

 **FIRST THINGS FIRST**

La Paz/Mohave Region



2022

NEEDS AND ASSETS
REPORT

LA PAZ/MOHAVE REGIONAL PARTNERSHIP COUNCIL 2022 NEEDS AND ASSETS REPORT

Funded by the
First Things First La Paz/Mohave Regional Partnership Council

Prepared by
Community Research, Evaluation & Development (CRED)
John & Doris Norton School of Family and Consumer Sciences
College of Agricultural and Life Sciences

The University of Arizona

PO Box 210078

Tucson, AZ 85721-0462

Phone: (520) 621-8739

Fax: (520) 621-4979

<https://norton.arizona.edu/cred>

INTRODUCTION

Ninety percent of a child's brain growth occurs before kindergarten, and the quality of a child's early experiences impacts whether their brain will develop in positive ways that promote learning. First Things First (FTF) was created by Arizonans to help ensure that Arizona children have the opportunity to start kindergarten prepared to be successful. Understanding the critical role the early years play in a child's future success is crucial to our ability to foster each child's optimal development and, in turn, impact all aspects of wellbeing in our communities and our state.

This Needs and Assets Report for the La Paz/Mohave Region helps us in understanding the needs of young children, the resources available to meet those needs and gaps that may exist in those resources. An overview of this information is provided in the Executive Summary and documented in further detail in the full report.

The report is organized by topic areas pertinent to young children in the region, such as population characteristics or educational indicators. Within each topic area are sections that set the context for why the data found in the topic areas are important (Why it Matters), followed by a section that includes available data on the topic (What the Data Tell Us).

The First Things First La Paz/Mohave Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options when it comes to supporting the healthy development and education of young children in their care. It is our sincere hope that this information will help guide community conversations about how we can best support school readiness for all children in the La Paz/Mohave Region. To that end, this information may be useful to local stakeholders as they work to enhance the resources available to young children and their families and as they make decisions about how best to support children birth to 5 years old in communities throughout the region.

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We also want to thank parents and caregivers, local service providers and members of the public who attended regional council meetings and voiced their opinions, as well as all the organizations working to transform the vision of the regional council into concrete programs and services for children and families in the La Paz/Mohave Region.

Lastly, we want to acknowledge the current and past members of the La Paz/Mohave Regional Partnership Council whose vision, dedication and passion have been instrumental in improving outcomes for young children and families within the region. As we build upon those successes, we move ever closer to our ultimate goal of creating a comprehensive early childhood system that ensures children throughout Arizona are ready for school and set for life.

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EXECUTIVE SUMMARY

The La Paz/Mohave Region. The First Things First La Paz/Mohave Region is defined as the combined area of the two counties, not including the lands belonging to the Colorado River Indian Tribes, the Hualapai Tribe and the Kaibab Paiute Tribe. The region does include the Arizona portion of the land belonging to the Fort Mojave Indian Tribe, as this tribe has chosen to participate as part of the La Paz/Mohave Region. The region covers about 16,700 square miles, with its northern end separated from the rest by the Grand Canyon.

The communities of the region are diverse in population density and in demographics and are often isolated by large areas of unpopulated land. People and services are concentrated in larger places in the region such as Bullhead City, Kingman, Lake Havasu City and Parker. Ten sub-regions within the La Paz/Mohave Region were identified by the Regional Partnership Council and Director as focus areas. The subregions include: Bullhead City, Colorado City-Centennial Park, Dolan Springs-Golden Valley, Fort Mohave-Mohave Valley-Topock, Kingman, Lake Havasu City, Littlefield-Beaver Dam, Parker Strip-Cienega Springs, Quartzsite-Ehrenberg and Salome-Bouse-Wenden. The Fort Mojave Indian Tribe falls within the Fort Mohave-Mohave Valley-Topock sub-region.

Population Characteristics. According to the 2010 U.S. Census, the La Paz/Mohave Region had a population of 211,922, of whom 13,469 were children under the age of 6. One out of every 10 households (10%) in the La Paz/Mohave Region has at least one child under 6 years old, lower than across the state as a whole (16%). Households with young children varied by subregion, ranging from a high of 61% of households in the Colorado City-Centennial Park subregion to a low of 5% in the Parker Strip-Cienega Springs, Quartzsite-Ehrenberg and Salome-Bouse-Wenden subregions. More than two-thirds (69%) of young children in the region live in three subregions: Kingman (27%), Lake Havasu City (22%), and Bullhead City (20%).

Young children in the region are more racially and ethnically diverse than the overall population, with a larger proportion of young children in the region identifying as Hispanic or Latino (28%) and multiracial (7%) compared to the overall population in the region (17% and 3%, respectively). About 9% of individuals across the La Paz/Mohave Region speak Spanish at home; the majority of these people also report that they speak English “very well,” meaning they are proficiently bilingual or multilingual. A smaller proportion of individuals in the region are considered “limited-English-speaking” compared to the state overall. While just 3% of kindergarten to 3rd grade students in the region are considered English Language Learners, more than one in four are considered English Language Learners in the Bouse Elementary District (31%), Salome Consolidated Elementary District (30%) and Littlefield Unified District (26%).

Nearly half (47%) of children under 6 in the La Paz/Mohave Region live with a single parent, and the majority of the rest (45%) live with two parents. Far fewer live with relatives other than parents (5%), or in the household of an unrelated person (3%). In three subregions and the Fort Mojave Indian Tribe,

more than half of young children live with a single parent: Fort Mojave Indian Tribe (Arizona part) (73%), Bullhead City (55%), Kingman (55%) and Quartzsite-Ehrenberg (52%).

About 17% of young children in the La Paz/Mohave Region live in their grandparent's household; some of these are multi-generational households in which the child and the parent(s) are living with the grandparents and some of these are households in which the grandparent is raising the child. An estimated 2,587 grandparents in the La Paz/Mohave Region are responsible for raising one or more grandchildren (up to age 17) who live with them, and more than a third of these grandparents (37%) do not have the child's parent(s) living in the household.

Economic Circumstances. The median family income is estimated to be \$44,400 for La Paz County and \$54,400 for Mohave County, notably less than the statewide median of \$70,200. In both counties, single-male-headed families and single-female-headed families have notably lower median family incomes compared to married couple families, with single-female-headed families earning the least, just \$16,700 in La Paz County and \$30,100 in Mohave County. These median household incomes are also far below the self-sufficiency standards for a single-parent household with one infant and one preschooler - \$51,579 in La Paz County and \$50,750 in Mohave County - suggesting that many of the families in the county earn less than the amount estimated to be necessary to fully support themselves.

Economic security varies across communities in the La Paz/Mohave Region. The American Community Survey (ACS) estimates that about 17% of the region's population—and 24% of its children under age 6—live below the poverty level. In 2019, the poverty threshold for a family of two adults and two children was \$25,750 per year. Overall, use of social safety net programs was declining or remained relatively stagnant in the region prior to the pandemic. For example, the percentage of children participating in the Supplemental Nutrition Assistance Program (SNAP) has decreased each year since SFY2016, and the number of women and children participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) declined as well. In spite of overall declining participation, nearly half (45%) of young children in the region participated in SNAP in 2020.

Food insecurity is a particular problem for low-income children. With schools closed during the COVID-19 pandemic, children lost access to free and reduced-price lunches. The Pandemic Electronic Benefits Transfer program (P-EBT) was created to fill in the gap. In the La Paz/Mohave Region in May of 2021, 14,330 children received P-EBT benefits, of whom 665 were children under 6. While important, this program failed to reach many families with children who should have been eligible. The Summer Food Service Program (SFSP), also operating under a new set of rules during the pandemic, was expanded to help fill the void left by the loss of meals served through the National School Lunch Program, serving 70,828 meals in La Paz County and 366,918 meals in Mohave County in 2019-20.

Pre-pandemic, unemployment rates in both La Paz and Mohave counties had been on a steady decline since the end of the Great Recession in 2009. In the last few months before the pandemic began, the monthly unemployment rate in both counties was between 5 and 6.5%. In April of 2020, however, the unemployment rate jumped up to 20.7% in Mohave County and 9.9% in La Paz County. Monthly rates

in late 2020 in La Paz County dropped to pre-pandemic levels while Mohave County unemployment rates remained higher than pre-pandemic levels.

Housing costs can be another economic stressor. An estimated 27% of households in the La Paz/Mohave Region live in housing which costs 30% or more of their income. This housing-cost burden is especially true among renters (40%), but still an issue for over a fifth (21%) of homeowners as well. Housing-cost burden is highest in the Bullhead City (32%) and Lake Havasu City (30%) subregions, which when combined include nearly half (47%) of all households in the region.

Most homes have some means of access to a computer connected to the internet. In the La Paz/Mohave Region, 83% of households are able to access the internet via computer, though access is lowest in the Colorado City-Centennial Park (60%) and Littlefield-Beaver Dam (68%) subregions.

Educational Indicators. In the La Paz/Mohave Region, during the 2019-20 school year, enrollment in public and charter schools for kindergarten through 3rd grade was approximately 1,800-1,900 students per grade. Prior to the pandemic, in the 2018-19 school year, 16% of kindergarten to 3rd graders in the region were chronically absent, though there were multiple districts where between a quarter and a third of students were considered chronically absent. When the region's 3rd grade students took the AzMERIT assessments in the 2018-19 school year, 42% received passing scores in English Language Arts (ELA) and 49% received passing scores in Math. This puts La Paz/Mohave Region students slightly behind those statewide (46% and 51%, respectively).

Overall graduation rates fluctuated between 2017 and 2019 in the La Paz/Mohave Region. The four- and five-year graduation rates in the region in 2019 (79% and 82%) were similar to Arizona as a whole (79% and 83%), although variability did exist across districts and schools within the region.

Among the adult population of the region, 85% have a high-school education or more. In the Colorado City-Centennial Park subregion, a notably larger proportion of adults did not complete high school (42%) compared to the region (15%). Of babies born in 2019 in the La Paz/Mohave Region, 80% were to mothers with a high-school education or more.

Early Learning. The La Paz/Mohave Region is home to 71 registered early care and education providers—a mix of child care centers, Head Start programs, public-school based programs, and home-based care—enough to care for up to 3,630 children if functioning at full capacity. The region meets the Center for American Progress definition of a “child care desert,” with 3.7 times as many children as there are child care slots. Nearly all subregions also meet this definition, and the child care shortage appears to be the worst in the Colorado City-Centennial Park, Dolan Springs-Golden Valley and Quartzsite-Ehrenberg subregions. Exacerbating this further, in December 2020 over half (51%) of the registered providers in the La Paz/Mohave Region were not open due to the COVID-19 pandemic.

One key factor influencing the limited availability of child care in the region is staffing. Providers faced challenges in finding and retaining qualified staff prior to the COVID-19 pandemic, and the stresses created by the pandemic further exacerbated staff turnover. These staffing shortages have led to long waitlists for families trying to get into registered providers, who often turn to informal and unregulated

child care to meet their needs. Many families utilize social media groups, particularly on Facebook, to seek unregulated child care services. Key informants also noted the lack of, and need for, regulated home-based providers in the region. Particularly in the Lake Havasu City subregion, there are many home-based providers who remain unregistered because of concerns about the financial burdens of licensing, and specifically the administrative costs of ensuring enough staff to meet required staff to child ratios.

Child care is expensive. A family with one preschooler and one infant in the La Paz/Mohave Region can expect to pay about \$1,060 per month for a licensed center, \$947 for a certified family home provider or \$800 for an approved family home. This is a significant amount, given the median monthly rent is \$565 in La Paz County and \$826 in Mohave County. Department of Economic Security (DES) subsidies are one critical resource for offsetting families' child care costs, and the suspension of the waitlist in 2019 ensured all eligible children could access subsidies. Child care fees are likely to rise in the near future, partly because the pandemic has increased operating costs and led to staffing shortages. In response, some relief funds have been provided through the DES COVID-19 grant program. The state has also increased the funds available for DES's child care subsidies.

In Arizona, children with special needs can receive services through the Arizona Early Intervention Program (AzEIP), the Division of Developmental Disabilities (DDD), the Arizona Department of Education's Early Childhood Special Education Program, and Head Start. The number of children referred to and found eligible for these services in the region has remained low in recent years, which means there are likely many families of children who could benefit from early intervention services who are not receiving them and likely need additional support and education. This is further highlighted by the number of kindergarten to 3rd grade students enrolled in special education (e.g., 1,047 total K-3 students in the 2019-20 school year), which is much larger than the number of young children being served by early intervention services in the region (e.g., 154 total children ages 0-2 served in SFY 2020). In addition, given shortages of service providers and the challenges of offering services remotely, families of children with special needs have faced particularly large challenges during the pandemic.

Child Health. Access to health care is a critical part of optimal child development. In the La Paz/Mohave Region, it is estimated that 6% of young children and 9% of the general population do not have health insurance coverage. According to ACS five-year estimates, AHCCCS and the Indian Health Service covered 71% of the births in the region, a larger proportion than seen statewide (50%). In 2019, there were 1,731 births in the La Paz/Mohave Region. Of these babies born, nearly one in six (15.7%) were to mothers who used tobacco during pregnancy, an alarming percentage compared to the state (4.3%) and the Healthy People 2020 target of no more than 1.4%. Encouragingly, in 2019 the region met Healthy People 2020 targets for low-birth-weight babies (6.6% vs. 7.8%) and preterm births (9% vs. 9.4%).

Substance use have been identified as a key issue in the La Paz/Mohave Region. Between 2017 and 2020, there were a total of 97 deaths with opiates or opioids noted as a contributing factor and 249 newborns hospitalized because of maternal drug use during pregnancy in the region. Positively, non-

fatal overdoses of opioids or opiates have been declining in recent years in the region, from 140 in 2018 to 67 in 2020.

Children in child care settings and kindergarteners are required to have certain vaccinations. In the 2019-20 school year, children in child care in the La Paz/Mohave Region only met the Healthy People 2020 target for MMR, and kindergarteners did not meet any of the Healthy People 2020 targets for vaccination rates. Promisingly, some subregions met all Healthy People 2020 targets. Both Bullhead City and Lake Havasu City subregions met all child care targets and both Dolan Springs-Golden Valley and Fort Mohave-Mohave Valley-Topock met all kindergarten targets in the 2019-20 school year.

Immunization exemptions were on the rise prior to the pandemic for both children in child care and kindergarteners in the La Paz/Mohave Region, following the increasing trend seen across the state. In the 2019-20 school year, 3.4% of children in child care and 5.7% of kindergarteners in the region were exempt from all required vaccines, making exemptions in the region more common than those seen statewide (3.1% and 3.4%, respectively).

Between 2016 and 2020, there were 4,744 non-fatal emergency department visits, and 26 non-fatal inpatient hospitalizations for unintentional injuries in the La Paz/Mohave Region among children aged birth to 4. The most common reason for non-fatal emergency department visits was falls, accounting for 48% of visits.

Family Support and Literacy. Family support services are a critical need for many families in the region, especially with the disruptions caused by the pandemic. Children do best in stable, nurturing environments where they feel safe and supported, but many families face challenges because of poverty, mental-health problems, substance-use problems or other stressors.

In situations where the harm in remaining with their family is determined to be too great to a child, they may be removed from their home, either temporarily or permanently. In the La Paz/Mohave Region, the Department of Child Safety (DCS) removed a total of 211 children from their homes in 2020. For the most part, reports of child abuse and neglect among children (birth to 17) were declining in Mohave County prior to the pandemic, dropping from a high of 1,169 reports in the first six months of 2018 to a low of 787 reports in the first six months of 2020. Reports of child abuse and neglect in La Paz County peaked at the beginning of 2019 with a total of 147 reports, dropping to 97 reports at the beginning of 2020. An asset in the region is the Mohave County Infant and Toddler Mental Health Court Team. The Court Team's work seeks to improve outcomes for infants, toddlers and their families involved in the child welfare system in order to reduce or prevent future court involvement.

ABOUT THIS REPORT

The data in this report come from a variety of sources including federal and state agencies and local agencies or service providers. Federal government sources include publicly available data from the 2010 Census and the 2015-2019 American Community Survey (ACS) 5-Year Estimates. Because the 2010 Census is now a decade old, it is used minimally in this report.¹ For example, children who were under six years old in 2010 are now between 11 and 16 years old. The Census Bureau expects to release detailed tables from the 2020 Census later in 2022.¹ Data in this report from the ACS summarize the responses from samples of residents taken between 2015 and 2019, which is notably before the COVID-19 pandemic began. Because these estimates are based on samples rather than the full population, ACS data should not be considered exact. Estimates for smaller geographies, such as subregions, are less accurate than estimates for larger geographies, such as the county or state, because they are based on smaller sample sizes. Estimates which are based on very few respondents (fewer than 50) will not be included in the data tables in this report. Additionally, reliable data for some sub-populations, such as children birth to 5 or grandparents responsible for grandchildren are not available in small subregions, such as Littlefield-Beaver Dam area, Parker Strip-Cienega Springs area, Quartzsite-Ehrenberg area, and Salome-Bouse-Wenden area. In cases where data are not available due to sample size limitations, entries will be marked 'N/A' and explained with a table or figure note.

Data were provided to First Things First (FTF) by state agencies including the Arizona Department of Health Services (ADHS), the Arizona Department of Education (ADE), the Arizona Department of Economic Security (DES), and the Arizona Department of Child Safety (DCS). In most cases, the data in this report were calculated especially for the Needs & Assets process and are more detailed than the data that are published by these agencies for the general public. Whenever possible, this report will use data tailored to the region and sometimes subregions, but in some cases there are only county-level or statewide data available to report. This report also includes publicly available data for the state and counties from state agencies such as the Arizona Department of Commerce's Office of Economic Opportunity (OEO) and DCS semi-annual child welfare reports to supplement data received through specific requests.

Additionally, this report includes local quantitative and qualitative data collected from the Western Arizona Council of Governments (W.A.C.O.G.) and Cherish Families, as well as data from reports published by Pinnacle Prevention, the National Research Center and the Northern Arizona University Center for Health Equity Research. Child care data for the Fort Mojave Indian Tribe was provided by the Fort Mojave Indian Tribe Child Care Center after receiving tribal approval to collect local data.

Regional Partnership Council members and other local stakeholders participated in a facilitated data discussion on September 22, 2021, which allowed them to share their local knowledge and perspective in interpreting the data collected. Perspectives and feedback from participating session members are

¹ Only Table 1 ("Population and households") and Figure 2 ("Share of children birth to 5 by sub-region") use 2010 Census data.

included as key informant perspectives within this report. The Data Interpretation Session paid special interest to the region's priority areas:

1. Access to and utilization of high-quality early care and education
2. The child welfare system
3. Child immunization access and education

Additional information and data are included on these topics as possible.

In most tables in this report, the top rows of data correspond to the FTF La Paz/Mohave Region and defined subregions. Not all data are available at the FTF regional level because not all data sources analyze their data based on FTF regional boundaries. The last table rows present data that are useful for comparison purposes, including La Paz County, Mohave County, the state of Arizona, and national estimates or targets where available. Data tables and graphs are as complete as possible. Data which are not available for a particular geography are indicated by the abbreviation "N/A." State agencies have varying policies about reporting small values. Entries such as "<10" or "<11" are used when the count is too small to be reported and has been suppressed to protect privacy. In some cases, table entries will indicate a range of values such as "[11 to 27]" because the suppression policy prevented the vendor from knowing the exact value, but comparison of these ranges of possible values to other values in the table or figure may still be useful. Table entries of "DS" indicate that data have been suppressed and we are unable to provide a useful range of possible values.

THE LA PAZ/MOHAVE REGION

The First Things First La Paz/Mohave Region is defined as the combined area of the two counties, not including the lands belonging to the Colorado River Indian Tribes, the Hualapai Tribe, and the Kaibab Paiute Tribe. The region does include the Arizona portion of the land belonging to the Fort Mojave Indian Tribe, as this tribe has chosen to participate as part of the La Paz/Mohave Region. This decision must be ratified every two years, and the Fort Mojave Indian Tribe has opted to continue as part of the region, with the opportunity to be represented on the Regional Partnership Council. The region covers about 16,700 square miles, with its northern end separated from the rest by the Grand Canyon. The communities of the region are diverse in population density and in demographics and are often isolated by large areas of unpopulated land. People and services are concentrated in larger places in the region such as Bullhead City, Kingman, Lake Havasu City, and Parker.

Figure 1 shows the geographical area covered by the La Paz/Mohave Region and its sub-regions.

Because communities may vary in terms of needs and assets, the La Paz/Mohave Regional Partnership Council requested that data be analyzed and reported at a sub-regional level in order to provide a more complete picture of the region. Dividing the region into subregions helps the Council target strategies to use resources effectively and efficiently. Ten subregions within the La Paz/Mohave Region were identified by the Regional Partnership Council and Director as focus areas.

The **Bullhead City** area is defined as the 86422 and 86429 zip codes and contains Bullhead City and the Census Designated Place (CDP) of Katherine.

The **Colorado City-Centennial Park** area is comprised of the 86021 zip code and the portion of the 86022 zip code that is within the La Paz/Mohave Region (within Mohave County and not part of the Kaibab Indian Reservation). It contains the town of Colorado City and the CDPs of Centennial Park and Cane Beds.

The **Dolan Springs-Golden Valley** area encompasses the zip codes of 86413, 86431, 86441, 86443, 86444 (excluding Hualapai Off-Reservation Trust Land) and 86445. It contains the CDPs of Dolan Springs, Golden Valley, Meadview, White Hills, Chloride, So-Hi, Walnut Creek and McConnico.

The **Fort Mohave-Mohave Valley-Topock** area is defined as the zip codes of 86426, 86433, 86436, and 86440 and contains the CDPs of Fort Mohave, Mohave Valley, Topock, Golden Shores, Arizona Village, Mojave Ranch Estates, Willow Valley and Mesquite Creek.

The **Kingman** area is comprised of the 86401, 86409, 86411 and 86438 zip codes, as well as the portions of the 85360, 86437 and 86434 zip codes that are not part of the Hualapai Indian Reservation. It contains the city of Kingman and the CDPs of New Kingman-Butler, Lazy Y-U, Pinion Pines, Pine Lake, Valle Vista, Hackberry, Valentine, Truxton, Antares, Crozier, Wikieup and Yucca.

The **Lake Havasu City** area encompasses the 86103, 86404 and 86406 zip codes and contains Lake Havasu City and the CDPs of Desert Hills and Crystal Beach.

The **Littlefield-Beaver Dam** area is defined as the 86432 zip code and contains the CDPs of Beaver Dam, Littlefield and Scenic.

The **Parker Strip-Cienega Springs** area is comprised of the portion of the 85344 zip code that is not part of the Colorado River Reservation. It contains the southernmost portion of the town of Parker that does not fall within the Colorado River Reservation as well as the CDPs of Cienega Springs and Parker Strip.

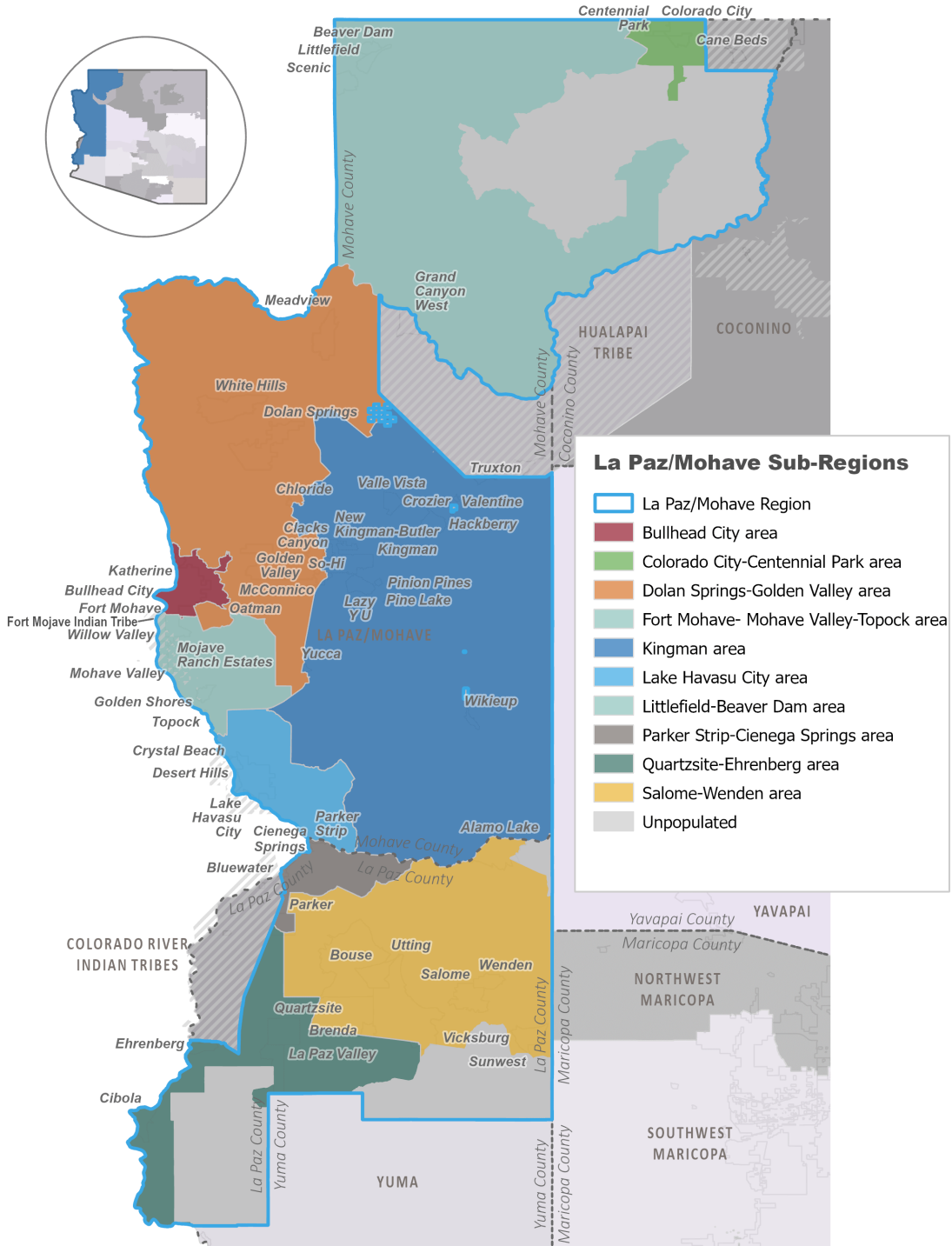
The **Quartzsite-Ehrenberg** area is defined as the zip codes of 85328, 85334 and 85346 and contains the town of Quartzsite and the CDPs of Ehrenberg, La Paz Valley and Cibola.

The **Salome-Bouse-Wenden** area encompasses the 85325, 85348 and 85357 zip codes. It contains the CDPs of Bouse, Salome, Wenden, Vicksburg, Utting, Brenda, Alamo Lake and Sunwest.

The **Fort Mojave Indian Tribe** falls within the Fort Mohave-Mohave Valley-Topock sub-region. In this report, data for the tribe is also reported where available. Data are reported in two ways: first for the part of tribal lands that are within Arizona and second for the entire reservation.

Figure 1. The First Things First La Paz/Mohave Region and its subregions

Map by Community Research, Evaluation & Development (CRED) Team, University of Arizona



Source: 2010 TIGER/Line Shapefiles prepared by the U.S. Census. Map produced by CRED.



POPULATION CHARACTERISTICS

POPULATION CHARACTERISTICS

Why It Matters

Families with young children often utilize community resources such as early education, health care facilities and social services to help their children thrive.^{2,3,4,5,6} Accurate and up-to-date information about the characteristics of families is critical for ensuring policy makers and program providers can determine what resources are needed in their region, including where services should be located and how to ensure offerings meet the specific needs of those who are likely to use them. Having reliable access to child care, health care and social services has been shown to improve children's health and educational outcomes.^{7,8,9,10} As Arizona communities become increasingly diverse, providers need access to relevant demographic data to ensure they engage with families in culturally responsive ways.^{11,12,13}

In addition to growing racial, ethnic and social diversity, U.S. and Arizona families are becoming more diverse in terms of family structure.¹⁴ Many children live in single-parent households, and it is increasingly common for children to live in kinship care (care of children by someone other than their parents, such as relatives or close friends).^{15,16} Multi-generational households, particularly where grandparents live in the home with children and parents, are common in some communities and cultures and can provide financial and social benefits.¹⁷ As family structure changes, so can family strengths and challenges that impact child development, such as poverty, access to health and education resources and the quality of a child's interactions with adult caregivers.^{18,19,20,21} Regardless of their family structure, all young children benefit from nurturing relationships with adults. Research has identified that these early relationships are a primary influence on brain development.²² Ensuring that children have adult caregivers who consistently engage in high quality interactions beginning in infancy can help protect young children from negative effects of stress and adversity and builds a foundation in the brain for all of the learning, behavior and health that follow.^{23,24}

Program and policy decisions that are informed by data on the structure and stability of children's home and community environments help ensure more effective supports for families and have a greater chance to improve well-being, economic security and educational outcomes for children.

What the Data Tell Us

Population, race, and ethnicity

According to the 2010 U.S. Census, the La Paz/Mohave Region had a population of 211,922, of whom 13,469 were children under the age of 6 (Table 1). One out of every 10 households (10%) in the La Paz/Mohave Region has at least one child under 6 years old, lower than across the state as a whole (16%). Households with young children varied by subregion, ranging from a high of 61% of households in the Colorado City-Centennial Park subregion to a low of 5% in the Parker Strip-Cienega Springs, Quartzsite-Ehrenberg and Salome-Bouse-Wenden subregions. More than two-thirds (69%) of young

children in the region live in three subregions: Kingman (27%), Lake Havasu City (22%) and Bullhead City (20%) (Figure 2).

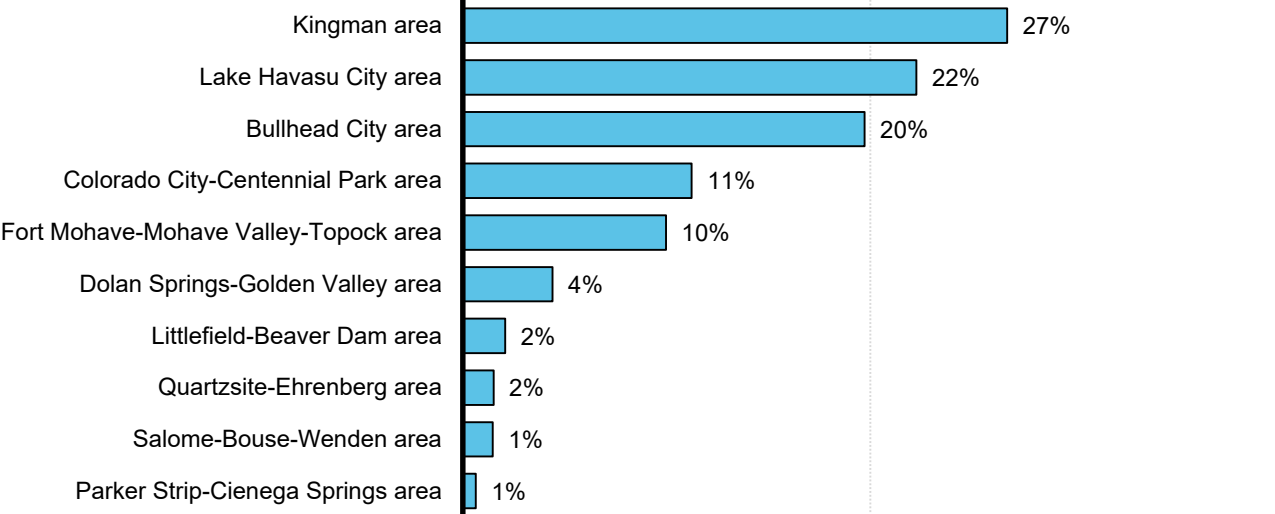
Table 1. Population and households in the 2010 U.S. Census

Geography	Total population	Population (ages 0-5)	Total number of households	Number and percent of households with one or more children (ages 0-5)	
La Paz/Mohave Region	211,922	13,469	88,926	9,168	10%
Bullhead City area	40,544	2,656	17,187	1,902	11%
Colorado City-Centennial Park area	6,571	1,513	936	568	61%
Dolan Springs-Golden Valley area	16,406	594	6,875	400	6%
Fort Mohave-Mohave Valley-Topock area	22,984	1,343	9,428	979	10%
Kingman area	52,264	3,597	21,343	2,544	12%
Lake Havasu City area	55,808	2,998	24,739	2,242	9%
Littlefield-Beaver Dam area	3,933	280	1,556	196	13%
Parker Strip-Cienega Springs area	2,489	86	1,304	69	5%
Quartzsite-Ehrenberg area	6,164	204	3,199	145	5%
Salome-Bouse-Wenden area	4,759	198	2,359	123	5%
Ft Mojave Indian Tribe (Arizona part)	1,004	89	370	63	17%
Ft Mojave Indian Tribe (entire)	1,477	109	571	76	13%
La Paz County	20,489	1,227	9,198	822	9%
Mohave County	200,186	13,218	82,539	8,981	11%
Arizona	6,392,017	546,609	2,380,990	384,441	16%
United States	308,745,538	24,258,220	116,716,292	17,613,638	15%

Source: U.S. Census Bureau. (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, & P20

Note: The total population of Arizona in the 2020 Decennial Census is 7,151,502, which is a 12 percent increase.

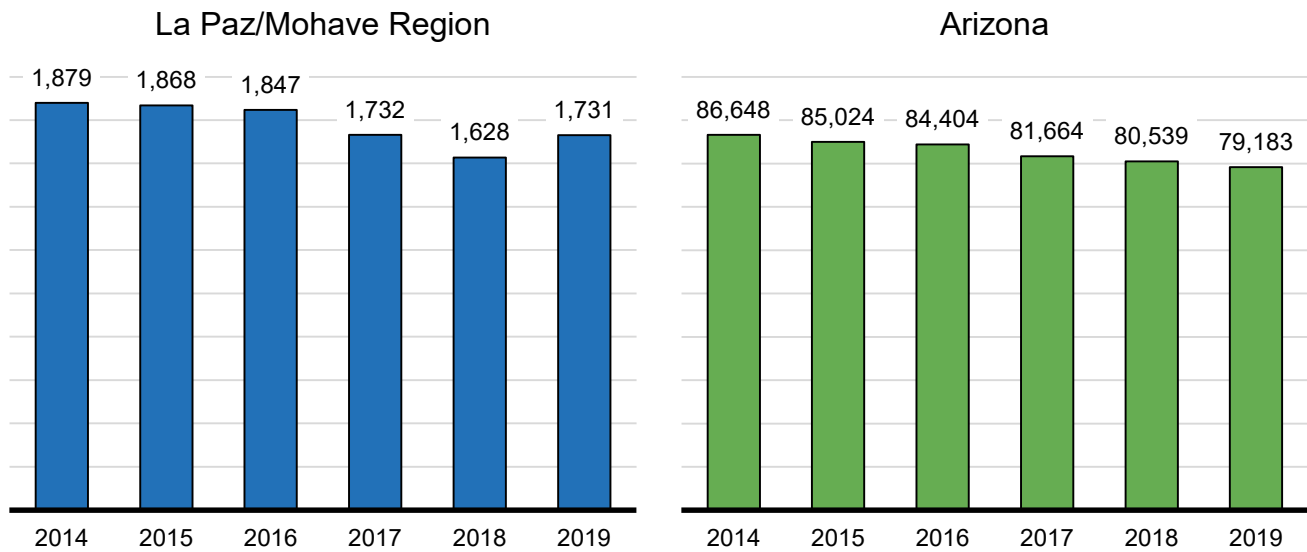
Figure 2. Share of children birth to 5 by sub-region, 2010 U.S. Census



Source: U.S. Census Bureau. (2010). 2010 Decennial Census, Summary File 1, Tables P14

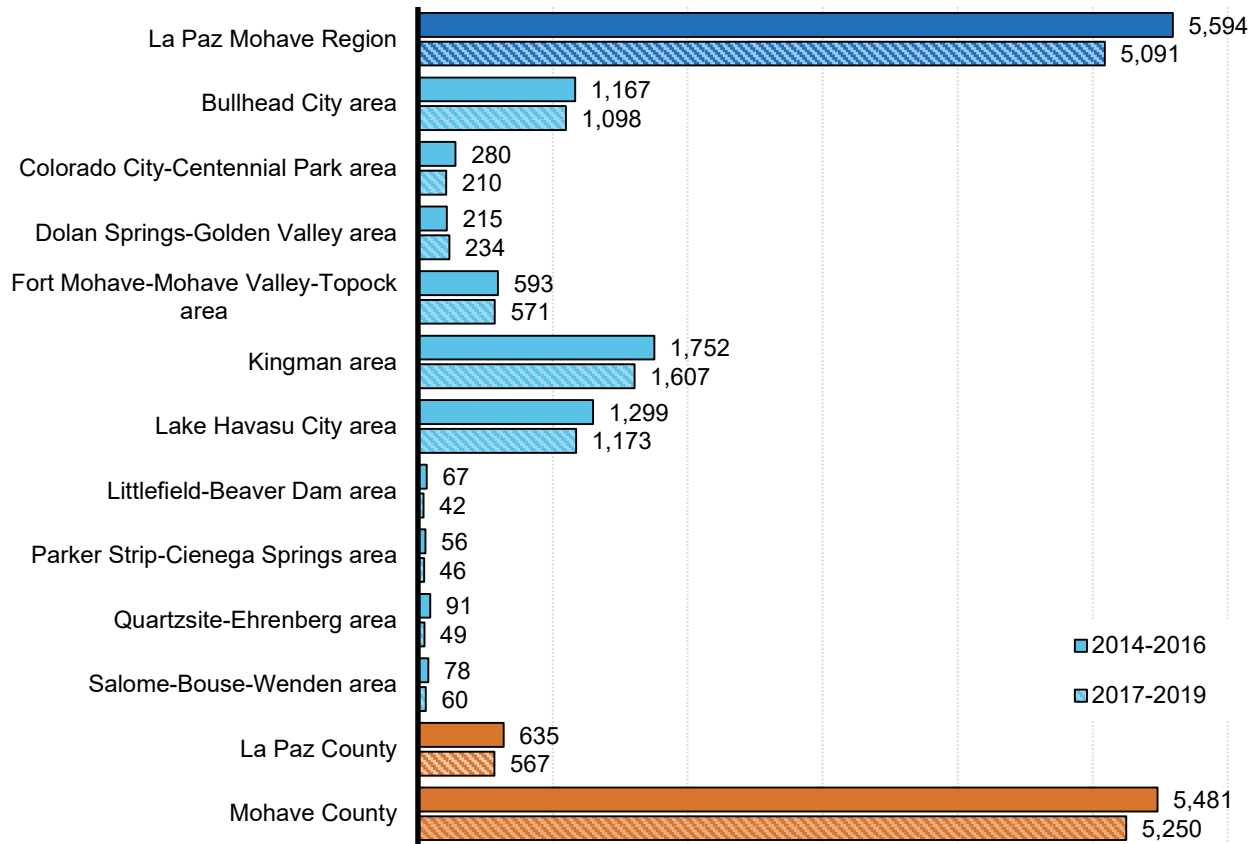
Over the past six years, about 2% fewer babies were born in Arizona each year compared to the previous year. This decrease in natality in Arizona mirrors a trend in the U.S., where between 1% and 2% fewer babies were born each year in the same time period.²⁵ Annually, the trends in births in the La Paz/Mohave Region were less consistent, ranging from declines of 6% in 2017 and 2018 to an increase of 6% in 2019 (Figure 3). When aggregated across multiple years, the number of births in the region dropped from a total of 5,594 in 2014-2016 to 5,091 in 2017-2019 (Figure 4). This decline in births was also seen across all subregions, with the exception of Dolan Springs-Golden Valley which experienced a slight increase in births.

Figure 3. Number of babies born, 2015 to 2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Figure 4. Number of babies born by sub-region, 2014-2016 to 2017-2019



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

According to the American Community Survey (ACS) five-year averages, 17% of the La Paz/Mohave Region’s population identifies as Hispanic or Latino, compared to 31% across the state as a whole (Table 2). The majority of the region (77%) identifies as non-Hispanic White, with smaller fractions in the region identifying their race as Black or African American (1%), American Indian or Alaska Native (2%), Asian or Pacific Islander (1%) or multi-racial (3%). Across sub-regions, race and ethnicity varies widely. More than a third of the population identifies as Hispanic or Latino in the Littlefield-Beaver Dam (40%) and Parker Strip-Cienega Springs (37%) subregions. Parker Strip-Cienega Springs also has a notably larger population that identifies as American Indian or Alaska Native (28%) compared to the region (2%) and state (5%). In addition, in the Fort Mojave Indian Tribe (Arizona part) nearly half (47%) of the population identifies as American Indian or Alaska Native.

Table 2. Race and ethnicity of the population of all ages, 2015-2019 ACS

Geography	Estimated population (all ages)	Hispanic or Latino	White, not Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
La Paz/Mohave Region	218,710	17%	77%	1%	2%	1%	3%
Bullhead City area	41,511	23%	71%	2%	1%	1%	3%
Colorado City-Centennial Park area	6,568	1%	98%	0%	1%	0.01%	0%
Dolan Springs-Golden Valley area	17,511	12%	83%	1%	1%	1%	4%
Fort Mohave-Mohave Valley-Topock area	22,944	20%	71%	1%	3%	3%	4%
Kingman area	55,683	12%	81%	2%	2%	1%	2%
Lake Havasu City area	58,186	17%	80%	0.3%	1%	1%	2%
Littlefield-Beaver Dam area	3,444	40%	59%	0%	0%	0%	2%
Parker Strip-Cienega Springs area	2,856	37%	37%	2%	28%	0.1%	4%
Quartzsite-Ehrenberg area	5,775	19%	78%	0%	0%	2%	1%
Salome-Bouse-Wenden area	4,233	15%	82%	0.3%	1%	0.4%	2%
Ft Mojave Indian Tribe (Arizona part)	1,145	18%	37%	1%	47%	1%	2%
Ft Mojave Indian Tribe (entire)	1,616	18%	38%	1%	48%	1%	2%
La Paz County	20,793	28%	57%	1%	15%	1%	3%
Mohave County	207,695	16%	77%	1%	2%	1%	3%
Arizona	7,050,299	31%	55%	5%	5%	4%	4%
United States	324,697,795	18%	61%	13%	1%	6%	3%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i

Note: The six percentages in each row may sum to more or less than 100% because (a) persons reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) persons reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding.

A larger proportion of young children (birth to 4) in the La Paz/Mohave Region are identified as either Hispanic or Latino (28%) or multiracial (7%) compared to the region’s overall population (17% and 3%, respectively) (Table 3). The Fort Mohave-Mohave Valley-Topock subregion has the largest proportion of children identified as multiracial (15%) or Asian or Pacific Islander (7%), and the Fort Mojave Indian Tribe (Arizona part) has the largest proportion of young children identified as American Indian or Alaska Native (65%).

Table 3. Race and ethnicity of children birth to 4, 2015-2019 ACS

Geography	Estimated number of children (birth to 4 years old)	Hispanic or Latino	White, not Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
La Paz/Mohave Region	9,184	28%	63%	1%	3%	1%	7%
Bullhead City area	2,256	34%	61%	1%	0%	0.5%	7%
Colorado City-Centennial Park area	535	0%	99%	0%	1%	0%	0%
Dolan Springs-Golden Valley area	380	36%	50%	0%	0%	0%	13%
Fort Mohave-Mohave Valley-Topock area	931	26%	51%	1%	5%	7%	15%
Kingman area	3,165	24%	67%	2%	4%	1%	4%
Lake Havasu City area	1,615	37%	57%	0%	2%	1%	6%
Littlefield-Beaver Dam area	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	129	38%	53%	0%	0%	0%	9%
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ft Mojave Indian Tribe (Arizona part)	79	24%	11%	0%	65%	0%	5%
Ft Mojave Indian Tribe (entire)	122	22%	7%	0%	74%	0%	3%
La Paz County	962	50%	27%	1%	32%	0%	6%
Mohave County	9,109	28%	63%	1%	4%	1%	6%
Arizona	433,968	45%	38%	5%	6%	3%	9%
United States	19,767,670	26%	50%	14%	1%	5%	8%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i

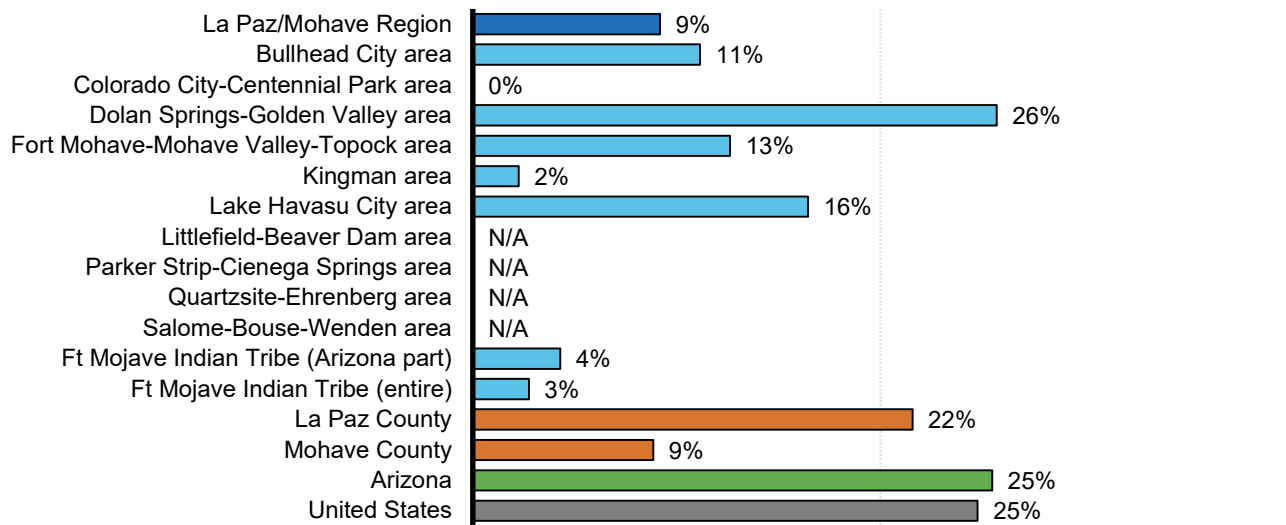
Note: The six percentages in each row may sum to more or less than 100% because (a) children reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) children reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding. Reliable estimates were not available for the Littlefield-Beaver Dam area, Parker Strip-Cienega Springs area, or Salome-Bouse-Wenden area due to sample size limitations

Immigrant families and language use

A growing number of children nationwide live in a family where one or both of their parents is foreign-born.²⁶ Despite the fact that the vast majority of these young children are citizens,²⁷ changes in national immigration policy have led some immigrant families to avoid using social services for which they and their children are legally qualified due to fear of deportation or risking their legal status in the country.^{28,29,30} This can put immigrant families at risk of reduced access to medical care and increased food insecurity, which can lead to long-term impacts on health and educational attainment, as well as community-level economic impacts.^{31,32,33,34} In addition, during the COVID-19 pandemic, immigrants have been more likely to work in frontline positions and experience job loss, increasing their risk of COVID-19 exposure and creating additional barriers to testing and treatment with the loss of employer-sponsored health insurance.³⁵

About one in 10 (9%) young children in the La Paz/Mohave Region live with one or two parents who are foreign-born, lower than across the state as a whole (25%) (Figure 5). The Dolan Springs-Golden Valley subregion has the largest proportion of children under the age of 6 living with foreign-born parents (26%), more closely mirroring the state. Note these parents may or may not have become naturalized citizens or permanent residents.

