache Junction Unified	43%	72%	45%	74%
Mammoth-San Manuel District	NA	81%	NA	81%
Maricopa Unified	40%	64%	38%	64%
Oracle Elementary	NA	59%	NA	61%
Ray Unified (Superior)	78%	80%	69%	68%
Stanfield Elementary	56%	42%	43%	38%
Toltec Elementary	57%	71%	21%	63%
Arizona	72%	71%	69%	69%

Source: Arizona Department of Education (2010). *AZ's Instrument to Measure Standard (AIMS) Results*. Retrieved March 31, 2010 from Arizona Department of Education, <http://www.ade.state.az.us/researchpolicy/>. Data included for all schools for which AIMS grade score achievement levels were published. NA—data not available.

To look at the overall educational success of the residents in the Region, high school graduation rates are a useful indicator. In 2007, timely graduation rates (that is, graduating high school in four years) in Pinal schools ranged from a low of 45% at Santa Cruz Valley Union to a high of 83% at Superior Unified. While the statewide graduation rates decreased from 77% in 2004 to 73% in 2007, graduation rates in Pinal County schools varied significantly between 2004 and 2007. For example, graduation rates at Apache Junction increased between 2004 (69%) and 2006 (88%) and decreased in 2007 (65%). Schools that reflected an increase in graduation rates between 2004 and 2007 include Casa Grande Union, Coolidge Unified, Florence Unified, Maricopa Unified, and Superior Unified (Table 18).

Table 18. Percent of High School Students Completing in 4 Years, 2004, 2006, 2007

	2004	2006	2007
Apache Junction	88%	69%	65%
Casa Grande Union	78%	63%	73%
Coolidge Unified	74%	61%	64%
Florence Unified	72%	61%	65%
Mammoth-San Manuel Unified	85%	79%	66%
Maricopa Unified	61%	61%	72%
Ray Unified (Superior)	94%	74%	74%
Santa Cruz Valley Union (Eloy)	52%	54%	45%
Superior Unified	76%	19%	83%
Arizona	77%	77%	73%

Source: Arizona Department of Education (2010). Does not include 5th year students.

Another key measure of educational success in the Region is the high school drop-out rate. Drop out rates are impacted by both the educational system and the readiness of students to enter that system. During the 2007-2008 school year between 3% and 9% of students dropped out of Pinal Region schools. The Region generally saw dropout rates higher than the statewide dropout rate of 3%. The dropout rates for Pinal Region schools decreased between 2005-2006 and 2007-2008, except in Apache Junction and Superior where their dropout rates increased by 1% and 2% respectively. (Table 20). The data about drop out rates becomes particularly significant when considering the expected growth of Pinal County. A report prepared for Central Arizona College detailing long-term demographic projections for Pinal County high school districts noted that

public high school enrollment was expected to jump from 8,665 in 2005 to nearly 55,000 in 2025²².

²² Applied Economics. (2008). Long term demographic projections for Pinal County high school districts. Coolidge, AZ: Central Arizona College.

Table 19. Percent of Students Dropping Out, 2005-2006 and 2007-2008 School Years

	2005-2006	2007-2008
Apache Junction Unified	4%	5%
Casa Grande Union HS	11%	6%
Coolidge Unified	12%	7%
Florence Unified	4%	4%
Mammoth-San Manuel Unified	7%	3%
Maricopa Unified	4%	3%
Ray Unified (Superior)	4%	4%
Santa Cruz Valley Union HS (Eloy)	10%	9%
Superior Unified	3%	5%
Arizona	5%	3%

Source: Arizona Department of Education (all grades in district).

Key informants shared examples of several efforts to increase educational attainment in the Region. One key informant discussed efforts to prevent students from dropping-out of school stating, “The lack of engagement that leads to dropping out of school begins in the eighth grade.” It is for this reason that the One Step Coalition established clubs at middle schools across the County called “Do You Clubs”. The purpose of the clubs is to support students in thinking about their future—how to achieve success and graduate from high school. The clubs help students to achieve their goals and aspirations while staying clear of drug use and gang violence. The key informant also noted that these efforts have shown promising results in lowering the high school drop-out rate.

In addition to this program, key informants mentioned “story time” programs at the local libraries. In the words of one librarian, “In my experience, children who have been coming to story time regularly have an advantage at school. From what I hear from the parents, they seem to be doing much better than other kids.” This is backed up by the survey data—overall, 3.8% of stakeholders noted that the public library was the greatest asset in the Region.

The Early Childhood System

“Ages 0-5 are the most important learning years in a child’s life”

—Key Informant

“Brain development that happens in ages 2-6 is hugely significant and lays the cornerstones for future success. 80% of all the connections in a person’s brain occur in the first 5 years, only 20% of dendrite connections happen in the rest of their life.”

—Key Informant

Introduction

Early childhood education programs can make a difference in the life of a child. Preschool experiences are designed to provide cognitive and social enrichment—to promote a child’s ability to succeed in school and prevent poor educational outcomes, such as school failure, unemployment, and poverty.²³

This section includes information on the child care system in Region along with information on cost, capacity, waiting lists, quality of care and professional development.

²³ Lunenburg, F. (2000). Early childhood education programs can make a difference in academic, economic and social arenas. *Education*, Retrieved May 17, 2010 from <http://www.accessmylibrary.com>.

Key Findings

- In 2008, there were a total of 248 early care and education programs in the Pinal Region, 72% of which were home settings.
- Between 2004 and 2008, the average number of children attending early childhood programs increased by 157.9%.
- The average cost of child care is between \$25 and \$33 per day and is a burden for lower income families.
- On average teachers earn \$11.76/hour and assistant teachers \$8.76/hour. Between 2004 and 2007 assistant teachers saw a 11.6% wage increase while teacher experienced an increase of 1.4%.

Table 20 displays the number of Child Care Centers and DES approved child care family homes in the Pinal Region. In 2008, there were a total of 248 early care and education programs in the Region, 72% were DES certified family home providers and 28% were child care centers. This reflects a substantial increase in the number of early care and education programs. In 2004, there were only 131 early child care and educational programs in the Pinal Region.

Table 20. Number of Early Care and Education Programs in Pinal Region, 2004, 2006, 2008

	Child Care Centers	DES Approved Child Care Family Homes	Total
2004	27	104	131
2006	23	50	73
2008	70	178	248

Source: Arizona Department of Economic Security (2007, 2009). DES Multidata pulled on May 4, 2010 from Database (Unpublished Data).

Note: Includes Pinal County; Ak-Chin; City of Apache Junction.

In 2008, there were 8,071 approved spaces for early childhood programs in the Pinal Region, 87.5% of which were child care centers. Between 2004 and 2008, the number of approved spaces increased by 330.2%, and the average attendance increased 157.9% (Table 21).

Table 21. Number of Children Enrolled in Early Care and Education Programs in Pinal Region, 2004, 2006 and 2008

	Child Care Centers		DES Approved Child Care Family Homes	
	Approved Spaces	Average Attendance	Approved Spaces	Average Attendance
2004	1,500	1,500	376	294
2006	1,492	1,492	256	214
2008	7,060	3,695	1,011	932

Source: Arizona Department of Economic Security (2007, 2009). DES Multidata pulled on May 4, 2010 from Database (Unpublished Data).

Note: Includes Pinal County; Ak-Chin; City of Apache Junction.

Child care is necessary for most parents to work. This connection was articulated by one parent who stated, “I need child care so that I can work, but I can't get child care.” A stakeholder also noted the challenges many families have in finding and paying for child care, “So many young families need extra income and don't have the means to pay for child care. It becomes a downward spiral.”

One of the barriers to all children accessing high quality early childhood programs is cost. To help pay for their child care, many families rely on DES subsidies. In January 2010, 860 children ages 0-5 received a DES subsidy for child care in the Pinal Region. This represents 75.1% of all eligible children, which is slightly lower than the state rate of 77%. Between 2009 and 2010 the rate of eligible assistance remained steady both in Pinal County and statewide (Table 22).

Table 22. Number of Children (Ages 0-5) Eligible For and Receiving DES Child Care Assistance January 2009 and January 2010

	Jan-09			Jan-10		
	# of Children Eligible	# of Children Receiving	% of Eligible Children Receiving Assistance	# of Children Eligible	# of Children Receiving	% of Eligible Children Receiving Assistance
Pinal County	1,923	1,471	76.5%	1,145	860	75.1%
State	37,988	29,011	76.4%	23,183	17,856	77.0%

Source: Arizona Department of Economic Security (2007, 2009). DES Multidata pulled on May 4, 2010 from Database (Unpublished Data).

Key informants pointed out that due to the economy and budget cuts it has been increasingly challenging to receive child care support in the County. Due to state budget cuts, there are now a significant number of families on the waiting list for DES subsidies. This has negatively affected both families and child care providers. The University of Arizona Cooperative Extension program operates an initiative that assists individuals in opening DES Certified Family Homes. In the past, this initiative has helped increase the number of child care providers in the Region. However, due to the DES subsidy waiting list, newly approved providers have not been able to serve any children or families.

The declining number of children receiving DES assistance is compounded by rising costs of care. In 2008, the average cost of infant child care in Pinal and Gila Counties ranged from \$25

per day for in-home care to \$33 per day in a licensed center. The average cost of care for toddlers and preschoolers was similar, the cost dropping only slightly as children got older. Between 2006 and 2008, the cost of child care increased slightly. For example, the average rate for infant child care increased from \$30 per day to \$33 per day in a licensed center. The largest increases in the average cost of child care were seen in the in-home child care centers and unregulated homes (Table 23). Both parents and stakeholders noted the prohibitive cost of child care. One stakeholder shared, “I have found that the cost of child care is very expensive, and with the budget cuts, some families are left with the older children caring for their siblings.” Families clearly struggle to balance child care costs with other family needs—as one parent explained, “Daycare expenses are more than a mortgage payment for our family.”

Table 23. Average Cost of Child Care in Pinal/Gila Counties, 2006 and 2008

Setting Type and Age Group	2006	2008
Licensed Centers (ADHS)		
Infant	\$30.00 per day	\$33.00 per day
Toddler	\$25.00 per day	\$30.00 per day
Preschooler	\$25.00 per day	\$25.00 per day
Group Home		
Infant	\$26.00 per day	\$27.00 per day
Toddler	\$26.00 per day	\$25.00 per day
Preschooler	\$25.00 per day	\$25.00 per day
In-Home Care (ADHS)		
Infant	\$20.00 per day	\$25.00 per day
Toddler	\$20.00 per day	\$25.00 per day
Preschooler	\$20.00 per day	\$24.00 per day
Unregulated Homes		
Infant	\$20.00 per day	\$26.00 per day
Toddler	\$20.00 per day	\$25.00 per day
Preschooler	\$20.00 per day	\$25.00 per day

Sources: Arizona Department of Economic Security (2004, 2006, 2008). Market Rate Survey Data (Unpublished Data).

**Assumes full time enrollment.

Providing child care and preschool opportunities does not always lead to significantly improved outcomes for children. Child care and preschool opportunities need to be of a high quality to lead

to increased outcomes in child learning and development. One measurement of child care quality is accreditation. In 2010, five child care settings in the Pinal Region received accreditation from one of the three major national accrediting bodies for child care (Table 24). The three Pinal Region child care settings that are accredited by the National Association of the Education of Young Children are Curiel Annex Preschool, Pinal Gila Community Services, and Central Arizona College (CAC) Superstition.

Table 24. Nationally Accredited Child Care Settings in the Pinal Region, 2010

	National Association for the Education of Young Children	National Association of Child Care Professionals	National Association of Family Child Care
Pinal Region	3	0	1

Sources: NAEYC, and NACCP websites checked 4/26/10; NAFCC checked on 5/20/10. Based on zip codes provided by First Things First.

Child Care Providers

“Child care professionals are essential. They are the first teachers that a child has.”

—Key Informant.

Child Care providers serve a very important role in the development of young children and the impact of this role is greatly affected by the quality of care. One way of measuring this quality of

care is by examining the credentials of providers, looking at their level of education and access to professional development.

In 2007, 54% of teachers and 91% of assistants did not have post-secondary degrees in Pinal County. This is similar to the statewide rates of 61% of teachers and 82% of assistants that did not have post-secondary degrees. In Pinal County, 22% of teachers had an Associates degree, which is higher than the statewide rate of 15%. Also in Pinal County, 20% of teachers had a BA or MA degree, which is lower than the statewide rate of 25% (Table 25).

Table 25. Child Care Provider’s Educational Background, 2007

Degree Type	Pinal County 2007		Arizona 2007	
	Teachers	Assistants	Teachers	Assistants
No degree	54%	91%	61%	82%
CDA	19%	8%	9%	7%
Associates	22%	7%	15%	8%
Bachelors	11%	2%	19%	7%
Masters	9%	0%	6%	<1%

Source: Arizona Department of Economic Security, Wage and Benefit Study (special data run prepared for FTF 2008 Needs and Assets report).