Figure 5. Children ages birth to 5 living with parents who are foreign-born, 2015-2019 ACS

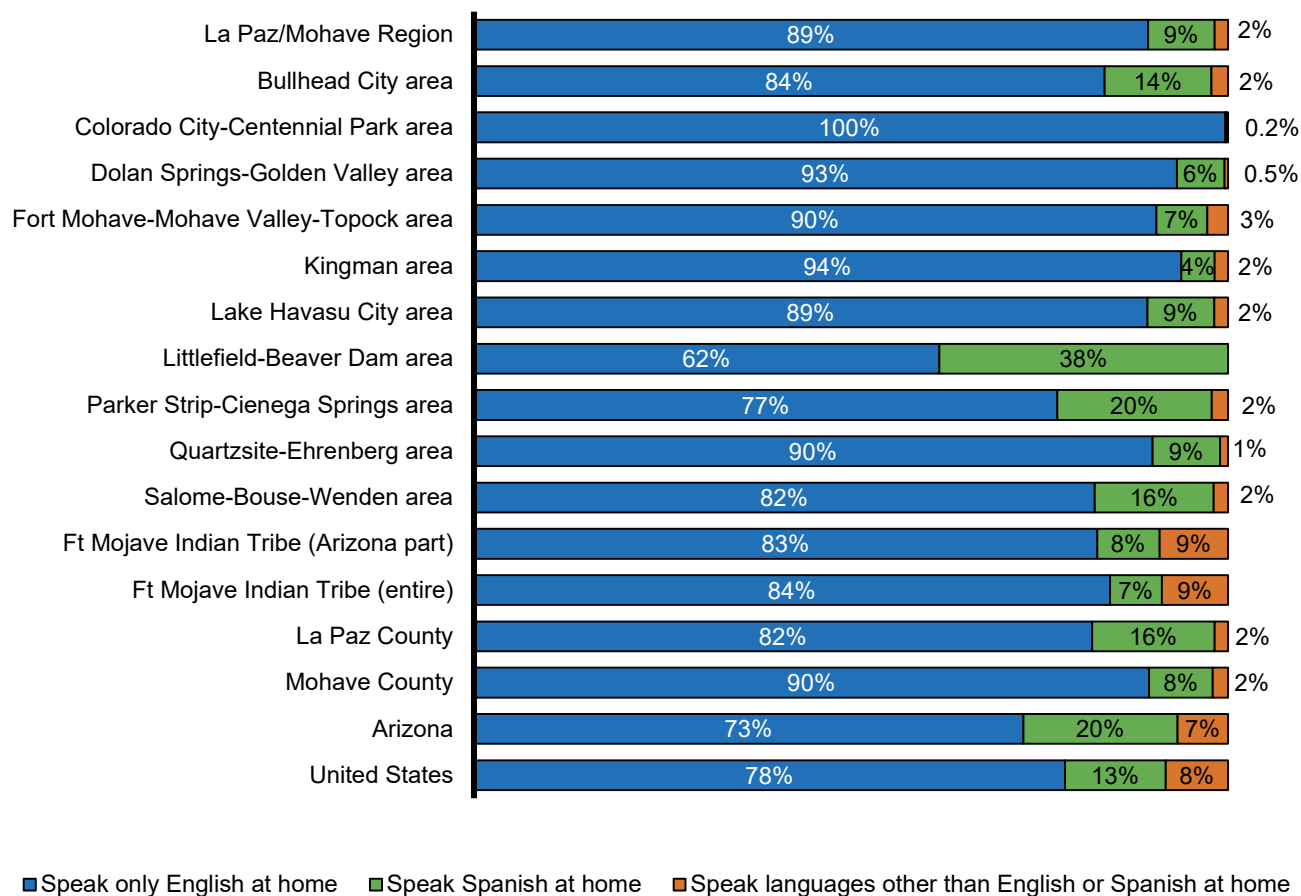


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B05009

Note: The term "parent" here includes stepparents. Reliable estimates were not available for the Littlefield-Beaver Dam area, Parker Strip-Cienega Springs area, Quartzsite-Ehrenberg area, or Salome-Bouse-Wenden area due to sample size limitations.

Households with multiple languages spoken pose a unique balance of benefits for child learning and barriers to caregiver engagement (e.g., when interacting with schools or health care providers).³⁶ The ACS estimates that 89% of region residents speak only English at home and 9% speak Spanish at home (Figure 6). The remaining 2% speak other languages, of which American Indian languages are the most common. More than one-third (38%) of Littlefield-Beaver Dam subregion residents and about one in five (20%) Parker Strip-Cienega Springs subregion residents speak Spanish at home. An estimated 9% of residents of the Fort Mojave Indian Tribe (Arizona part) speak a language other than English or Spanish at home.

Figure 6. Language spoken at home (by persons ages 5 and older), 2015-2019 ACS

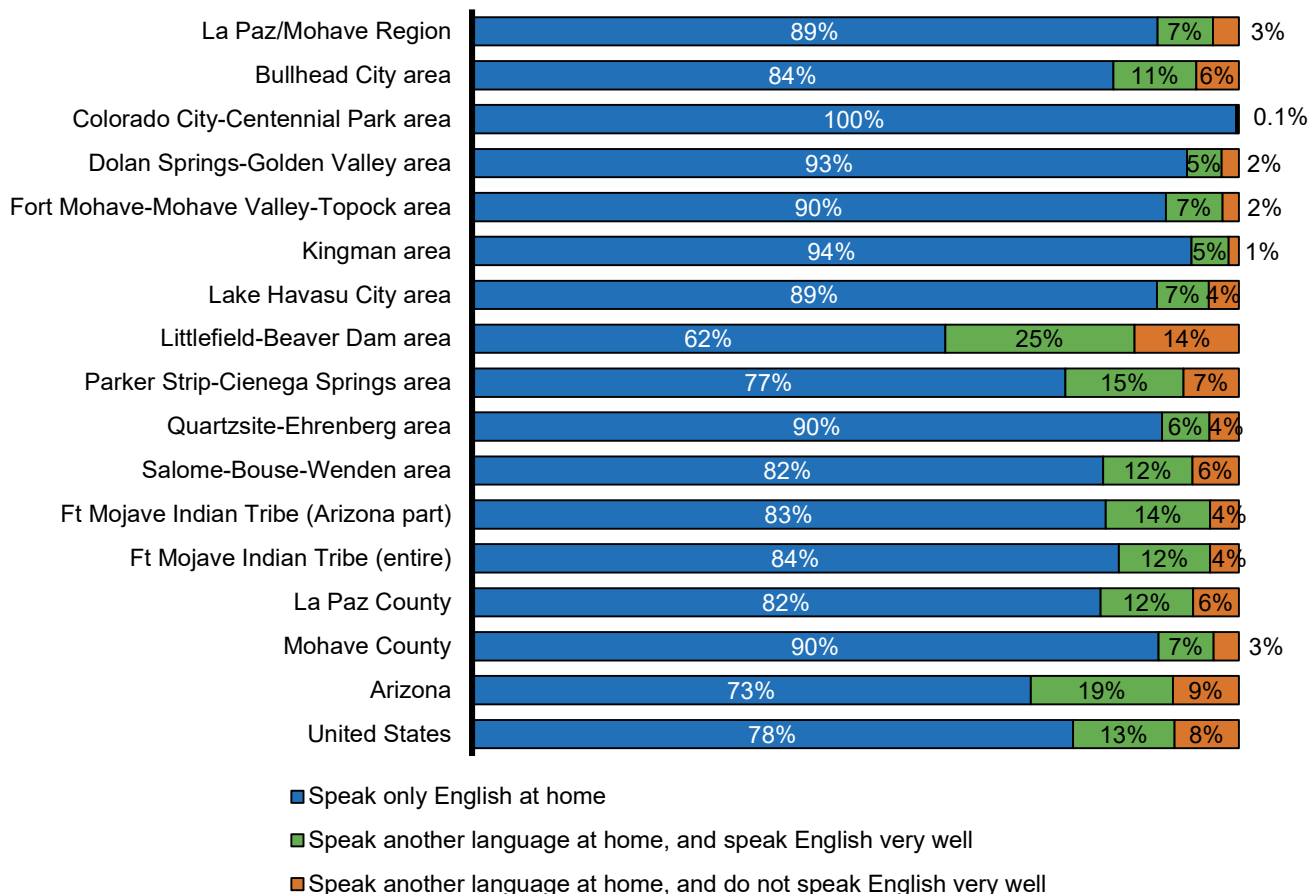


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

Note: The three percentages in each bar may not sum to 100% because of rounding. The American Community Survey (ACS) no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state. In Arizona, Navajo and other Native American languages (including Apache, Hopi, and O'odham) are the most commonly spoken (2%), following English (73%) and Spanish (20%).

A majority of residents who speak a language other than English at home report that they speak English “very well,”ⁱⁱ meaning they are proficiently bilingual or multilingual. This is the case for 7% of individuals ages 5 and older in the La Paz/Mohave Region and 25% in the Littlefield-Beaver Dam subregion (Figure 7).

Figure 7. English-language proficiency (for persons ages 5 and older), 2015-2019 ACS



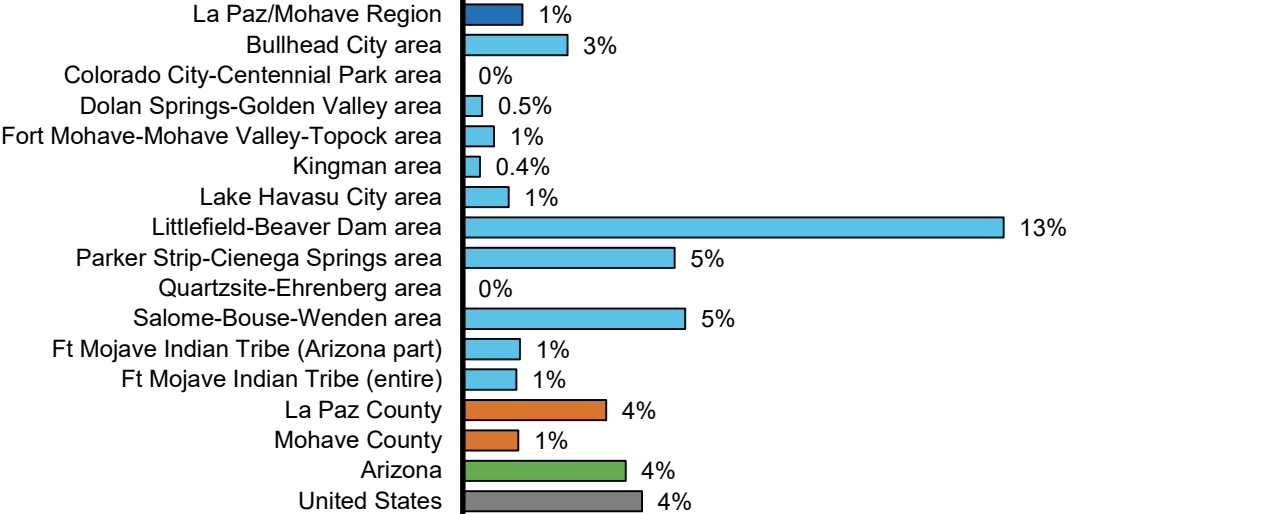
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

Note: The three percentages in the figure should sum to 100% but may not because of rounding.

ⁱⁱ “Very well” refers to the self-rated ability to speak English in response to the American Community Survey question “How well does this person speak English?”. Other response options include: “well,” “not well” and “not at all.” See <https://www.census.gov/topics/population/language-use/about.html>

In addition to those who are multi-lingual, about 1% of La Paz/Mohave Region households are considered “limited-English-speaking,” meaning no one over the age of 13 considers themselves as speaking English “very well” in the home (Figure 8). This is true for 13% of households in the Littlefield-Beaver Dam subregion. Parents and caregivers with limited English proficiency may experience barriers to accessing health care and social services, as well as barriers to engaging in important interactions at their children’s schools; these barriers can affect a family’s ability to promote positive child development. The availability of bi- or multi-lingual staff and resources can help support these families.^{37,38}

Figure 8. Share of households that are limited-English-speaking, 2015-2019 ACS

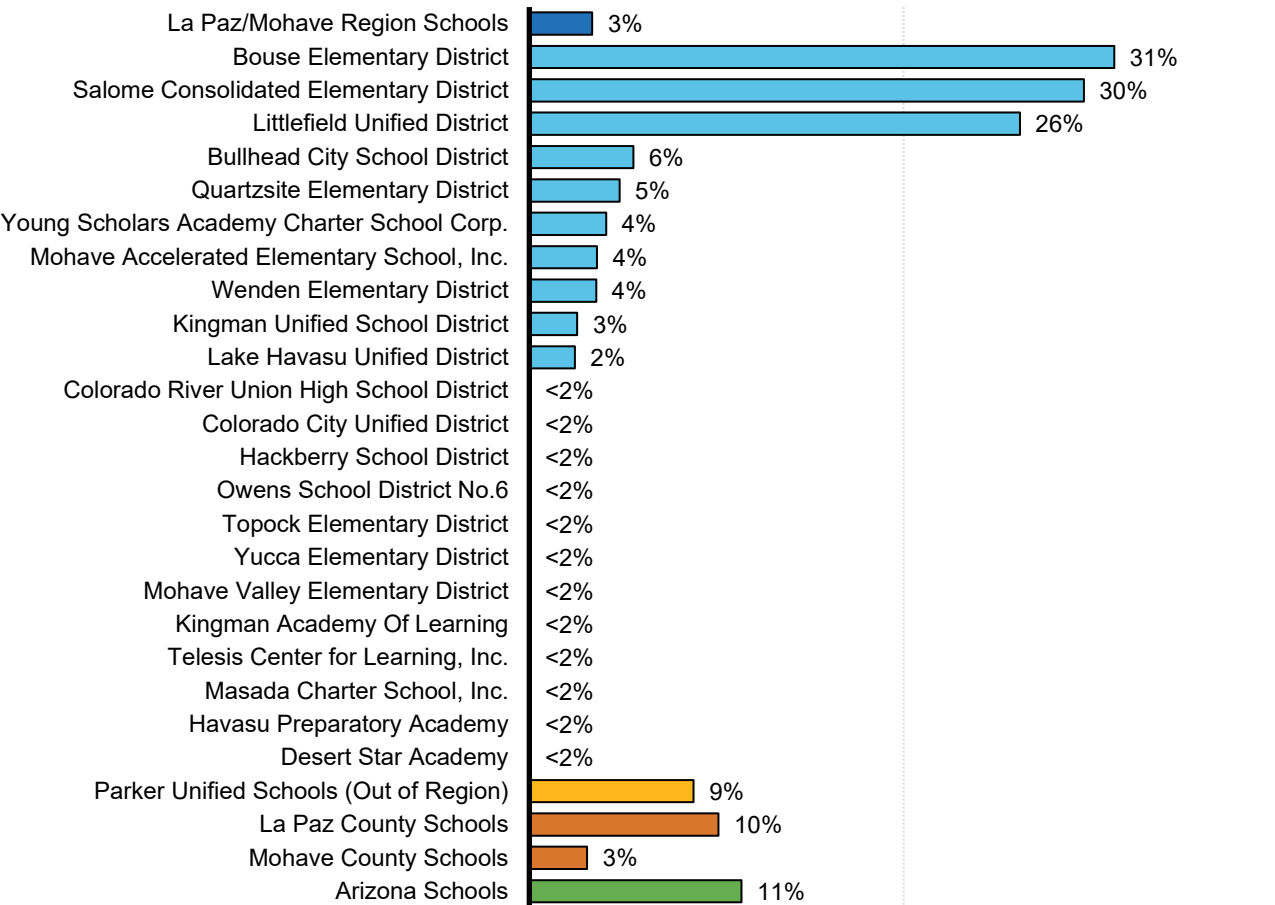


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16002

Note: A “limited-English-speaking” household is one in which no one over the age of 13 speaks English very well.

Schools dedicate resources and programming for students who do not speak English as their first language and need additional support to become proficient in English. These students are identified via caregiver report on a home language survey, and subsequently by a sub-proficient score on the Arizona English Language Learner Assessment (AZELLA).³⁹ In the La Paz/Mohave Region, 3% of students are classified as English Language Learners, compared to 11% statewide. At the district level, more than one in four kindergarten to 3rd grade students in Bouse Elementary District (31%), Salome Consolidated Elementary District (30%) and Littlefield Unified District (26%) are considered English Language Learners.

Figure 9. Percent of kindergarten to 3rd grade students who were English Language Learners, 2019-20



Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: English Language Learners are students who do not score 'proficient' in the English language and thus eligible for additional supportive services for English language acquisition.

Family and household composition

Nearly half (47%) of children under 6 in the La Paz/Mohave Region live with a single parent, and the majority of the rest (45%) live with two parents (or a parent and a stepparent) (Table 4). Far fewer live with relatives other than parents (such as grandparents, uncles and aunts; 5%), or in the household of an unrelated person (such as a foster parent; 3%). The region has higher proportions of children living with a single parent, relatives other than parents and non-relatives compared to Arizona as a whole (37%, 3% and 2%, respectively). In three subregions and the Fort Mojave Indian Tribe, more than half of young children live with a single parent: Fort Mojave Indian Tribe (Arizona part) (73%), Bullhead City (55%), Kingman (55%), and Quartzsite-Ehrenberg (52%).

With the move to remote learning during the pandemic, parents and caregivers took on the challenging role of assisting with children's online learning. The burden was particularly taxing for single-parent households, with more than three-quarters (78%) of single parents surveyed nationally managing children's online learning. Single-parent households were more likely to experience unemployment, food insecurity, difficulty paying for housing and utilities and heightened behavioral difficulties in children during the pandemic.^{40,41,42} Single-parent households were also more likely to rely upon grandparents to take on primary caregiving (37%) and support of children's remote learning (20%) compared to the overall population (26% and 11%, respectively).⁴³ With nearly half of young children in the La Paz/Mohave Region living with a single parent, these families have likely faced these added demands.

Table 4. Living arrangements for children ages birth to 5, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living in households	Living with two married parents	Living with one parent	Living not with parents but with other relatives	Living with non-relatives
La Paz/Mohave Region	10,773	45%	47%	5%	3%
Bullhead City area	2,621	43%	55%	2%	1%
Colorado City-Centennial Park area	732	61%	28%	6%	5%
Dolan Springs-Golden Valley area	435	61%	35%	3%	0%
Fort Mohave-Mohave Valley-Topock area	1,279	54%	33%	8%	4%
Kingman area	3,533	39%	55%	4%	2%
Lake Havasu City area	1,860	50%	39%	6%	5%
Littlefield-Beaver Dam area	N/A	N/A	N/A	N/A	N/A
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	129	9%	52%	0%	39%
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A
Ft Mojave Indian Tribe (Arizona part)	99	21%	73%	1%	5%
Ft Mojave Indian Tribe (entire)	151	14%	82%	1%	3%
La Paz County	1,072	30%	54%	6%	10%
Mohave County	10,710	46%	47%	4%	3%
Arizona	517,483	59%	37%	3%	2%
United States	23,640,563	63%	33%	2%	2%

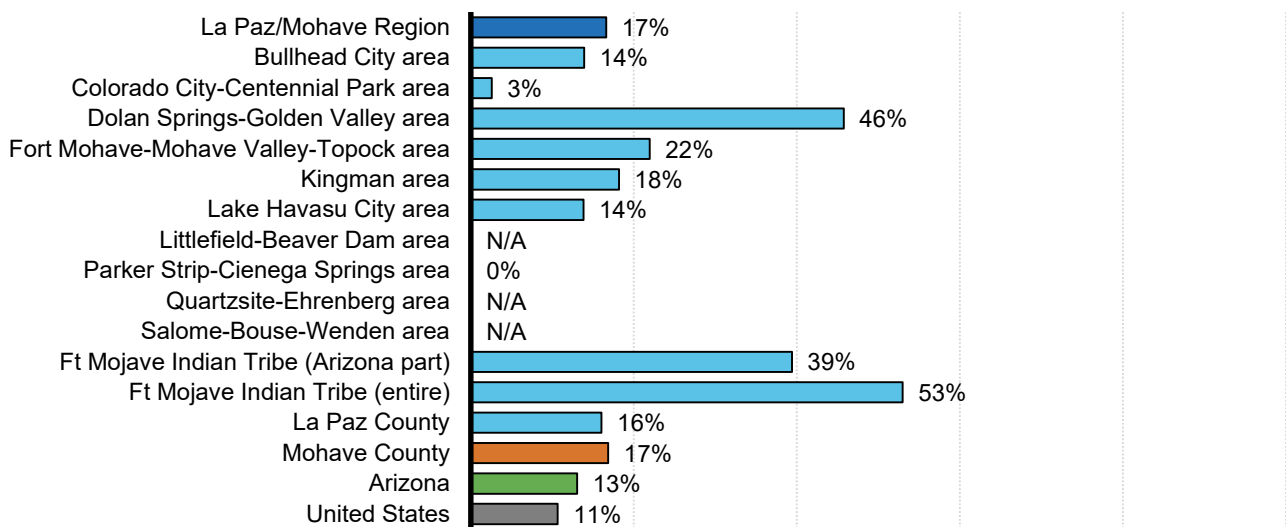
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B05009, B09001, & B17001

Note: The four percentages in each row should sum to 100% but may not because of rounding. The term "parent" here includes stepparents. Reliable estimates were not available for the Littlefield-Beaver Dam area, Parker Strip-Cienega Springs area, or Salome-Bouse-Wenden area due to sample size limitations. Please note that due to the way the ACS asks about family relationships, children living with two cohabitating but unmarried parents are not counted as living with two parents (these children are counted in the 'one parent' category).

The ACS estimates that 17% of young children in the La Paz/Mohave Region live in their grandparent's household, compared to 13% across Arizona (Figure 10). Subregions vary widely, with nearly half (46%) of young children in the Dolan Springs-Golden Valley subregion living in their grandparent's household. Note that the grandparent may or may not be responsible for raising the child, and that the child's parent(s) may or may not also be living in the household.

Understanding the circumstances of grandparents living with their grandchildren is critical to providing services in a way that will meet the unique needs of grandparent-led families. Although multigenerational households can enhance family bonds and provide additional financial and caregiving resources, children's risk of living in poverty is higher when living with grandparents and these grandparents often encounter multiple barriers when accessing public assistance as caregivers and face unique psychological and physical stressors.^{44,45,46,47} Grandparents who care for their grandchildren may require targeted outreach and information about resources, support services, benefits and policies available to aid in their caregiving role.⁴⁸

Figure 10. Grandchildren ages birth to 5 living in a grandparent's household, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10001 & B27001

Note: This table includes all children (under six years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child's parent lives in the same household. Reliable estimates were not available for the Littlefield-Beaver Dam area, Parker Strip-Cienega Springs area, or Salome-Bouse-Wenden area due to sample size limitations

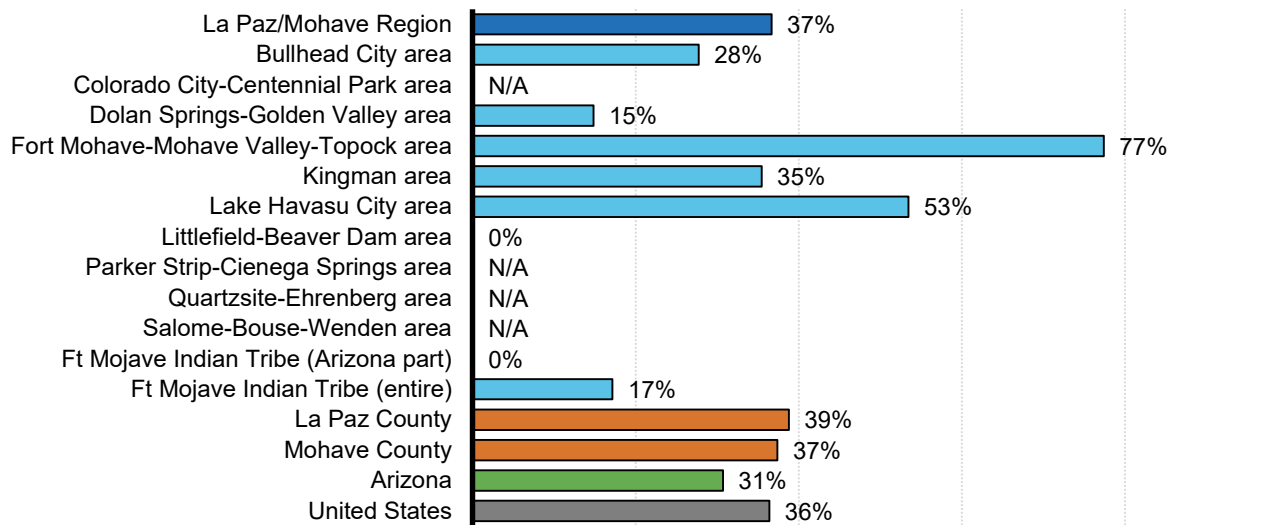
Children living in kinship care, that is, living with a close friend or relative (like a grandparent) who is not a parent, can arrive in those situations for a variety of reasons, including a parent's absence for work or military service, chronic illness, drug abuse, or incarceration, or due to abuse, neglect or homelessness. Though the proportion of children living in kinship-care arrangements in the region is small, these families can face unique challenges, including navigating the logistics of informal guardianship (e.g., difficulties in registering children for school), coping with parental absence and addressing the challenges of being an ageing caregiver for a young child. In some situations, children in

kinship-care may also face special needs as a result of trauma and could benefit from additional support and assistance to help them adjust and to ensure they have a stable and nurturing home environment.⁴⁹

According to ACS data, grandparents are considered responsible for their grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household. An estimated 2,587 grandparents in the La Paz/Mohave Region are responsible for raising one or more grandchildren (up to age 17) who live with them (Table 5). More than a third (37%) of these grandparents in the region do not have the child's parent(s) living in the household, including more than half of grandparents in the Fort Mohave-Mohave Valley-Topock (77%) and Lake Havasu City (47%) subregions (Figure 11).

Furthermore, two-thirds (67%) of these grandparents are female, half (53%) are in their sixties or older, 20% are living in poverty, and 6% are not proficient English speakers. In the Littlefield-Beaver Dam subregion in particular, 40% of grandparents responsible for grandchildren do not speak English very well. Grandparents with limited English proficiency who are their grandchildren's primary care provider may experience barriers to accessing health care and social services for their grandchildren, as well as barriers to engaging in important interactions at schools.

Figure 11. Percent of grandparents who are responsible for their grandchildren ages birth to 17 and no parent is present in the household, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10051, B10054, B10056, & B10059

Note: Grandparents are considered responsible for their grandchild or grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household.

Table 5. Selected characteristics of grandparents who are responsible for one or more grandchildren under 18 in their households, 2015-2019 ACS

Geography	Estimated number of grandparents who live with and are responsible for grandchildren under 18 years old	Percent of these grandparents who:				
		Are female	Are 60 years old or older	Have an income below the poverty level	Do not speak English very well	Do not have the child's parents in the household
La Paz/Mohave Region	2,587	67%	53%	20%	6%	37%
Bullhead City area	595	71%	50%	6%	18%	28%
Colorado City-Centennial Park area	N/A	N/A	N/A	N/A	N/A	N/A
Dolan Springs-Golden Valley area	243	55%	47%	55%	0%	15%
Fort Mohave-Mohave Valley-Topock area	186	56%	53%	2%	0%	77%
Kingman area	807	62%	45%	24%	0%	35%
Lake Havasu City area	535	70%	65%	14%	0%	53%
Littlefield-Beaver Dam area	113	100%	100%	40%	40%	0%
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A	N/A
Ft Mojave Indian Tribe (Arizona part)	17	53%	12%	18%	0%	0%
Ft Mojave Indian Tribe (entire)	35	71%	57%	29%	9%	17%
La Paz County	227	63%	50%	26%	8%	39%
Mohave County	2,563	67%	53%	20%	6%	37%
Arizona	64,841	62%	42%	22%	21%	31%
United States	2,465,864	63%	44%	19%	14%	36%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10051, B10054, B10056, & B10059

Note: Grandparents are considered responsible for their grandchild or grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household. Reliable estimates were not available for Colorado City-Centennial Park area, Parker Strip-Cienega Springs area, Quartzsite-Ehrenberg area, or Salome-Bouse-Wenden area due to sample size limitations.

Additional data tables related to *Population Characteristics* can be found in Appendix 1 of this report.



ECONOMIC CIRCUMSTANCES

ECONOMIC CIRCUMSTANCES

Why it Matters

Poor economic conditions are a threat to child well-being across a range of indicators, including academic achievement, physical health, and mental health.⁵⁰ Poverty can affect the way children grow and develop, including changes to their brains.^{51,52} As such, children in impoverished homes are at a greater risk of problems that include being born at a low birth weight, lower school achievement and poor health.^{53,54,55,56,57,58,59} They are also more likely to remain poor later in life, passing along these challenges to future generations.^{60,61} On the other hand, children raised in families with higher incomes tend to do better in a variety of ways across their lives. This includes being less likely to have health problems like depression and diabetes and more likely to finish high school and earn higher wages.^{62,63,64,65}

Economic resources are important for meeting basic needs, like providing nutrition. Food security, defined by the U.S. Department of Agriculture (USDA) as “access at all times to enough food for an active, healthy life for all household members”⁶⁶ is linked with many aspects of child well-being, and yet households with young children experience food insecurity at nearly twice the rate (15.3%) of households with no children (8.8%).⁶⁷ Safety-net programs aim to minimize the impacts of poverty on child and family well-being.^{68,69,70} These programs include:

- The Supplemental Nutrition Assistance Program (SNAP; also referred to as “nutrition assistance” and “food stamps”),⁷¹
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC),⁷²
- The National School Lunch Program⁷³ and Summer Food Service Program,⁷⁴
- Temporary Assistance for Needy Families (TANF),⁷⁵
- KidsCare (the state children’s health insurance program),⁷⁶
- Child care assistance⁷⁷ and
- Housing support.⁷⁸

Other factors related to economic stability include employment and housing.⁷⁹ Unemployment (and underemploymentⁱⁱⁱ) can limit access to resources like health insurance – typically provided by employers – that support children’s health and well-being. Unemployment can also contribute to family stress, conflict, homelessness and child abuse.^{80,81} Similarly, housing instability can harm the physical, social-emotional and cognitive development of young children.⁸² High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines

ⁱⁱⁱ Underemployment means that someone works fewer hours than they would like or is in a job that does not require the skills or training that they have.

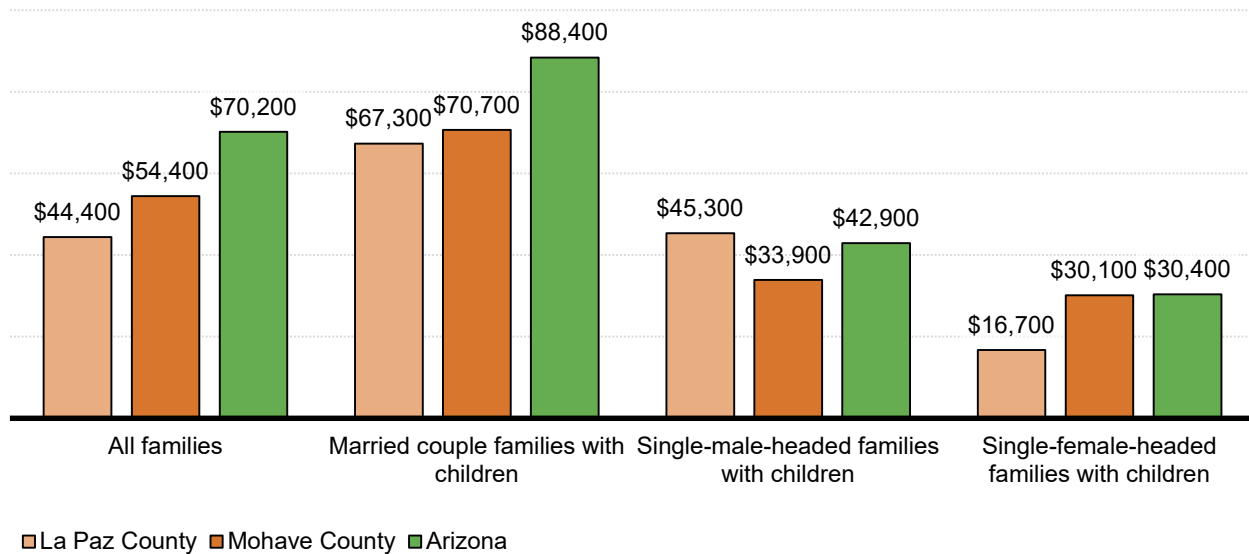
in mental health and homelessness.^{83,84} This high relative cost leaves inadequate funds for other necessities, such as food and utilities.⁸⁵

What the Data Tell Us

Income and poverty

The median family income is estimated to be \$44,400 for La Paz County and \$54,400 for Mohave County (Figure 12), which means that half of families have incomes lower than that amount and the other half have incomes above it. This includes all families of at least two people, whether they have children or not. For married couple families who have at least one child (up to 17 years old), the median income is higher than that of all families, likely because many such families are dual-income families. The median income for married couples with children is \$67,300 in La Paz County and \$70,700 in Mohave County. In both counties, single-male-headed families and single-female-headed families have notably lower median family incomes compared to married couple families, with single-female-headed families earning the least, just \$16,700 in La Paz County and \$30,100 in Mohave County. Across family types, median family income in La Paz and Mohave counties is consistently lower than that seen statewide, with the exception of single-male-headed families in La Paz County.

Figure 12. Median family income for families with children ages birth to 17, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126

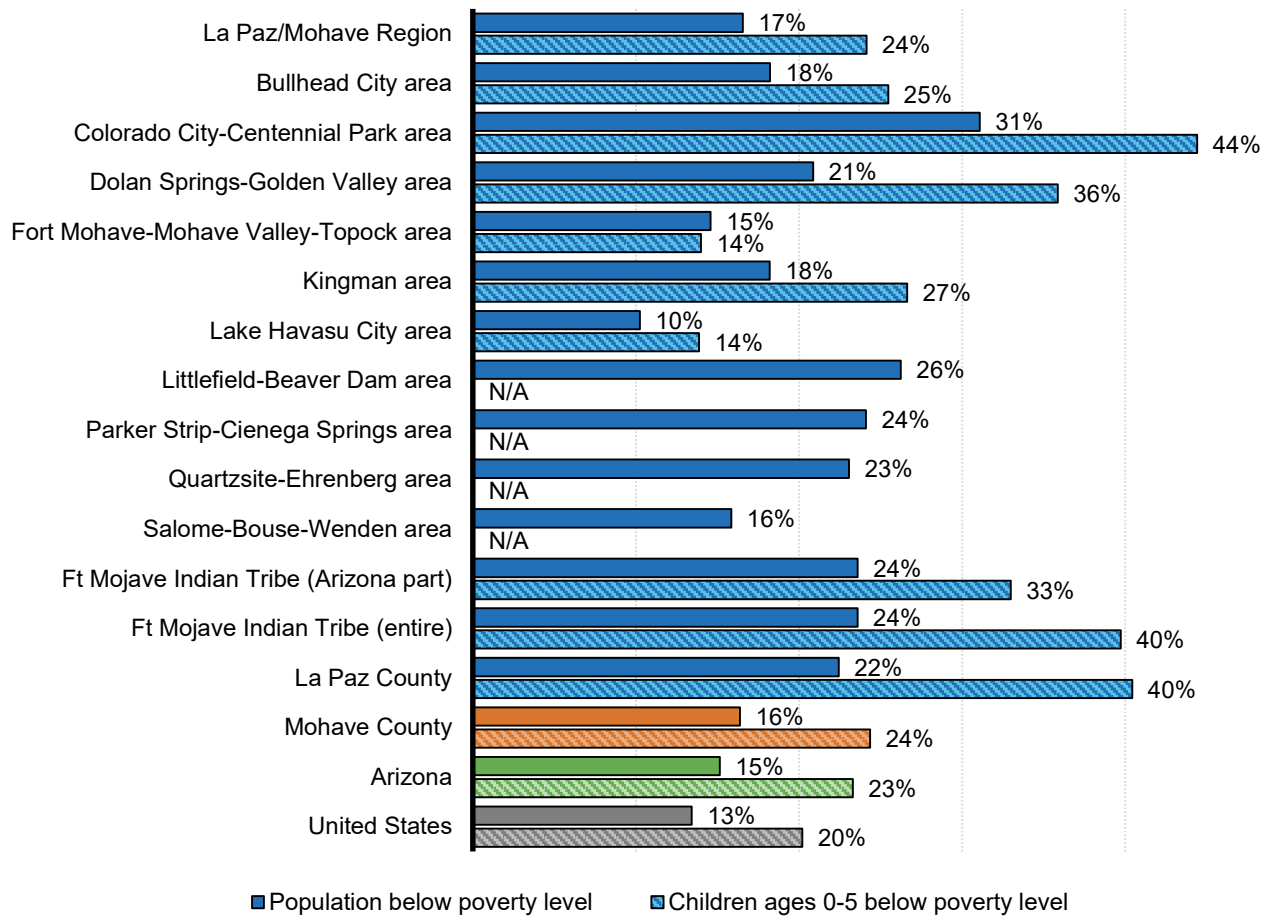
Note: Half of the families in the population are estimated to have annual incomes above the median value, and the other half have incomes below the median. The median family income for all families includes families without children ages birth to 17.

Given the large proportion of young children living in a single-parent household in the region noted previously (Table 4), the reality that single-parent homes make half (or less) that of dual-income homes points to a sizable population in the region that may be facing significant financial challenges. The

COVID-19 pandemic also had a sudden and dramatic impact on income for many families nationwide. In Arizona, typically at least half of surveyed adults reported that someone in their household had lost employment income, with one week spiking up to two-thirds of respondents. Arizona generally mirrors the trends seen nationwide.⁸⁶

In Arizona, the rate of poverty in the population is estimated to be 15%, or about one out of every seven persons (Figure 13). Among young children, the rate is higher; nearly one out of every four (23%) children under the age of 6 live in families with incomes below the poverty level. In both cases, La Paz/Mohave Region residents are slightly more likely to live in poverty than others statewide (17% and 24%, respectively). Rates of poverty among young children vary across subregions, with the largest proportion of young children experiencing poverty in the Colorado City-Centennial Park (44%) and Dolan Springs-Golden Valley (36%) subregions, along with the Fort Mojave Indian Tribe (Arizona part) (33%). Note that these rates represent averages over the five years spanning 2015 to 2019; data reflecting the COVID-19 pandemic era and its effects on poverty in the region are not yet available.

Figure 13. Rates of poverty for persons of all ages and for children ages birth to 5

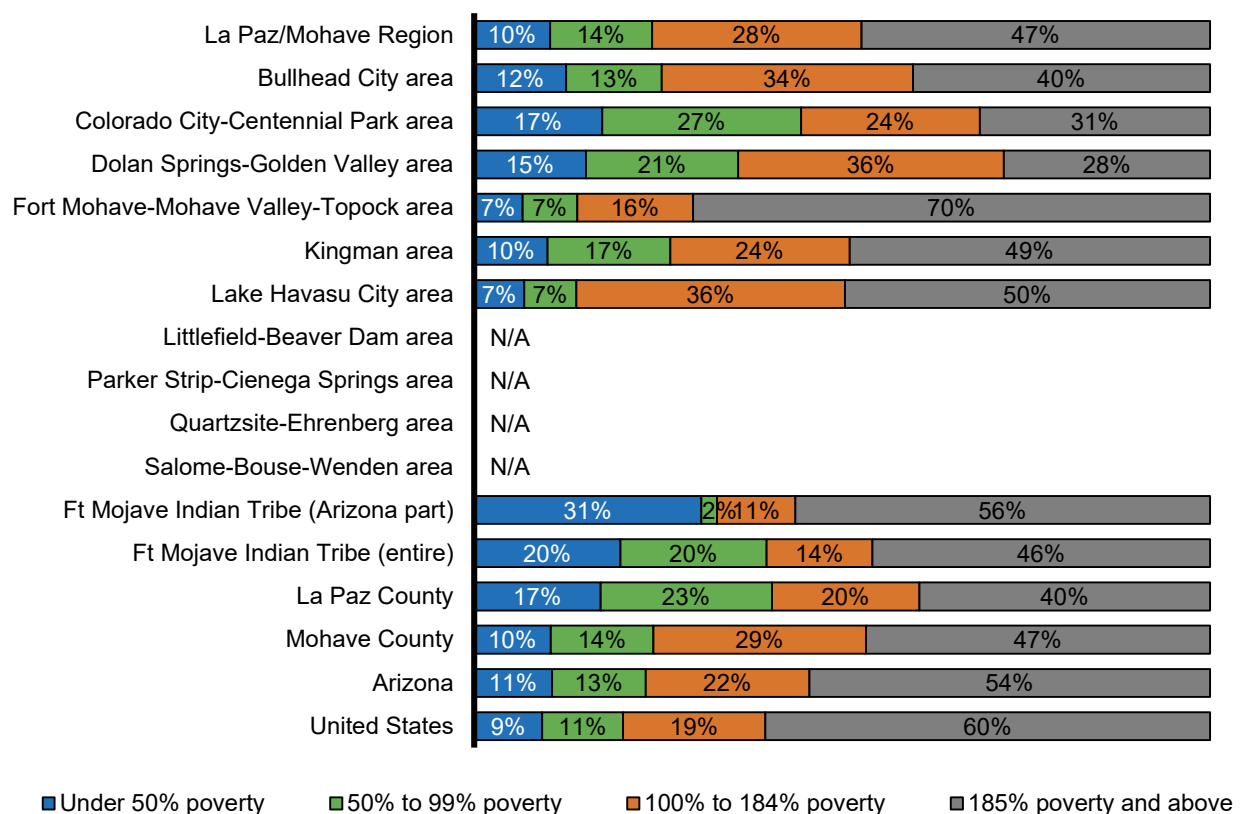


Source: U.S. Census Bureau. (2020). American Community Survey five-year estimates 2015-2019, Table B17001

Note: This graph includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622. Reliable estimates of young children in poverty were not available for Littlefield-Beaver Dam area, Parker Strip-Cienega Springs area, Quartzsite-Ehrenberg area, or Salome-Bouse-Wenden area due to sample size limitations.

More than half (53%) of young children in the La Paz/Mohave Region live in households with incomes under 185% of the poverty level, a commonly used threshold for safety net benefits such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and reduced-price school meals (Figure 14). Subregional trends in the proportion of young children living below the 185% threshold are similar to those seen for young children living in poverty, with the largest proportion in the Dolan Springs-Golden Valley (72%) and Colorado City-Centennial Park (69%) subregions. While the proportion of children living below the 185% threshold is lower for the Kingman (51%) and Lake Havasu City (50%) subregions compared to the region overall, this equates to an estimated 2,647 young children potentially eligible for safety net benefits.

Figure 14. Children ages birth to 5 living at selected poverty thresholds, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B17024

Note: The four percentages in each bar should sum to 100% but may not because of rounding. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622. The 185% thresholds are \$47,963 and \$32,600, respectively.

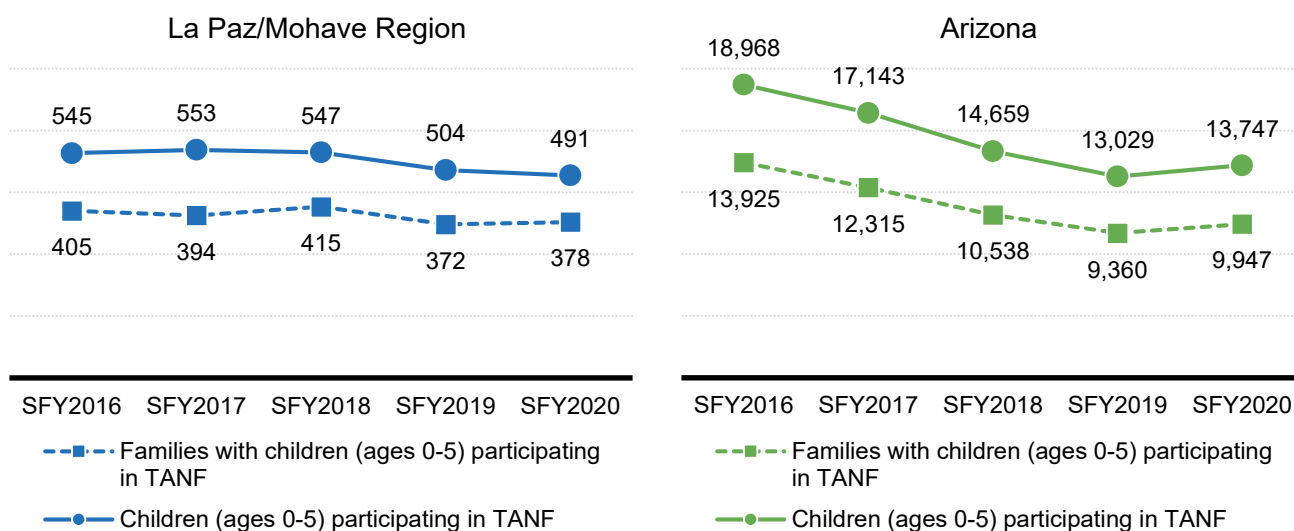
It is important to note that the number of families and young children who live in poverty according to official definitions like this one far underestimates the number of children in families who struggle to make ends meet. As a benchmark, the Federal Poverty Guideline – the criterion used for establishing eligibility for some safety net programs – for a family of four was \$25,750 in 2019 and \$26,200 in 2020.^{87,88} However, the federal poverty guideline definition of poverty was developed in the 1950s and

is based on the assumption that basic nutrition accounts for one-third of family spending; it is widely considered to be much less than what a family actually needs to earn for financial stability. The “self-sufficiency standard” attempts to estimate how much families need to earn to fully support themselves, accounting for differences in costs of housing, transportation, child care and other budget items across places.⁸⁹ The 2021 self-sufficiency standards for a family comprised of two parents, one infant and one preschooler was \$58,910 in La Paz County and \$58,050 in Mohave County, higher than the overall median income in each county (\$44,400 and \$54,400, respectively).⁹⁰ For a single-parent household with one infant and one preschooler, the self-sufficiency standard was only slightly lower, \$51,579 in La Paz County and \$50,750 in Mohave County, both notably higher than median household incomes for single-male- and single-female-headed households. Given that half of families earn less than the median income, this suggests that many families in the region are likely to be struggling to fully support themselves.