It is also important to look at wages of child care providers. This relates directly to retention and turnover of staff and hence the quality of care. In 2007, on average teachers earned \$11.76 per hour, assistant teachers \$8.67 per hour, and teachers who were also school directors earned

\$13.16 per hour in Pinal County. Wages for child care professionals increased between 2004 and 2007, with assistant teachers seeing the greatest increase at 11.6%. Teachers saw the smallest average wage increase of only 1.4% (Table 26).

Table 26. Average Wage for Child Care Providers in Pinal County, 2004 and 2007

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

Source: Arizona Department of Economic Security, Wage and Benefit Study (special data run reported in First Things First 2008 Needs and Assets report).

In 2007, between 16% and 61% of statewide early childhood care providers had been employed at their current employer for five or more years. Assistant teachers had the lowest rate of job tenure at 16% and Administrative Directors had the highest rate of job tenure at 61%. Between 1997 and 2007, the rate of early childhood care providers and administrators employed at their current employer for five or more years increased in all categories of employees (Table 27).

Table 27. Length of Employment of Arizona Early Childhood Care Providers, 1997 and 2007

	% of Providers Who Have Been Employed by Employer or 5+ years	
	1997	2007
Assistant Teacher	14%	16%
Teacher	30%	33%
Teacher Director	46%	48%
Administrative Director	58%	61%

Source: A Decade of Data: The Compensation and Credentials of Arizona’s Early Care and Education Workforce, Children’s Action Alliance.

Key informants noted that the First Things First Wage Enhancement Program for child care providers has been successful. This program provides financial incentives for child care providers to remain in their place of employment for longer periods of time. One key informant noted, “This program has definitely had an impact on teacher retention.”

Professional Development

“Training of child care providers is an extremely critical piece in whether or not children get the maximum benefit from the services that they use, and whether these experiences help them be prepared for school.”

—Key informant

Quality professional development opportunities are critical to increasing the quality of child care in the Region. Because of this, respondents to the stakeholder survey were asked to identify the top three professional development topics that, if improved, could have the greatest impact on children ages 0-5 (Question 14 on the stakeholder survey). The results are shown in Exhibit 2. The top three training opportunities identified by respondents were parenting skills, early childhood development, and nutrition.

Exhibit 2. Professional Development Opportunities that would make the Biggest Difference

Professional Development Topics	Response Percent
Teaching parenting skills	55.4%
Information about early childhood development	38.6%
Nutrition	34.9%
Developmentally appropriate practice	34.9%
Brain development	33.7%
Identifying and intervening in abuse and neglect	16.9%
Element of high quality early care	15.7%
Safety	14.5%
Health	13.3%
Special need or disability	12.0%
Academics	10.8%
Mental health	6.0%
Information about other parenting resources provided there	6.0%
Other (see below)	6.1%
CPR	4.8%

Responses in the “Other” (above) category included: Developmentally Appropriate Practice for children with social and emotional challenges, intervention with parents and substance abuse, early brain development, water safety, and what to do if a child is not developing appropriately.

For professional development to be effective, it must be both of high quality and it must result in the implementation of practices learnt in the place of work. Extensive research has found coaching to be effective in assisting individuals to apply what they have learned in training and professional development. The following exhibit shows that without some form of a coaching only 0-5% of individuals were able to transfer what they learned in a training to their actual work. When coaching was available, 95% of individuals used what they learned and applied it to their work. This has tremendous implications for professional development in the field of early care and education.

Exhibit 3: A Summary of a Meta-analysis of the Effects of Training and Coaching on Teachers' Implementation in the Classroom (Joyce & Showers, 2002)

	OUTCOMES		
	% of Participants who Demonstrate Knowledge, Demonstrate new Skills in a Training Setting		
Training Components	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
+ Demonstration in Training	30%	20%	0%
+ Practice & Feedback in Training	60%	60%	5%
+ Coaching in Classroom	95%	95%	95%

Source: Joyce and Showers, 2002 Research on Coaching.²⁴

During primary research for this report, many key informants spoke of the benefits of training in child development. In the words of one it, “Rounds child workers, many of whom don’t have much schooling.” Enabling child care providers to take classes in areas such as child development, positive discipline, and development-appropriate practice has produced profound

²⁴ Fixsen, D. et al. (2005). *Implementation research: A synthesis of the literature*. University of South Florida, Retrieved June 1, 2010 from http://www.fpg.unc.edu/~nirn/resources/publications/Monograph/pdf/Monograph_full.pdf .

impacts on the quality of child care provided in the County. Stakeholders and key informants noted the following assets in the area of professional development for child care providers:

- **Central Arizona College (CAC)**—CAC provides support for achieving further education in child development through programs such as Pathways and Teach Scholarships.
- **Infant/Toddler Mental Health Coalition of Arizona (ITMHCA) Endorsement for Culturally Sensitive Relationship-Based Practice Promoting Infant Mental Health**— This endorsement process offers professionals the opportunity to increase their capacity to deliver high quality mental health services to children and families. There are the four levels of competency within the ITMHCA Endorsement: Infant Family Associate, Infant Family Specialist, Infant Mental Health Specialist and Infant Mental Health Mentor. Details about the competencies at each level can be found on the ITMHCA web site²⁵.
- **Child Mental Health Consultants** —One of the strategies funded by the Pinal Regional Council is the implementation of Child Mental Health Consultants. Key informants are supportive of this strategy and noted that the Regional Partnership Council could be encouraging professionals working in this field to pursue Endorsement. As of March 2010, there were 24 people with Mental Health endorsements in the State of Arizona, there were no people with endorsements in the Pinal Region.

Capacity

²⁵ www.itmhca.org

“There aren't enough providers for all the families in need.”

—Key informant

An important issue that is related to access and quality of child care is the capacity of existing programs and services. A question was asked in both the stakeholder and parent surveys about waiting lists. A total of 45.1% of stakeholders surveyed stated that they were aware of families on a waiting list to receive services (Exhibit 4). Exhibit 5 includes some of the issues and concerns that stakeholders addressed regarding waiting lists.

Exhibit 4. Stakeholders Knowledge of Waiting Lists

Answer Options	Response Percent
Yes	45.1%
No	54.9%

Exhibit 5. Stakeholders Comments regarding Waiting Lists

“List lasts until there is an available slot open.”
“Wait list is 3 months and more.”
“DES child care has a wait list.”
“Head Start and Early Head Start maintain a wait list that is at least 200 children.”
“First Steps (funded by FTF) has a wait list.”
“Many children need home medical services such as OT, PT, Speech and Feeding. The number is greater than the number of providers that are available for services, especially in the rural areas of Pinal County.”
“Many of our clients need food stamps, housing help, reduced cost child care and financial assistance. The waiting list is long.”
“Rural issues and a lack of resources in the communities. Approx wait is 1 yr.”
“We can only serve a specific amount of children/families. They can be on the list for an entire year.”
“I don't know the average any more. Since the waiting list was established I know of no one who has gotten off the waiting list for child care support/assistance. This has dramatically changed conditions for working families.”
“Head Start has a waiting list of at least 6 children but no waiting list for Early Head Start.”
“I am only aware of the children on Early Head Start and Head Start.”
“I know that certain preschools and Head Start programs have a waiting list.”
“There's not enough room in the Pre-School program.”
“Families are on an endless waiting list for child care subsidies through DES.”
“Kids care—forever.”

<p>“Wait list for Kids Care, which is not enrolling or re-enrolling members right now. Wait list for Child Care. Wait list for Head Start. I don't know the average wait time.”</p>
<p>“At times children are on a waiting list for extended periods of time for child care within the community.”</p>
<p>“There’s no money, according to the state office, waiting lists are as long as 6 months to a year.”</p>
<p>“We serve anyone. We are seeing more parents with infants and toddlers using our soup kitchen this year.”</p>
<p>“For those who are on Kidscare Program, or lost their AHCCCS benefits, and just with budget cuts all the way around.”</p>
<p>“Yes, I am!! I think that it is a shame that we have so many families in Arizona waiting to get assistance for child care. Instead of working they are now getting food stamps!!”</p>
<p>“The average wait time depends on the ages of the children enrolled in the program, as to whether they will be transitioning into Head Start pre-school, as well as families moving out of our service area.”</p>

There were 237 respondents to the parent survey. Of these surveys, 37 were completed by families who did not have children enrolled in Head Start or the Home Visiting Program, and 200 were completed by families who had children enrolled in Head Start or the Home Visiting Programs. Due to the robust sample size of the families being served by Head Start and the Home Visiting Programs, the two sample sizes were analyzed separately.

Exhibit 6 displays the analysis of the parent responses pertaining to capacity issues—having a child 0-5 in childcare, having a child on a waiting list and place of child care.

Exhibit 6. Parent Survey Responses

	Head Start/Home Visiting Parent responses	Non-Head Start/Home Visiting Parent Responses
Parents with children aged 0-5 who are in day care or preschool.	46.9%	52.8%
Parents with children on a waiting list for child care	19.2%	17.1%
Parents working in Pinal County	79%	72.7%
Parents working in Pinal County and accessing child care in Pinal County	90%	66% (always accessing child care in the County) 16.6% (sometimes accessing child care in the County)

To find out more about parent’s perceptions about quality child care, a question was asked about what is most important to them when making decisions about child care. The three most important factors when making decisions about child care for both parents with children enrolled in Head Start and the Home Visiting Program and those who did not have children enrolled in

these programs were the following—safety is the main concern voices by parents, followed by cost, and staff qualifications.

Supporting Families

Introduction

Parenting is complex, and parents sometimes need support. This is especially true when families are struggling to make ends meet and are facing the extra stressors and barriers associated with living in a rural community.

This section includes information on family structure and documented child abuse and neglect as well as an overview of family support and parenting programs. There is also an overview of Regional successes in the area of family support and a listing of possible future benchmarks for measuring growth over time

Key Findings

- The percentage of births to unwed mothers decreased from 43% in 2006 to 39% in 2008.
- Between October 2008 and March 2009, 1,017 reports of child abuse or neglect were received in Pinal County, and 161 children were removed from their homes due to

A significant factor that can affect the health and wellbeing of children is the family structure into which they are born. In 2008, 39% of Pinal County births were to unwed mothers. This reflects a decrease from 43% of births to unwed mothers in 2006. Superior had the highest rate of births to unwed mothers at 85%. Florence had the lowest rate of births to unwed mothers at 36%

(Table 28). It is likely that unwed mothers will not have as much support in raising their children as married mothers.

Table 28. Births To Unwed Mothers, 2006 and 2008

	2006		2008	
	Total Births	Births to Unwed Mothers	Total Births	Births to Unwed Mothers
Apache Junction	604	43%	509	50%
Superior	36	61%	39	85%
Florence	171	40%	273	36%
Coolidge	297	55%	295	54%
Kearny	33	48%	32	47%
Casa Grande	907	57%	974	52%
Eloy	233	71%	248	74%
Mammoth	39	54%	26	54%
Pinal County	4,467	43%	5,731	39%
Arizona	102,042	44%	99,215	45%

Source: Arizona Department of Health Services. *Arizona Primary Care Area Program Data Sets*, <http://www.azdhs.gov/hsd/profiles/datasets.html>.

Child Abuse and Neglect

One perspective of how well services are supporting children and families can be gained by looking through the lens of documented child abuse and neglect.

Between October 2008 and March 2009, 1,017 reports of child abuse or neglect were received in Pinal County. Of these reports, 34 were substantiated. (Table 29) While Table 29 illustrates year-to-year variations in the number of child abuse cases reported, overall, there has been an upward trajectory in the number of reports of child abuse or neglect received.

Between October 2008 and March 2009, 161 children were removed from their homes due to child abuse or neglect. The number of removals reflects slight year-to-year variations (Table 29).

Table 29. Child Abuse Reports, Substantiations and Removals in Pinal County 2003, 2004, 2005, 2006, 2007, 2008, 2009

	Oct 2003- Mar 2004	Apr 2004- Sep 2004	Oct 2004- Mar 2005	Apr 2005- Sep 2005	Oct 2005- Mar 2006	Apr 2006- Sep 2006	Oct 2006- Mar 2007	Apr 2007- Sep 2007	Oct 2007- Mar 2008	Apr 2008- Sep 2008	Oct 2008- Mar 2009
Number of Reports Received	913	892	912	991	864	915	945	1057	1,004	983	1,017
Number of Reports Substantiated	NA	NA	NA	NA	50	75	66	47	55	74	34
Substantiation Rate	NA	NA	NA	NA	6%	8%	7%	4%	6%	8%	3%
Number of New Removals*	127	201	208	263	211	271	227	270	192	202	161

Source: AZ DES Child Welfare Reports.

* Does not include voluntary placements.

In 2008, 605 children in Pinal County were in foster care, a rate of 7.1 per 1,000 children. This is higher than the state rate of 5.8 per 1,000 children. Between 2000 and 2008, the number of children in foster care in Pinal County increased from 201 to 605 children. This reflects a growth

rate of 200%. During the same time frame, the number of children in foster care statewide grew by only 57% (Table 30).

Table 30. Child Placements in Foster Care, 2000, 2004, 2008

	2000	2004	2008
Pinal County	201	345	605
Pinal Rate per 1,000 children	4.4	7.8	7.1
Arizona	6,337	8,317	9,965
AZ Rate per 1,000 children	4.6	6.5	5.8

Source: Kids Count Website (accessed May 19, 2010).

Family Support Programs

“Families need us, I didn't realize just how much they count on us as educators for not only teaching their children but for advice on things like nutrition, parenting, special needs. I have many families who are so thankful for the services we are providing to them and their children and some who would not have had the resources or assistance they need in order to maintain their household, if we didn't have these types of programs.”

—Stakeholder

Family support programs are making a difference for families with young children. As a result of the recent First Things First Family Community Survey, there is a baseline measurement of the level of satisfaction with the available services. Of particular interest are the following findings:

- In 2008, 96% of parents/caregivers in the Pinal Region were satisfied with the information and resources available about children’s development and health (47% of were somewhat satisfied, 49% were very satisfied). This is slightly higher than the satisfaction rate statewide. In regards to satisfaction with agencies, 58% of parents/caregivers in the Pinal Region were somewhat or very satisfied with how agencies and families work together and communicate. This is similar to the statewide satisfaction rate of 57%.
- In 2008, at least 80% of parents/caregivers somewhat agreed or strongly agreed that services were easy to locate and available services are good in Pinal County. These are similar to the satisfaction rates statewide. Parental/caregiver assessments of access for services in Pinal County also indicated that 42% somewhat or strongly agreed that they did not know if they were eligible for services; 56% somewhat or strongly agreed that services are not available at time or locations that are convenient; and 47% somewhat or strongly agreed that services fill some but not all their needs. These dissatisfaction rates are higher than the rates statewide. See Appendix D for Details.

The stakeholder and parent surveys conducted for this report included several questions about perceptions about the assets available in the Region to support children ages 0-5 and their families. Exhibit 7 provides a summary of these responses.

Exhibit 7. Perceptions of Assets Supporting Children ages 0-5 and Their Families

	Providers	Parents on-line	Parents – Head Start/Home Visiting
Greatest asset in raising children in your communities (Providers: Question 4, Parents: Question 8)	Head Start (1)	Preschool/Daycare (1)	Head Start/Early Head Start (1)
	Early Head Start (2)	Family (2)	Home visiting (2)
	WIC/Child care Centers/ Providers (3)	AzEIP (3)	WIC (3)
Greatest asset in raising children Region-wide (Providers: Question 5)	Head Start (1)	Question Not Asked	Question Not Asked
	Early Head Start (2)		
	WIC (3)		
Top 3 services most helpful (Providers: Question 6, Parents: Question 9)	Child Care (1)	Education (1)	Home visiting programs (1)
	Parenting Skills/Training (2)	Child Care (2)	Nutrition/Family health Support (2)
	Education (3)	Nutrition//Family Support (3)	Education (3)
Top 3 services for additional support	Child care (1)	Child care (1)	Education (1)

(Providers: Question 7, Parents: Question 10)	Parenting Skills Training (2)	Education (2)	Employment services (2)
	Education (3)	Nutrition/ Family Health Support (3)	Child care (3)
Top 3 services that if improved would make the biggest difference (Providers: Question 9, Parents: Question 17)	Child care costs (1)	Quality of Child Care (1)	Safety/crime/gangs (1)
	Income constraints (2)	Child care costs (2)	Income constraints (2)
	Quality of Child care (3)	Home Conditions (3)	Child care costs (3)

There are many programs in place in the Region that are making a difference for children ages 0-5 and their families. For the purposes of this report we have divided these programs into the following two categories:

- **Family Support Programs**— For example, special needs and health services.
- **Parenting Programs**— Programs designed to improve parenting skills and the capacity of parents to be positively involved in the lives of their children.

Key informants, parents, and stakeholders described some of the programs that are supporting families and making a difference for children ages 0-5. Here are some of the programs that received frequent mention:

- **Head Start**—There is overwhelming support for the outcomes provided by the Head Start program. In the words of one parent, “Head Start was a very GREAT Head Start for my daughter to get ready for school. It was a great learning opportunity for her. Until this day she talks about her teacher and her Head Start School. Head Start gave her the best look on school.” In the view of both stakeholders and parents, the programs provided by Head Start do an exceptional job of meeting the needs of at-risk families. One family noted the degree to which Head Start went above and beyond stating that, “When my five-year-old needed dental care and we couldn’t afford it, Head Start paid for all the care.” One key informant pointed out that Head Start not only works with children but also organizes parents. This has produced great impacts, “Empowering parents to ask questions and having a voice in public policy.” Nonetheless, in the Pinal Region, the Head Start program faces challenges in meeting the needs of families. One Stakeholder noted that the wait list for Head Start and Early Head Start is at least 200 children. Another connected the wait list to funding challenges, stating, “I wish it could include more children. But, I understand the funding issues.”
- **Early Head Start**—Both stakeholders and parents spoke of the benefits of the Early Head Start program. 10.4% of stakeholders surveyed listed Early Head Start among the greatest assets in the Pinal Region. One stakeholder pointed out that this program fills a key need, stating that, “Early Head Start fills a much needed service for children.”

- **Libraries**—As mentioned in the Education section, the libraries are host to regular literacy training classes for young children. This has a significant impact on young families as well as the future of the children involved. In the words of one stakeholder, “Early literacy support insures that children are exposed to books. Children that are read to love books and children that love books have a running start at school.”
- **First Things First**—Parents, key informants, and stakeholders all recognized the value that First Things First has brought to children 0-5. One key informant mentioned that the First Things First program has brought money into emergency food support and that her family was particularly impacted by the availability of child care scholarships. The emergency food box program, provided through CAHRA, has thus far impacted 600 families.

First Things First was also recognized for its support of professional development. In the words of one stakeholder, “The greatest asset Region-wide is First Things First which assists our facilities with funds that help with professional education to staff and directors.” Although the program has impacted many people, some stakeholders point out that it is potentially capable of more. Stakeholders noted that First Things First lacks good advertisements and communication programs that could expand its reach.

- **Pinal Gila Community Child Services (PGCCS)** —Stake holders and key informants listed off a multitude of beneficial programs provided by PGCCS. In fact, 7.5% of stakeholders mentioned PGCCS as the greatest asset in the Region. One stakeholder pointed out the comprehensiveness of the services, stating that, “PGCCS is the single greatest comprehensive provider of preschool child services for Pinal County and their

staff is critical to meeting the significant needs that exist here.” On the whole, these programs have a profound impact on the health of children 0-5.

- **Pinal Early Intervention Program** —Both parents and stakeholders alike praised this program as an essential asset. Early Intervention is a state-wide program that offers services and supports for families of young children with delays or disabilities. It is offered through three agencies, mainly PGCCS, Casa Grande Early Intervention, and the Easter Seals Blake Foundation. As described by one stakeholder, “It is an important spoke in the umbrella of support provided to families.” Another stakeholder noted that part of what makes the program so successful is that its providers work in the child’s natural environment. This enables the child to be more comfortable and for the specialists to work helpful strategies in the family’s regular routine. Speaking of the people involved with this program, one parent explained that, “They always are willing to provide information we need about gaining services for our kids.” Another parent reported the importance of the program by describing it as, “Vital services to help them catch up developmentally.” Nonetheless, parents did note capacity and funding challenges exacerbated by recent budget cuts.
- **Women, Infants, and Children (WIC)**—This program received frequent mention by both parents and stakeholders in Pinal. WIC provides nutrition education, supplemental foods, and referrals to low-income families. Of the stakeholders who took the survey, 9% noted that WIC was the greatest asset in Pinal County. Multiple parents explained that WIC helped them provide their children with healthy food. One parent expressed that, “The food boxes help us in those months in time of need.” This program was also

recognized by one stakeholder as doing a good job at getting information to families, and could serve as a model for other efforts.

- **Sun Life Family Health Center**—Key informants and stakeholders frequently mentioned this program as being a key asset in Pinal County. As explained by one key informant, “They are a federally qualified health center and they have operations in multiple communities.” 3% of all stakeholders noted Sun Life as the greatest asset in the County.
- **Southwest Human Development**—Key informants mentioned a wide variety of beneficial programs offered by this organization. The first is the Emergent Leaders Program, which provides professional development for early childhood directors. The second is the Libraries for Language and Literacy program. This program provides a nine-month training in language and literacy that culminates with participating schools receiving grants to purchase a new library of children’s books. In the words of one key informant, “It was a phenomenal training with great insights that you could immediately implement in your classroom.”
- **Never Shake A Baby**— Prevent Child Abuse Arizona operates a program called Never Shake a Baby Arizona. The goal of this program is to reduce the number of infants and young children who are injured or die due to shaking. The primary strategy to meet this goal is to train hospital nurses to provide new parents with education about infant crying, as well as soothing techniques to calm infant crying. This program provides training to nurses who work in hospitals as well as staff from community-based organizations who work with families with young children. Casa Grande Medical Center staff received training in 2008 and 2009.

- **Community Action Human Resource Agency (CAHRA)**— This community action agency received frequent mention by stakeholders. Part of CAHRA’s work involves building relationships within the community and working to improve conditions for families in poverty. One program that was mentioned specifically is the Home Repair Program that repairs the homes of low-income families. According to key informants, this program is expanding and will have an impact on even more families in the coming years.
- **Oracle Pregnancy Center**—One program in the County that was noted by a parent as helpful is the Oracle Pregnancy Center. The parent described the Center as follows, “This one stop shop gives much needed education to parents regardless of experience and provides education, nutrition and parenting.”
- **Ak-Chin Indian Community**—The community has a number of assets supporting children 0-5 and their families. These are described in detail in Appendix C of this report.

Parenting Support

“I need help on being a good mom for my kids.”

—Parent

“Habits that you develop young in life and the role model you have makes a big difference.”

—Key informant

“Their parents are the key! Finding the right context to empower parents to help their children succeed is the most important priority to improve the health and well being of children”

—Stakeholder

Parents are a child's first teacher and their key role model. Children are more likely to succeed when their parents are engaged in their life and education. There are a number of programs in the Region that support parents in being able to effectively provide for their children. Those that received frequent mention include the following:

- **Home Visitation Program**—This program received widespread acclaim among parents for its impact on their parenting abilities. Parents frequently cited that this program helped them understand better ways to care for and support their children. As expressed by one parent, “The home visits have taught me more about doing activities with my kids.” The comments of parents illustrated clearly that the program has produced significant benefits. Another parent eloquently stated the impact explaining that, “Home visiting educates me as a parent and as a citizen. I learn a lot about both my child and my community and its resources.”
- **Child Care**—Many parents connected the availability of child care to their ability to work. As explained by one parent, “I need child care so that I can work.” Many parents are driven by being able to support their family and children. One parent expressed that, “Working helps me make money to provide for my family.” The availability of child care, though expensive, has made it possible for parents to work to support their children.
- **Disability Support Programs**—Programs that provide education and support for children with disabilities enhance the care parents can provide. These programs have helped parents better understand how to care for their children. One parent noted that “Special needs or disability services have helped me with understanding more about my son's diagnosis.”

- **Grandparents Raising Grandchildren Support**—There are resources for grandparents raising grandchildren, including support groups offered by Seeds of Hope in Casa Grande.
- **Parenting Skills Training**—Although key informants and stakeholders frequently mentioned the lack of parenting classes in the County, there are existing and successful programs.
 - *U of A Cooperative Extension*: The U of A Cooperative Extension Expanded Food and Nutrition Education Program is currently providing nutrition education for parents in the Region. In the past they were also funded to provide parenting classes. However, some of the Cooperative Extension staff has the training necessary to include parenting skills in their nutrition education work. One key informant noted that this “Makes a huge difference in the lives of the families we work with.” And shared an anecdote about the positive impact of the program: “One of the families that we deal with was a Dad who was having supervised visitation with kids. It wasn’t going well because the supervisor noted that he lacked effective parenting skills and frequently brought the kids fast food. After taking the class, within three months the person who was doing supervision was recommending that he have custody.”
 - *Eloy Governor’s Alliance Against Drugs*: EGAAD offers parenting classes based off of the Strengthening Multi-Ethnic Families framework. As noted by one key informant, this framework “Focuses on the positives, such as how to praise your child rather than discipline them—like spanking or yelling.” As part of the program EGAAD is developing Strengthening Family Toolkits that provide

resources, including free and minimal cost community activities, social services, and child development information.

- *One Step Coalition*: This faith-based coalition offers parenting classes that have an open forum format with a great deal of sharing. The class is intended to help parents figure out what kind of parent they are and what kind of parent they want to be. As described by one key informant, rather than the classes being “preachy” they are based on “choice and sharing.” The classes have received positive feedback from parents and frequent requests for additional classes.

The remainder of this section explores some additional areas of family support:

- **Family Support Successes**—Success and areas of progress in the County related to family support programs.
- **Future Benchmarks**—The changes the County could expect to see if children were better able to access and receive the highest potential of early childhood supports.
- **What’s Missing**—Services not yet in place but that could have the potential to improve the outcomes for children.