The gap between the thresholds of low income needed to qualify for public supports and the substantial income needed to actually support a family can also lead to a “benefits cliff”⁹¹ for low-income families. This problematic phenomenon occurs when a low-income earner gets a boost in earnings – either through a raise, working additional hours or other means – that makes them ineligible for programs, like SNAP, WIC or subsidized health insurance that they previously qualified for, even if the additional earnings cannot make up the difference in the family budget. Thus, many families who may not technically be living in poverty or be considered low-income may still face substantial economic hardship.

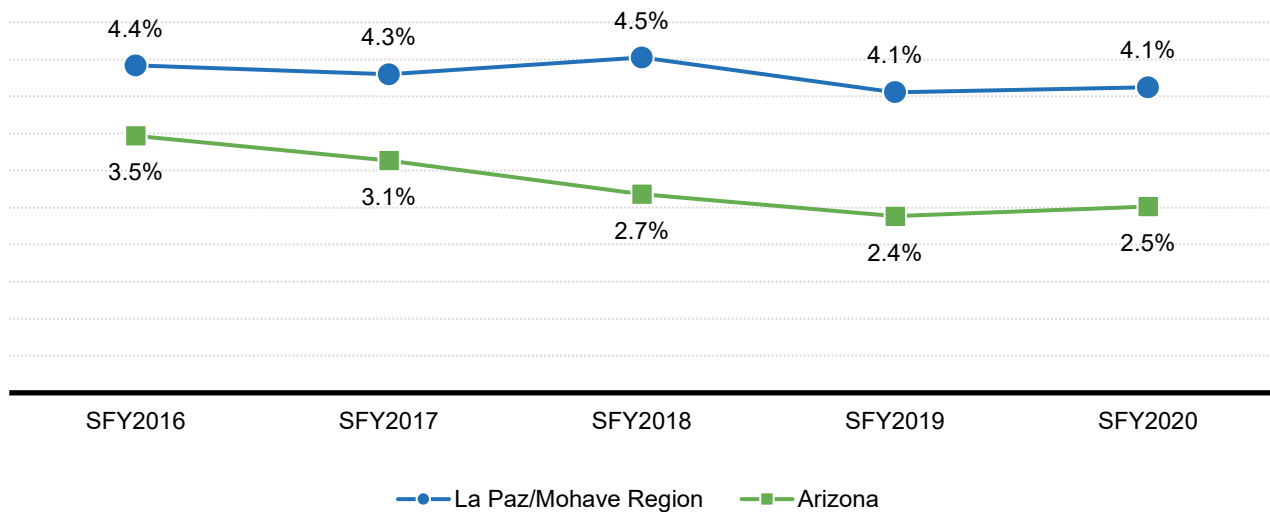
Public assistance programs are one way of counteracting the effects of poverty and providing supports to children and families in need. The Temporary Assistance for Needy Families (TANF) Cash Assistance program provides temporary cash benefits and supportive services to children and families. Eligibility is based on citizenship or qualified resident status, Arizona residency and limits on resources and monthly income. The number of young children and the number of households with children under 6 receiving TANF have declined slightly in the La Paz/Mohave Region in recent years, contrasting a more dramatic declining trend seen across the state during this time (Figure 15). In state fiscal year 2020 (SFY2020), 4.1% of children under 6 in the region participated in TANF, compared to 2.5% statewide (Figure 16).

Figure 15. Number of children ages birth to 5 and households with children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

Figure 16. Estimated percent of children ages birth to 5 participating in TANF, state fiscal years 2016 to 2020



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14 & P20.

The immediate, widespread economic hardship induced by the pandemic resulted in shifts in existing cash assistance programs and the development of additional economic supports. For example, between February and July 2020, the number of families using TANF rose 35%. During the state of emergency order, Arizona suspended the TANF work requirement⁹² and lifetime eligibility limit of 12 months,⁹³ which had been the shortest in the nation,⁹⁴ thereby allowing more families to tap into these emergency funds.

To combat this widespread economic hardship brought on by the COVID-19 pandemic, the federal government issued three Economic Impact Payments to eligible individuals in 2020 and 2021. These funds were available to U.S. citizens or lawful permanent residents whose adjusted gross incomes were no more than \$75,000 for single adults, \$112,500 for heads of household, and \$150,000 for married couples filing jointly.⁹⁵ Eligible families received: \$1,200 per adult and \$500 per child in April 2020, \$600 per family member in December 2020/January 2021 and \$1,400 per person in March 2021.⁹⁶

While these payments were a financial boon for many families, immigrant families were excluded from the first round of payments under the CARES Act. Families in which at least one parent filed using an individual Taxpayer Identification Number (ITIN) (as a resident or nonresident immigrant) instead of a social security number (SSN) were originally excluded from the payments. This includes the families of 104,000 Arizona children who were ineligible for the first round of stimulus payments.⁹⁷ Although a subsequent bill allowed for retroactive payments if one parent had an SSN, these had to be claimed through 2020 tax returns.^{98,99} For the second round of payments, filers using ITINs were ineligible, but their spouses and children were eligible if the spouse used an SSN. Children who only have parents with ITINs received none of the emergency support, regardless of economic need.

In March 2021, the American Rescue Plan was passed, including an expansion of the child tax credit. Previously, families earning sufficient income were given a \$2,000 credit for children under 17. In the new plan, eligible families received a credit of \$3,600 for each child under age 6 and \$3,000 for each child aged 6-17. Under this plan, these funds were available to more low-income families and began being disbursed through monthly payments in July 2021.¹⁰⁰ It is estimated that this funding enhanced the economic resources for 1.5 million Arizona children overall.¹⁰¹ Although many family advocates championed making the expansion permanent, at the time of this report, the expansion was only enacted for 2021.¹⁰²

Food insecurity

Many families struggle with consistent access to “enough food for an active, healthy life,” a problem known as food insecurity.¹⁰³ This limited or uncertain availability of food is negatively associated with many markers of health and well-being for children, including heightened risks for developmental delays¹⁰⁴ and being obese.¹⁰⁵ To help reduce food insecurity, there are a variety of federally-funded programs including the Supplemental Nutrition Assistance Program (SNAP),¹⁰⁶ the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),¹⁰⁷ the National School Lunch Program,¹⁰⁸ the School Breakfast Program,¹⁰⁹ the Summer Food Service Program,¹¹⁰ and the Child and Adult Care Food Program (CACFP).¹¹¹ However, only about 58% of food insecure households nationwide report participating in federally-funded nutrition assistance programs.¹¹²

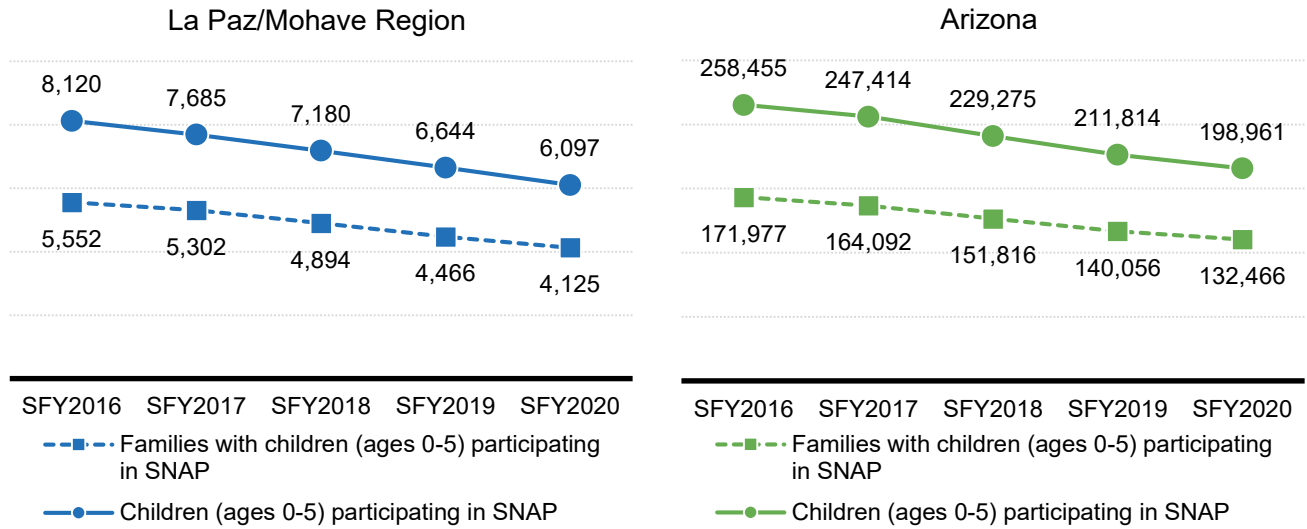
An additional food resource in the La Paz/Mohave Region is the Emergency Food Assistance Program (TEFAP) which helps supplement the diets of low-income individuals by providing them with emergency food and nutrition assistance at no cost. TEFAP foods are distributed as Emergency Food Packages and in meals served at Congregate Feeding Sites (Soup Kitchens). There are 20 TEFAP sites in the La Paz/Mohave Region, including 2 in La Paz County and 18 in Mohave County. La Paz County has a third TEFAP site located in the First Things First Colorado River Indian Tribes Region.¹¹³

Administered by the Arizona Department of Economic Security and also referred to as “Nutrition Assistance” and “food stamps,” SNAP has been shown to help reduce hunger and improve access to healthier food.¹¹⁴ SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional funds available to access food from SNAP can help make a meaningful difference. For example, for a three-person family with one person who earns a minimum wage, SNAP benefits can boost take-home income by 10-20%.¹¹⁵ However, even among those accessing SNAP benefits, nearly half of households in poverty still struggle with food security.¹¹⁶

Additionally, in 2019, the Department of Homeland Security broadened the types of public benefits that would deem green card or visa applications ineligible on “public charge grounds.”¹¹⁷ The 2019 expanded definition of “public charge” included utilization of Medicaid, public housing and SNAP benefits as part of public charge determination. Though the 2019 Public Charge Final Rule is no longer in effect as of March 2021,¹¹⁸ its chilling effect may have lasting impacts on immigrant families accessing supports they are legally entitled to.

In the years prior to the pandemic, the number of households with young children who participated in SNAP steadily declined across the La Paz/Mohave Region and the state (Figure 17). This decline likely reflected the continuing economic recovery from the Great Recession.¹¹⁹

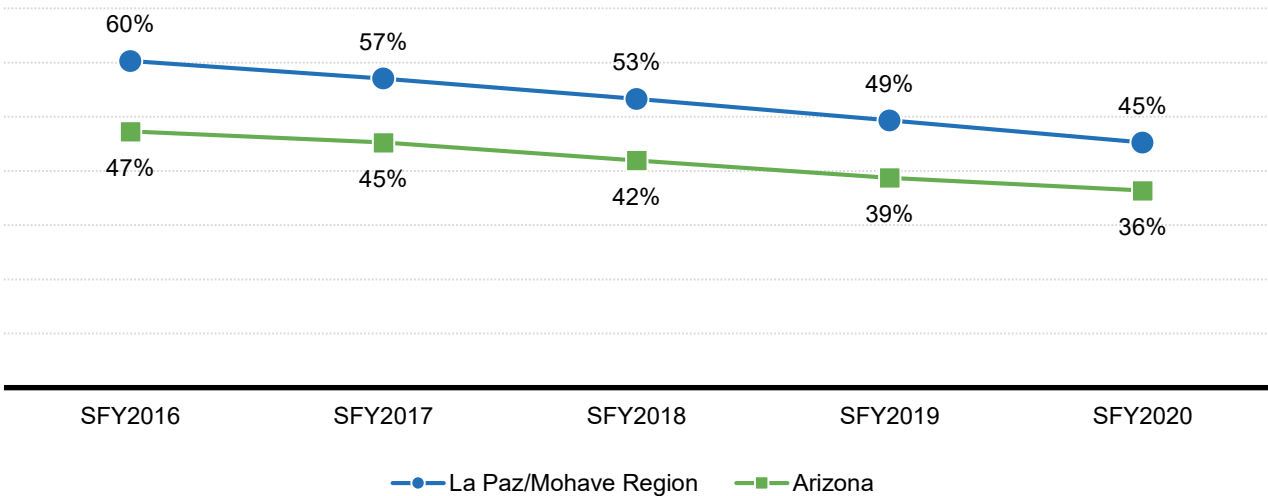
Figure 17. Number of children ages birth to 5 and households with children birth to 5 participating in SNAP, state fiscal years 2016 to 2020



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

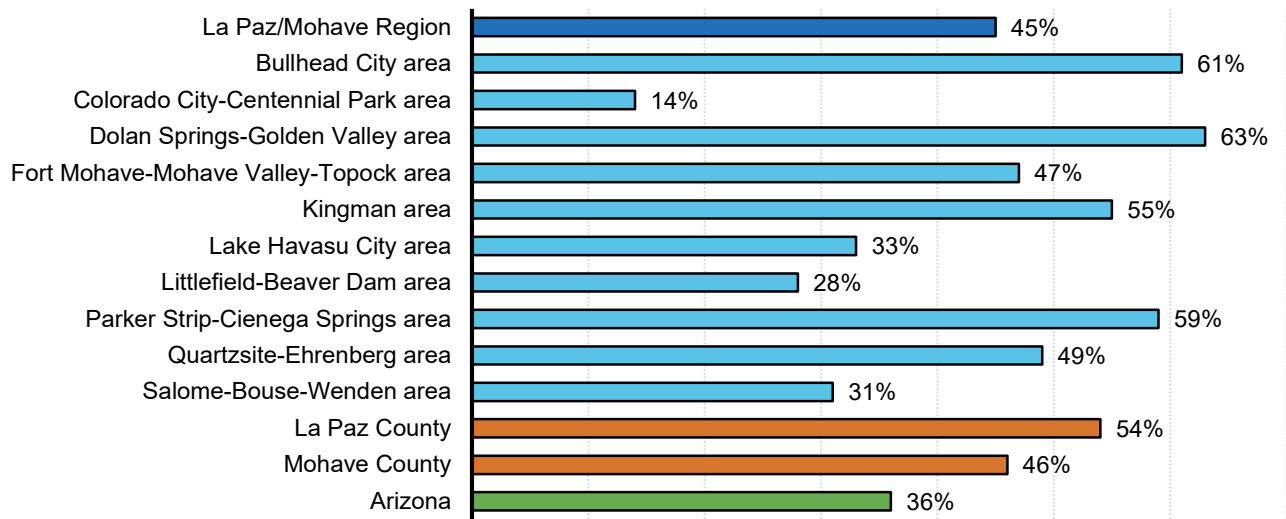
Despite the proportion of young children who received SNAP benefits declining between SFY2016 and SFY2020, nearly half (45%) of all children ages birth to 5 in the La Paz/Mohave Region received SNAP benefits in SFY2020, underscoring how important this support is for childhood food security in the region (Figure 18). Participation was highest in the Dolan Springs-Golden Valley (63%), Bullhead City (61%), Parker Strip-Cienega Springs (59%), and Kingman (55%) subregions, where more than half of young children participated in SNAP in SFY2020 (Figure 19).

Figure 18. Estimated percent of children ages birth to 5 participating in SNAP, state fiscal years 2016 to 2020



Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14 & P20.

Figure 19. Estimated percent of children ages birth to 5 participating in SNAP, state fiscal year 2020

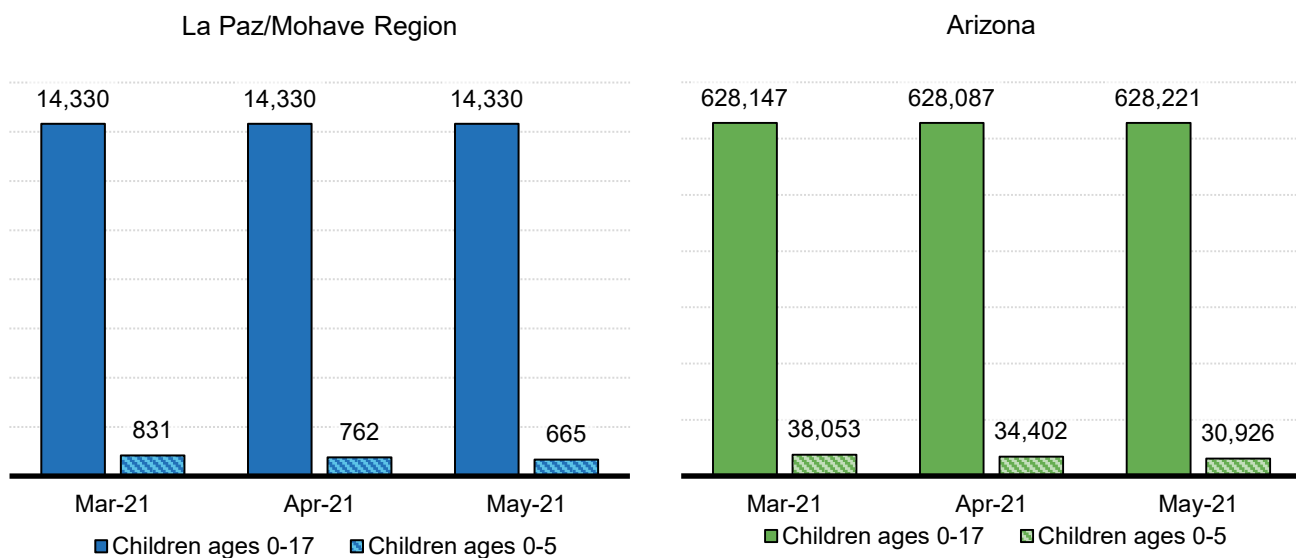


Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14 & P20.

The Pandemic Electronic Benefit Transfer Program (P-EBT), a collaboration between the Arizona Department of Education, the Arizona Department of Economic Security and the USDA Food and Nutrition Service, was established to offset the loss of meals normally received for free at schools or child care settings. Eligible families included those participating in SNAP with a child under age 6 and those with a child who received free or reduced-price school lunch. Over 520,200 children were eligible for the program in Arizona, which ended on September 24, 2021.

The majority of the children who received Pandemic EBT in the La Paz/Mohave Region were above the age of 5, even though children aged 5 and under who were receiving SNAP were eligible to receive P-EBT. For example, in March 2021, only 831 of the 14,330 children aged birth to 17 receiving P-EBT were under 6 years of age; similar patterns were seen statewide (Figure 20). In contrast, in 2020, 6,097 children under the age of 6 were participating in SNAP in the region (Figure 17), suggesting only about one in seven eligible young children were enrolled in Pandemic EBT. In addition, while receipt of P-EBT remained constant across all children aged birth to 17, receipt for children aged birth to 5 decreased between March and May 2021 in the region.

Figure 20. Children ages birth to 17 and birth to 5 receiving Pandemic EBT, March to May 2021

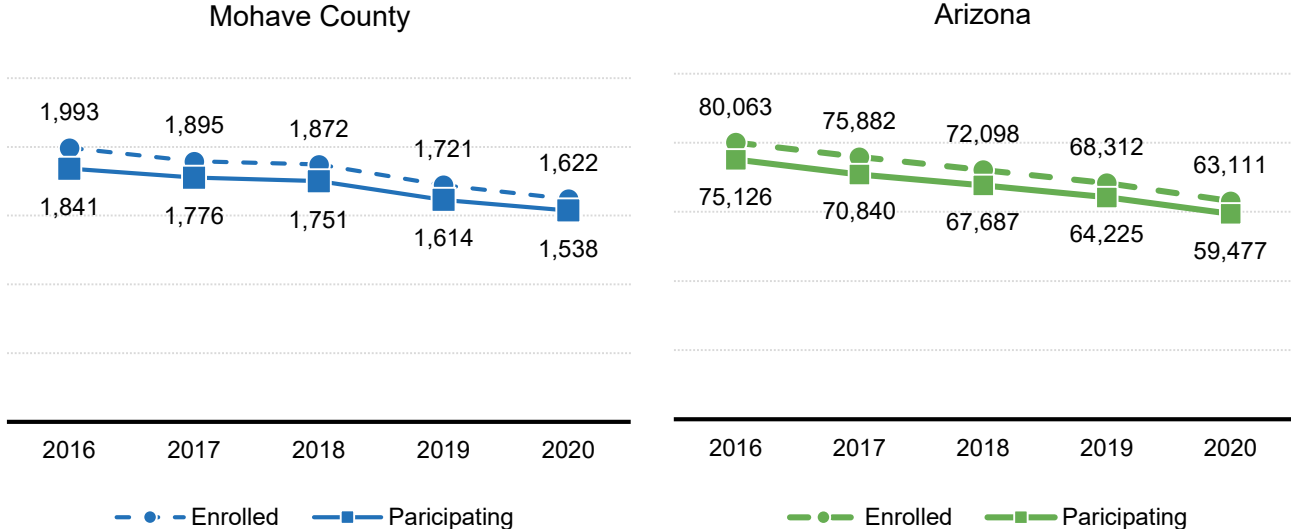


Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

An additional resource to address food insecurity is the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) administered by the Arizona Department of Health Services. WIC serves pregnant, postpartum and breastfeeding women, as well as infants and young children (under the age of 5) who are economically disadvantaged (i.e., family incomes at or below 185% of the federal poverty level). The program offers funds for nutritious food, breastfeeding and nutrition education, and referrals to health and social services.¹²⁰ Participation in WIC has been shown to be associated with healthier births, lower infant mortality, improved nutrition, decreased food insecurity, improved access to health care and improved cognitive development and academic achievement for children.¹²¹

The number of women enrolled and participating in WIC declined in Mohave County and across the state between 2016 and 2020 (Figure 21). In spite of these declines, participation rates among enrolled women in Mohave County have remained high, with 95% of women enrolled in WIC receiving benefits in 2020.

Figure 21. Women enrolled and women participating in WIC, 2016 to 2020



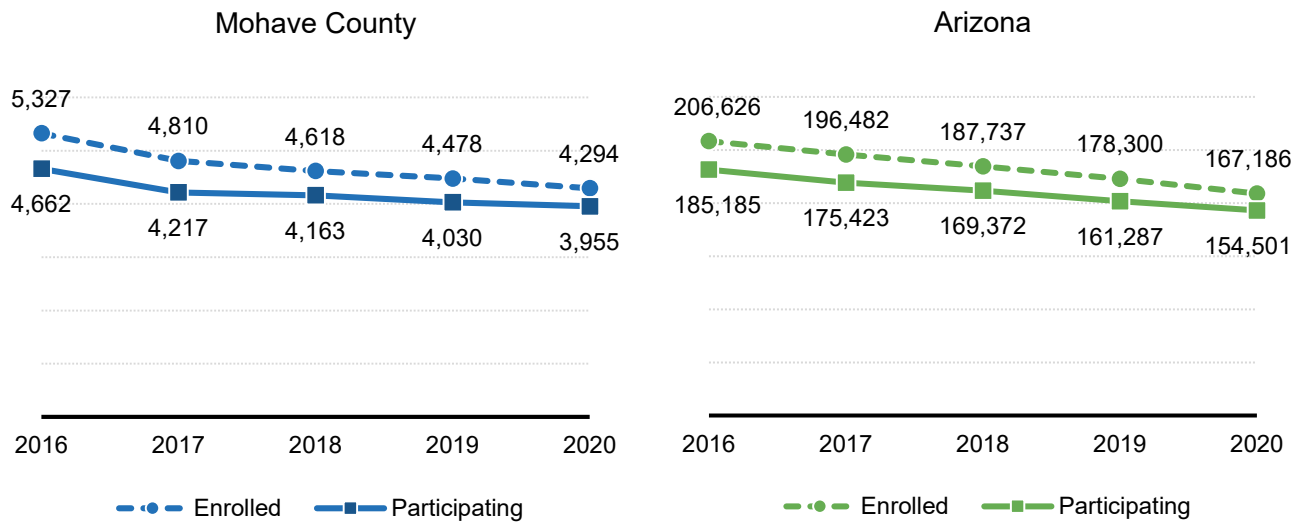
Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: Women enrolled or participating in WIC include both pregnant and breastfeeding women. Women are counted as 'participating' if they received benefits during the time period in question. La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

Similar to declines in WIC enrollment and participation among women, the number of children aged birth to 4 enrolled and participating in WIC steadily declined between 2016 and 2020 in Mohave County and across the state (Figure 22). Participation among enrolled children also remained fairly steady, with 92% of enrolled children aged birth to 4 receiving benefits in 2020.

It should be noted that while the available safety-net programs are important for families, not all key costs are covered. For families of young children in particular, the fact that SNAP and WIC funds cannot be used to purchase diapers can present a major financial burden.¹²²

Figure 22. Children ages birth to 4 enrolled and participating in WIC, 2016 to 2020

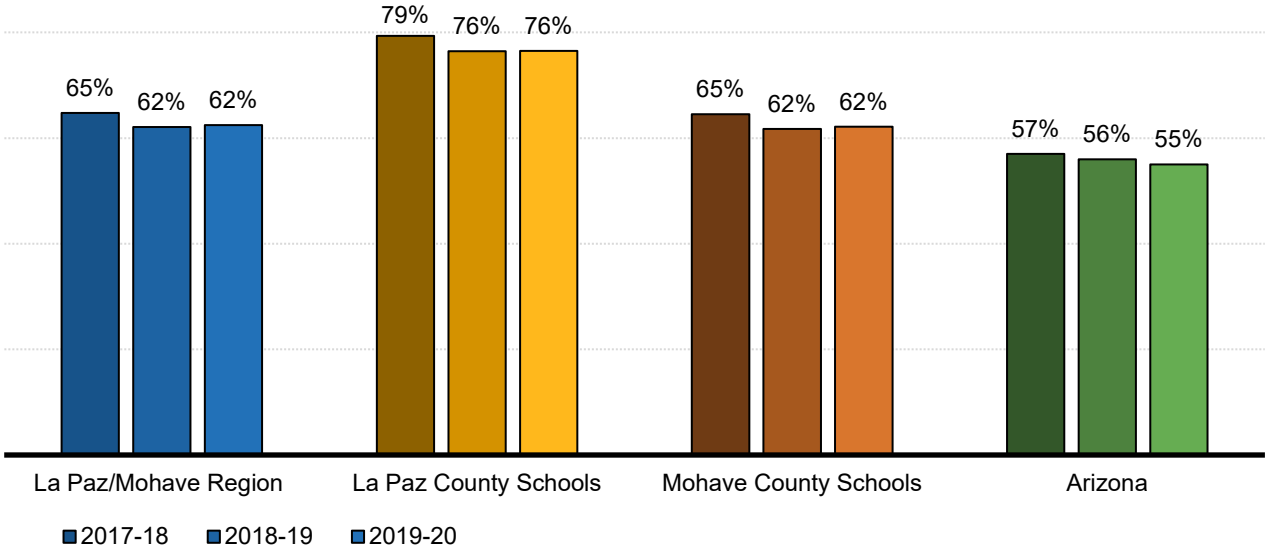


Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: Children are counted as 'participating' if they received benefits during the time period in question. La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

Schools play an important role in the nutrition assistance system, especially for children who are food insecure. Administered by the Arizona Department of Education, the National School Lunch Program (NSLP) provides free and reduced-price meals at school for students whose family incomes are at or less than 130% of the federal poverty level for free lunch, and 185% of the federal poverty level for reduced-price lunch. A majority (62%) of students in the La Paz/Mohave Region were eligible for free or reduced-price lunch in recent years, a higher proportion than seen statewide (55%) (Figure 23).

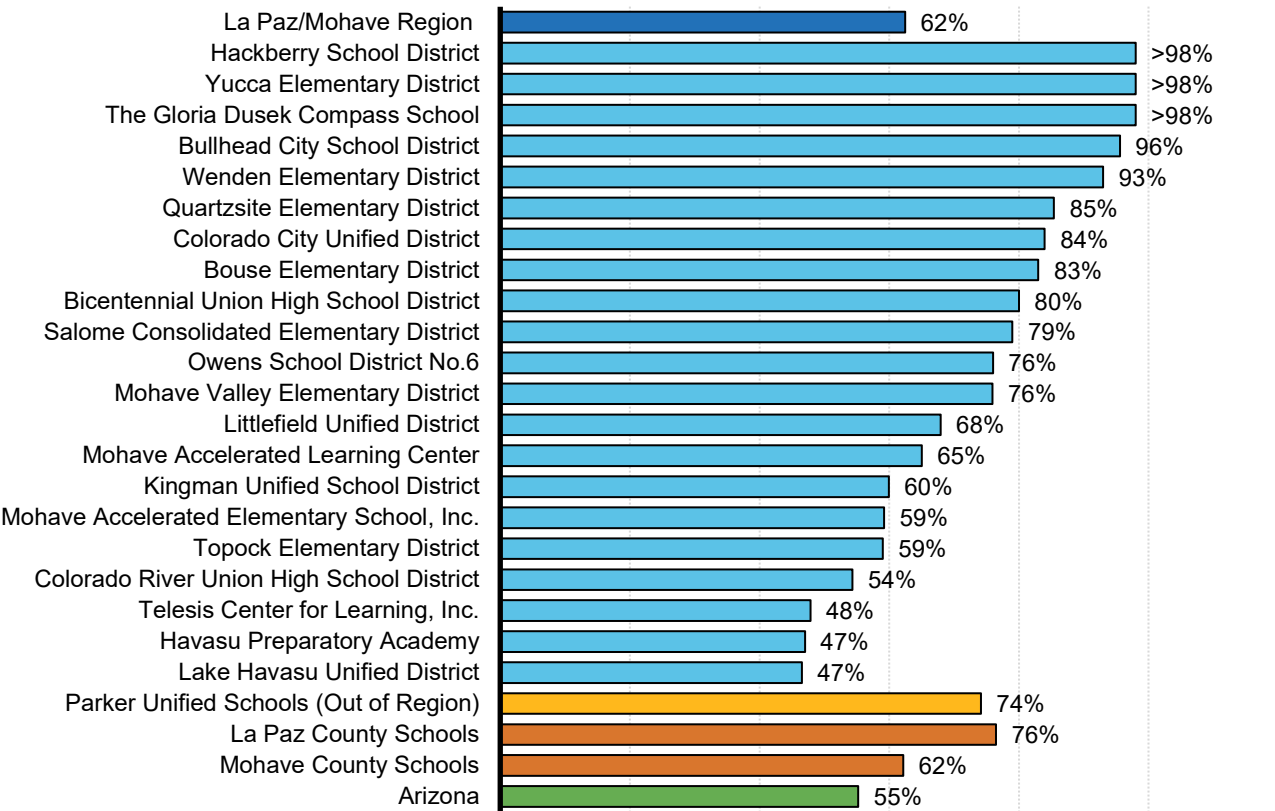
Figure 23. Free and reduced-price lunch eligibility, 2017-18 to 2019-20



Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Eligibility is high across all school districts in the region. In some schools and districts, nearly all students qualify for free or reduced-price lunch, including Hackberry School District (>98%), Yucca Elementary District (>98%) and The Gloria Dusek Compass School (>98%) (Figure 24). District schools must participate in the NSLP, but charter and private schools choose whether to participate. Given the administrative burdens of participation, there are likely many private and charter schools that choose to not participate in NSLP even if they have some students who would be eligible. Data from four participating charter schools in the region show nearly half or more students were eligible in 2019-20: Mohave Accelerated Learning Center (65%), Mohave Accelerated Elementary School, Inc. (59%), Telesis Center for Learning, Inc. (48%) and Havasu Preparatory Academy (47%).

Figure 24. Free and reduced-price lunch eligibility, 2019-20



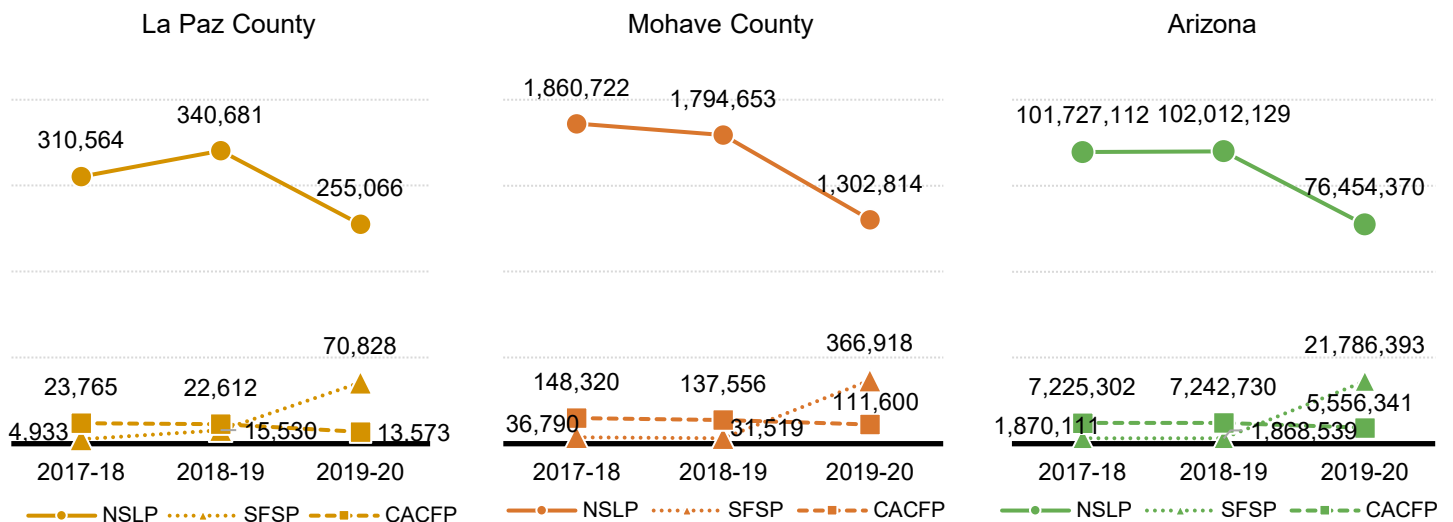
Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

In addition to the NSLP, the Arizona Department of Education supports two other programs addressing children’s food security. Funded by the United States Department of Agriculture (USDA), the Child and Adult Care Food Program (CACFP)¹²³ gives reimbursements to participating child care centers, preschools, emergency centers and after school programs for nutritious meals and snacks served to eligible children. Providers must complete a renewal each year. Eligible providers include for-profit child care centers serving at least 25% free or reduced-price participants or be a non-profit.¹²⁴ Also

funded by the USDA, the Summer Food Service Program (SFSP) ¹²⁵ works to keep all children through age 18 fed when school is out of session by providing free meals (breakfast, lunch, supper) and snacks at community sites. The SFSP program unites community sponsors like camps, faith-based organizations and schools with sites like parks, libraries, community centers and apartment complexes in high-need areas to distribute food. ¹²⁶

Figure 25 shows varying trends across school nutrition programs with decreases overall in NSLP and CACFP lunches served between 2018-19 and 2019-20, and an overall increase in lunches served through the SFSP. Decreases in the NSLP and CACFP were likely due to closures of child care centers and schools in the spring of 2020 due to the COVID-19 pandemic. In contrast, the USDA approved year-round operation of SFSP during the pandemic with no free or reduced-price lunch eligibility criteria applied, allowing more children to receive food during quarantines. These patterns in La Paz and Mohave counties mirror those seen statewide.

Figure 25. Trends in lunches served through school nutrition programs, 2017-18 to 2019-20



Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Due to the COVID-19 pandemic, the USDA issued a substantial number of waivers for school nutrition programs to allow greater flexibility for schools to get meals to students in need. More information on the pandemic's effect on school nutrition can be found on the ADE website: <https://www.azed.gov/hns/covid19>

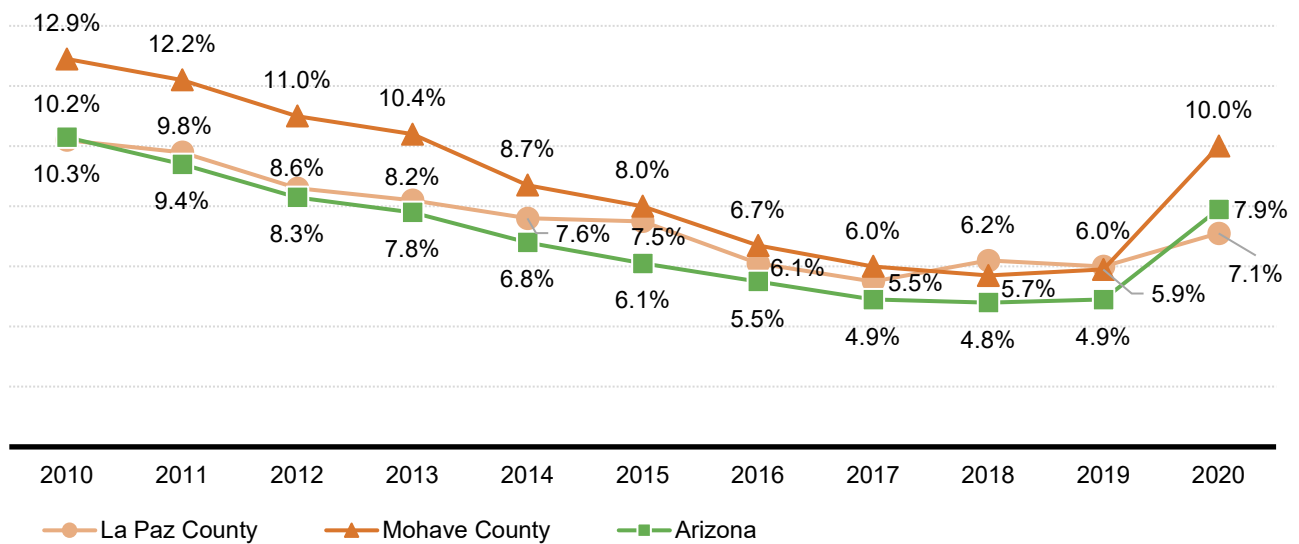
Employment

Unemployment and underemployment can affect a family's ability to meet the expenses of daily living, as well as their access to resources needed to support their children's well-being and healthy development. A parent's job loss can affect children's school performance, leading to poorer attendance, lower test scores and higher risk of grade repetition, suspension or expulsion. ¹²⁷ Unemployment can also put families at greater risk for stress, family conflict and homelessness. ¹²⁸

The unemployment rate is the ratio of the number of persons who are unemployed and looking for work to the total number of persons in the civilian labor force. Note that unemployment rates do not include persons who have dropped out of the labor force entirely, including those who wanted to but could not find suitable work and so have stopped looking for employment.¹²⁹

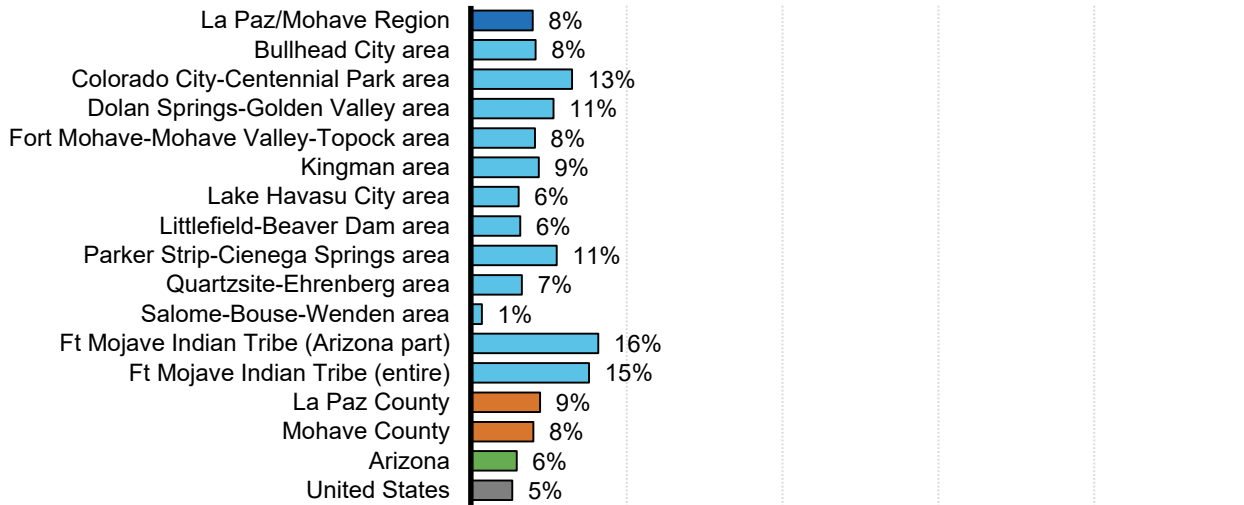
Pre-pandemic, nationwide unemployment rates had been on a steady decline since the end of the Great Recession in 2009. In the last year prior to the pandemic, 2019, the unemployment rates in La Paz and Mohave counties were both around 6%, compared to 4.9% statewide (Figure 26). Pre-pandemic unemployment rates in the region varied, with the highest rates seen in the Colorado City-Centennial Park (13%) subregion and the Fort Mojave Indian Tribe (Arizona part) (16%) (Figure 27). Nationally, in 2020, the unemployment rate more than doubled (from 3.7% to 8.1%) as a result of the pandemic. While unemployment rates were similar across La Paz and Mohave counties pre-pandemic, Mohave County saw a much steeper increase in unemployment in 2020 (10%) compared to La Paz County (7.1%) and the state (7.9%) (Figure 26).

Figure 26. Average annual unemployment rates (not seasonally adjusted), 2010 to 2020



Source: Arizona Commerce Authority (2021), Office of Economic Opportunity, Local Area Unemployment Survey (LAUS)

Figure 27. Unemployment rates for the adult population (ages 16 and older), 2015-2019 ACS

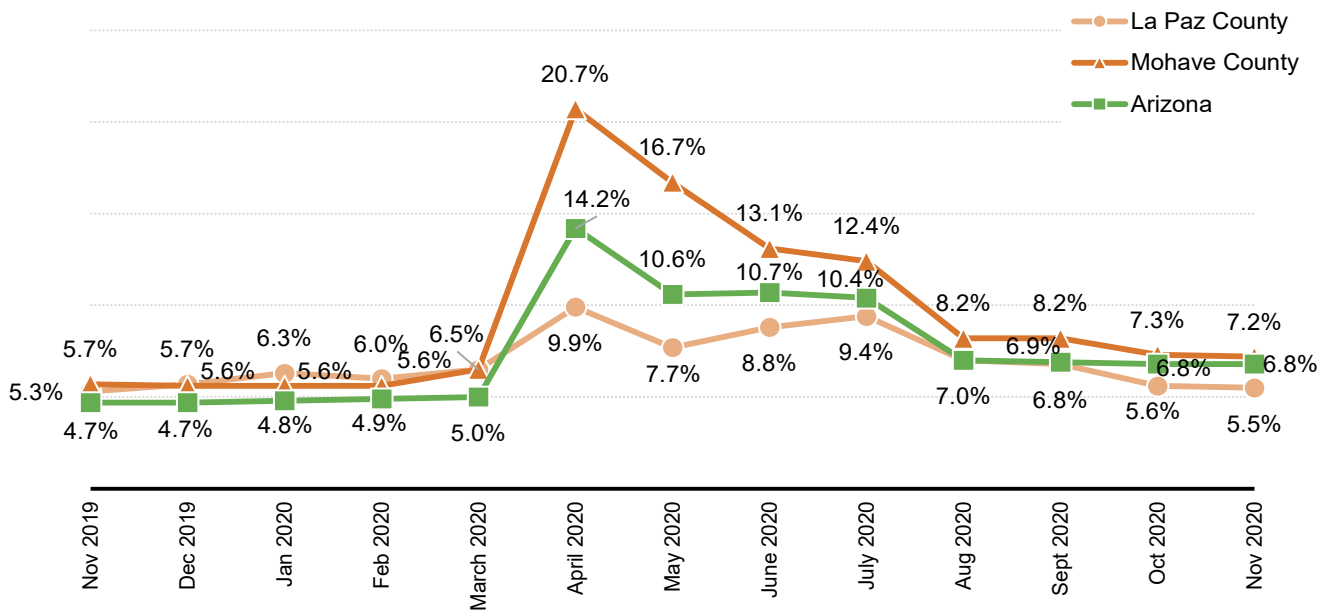


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23025

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The "labor force participation rate" is the fraction of the population who are in the labor force, whether employed or unemployed. The "unemployment rate" is the fraction of the civilian labor force which are unemployed.

The effect of the pandemic on unemployment rates is further highlighted by the monthly rates shown in Figure 28. Unemployment rates in the counties and across the state peaked in April 2020, remained well above pre-pandemic rates through July 2020 and then decreased by the fall of 2020. Unemployment rates in Mohave County and the state remained above pre-pandemic levels in fall 2020, while La Paz County experienced unemployment rates more comparable to those seen pre-pandemic during this time.

Figure 28. Monthly unemployment rates (seasonally adjusted), 2019 to 2021



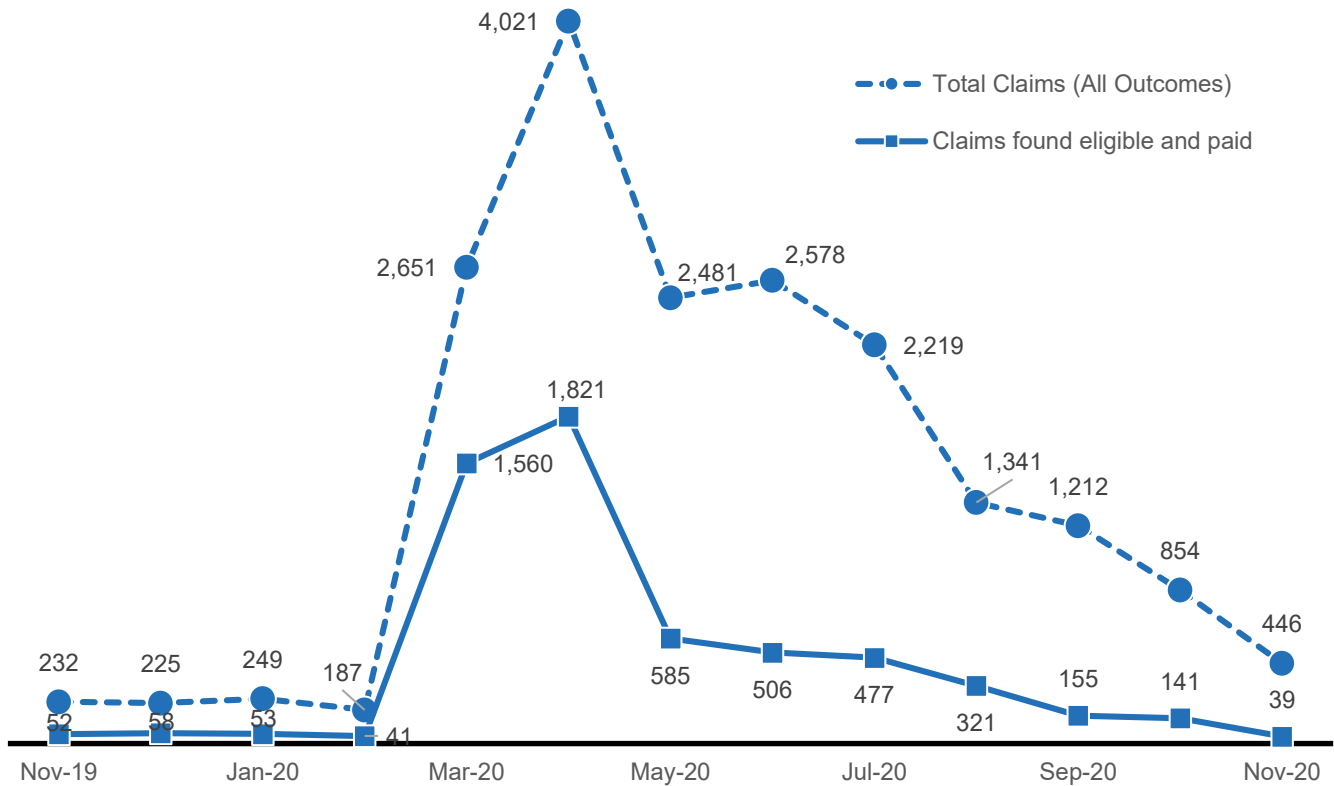
Source: Arizona Commerce Authority (2021), Office of Economic Opportunity, Local Area Unemployment Survey (LAUS)

Note: ‘Seasonal adjustment’ refers to a statistical technique that tries to remove the influence of predictable seasonal patterns on employment rates (such as harvest schedules or major holidays).