Family Support Successes

“The programs have improved the well-being of my children.”

—Parent

In their book, Switch: How to Change When Change is Hard, Chip and Dan Heath discuss the benefit of focusing on the “bright spots.” Pursuing bright spots is like asking the question,

“What’s working, and how can we have more of it?”²⁶ There is an array of programs in the Region working to improve the wellbeing of children. Key informants and survey respondents noted the following areas in which success and progress is being made:

- **Child Care**—There is widespread recognition among stakeholders, parents and key informants regarding the increasing need for high quality child care services. As noted earlier in this report, many child care providers have very little training and education, therefore professional development combined with coaching is critical. One key informant noted the success of a brain development training for child care workers. This training “Gives them a solid grounding in child development” and impacts about 50 child care providers each year. A different training offered by DES for small home care providers also produced significant impacts. In the words of one key informant, “The children in the facilities with a provider involved in training were more attentive, better behaved, and involved actively in play. Whereas the other facilities it was utter chaos—children screaming, crying, and wanting attention.” The key informant believed that this training program has had wide-spread impact on small home care providers.
- **Literacy**—Stakeholders and key informants frequently mentioned the impact that libraries have on the success of children ages 0-5. Many libraries have a “Story-time” program or something similar. One key informant noted a profound impact, stating, “In my experience, children that have been coming to story-time regularly have an advantage at school. From what I hear from the parents, they seem to be doing much better than other kids.” Additionally, some of the libraries have “Brain Boxes” that are available for infants. The boxes contain engaging activities that promote reading and come with

²⁶ Heath C. & Heath, D. (2010). *Switch: How to change when change is hard*. New York: Broadway Books.

instructions about early brain development, although these boxes are currently underutilized. Overall, 3.8% of stakeholders noted that the public library was the greatest asset in the county.

- **Collaboration**—There is widespread agreement that collaboration has played a key role in Pinal County. When asked about collaboration in the County, stakeholders and parents noted a wide variety of provider networks, collaboration teams, and program partnerships. In the words of one stakeholder, “Lots of networks exist in Pinal County: different geographical networks are necessary because of the diverse needs and makeup of the county.” Not only do agencies and providers see the value of collaboration, the number of collaborative efforts in the County is a demonstration that it is practiced.
- **Immunization**—Key informants frequently mentioned the successful efforts of the Pinal County Public Health District in increasing the immunization completion rate for young children. The District focused on increasing awareness, accessibility, and efficacy. First they removed the administration fees for services and expanded clinic operation hours to make the immunizations more accessible for families. And secondly, they created a system in which, according to one key informant, “Any kid that came to us would complete the program.” To do this, the Pinal County Public Health District case managed each child and engaged nurses with family members from the beginning to illustrate the importance of immunizations. The program has shown a remarkable increase in immunization completion rates from 43% to 74% over the span of 2 years.
- **Nutrition**—Parents and key informants frequently mentioned the successes of nutrition programs such as Women, Infants, and Children (WIC). One parent noted that WIC “Helps me provide my kids provide a lot of healthy foods.” Another parent noted that,

“WIC has been great for informing us on healthy meals for the family.” The awareness of healthy eating habits has been growing among parents and is well-supported by existing programs. In fact, one key informant noted that WIC is not near its capacity, and could address a larger population than it is currently providing for.”

What’s Missing?

Though many programs have demonstrated success, there are opportunities that have been missed and services not yet in place that could make a significant difference for children ages 0-

5. Those most frequently noted include:

- **Parenting Education Awareness**—There is a large need for parenting skills classes in the County. One parent explained that, “Parenting skills training would help me be a better mom and provide me with better problem solving skills.” Parents and stakeholders demonstrated a great need for parenting skills classes, but frequently mentioned that none were available in the area.
- **Safety**—Parents and stakeholders mentioned that there are barriers to healthy living, including gang violence, drugs, and crime. One parent noted that, “Over the last couple of years gang violence has been a very big concern to me, because I don’t want my son around that violence.” Another parent from Casa Grande explained that, “Drug issues are a huge problem in this area”. These concerns are shared by the parent survey respondents. The prevalence of drugs and violence has a significant impact on young children and on the future of Pinal County. Furthermore, crime has also been increasing. One parent expressed that, “I have seen police cars running around my neighborhood due to crime increasing recently.” In the words of one of the stakeholders, “Young people are our

future. Many are involved in gang culture, and that includes sexual activity, drugs, crime, and disregard for their personal safety and the safety of the unborn and young. The cost to our county is extraordinary.”

- **Transportation**—Both stakeholders and parents noted that transportation presents a significant challenge. According to one stakeholder, “Transportation is one of the largest concerns for the county. Transportation is needed for a family to get to appointments, medical, school, work, or any facet of daily life.” One parent supported this view by pointing out the challenge of limited transportation when enrolling your children in school. In the words of one parent, “Transportation services would be great, as there are none in this area and one vehicle is not sufficient for a family.”
- **Equal Access**—Many parents and stakeholders noted that the services available are not equally distributed or accessible across the County. One parent expressed this concern saying, “Living in a rural area our needs are forgotten.” A stakeholder expounded on this further by explaining that, “With the exception of the newer and more urban settings in Pinal County (San Tan, Maricopa)... children have minimal access to health and dental providers and little to no access to quality child care.”
- **Capacity**—Between 80.8% and 82.9% of parents noted that they were on the waiting list for necessary services. Waiting times ranged from 3 weeks to 2 years for some services. In the words of one key informant, “The lists are endless.” The waiting lists for child care and education programs indicate a lack of capacity in the County.

Future Benchmarks

“Our youth are our future.”

—Parent

How do we know that we are succeeding? During primary data collection, respondents were asked how we would know if the Region were providing more timely services to children. If the Region were properly responding to the needs of children 0-5, what would we see? The benchmarks of success mentioned by key informants were the following:

- **Parental Involvement**—Key informants noted that if the county were successful in child care support, then parents would be more involved in their children’s education. One key informant suggested that if needed family supports were available, we would see parents dropping in on their own to observe their children in class and creating partnerships with teachers. The key informant compared this to the current situation, stating, “I think parents drop their kids off and want to be free from their children for a portion of the day, and when problems arise when children are older, it’s harder to manage behavior.”
- **Kindergarten Readiness**—One measure suggested by key informants is that success in early education would mean that all children would know their alphabet by the time they enter Kindergarten. This would necessitate Kindergarten readiness testing.
- **Parental Education**—Key informants also believe that success in family supports would result in parents understanding more fully the importance of early childhood development and health.

- **Child Abuse**—Key informants mentioned that with increasing supports they would expect to see a correlating decrease in the incidence of child abuse and neglect in the Region.
- **Opportunities for Personal Growth**—One key informant noted that if the early years were a clear priority in the Region, then we could expect to see more activities available for children 0-5, such as museums and the zoo because, “They are activities that let kids know that the world is a big place.”
- **Regular Healthcare**—Key informants believe that an indicator of success in the Region would be that more children attending regular health care visits.
- **Breast Feeding Rate**—As explained by one key informant, breast feeding is essential to brain development, future health, and emotional stability. In addition to this correlation, one key informant explained that, “The breast feeding rate tells me a lot about parents’ engagement with their child and ability to make decisions in child’s best interest.” Key informants would expect the breast feeding rate to increase.
- **Quality Measurement of Early Childhood Programs**—A key informant mentioned the Quality Measurement Tool—Childhood Education Rating Scale (ECERS)—as a useful way to inform families and Centers about the quality of programs. Though this is used by some schools, it is not widespread and published. One key informant envisioned that, “Any early childhood education facilities would be required to have an ECERS assessment done and those ratings would be published so they are accountable for the service they are providing or not providing.” The widespread use of preschool assessment could serve as an indicator of improved Regional supports.

Health

“ I feel that continuing to provide our families with the resources and information they need, in regards to health and well-being of children in the early stages of their life, will lead to a healthier, happier, well balanced child as they continue to grow.”

—Stakeholder

“Children aren’t getting healthcare that they should—its more emergency room visit to emergency room visit. I like to see children going in for regular check ups.”

—Stakeholder

Child health is key to future success. Research indicates that infant health factors have affects well into adulthood, including impacts on educational attainment, earnings, and employment²⁷.

This section looks at the health of children ages 0-5 in the County and include data births in the Region, access to medical care, childhood immunizations, oral health and nutrition.

²⁷ Currie, J. & Hyson, R. (1999). Is the impact of health shocks cushioned by socioeconomic status? The case of low birthweight. *The American Economic Review*_89(2).

Key Findings

- In 2008, there were 5,731 births in Pinal County. This was an increase of 1,264 births over 2006.
- 68.2% of infants ages 12-24 months received immunizations in 2009.
- In Pinal County, 14.6% of children do not have health insurance.
- Participation in WIC has been increasing and currently nearly 10,000 women and children benefit from this program.
- Between 2006-2008 the number of children aged 0-5 enrolled in the State Nutrition Assistance Program (SNAP) has increased by 68.7%, which is higher than the statewide rate.

In 2008, there were 5,731 births in Pinal County. This was an increase of 1,264 births over 2006. 11% of births in the County were to mothers under age 20. This is slightly lower than the 2006 rate of 13%. Within Pinal County, Eloy, and Mammoth had the highest rates of teen births at 27% in 2008 (Table 31).

Between 2006 and 2008, Superior showed the greatest decline in the proportion of births to women under the age of 20. The percentage of births to teen mothers affects the health and well being of children ages 0-5. As one stakeholder commented, “Teen parents need a great deal of support.” Both stakeholders and parents mentioned the prevalence of teen pregnancy. One parent

noted that, “There is also a high rate of teen pregnancy by the same families who are entangled within a vicious cycle that does not end.”

One stakeholder emphasized the importance of prenatal care by stating that, “Without access to prenatal care the risk to child and mother is greater.” One parent noted that, “Prenatal services helped me care for myself and my unborn baby.” Prenatal care is critical to the health outcomes of children. In 2008, 82% of all births in Pinal County had prenatal care in the first trimester. This is higher than the 2006 rate of 78%. In 2008, Eloy had the lowest rate of all births with prenatal care in the first trimester (62%).

In addition to accessing pre-natal care, research suggests that low birth weight has a multitude of implications including higher rates of “subnormal growth, illnesses, and neurodevelopmental problems.”²⁸ In 2008, 6% of all births in Pinal County were low birth weight. This reflects a 1% point decrease from 2006. In 2008, Coolidge had the highest proportion of births that were low weight at 8% (Table 31).

²⁸ Hack, M; Klein, N.K.; Taylor, H.G. (1995). Long-term developmental outcomes of low birth weight infants. *The Future of Children* 5(1), 176-196.

Table 31. Number of Births, Percent of All Births to Women Under Age 20, Percent Receiving Prenatal Care, Percent Born Low Birth Weight, 2006 and 2008

2006				
	Total births	% of all Births to Teen Mother (≤ 19 yr)	% of all Births with Prenatal Care 1 st Trimester	% of all Births that were LBW, 2500**
Apache Junction	604	14%	76%	6%
Superior	36	22%	67%	8%
Florence	171	15%	78%	8%
Coolidge	297	17%	69%	8%
Kearny	33	18%	79%	18%
Casa Grande	907	19%	69%	7%
Eloy	233	23%	64%	10%
Mammoth	39	28%	62%	10%
Pinal County	4,467	13%	78%	7%

2008				
	Total births	% of all Births to Teen Mother (<=19 yr)	% of all Births with Prenatal Care 1st Trimester	% of all Births that were LBW ,2500**
Apache Junction	509	15%	80%	6%
Superior	39	18%	74%	5%
Florence	273	7%	80%	4%
Coolidge	295	14%	68%	8%
Kearny	32	19%	66%	0%
Casa Grande	974	15%	71%	6%
Eloy	248	27%	62%	5%
Mammoth	26	27%	58%	4%
Pinal County	5,731	11%	82%	6%

Source: AZ DHS, Vital Statistics.

In 2006, 11,615 children (14.6% of the population) under the age of 19 did not have health insurance. This is slightly lower than the state rate of 16.1% of children under age 19 without health insurance (Table 32). Key informants pointed out that recent budget cuts have had a significant impact on this by cutting programs such as KidsCare, leaving many children without insurance.

Table 32. Number of Percent of Children (under 19) Without Health Insurance, 2006

	Number Uninsured	% Uninsured
Pinal County	11,615	14.6%
Arizona	279,363	16.1%

Source: US Bureau of Census, Small Area Health Insurance Estimates 2006.

In October 2009, there were 241 primary care providers in Pinal County. This gave Pinal County a provider-to-population ratio of 1:1480. The provider-to-population ratio ranged from a low of 1:664 in Kearny to a high of 1:9675 in Coolidge (Table 33). Stakeholders commented on the need for more health care providers across the Region, “With the exception of the newer and more urban settings in Pinal County children...have minimal access to health and dental providers.” And again, “We need more Dr. offices! I constantly hear and deal with families that have to wait very long to get an appointment, even when their child is sick. Dr.'s offices should not have to tell families to go to urgent care because they are too busy!”