Statewide, unemployment insurance claims peaked at 262,523 the week of May 16, 2020. This is over twice the number of claims at the peak of the Great Recession in 2009.¹³⁰ In March 2020, the Pandemic Unemployment Assistance (PUA) program temporarily expanded unemployment insurance eligibility to categories of workers who were not previously eligible for unemployment, including self-employed workers, freelancers, independent contractors and part-time workers. The Pandemic Emergency Unemployment Assistance (PEUC) program extended benefits for those who had already used the 26 weeks of benefits usually allowed in Arizona.¹³¹ In addition to expanded eligibility, federal provisions granted unemployed workers nationwide supplemental funds during the pandemic - \$600 additional per week through July 31, 2020, and \$300 additional per week through September 5, 2021.¹³²

The impact of these programs in the La Paz/Mohave Region can be seen in Figure 29, where the number of unemployment claims jumped substantially, from 187 in February 2020, to 4,021 in April 2020. The proportion of unemployment claims found eligible and paid in the region was highest (59%) in March 2020, aligning with the expansion of unemployment eligibility during the pandemic.

Figure 29. Monthly unemployment claims in the La Paz/Mohave Region, Nov 2019 to Nov 2020



Source: Arizona Commerce Authority (2021), Office of Economic Opportunity, Local Area Unemployment Survey (LAUS)

In May 2021, the governor announced that supplemental unemployment funding would end early in Arizona, on July 10, 2021, and instead launched Arizona's Back to Work Program which offered financial incentives for returning to work (\$2000 for full-time, \$1000 for part-time for eligible workers) as well as scholarships for community colleges.^{133,134}

About 65% of young children in the La Paz/Mohave Region live in households where all present parents are in the workforce (that is, are employed, or actively seeking paying work) (Table 6). This includes children in households with a single-parent in the labor force (41%) and two-parent households where both parents work (25%). In other words, the majority of La Paz/Mohave Region households with young children likely require some form of child care. This need appears to be especially high in the Kingman

subregion, where 70% of young children live in a household where all present parents are in the labor force, impacting about 2,311 total children.

Table 6. Parents of children ages birth to 5 who are or are not in the labor force, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living with parent(s)	Living with two married parents, both in the labor force	Living with two married parents, one in the labor force and one not	Living with two married parents, neither in the labor force	Living with one parent, in the labor force	Living with one parent, not in the labor force
La Paz/Mohave Region	9,944	25%	24%	0.2%	41%	11%
Bullhead City area	2,555	23%	20%	0.2%	42%	14%
Colorado City-Centennial Park area	649	25%	43%	0.4%	31%	0.3%
Dolan Springs-Golden Valley area	420	14%	47%	2%	12%	24%
Fort Mohave-Mohave Valley-Topock area	1,116	35%	27%	0%	32%	6%
Kingman area	3,319	22%	20%	0%	48%	11%
Lake Havasu City area	1,653	33%	23%	0.3%	35%	9%
Littlefield-Beaver Dam area	N/A	N/A	N/A	N/A	N/A	N/A
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A	N/A
Ft Mojave Indian Tribe (Arizona part)	93	11%	12%	0%	59%	18%
Ft Mojave Indian Tribe (entire)	145	7%	8%	0%	52%	33%
La Paz County	899	16%	19%	1%	52%	12%
Mohave County	9,945	25%	24%	0.2%	40%	11%
Arizona	494,590	32%	28%	1%	29%	9%
United States	22,727,705	39%	25%	1%	27%	7%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23008

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The term "parent" here includes stepparents. The five percentages in each row should sum to 100% but may not because of rounding. Reliable estimates were not available for Littlefield-Beaver Dam area, Parker Strip-Cienega Springs area, Quartzsite-Ehrenberg area, or Salome-Bouse-Wenden area due to sample size limitations. Please note that due to the way the ACS asks about family relationships, children living with two cohabitating but unmarried parents are not counted as living with two parents (these children are counted in the 'one parent' category).

Given the pre-pandemic need for child care and the already limited availability of child care in the state, the closure of many child care centers and schools due to the COVID-19 pandemic had substantial effects on the ability of parents to work. According to the U.S. Census Bureau's Household Pulse survey, during the pandemic, about one in five non-working adults in households with children reported that their main reason for not working was because of children not in school or child care. In Arizona, the share of non-working adults with children who reported that lack of care was the primary reason for not working ranged from 8% to 40% depending on the survey week. For the majority (16 of 27) of weeks of the Household Pulse, caring for children not in school or daycare was the number one reason given why non-retired adults were not working in Arizona. This suggests that access to child care is essential for parents and other caregivers in Arizona to access employment opportunities.

During the pandemic (through September 2021), the Arizona Department of Economic Security (DES) offered the Essential Workers' Scholarship Program which offered essential workers child care scholarships that could be used for children through age 12.¹³⁵ Arizona's Back To Work Program, announced in May 2021, can provide eligible parents returning to work between June and September 2021 with funding assistance for three months of child care.

Housing instability

Examining indicators related to housing quality, costs and availability can reveal additional factors affecting the health and well-being of young children and their families in a region. Housing challenges such as issues paying rent or mortgage, overcrowded living conditions, unstable housing arrangements and homelessness can have harmful effects on the physical, social-emotional and cognitive development of young children.¹³⁶

The most recent data available on housing affordability predates the COVID-19 pandemic. Traditionally, housing has been deemed affordable if it costs less than 30% of annual household income.¹³⁷ According to the ACS, of the estimated 93,113 households in the La Paz/Mohave Region, more than one in four (27%) are housing-cost burdened, i.e., spending more than 30% of their household income on housing (Table 7). Those renting are even more likely to be housing-cost burdened, with 40% of renter-occupied housing units in the region costing more than 30% of household income compared to only 21% of homeowners. Looking across subregions, housing-cost burden is highest in the Bullhead City (32%) and Lake Havasu City (30%) subregions, which when combined include nearly half (47%) of all households in the region. This amount of income spent on housing leaves less available for food, utilities, early education programs and other supports that help young children thrive. Additionally, high housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines in mental health and homelessness.^{138,139}

Table 7. Housing-cost burden for all households, and for owners and renters separately, 2015-2019 ACS

Geography	Estimated number of households	Housing costs 30 percent or more of household income	Estimated number of owner-occupied housing units	Housing costs 30 percent or more of household income	Estimated number of renter-occupied housing units	Housing costs 30 percent or more of household income
La Paz/Mohave Region	93,113	27%	64,906	21%	28,207	40%
Bullhead City area	17,694	32%	10,102	22%	7,592	46%
Colorado City-Centennial Park area	880	9%	306	17%	574	4%
Dolan Springs-Golden Valley area	7,562	22%	6,453	20%	1,109	37%
Fort Mohave-Mohave Valley-Topock area	9,936	27%	7,282	22%	2,654	39%
Kingman area	22,618	24%	16,166	17%	6,452	42%
Lake Havasu City area	26,118	30%	18,549	25%	7,569	40%
Littlefield-Beaver Dam area	1,553	18%	1,059	21%	494	11%
Parker Strip-Cienega Springs area	1,480	22%	985	18%	495	29%
Quartzsite-Ehrenberg area	3,035	23%	2,001	20%	1,034	29%
Salome-Bouse-Wenden area	2,236	15%	2,003	14%	233	28%
Ft Mojave Indian Tribe (Arizona part)	428	18%	231	12%	197	24%
Ft Mojave Indian Tribe (entire)	611	16%	391	12%	220	23%
La Paz County	9,346	21%	6,686	17%	2,660	29%
Mohave County	86,889	27%	60,192	21%	26,697	28%
Arizona	2,571,268	30%	1,656,756	22%	914,512	45%
United States	120,756,048	31%	77,274,381	22%	43,481,667	46%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B25106

Note: An "occupied housing unit" is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied as separate living quarters. Buildings such as dormitories, bunkhouses and motel rooms are not counted as housing units. The number of households is equal to the number of occupied housing units.

Information access through computers and internet

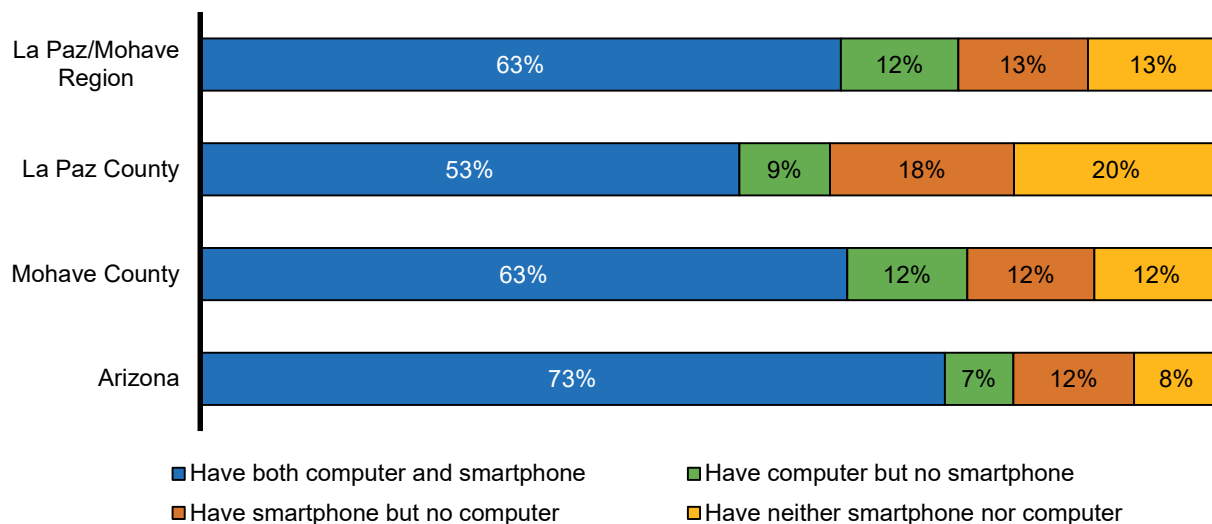
One increasingly critical need for modern homes is a reliable means of internet access. Families often rely on communication and information technologies to access information, connect socially, pursue education and apply for employment opportunities. During the pandemic, a reliable internet connection was essential for a successful transition to remote work for many. Parents are also more likely to turn to

online resources, rather than in-person resources, for information about obtaining health care and sensitive parenting topics including bonding, separation anxiety and managing parenting challenges.¹⁴⁰ The term “digital divide” refers to disparities in communication and information technologies,¹⁴¹ and the lack of sustained access to information and communication technologies in low-income communities is associated with economic and social inequality.¹⁴² Low-income households may experience regular disruptions to this increasingly important service when they can’t pay bills, repair or update equipment or access public locations that may offer connectivity (e.g., computers at local libraries).¹⁴³

Americans are increasingly reliant on smartphones as their sole source of internet access. Particularly for individuals who are younger, lower-income and non-White, broadband service at home is less common and smartphone-only internet use is more common.¹⁴⁴

Just 63% of households in the La Paz/Mohave Region have both a computer and a smartphone in their home, compared to 73% of households statewide (Figure 30). An estimated 12% have a computer but no smartphone, 13% have a smartphone but no computer, and the remaining 13% have neither. At the subregional level, issues of access are more pronounced. One in four households in the Littlefield-Beaver Dam (26%) and Quartzsite-Ehrenberg (24%) subregions lacks a smartphone or a computer, suggesting they have no access to the internet while at home (Figure 31). Thus, despite trends toward online communications and social media announcements, it is important for state and local agencies to recognize that there are disparities in internet access and ensure that families can be reached and can obtain information about services through other means, including telephone or mail.

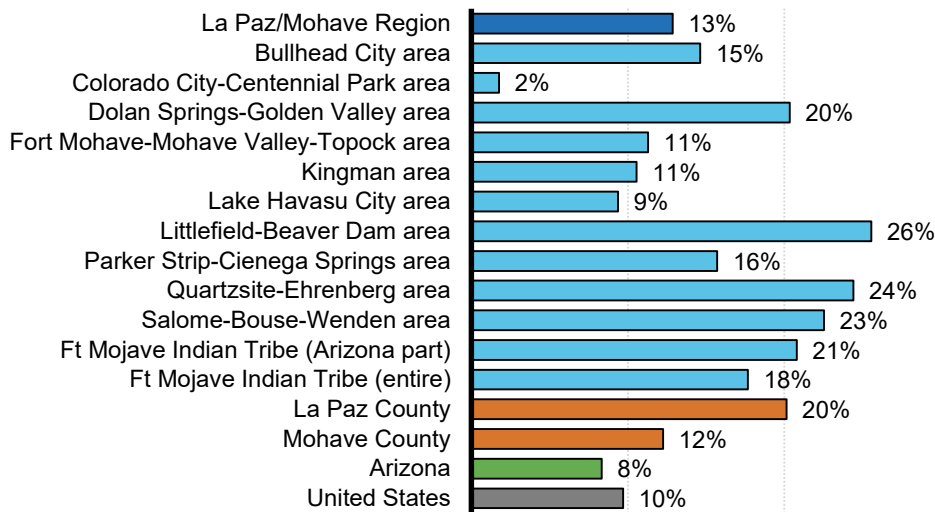
Figure 30. Households with and without computers and smartphones, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28010

Note: In this figure, “computer” includes both desktops and laptops; “smartphone” includes tablets and other portable wireless devices. The four percentages in each bar should sum to 100% but may not because of rounding.

Figure 31. Percent of households with neither a smartphone nor a computer, 2015-2019 ACS



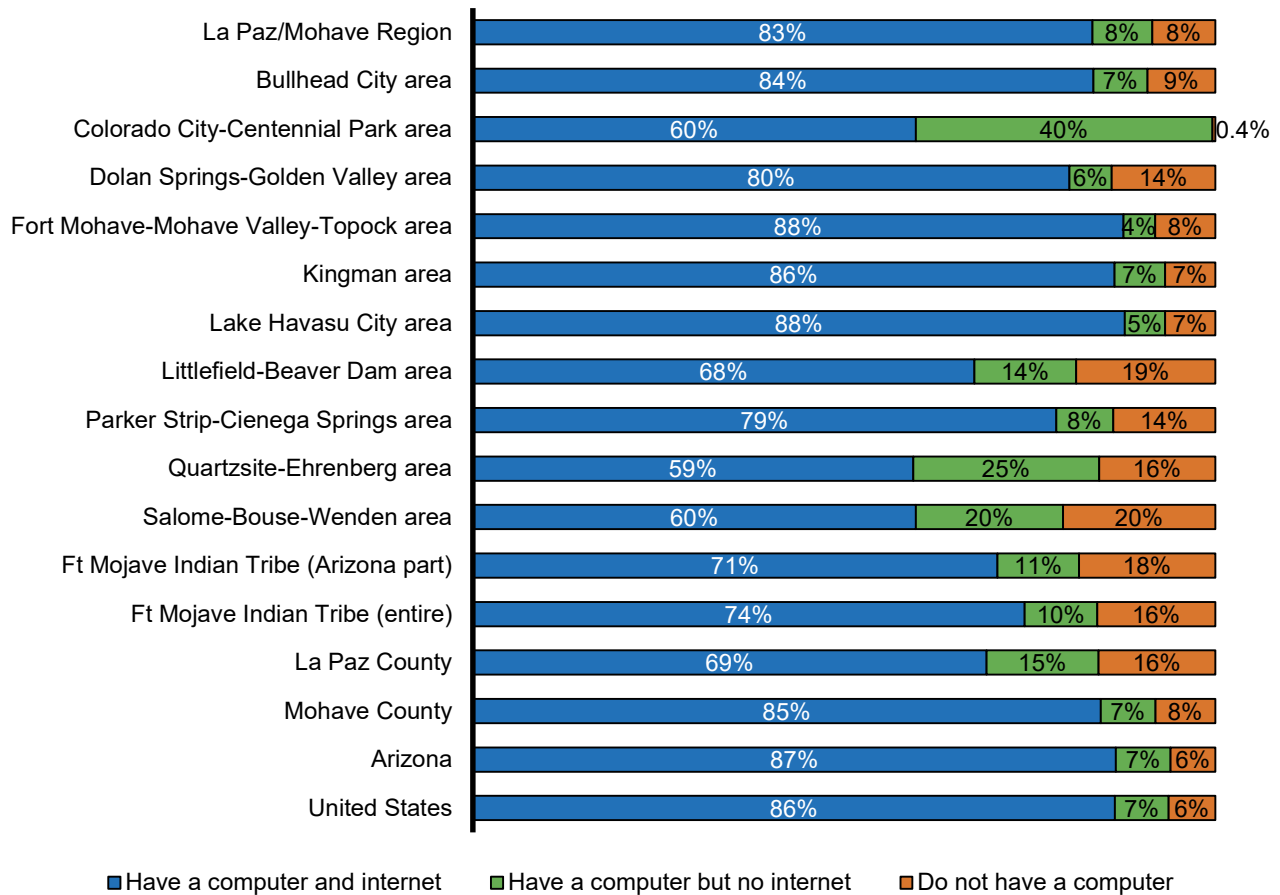
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28010

Note: In this figure, "computer" includes both desktops and laptops; "smartphone" includes tablets and other portable wireless devices.

Furthermore, in many rural areas, even those families with internet access and a computer may find connectivity frustratingly slow or inconsistent.¹⁴⁵ Households in rural areas typically experience more limited coverage from mobile networks and slower-speed internet services, as well as limited internet provider options which can result in higher monthly costs.^{146,147,148,149} This gap in the ability to connect will likely continue to be an issue in rural areas unless concerted efforts are made to improve access. This was noted as a particular issue in the La Paz/Mohave Region by key informants, who spoke to the challenges of inconsistent internet access, particularly in the Bullhead City and Dolan Springs-Golden Valley subregions, and the barriers it created for children trying to learn remotely during the pandemic.

Looking at individuals rather than households, the majority (83%) of La Paz/Mohave residents have access to a computer and internet (Figure 32). About 8% have a computer without internet and about 8% have no computer. Individuals in the Littlefield-Beaver Dam (19%), Quartzsite-Ehrenberg (16%) and Salome-Bouse-Wenden (20%) subregions and the Fort Mojave Indian Tribe (Arizona part) (18%) are more likely to lack access to a computer and internet in their home.

Figure 32. Persons of all ages in households with and without computers and internet connectivity, 2015-2019 ACS

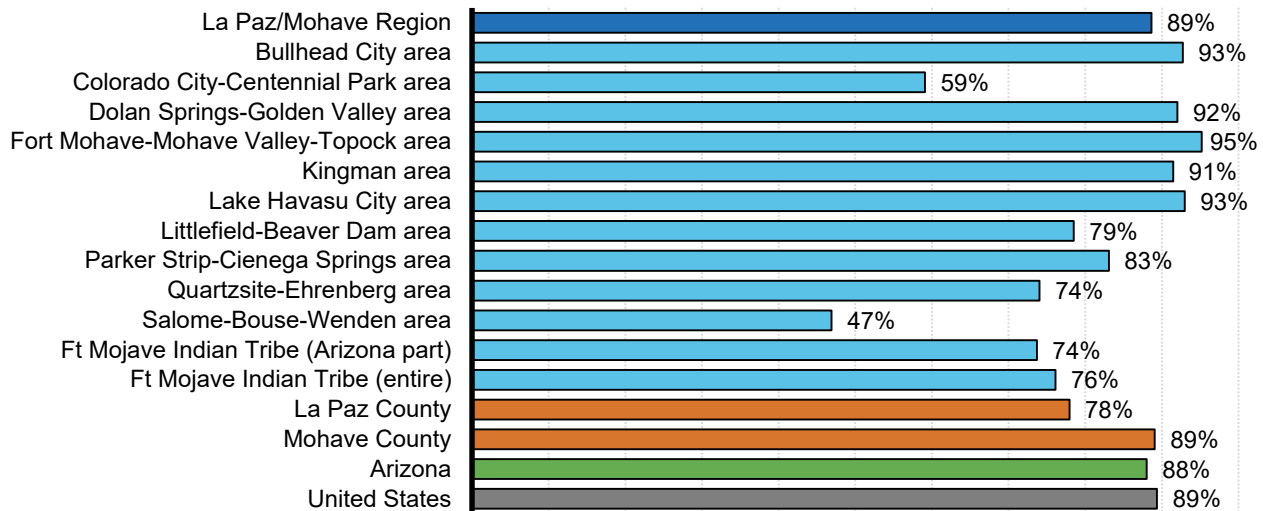


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

Note: The three percentages in each bar should sum to 100% but may not because of rounding.

Computers and internet access are increasingly important for children in completing school assignments and projects, particularly during the later years of primary education and beyond.¹⁵⁰ Statewide, 88% of children birth to 17 have access to a computer and internet at home; this is true for 89% of children in the La Paz/Mohave Region, though notably less common for children in the Salome-Bouse-Wenden (47%) and Colorado City-Centennial Park (59%) subregions (Figure 33).

Figure 33. Percent of children ages birth to 17 in household with a computer and internet connectivity, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

As schools closed and transitioned to remote learning during the COVID-19 pandemic, access to a computing device and the internet became increasingly important for children to engage in educational activities and to connect socially with teachers or peers. Schools and communities applied multiple strategies to close the digital divide, including provision of mobile hotspot devices and laptops by schools and libraries.

One silver-lining to the pandemic is the allocation of CARES Act and American Rescue Plan dollars for expanding rural broadband access, which may help shrink the digital divide.¹⁵¹ Still, access to internet and computing devices was not evenly distributed across all communities—rural, low-income, and Native, Black and Hispanic students disproportionately faced access issues.¹⁵² Even as schools return to in-person learning, investments in closing the digital divide remain essential to ensuring equity in outcomes for all students.

Additional data tables related to *Economic Circumstances* can be found in Appendix 1 of this report.



EDUCATIONAL INDICATORS

EDUCATIONAL INDICATORS

Why it Matters

A community's K-12 education system can support positive outcomes for children and their families, as well as the economic well-being of the entire community. Individuals with higher levels of education are less likely to live in poverty and tend to live longer and healthier lives.¹⁵³ Graduating from high school, in particular, is associated with better health and financial stability, lower risk for incarceration and better socio-emotional outcomes compared to dropping out of high school.^{154,155} Parents with more education are also more likely to have children with positive outcomes related to school readiness and educational achievement, with children of parents who have at least a high school diploma or GED scoring higher in reading, math and science in their first four years of school.^{156,157} The educational achievement of adults within a region speaks to the assets and challenges of a community's workforce, including those that are working with or on behalf of young children and their families.

High-quality early learning experiences lay a foundation for children's learning in kindergarten, early elementary school and beyond.¹⁵⁸ Participation in high-quality early education has been linked to better school performance in elementary and high school.¹⁵⁹ Reading skills in 3rd grade, specifically, are an important predictor of later academic learning and success measured in standardized tests. Students who are at or above grade-level reading in 3rd grade are more likely to graduate high school and attend college.¹⁶⁰ Given these intergenerational impacts of educational attainment and the cascading effect of early education on later academic achievement and success in adulthood, it is critical to provide substantial support for early education and promote policies and programs that encourage the persistence and success of Arizona's children.

What the Data Tell Us

School attendance and absenteeism

In the 2019-20 school year, a reported 7,839 children were enrolled in preschool through 3rd grade in La Paz/Mohave Region public and charter schools, including 468 preschool students (Table 8). Kindergarten through 3rd grade had between 1,800 and 1,900 students per grade in the region. Half of the region's kindergarten to 3rd grade students were enrolled in just two school districts – Kingman Unified School District (30%) and the Lake Havasu Unified District (20%).

Table 8. Kindergarten to 3rd grade students enrolled in public and charter schools, 2019-20

Geography	Preschool	Kindergarten	1st Grade	2nd Grade	3rd Grade
La Paz/Mohave Region Schools	468	1,830	1,902	1,832	1,807
Lake Havasu Unified District	120	336	396	346	400
Colorado City Unified District	71	36	39	33	48
Hackberry School District	N/A	DS	DS	DS	DS
Owens School District No.6	N/A	N/A	DS	DS	DS
Littlefield Unified District	18	31	26	31	15
Topock Elementary District	23	18	20	21	14
Yucca Elementary District	N/A	DS	DS	DS	DS
Bullhead City School District	N/A	295	291	325	258
Mohave Valley Elementary District	17	102	119	107	103
Colorado River Union High School District	18	N/A	N/A	N/A	N/A
Kingman Academy of Learning	N/A	99	104	105	114
Young Scholars Academy Charter School Corp.	N/A	50	49	49	47
Quartzsite Elementary District	N/A	28	19	22	14
Wenden Elementary District	DS	DS	DS	DS	DS
Bouse Elementary District	N/A	DS	DS	DS	DS
Salome Consolidated Elementary District	DS	DS	DS	13	22
Telesis Center for Learning, Inc.	N/A	19	28	20	34
Masada Charter School, Inc.	N/A	65	58	50	52
Kingman Unified School District	182	572	565	519	491
Mohave Accelerated Elementary School, Inc.	N/A	89	89	88	93
Havasu Preparatory Academy	N/A	28	27	35	23
Desert Star Academy	N/A	41	47	49	57
Parker Unified Schools (Out of Region)	34	154	161	139	127
La Paz County Schools	53	200	200	187	175
Mohave County Schools	449	1,786	1,869	1,771	1,758
Arizona Schools	21,867	81,606	82,386	82,305	83,003

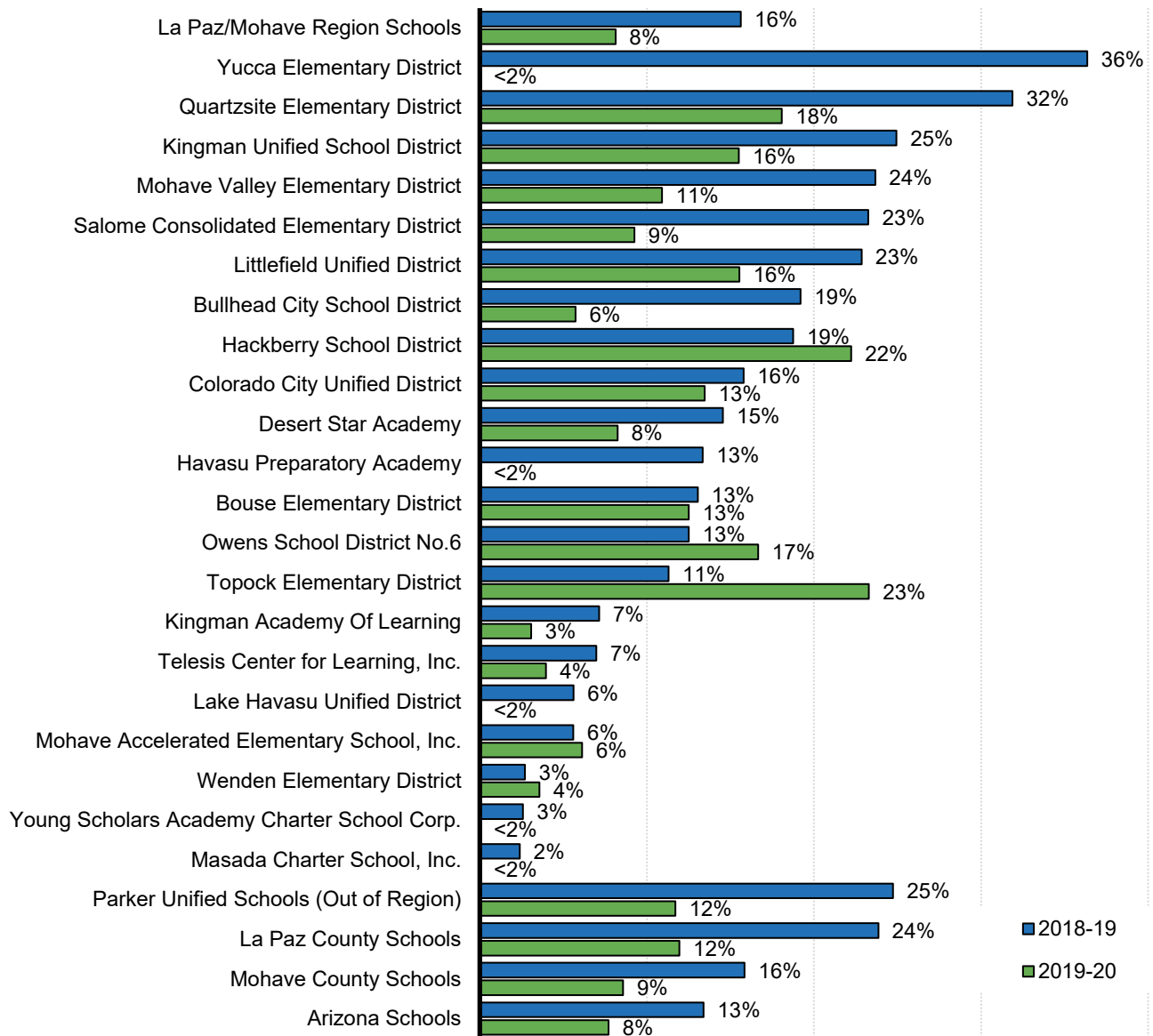
Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: N/A indicates that there were no students enrolled in that grade in the 2019-20 school year.

School attendance and academic engagement early in life can significantly impact the direction of a child's schooling. Chronic absenteeism is defined as missing more than 10% of the school days within a school year (including for reasons of chronic illness), and it affects even the youngest children, with more than 10% of U.S. kindergarteners and first graders considered chronically absent.¹⁶¹ Chronic absences in children enrolled in kindergarten through 3rd grade in the La Paz/Mohave Region in the 2018-19 school year (16%) were higher than seen across the state (13%), with substantial variability across school districts (Figure 34). In the 2019-20 school year, chronic absences dropped in the state, region, and the majority of subregions. The sharp drops in chronic absenteeism are likely driven by changes due to the pandemic, including changes in how attendance was tracked by schools in the spring of 2020.

Looking to the 2018-19 year as the last "normal" school year, there were multiple districts where between a quarter and a third of students were chronically absent, including Yucca Elementary District (33%), Quartzsite Elementary District (32%) and Kingman Unified School District (25%). Poor school attendance can cause children to fall behind academically, leading to lower proficiency in reading and math and increased risk of not being promoted to the next grade.¹⁶² Chronic absenteeism also negatively impacts the development of key social-emotional skills, including self-management, self-efficacy and social awareness.¹⁶³ Consistent school attendance is particularly important for children from economically disadvantaged backgrounds, the group of children most at risk for chronic absenteeism.^{164,165}

Figure 34. Kindergarten to 3rd grade chronic absenteeism rates, 2018-19 to 2019-20



Source: Arizona Department of Education (2021). [Absenteeism Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Students are considered chronically absent if they miss more than 10% of the school days in a school year. This table includes children who are absent due to chronic illness. Please note that school closures and transitions to distance learning substantially affected how attendance was tracked by schools in the spring of 2020.

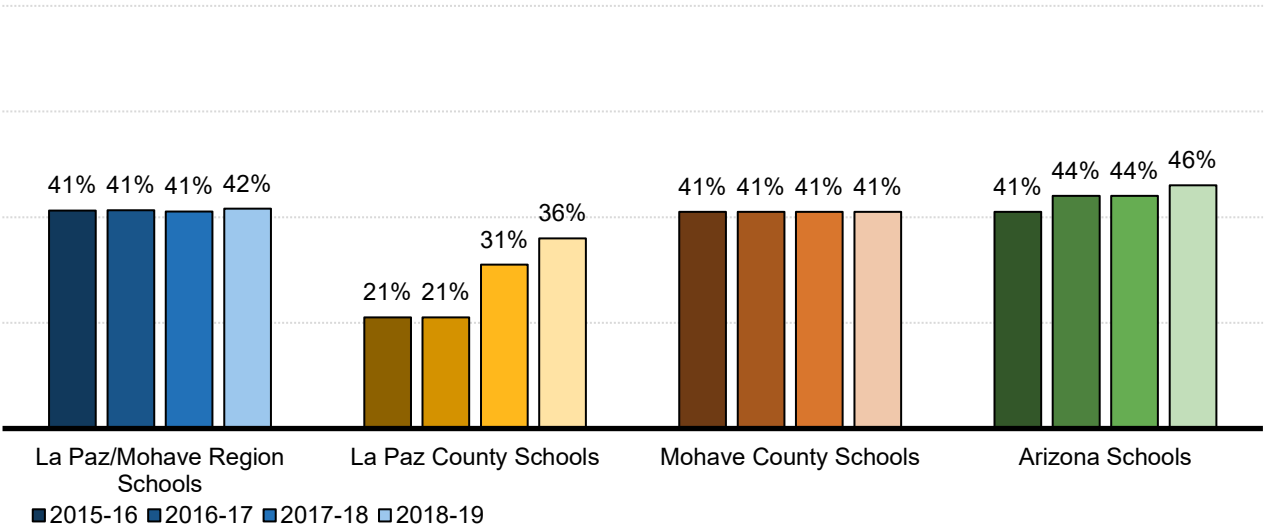
Achievement on standardized testing

A child’s 3rd grade reading skills have been identified as a critical indicator of future academic success.¹⁶⁶ Students who are at or above grade level reading in 3rd grade are more likely to go on to

graduate high school and attend college.¹⁶⁷ The link between poor reading skills and risk of dropping out of high school is even stronger for children living in poverty. More than a quarter (26%) of children who were living in poverty and not reading proficiently in 3rd grade did not finish high school. This is more than six times the high school dropout rate of proficient readers.¹⁶⁸

As of 2019, the statewide assessment tool for English language arts (ELA), including reading and writing, is Arizona’s Statewide Achievement Assessment for English Language Arts and Math (AzM2).^{iv,169,170} In March 2020, Arizona cancelled statewide AzM2 testing and other statewide assessments for the 2019-20 school year.¹⁷¹ Thus, the most recent data available is from the 2018-19 school year, when the AzMERIT assessment was administered. In the 2018-19 school year, only 42% of La Paz/Mohave Region students achieved passing scores on the 3rd grade ELA assessment, which was lower than across Arizona as a whole (46%) (Figure 35). Variation was also present across school districts in the region, with the highest passing rates seen in several of the region’s charter schools (Figure 36).

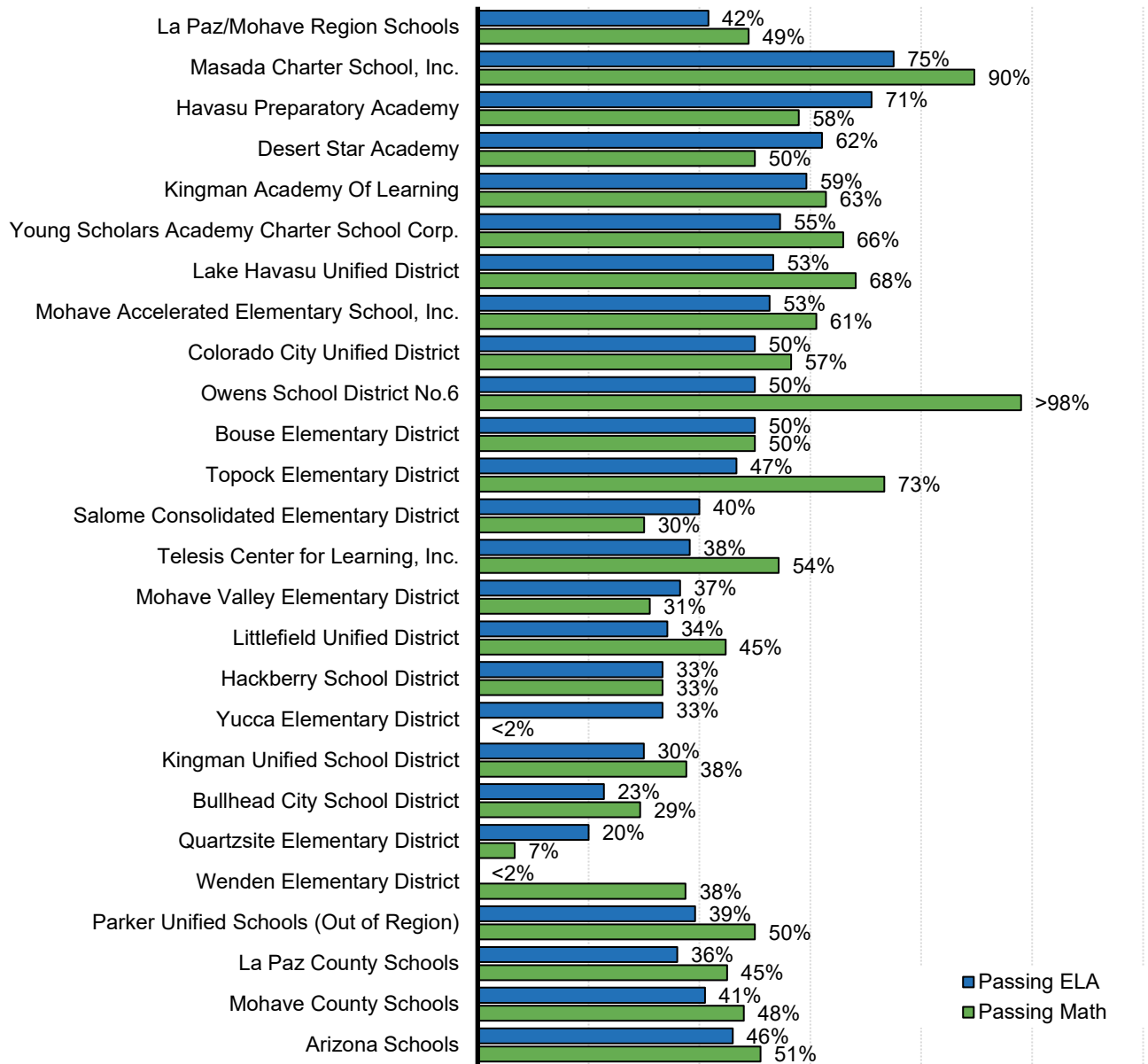
Figure 35. Trends in passing rates for AzMERIT 3rd grade English Language Arts, 2015-16 to 2018-19



Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

^{iv} AzMERIT was renamed to AzM2 during the 2019-2020 school year. In 2022, AzM2 will be replaced by AASA (Arizona’s Academic Standards Assessment).

Figure 36. Passing rates for 3rd grade AzMERIT Assessments, 2018-19



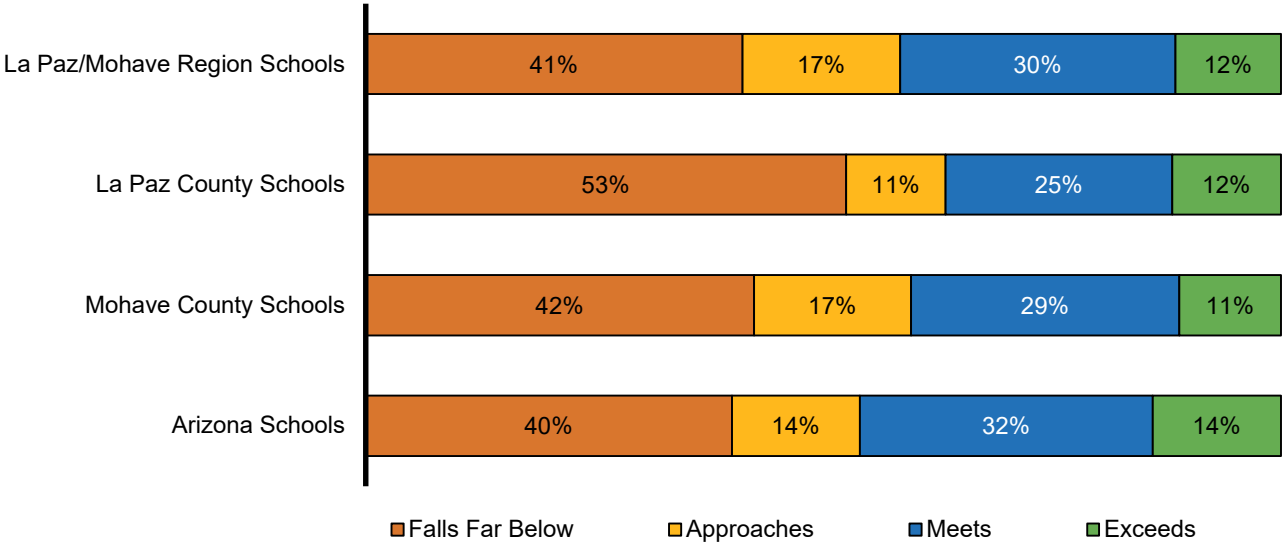
Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

In 2010, the Arizona legislature, recognizing the importance of early identification and targeted intervention for struggling readers, enacted *Move on When Reading* legislation. AzMERIT scores are used to determine promotion from the 3rd grade in accordance with the *Move on When Reading* policy. *Move on When Reading* legislation states that a student shall not be promoted to fourth grade if their reading score falls far below the third-grade level, as established by the State Board of Education.¹⁷² Exceptions exist for students identified with or being evaluated for learning disabilities and/or reading impairments, English language learners, and those who have demonstrated reading proficiency on

alternate forms of assessment approved by the State Board of Education. Students who tested in the far below range can also be promoted to 4th grade if they complete summer school and then demonstrate reading at a proficient level. In the La Paz/Mohave Region in 2018-19, 41% of 3rd grade students scored in the “falls far below” range on the ELA assessment, suggesting that many struggle with basic literacy (Figure 37).

It is important to note that the ELA scores in the table below include a writing and language section in addition to the reading score, but only the reading score is used for the *Move on When Reading* policy. Thus, some of those testing in the “falls far below” category here may still surpass the reading cut score. While Figure 37 suggests high rates of students who struggle with English and language arts skills, only a tiny fraction (less than 1%) of students statewide are typically retained because of the *Move on When Reading* policy. The vast majority of students either surpass the reading cut score or qualify for one of the exceptions previously noted.^{173,174}

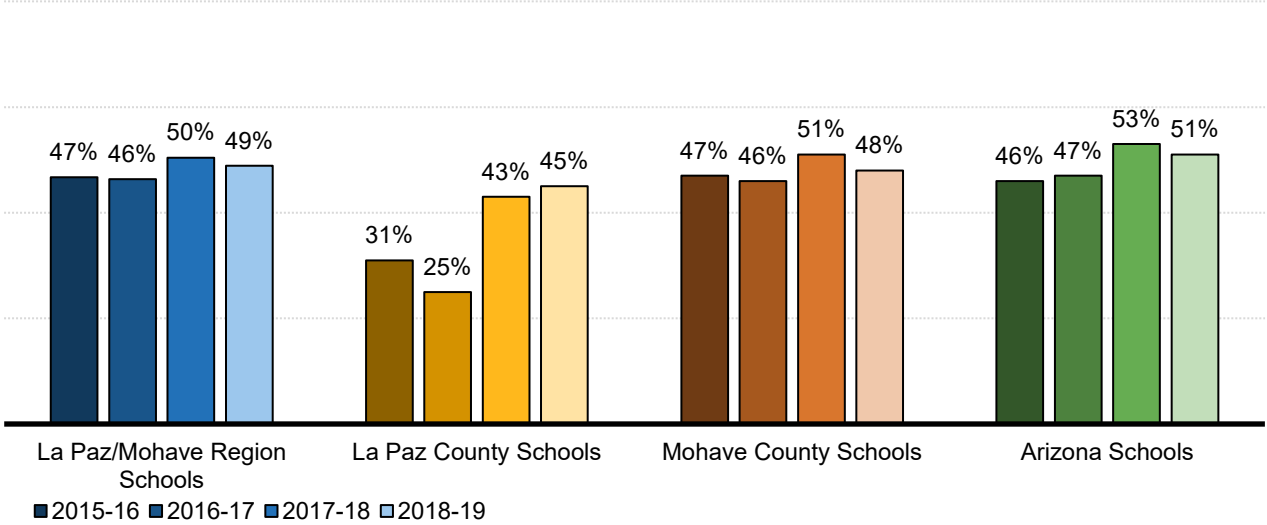
Figure 37. AzMERIT assessment results: 3rd grade English Language Arts, 2018-19



Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Performance on the math test was slightly better than ELA performance, with 49% of La Paz/Mohave Region 3rd grade students achieving passing scores in the 2018-19 school year, only slightly lower than the passing rate across the state (51%) (Figure 38). Again, variation in passing rates was present across districts in the region, although in most districts more students passed math than ELA (Figure 36). Nearly all students in the Owens School District No. 6 (>98%) passed the math test, while in contrast less than 2% of students passed in the Yucca Elementary District.

Figure 38. Trends in passing rates for AzMERIT 3rd grade Math, 2015-16 to 2018-19



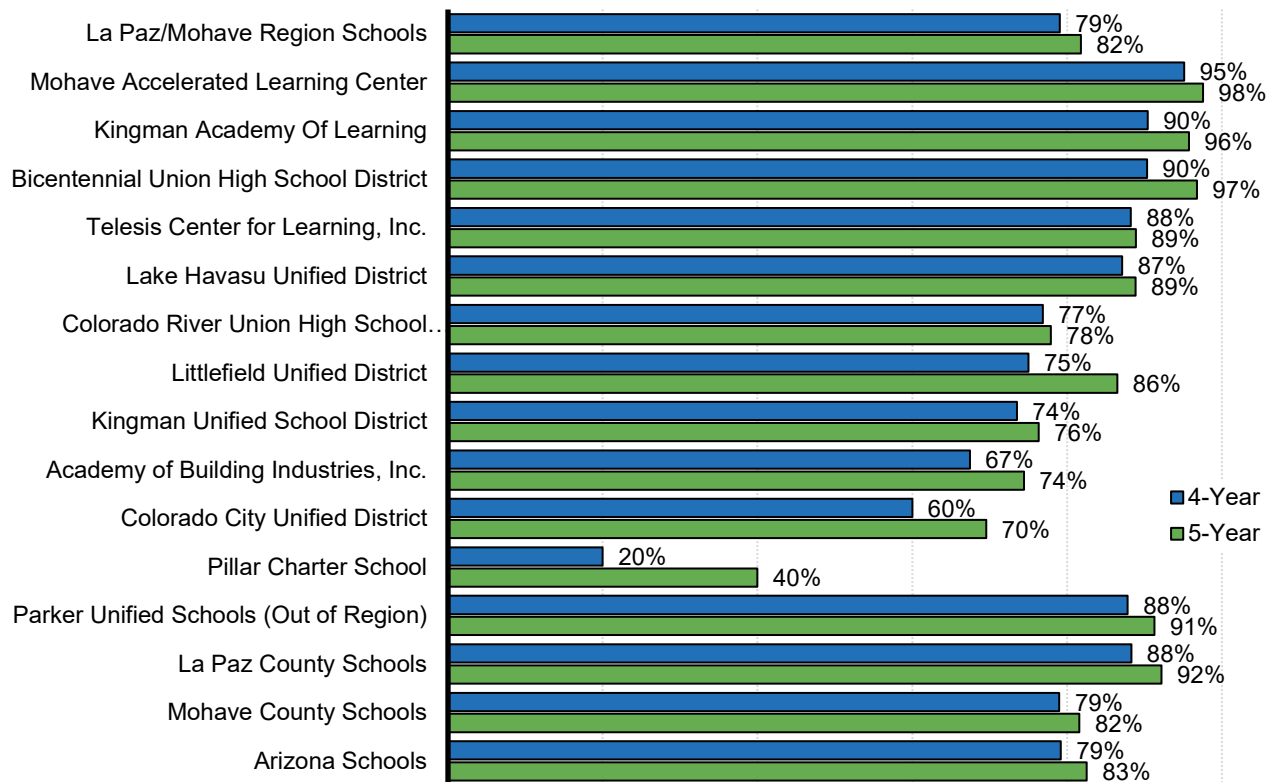
Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Graduation rates and adult educational attainment

Understanding current high school graduation and dropout rates within the state provides insight into the assets and challenges faced by a community and its future workforce. Adults who graduated from high school have better health and financial stability, lower risk for incarceration and better socio-emotional outcomes compared to adults who dropped out of high school.^{175,176} Increasingly, a high-school education is necessary for employment in the U.S., with nearly two-thirds of all jobs in 2020 requiring more than a high-school education.¹⁷⁷ Adults with lower educational attainment also tended to experience more economic challenges during the pandemic, with adults with less than a high school diploma experiencing more than twice the unemployment rate of adults with a bachelor’s degree or higher.¹⁷⁸

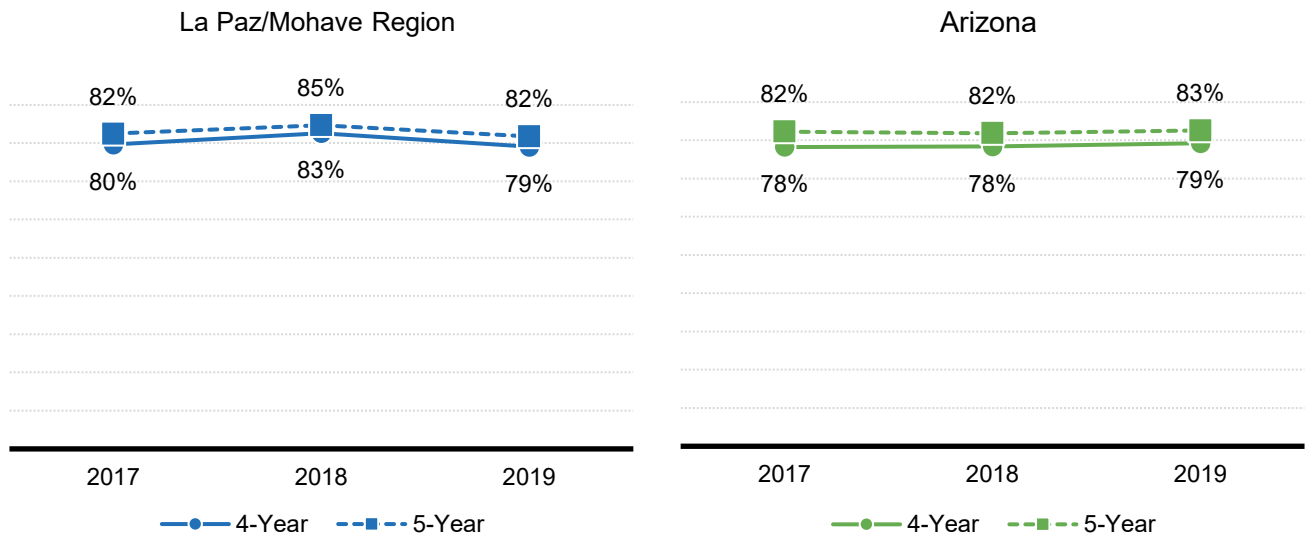
The four and five-year graduation rates in the La Paz/Mohave Region in 2019 (79% and 82%) were comparable to Arizona as a whole (79% and 83%), although variability did exist across districts and schools within the region (Figure 39). These overall graduation rates fluctuated between 2017 and 2019 in the La Paz/Mohave Region (Figure 40). The high school drop-out rate in the region has steadily declined since the 2016-17 school year, dropping to just 2% in the 2019-20 school year and following the declining trends seen statewide (Figure 41).

Figure 39. 4-year and 5-year graduation rates, 2019



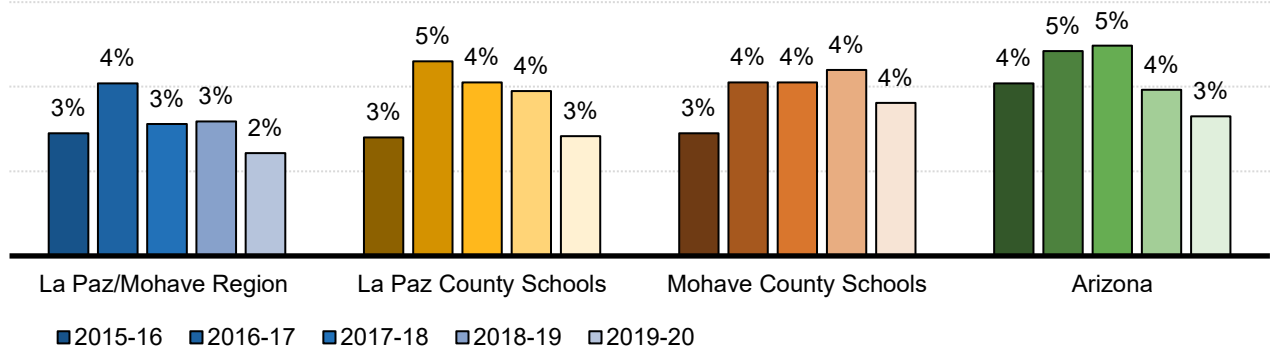
Source: Arizona Department of Education (2021). [Graduation Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Figure 40. Trends in 4-year and 5-year graduation rates, 2017 to 2019



Source: Arizona Department of Education (2021). [Graduation Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

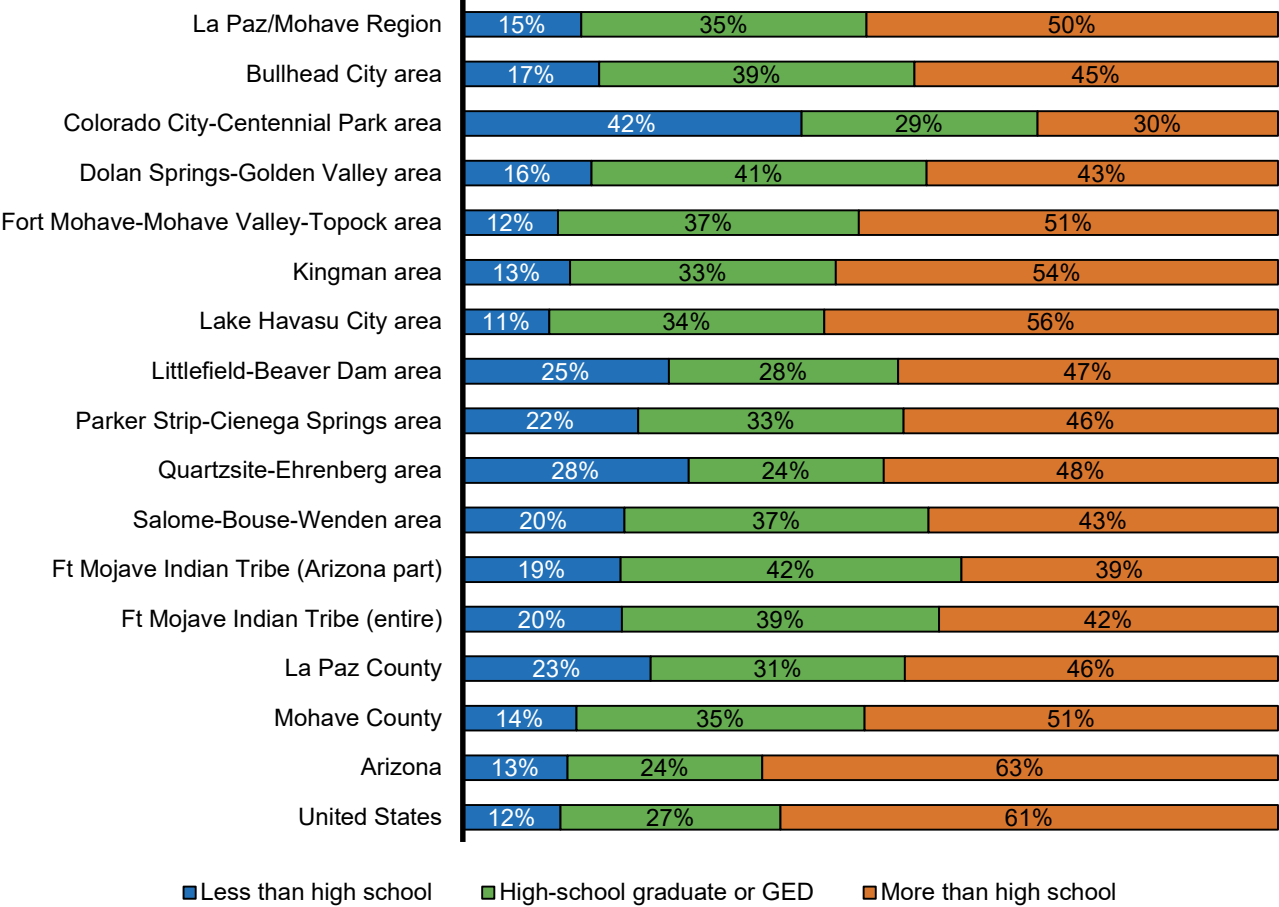
Figure 41. Trends in 7th to 12th grade dropout rates, 2015-16 to 2019-20



Source: Arizona Department of Education (2021). [Graduation Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

According to the American Community Survey, an estimated 15% of La Paz/Mohave Region adults (ages 25 and older) have less than a high-school education (Figure 42). An additional 35% have a high-school diploma or a GED equivalent. The remaining 50% have at least some education beyond the high-school level. The region as a whole has a similar proportion (85%) of adults aged 25 and older with at least a high-school education compared to the state (87%) and nation (88%). In the Colorado City-Centennial Park subregion, a notably larger proportion of adults did not complete high school (42%). This and other areas in the region may especially benefit from programs that aim to simultaneously serve both young children and their parents. Such *two-generation programs* are designed to provide family-centered supports to low-income parents and their young children by providing access to education and workforce development for parents and high-quality early education for young children.^{179,180} Providing resources and programming to support parental and youth education can help grow the human capital of both.^{181,182}

Figure 42. Level of education for the adult population (ages 25 and older)



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B15002

Note: The three percentages in each bar should sum to 100% but may not because of rounding.

Parental educational attainment has been shown to influence child educational outcomes.¹⁸³ Education is also a key mechanism for upward mobility; parents with higher educational levels typically secure higher incomes to support their families.¹⁸⁴ Higher maternal education, in particular, is linked to both cognitive and socio-emotional development as well as general health in young children.¹⁸⁵ Less than half of babies born in the region in 2019 (43%) were born to mothers who had more than a high-school education, a lower proportion than seen at the state level (57%) (Table 9). About one in five (19%) babies in the region were born to mothers who lacked a high-school education.

Table 9. Level of education for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother had less than a high-school education	Mother finished high school or had GED	Mother had more than a high-school education
La Paz/Mohave Region	2018	1,628	21%	36%	42%
	2019	1,731	19%	37%	43%
La Paz County	2018	187	24%	41%	34%
	2019	186	[23% to 25%]	44%	[31% to 32%]
Mohave County	2018	1,790	21%	35%	43%
	2019	1,726	20%	37%	42%
ARIZONA	2018	80,539	17%	26%	57%
	2019	79,183	16%	27%	57%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table.

Additional data tables related to *Educational Indicators* can be found in Appendix 1 of this report.



EARLY LEARNING

EARLY LEARNING

Why it Matters

Early childhood is an exciting time of rapid physical, cognitive and social-emotional development. The experiences young children have during these early years are critical for healthy brain development and set the stage for lifelong learning and well-being.^{186,187} Just as rich, stimulating environments can promote development, early negative experiences can have lasting effects. For example, gaps in language development between children from disadvantaged backgrounds and their more advantaged peers can be seen by two and a half years of age;¹⁸⁸ those disparities that persist until kindergarten tend to predict later academic problems.¹⁸⁹

Quality early care and education can positively influence children's overall development.^{190,191} This is particularly true for children in poverty.¹⁹² Access to quality child care and classroom environments can provide enriching experiences children might not have access to at home. Children who attend high-quality preschool programs repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems and are more likely to graduate from high school.¹⁹³ Furthermore, early childhood programs help identify children with special needs and can provide targeted interventions that may reduce their risk of developmental delays and prevent preschool expulsion.^{194, 195} Children with special health care needs may particularly benefit from high quality teacher-child interactions in classrooms,^{196,197} as they are more likely to experience more adverse childhood experiences than typically developing children,¹⁹⁸ and are at an increased risk for maltreatment and neglect.^{199,200}

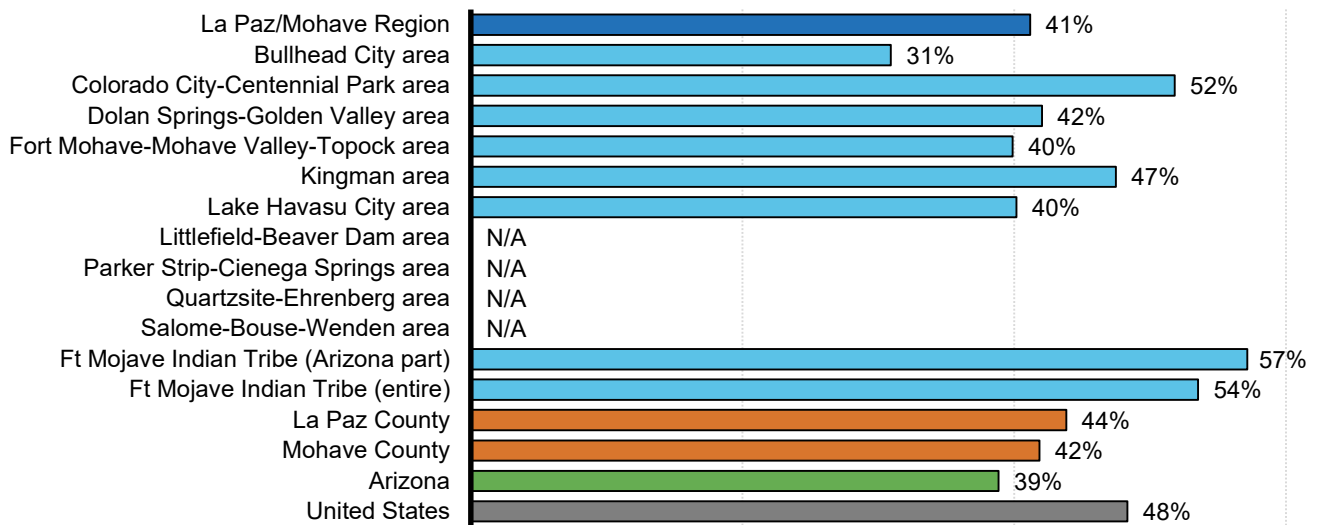
A statewide early care and education system that is accessible, affordable and high-quality is essential for the social and economic health of Arizona. Not only does access to affordable, quality child care make a positive difference for children's health and development, it also allows parents to keep steady jobs and support their families.²⁰¹ Investment in programs for young children leads to increased education and employment, reduced crime and better overall health.^{202,203} The investment in early childhood is also potentially one of the most productive investments a community can make, with experts estimating that society gets back about \$8.60 for every \$1 spent on early learning programs.²⁰⁴

What the Data Tell Us

Early care and education enrollment

American Community Survey (ACS) data indicate that about 41% of the La Paz/Mohave Region’s estimated 3,662 3- and 4-year-old children^v were enrolled in some type of school, such as nursery school, preschool or kindergarten. This is comparable to Arizona overall (39%) but lower than nationwide, where nearly half of 3- and 4-year-old children (48%) were enrolled in some type of school (Figure 43). At the subregion level, at least half of these young children were enrolled in school in the Fort Mojave Indian Tribe (Arizona part) (57%) and the Colorado City-Centennial Park (52%) subregion.

Figure 43. School enrollment for children ages 3 to 4, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B14003

Note: In this table, “school” may include nursery school, preschool, or kindergarten.

Though high-quality early care and education can promote development, families often face barriers in accessing these opportunities for their children. Families in both urban and rural areas of Arizona face a gap between the number of young children and the availability of licensed child care, and this gap is larger in rural parts of the state.^{205,206,207,208} As of 2019, Arizona needed an additional 76,740 licensed or registered early care and education slots to provide spaces for all young children in working families according to analyses by the Bipartisan Policy Center.²⁰⁹ This highlights the need for additional, high-quality, affordable early care and education providers in Arizona.

^v The ACS does not report enrollment estimates for children younger than 3.

In the La Paz/Mohave Region, there are 71 registered child care providers approved to serve up to 3,630 children (Table 10).^{vi} Approximate provider locations are illustrated in Figure 44. The majority of child care slots are provided by child care centers (n=2,259), public schools (n=751) and Head Start programs (n=554), with a smaller number of slots provided by home-based providers (n=66). More than three-quarters (76%) of the region's registered child care providers, providing 81% of the region's child care capacity, are located in three subregions – Bullhead City, Kingman and Lake Havasu City. In contrast, there are few registered providers in the northernmost (Colorado City-Centennial Park and Littlefield-Beaver Dam subregions) and southernmost (Parker Strip-Cienega Springs, Quartzsite-Ehrenberg and Salome-Bouse-Wenden subregions) portions of the region. Key informants noted the lack of, and need for, regulated home-based providers in the region. Particularly in the Lake Havasu City subregion, there are many home-based providers who remain unregistered because of concerns about the financial burdens of licensing, and specifically the administrative costs of ensuring enough staff to meet required staff to child ratios.

^{vi} Please note that these data were compiled by merging four different licensing and enrollment datasets from ADHS, DES, FTF, and Western Association Council of Governments Head Start program. For a table highlighting only those registered with DES, please see the additional tables in Appendix 1.

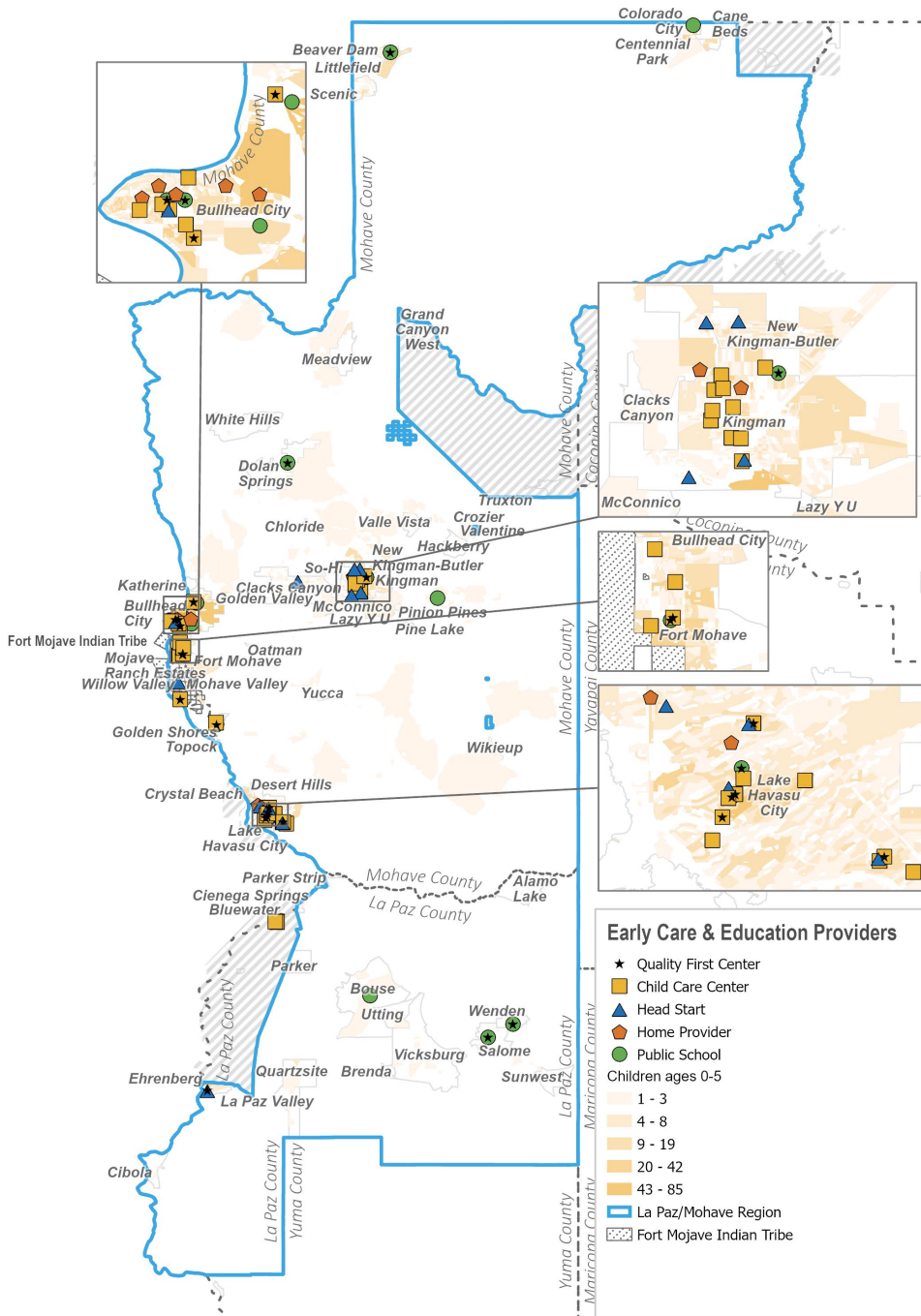
Table 10. Estimated Number and Capacity of Early Care & Education Providers, 2020-2021

Geography	Population (ages 0-5)	Total ECE Providers		Child care centers		Head Start		Public Schools		Home Providers	
		Num.	Capacity	Num.	Capacity	Num.	Capacity	Num.	Capacity	Num.	Capacity
La Paz/Mohave Region	13,469	72	3,630	33	2,259	13	554	16	751	9	66
Bullhead City area	2,656	18	836	7	515	2	96	4	187	5	38
Colorado City-Centennial Park area	1,513	1	59	0	0	0	0	1	59	0	0
Dolan Springs-Golden Valley area	594	2	45	0	0	1	20	1	25	0	0
Fort Mohave-Mohave Valley-Topock area	1,343	10	478	6	290	1	64	3	124	0	0
Kingman area	3,597	18	1,176	10	840	4	165	2	157	2	14
Lake Havasu City area	2,998	18	914	10	614	4	189	2	97	2	14
Littlefield-Beaver Dam area	280	1	47	0	0	0	0	1	47	0	0
Parker Strip-Cienega Springs area	86	0	0	0	0	0	0	0	0	0	0
Quartzsite-Ehrenberg area	204	1	20	0	0	1	20	0	0	0	0
Salome-Bouse-Wenden area	198	3	55	0	0	0	0	3	55	0	0
Fort Mojave Indian Tribe (entire)	109	2	105	1	75	0	0	1	30	0	0
La Paz County	1,227	7	395	2	137	2	203	3	55	0	0
Mohave County	13,218	68	3,600	34	2,304	12	534	9	696	13	66
Arizona	546,609	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Source: U.S. Census Bureau. (2010). 2010 Decennial Census, Summary File 1, Table P14. Arizona Department of Economic Security (2021). Child Care Administration [Dataset]. Data received by request. Arizona Department of Health Services (2021). Child Care Licensing [Dataset]. Data received by request. First Things First (2021). Quality First Data Center [Dataset]. Western Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request. Fort Mojave Indian Tribe Child Care Center (2021). Child care data received by request. Analyses conducted by the UArizona CRED Team.

Note: This table was compiled by merging four different licensing and enrollment datasets from ADHS, DES, FTF, and W.A.C.O.G. Head Start program. We removed all duplicate programs (based on name, phone number, and address) as well as program that only serve children ages 5-12, as these are typically before- & after-school programs that only serve school-age children. Head Start & Early Head Start programs are counted separately. Since this analysis used data obtained from local data requests, data are not available statewide.

Figure 44. Map of Early Care and Education Providers in the La Paz/Mohave Region

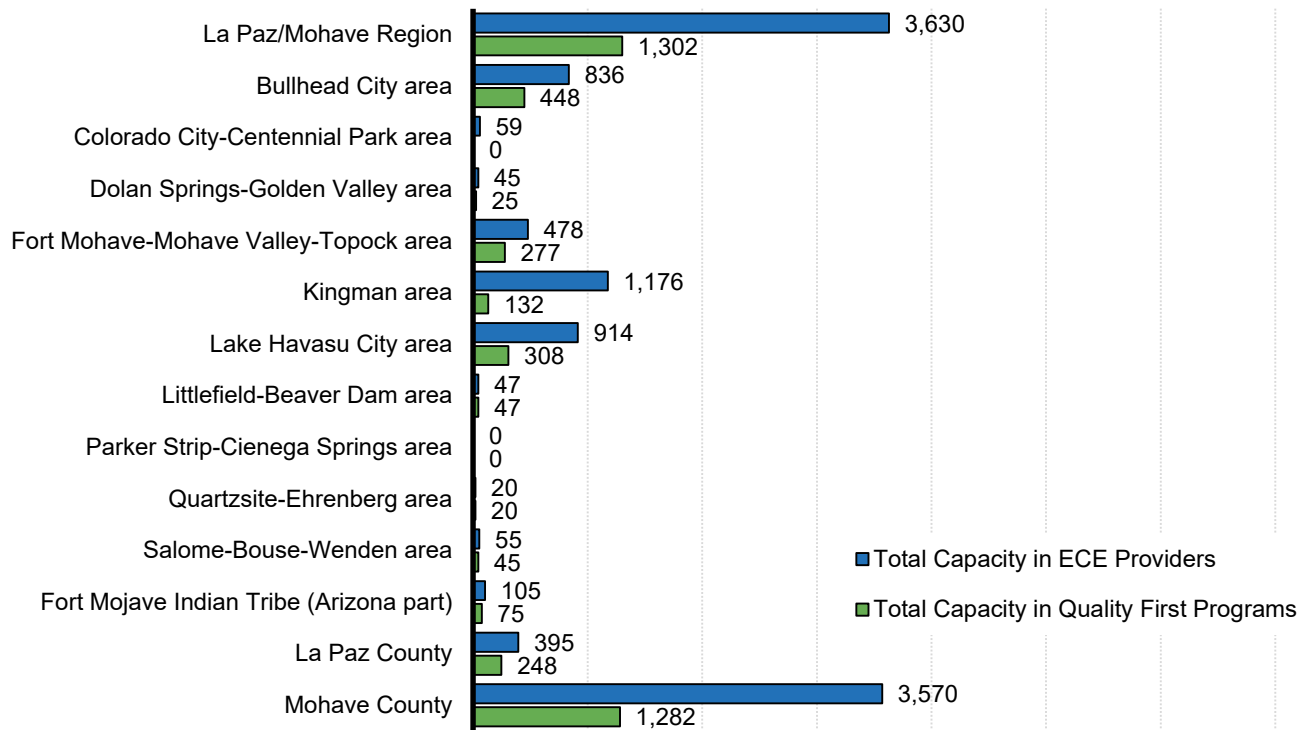


Source: Arizona Department of Economic Security (2021). Child Care Administration [Dataset]. Data received by request. Arizona Department of Health Services (2021). Child Care Licensing [Dataset]. Data received by request. First Things First (2021). Quality First Data Center [Dataset]. Northern Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request. Analyses conducted by the UArizona CRED Team.

Note: This table was compiled by merging four different licensing and enrollment datasets from ADHS, DES, FTF, and W.A.C.O.G. Head Start program. We removed all duplicate programs (based on name, phone number, and address) as well as program that only serve children ages 5-12, as these are typically before- & after-school programs that only serve school-age children. Head Start & Early Head Start programs are counted separately. Since this analysis used data obtained from local data requests, data are not available statewide.

Of the 3,600 available registered child care slots in the La Paz/Mohave Region, about 36% are in Quality First providers (Figure 45). In five subregions and the Fort Mojave Indian Tribe, the majority of child care capacity is provided by Quality First providers - Bullhead City (54%), Dolan Springs-Golden Valley (56%), Fort Mohave-Mohave Valley-Topock (58%), Littlefield-Beaver Dam (100%), Salome-Bouse-Wenden (82%) and the Fort Mojave Indian Tribe (Arizona part) (71%).

Figure 45. Estimated number and capacity of early care & education providers, 2020-2021



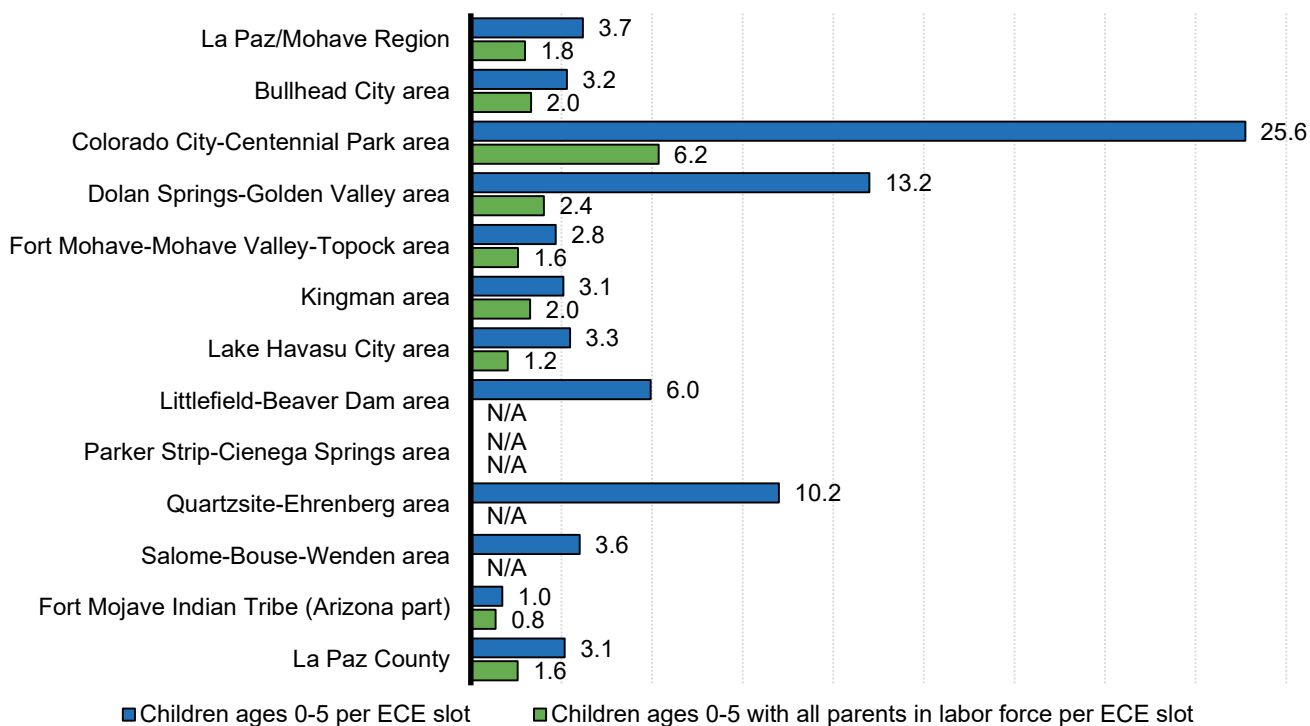
Source: Arizona Department of Economic Security (2021). Child Care Administration [Dataset]. Data received by request. Arizona Department of Health Services (2021). Child Care Licensing [Dataset]. Data received by request. First Things First (2021). Quality First Data Center [Dataset]. Western Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request. Fort Mojave Indian Tribe Education Department (2021). Child care data received by request. Analyses conducted by the UArizona CRED Team.

Note: This table was compiled by merging four different licensing and enrollment datasets from ADHS, DES, FTF, and W.A.C.O.G. Head Start program. We removed all duplicate programs (based on name, phone number, and address) as well as program that only serve children ages 5-12, as these are typically before- & after-school programs that only serve school-age children. Head Start & Early Head Start programs are counted separately. Since this analysis used data obtained from local data requests, data are not available statewide.

The Center for American Progress estimates that 48% of Arizonans live in a “child care desert,” defined as an area where there are at least three times as many children as there are child care slots, meaning that the absence of accessible, affordable child care may be a barrier to employment.²¹⁰ In Arizona, the majority of rural families (67%), low-income families (59%) and Hispanic/Latino families (55%) live in a child care desert, making them disproportionately impacted by barriers to child care and therefore barriers to employment.²¹¹ This is slightly worse than in the U.S. as a whole, where 60% of rural families and 55% of low-income families live in child care deserts.

The child care shortage is also a clear issue in the La Paz/Mohave Region. Comparing the number of children birth to 5 to the number of available child care slots in the region overall, there are 3.7 times as many children as slots (Figure 46), meaning the region meets the above definition of a child care desert. Nearly all subregions also meet this definition, with the exception of Fort Mohave-Mohave Valley-Topock (2.8) and Parker Strip-Cienega Springs, where a ratio can't be calculated because there are no ECE providers. The child care shortage appears to be the worst in the Colorado City-Centennial Park, Dolan Springs-Golden Valley and Quartzsite-Ehrenberg subregions. Even if the calculation is altered to only estimate the shortage of slots for families who presumably have the greatest need – those with all present parents in the labor force – there are still 6.2 times as many young children as there are slots in the Colorado City-Centennial Park subregion. In a 2018 community needs assessment of the Greater Short Creek community, which includes the Colorado City-Centennial Park subregion as well as the towns of Hildale and Apple Valley in Utah, 15% of survey respondents noted access to child care as the hardest part of raising children in response to the open-ended prompt ‘What do you find to be the hardest part of raising young children (under the age of 6) in our community?’²¹²

Figure 46. Ratio of children ages 0-5 to estimated early care & education provider capacity



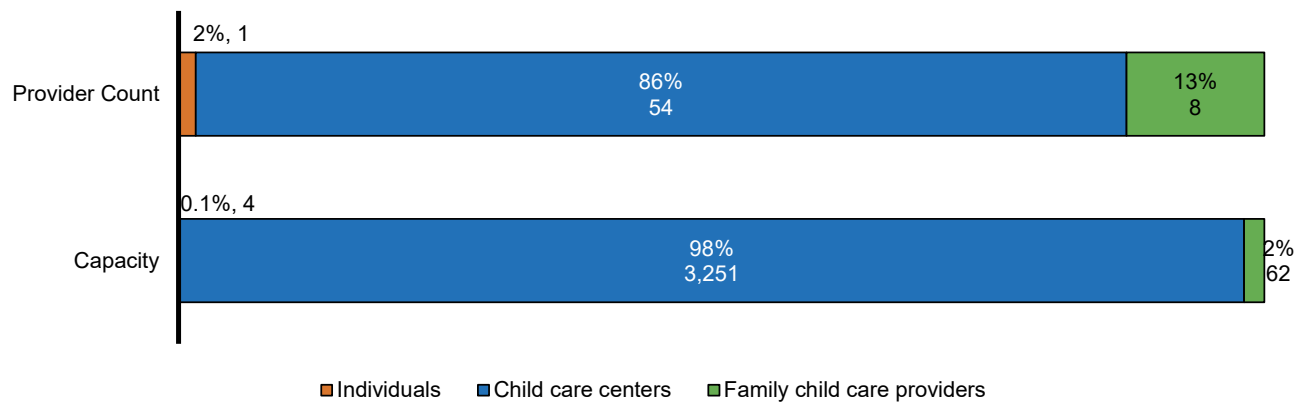
Source: Arizona Department of Economic Security (2021). Child Care Administration [Dataset]. Data received by request. Arizona Department of Health Services (2021). Child Care Licensing [Dataset]. Data received by request. First Things First (2021). Quality First Data Center [Dataset]. Western Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request. U.S. Census Bureau (2020). 2019 American Community Survey five-year estimates, Table B23008. U.S. Census Bureau (2012) 2010 Decennial Census, Table P14. Analyses conducted by the UArizona CRED Team.

Key informants highlighted that one key factor influencing the limited availability of child care in the region is staffing. Providers faced challenges in finding and retaining qualified staff prior to the COVID-

19 pandemic, and the stresses created by the pandemic further exacerbated staff turnover. These staffing shortages have led to long waitlists for families trying to get into registered providers, who often turn to informal and unregulated child care to meet their needs. Many families utilize social media groups, particularly on Facebook, to seek unregulated child care services.

The Child Care Resource & Referral (CCR&R) Guide is a resource for families to locate available child care providers. Providers listed with CCR&R are licensed, certified, regulated or registered through the Arizona Department of Economic Security (DES), Arizona Department of Health Services (ADHS), Arizona Department of Education (ADE), CCR&R, or a Military or Tribal Authority. Child care centers represent the large majority of CCR&R providers (86%) and available child care capacity (98%) in the region (Figure 47). The 63 CCR&R providers in the La Paz/Mohave Region have a capacity to serve 3,313 total children, either through child care centers (54 sites, capacity to serve 3,251 children), family child care providers (8 sites, capacity to serve 62 children) or individual providers (1 site, capacity to serve 4 children).

Figure 47. Number and capacity of providers listed in the Child Care Resource & Referral guide in the La Paz/Mohave Region by type



Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: This table only includes data for providers listed in the National Data System for Child Care NACCRRAware database. These providers are listed through the Child Care Resource & Referral Guide to allow parents and caregivers to find child care and early education providers. Providers that only provide before- and after-school care are not included in this table

Providers are considered quality educational environments by DES if they are accredited by a national organization, such as the Association for Early Learning Leaders or the National Association for the Education of Young Children (NAEYC),²¹³ or if they receive a Quality First 3-star rating or higher (see below). In the La Paz/Mohave Region, seven providers (11%) attained national accreditation as of December 2020 (Table 11). In the Kingman subregion, the three accredited providers provide 18% of the subregion’s child care capacity, with 205 total child care slots.

Table 11. Number and licensed capacity of accredited child care providers, December 2020

Geography	Number of accredited providers	Percent of providers who are accredited	Capacity in accredited providers	Percent of provider capacity which is with accredited providers
La Paz/Mohave Region	7	11%	298	9%
Bullhead City area	2	13%	69	9%
Colorado City-Centennial Park area	0	0%	0	0%
Dolan Springs-Golden Valley area	0	0%	0	0%
Fort Mohave-Mohave Valley-Topock area	0	0%	0	0%
Kingman area	3	18%	205	18%
Lake Havasu City area	1	7%	4	1%
Littlefield-Beaver Dam area	0	0%	0	0%
Parker Strip-Cienega Springs area	0	N/A	0	N/A
Quartzsite-Ehrenberg area	1	100%	20	100%
Salome-Bouse-Wenden area	0	0%	0	0%
Fort Mojave Indian Tribe	0	0%	0	0%
La Paz County	1	5%	20	14%
Mohave County	6	10%	278	8%
Arizona	233	9%	24,824	12%

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

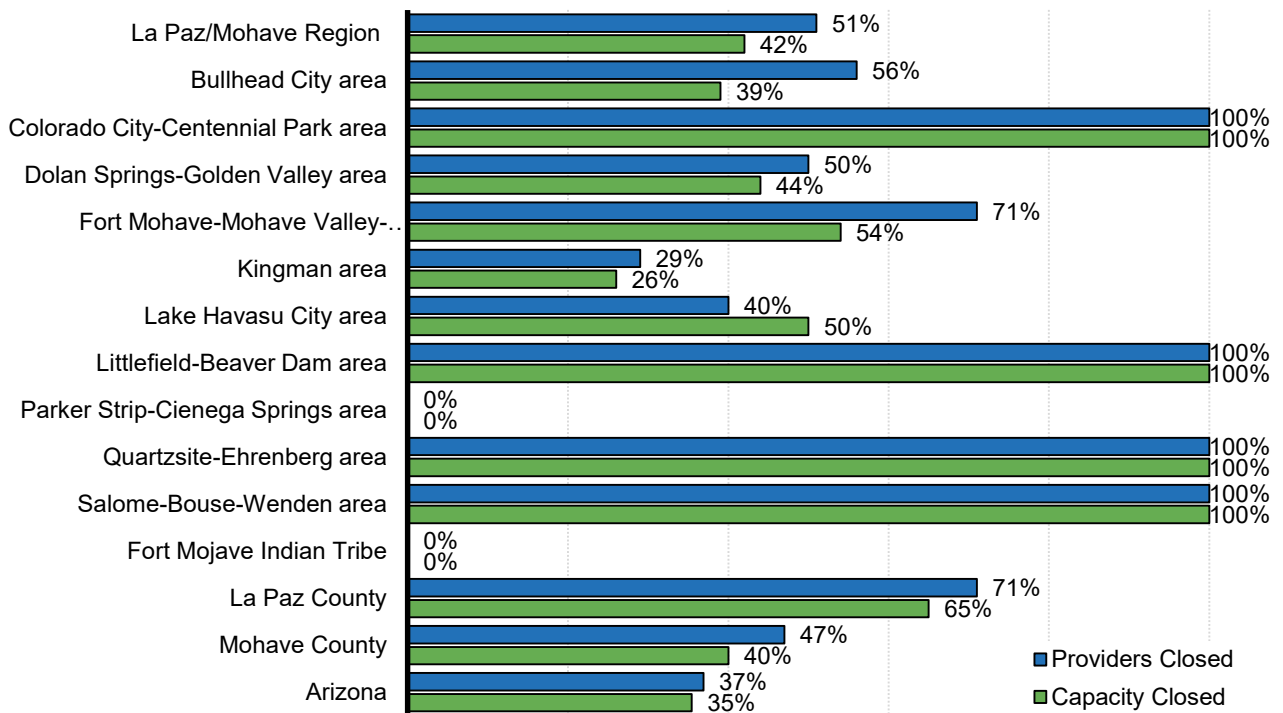
Note: This table includes only licensed or registered centers, homes, or individual providers listed in the CCR&R who have a national accreditation, such as NECPA – National Early Childhood Program Accreditation, CDA – Child Development Association, AMI – American Montessori International, or NAEYC – National Association for the Education of Young Children.

The COVID-19 pandemic made child care even less accessible for many families. Many child care centers and homes closed in the early days of the pandemic due to concerns about safety of children, staff and families.^{214,215} The pandemic's effect on out-of-home child care arrangements heightened stress for families and widened pre-existing inequities in work, income and well-being. In a nationally

representative survey in the summer of 2020, about half of families with young children (47%) reported that they lost their pre-pandemic child care arrangements, and the majority of parents and caregivers surveyed (70%) were worried about returning to prior arrangements.²¹⁶

During the month of December 2020, statewide, more than one third (37%) of the regulated early care providers that were listed in the CCR&R guide were closed. These providers accounted for 35% of the known care capacity in the state. In the La Paz/Mohave Region, of 63 DES-registered providers, 32 (51%) were closed in December 2020, representing a loss of 1,393 slots or 42% of the previous capacity (Figure 48 and Table 12). Notably, 40% of providers in the Lake Havasu City subregion were closed in December 2020, representing a loss of 50% of capacity, or 371 child care slots. This was a greater loss of child care capacity compared to other large subregions, such as Kingman (26%) and Bullhead City (39%). Several smaller subregions saw 100% of their already limited capacity closed, including Colorado City-Centennial Park, Littlefield-Beaver Dam, Quartzsite-Ehrenberg and Salome-Bouse-Wenden.

Figure 48. Number and capacity of regulated early care and educational providers by operational status in December 2020



Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: This table only reflects providers registered with the Child Care Resource and Referral (CCR&R) Guide. Closure status for providers were gathered by CCR&R staff throughout the pandemic, who made a strong effort to keep this information up to date; however, these data may not reflect current closure status in the region.

Table 12. Number and capacity of regulated early care and educational providers by operational status in December 2020

Geography	All providers		Providers closed		Providers open		Percent of providers closed	
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
La Paz/Mohave Region	63	3,317	32	1,393	31	1,924	51%	42%
Bullhead City area	16	792	9	305	7	487	56%	39%
Colorado City-Centennial Park area	1	59	1	59	0	0	100%	100%
Dolan Springs-Golden Valley area	2	45	1	20	1	25	50%	44%
Fort Mohave-Mohave Valley-Topock area	7	402	5	219	2	183	71%	54%
Kingman area	17	1,151	5	297	12	854	29%	26%
Lake Havasu City area	15	746	6	371	9	375	40%	50%
Littlefield-Beaver Dam area	1	47	1	47	0	0	100%	100%
Parker Strip-Cienega Springs area	0	0	0	0	0	0	N/A	N/A
Quartzsite-Ehrenberg area	1	20	1	20	0	0	100%	100%
Salome-Bouse-Wenden area	3	55	3	55	0	0	100%	100%
Fort Mojave Indian Tribe	1	75	0	0	0	0	0%	0%
La Paz County	7	395	5	258	2	137	71%	65%
Mohave County	60	3,287	28	1,318	32	1,969	47%	40%
Arizona	2,521	202,010	930	71,576	1,591	130,434	37%	35%

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: This table only reflects providers registered with the Child Care Resource and Referral (CCR&R) Guide. Closure status for providers were gathered by CCR&R staff throughout the pandemic, who made a strong effort to keep this information up to date; however, these data may not reflect current closure status in the region.