Table 33. Number of Health Care Providers in Pinal County, October 2009

	Primary Care Providers	Primary Care Provider: Population Ratio	Nurse Practitioners	Registered Nurses	Dentists	Emergency Medical Providers
Apache Junction	32.6	1:2380	22	497	15	123
Florence	26	1:1293	5	110	9	69
Coolidge	1.8	1:9675	0	70	2	30
Kearny	4.8	1:664	1	18	1	13
Casa Grande	84.5	1:874	11	480	31	131
Eloy	9.4	1:3033	5	98	4	57
Maricopa	17	1:1364	10	333	10	128
San Manuel	17.2	1:2014	10	179	4	60
Pinal County	241	1:1480	83	2,426	89	860

Source: AZ DHS, Statistical Profile 2009.

The lack of health infrastructure in Pinal County was noted by key informants and stakeholders.

One key informant noted that, “Many families travel to hospitals in other counties because it is closer.” Another key informant noted that “A big problem is that most kids are born out of the

county. Most kids are born in Chandler or Gilbert because we don't have a lot of health care infrastructure here." These observations are reflected in the data. In 2008, only 17.8% of Pinal County resident births occurred in Pinal County while 77.9% took place in Maricopa County (Table 34). Further, for high-risk births, in 2009, 48 mothers were transported out of Pinal County to give birth at facility offering a higher level of care (Source: information provided by Mary Ellen Cunningham, Office of Children's Health, AZDHS).

Table 34. Number of Births of Pinal Residents Outside the Region

	% of Births by Pinal County Resident by County Where Birth Occurred				
	Total Births to Pinal County Residents	Gila	Maricopa	Pima	Pinal
2006	4,467	.3%	72.6%	5.0%	21.7%
2007	5,280	.3%	74.9%	4.1%	20.1%
2008	5,731	*	77.9%	3.9%	17.8%

Source: Arizona Department of Health, Vital Statistics.

*As there were fewer than 10 births, the numbers were too small to calculate a percentage. In addition, a very small number (less than 10 births per year) Pinal County residents did give birth in other counties including Apache, Coconino, Graham, Mojave, Navajo, Santa Cruz, Yavapai, and Yuma.

Infant mortality is another measure of the health of the 0-5 age group. In 2008, there were 33 infant deaths in Pinal County. This translates to an infant mortality rate of 7.39 per 1,000 live births (Table 35).

Table 35. Infant Deaths and Infant Mortality Rate, 2008

	Infants <1	Live Births	Per 1,000 live births
Pinal County	33	4,467	7.39

Source: AZ DHS, 2008 Annual Report of Vital Statistics.

Note: Local communities not shown as they had very small numbers.

In 2008, there were 46 child deaths in Pinal County. This translates to a death rate of 2 per 10,000 children. This is the same as the state death rate. The death rates have remained constant in both Pinal County and statewide (Table 36).

Table 36. Child Deaths (ages 0-14), 2004, 2006, 2008

	2004	2006	2008
Pinal County	26	50	46
Rate per 10,000	2	3	2
Arizona	870	920	887
Rate per 10,000	2	2	2

Source: AZ DHS, 2008.

Note: Local communities not shown as they had very small numbers.

Immunizations in childhood have an effect on a child’s future health. In 2009, 68% of children ages 12-24 months and 40% of children ages 19-35 months received age-appropriate immunizations in the Pinal Region. The immunization rates between 2005 and 2009 remained fairly constant with minimal year-to-year fluctuations (Table 37).

Table 37. Percent of Children Receiving Childhood Immunizations in Pinal Region, 2005, 2007, 2009

	2005	2007	2009
Ages 12-24 months*	67.00%	68.90%	68.20%
Ages 19-35 months**	39.10%	44.40%	40.00%

Source: Arizona Department of Health Services (2005, 2007, 2009). Arizona State Immunization Information System Data Base (ASIIS) data pulled on May 4, 2010 (Unpublished Data). Based on zip codes provided by FTF.

*series 3:2:2:2 **series 4:3:1:3:3:1

Immunization has been an area of particular interest for the Pinal County Public Health District. Recently, only 43% of parents who came to get a shot completed the recommended program. The Pinal County Public Health District selected improving this as a priority, mobilized the community, increased its outreach efforts, and restructured the immunization program to ensure each child beginning a series of immunizations was case managed by a nurse. Through these efforts, the percentage of completion of all immunizations increased from 43% to 74%, and is expected to reach the target of 80% by October.

Special Needs

The Arizona Early Intervention Program (AZEIP) is designed to both identify children with special needs and then support the growth, development, and learning of these children. In 2009, 268 children under age 6 in the Pinal Region participated in the AZEIP program. This represents 5.3% of young children participating in the program statewide. Between 2007 and 2009, the number of children in the AZEIP program in the Pinal Region increased by 139 children or 107.8%. The statewide AZEIP program grew by 47.2% (Table 38). One parent spoke highly of

the impact of this program stating that, “They always are willing to provide information we need about gaining services for our kids.”

Table 38. Children Under Age 6 enrolled in AZEIP, SFY2007 and SFY2009

	SFY2007	SFY2009
Pinal Region	129	268
AZ	3,450	5,078

Source: Arizona Department of Economic Security (2007, 2009). DES Multidata pulled on May 4, 2010 from Database (Unpublished Data). Based on FTF provided zip codes.

Oral Health

The shortage of dentists in the County also impacts the dental health of young children. As noted by one stakeholder, there are, “High numbers of children with untreated or incomplete treatment of dental needs.” Four dentists in Pinal County indicate pediatrics as their specialty. This data is limited because dentists are not required to indicate their specialty and having a specialty does not guarantee board certification. For example, a dentist can indicate pediatrics as a specialty but that does not necessarily mean that they are board certified. The state encourages the use of general dentists for routine dental care for patients of all ages and reserving the few board certified pediatric dentists for those in need of acute and extensive dental care (Source: email from Mary Ellen Cunningham).

Child Nutrition

A healthy diet is essential to a child’s success. Key informants, parents, and stakeholders recognized the significance of nutrition. In Pinal County, there is a large demand for nutritional support. The demand is clear in the statement of one of the stakeholders who noted that,

“Countless children do not receive nutritionally balanced meals.” The function of Women, Infants, and Children (WIC) is to provide nutritional support and education for low-income families. In 2009, 3,272 women and 6,591 children participated in the WIC Nutritional Program in the Pinal Region. This reflects a 42.7% increase in the number of women and children participating in the WIC Nutritional Program since 2005 (Table 39). One parent explained the impact on her family saying that, “The food boxes that are provided each month helps supplement our meals.”

Table 39. Women and Children Enrolled in WIC Nutritional Program, 2005, 2007 and 2009

Pinal Region	Women	Children
2005	2,273	4,637
2007	2,714	5,136
2009	3,272	6,591

Source: Arizona Department of Health Services (2005, 2007, 2009). Arizona Women, Infants & Children data pulled April 22, 2010 (Unpublished Data). First Things First provided zip codes for Pinal Region.

As a result of the downturn of the economy, there have been shifts in the population using WIC. One key informant noted that many of the people utilizing WIC now have never used a government program before. Many are “highly educated, but just in a tough bind.” Due to these changes among other things, key informants noted that there are “a lot more folks eligible out there that are not using the service.” One key informant reported that only 45% of those eligible for the service are accessing it, yet the program has the capacity to handle a larger number. This program has a larger potential to impact families than it is currently being used for.

The Supplemental Nutrition Assistance Program (SNAP) is the new name adopted by the Federal Food Stamp Program in October, 2008. This program supports health and nutrition for families. SNAP funding supports both direct nutrition assistance as well as nutrition education and outreach. In January 2010, 9,844 Pinal County children ages 0-5 were enrolled in the State Nutrition Assistance Program (SNAP). This reflects 4.6% of children ages 0-5 enrolled in SNAP statewide. Between January 2007 and January 2009, the number of child participants in Pinal County increased by 4,010 or 68.7%. This is higher than the statewide rate of 60.2% (Table 40).

Table 40. Children (ages 0-5) Enrolled in State Nutrition Assistance Program (SNAP)

	Jan-07	Jan-09	Jan-10
Pinal County	5,834	8,408	9,844
Arizona	134,697	179,831	215,837

Source: Arizona Department of Economic Security (2007, 2009). DES Multidata pulled on May 4, 2010 from Database (Unpublished Data).

Public Awareness & Collaboration

“We are a community working together for the same goal”

—Stakeholder

Introduction

Connections help things happen. There are two levels on which programs in the early childhood development and health community in the Region are aiming to build connections. Firstly, they aim to connect with the families to ensure that they are aware of the services available to them. Secondly, these service providers recognize that when they connect with each other, there is a greater chance of success.

Connecting with Families

Parents were asked about how they get information regarding their children’s development and health (Exhibits 8 and 9) (Question 16). The responses indicate that parents are most frequently accessing information through the Internet, pediatricians/doctors, relatives/friends and teachers. These findings indicate that although parents are using the Internet, they are still heavily dependent on the traditional mechanism of “word of mouth”. This will have implications for outreach efforts in the Region.

Exhibit 8. Sources of Information for Families who did not have Children in Head Start or the Home Visiting Program

Location	Response Percent
The internet	76.6%
Doctor/pediatrician	67.6%
Relative or friend	59.5%
Your child's teacher	24.3%
Library	18.9%
Resource guide	13.5%
Child care center	10.8%

Exhibit 9. Sources of Information for Families Had Children in Head Start or the Home Visiting Program

Location	Response Percent
Doctor/pediatrician	78.6%
Your child's teacher	57.1%
The Internet	49.5%
Relative or friend	49.0%
Library	9.7%
Resource guide	9.2%
Child care center	5.6%

In addition, stakeholders were asked about their perceptions of the sources parents access for information regarding their child’s development or health (Question 10). It is interesting to note that their perceptions were accurate (Exhibit 10).

Exhibit 10. Stakeholders Perceptions of Where Parents Get Information About Child Health and Development

Answer Options	Response Percent	Response Count
Doctor/pediatrician	75.0%	63
Relative or friend	72.6%	61
A child's teacher	48.8%	41
The internet	39.3%	33
Child care center	33.3%	28
Resource guide	15.5%	13
Other (see below	10.7%	9
Library	9.5%	8

In addition to the above, stakeholders mentioned the following in the category of “Other”: home visitor/home educator, church, Head Start and Early Head Start and Pregnancy Center, WIC and agency referrals.

Family Connections Successes

There have been several outreach efforts that stakeholders held up as exemplary. As with the Family Support successes in the earlier section, these are examples of those “bright spots” that could be used as examples of best practices, or practices that deserve further exploration:

- **Pinal County Public Health District**—To increase the success of the immunization program, the head of public health, the county manager, and the assistant county manager conducted 52 meetings with leaders, stakeholders, and community members across the County. At the meetings they talked about how low the immunization rate was and how if, in the words of one key informant, “They didn’t help fund it, then nothing would get done.” One key informant attributed the success of the campaign to making the issue relevant to stakeholders by highlighting a recent outbreak at a local school and showing the widespread poverty rates through data on the National School Lunch Program. These efforts were successful in influencing the Board to adopt a county tax that went specifically to this program—the board voted unanimously in favor.
- **Home Visitation Program**—This program enables providers to teach parents personalized strategies for effective child development in their own home. The ability to personalize strategies makes a significant difference for parents. This comes through in the comments of parents using this program. One parent stated that, “The home visiting programs have helped me and my baby by enhancing the way of teaching her.” Another parents explained that, “The educators helped me learn how to work with my daughter.” In addition to the personalization, another reason these programs are successful is because they don’t require travel. As one parent noted, “Home visits are nice when we don't have money for cars to go to these classes.” On top of this, the burden on the parent

is very low. As explained by one parent, “I don't have to worry about getting them dressed to go any where.”

- **Eloy Governor’s Alliance Against Drugs**—Their success in involving the community in anti-drug work is a model based on several elements. The first is that marketing about activities and services is done through multiple venues: at every community event they have a presence; outreach is done through many directions including newsletters, fact sheets, flyers, postcards, public service announcements, presentations at PTO meetings; and the coalition involves youth and parents as voting members. One key informant noted that this final element is what has made the coalition so successful. Stating that, “Youth are the key to get parent involvement.” By involving youth as voting members of the coalition, EGAAD successfully demonstrates to youth that they are valued. Another key success factor is that outreach is innovative. For example, in partnering with schools, EGAAD distributed anti-drug wristbands instead of stamps when community members entered the stands for a football game.

Connecting between Agencies

“Collaborating with others is a key means for us accomplishing our program's goals”

—Stakeholder

Having agencies that share common goals work together makes sense. Connections enable the spread of information, collaboration on projects, and effective delivery of comprehensive services. When asked about collaborations they've seen, stakeholders and key informants mentioned everything from projects they have collaborated on to countywide networks. Pinal County has many examples of effective collaboration among agencies.