To help communities during the pandemic, First Things First helped recruit providers to become Arizona Enrichment Centers.²¹⁷ The Arizona Enrichment Center program provided funding to licensed child care facilities in order to serve the children of essential workers during the pandemic in 2020 and provided scholarships to essential workers making less than \$65,000 annually.^{218, vii} Two-thirds of all Arizona Enrichment Centers were Quality First participating providers (334 of 506 total enrichment

^{vii} As of December 2020, this program transitioned to become the Essential Workers Relief Scholarship, which provided similar funds and scholarships through August 2021. More information can be found on the DES website: <https://des.az.gov/services/child-and-family/child-care/emergency-child-care-scholarship-program>

centers).²¹⁹ In the La Paz/Mohave Region, 17 providers became Arizona Enrichment Centers, serving 235 children through the program (Table 13).

Table 13. Arizona Enrichment Centers and ECE providers who received COVID-19 grants, December 2020

Geography	Arizona Enrichment Centers	Number of children approved for enrollment	Percent of CCRR-listed providers that were AZ Enrichment Centers	Number of providers enrolled in COVID-19 grant program
La Paz/Mohave Region	17	235	27%	35
Bullhead City area	3	14	19%	11
Colorado City-Centennial Park area	0	0	0%	1
Dolan Springs-Golden Valley area	0	0	0%	0
Fort Mohave-Mohave Valley-Topock area	0	0	0%	3
Kingman area	9	214	53%	10
Lake Havasu City area	5	7	33%	10
Littlefield-Beaver Dam area	0	0	0%	0
Parker Strip-Cienega Springs area	0	0	N/A	0
Quartzsite-Ehrenberg area	0	0	0%	0
Salome-Bouse-Wenden area	0	0	0%	0
Fort Mojave Indian Tribe	0	0	0%	0
La Paz County	1	47	14%	2
Mohave County	17	235	28%	36
Arizona	480	5,681	19%	1,808

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: COVID-19 grantees include afterschool programs that serve children ages 5-12 as well as early childhood providers.

Notably, even if child care centers remained open during the pandemic, they had to shoulder additional costs related to cleaning and staffing changes, among others. Over half of centers (56%) surveyed by the National Association for the Education of Young Children (NAEYC) reported that they were losing money while operating in December 2020, and a quarter of home-based providers and a third of center-based providers surveyed indicated that they would close in the next three months without additional support.²²⁰ While the extent that these costs are passed on to families remains to be seen, estimates indicate that child care operating costs increased by an average of 47% nationwide. In Arizona, costs were projected to jump substantially more, potentially increasing by 84% for center-based providers (\$685 to \$1,257) and 75% for family home providers (\$732 to \$1,281).²²¹ Many providers are also facing

significant staffing challenges and low enrollments. According to a survey by NAEYC in July 2021, most Arizona child care centers surveyed (84%) experienced staffing shortages, driven in large part by the low wages in the early education sector.²²²

For many providers, relief funds provided through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Coronavirus Response and Relief Supplemental Appropriations Act, and American Rescue Plan have been critical for reducing debt incurred during the pandemic.²²³ The relief bills passed by Congress during the pandemic have allocated significant funds for child care providers, including \$1.2 billion allocated for Arizona for the next three years through the American Rescue Plan and Coronavirus Response and Relief Supplemental Appropriations Act.²²⁴ Additionally, nearly \$200 million were allocated to Arizona's tribal governments for grants to tribal child care providers.^{225, 226, 227}

DES also offered a Child Care COVID-19 grant program to help child care providers cover operational costs including but not limited to, salaries, tuition relief for families, cleaning supplies, and rent and utilities to safely remain open or reopen during the pandemic.^{viii} In the La Paz/Mohave Region, 35 providers enrolled in this grant program offered through DES.

Head Start

Head Start is a comprehensive early childhood education program for children whose families meet Department of Health and Human Services income eligibility guidelines. The program offers a broad range of individualized services in the areas of education and child development, special education, health services, nutrition and parent/family development. Preschool-aged children are served through Head Start programs, and infants and toddlers are served through Early Head Start. In the La Paz/Mohave Region, the Western Association Council of Governments (WACOG) operates 13 Head Start sites (Table 14). Traditional Head Start programs are located in six La Paz/Mohave subregions, though they're largely concentrated in the Bullhead City, Kingman and Lake Havasu City subregions. Early Head Start programs are available in the Bullhead City and Kingman subregions.

^{viii} For more information on the DES COVID-19 grant program please see <https://des.az.gov/services/child-and-family/child-care/child-care-covid-19-grant-program>

Head start slots, also known as *funded enrollment*, represents a program’s capacity to serve children at a point in time.²²⁸ WACOG programs had a funded enrollment of 283 traditional Head Start slots in the La Paz/Mohave Region in 2019-20 (Figure 49). Of the funded slots in traditional Head Start, 115 slots were expanded duration and 168 were part-day. A small number of children, less than 10, were served in Early Head Start programs at WACOG Head Start Centers in the region and an additional 24 were served through the Child Care Partnership (CCP) program of Early Head Start, which partners Early Head Start programs with child care centers and family home providers.

Figure 49. Funded enrollment in La Paz/Mohave Region Head Start programs by type, 2019-20



Source: Western Arizona Council of Governments (2021). *Head Start Program Data [Dataset]*. Data received by request.

Note: CCP stands for Child Care Partnership. Child Care Partnership is a program of Early Head Start that partners Early Head Start programs with child care centers and family home providers. "Expanded Duration" refers to lengthening the hours of services that Head Start offers individual children and their families, with the goal of increasing children's learning and developmental outcomes by providing more hours of high-quality learning experiences. Longer hours also support families who are working or in school to pursue self-sufficiency while their children are in safe and nurturing early learning environments. Read more about this effort here: <https://www.nhsa.org/knowledge-center/center-advocacy/top-issues/extended-duration/>

Table 14. Funded enrollment in La Paz/Mohave Region Head Start programs, 2019-20

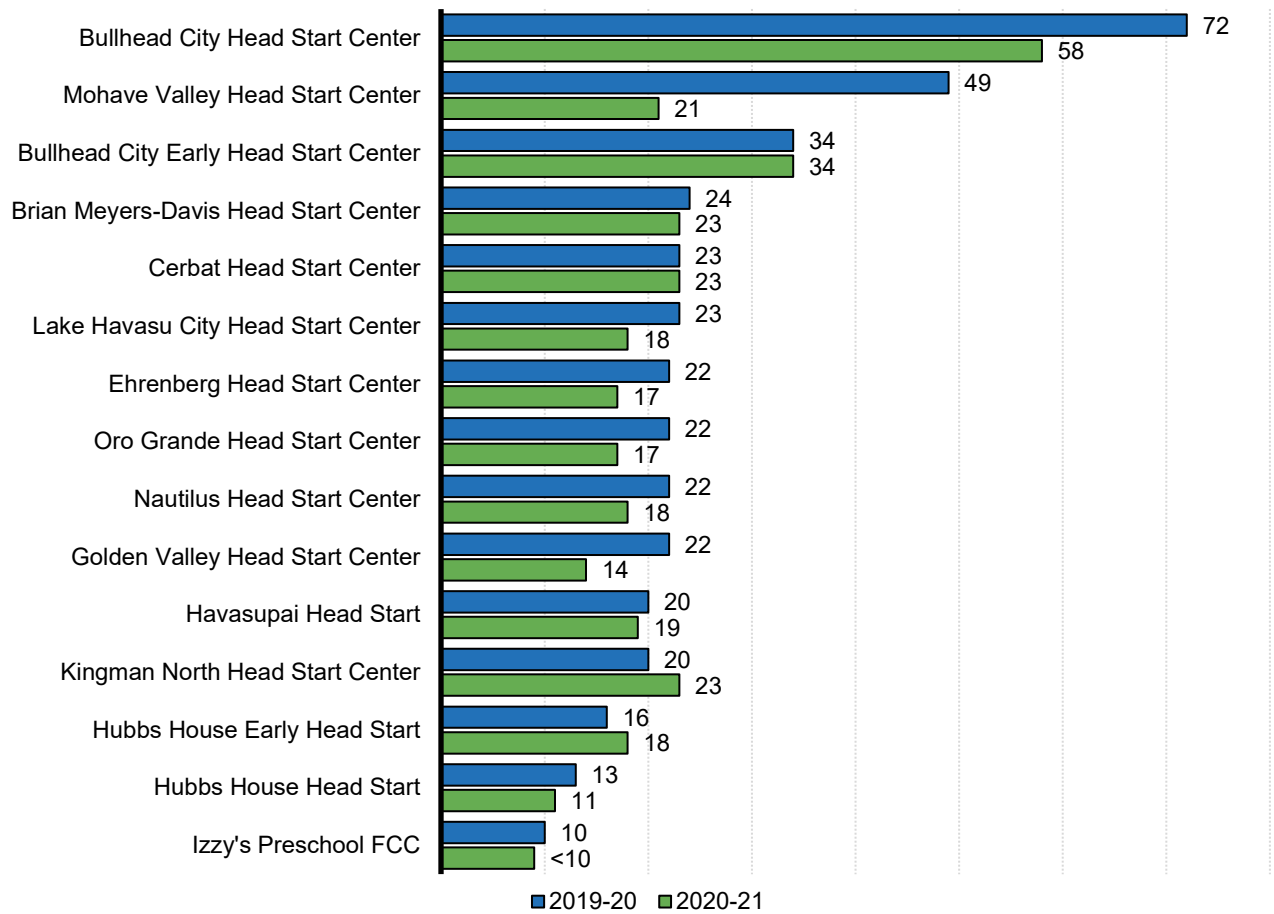
Center Name	Head Start-Expanded Day	Head Start-Part Day	Early Head Start	Early Head Start- CCP
La Paz/Mohave Region	115	168	<10	24
Brian Meyers-Davis Head Start Center	20	0	N/A	N/A
Bullhead City Early Head Start Center	N/A	N/A	<10	<10
Bullhead City Head Start Center	0	60	N/A	N/A
Cerbat Head Start Center	20	0	N/A	N/A
Ehrenberg Head Start Center	0	20	N/A	N/A
Golden Valley Head Start Center	0	19	N/A	N/A
Havasupai Head Start	20	0	N/A	N/A
Hubbs House Early Head Start	N/A	N/A	0	<10
Hubbs House Head Start	0	10	N/A	N/A
Izzy's Preschool FCC	N/A	N/A	0	<10
Kingman North Head Start Center	0	20	N/A	N/A
Lake Havasu City Head Start Center	0	20	N/A	N/A
Mohave Valley Head Start Center	35	0	N/A	N/A
Nautilus Head Start Center	20	0	N/A	N/A
Oro Grande Head Start Center	0	19	N/A	N/A

Source: Western Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request.

Note: CCP stands for Child Care Partnership. Child Care Partnership is a program of Early Head Start that partners Early Head Start programs with child care centers and family home providers.

Cumulative enrollment encompasses the total number of individuals that Head Start programs serve across the program year and can surpass funded enrollment due to families staying part of a year and then being replaced by a new family. WACOG programs in the La Paz/Mohave Region had a cumulative enrollment of 392 in 2019-20 and 323 in 2020-21(Figure 50).

Figure 50. Cumulative enrollment in La Paz Mohave Region Head Start programs, 2019-20 to 2020-21



Source: Western Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request.

Note: Cumulative enrollment is the total number of students enrolled throughout the year; this number often exceeds funded enrollment as students enter and exit a program.

Quality First

Beyond the basic goal of being a safe place for children, there are a number of different ways for a child care program to enrich a child’s experience. Quality standards help ensure these early environments support positive outcomes for children’s well-being, academic achievement and success later in life.²²⁹ Quality First is Arizona’s Quality Rating and Improvement System (QRIS) for early child care and preschool providers.²³⁰ The Quality First program describes quality settings as those that include

teachers and staff who know how to work with young children and offer hands-on activities, create learning environments that nurture the development of every child and foster positive, consistent relationships and interactions that give children the individual attention they need.²³¹ A Quality First star rating represents where along the continuum of quality (1 to 5 stars) a program was rated and how they are implementing early childhood best practices. Through Quality First, child care health consultants also help provide health and safety guidance to providers.²³²

In 2020, the La Paz/Mohave Region had 22 providers in the Quality First System, 19 (86%) of which achieved a 3-star rating or higher, indicating that they meet quality standards (Table 15). The 19 3-star or higher rated programs served 1,055 children, or 85% of children enrolled in a Quality First provider site in the region (Table 16). Quality First also offers scholarships; 300 children were served through these scholarships in the region in state fiscal year 2020.

Looking forward, the 2022 state fiscal year budget includes \$74 million specifically focused on increasing the number of quality child care and preschool settings in Arizona, which could add up to 800 Quality First providers statewide over the next three years.²³³

Table 15. Quality First Programs, state fiscal year 2020

Geography	Child care providers served	Child care providers with a 3-5 star rating	Percent of child care providers with a 3-5 star rating
La Paz/Mohave Region	22	19	86%
La Paz County	N/A	N/A	N/A
Mohave County	N/A	N/A	N/A
Arizona	1,045	824	79%

Source: First Things First (2021). Quality First Summary Data. Unpublished data.

Table 16. Children enrolled in Quality First Programs, state fiscal year 2020

Geography	Children enrolled at a Quality First provider site	Children enrolled at a Quality First provider site with a 3-5 star rating	Percent of children in a quality-level setting (3-5 stars)
La Paz/Mohave Region	1,235	1,055	85%
La Paz County	N/A	N/A	N/A
Mohave County	N/A	N/A	N/A
Arizona	60,927	45,822	75%

Source: First Things First (2021). Quality First Summary Data. Unpublished data.

Early care and education affordability

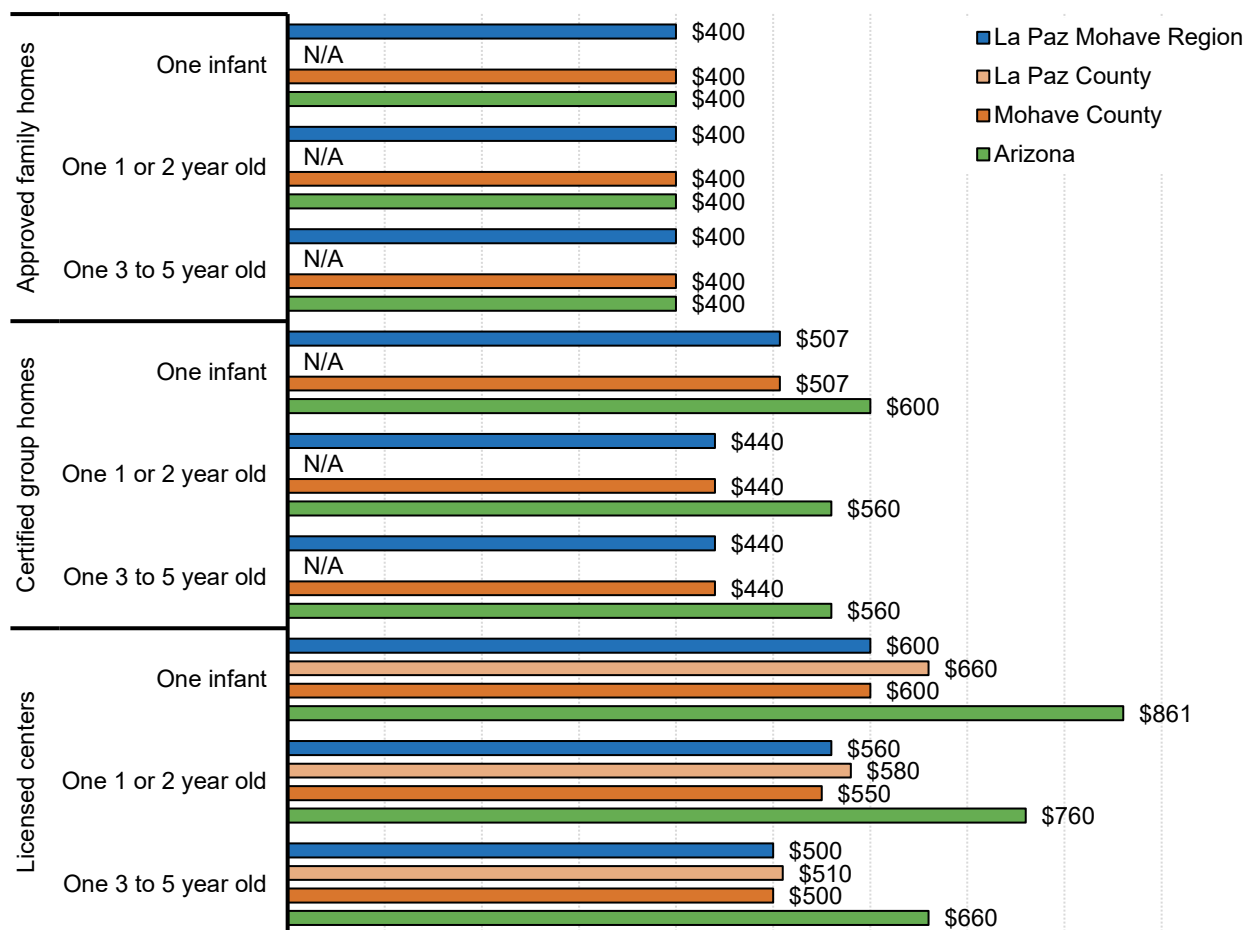
In addition to issues of availability, the high cost of early care and education can place formalized care out of reach of many families. The average annual cost of full-time center-based care for a young child in Arizona is nearly equal to the cost of one year at a public college.^{234,235}

The average monthly cost of child care in Arizona varies based on the type of provider and age of the child, with licensed child care centers often having the highest rates across all age groups. Without accounting for possible discounts for families with multiple children at the same center, a family with one preschooler and one infant in the La Paz/Mohave Region can expect to pay about \$1,060 per month for a licensed center, \$947 for a certified family home provider or \$800 for an approved family home (Figure 51). As a point of comparison, median rent is \$565 in La Paz County and \$826 in Mohave County,²³⁶ meaning that formal child care arrangements may easily exceed what many families pay per month on housing. This can create financial challenges that are further compounded for families with multiple children under the age of 5.^{ix,237,238} A married family with two children living at the poverty line in Arizona, for example, would need to pay over 77% of their household income for center-based care if charged these rates.^{239,240}

^{ix} In addition to the financial challenges faced by parents paying for child care, the early care and education workforce is one of the most underpaid fields in the country. Nationally, educators working with infants and toddlers are 7.7 times more likely to live in poverty compared to K-8 teachers. The median hourly wage for a child care worker in Arizona (\$11.97) is \$13.19 less per hour than what is considered a living wage for a single parent with one child (\$25.16). For more information on early care and education workforce wages visit <https://cscce.berkeley.edu/workforce-index-2020/the-early-educator-workforce/early-educator-pay-economic-insecurity-across-the-states/>

The cost of child care varies by the type of care and the age of the child receiving care. Care is typically more expensive for infants because the lower teacher-to-child ratio needed for infant care often necessitates a higher cost of care. In 2018, in both licensed centers and approved family home providers in the La Paz/Mohave Region, the median cost of full-time care across all age groups was lower relative to the cost of similar care across the state (Figure 51). For example, residents in the region paid \$261 less per month for an infant in a licensed center and \$93 less per month for an infant in a certified group home. However, given that the median family incomes for families in La Paz and Mohave counties (\$44,400 and \$54,400, respectively) are lower than that across the state (\$70,200) (see Figure 12), this monthly cost of child care is still likely to create financial strains for these families.

Figure 51. Median monthly charge for full-time child care, 2018

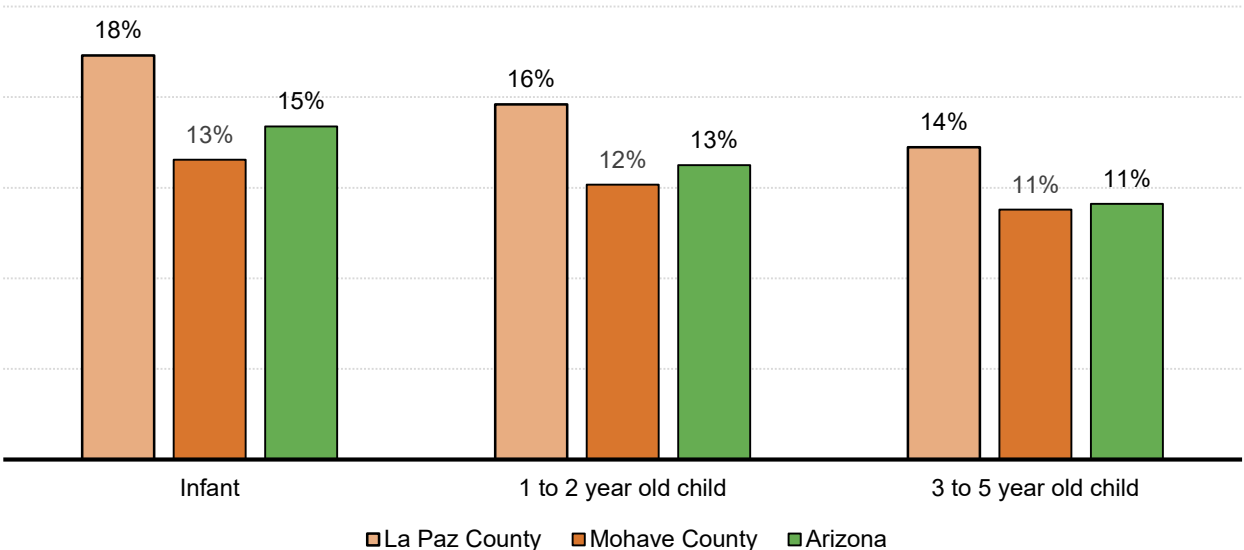


Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: Median monthly charges are calculated by multiplying the daily median cost of care by 20 to approximate a full month of care.

Families in La Paz County, specifically, are paying a larger proportion (14-18%, depending on the child’s age) of their overall income for a child care slot compared to families in Mohave County and statewide (Figure 52). To avoid being overburdened, the Department of Health and Human Services recommends that parents spend no more than 10% of their family income on child care.²⁴¹ Families in La Paz County may be spending almost twice that recommended amount for an infant in center-based care. These percentages reflect the burden for families with only one young child in need of full-time care; families with more children would spend a greater proportion of their income on child care. Additionally, these proportions were calculated based on the median income for all families. Single parent homes, particularly those with a single female householder, have a much lower median income (\$16,700 in La Paz County; see Figure 12), resulting in a higher proportion of their income being spent on child care.

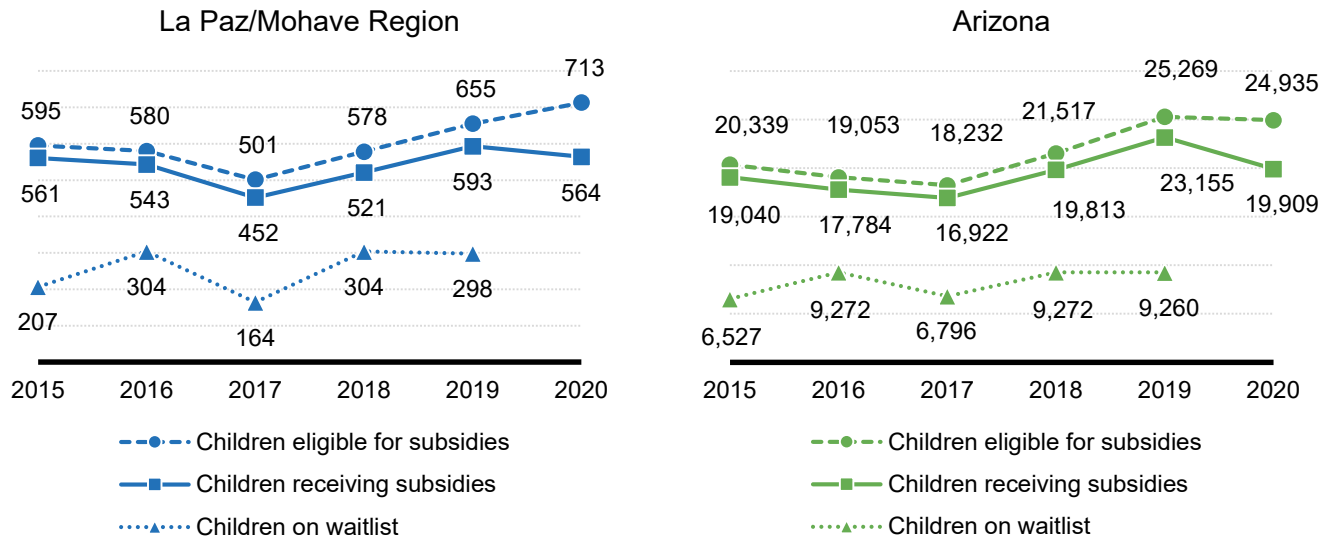
Figure 52. Cost of center-based child care for one child as a percentage of income, 2018



Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.
 Note: Annual costs of care are calculated by multiplying the median daily cost of care by 240 to approximate a full year of care.

Child care subsidies provided by government agencies can help to offset families' child care costs, reducing financial barriers to accessing child care and ensuring parents can remain employed and provide for their family's needs.²⁴² The number of children birth to 5 years eligible for DES child care subsidies in the La Paz/Mohave Region increased steadily from 2017 (n=501) to 2019 (n=655), following statewide trends, and continued a similar trajectory in 2020 (n=713) (Figure 53).

Figure 53. Children birth to 5 eligible for, receiving and on waitlist for DES child care subsidies, 2015 to 2019



Sources: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: The DES child care waitlist was suspended in June 2019, so there are no waitlist numbers for 2020.

In June 2019, the DES child care subsidy waitlist was suspended. Prior to that, there had been hundreds of young children in the region who were interested in the subsidy program but unable to promptly access that source of support. The suspension meant that for the first time since the start of the waitlist in 2009 during the Great Recession, all children who qualify for subsidies were able to receive them, assuming that they are able to find a provider.²⁴³ This was due to \$56 million in additional federal funds from the Child Care and Development Fund (CCDF) that was authorized by the Arizona State Legislature. The funding increase has also allowed DES to increase provider reimbursement rates, which may make it easier for families to use their child care subsidies.²⁴⁴

Presumably as a result of the pandemic when many parents and caregivers ceased out-of-home care for their children,²⁴⁵ the number of children in the region who actually utilized their subsidies in 2020 did not as closely mirror the number of children eligible for subsidies, as was seen in previous years. In a nationally representative survey in the summer of 2020, about half of families with young children (47%) reported that they lost their pre-pandemic child care arrangements, and the majority of parents and caregivers surveyed (70%) were worried about returning to prior arrangements.²⁴⁶

The Department of Child Safety (DCS) has a special arrangement with DES to prioritize child care subsidies to DCS-involved families. This partnership aims to help protect children from abuse and neglect by reducing caregiver stress and providing opportunities for children to interact with adults outside of the family who could help alert DCS to potential concerns.²⁴⁷ The proportion of eligible DCS-involved children actually receiving subsidies has steadily declined since 2016 (92%), dropping to just 51% in 2020, likely related to the pandemic (Table 17). These children are in especially fragile families, where the stress of the pandemic coupled with the lack of outside support during mass quarantines could leave them particularly vulnerable. Nationwide, during the pandemic, reports of child maltreatment dropped – even as severity appeared to increase – as children were isolated at home, away from mandated reporters.^{248,249} In the wake of the pandemic, additional efforts to support DCS-involved families may be warranted.

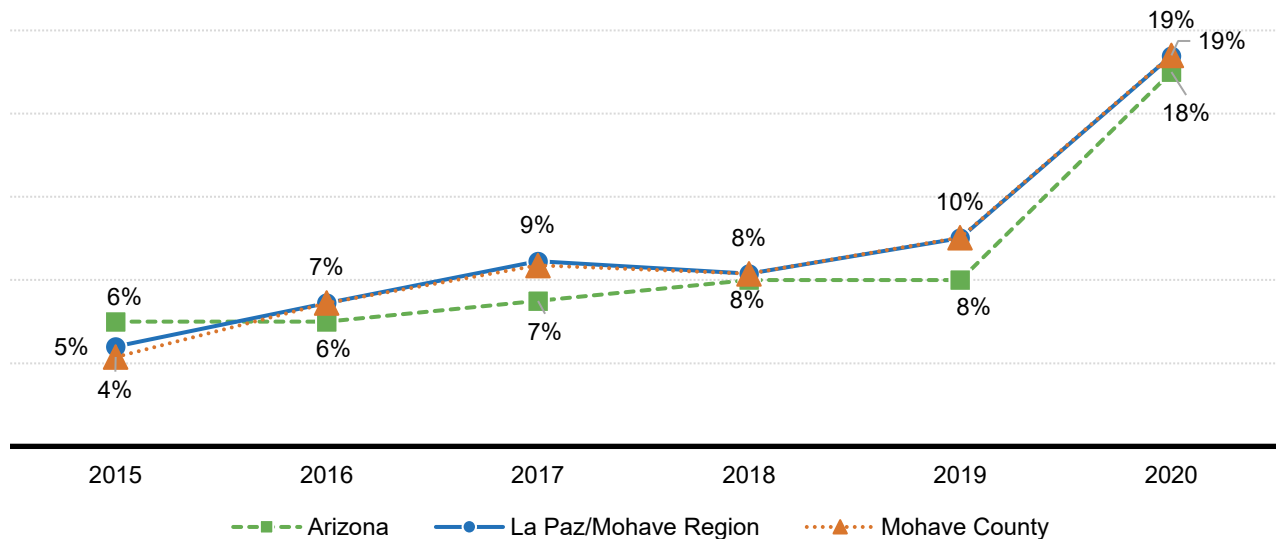
Table 17. DCS-involved children receiving DES child care subsidies

Geography	Number of DCS children receiving subsidy						Percent of DCS eligible children receiving subsidy					
	2015	2016	2017	2018	2019	2020	2015	2016	2017	2018	2019	2020
La Paz/Mohave Region	343	360	313	306	320	166	90%	92%	87%	81%	79%	51%
Bullhead City area	86	90	69	77	99	58	91%	93%	82%	82%	76%	51%
Colorado City-Centennial Park area	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A
Dolan Springs-Golden Valley area	[1-19]	[1-9]	11	[1-9]	[1-10]	[1-23]	DS	DS	DS	DS	DS	DS
Fort Mohave-Mohave Valley-Topock area	29	47	41	43	48	[1-23]	91%	96%	98%	81%	71%	N/A
Kingman area	155	147	126	129	122	60	88%	91%	90%	81%	85%	50%
Lake Havasu City area	53	61	66	49	40	24	93%	92%	81%	79%	80%	67%
Littlefield-Beaver Dam area	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A
Parker Strip-Cienega Springs area	[1-19]	[1-9]	0	[1-9]	[1-10]	0	DS	DS	N/A	DS	DS	N/A
Quartzsite-Ehrenberg area	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	13	[1-9]	[1-9]	[1-9]	[1-9]	0	87%	DS	DS	DS	DS	N/A
Mohave County	341	359	313	305	320	166	90%	92%	87%	81%	79%	51%
Arizona	13,098	13,352	12,201	12,219	11,808	7,137	91%	89%	88%	82%	82%	59%

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Eligible families may not use child care subsidies for a number of reasons, including limited knowledge about how to navigate the system, an inability to afford child care even with the subsidy or a lack of providers within their area who will take subsidy payments.^{250,251} The percentage of families in the La Paz/Mohave Region who applied and were found eligible for DES child care subsidies but did not utilize them gradually increased from 2015 (5%) to 2019 (10%) and peaked in 2020 (19%), another reflection of the pandemic’s effect on child care arrangements (Figure 54).

Figure 54. Eligible families not using DES child care subsidies, 2015 to 2020



Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: There were too few families participating in the child care subsidy program in La Paz County for this indicator to be reliably calculated.

Young children with special needs

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities and some tribal communities. The U.S. Department of Health and Human Services defines children with special health care needs as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”²⁵²

Children with special health care needs may particularly benefit from high quality teacher-child interactions in classrooms,^{253,254} as they are more likely to experience more adverse childhood experiences than typically developing children,²⁵⁵ and are at an increased risk for maltreatment and

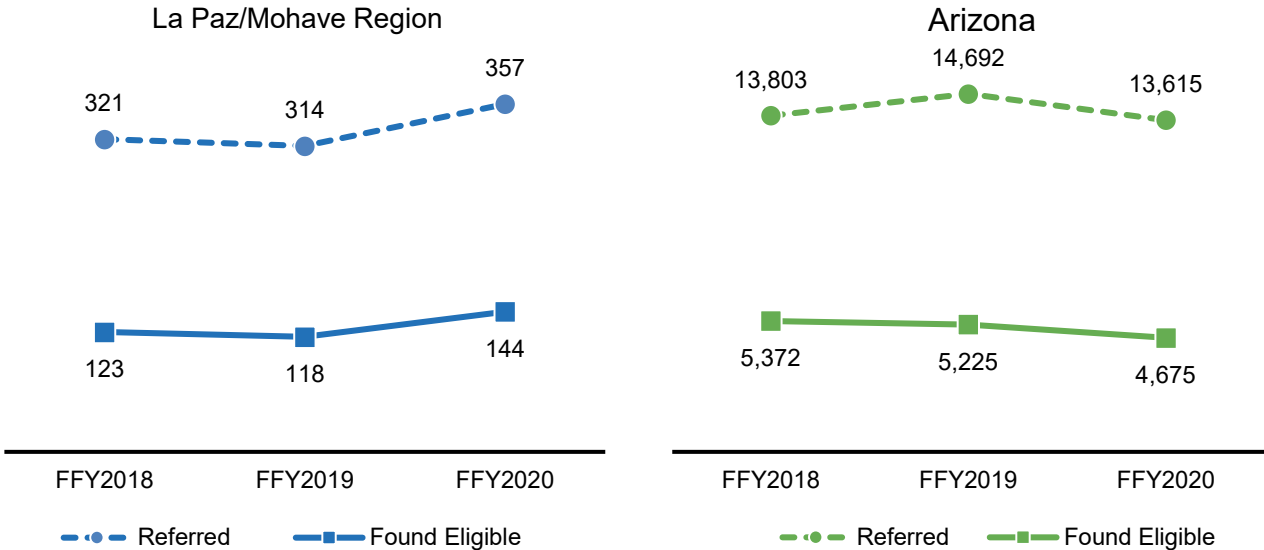
neglect.^{256,257} Adverse Childhood Experiences (ACEs)^x include childhood experiences of abuse, neglect and other forms of potential trauma. Nearly one in five children in the state of Arizona has special health care needs (17.6%), and according to a public survey of families conducted by the Arizona Department of Health Services, lack of child care is a major barrier for these families when trying to access services.²⁵⁸

Timely and appropriate developmental screenings can help to identify children who may have special needs. By identifying these children early, intervention can help young children with, or at risk for, developmental delays to improve language, cognitive and socio-emotional development.^{259,260} It also reduces educational costs by decreasing the need for special education.²⁶¹ In Arizona, services available to families with children with special needs include those provided through the Arizona Early Intervention Program (AzEIP),²⁶² the Division of Developmental Disabilities (DDD),²⁶³ and the Arizona Department of Education Early Childhood Special Education Program.²⁶⁴

^x ACEs include 8 categories of traumatic or stressful life events experienced before the age of 18 years. The 8 ACE categories are sexual abuse, physical abuse, emotional abuse, household adult mental illness, household substance abuse, domestic violence in the household, incarceration of a household member, and parental divorce or separation.

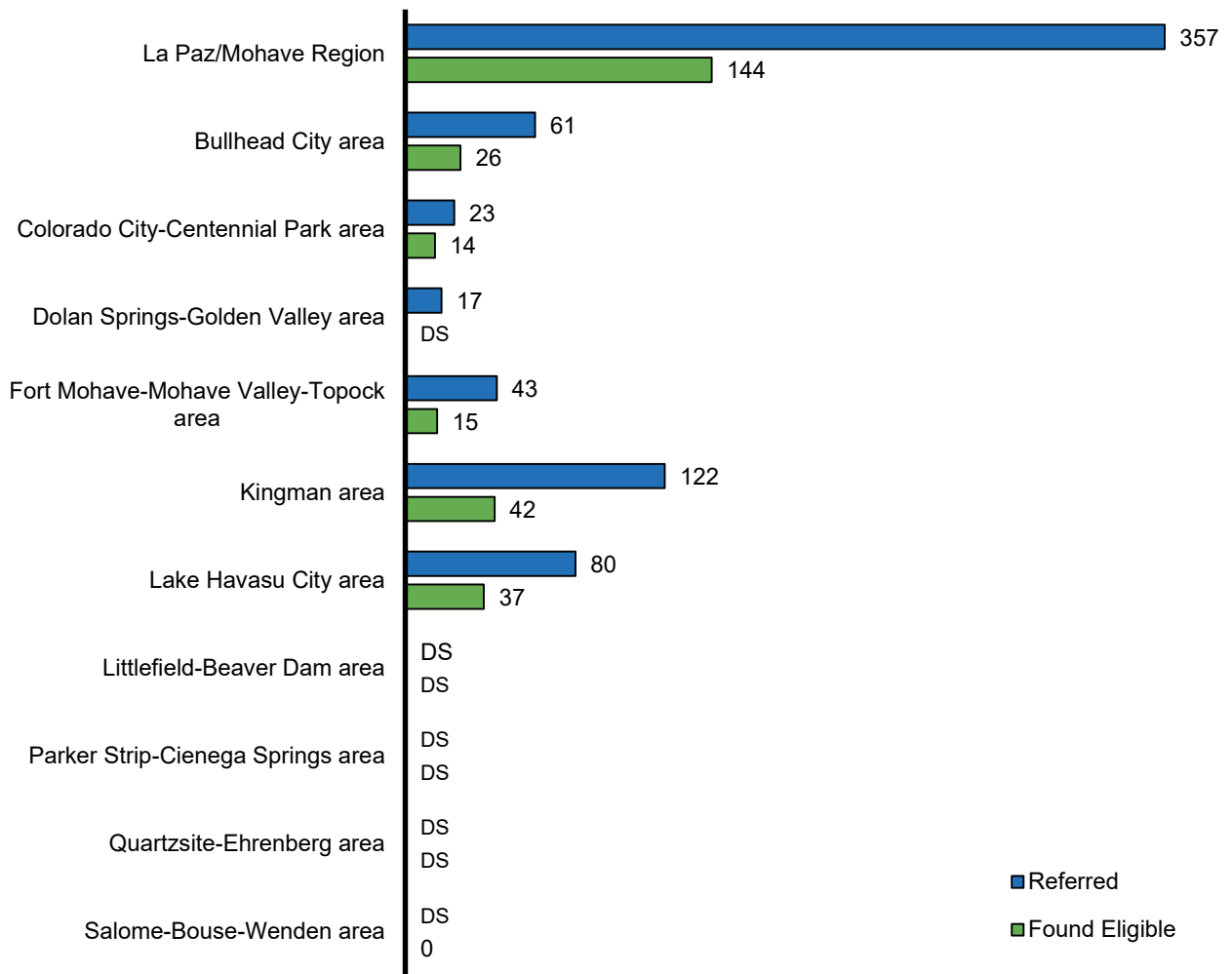
The Arizona Early Intervention Program (AzEIP)²⁶⁵ is an interagency system of services and supports for families of young children (birth to 2) with disabilities or developmental delays in Arizona. The number of young children referred to AzEIP in the La Paz/Mohave Region increased slightly from federal fiscal year 2018 (FFY2018) to FFY2020, though only about 38 to 40% of children referred were ultimately found eligible for services each year (Figure 55). The proportion of children referred and found eligible in the region was slightly higher than statewide, with just 34% of children referred ultimately found eligible statewide in FFY2020. At the subregion level, referrals were largely concentrated in the more populous subregions (Figure 56).

Figure 55. Children ages birth to 2 referred to and found eligible for AzEIP, federal fiscal years 2018 to 2020



Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.
 Note: These data reflect the Oct 1 snapshot of AzEIP services, not a cumulative total throughout the year.

Figure 56. Children ages birth to 2 referred to and found eligible for AzEIP, federal fiscal year 2020

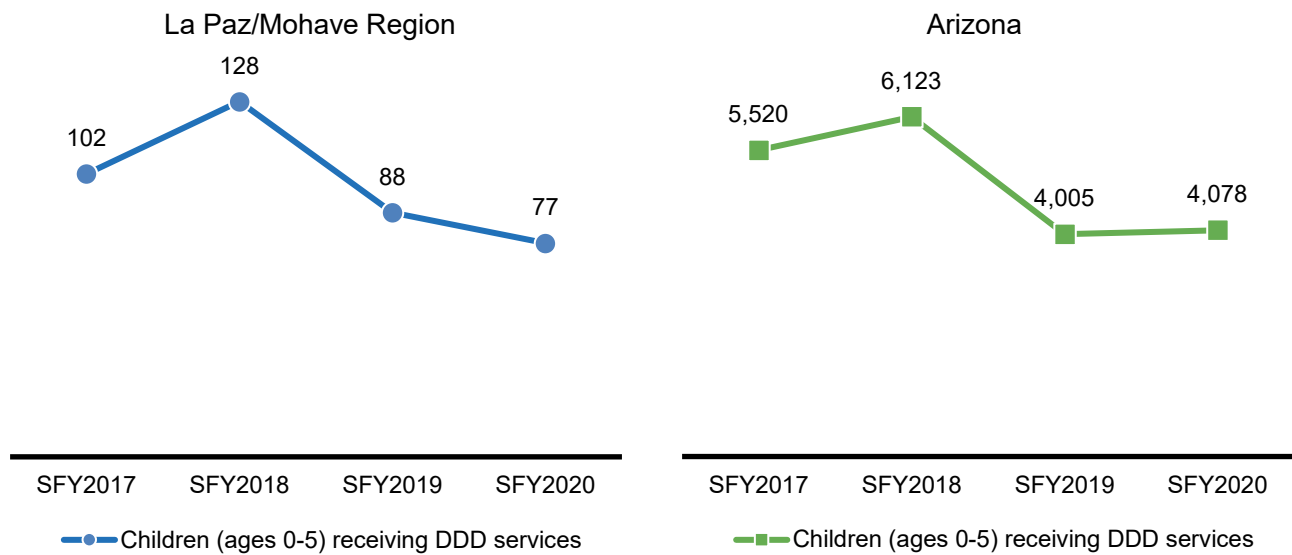


Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Note: These data reflect the Oct 1 snapshot of AzEIP services, not a cumulative total throughout the year.

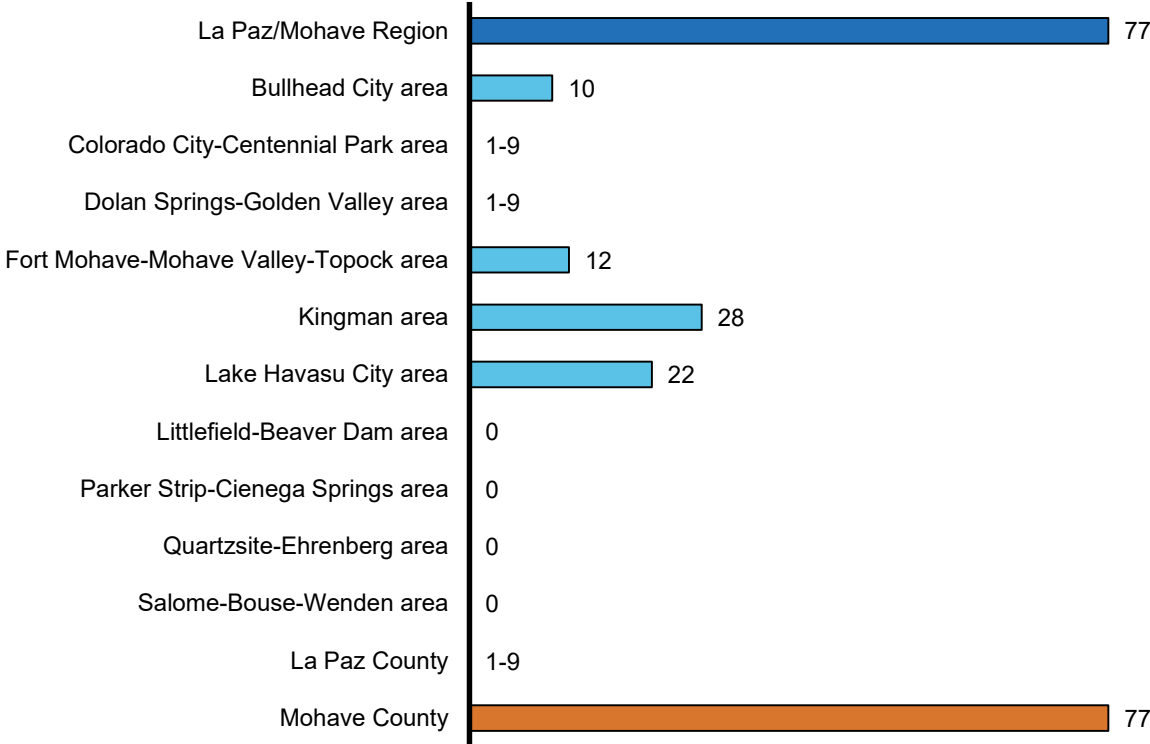
AzEIP may refer families to the Division of Developmental Disabilities (DDD) if the child has or is at risk for developing a qualifying disability, including cerebral palsy, epilepsy, autism spectrum disorder or an intellectual or cognitive disability.²⁶⁶ DDD can provide services to individuals with qualifying disabilities through adulthood. Recent years have seen a decline in the number of young children receiving DDD services in the La Paz/Mohave Region (Figure 57). As with AzEIP referrals, young children receiving DDD services are primarily concentrated in the larger subregions (Figure 58).