One way of looking at how organizations work together is by exploring evidence of coalitions or groups that involve a variety of partners. Providers were asked to share examples of organizations collaborating in the Region (Question 12). Of the stakeholders who took the survey, 8.6% mentioned the value of the CARE Network group, Pinal County Network group, and the Casa Grande Alliance. (Exhibit 11)

Exhibit 11. Frequently Mentioned Collaborations in the Stakeholder Survey

Collaboration	Response Percent
CARE Networking	8.6%
Pinal County Network	8.6%
Casa Grande Alliance	8.6%
The Network, Apache Junction	6.9%
Success By Six	5.2%
Eloy Governor's Alliance Against Drugs Coalition	3.4%
Resource Roundup	3.4%
Strategic Crisis Management Group	3.4%
Pinal County Anti Meth Coalition	3.4%
One More Step Coalition	1.7%
Reach Out and Read	1.7%

Many stakeholders mentioned particular organizations that are working collaboratively. In the view of stakeholders, Head Start and United Way were organizations that were most frequently mentioned as being involved in collaborations (Exhibit 12).

Exhibit 12. Frequently Mentioned Collaborators in the Stakeholder Survey

Collaborator	Response Percent
Head Start or Early Head Start	15.5%
United Way	12.3%
First Things First	15.5%
PGCCS	10.3%
First Steps	3.4%
CAHRA	5.2%
School Districts	5.2%
SunLife Health	3.4%
Apache Junction Public Library	3.4%
Central Arizona College	5.2%
U of A Extension	1.7%
WIC	3.4%
Arizona Early Intervention Program	3.4%

Although stakeholders cited a wide variety of realms in which organizations work together, they also had a multitude of simple suggestions for helping organizations to work together more effectively. 13.3% of Stakeholders noted that better communication among organizations was needed and could lead to less wait time and higher productivity. Of the stakeholders, 8.3% felt that having a website that provided comprehensive information about all the services in the County would be the most helpful. Many stakeholders, 6.7%, noted that increased face-to-face

meetings would enable a greater flow of information sharing, addressing issues of common concern, and pooling of resources (Exhibit 13).

Exhibit 13. Single Changes that would make a Difference

Single Changes	Response Percent
Better communication among organizations	13.3%
Website to link and provide comprehensive picture	8.3%
Increased collaboration	6.7%
More networking and face to face meetings	6.7%
Increased infrastructure (i.e. office space)	3.3%
Change in thinking towards cooperation	3.3%
More funding	3.3%
Uniform Reporting/Recording System	3.3%
Community leadership in programs	3.3%

Some additional examples of collaborations between organizations that received frequent mention include the following:

- **Success by Six**—This United Way program was noted as embodying an effective collaboration and making significant strides to improving the welfare of children ages 0-5. Key informants and stakeholders recognized that the collaboration involves many players, including child care centers, schools, private companies, Head Start, PGCCS, and Apache Junction Public Library. One stakeholder reported that, “Pinal County United Way has made great strides in working with agencies.”

- **One More Step Coalition**—This coalition focuses on drug abuse, domestic violence, and parenting classes. The coalition is grassroots and is composed mostly of communities of faith. With the noted shortages in parent skills classes, it is significant to note that the coalition offers a parenting class focusing on communication, responsibility and discipline, uniting families, and prevention.
- **Central Pinal County Human Resource Directory (CAHRA)** —This community action agency received frequent mention by stakeholders as a key collaboration in the County. Part of CAHRA’s work involves building relationships within the community. This manifests itself as facilitating community networks in Eloy and Casa Grande and publishing a monthly newsletter called the Pinal County Network News. According to one key informant, the Pinal County Network brings 30-60 providers to every monthly meeting and through it, “Everyone has an opportunity to share about what’s going on in Pinal County.”
- **Resource Round-Up**—This annual event has helped increase connections and collaboration among providers. One key informant noted three purposes for the Round-Up including professional development for human service organizations, relationship building between providers, and improved awareness of other services available to their clients. One stakeholder explained the value of the program stating that, “The annual Resource Round-Up serves as a great vehicle for organizations to learn about each others programs and to meet staff from those programs”. This event is well attended every year.
- **CARE Network**—This program is facilitated by CAHRA and focuses on representatives of human service agencies. One key informant explained the benefit of attending monthly meetings, stating that it is, “A great networking opportunity and forum for discussion of

issues of common interests.” This program has been successful in reaching out to human service agencies. In the words of one key informant, “It is something that people are anxious to attend each month.”

- **Eloy Governor’s Alliance Against Drugs (EGAAD)**—This coalition is composed of stakeholders from the police, county health department, CAHRA, the local newspaper, parents, community members, and youth. The broad-ranging coalition has made great strides in raising drug awareness and advocacy in its community. One key informant credited the success saying, “What makes it successful is we’re doing it comprehensive.”

A Framework for Systems Initiatives

In addition to the benefits of community awareness and information sharing that collaboration brings, it also enables system-wide change. In recent years, there has been a great deal of conversation around system change in the public dialogue. How do you define it? How do you initiate it? How do you measure it? A useful tool for building systems is a paper by Julia Coffman called, “A Framework for Evaluating Systems Initiatives,” (August 2007).

In this paper, Coffman defines a system as “A group of interacting, interrelated, and interdependent components that form a complex and unified whole.” A system’s goal is achieved through the actions and interactions of its components. For our purposes these are the programs, policies, agencies, or institutions with the common goal of improving outcomes for children ages 0-5.

The early childhood system is made of many parts—early care and education; family support;

health, mental health, and nutrition; and special needs/early intervention. System change embraces all components of the system, “The idea being that the optimal developmental outcomes for young children will be achieved when each component is fully developed and the four components or subsystems connect or align.”²⁹

Coffman defines the following as areas of systems change work:

- **Context**—Improving the political environment that surrounds the system so it produces the policy and funding changes needed to create and sustain it.
- **Components**—Establishing high-performance programs and services within the system that produce results for system beneficiaries.
- **Connections**—Creating strong and effective linkages across system components that further improve results for system beneficiaries.
- **Infrastructure**—Developing the supports systems need to function effectively and with quality.
- **Scale**—Ensuring a comprehensive system is available to as many people as possible so it produces broad and inclusive results for system beneficiaries.

According to Coffman, “These five areas comprise the aspects of a system that, if developed or advanced, can produce broad impacts for the system’s intended beneficiaries.”³⁰ This means that activities across system change initiatives can be streamlined and the collective outcomes measured. See attached appendix G for more information on this model.

²⁹ Coffman, J. (2007). *Evaluation systems initiatives*. Build Initiative. Retrieved May 1, 2010 from <http://www.buildinitiative.org/content/evaluation-systems-change>

³⁰ *ibid.*

Stakeholders and key informants reported many successes in the realm of building connections in the Region. There are opportunities to look at using this framework both to enhance the system change efforts and to evaluate the changes. In bringing together different agencies—different parts of the early childhood development and health system—it is possible to embrace all agencies and in doing so leverage this effort for systems change, in order to create permanent, sustainable, systemic change.

Summary and Conclusions

The goal of this report is to provide a snapshot of the needs and assets of children ages 0-5 and their families residing in the area served by the Pinal Regional Partnership Council.

The Region has some unique challenges, based on the severity of the effects of the downturn of the economy, particularly in light of the high foreclosure rate and the high rate of the population rate experienced in the past decade. In addition, being a large Region with multiple rural communities, there are further challenges, such as transportation and lack of education and employment opportunities.

However, the research for this report uncovered a variety of key assets in the Region that have the potential to make a significant difference. These assets could be utilized to shape early childhood care and education throughout the Region. The following are opportunities identified by key informants, parents, and stakeholders. These “bright spots” in the Region could be leveraged in order to advance early childhood care and education for all children 0-5:

- **Support WIC Advertisement**—Access to nutritious food has a significant impact on the health and school readiness of young children. Key informants mentioned that First Things First is an ideal strategic position to expand awareness and outreach efforts for WIC. The sole provider in the County, the Pinal County Public Health District, doesn’t have an advertising budget to support outreach and advertising for the program. Given the profound impacts this program has produced for families and the additional space for capacity, this is an area of great opportunity for First Things First.

- **Adopt Area-Specific Programs**—An issue frequently addressed by key informants was that of regional diversity—the differences in culture, economic status, and situation in different areas of the County. One key informant noted that although Maricopa, and Casa Grande have similarities, in the middle is Stanfield, referring to this as, “A totally different planet.” One key informant suggested developing different approaches for areas with common “issues, cultural beliefs, and levels of interaction with agencies.” The work of EGAAD is a successful model that involves youth in developing plans specific for diverse areas and populations.
- **Build on EGAAD Outreach Efforts**—Stakeholders pointed to the increasing success First Things First could have if it improved its outreach efforts. The successful approaches at EGAAD in community outreach can be a learning model for efforts by First Things First.
- **Build on the One Step Coalition Model to Create Parenting Classes**—A parent skills training class could fill a great need in the Pinal community for parental training. The success of parenting classes by the One Step Coalition can be replicated across the county for little cost.
- **Learn from U of A Cooperative Extension participation in a Longitudinal Study**—The U of A Cooperative Extension will be participating in a nationwide longitudinal study of children ages 0-21 and their families. The goal of this study is to increase understanding of the variety of environmental factors that impact the health and well being of children. The information learned can be used to support and shape First Things First programs.

- **Support Literacy Efforts**—“Story Time” at local libraries and the Read To Kids Day provided by Success By Six have had positive affects on literacy in young children. Supporting and expanding these efforts would impact kindergarten readiness and future success.
- **Increasing Immunization Completion Rates**—The County Public Health District has been highly successful in increasing the full immunization rate for children whose parents enter their office. First Things First can partner with the County Health Department in order to support its immunization program and help build on outreach and awareness efforts.
- **Leverage Existing Collaborations for Systems Change**—There are tremendous opportunities to leverage existing collaborations, not only to ensure that children are seamlessly served, but also to begin the more difficult work of building and sustaining systems change. Although this work takes time and effort, there are models that could be used to guide it.
- **Building Community Dialogue**—Although much has been done to engage community programs and providers through the Region’s collaborative efforts, there are tremendous opportunities to increase the regional dialogue around the importance of early care and education. Through community engagement processes, regional providers and partners could bring all stakeholders into the conversation—families, schools, health providers, child care providers, services providers, older children—to explore the strengths and assets available in the community that could be maximized to improve the outcomes of children 0-5 in the Region. Appendix B provides one possible approach to this.

Appendix A—Primary Data Collection Overview

In addition to accessing existing data, the research team utilized the following primary data collections strategies:

Focus Groups—The research team facilitated three focus groups for this project conducted a focus group at the Ak-Chin Indian Community. A summary of the findings are located in Appendix C.

Key Information Interviews—In order to gain a wider community perspective, 10 key informant interviews were conducted. These hour-long conversations were aimed at collecting information regarding programs and services for families with children ages 0-5, and also to gain insights regarding the assets and needs of families with children ages 0-5. Key informant interviews were conducted with the following:

Name	Organization
Cari McMinn	Bridges Early Child care Program
Billy Davis	One Step Coalition
Delia Rodriguez	CAHRA
Anne Geib	CARE Network
Alondra Montano	Coolidge Library
Dora Duarte	DES Child care retiree
Tanya Cruz	Eloy Governor’s Alliance Against Drugs
Tom Schryer	Pinal County Public Health Services District
Cathy Martinez	University of Arizona Cooperative Extension

Camille Verdugo	Blake Easter Seals Foundation
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Stakeholder Survey— Because of the Regional Partnership Council’s interest in gaining the perspective of stakeholders for this report, a survey was also administered to those working with children ages 0-5 and their families in the Region. A total of 88 stakeholders completed the stakeholder survey, and the demographic information about respondents is located in Appendix E.

Parent Survey—Because of the Regional Partnership Council’s interest in gaining the perspective of parents for this report, a parent survey was also administered. During the research period, 237 parents living in the Region completed the survey. As described earlier, this data was analyzed in two sample sizes because of the robust size of the sample of families connected with Head Start. Demographic information about respondents and the survey is provided as Appendix F.

Appendix B—Building Community Dialogue

As regional partners begin the process of reflecting on this Needs and Assets Report, it is worth looking at how the results of this Report could be used. Although the Report will create an invaluable snapshot of the early care, health and education systems in the Region, it will not answer some key questions:

- How will we engage the community in the process of filtering the information in order to develop a set of regional strategic priorities?
- How will we work with the community's strengths, resources and assets in order to address the strategic priorities?
- How will we move from the identification of regional strategic priorities to action?