Figure 57. Number of children (ages 0-5) receiving DDD services, state fiscal years 2017 to 2020



Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

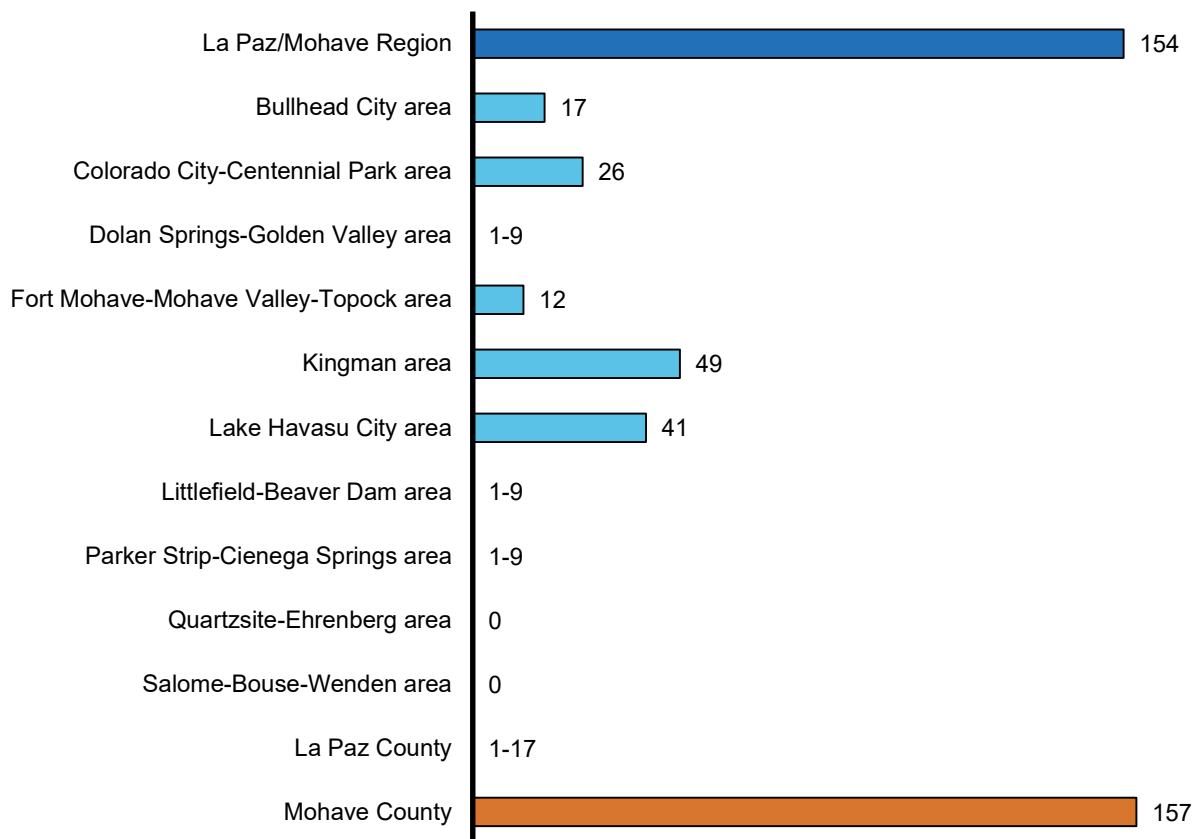
Figure 58. Number of children (ages 0-5) receiving DDD services, state fiscal year 2020



Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Qualifying children may receive services from AzEIP and/or DDD, a number which can be used to estimate the total number of young children receiving early intervention services in a region. A 2008 study using nationally representative data estimates that approximately 13% of children ages birth to 2 in the U.S. have developmental delays that could benefit from early intervention services, but only about 3% of children actually receive services.²⁶⁷ In the La Paz/Mohave Region, a total of 154 children birth to 2 years^{xi} were receiving services from AzEIP and/or DDD in 2020, which equates to just 2.3% of birth to 2-year-olds in the region (Figure 59 and Table 18). These data suggest that there are likely many children in the La Paz/Mohave Region who would benefit from early intervention services but are not receiving them and highlight the reality that Arizona has been among the bottom five states nationally in terms of young children receiving early intervention services.²⁶⁸

Figure 59. Number of children (ages 0-2) receiving services from AzEIP, DDD or both; state fiscal year 2020



Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

^{xi} These estimates rely on 2010 Census data, so in areas with large growth in the population of families with young children in the last decade, these percentages would be an underestimate.

Table 18. Numbers of children (ages 0-2) receiving services from AzEIP, DDD, or both; state fiscal years 2019 and 2020

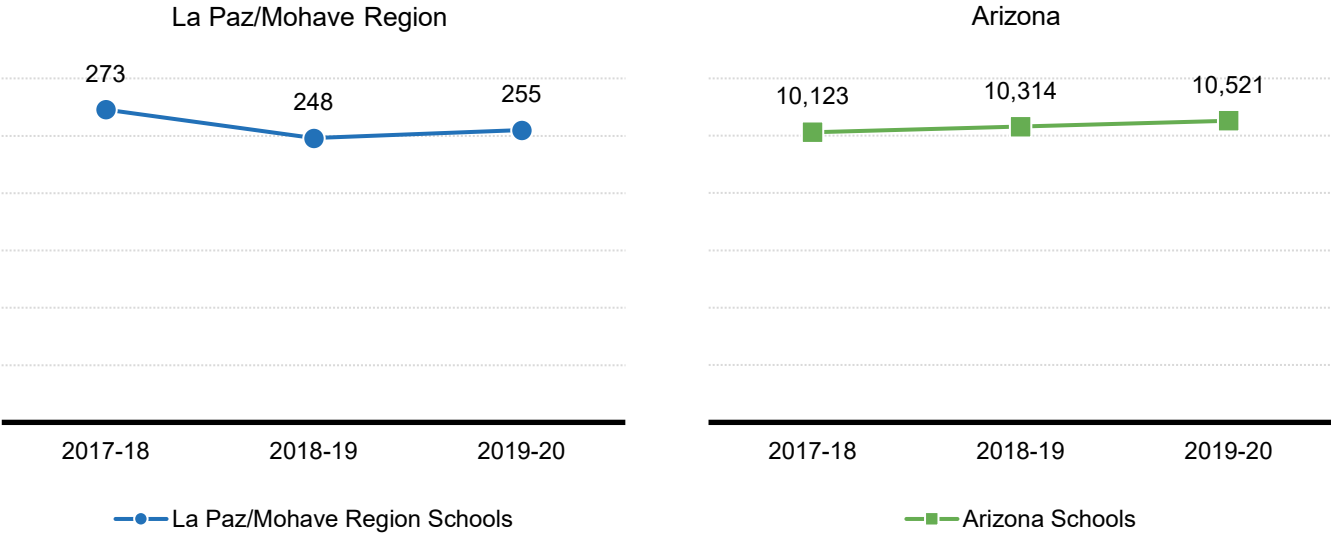
Geography	Children receiving AzEIP or DDD services, SFY 2019	Children receiving AzEIP or DDD services, SFY 2020	Percent change from 2019 to 2020	Population of Children (ages 0-2), 2010 Census	Estimated percent of children (ages 0-2) receiving AzEIP or DDD services, SFY 2020
La Paz/Mohave Region	143	154	+8%	6,599	2.3%
Bullhead City area	24	17	-29%	1,317	1.3%
Colorado City-Centennial Park area	15	26	+73%	727	3.6%
Dolan Springs-Golden Valley area	[1-15]	[1-9]	DS	279	DS
Fort Mohave-Mohave Valley-Topock area	[1-15]	12	DS	658	1.8%
Kingman area	35	49	+40%	1,786	2.7%
Lake Havasu City area	53	41	-23%	1,468	2.8%
Littlefield-Beaver Dam area	0	[1-9]	DS	131	DS
Parker Strip-Cienega Springs area	0	[1-9]	DS	37	DS
Quartzsite-Ehrenberg area	0	0	N/A	100	0.0%
Salome-Bouse-Wenden area	0	0	N/A	96	0.0%
La Paz County	10	[1-17]	DS	580	DS
Mohave County	145	157	+8%	6,481	2.4%
Arizona	6,376	5,721	-10%	270,519	2.1%

Source: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program & Division of Developmental Disabilities datasets]. Unpublished data. U.S. Census Bureau (2010). Decennial Census, Table P14.

Note: These data reflect the Oct 1 snapshot of services, not a cumulative total throughout the year.

As a child with special needs approaches age 3, they transition from receiving services through AzEIP to receiving services from their local education authority (LEA). Data from the Arizona Department of Education show that the number of young children (ages 3 to 5) with special needs receiving services from LEAs in the La Paz/Mohave Region decreased overall from 273 in 2017-18 to 255 in 2019-20 (Figure 60).

Figure 60. Trends in preschoolers with disabilities served by Local Education Authorities (LEAs), 2017-18 to 2019-20

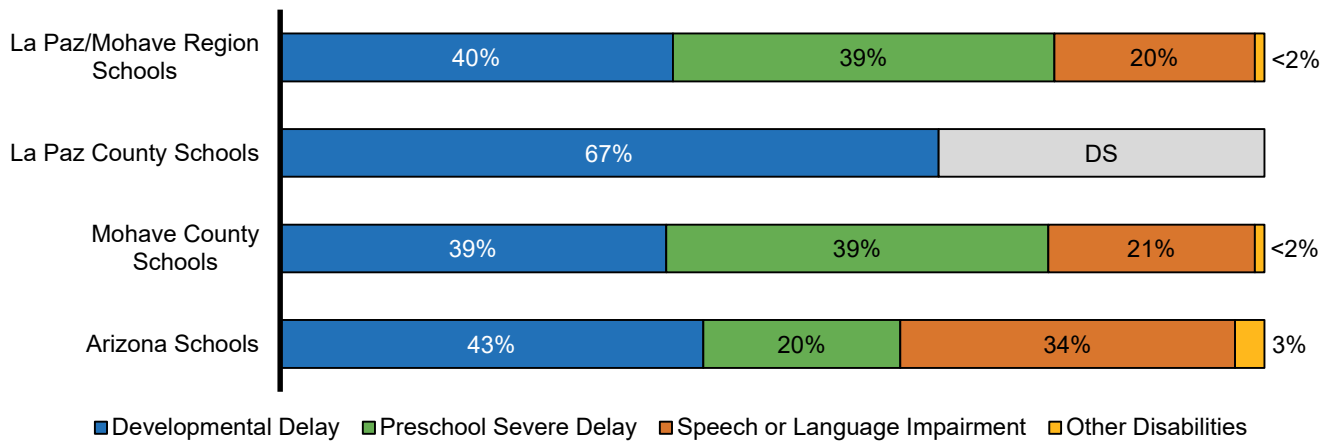


Source: Arizona Department of Education (2021). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities and some tribal communities. Adding to the existing challenges in serving these students, pandemic-related school closures further impacted children with special needs. In-person services for children through LEAs were disrupted and required transitions to remote modalities.²⁶⁹ Young children with special needs may need additional supports to compensate for the challenges faced during the pandemic.

Among children who are in special education programs in public preschools in the La Paz/Mohave Region, 40% of children have a developmental delay, 20% have a speech or language impairment and 39% have a “preschool severe delay” (Figure 61). The preschool severe delay category is defined by Arizona as a very low score on assessments in one or more of these areas: cognitive development, physical development, communication development, social or emotional development or adaptive development.²⁷⁰ A larger proportion of children in the region were found to have a preschool severe delay compared to children statewide (20%).

Figure 61. Preschoolers with disabilities receiving services through Local Education Authorities (LEAs) by type of disability, 2019-20



Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Prevalence of different disabilities varies across the region, though most districts have a very small number of preschoolers with disabilities so prevalence of different disabilities can likely vary widely from year to year (Table 19).

Table 19. Preschoolers with disabilities receiving services through Local Education Authorities by type of disability, 2019-20

Geography	Number of preschoolers enrolled	Developmental delay	Preschool severe delay	Speech or language impairment	Other disabilities
La Paz/Mohave Region Schools	225	40%	39%	20%	<2%
Lake Havasu Unified District	DS	51%	31%	18%	<2%
Colorado City Unified District	DS	52%	15%	33%	<2%
Hackberry School District	DS	N/A	N/A	N/A	N/A
Owens School District No.6	DS	>98%	<2%	<2%	<2%
Littlefield Unified District	13	20%	80%	<2%	<2%
Topock Elementary District	DS	61%	28%	11%	<2%
Yucca Elementary District	DS	>98%	<2%	<2%	<2%
Bullhead City School District	DS	<2%	<2%	>98%	<2%
Mohave Valley Elementary District	38	N/A	N/A	N/A	N/A
Colorado River Union High School District	DS	N/A	N/A	N/A	N/A
Young Scholars Academy Charter School Corp.	DS	>98%	<2%	<2%	<2%
Quartzsite Elementary District	DS	20%	80%	<2%	<2%
Wenden Elementary District	DS	N/A	N/A	N/A	N/A
Bouse Elementary District	DS	N/A	N/A	N/A	N/A
Salome Consolidated Elementary District	DS	N/A	N/A	N/A	N/A
Kingman Unified School District	DS	28%	52%	18%	<2%
Parker Unified Schools (Out of Region)	127	68%	9%	24%	<2%
La Paz County Schools	36	67%	DS	DS	DS
Mohave County Schools	257	39%	39%	21%	<2%
Arizona Schools	10,521	43%	20%	34%	3%

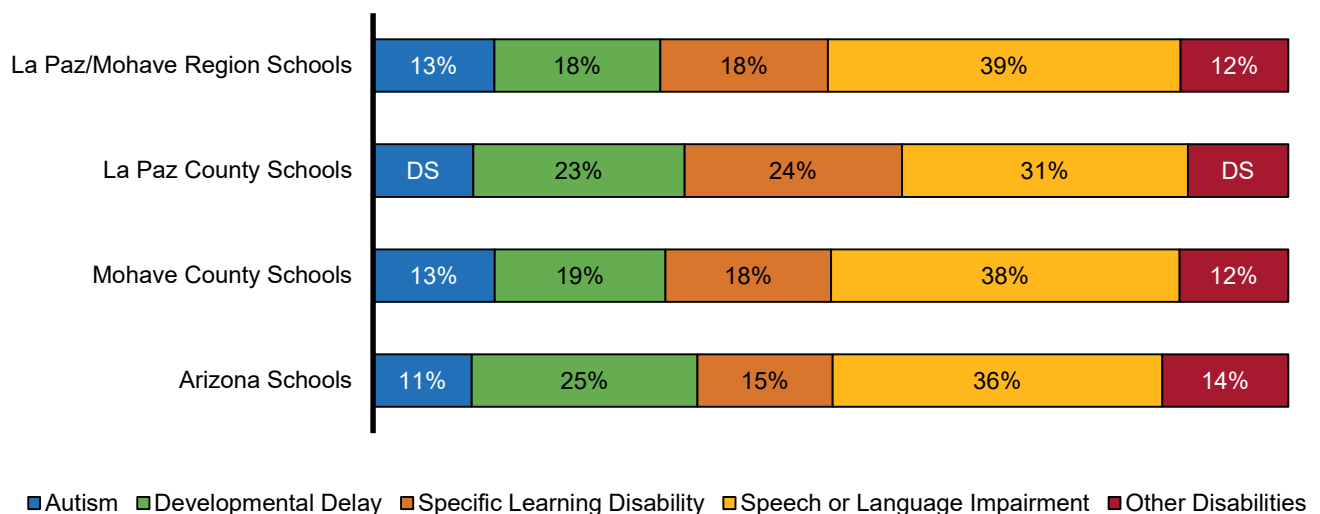
Source: Arizona Department of Education (2021). [Graduation Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

For older children in the region (enrolled in kindergarten through 3rd grade), the number of children enrolled in special education services in public or charter schools increased from 959 students in 2017-18 to 1,047 students in 2019-20 (Table 20). This is more than 13 times the number of children birth to 2 in the region being served by early intervention services (77 served by AzEIP and/or DDD in 2020). Even accounting for the wider age range served in elementary school, there are relatively more students being served through schools than early intervention programs. It may be that children with delays are being identified and diagnosed when they are older, potentially missing the opportunity for earlier intervention which can be more effective and less costly.

Of those kindergarten through 3rd grade students enrolled in special education in public and charter schools in the La Paz/Mohave Region in 2019-20, the largest proportion have a primary disability of speech or language impairment (39%), followed by developmental delay (18%), specific learning disability (18%), autism (13%) and other disabilities (12%) (Figure 62), though primary disability varied widely by school district (Table 21).

School-based services for children with special needs were also significantly impacted during the COVID-19 pandemic, with remote learning creating barriers to fulfilling students' Individualized Education Plans (IEPs) resulting, for some, in a loss of academic, social and physical skills that will require targeted support to address.²⁷¹ As schools return to in-person learning, children with special needs may need additional supports to build skills and recover unfinished learning.

Figure 62. Kindergarten to 3rd grade students enrolled in special education in public and charter schools by primary disability, 2019-20



Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Table 20. Kindergarten to 3rd grade students enrolled in special education in public and charter schools, 2017-18 to 2019-20

Geography	K-3 students enrolled in special education, 2017-18	K-3 students enrolled in special education, 2018-19	K-3 students enrolled in special education, 2019-20
La Paz/Mohave Region Schools	959	991	1,047
Lake Havasu Unified District	205	202	200
Colorado City Unified District	40	31	38
Hackberry School District	DS	DS	DS
Owens School District No.6	DS	DS	DS
Littlefield Unified District	DS	DS	DS
Topock Elementary District	DS	DS	DS
Yucca Elementary District	DS	DS	DS
Bullhead City School District	[74-84]	[115-125]	[113-123]
Mohave Valley Elementary District	[42-52]	[43-53]	[39-49]
Colorado River Union High School District	[44-54]	DS	DS
Kingman Academy of Learning	[22-32]	[28-38]	[39-49]
Young Scholars Academy Charter School Corp.	[29-39]	[30-40]	[25-35]
Quartzsite Elementary District	DS	DS	DS
Wenden Elementary District	DS	DS	DS
Bouse Elementary District	DS	DS	DS
Salome Consolidated Elementary District	DS	DS	DS
Telesis Center for Learning, Inc.	DS	DS	DS
Masada Charter School, Inc.	[35-45]	[45-55]	[45-55]
Kingman Unified School District	293	310	357
Mohave Accelerated Elementary School, Inc.	[26-36]	[27-37]	[28-38]
Havasu Preparatory Academy	DS	DS	DS
Desert Star Academy	[21-31]	[23-33]	[25-35]
Parker Unified Schools (Out of Region)	97	111	127
La Paz County Schools	120	130	147
Mohave County Schools	948	982	1,045
Arizona Schools	36,807	38,115	39,071

Source: Arizona Department of Education (2021). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Table 21. Kindergarten to 3rd grade students enrolled in special education in public and charter schools by primary disability, 2019-20

Geography	Number of K-3 students enrolled	Autism	Developmental delay	Specific learning disability	Speech or language impairment	Other disabilities
La Paz/Mohave Region Schools	1,047	13%	18%	18%	39%	12%
Lake Havasu Unified District	200	19%	10%	30%	27%	16%
Colorado City Unified District	38	5%	53%	11%	32%	<2%
Hackberry School District	DS	33%	<2%	<2%	67%	<2%
Owens School District No.6	DS	<2%	<2%	<2%	>98%	<2%
Littlefield Unified District	DS	<2%	22%	22%	33%	22%
Topock Elementary District	DS	<2%	10%	10%	70%	10%
Yucca Elementary District	DS	<2%	<2%	50%	50%	<2%
Bullhead City School District	[113-123]	20%	10%	28%	27%	15%
Mohave Valley Elementary District	[39-49]	27%	8%	16%	37%	12%
Kingman Academy of Learning	[39-49]	9%	17%	15%	50%	9%
Young Scholars Academy Charter School Corp.	[25-35]	5%	3%	3%	87%	3%
Quartzsite Elementary District	DS	<2%	<2%	17%	83%	<2%
Wenden Elementary District	DS	50%	<2%	<2%	50%	<2%
Bouse Elementary District	DS	<2%	<2%	<2%	>98%	<2%
Salome Consolidated Elementary District	DS	14%	<2%	<2%	86%	<2%
Telesis Center for Learning, Inc.	DS	<2%	17%	17%	67%	<2%
Masada Charter School, Inc.	[45-55]	6%	30%	14%	48%	<2%
Kingman Unified School District	357	12%	26%	12%	37%	14%
Mohave Accelerated Elementary School, Inc.	[28-38]	<2%	10%	19%	65%	6%
Havasu Preparatory Academy	DS	<2%	8%	67%	17%	8%
Desert Star Academy	[25-35]	20%	4%	20%	44%	12%
Parker Unified Schools (Out of Region)	127	5%	26%	26%	25%	18%
La Paz County Schools	147	DS	23%	24%	31%	DS
Mohave County Schools	1,045	13%	19%	18%	38%	12%
Arizona Schools	39,071	11%	25%	15%	36%	14%

Source: Arizona Department of Education (2021). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Additional data tables related to *Early Learning* can be found in Appendix 1 of this report.



CHILD HEALTH

CHILD HEALTH

Why it Matters

The physical and mental health of both children and their parents are important for optimal child development and well-being. Early childhood health, and even maternal health before pregnancy, has lasting impacts on an individual's quality of life.^{272,273} Experiences during the prenatal and early childhood period can result in lifelong impacts on immune functioning, brain development, and risk for chronic diseases.^{274,275} Early health also has lasting impacts on long-term economic well-being and the well-being of their future children, with poor childhood health potentially perpetuating the harmful cycle of intergenerational poverty.^{276,277} Therefore, adequate access to health insurance, preventive care and treatment services are not only vital to support a child's current health, but for their long-term development and future success.^{278,279,280}

One useful set of metrics for evaluating child health in Arizona are the Healthy People objectives. These science-based objectives define priorities for improving the nation's health and are updated every 10 years. Understanding where Arizona children and mothers fall in relation to these national benchmarks (Healthy People 2020)^{xii,281} can help highlight areas of strength in relation to young children's health and those in need of improvement in the state. The Arizona Department of Health Services monitors state level progress towards a number of Healthy People maternal, infant and child health objectives for which data are available at the county level, including increasing the proportion of pregnant women who receive prenatal care in the first trimester, reducing low birth weight, reducing preterm births and increasing abstinence from cigarette smoking among pregnant women.²⁸²

What the Data Tell Us

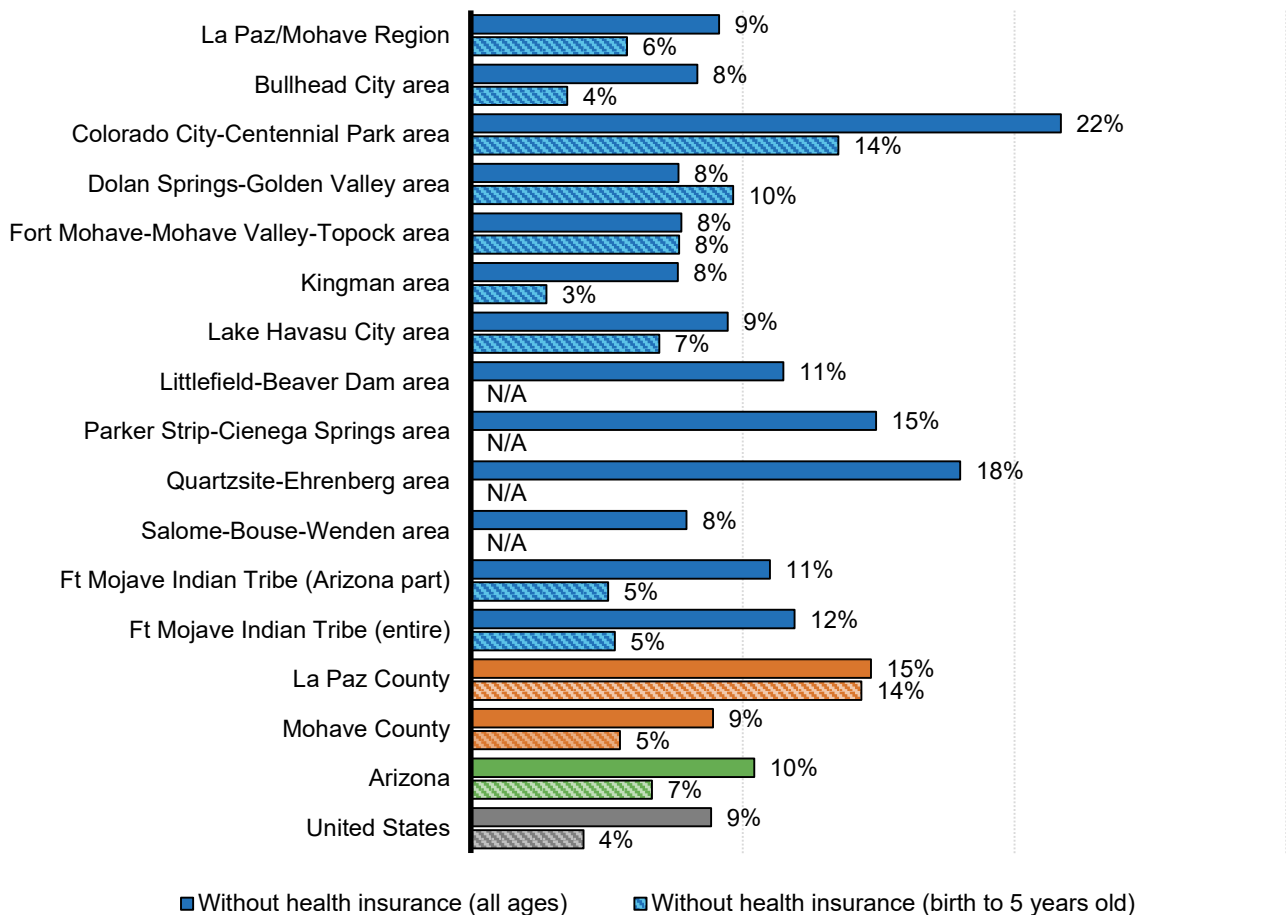
Access to care

The ability to obtain health care is critical for supporting the health of pregnant mothers and young children. Health care during pregnancy, i.e., prenatal care, can reduce maternal and infant mortality and complications during pregnancy.^{283,284} In the early years of a child's life, well-baby and well-child visits allow clinicians to assess and monitor the child's development and offer developmentally appropriate information and guidance to parents.²⁸⁵ Families without health insurance are more likely to skip these visits, and are less likely to receive preventive care for their children, or care for health conditions and chronic diseases.^{286,287} Access to health insurance is also an important indicator of children's access to health services. Children who lack health insurance are more likely to be hospitalized and to miss school.²⁸⁸

^{xii} Data included in this report are presented alongside Healthy People 2020 benchmarks because data are available through 2019. However, new Healthy People 2030 benchmarks have now been released and are noted where appropriate. For more information about Healthy People 2030 visit <https://health.gov/healthypeople>

According to American Community Survey (ACS) data averaged over the five years from 2015 to 2019, an estimated 9% of the overall population lacks health insurance coverage in the La Paz/Mohave Region, comparable to the state (10%) (Figure 63). Coverage is slightly higher for young children under 6, with only 6% of young children in the region uninsured, similar to the state (7%), but higher than across the U.S. as a whole (4%). The Colorado City-Centennial Park subregion has the largest proportion of young children who are uninsured (14%); one in five adults (22%) in the subregion are uninsured as well. Note that the American Community Survey considers persons who are covered by the Indian Health Service (IHS) uninsured.²⁸⁹

Figure 63. Health insurance coverage, 2015-2019 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B27001

Note: This figure excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau. Reliable estimates were not available for Littlefield-Beaver Dam area, Parker Strip-Cienega Springs area, Quartzsite-Ehrenberg area, and Salome-Bouse-Wenden area due to sample size limitations.

Federal relief efforts during the pandemic have included expansion of subsidies for health insurance purchased on Affordable Care Act marketplaces as well as special and expanded enrollment periods for insurance through these marketplaces.²⁹⁰ These efforts helped prevent losses of insurance for many

Americans despite the enormous number of jobs lost and may make health insurance more accessible for families in Arizona.²⁹¹

Prenatal care

Consistent and accessible health care during and after pregnancy is critical for supporting pregnant mothers and young children. Prenatal care, starting early in pregnancy and continuing at regular intervals to delivery, can improve health outcomes for mothers and infants and reduces the risk of prenatal smoking, pregnancy complications, prematurity and maternal and infant mortality.^{292,293,294,295}

In 2019, there were 1,731 births in the La Paz/Mohave Region (Table 22). Among these births, 67.2% were to mothers who began prenatal care in their first trimester, which is slightly lower than the state overall (68.9%) and well below the Healthy People 2020 target of 84.8%. None of the subregions met the Healthy People 2020 target for prenatal care between 2017 and 2019, including the Salome-Bouse-Wenden subregion, where less than half (48%) of births were to mothers who began prenatal care in their first trimester (Figure 64). Given the impacts of inadequate prenatal care on birth outcomes, targeted efforts to engage more women in early and adequate prenatal care could help improve the health of mothers and babies.

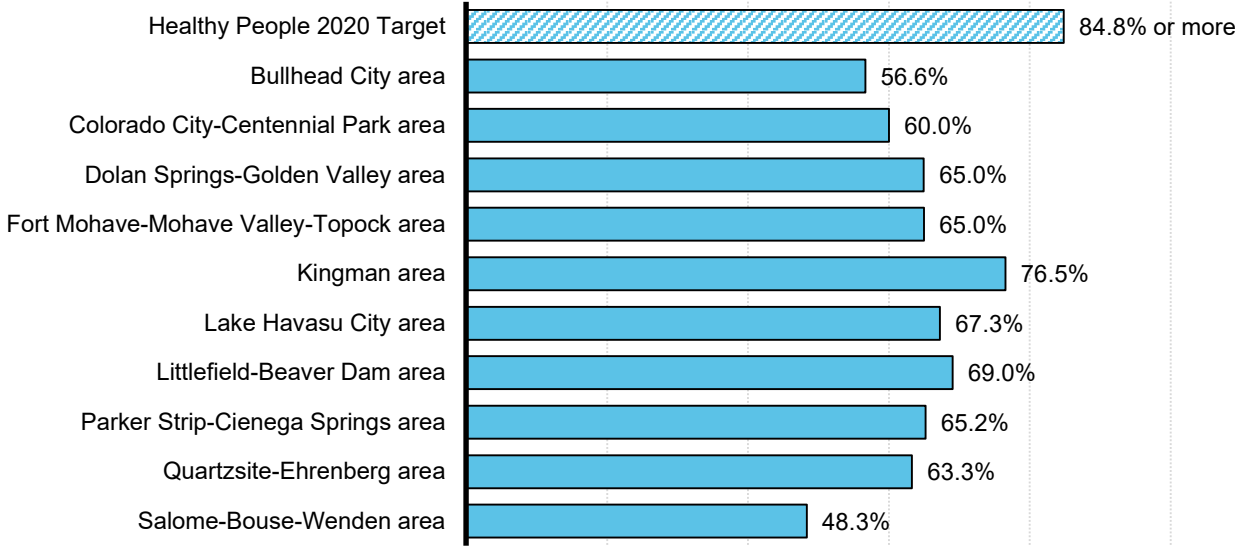
Table 22. Prenatal care for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother had no prenatal care	Mother had fewer than five prenatal visits	Mother began prenatal care in the first trimester
La Paz/Mohave Region	2018	1,628	2%	7%	67.1%
	2019	1,731	2%	7%	67.2%
La Paz County	2018	187	4%	9%	43.9%
	2019	186	3%	12%	47.3%
Mohave County	2018	1,790	3%	7%	66.8%
	2019	1,726	2%	8%	67.0%
Arizona	2018	80,539	3%	8%	68.8%
	2019	79,183	3%	8%	68.9%
Healthy People 2020 target					84.8%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table.

Figure 64. Births to mothers who began prenatal care in the first trimester by subregion, 2017-2019 combined



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure.

Maternal characteristics

A mother’s health status before, during and after pregnancy influences her child’s health. Given that 71% of births in the La Paz/Mohave Region were to mothers who used AHCCCS or Indian Health Service (IHS) to cover their birthing costs (Table 23), access to preconception and prenatal care provided through these programs is critical to safe guarding the health of young children and their mothers.

Certain maternal characteristics can increase the risk of poor health outcomes for both mothers and their babies. Pregnancy during the teen years is associated with a number of health concerns for children, including neonatal death, sudden infant death syndrome and child abuse and neglect.²⁹⁶ In 2019, 7% of births in the La Paz/Mohave Region were to mothers in their teens, a slightly higher proportion than statewide (5%).

Table 23. Selected characteristics of mothers giving birth, 2018 to 2019

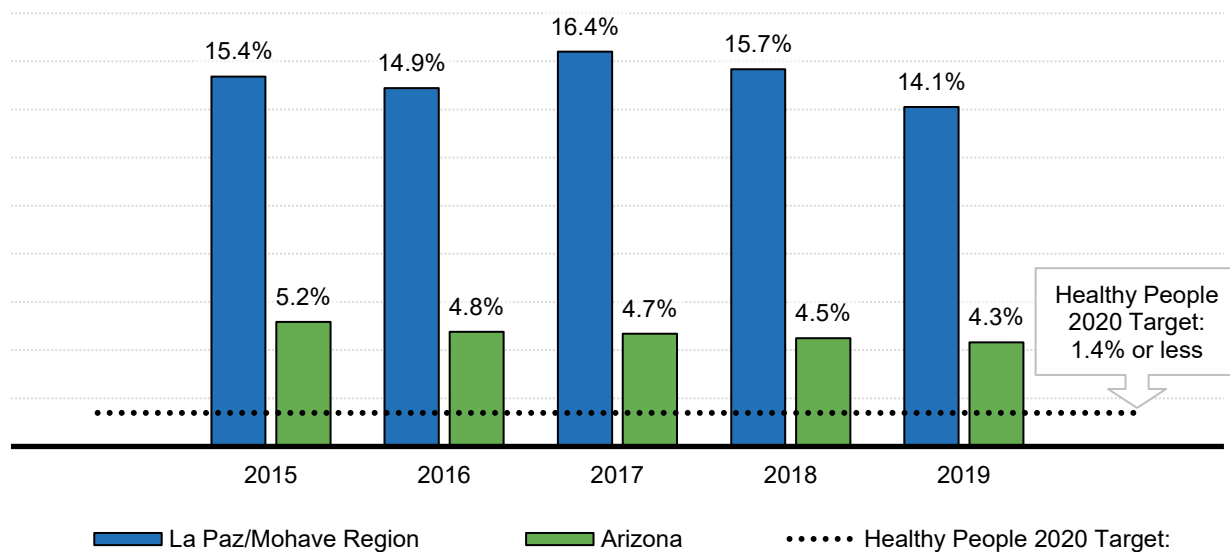
Geography	Calendar year	Number of births	Mother was younger than 18	Mother was younger than 20	Birth was covered by AHCCCS or IHS	Mother had gestational diabetes	Mother had pre-pregnancy obesity	Mother used tobacco during pregnancy
La Paz/Mohave Region	2018	1,628	1%	7%	71%	5%	25%	15.7%
	2019	1,731	1%	7%	66%	5%	31%	14.1%
La Paz County	2018	187	2%	9%	81%	7%	37%	4.3%
	2019	186	2%	7%	78%	6%	46%	4.8%
Mohave County	2018	1,790	1%	6%	67%	6%	31%	14.2%
	2019	1,726	1%	7%	66%	5%	31%	13.8%
Arizona	2018	80,539	2%	6%	51%	8%	29%	4.5%
	2019	79,183	1%	5%	50%	9%	30%	4.3%
Healthy People 2020 target								1.4%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in the age, payor, and tobacco columns of this table. The Healthy People 2030 target for maternal use of tobacco during pregnancy was increased to no more than 4.3% of females giving birth reporting smoking during pregnancy, or alternatively 95.7% of females reporting abstaining from smoking during pregnancy.

The one area where the region looked notably different from Arizona overall was the proportion of mothers who reported using tobacco while pregnant. Babies born to mothers who smoke are more likely to be born early (pre-term), have low birth weight, die from sudden infant death syndrome (SIDS), and have weaker lungs than babies born to mothers who do not smoke.^{297,298} In the La Paz/Mohave Region, 14.1% of births in 2019 were to mothers who used tobacco during pregnancy, compared to 4.3% statewide (Figure 65). This is far above the Healthy People 2020 target of no more than 1.4% of births to mothers using tobacco during pregnancy. Tobacco use during pregnancy has also remained high in the region in recent years, peaking at 16.4% of births in 2017 and showing a slight decline by 2019.

Figure 65. Births to mothers who used tobacco during pregnancy, 2014 to 2019

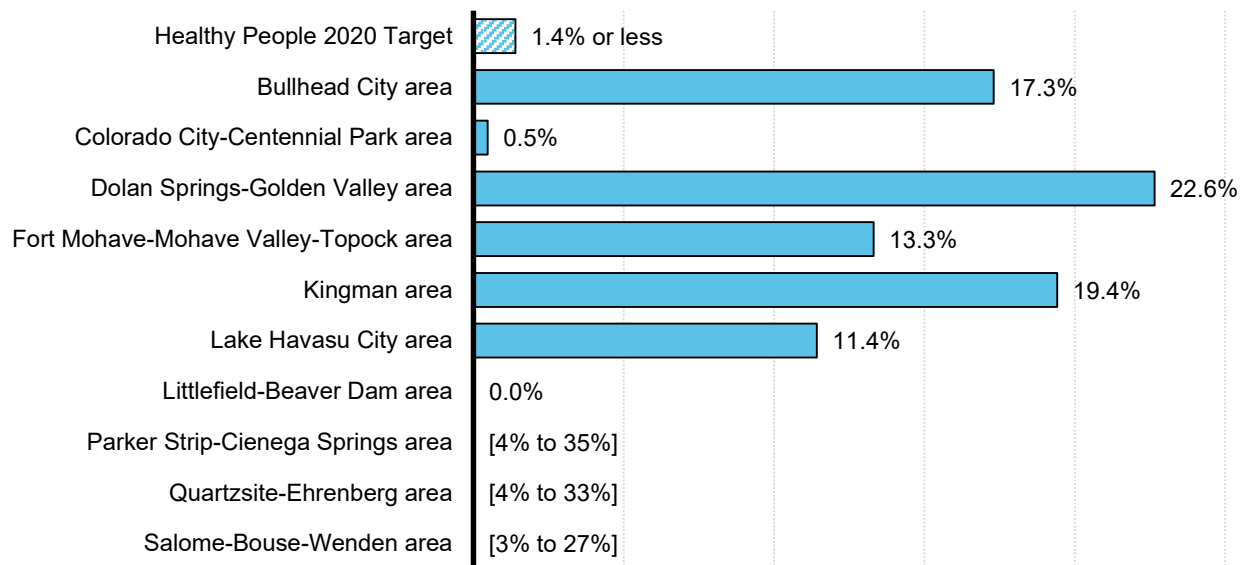


Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure. The Healthy People 2030 target for maternal use of tobacco during pregnancy was increased to no more than 4.3% of females giving birth reporting smoking during pregnancy, or alternatively 95.7% of females reporting abstaining from smoking during pregnancy.

At the subregion level, tobacco use was most common in the Dolan Springs-Golden Valley subregion, where almost one in four (23%) births between 2017 and 2019 were to mothers who used tobacco during pregnancy (Figure 66). Tobacco use during pregnancy was also higher in the Kingman (19%) and Bullhead City (17%) subregions compared to the region overall. Quality preconception counseling and early-onset prenatal care can help reduce this and other risks for poor prenatal and postnatal outcomes by providing information, conducting screenings and supporting an expectant mother’s health and nutrition.²⁹⁹

Figure 66. Births to mothers who used tobacco during pregnancy by subregion, 2017-2019 combined



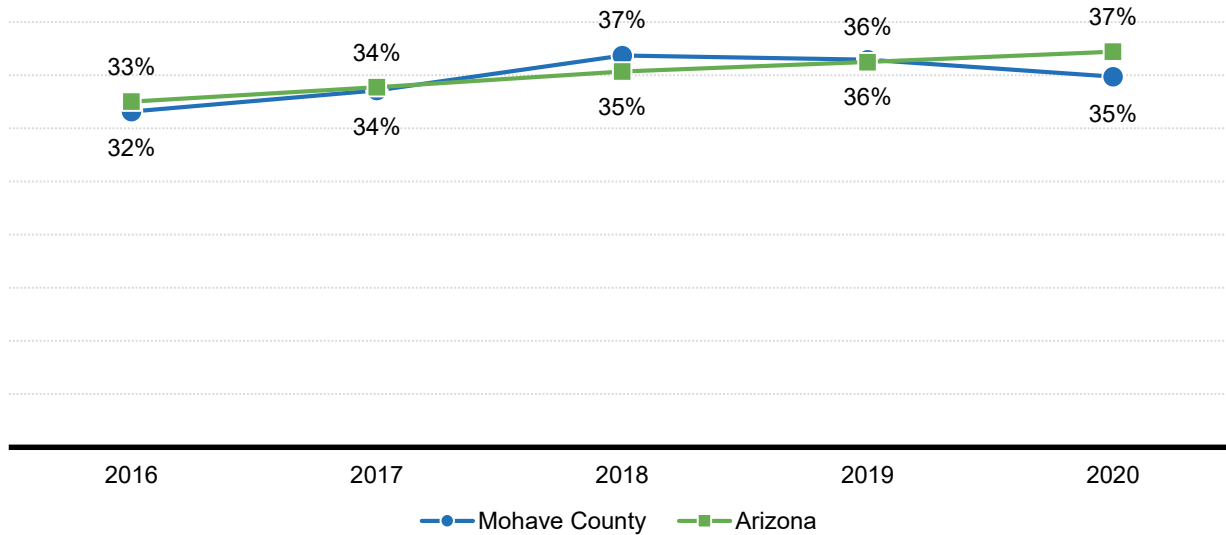
Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure.

Maternal obesity is associated with increased risk of birth complications and neonatal and infant mortality^{300,301} In addition to health implications early in life, babies of mothers who are obese are at an increased risk for chronic conditions in childhood and adulthood, including asthma, diabetes and heart disease.³⁰² Five percent of births in the La Paz/Mohave Region were to mothers with gestational diabetes and 31% to mothers with pre-pregnancy obesity in 2019 (Table 23). While maternal pre-pregnancy obesity was comparable to the state (30%), gestational diabetes was more common statewide (9%).

Among women who were enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in 2020, a smaller proportion had pre-pregnancy obesity in Mohave County (35%) than the state (37%) (Figure 67). Across the state, pre-pregnancy obesity among WIC-enrolled women rose at a consistent rate between 2016 and 2020, while the county showed a declining trend since 2018.

Figure 67. Pre-pregnancy obesity rate for WIC-enrolled women, 2016 to 2020



Source: Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data.

Note: La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

Birth outcomes

Preterm birth, birth at less than 37 weeks of gestation, is associated with higher infant and child mortality and often results in longer hospitalization, increased health care costs and longer-term impacts such as physical and developmental impairments.^{303,304} Babies born at a low birth weight (less than 5 pounds, 8 ounces) are at increased risk of infant mortality and longer-term health problems such as diabetes, hypertension and cardiac disease.^{305,306} In the La Paz/Mohave Region in 2019, 6.6% of babies were born at low birth weight, meeting the Healthy People 2020 target of no more than 7.8% of births (Table 24). The region also met the Healthy People 2020 target for preterm births (9.4%), with 9% of babies born in 2019 considered preterm.

Newborns are admitted into neonatal intensive care units (NICUs) for numerous reasons that can vary across medical providers and have implications for the short and long-term health of babies and families.³⁰⁷ NICU stays can take a large emotional and financial toll on families, especially families living far from the hospital. However, although NICU admissions may be an indicator of important health concerns in newborns, including low birth weight, they can also be a site of family-based interventions that can positively impact infant development and parent-child relationships.³⁰⁸ The La Paz/Mohave Region saw 5% of new babies admitted to the NICU in 2019, slightly lower than the proportion statewide (8%) (Table 24).

Table 24. Selected birth outcomes, 2018 to 2019

Geography	Calendar year	Number of births	Baby weighed less than 2500 grams	Baby was preterm (less than 37 weeks)	Baby was admitted to a NICU
La Paz/Mohave Region	2018	1,628	5.3%	6.6%	3%
	2019	1,731	6.6%	9.0%	5%
La Paz County	2018	187	7.0%	11.2%	6%
	2019	186	8.6%	15.1%	7%
Mohave County	2018	1,790	6.9%	8.7%	4%
	2019	1,726	6.5%	9.0%	5%
Arizona	2018	80,539	7.6%	9.5%	8%
	2019	79,183	7.4%	9.3%	8%
Healthy People 2020 targets			7.8%	9.4%	

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: The Healthy People 2030 target for preterm births remains 9.4% or fewer of live births. The Healthy People 2030 target for low birth weight remains 9.4% or fewer of live births.

Substance use disorders

A mother’s use of substances, such as drugs and alcohol, has implications for her baby. Opiate use during pregnancy, either illegal or prescribed, has been associated with neonatal abstinence syndrome (NAS), a group of conditions that causes infants exposed to these substances in the womb to be born exhibiting withdrawal symptoms.³⁰⁹ This can create longer hospital stays, increase health care costs and increase complications for infants born with NAS. Infants exposed to cannabis (marijuana) in utero often have lower birth weights and are more likely to be placed in neonatal intensive care compared to infants whose mothers had not used the drug during pregnancy.³¹⁰ In the La Paz/Mohave Region, there were 249 newborns hospitalized because of maternal drug use during pregnancy between January 2016 and June 2020, with an average stay of 4.1 days in the hospital (Table 25).

Table 25. Newborns hospitalized because of maternal drug use during pregnancy, Jan 2016-Jun 2020

Geography	Newborns hospitalized	Average length of stay (days)
La Paz/Mohave Region	249	4.1
La Paz County	52	2.8
Mohave County	277	4.1
Arizona	11,027	6.0

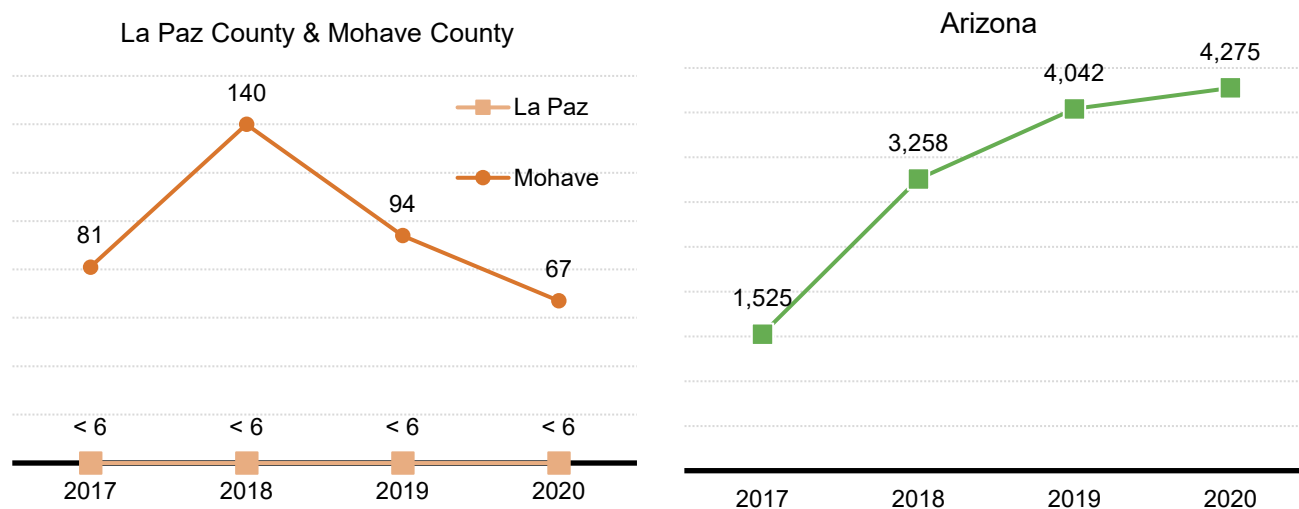
Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Parental substance abuse also has other impacts on family well-being. According to the National Survey of Children’s Health, young children in Arizona are more than twice as likely to live with someone with a problem with alcohol or drugs than children in the U.S. as a whole (9.8 percent compared to 4.5 percent).³¹¹ Children of parents with substance use disorders are more likely to be neglected or abused and face a higher risk of later mental health and behavioral health issues, including developing substance use disorders themselves.^{312,313} Substance abuse treatment and supports for parents and families grappling with these issues can help to ameliorate the short and long-term impacts on young children.³¹⁴

Along with an increase in stress and mental health concerns among adults in the U.S., data from the Census Bureau’s Household Pulse Survey show that more than one in 10 adults (12%) reported increases in alcohol consumption or substance use during the pandemic.³¹⁵ Drug overdose deaths in the early months of the pandemic, when many states instituted stay at home or lockdown orders, were notably higher than pre-pandemic levels, particularly for synthetic opioids.³¹⁶ While drug overdose deaths increased across all racial and ethnic groups during the pandemic, American Indian and Alaska Native, Black and Hispanic individuals showed greater increases compared to White individuals.³¹⁷ This rise in substance use issues coincides with a time when people of color have disproportionately dealt with negative effects of the pandemic, including stress, job loss, illness, and death.