A next step for community stakeholders could be to take the Needs and Assets Report data back to key community stakeholders in order to begin:

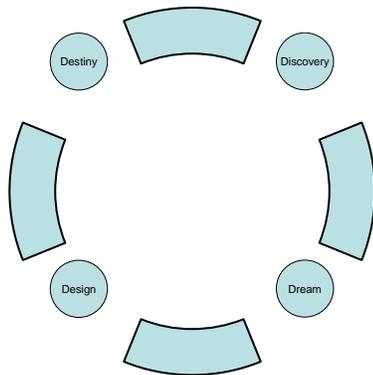
- Engaging the community in the identification of key strategic priorities,
- Helping leverage other community assets and resources in order to address the strategic priorities,
- Building relationships in the community and
- Creating a shared community vision and goals.

In order to address these steps and goals, we would like to suggest the following course of action:

- **Strategic Planning**—Engage groups of community stakeholders in a strategic planning retreat. This retreats could be facilitated using the Appreciative Inquiry Summit model and would move stakeholders through a process of:
 - i) Mapping community assets and strengths that can be applied to needs in the early, care, education and health systems,
 - ii) Using sustainability and impact as the filters by which we arrive at strategic priorities,
 - iii) Creating Action plans for each strategic area.

Appreciative Inquiry

Appreciative Inquiry is an action-oriented process that draws out the strengths and hopes of the people involved in a particular group. The creators of the technique define it as “the study and exploration of what gives life to human systems when they function at their best.” In the Appreciative Inquiry Summit model, participants complete all four phases of the 4-D Cycle.



The 4-D Cycle:

1. Discovery
2. Dream
3. Design
4. Destiny

Prioritizing by Impact and Sustainability

Within the design phase of the Summit community partners could work to create a set of strategic priorities for the Region. In order to begin the process of prioritizing they would think about resources, sustainability and impact.

Criteria for Prioritization and Decision Making

It would be useful to develop a list of criteria to evaluate all the ideas with. For example:

- **Cost- amount and duration of cost:**
 - What is doable with existing resources?
 - What is doable with very small amounts of new money?
 - What requires an on-going source of new funding?
- **Largest Impact:**
 - What activities or strategies will have the greatest impact?
 - What will have a medium impact?
 - What activities would have a low impact?

- **Ability:**
 - How easy would it be to implement the proposed strategies and activities?
- **Asset-based and built on existing infrastructure and networks:**
 - Which of the activities/strategies are built on strengths—what is going well and how to do more of it?
 - Which of the activities/strategies are built on an existing infrastructure and/or network?
 - Which ones require creating or imposing a new infrastructure?

Appendix C—Summary of Findings, Ak-Chin Community Meeting

A community meeting was held on April 21, 2010 from 9:00 – 10:30 am to discuss the community assets supporting children ages 0-5 and their families. The attendees included staff from the Ak-Chin Cultural Resources Department, the Police Department, the Social Services Department, the Library, and the Early Childhood Development Program.

The participants shared with the First Things First staff and contractor their knowledge of the resources available to Ak-Chin Indian Community members who are children ages 0-5 and their families. What follows are the highlights of the community assets that were discussed.

Highlight of Assets

Children and elders are a priority for the Ak-Chin Community. The Tribal Council funds several programs which support their youngest and oldest members. One of the important social programs are the programs which teach the traditional language, dances, rituals, food preparation, and foods. Nutrition education is also available from the Tribal Government.

The Tribal Council funded the building of an early childhood education program which provides free preschool to 3 and 4 year olds. There is also a child care program available for children ages 0-5.

The staff of the Early Childhood program have done extensive outreach and recruitment, which has resulted in almost universal attendance at preschool of enrolled tribal members ages 3-4.

There is extremely high quality early childhood education provided at this program. The program works collaboratively with the library and cultural resources department to offer enriched

programming. The early childhood program works collaboratively with the United Way's Success by Six early childhood program to increase family literacy. The preschool graduation is celebrated by both a well attended graduation and a trip to San Diego for the graduates and a parent. Parents fundraise all year to earn the money for the trip.

The Library offers many different programs to inspire children and adults of all ages to enjoy reading. There are opportunities for children and families to receive free books, to participate in interactive programs with movies, games, and audio books. The library offers special programming for children in the preschool. They have started an early child literacy program in which the pre-schoolers got library cards and check out books. The pre-schoolers learn how to use the self check machine to check out the books, and they have fun with books and rhymes, and story time.

The Police Department works collaboratively with the Fire Department and the Early Childhood program to provide free car seats (funded by the Tribal Council) to families with children aged 0-5. Technicians are trained to provide checks to assure that child seats are correctly installed. The technicians are trained to install car seats for children with special needs.

The Social Service Program offers family preservation services to assist families at risk of losing custody of their children. Staff from this program provide resources and support to families and children.

Suggestions Identified by Participants

The following summarizes the suggestions participants made for additional activities that would support children ages 0-5 and their families. Participants suggested that the following opportunities be offered:

- Opportunities for families to learn in a group about health and safety of children, i.e. hygiene, immunizations, in addition to literacy etc.;
- Support to families, especially single mothers during nights and weekends to help with maintaining routines;
- Babysitter training for siblings and others who care for young children;
- Parent education about discipline for children; and
- More (there is some in place) nutrition and health education to reduce diabetes and promote health.

The group discussed the need for any programs or services to be culturally sensitive. Staff from the Cultural Resources program currently offer training to all individuals working with members of the Ak-Chin community. The participants were asked a question about what they thought about the idea of offering a home visiting program to support families of children ages 0-5. The group said that the people selected to do the visiting would need to be accepted by the community members for that to be effective.

Appendix D—First Things First 2008 Survey Data

Earlier in this report in the Family Support Section, highlights from the (2008) First Things First (Family and Community Survey were presented. The complete data from which this was drawn is presented below.

Exhibit D-1. Parental/Caregiver* Satisfaction with Information About and Services for Young Children, 2008

		Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Very satisfied
How satisfied are you with the information and resources available to you about children's development and health?	Arizona	1%	4%	39%	56%
	Pinal Region	1%	2%	47%	49%
How satisfied are you with how agencies that serve young children and their families work together and communicate?	Arizona	17%	26%	42%	15%
	Pinal Region	16%	26%	44%	14%

Source: First Things First Family and Community Survey, 2008.

* parents or caregivers of children ages 5 or younger.

Exhibit D-2. Parental/Caregiver Assessment of Access of Services for, 2008

		Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
It is easy to locate services that I need or want.	Arizona	5%	13%	38%	45%
	Region	5%	14%	40%	40%
I do not know if I am eligible to receive services.	Arizona	43%	18%	22%	18%
	Region	36%	22%	24%	18%
I am asked to fill out paperwork or eligibility forms multiple times.	Arizona	20%	19%	31%	31%
	Region	25%	22%	21%	32%
Available services are very good.	Arizona	12%	10%	39%	40%
	Region	6%	12%	52%	30%
Available services reflect my cultural values.	Arizona	17%	18%	38%	27%
	Region	13%	14%	39%	35%
Service providers do not speak my language or materials are not in my language.	Arizona	82%	9%	3%	5%
	Region	80%	7%	5%	7%

Services are not available at times or locations that are convenient.	Arizona	32%	23%	28%	17%
	Region	22%	23%	28%	28%
Available services fill some of my needs, but do not meet the needs of my whole family.	Arizona	44%	18%	24%	14%
	Region	38%	16%	27%	20%
I cannot find services to prevent problems; I only qualify after problems are severe.	Arizona	44%	24%	15%	17%
	Region	36%	20%	21%	24%

Source: First Things First Family and Community Survey, 2008.

* parents or caregivers of children ages 5 or younger.

Appendix E – (a) Demographics of Stakeholder Survey Respondents, (b) Survey

Exhibit E-1. Gender of Respondents

Gender	Response Percent	Response Count
Female	92.7%	76
Male	7.3%	6

Exhibit E-2. Type of Work Stakeholder Respondents are Involved With

Area of Work	Response Percent	Response Count
Early childhood education (ages 0-2)	29.7%	22
Nonprofit	23.0%	17
Early childhood education (ages 3-5)	21.6%	16
Other (see below)	18.9%	14
Government	14.9%	11
Parent education	13.5%	10
Health	12.2%	9
Education (K-12)	8.1%	6
Family support	8.1%	6
Professional development	5.4%	4
Mental health	2.7%	2
Disabilities	2.7%	2

Explanations of Other: Soup kitchen, Legal Services for everyone all ages, Preschool,

Dependency Court in Pinal, Birth to 3 and pregnant women, Quality First Coach, Public

Library, Early Head Start 0-3, Elected official, Informal Education K-Adult, Elder Center, Principal, and Media.

Exhibit E-3. Community (or Communities) Stakeholder Respondents Work In

Answer Options	Response Percent
Casa Grande	27.8%
Entire County or	21.5%
Apache Junction	21.5%
Maricopa	19.0%
Coolidge	13.9%
Eloy	13.9%
Florence	13.9%
San Tan Valley	12.7%
Other (please list)	10.10%
Ak-Chin	10.1%
Stanfield	8.9%
Superior	8.9%
Mammoth/San Manuel	7.6%
Oracle	5.1%

Explanations of Other: Arizona City, Picacho, Pinal County Attorney, Winkelman and surrounding area, Toltec, Kearny, and Queen Creek (Pinal side).

Exhibit E-4. First Things First funded programs that Stakeholder Respondents are Participating In

Answer Options	Response Percent
Making referrals to food boxes	66.0%
Quality First Program	34.0%
Child Health Consultant	18.0%
Health Insurance Outreach and Enrollment	14.0%
Professional Career Pathway	10.0%
Recruitment into the Early Care and Education Field Scholarship	10.0%
Rewards Wage Enhancement Program	10.0%
Child Mental Health Consultant	8.0%
Emergency Child Care Scholarship Program	4.0%

Appendix F—Service provider/Stakeholder Survey*

*This survey was administered on-line in June 2010.

The Pinal Regional Partnership Council works to ensure children in Pinal Region (ages 0 through 5) are healthy and ready to learn, and that all parents and caretakers have the support they need.

Through funding provided by First Things First, we are in the process of taking a look at early childhood health and education in the Pinal Region to get an idea of what's working well, and where there may be opportunities for improvement. Findings from this survey will help guide the work of the Pinal Regional Partnership Council.

It is important that we get the direct opinion of individuals providing support to children 0-5 and their families, like yourselves. Without your input, it would not be a complete picture. The demographic information will be kept separately, and your response will remain anonymous.

The Pinal Regional Partnership Council area encompasses the geographic boundaries of Pinal County, the Ak-Chin Indian Community, and the City of Apache Junction, adding the portion of Apache Junction in Maricopa County, deducting the portion of the Tohono O'odham Tribal lands in Pinal County, deducting the portion of the Gila River Indian Community lands in Pinal County and deducting the portion of the San Carlos Apache Reservation that is in Pinal County.

Thank you very much for completing this survey!

About you:

1. Gender: ___ Female ___ Male (please check one)

2. What is your area of work? Check the one that best applies to you:

- | | |
|-------------------------------------|------------------------------|
| ___ early childhood education (0-2) | ___ professional development |
| ___ early childhood education (3-5) | ___ parent education |
| ___ education (K-12) | ___ mental health |
| ___ health | ___ disabilities |
| ___ family support | ___ other (please list) |
| ___ government | _____ |
| ___ non-profit | |

3. Please check the name of the community or communities you work in within the Pinal Region:

Entire County _____ or

Ak-Chin (Maricopa) ___ Apache Junction ___ Casa Grande ___ Coolidge ___ Eloy ___
Florence ___ Mammoth/San Manuel ___ Maricopa ___ Oracle ___ San Tan Valley ___
Stanfield ___ Superior _____ Other ___ (please list)

4. What is the greatest asset (service/program/person) in your community(ies) that helps families raise their children (0-5 years old)? *(Please provide details)*

- _____

5. What is the greatest asset (service/program/person) region-wide that helps families raise their children (0-5 years old)? *(Please provide details)*

- _____

6. Please check the top three services that are most helpful to families raising children (ages 0-5)? *(please circle 3)*

employment services access to prenatal care dental care for your children substance abuse treatment legal services

teen parenting services parenting skills training child care home visiting programs education

special need or disability services help with parenting as a grandparent transportation services

nutrition/family health support crime prevention/safety support informational brochures describing services

Other: _____

Please write in details (below) explaining how these services are helpful:

7. Please check the top three service areas in which you believe families need additional support in raising their children (ages 0-5)? *(please circle 3)*

employment services access to prenatal care dental care for children substance abuse treatment

legal services teen parenting services parenting skills training child care home visiting programs

education special need or disability services help with parenting as a grandparent

transportation services nutrition/family health support crime prevention/safety support

informational brochures describing services

Other: _____

Please write in details (below) why these would be helpful:

8. In your work/program/service, are you aware of children (0-5) and/or their families on a waiting list to get served? Yes ___ No ___

If yes, please explain why and how long the average wait is:

9. Please check the top three things that if improved would make the biggest difference to the **health and wellbeing of children in the region** (0-5): (please circle 3)

safety/crime/gangs *home conditions* *waiting list for enrollment* *health issues* *substance abuse*

cultural concerns *legal Issues* *teen parenting concerns* *elder parenting concerns* *disabilities*

transportation constraints *child care costs* *quality of child care* *Income constraints*

Please write in details (below) to explain your response:

10. From your perspective, when families need information about their child's development or health, where do they go to get that information? Circle those that apply

the internet *relative or friend* *your child's teacher* *doctor/pediatrician*

library *resource guide* *child care center*

11. Which of the following First Things First funded programs are you or your organization participating in, if any?

a. Quality First Program _____

b. Child Health Consultant _____

c. Child Mental Health Consultant _____

d. Professional Career Pathway _____

e. Health Insurance Outreach and Enrollment _____

f. Recruitment into the Early Care and Education Field Scholarship _____

g. Rewards Wage Enhancement Program _____

h. Making referrals to food boxes _____

i. Emergency Child Care Scholarship _____

12. One of the things we now know about changing a system (like the early childhood system) is that organizations need to work together. What examples of organizations working together and collaborating in the region do you see?

13. What single change would you recommend to help organizations work together more effectively?

14. From your perspective, if we could improve the professional development opportunities in early childhood health and development, which topics would potentially have the greatest impact on children (0-5)? Check 3:

safety *information about early childhood development* *CPR brain development*

nutrition developmentally appropriate practice element of high quality early care

special need or disability identifying and intervening in abuse and neglect teaching parenting skills

mental health health academics information about other parenting resources provided there

other _____

15. What else is import for us to know regarding the health and well-being of children 0-5 in Pinal Region?

Appendix F – (a) Demographics of Parent Survey Respondents and (b) Survey Questions

(a) Demographics of On-Line Parent Survey Respondents

Exhibit F-1a. Gender of On-Line Parent Respondents

Gender	Response Percent
Female	86.5%
Male	13.5%

Exhibit F-2a Age of On-Line Parent Respondents

Answer Options	Response Percent
Under 18	0%
18-25	8.1%
26-35	45.9%
36-45	35.1%
46-55	10.8%
over 55	0%

Exhibit F-3a. Race and Ethnicity of On-Line Parent Respondents

Race/Ethnicity	Response Percent
Hispanic	24.3
White/Caucasian	54.1
Other Tribe (please list)	2.7

Other Ethnicity (please specify)	2.7
Black	10.8
Asian	0
Ak-Chin Tribal Member	10.8

Exhibit F-4a. Communities On-line Parent Respondents Live In

Answer Options	Response Percent
Ak-Chin (Maricopa)	17.6%
Apache Junction	8.1%
Casa Grande	17.6%
Coolidge	5.7%
Eloy	0.0%
Florence	8.6%
Mammoth/San Manuel	2.9%
Maricopa	20.0%
Oracle	0.0%
San Tan Valley	20.0%
Stanfield	0.0%
Superior	0.0%
Other (please list)	0.0%

Exhibit F -5a. Annual household income of On-line Parent Respondents

Annual Income	Response Percent
Under \$ 15,000 annually	13.9%
\$15,000 - \$25,000	5.6%
\$25,000 - \$35,000	11.1%
over \$35,000	69.4%

Exhibit F-6a. Number of Children Cared for by On-line Parent Respondents

Children	Response Percent
1	13.5%
2	29.7%
3	29.7%
4	16.2%
5	2.7%
6	0%
7	0%
8	0%
9	0%
10	2.7%
over 10	5.4%

Exhibit F-7a. Age of Children Cared for by On-line Parent Respondents

Age	Response Percent
0-2	64.9%
3-5	73%
6-8	43.2%
9-12	24.3%
13-18	16.2%
Over 18	8.1%

(b) Demographics of Paper Parent Survey Respondents

Exhibit F-1b. Gender of Paper Parent Respondents

Gender	Response Percent
Female	85.9%
Male	14.1%

Exhibit F-2b. Age of Paper Parent Respondents

Answer Options	Response Percent
Under 18	1.5%
18-25	42.7%
26-35	38.7%
36-45	12.6%
46-55	2.0%
over 55	2.5%

Exhibit F-3b. Race/Ethnicity of Paper Parent Respondents

Race/Ethnicity	Response Percent
Ak-Chin Tribal Member	0.0%
Other Tribe	4.0%
Hispanic	60.0%
White/Caucasian	36.0%
Asian	1.0%

Black	1.5%
Other Ethnicity	4.0%

Exhibit F-4b. Community of Paper Parent Respondents

Answer Options	Response Percent
Ak-Chin (Maricopa)	1.2%
Apache Junction	13.9%
Casa Grande	8.5%
Coolidge	12.1%
Eloy	9.1%
Florence	7.9%
Mammoth/San Manuel	13.9%
Maricopa	9.7%
Oracle	3.0%
San Tan Valley	5.5%
Stanfield	11.5%
Superior	3.6%
Other (please list)	19.4%

Exhibit F-5b. Annual Income of Paper Parent Respondents

Annual Income	Response Percent
Under \$ 15,000 annually	47.7%
\$15,000 - \$25,000	33.7%
\$25,000 - \$35,000	9.8%
over \$35,000	8.8%

Exhibit F-6b. Number of Children Cared for By Paper Parent Respondents

Children	Response Percent
1	20.0%
2	29.0%
3	25.0%
4	14.0%
5	6.5%
6	4.0%
7	1.0%
8	0.0%
9	0.0%
10	0.0%
over 10	0.5%

Exhibit F-7b. Age of Children Cared for By Paper Parent Respondents

Age	Response Percent
0-2	77.0%
3-5	72.0%
6-8	29.0%
9-12	25.5%
13-18	10.0%
Over 18	2.5%

FINAL

First Things First—Pinal Regional Partnership Council

Parent/Caregiver Survey*

*Note: This survey was administered during June, 2010 both on-line and on paper. The surveys included the same questions, however the paper and pencil version is provided below. The on-line version had one difference, the respondents were asked to check the items in multiple choice questions while the paper version asked respondents to circle the items.

The Pinal Regional Partnership Council works to ensure children in Pinal Region (ages 0 through 5) are healthy and ready to learn, and that all parents and caretakers have the support they need.

Through funding provided by First Things First, we are in the process of taking a look at early childhood health and education in the Pinal Region to get an idea of what's working well, and where there may be opportunities for improvement. Findings from this survey will help guide the work of the Pinal Regional Partnership Council.

It is important that we get the direct opinion of parents and other caregivers, like yourselves. Without your input, it would not be a complete picture. The demographic information will be kept separately, and your response will remain anonymous.

The Pinal Regional Partnership Council area encompasses the geographic boundaries of Pinal County, the Ak-Chin Indian Community, and the City of Apache Junction, adding the portion of Apache Junction in Maricopa County, deducting the portion of the Tohono O'odham Tribal

lands in Pinal County, deducting the portion of the Gila River Indian Community lands in Pinal County and deducting the portion of the San Carlos Apache Reservation that is in Pinal County.

Thank you very much for completing this survey!

About you:

1. Gender: Female Male (please check one)

2. Your age (please check the one that applies):

Under 18 Age 18-25 Age 26-35 Age 36-45

Age 46-55 Over 55

3. Ethnicity (please check the one that applies or write in your response):

Ak-Chin Tribal Member

Other Tribe (please list)

Hispanic

White/Caucasian

Asian

Black

Other Ethnicity (please list)

4. Please check the name of the community you live in within the Pinal Region:

Ak-Chin (Maricopa) _____ Apache Junction _____ Casa Grande _____ Coolidge _____ Eloy _____
 Florence _____ Mammoth/San Manuel _____ Maricopa _____ Oracle _____ San Tan Valley _____
 Stanfield _____ Superior _____ Other _____ (please list)

5. Please circle the annual household income of your family.

Under \$15,000

\$ 15,000 - \$ 25,000

\$25, 000 - \$ 35,000

Over \$ 35,000

About your children and any children in your care:

6. In total, how many children are in your care, including your own children, your grandchildren, any foster children, or any other children you care for? _____ (please include total number)

7. How old are your children and any other children you care for? (please check all that apply)

Ages	Number of children who are in each age group	Ages	Number of children who are in each age group
0-2		9-12	
3-5		13 – 18	
6-8		Over 18	

8. What is the most positive thing (service/program/person) in your community that has helped you in raising your children (0-5 years old)? *(Please provide details)*

• _____

9. Please circle the top three services that have been most helpful to you in raising your children ages 0-5)? *(please circle three)*

employment services access to prenatal care dental care for your children substance abuse treatment

legal services teen parenting services parenting skills training child care home visiting programs

education special need or disability services help with parenting as a grandparent transportation services

nutrition/family health support crime prevention/safety support informational brochures describing services

food boxes Other: _____

Please write in details (below) explaining how these services have been helpful:

10. Please circle the top three services from which you would choose to receive additional support in raising your children ages 0-5)? *(please circle 3)*

employment services access to prenatal care dental care for your children substance abuse treatment

legal services teen parenting services parenting skills training child care home visiting programs

education special need or disability services help with parenting as a grandparent transportation services

nutrition/family health support crime prevention/safety support informational brochures describing services

food boxes

Please write in details (below) why these would be helpful:

11. Do you work outside of the home? Yes _____ No _____

If you work, who looks after your children (0-5) when you work? _____

12. If you work outside the home, do you work in Pinal County? Yes _____ No _____

If you work outside Pinal County, are the care arrangements for your children ages 0-5 in Pinal County? Yes _____ No _____

13. Do you have children who are 0-5 who are in child care or preschool? Yes _____ No _____

What type of child care are they in? For example, Head Start Center, Family Home Provider, Child Care Center, Preschool, or other arrangements. _____

14. Are any of your children on a waiting list to enroll in Head Start, a Child Care Center, or to get Home-based Child Care services? Yes ___ No ___ If yes, how long have you been waiting?

_____ Please explain why: _____

15. When you are choosing a place for your children to be cared for when you are at work or not available, what is most important to you. Circle your top 3 priorities:

safety *center provides parents information about early childhood development* *staff qualifications*

good nutrition provided *developmentally appropriate practice* *the child to teacher ratio*

the availability of special need or disability services *help with parenting* *cost*

distance from home *academic curriculum* *information about other parenting resources provided there*

16. When you need information about your child's development or health, where do you go to get that information? Circle those that apply

the internet *relative or friend* *your child's teacher* *doctor/pediatrician*

library *resource guide* *child care center*

17. Please circle the top three things that if improved would make the biggest difference to the **health and wellbeing of children in the region** (0-5): (please circle 3)

safety/crime/gangs *home conditions* *waiting list for enrollment* *health issues* *substance abuse*

cultural concerns *legal Issues* *teen parenting concerns* *elder parenting concerns* *disabilities*

transportation constraints *child care costs* *quality of child care* *Income constraints*

Please write in details (below) to explain your response:

Thank You for Completing This Survey!

Appendix G – Summary of Evaluating Systems Change Initiatives³¹

Five Focus Areas for System Change

	Context 	Components 	Connections 	Infrastructure 	Scale 
Activities	Improving the political context that surrounds the system so it produces the policy and funding changes needed to create and sustain it	Establishing high-performance programs and services within the system that produce results for beneficiaries	Creating strong and effective linkages across systems components that further improve results for system beneficiaries	Developing the supports systems need to function effectively and with quality	Ensuring a comprehensive system is available to as many people as possible so it produces broad and inclusive results for system beneficiaries
Outcomes	<ul style="list-style-type: none"> • Recognition of value of the system • Shared vision • Leadership • Public engagement • Media 	<ul style="list-style-type: none"> • New system programs or services • Expanded program reach or coverage • Improved program quality • Increased 	<ul style="list-style-type: none"> • Shared goals • MOU's across systems • Shared standards • Cross-system training • Shared competencies or skills standards • Shared data systems • Referrals/follow ups • Seamless services 	<ul style="list-style-type: none"> • Cross-system governance • Less categorical and more flexible funding • Leveraged use of funding • Mechanisms for two-way 	<ul style="list-style-type: none"> • System spread • System depth • System sustainability • Shifts in system ownership • Beneficiary outcomes that

³¹ Coffman, J. (2007). *Evaluation systems initiatives*. Build Initiative. Retrieved May 1, 2010 from <http://www.buildinitiative.org/content/evaluation-systems-change>

	<p>covered</p> <ul style="list-style-type: none"> • Public will • Political will • Policy changes 	<p>operational efficiency beneficiary outcomes that precede impacts</p>		<p>communication</p> <ul style="list-style-type: none"> • System-wide use of data • Practitioner supports 	<p>precede impacts</p>
Impacts	<p>Initiatives typically are not expected to demonstrate how context-related outcomes connect to causally beneficiary impacts *</p>	<p>Better impacts for beneficiaries related to specific beneficiaries related to specific programs or practices</p>	<p>Better impacts for beneficiaries where or when connections are made compared to when they are not</p>	<p>Initiatives typically are not expected to demonstrate how infrastructure outcomes causally connect to beneficiary impacts</p>	<p>Better impacts for beneficiaries across a broad spectrum of domains and on a system-wide population level (e.g. on community or state indicators)</p>

Appendix H – Appendices

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