In Mohave County, the number of non-fatal overdoses involving opioids or opiates peaked in 2018 at 140 non-fatal overdoses, declining quite dramatically to less than half that number by 2020 (n=67) (Figure 68). This decline in overdoses contrasts with the steady increase seen statewide during this same time period.

Figure 68. Number of non-fatal overdoses with opioids or opiates contributing to the overdose, 2017 to 2020



Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

During the same time period, 2017-2020, there were at least 97 deaths with opioids or opiates as a contributing factor in the La Paz/Mohave Region, likely more given that 35% of overdose deaths in the state were missing address information (Table 26).

Table 26. Number of deaths with opiates or opioids contributing, 2017 through 2020

Geography	Number of deaths with opiates or opioids contributing, 2017 through 2020
La Paz/Mohave Region	97
La Paz County	<6
Mohave County	126
Arizona	5,455

Source: Arizona Department of Health Services (2021). [Vital Statistics dataset]. Unpublished data.

Note: About 35% of overdose deaths statewide were missing address information and thus could not be geocoded to a FTF region, but county assignments were available from death certificates.

These rising numbers statewide may reflect both a rise in opioid use, but also a rise in the prevention of opioid-related deaths, thanks to a 2017 public health initiative. In November 2017, The Director of the Arizona Department of Health Services (ADHS) issued a standing order allowing any Arizona-licensed pharmacist in any pharmacy to dispense naloxone (which goes by the brand name Narcan) to anyone.³¹⁸ Naloxone is a life-saving medication that counters the effects of an opioid overdose.

Nutrition and weight status

After birth, a number of factors have been associated with improved health outcomes for infants and young children. One factor is breastfeeding, which has been shown to reduce the risk of ear, respiratory and gastrointestinal infections, SIDS, overweight, and type 2 diabetes.³¹⁹ The American Academy of Pediatrics recommends exclusive breastfeeding for about six months, and as new foods are introduced continuing to breastfeed for one year or longer.³²⁰ The percent of WIC-enrolled infants ever breastfed in the La Paz/Mohave Region remained above 70% from 2016 to 2020, peaking at 77% in 2017 (Table 27). Breastfeeding remained consistently high among WIC-enrolled infants in the Colorado City-Centennial Park subregion (100% between 2018 and 2020), while the Fort Mohave-Mohave Valley-Topock subregion saw a 17% increase in breastfeeding between 2016 and 2020 (63% to 80%).

Table 27. Percent of WIC-enrolled infants ever breastfed, 2016 to 2020

Geography	Breastfeeding rate, 2016	Breastfeeding rate, 2017	Breastfeeding rate, 2018	Breastfeeding rate, 2019	Breastfeeding rate, 2020
La Paz/Mohave Region	71%	77%	73%	74%	75%
Bullhead City area	66%	77%	66%	69%	77%
Colorado City-Centennial Park area	93%	94%	100%	100%	100%
Dolan Springs-Golden Valley area	74%	76%	71%	66%	71%
Fort Mohave-Mohave Valley-Topock area	63%	76%	73%	75%	80%
Kingman area	70%	76%	75%	73%	67%
Lake Havasu City area	78%	76%	76%	81%	80%
Littlefield-Beaver Dam area	N/A	N/A	N/A	N/A	N/A
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A	N/A	N/A
Mohave County	71%	77%	73%	74%	75%
Arizona	73%	77%	77%	79%	78%

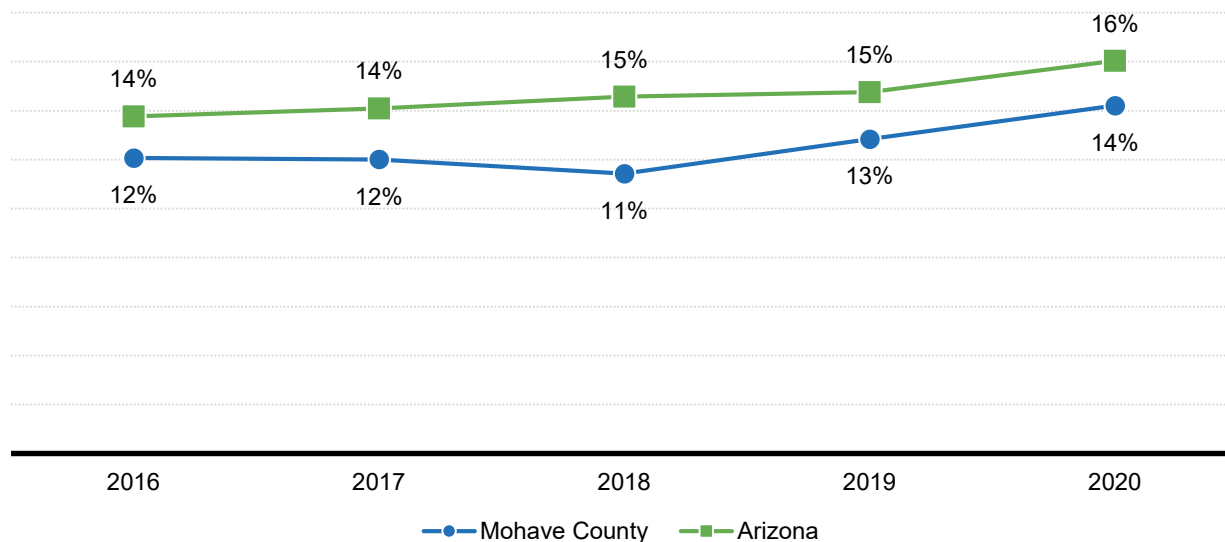
Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

A child’s weight status can have long-term impacts on health and well-being. Nationwide, an estimated 19% of children (ages 2-19) are obese and 4% are underweight, numbers that have both increased in recent years.^{321,322} Obesity can have negative consequences on physical, social and psychological well-being that begin in childhood and continue into and throughout adulthood.³²³ Higher birth weight and higher infancy weight, as well as lower-socioeconomic status and low-quality mother-child relationships, have all been shown to be related to higher childhood weight and increased risk for obesity and metabolic syndrome (which is linked to an increase risk of heart disease, stroke and diabetes).^{324, 325} Child underweight, or low weight-for-age, can be caused by chronic undernutrition or infectious disease and can lead to long-term impacts on cognitive and physical development.³²⁶

In 2020, 14% of WIC-enrolled children aged 2-4 in Mohave County were classified as obese, and the obesity rate in this population appears to be on a gradual upward trend in both the region and statewide (Figure 69). The 2020 data should be considered lightly, however, because far fewer children had known weight status in 2020, likely due to fewer health visits during the pandemic.

Figure 69. Obesity rates for WIC-enrolled children ages 2-4, 2016 to 2020



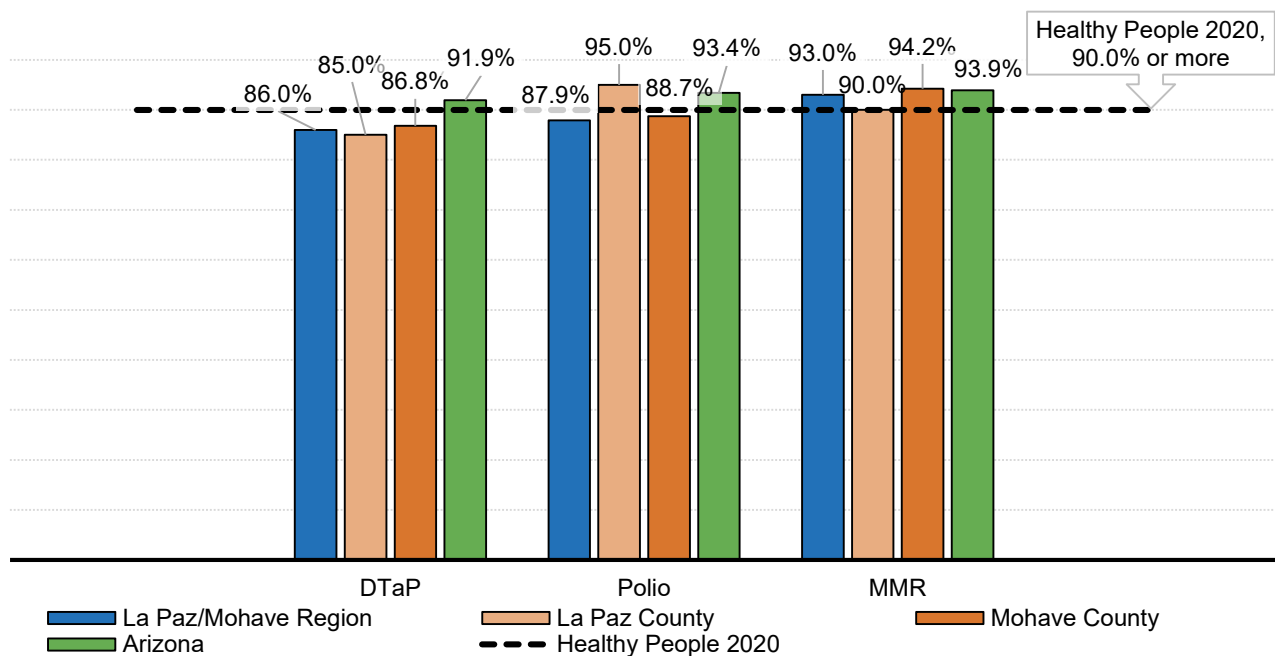
Source: Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data.

Note: The number of children for whom weight status was determined in 2020 dropped substantially, so changes in the obesity rate in 2020 may be more reflective of interruptions in WIC-related health visits rather than actual increase in the obesity rate. La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

Immunizations and infectious disease

In order to attend licensed child care programs and schools, children must obtain all required vaccinations or obtain an official exemption, which can be requested based on a specific medical condition or based on personal or religious beliefs.³²⁷ Vaccination against preventable diseases protects children and the surrounding community from illness and potentially death.³²⁸ In the 2019-20 school year, the state as a whole met all Healthy People 2020 targets for child care immunizations, with at least 90% vaccinated for DTaP (91.9%), polio (93.4%) and MMR (93.9%) (Figure 70). While children in child care in the La Paz/Mohave Region met the Healthy People 2020 target for MMR (93%), they did not meet targets for DTaP (86%) or polio (87.9%).

Figure 70. Children in child care with selected required immunizations, 2019-20



Source: Arizona Department of Health Services (2021). *Childcare Immunization Coverage, 2019-2020 School Year*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). *Childcare Immunization Coverage by County, 2019-2020 School Year*. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Encouragingly, the Bullhead City and Lake Havasu City subregions met all Healthy People 2020 targets in the 2019-20 school year (Table 28). In general, vaccination rates among children in child care across subregions were highest for MMR, something key informants attributed to specific and targeted education focused on the safety of the MMR vaccine. Challenges accessing health care in the region, particularly because of distance and conflicts with work, were noted as barriers to timely well-child visits, and therefore vaccination of young children. Key informants also noted that the variability in vaccination rates across the three major vaccine series is, in part, likely caused by parents choosing to delay the timing of certain series out of concern for the total number of vaccinations children receive at one time.

Table 28. Children in child care with selected required immunizations, 2019-20

Geography	Number enrolled	DTaP	Polio	MMR	Religious exemption	Medical exemption	Exempt from every required vaccine
La Paz/Mohave Region	2,136	86.0%	87.9%	93.0%	4.6%	0.7%	3.4%
Bullhead City area	454	93.4%	93.8%	97.8%	2.6%	0.2%	2.0%
Colorado City-Centennial Park area	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dolan Springs-Golden Valley area	31	87.1%	90.3%	87.1%	0.0%	0.0%	0.0%
Fort Mohave-Mohave Valley-Topock area	237	83.1%	84.0%	84.4%	2.5%	3.0%	2.5%
Kingman area	802	79.4%	81.4%	92.8%	5.2%	0.4%	2.9%
Lake Havasu City area	574	90.8%	93.4%	93.6%	5.7%	0.5%	5.4%
Littlefield-Beaver Dam area	18	77.8%	88.9%	88.9%	22.2%	0.0%	11.1%
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	20	85.0%	95.0%	90.0%	5.0%	0.0%	5.0%
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	20	85.0%	95.0%	90.0%	5.0%	0.0%	5.0%
Mohave County	1,985	86.8%	88.7%	94.2%	4.6%	0.5%	3.3%
Arizona	83,851	91.9%	93.4%	93.9%	5.0%	0.6%	3.1%
Healthy People 2020 targets		90.0%	90.0%	90.0%			

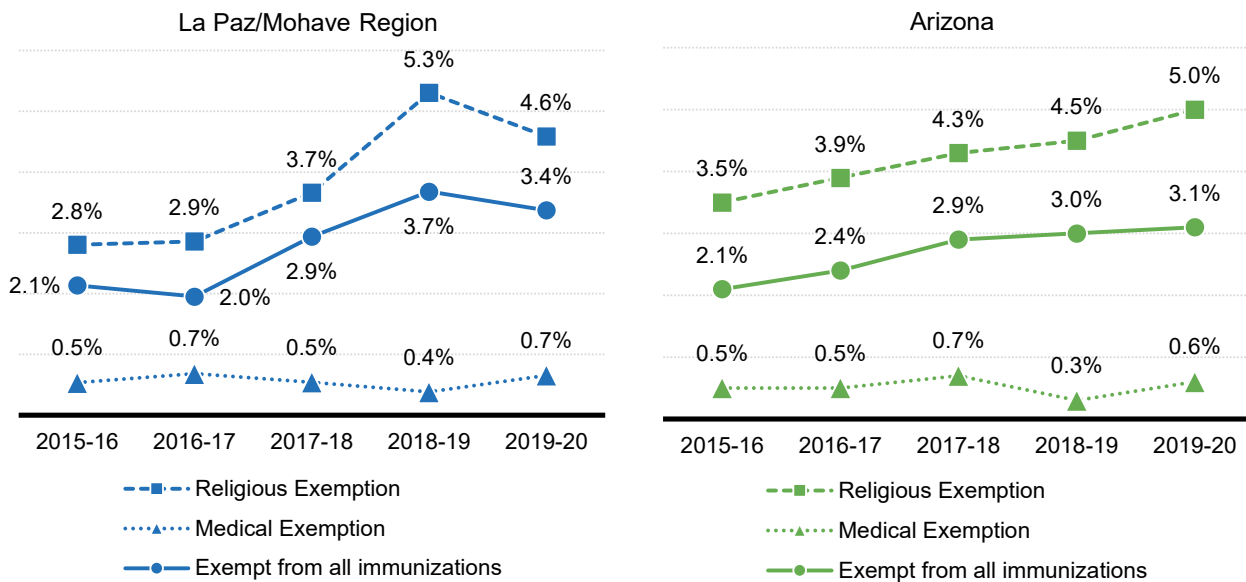
Source: Arizona Department of Health Services (2021). *Childcare Immunization Coverage, 2019-2020 School Year*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). *Childcare Immunization Coverage by County, 2019-2020 School Year*. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Given that these rates only reflect those children in child care, where vaccination is required, the proportion of all young children who have completed these vaccine series in the region is likely lower. If

that is the case, the rates for the entire population of children in these areas may be lower than Healthy People 2020 goals.

Both religious exemptions and exemptions from all immunizations for children in child care in the La Paz/Mohave Region were trending upward in the years prior to the pandemic, following the increasing trend seen across the state (Figure 71). Exemption rates in the region peaked in the 2018-19 school year, with 5.3% of children in child care receiving a religious exemption and 3.7% receiving an exemption from all immunizations, rates higher than those seen statewide (4.5% and 3%, respectively). Medical exemptions, in contrast, have remained low, with just 0.7% of children in child care in the region receiving a medical exemption in 2019-20.

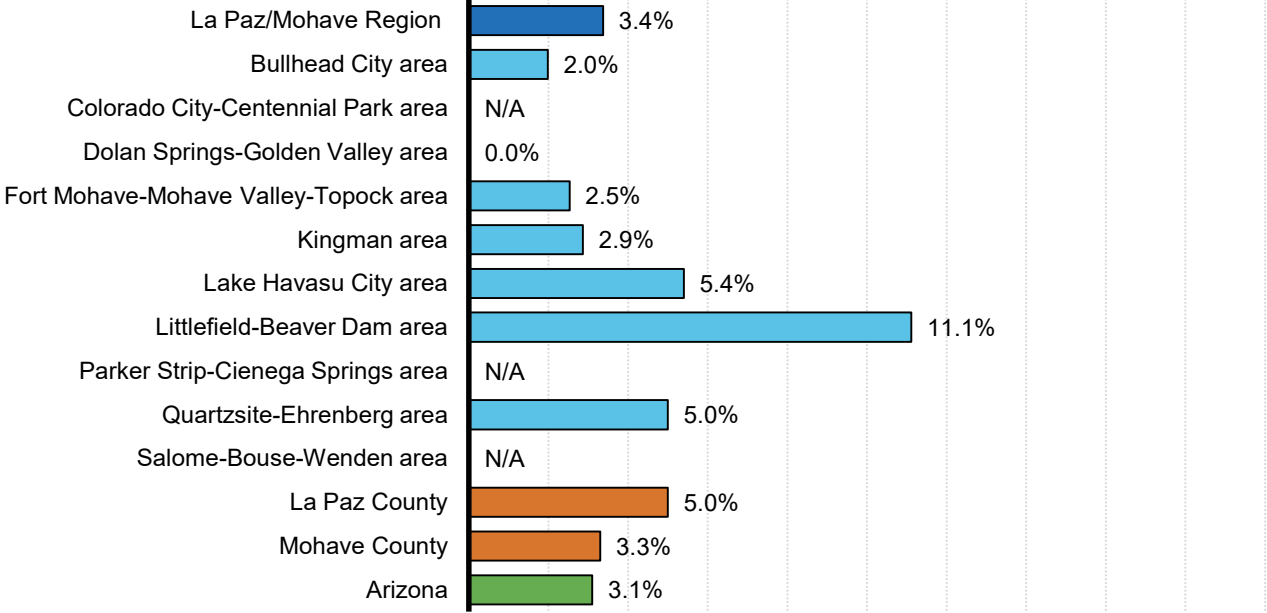
Figure 71. Child care immunization exemption rates, 2015-16 to 2019-20



Source: Arizona Department of Health Services (2021). *Childcare Immunization Coverage, 2015-2016 to 2019-2020 School Years*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). *Childcare Immunization Coverage by County, 2015-2016 through 2019-2020 School Years*. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

While the overall region had a rate of exemption from all required vaccines in child care that was comparable to the state in 2019-20, 11.1% of children in child care in the Littlefield-Beaver Dam subregion were exempt from all required vaccines (Figure 72).

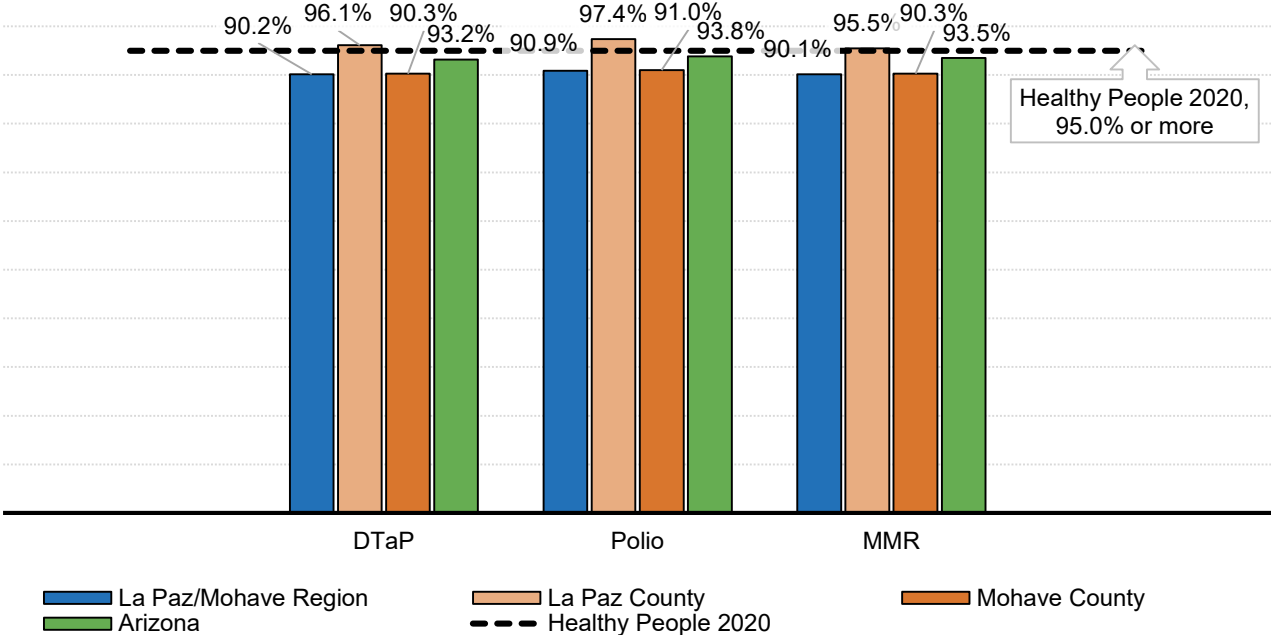
Figure 72. Children in child care who are exempt from all required vaccines, 2019-20



Source: Arizona Department of Health Services (2021). *Childcare Immunization Coverage, 2019-2020 School Year*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). *Childcare Immunization Coverage by County, 2019-2020 School Year*. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

To enroll a child in kindergarten, whether in a district, charter, private or parochial school, Arizona law requires that parents provide proof of certain required immunizations. Children in kindergarten in the La Paz/Mohave Region did not meet the Healthy People 2020 targets of 95% vaccination for DTaP (90.2%), polio (90.9%), or MMR (90.1%) during the 2019-20 school year (Figure 73).

Figure 73. Kindergarteners with selected required immunizations, 2019-20



Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2019-2020 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). Kindergarten Immunization Coverage by County, 2019-2020 School Year. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: The Healthy People 2030 target for immunization rates of children in kindergarten for the MMR vaccine remained at 95%; goals for DTaP and polio were not included.

While vaccination rates across the state were slightly higher, the state also did not meet any Healthy People 2020 targets in 2019-20. Two subregions, Dolan Springs-Golden Valley and Fort Mohave-Mohave Valley-Topock, met all Healthy People 2020 targets. The Bullhead City subregion also met two of three targets, just missing the target for DTaP (94.7%) (Table 29).

Table 29. Kindergarteners with selected required immunizations, 2019-20

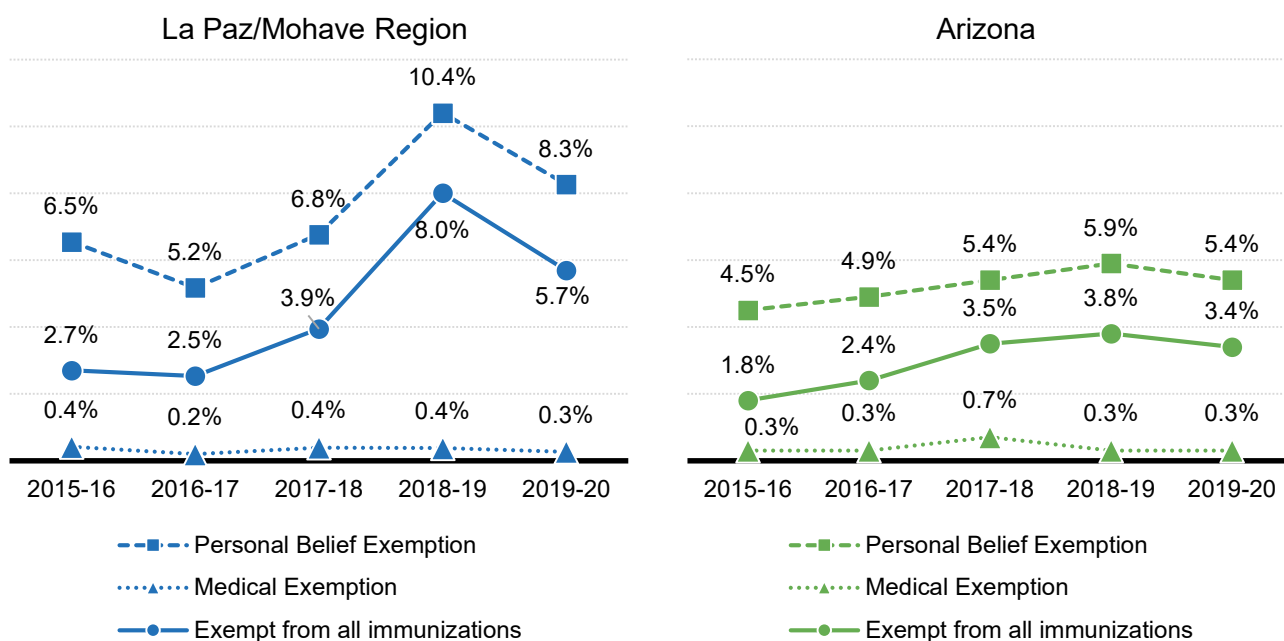
Geography	Number enrolled	DTaP	Polio	MMR	Personal belief exemption	Medical exemption	Exempt from every required vaccine
La Paz/Mohave Region	1,863	90.2%	90.9%	90.1%	8.3%	0.3%	5.7%
Bullhead City area	396	94.7%	96.0%	96.0%	2.3%	0.0%	2.0%
Colorado City-Centennial Park area	39	12.8%	10.3%	12.8%	69.2%	0.0%	66.7%
Dolan Springs-Golden Valley area	76	96.1%	96.1%	97.4%	2.6%	0.0%	1.3%
Fort Mohave-Mohave Valley-Topock area	216	95.4%	96.3%	95.8%	2.8%	0.0%	2.8%
Kingman area	651	88.6%	89.1%	87.6%	12.9%	0.2%	6.8%
Lake Havasu City area	451	91.6%	92.5%	91.6%	4.9%	0.9%	4.2%
Littlefield-Beaver Dam area	34	91.2%	91.2%	88.2%	11.8%	0.0%	5.9%
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	154	96.1%	97.4%	95.5%	2.6%	0.0%	2.6%
Mohave County	1,816	90.3%	91.0%	90.3%	8.3%	0.3%	5.6%
Arizona	82,358	93.2%	93.8%	93.5%	5.4%	0.3%	3.4%
Healthy People 2020 targets		95.0%	95.0%	95.0%			

Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2019-2020 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). Kindergarten Immunization Coverage by County, 2019-2020 School Year. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: The Healthy People 2030 target for immunization rates of children in kindergarten for the MMR vaccine remained at 95%; goals for DTaP and polio were not included.

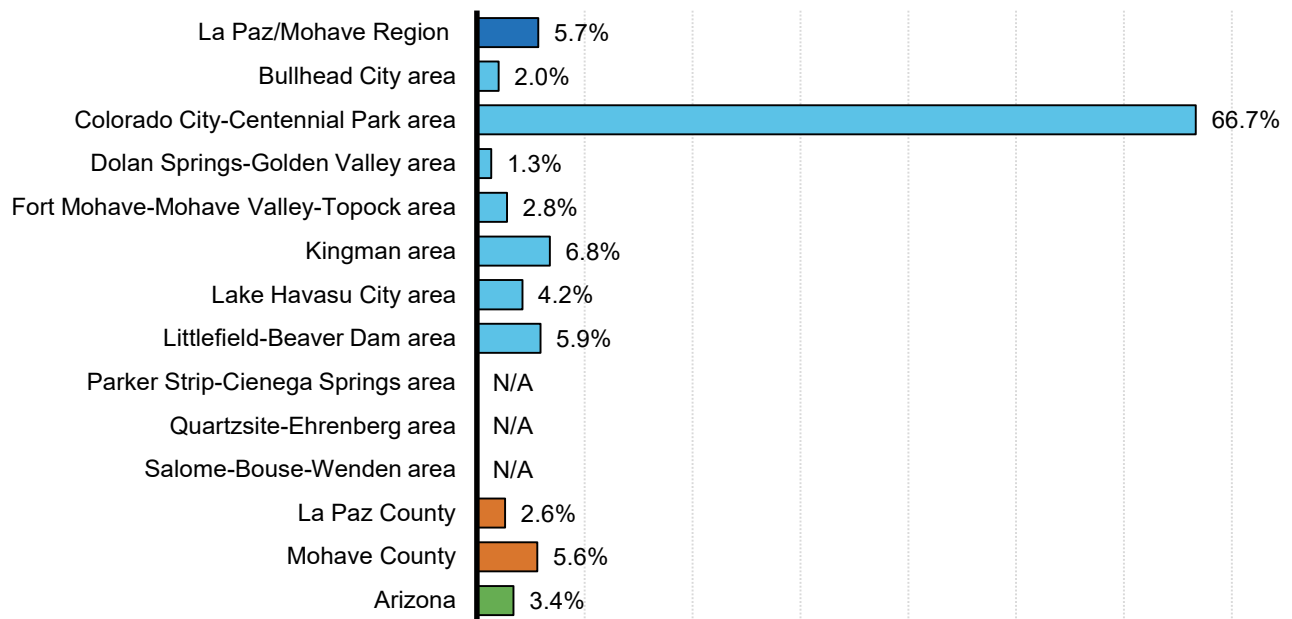
As with child care, parents can request exemptions from vaccinations for children in kindergarten. Trends in kindergarten exemptions in the La Paz/Mohave Region followed the same trend as child care exemptions, with both personal belief exemptions and exemptions from all immunizations increasing over time and peaking in the 2018-19 school year (10.4% and 8%, respectively), both notably higher than exemptions seen statewide at that time (5.9% and 3.8%, respectively) (Figure 74). Exemptions varied considerably by subregion. While the three subregions that met Healthy People 2020 targets in 2019-20 – Dolan Springs-Golden Valley (1.3%), Bullhead City (2%) and Fort Mohave-Mohave Valley-Topock (2.8%) - had lower rates of exemptions from all vaccines compared to the region (5.7%) and state (3.4%), two-thirds (66.7%) of kindergarteners in the Colorado City-Centennial Park subregion had an exemption from all required vaccines (Figure 75).

Figure 74. Kindergarten immunization exemption rates, 2015-16 to 2019-20



Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2015-2016 to 2019-2020 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). Kindergarten Immunization Coverage by County, 2015-2016 through 2019-2020 School Years. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Figure 75. Kindergarteners who are exempt from all required vaccines, 2019-20



Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2019-2020 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). Kindergarten Immunization Coverage by County, 2019-2020 School Year. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Key informants attributed the decline in immunization exemptions in 2019-20, both among children in child care and kindergarteners, to concerted efforts to ensure parents are receiving education and information on vaccines from trusted members of their community. In the Colorado City-Centennial Park subregion, for example, the Creek Valley Health Clinic held a TikTok dance challenge to encourage kids to get vaccinated. Mohave County Department of Public Health staff worked with schools to assist parents with scheduling vaccination appointments for their children during the school registration process, rather than simply signing an exemption form to get their child into the classroom as soon as possible, a practice that had become common in some schools. The health department is also launching a new mobile health unit and hiring a health educator focused specifically on vaccine education and outreach.

These regional trends in vaccine exemptions remain worrisome because in order to assure community immunity from preventable infectious diseases, which helps to protect unvaccinated children and adults, vaccination rates need to remain high.³²⁹ For measles, for example, between 90% and 95% of children need to be vaccinated in order to prevent the disease spreading if one child becomes infected.³³⁰

In 2020, due to the COVID-19 pandemic, Mohave County’s primary children’s immunization provider (Mohave County Department of Public Health) was unable to provide immunizations. First Things First staff, The Arizona Partnership for Immunizations (TAPI), Regional Center for Border Health, Greater Phoenix Urban League, Arizona Health Care Cost Containment System (AHCCCS), Care 1st/Wellcare

and Health Choice partnered to address this need in Lake Havasu City, Kingman and Bullhead City.³³¹ Local First Things First staff collaborated with the Regional Center for Border Health, Havasu Community Health Foundation, Lake Havasu Unified School District and North Country HealthCare to plan and execute six children’s vaccine events, with staffing support from Arizona State University at Lake Havasu City student volunteers. A total of 564 children were vaccinated, with an average of three to four vaccines needed per child to catch up with their schedule of immunizations. Over 1,000 doses were provided, and almost half of the children vaccinated were uninsured.

Although the coronavirus (COVID-19) has dominated headlines in recent years, there are other widely circulating viruses that commonly infect young children, including influenza (“the flu”) and Respiratory Syncytial Virus (RSV). Across Arizona, the 2017–18 flu season broke records for reported flu and RSV cases.³³² Identified cases of RSV and flu in 2018-19 and 2019-20 appeared to surpass 2017-18 levels in Mohave County (Table 30). Young children are at an elevated risk for complications from the flu,³³³ and while many cases of RSV are mild, for some children the infection becomes a more serious lower respiratory infection, requiring emergency care and/or hospitalization. Note that these case numbers likely represent more severe cases, and that the Centers for Disease Control and Prevention (CDC) notes that by the time they turn 2 years old, most children will have had an RSV infection.³³⁴

Table 30. Confirmed and probable cases of infectious diseases in children ages birth to 4, 2017-18 to 2019-20

Geography	Season	Influenza	Respiratory Syncytial Virus (RSV) Infection
La Paz County	2017-18	25	7
	2018-19	16	8
	2019-20 (preliminary)	23	7
Mohave County	2017-18	175	54
	2018-19	151	71
	2019-20 (preliminary)	256	130
Arizona	2017-18	5,319	4,530
	2018-19	4,603	3,897
	2019-20 (preliminary)	6,612	5,351

Source: Arizona Department of Health Services (2021). [FTF VPD Flu RSV dataset]. Unpublished data.

Note: Preliminary data for the 2019-20 season were provided by ADHS for this report; however, these counts were not yet finalized, which means that they could change slightly during the ADHS publication process.

Illness, injury and mortality

Asthma is the most common chronic illness affecting children,³³⁵ and it is more prevalent among boys, Black children, American Indian or Alaska Native children, and children in low-income households.^{336,337} The total healthcare costs of childhood asthma in the United States are estimated to be between \$1.4 billion and \$6.4 billion, but these costs could be reduced through better management of asthma to prevent hospitalizations.³³⁸

In the La Paz/Mohave Region, between 2016 and 2020, there were 598 emergency room visits due to asthma for children up to age 14 (Table 31). A smaller set of children presented with cases severe enough to need hospitalization. In the region, 77 children aged birth-14, of which 30 were children aged birth-4 (both excluding newborns), were hospitalized due to asthma during the same 5-year period. The average length of a child’s hospital stay was 1.9 days.

Table 31. Hospitalizations and emergency room visits due to asthma, 2016-2020 combined

Geography	Number of inpatient asthma hospitalizations for children ages birth to 4 (except newborns)	Number of inpatient asthma hospitalizations for children ages birth to 14 (except newborns)	Average length of stay for asthma hospitalization for children ages birth to 14	Number of emergency department visits for asthma, children ages birth to 14
La Paz/Mohave Region	30	77	1.9	598
La Paz County	<6	8	1.9	86
Mohave County	30	79	1.9	600
Arizona	2,214	5,672	2.0	41,103

Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Unintentional injuries are the leading cause of death for children in Arizona and nationwide.^{339,340} It is estimated that as many as 90% of unintentional injury-related deaths could be preventable through better safety practices, such as use of proper child restraints (i.e., car seats) in vehicles and supervision of children around water, including pools.³⁴¹ Research has shown that children in rural areas are at higher risk of unintentional injuries than those who live in more urban areas, as are children in Native communities, suggesting that injury prevention is an especially salient need in these areas.^{342,343}

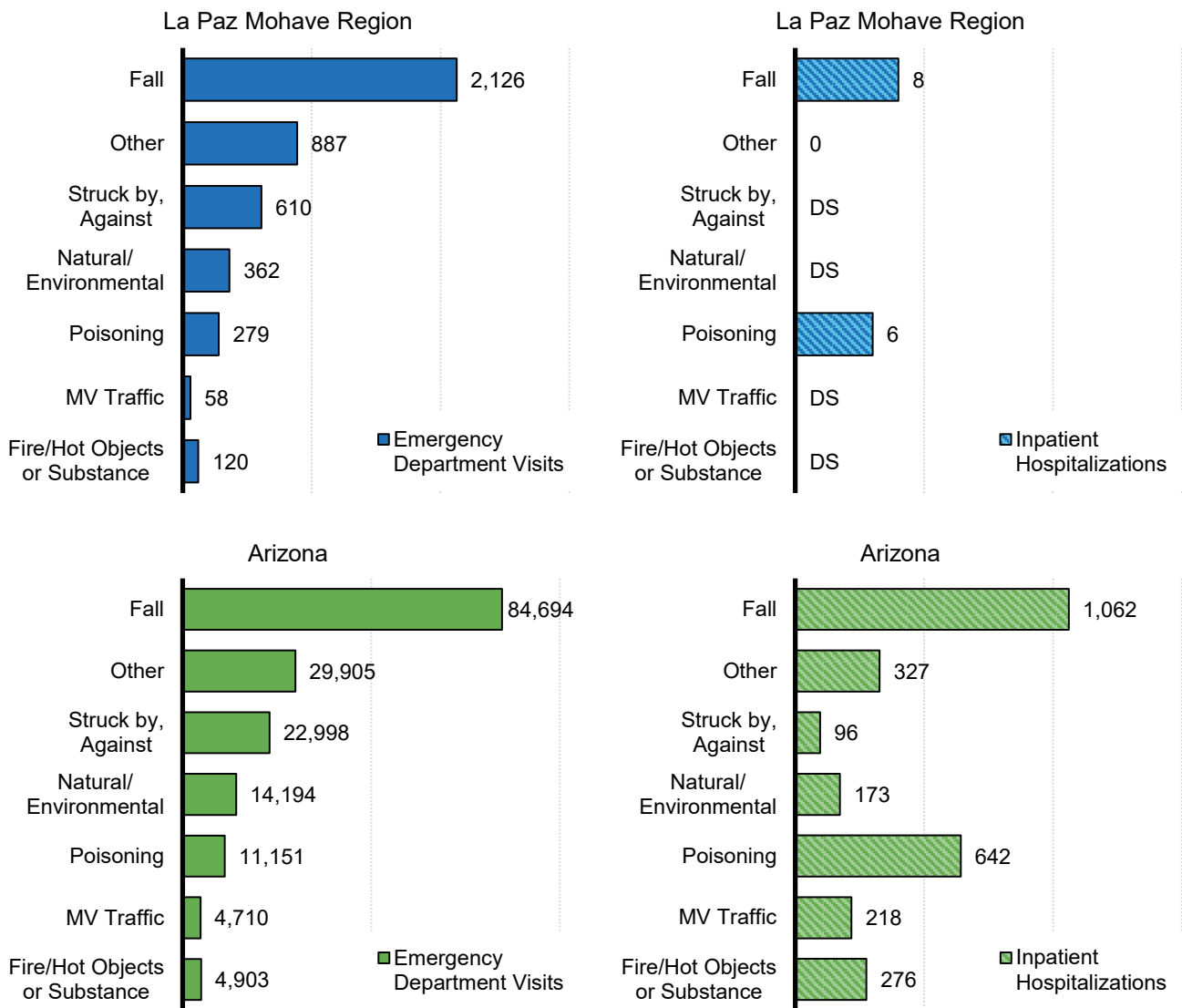
Between 2016 and 2020, there were 4,744 non-fatal emergency department visits and 26 non-fatal inpatient hospitalizations for unintentional injuries in the La Paz/Mohave Region among children aged birth to 4 (Table 32). The most common reason for emergency department visits was falls, accounting for nearly half (48%) of visits (Figure 76). Given the large numbers of falls, they were unsurprisingly also the most common cause of hospitalizations of young children in the region, followed by poisoning. The pattern of unintentional injuries and hospitalizations in the region closely resembles the pattern seen statewide.

Table 32. Non-fatal hospitalizations and emergency department visits due to unintentional injuries for children ages birth to 4, 2016-2020 combined

Geography	Non-fatal inpatient hospitalizations for unintentional injuries	Non-fatal emergency department visits for unintentional injuries
La Paz/Mohave Region	26	4,744
La Paz County	8	333
Mohave County	28	4,724
Arizona	2,890	181,0135

Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Figure 76. Non-fatal hospitalizations and emergency department visits due to unintentional injuries for children ages birth to 4 by selected mechanism of injury, 2016-2020 combined



Source: Arizona Department of Health Services (2021). [Hospital Discharge dataset]. Unpublished data.

Infant mortality describes the number of deaths of children under 1 year of age relative to live births. Arizona ranks in the middle of U.S. states in terms of infant mortality, with the 20th lowest infant mortality rate nationwide in 2019.³⁴⁴ The most common causes of infant mortality in Arizona and the U.S. are congenital abnormalities, low birthweight and preterm birth, with a smaller proportion related to maternal pregnancy complications, sudden infant death syndrome (SIDS) and unintentional injuries.^{345,346}

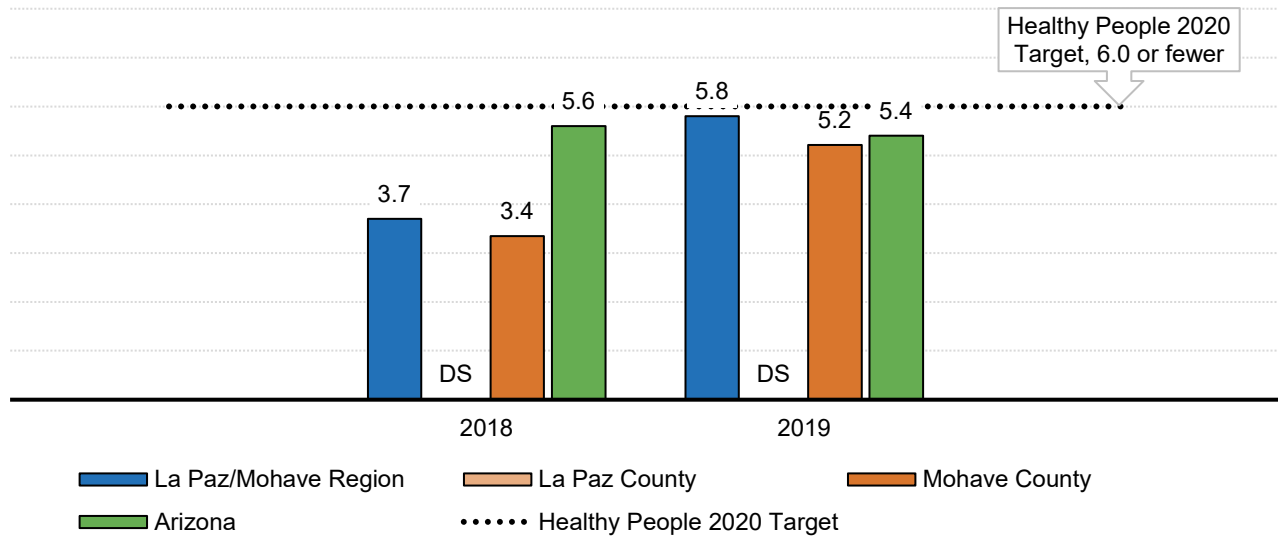
In the La Paz/Mohave Region, six infants died in 2018 and 10 in 2019 (data on the cause of these deaths was not available) (Table 33). Given the number of births each year, this put the infant mortality rate at 3.69 and 5.78 infant deaths per 1,000 live births, respectively. In both years, the region met the Healthy People 2020 target of no more than six infant deaths per 1,000 live births (Figure 77). Ensuring access to adequate and timely prenatal care and newborn screening are measures that could help the region reduce rates of infant mortality.³⁴⁷

Table 33. Numbers of deaths and mortality rates for infants, young children ages birth to 4, and all children ages birth to 17, 2018 to 2019

Geography	Calendar year	Number of infant deaths	Infant mortality rate (per 1,000 live births)	Number of young child deaths (ages 0-4)	Young child mortality rate (per 100,000 population)	All child deaths (0-17 years old)	All child mortality rate (per 100,000 population)
La Paz/Mohave Region	2018	6	3.7	8	N/A	16	N/A
	2019	10	5.8	11	N/A	18	N/A
La Paz County	2018	<6	DS	<6	DS	<6	DS
	2019	<6	DS	<6	DS	<6	DS
Mohave County	2018	6	3.4	8	86.0	15	53.1
	2019	9	5.2	10	105.4	16	57.1
Arizona	2018	447	5.6	562	127.4	824	65.2
	2019	430	5.4	513	117.4	777	61.6
Healthy People 2020 target			6.0				

Source: Arizona Department of Health Services (2021). [Vital Statistics FTF Death Report dataset]. Unpublished data.

Figure 77. Infant mortality rates, 2018 to 2019



Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2019-2020 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). Kindergarten Immunization Coverage by County, 2019-2020 School Year. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Additional data tables related to *Child Health* can be found in Appendix 1 of this report.



FAMILY SUPPORT AND LITERACY

FAMILY SUPPORT AND LITERACY

Why it Matters

Responsive relationships and language-rich experiences for young children help build a strong foundation for later success in school and in life. Families and caregivers play a critical role as their child's first and most important teacher. Positive and responsive early relationships and interactions support optimal brain development, academic skills and literacy during a child's earliest years and lead to better social, physical, academic and economic outcomes later in life.^{348,349,350,351,352} Early literacy promotion, through singing, telling stories and reading together, is so central to a child's development that the American Academy of Pediatrics has emphasized it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.³⁵³ Children benefit when their families have the knowledge, resources and support to use positive parenting practices that support their child's healthy development, nutrition, early learning and language acquisition. Specifically, parental knowledge of positive parenting practices and child development is one of five key protective factors that improve child outcomes and reduce the incidence of child abuse and neglect.^{xiii,354}

Unfortunately, not all children are able to begin their lives in positive, stable, nurturing environments. Adverse childhood experiences (ACEs)^{xiv} have been associated with developmental disruption, mental illness, drug and alcohol use and overall increased healthcare utilization.^{355,356} Arizona is among the top ten states with the highest proportion of children birth to 5 who have experienced at least one ACE, with nearly one in three (31.8%) young children in Arizona having one or more ACEs.³⁵⁷ Future poor health outcomes are more likely as an individual's ACE score increases.³⁵⁸ Children in Arizona are nearly twice as likely to have experienced two or more ACEs (15.5%) compared to children across the country (8.6%).³⁵⁹ Very young children are most at risk for extremely adverse experiences, such as child abuse, neglect and fatalities from abuse and neglect. In 2019, children ages birth to 5 made up more than half (55%) of child maltreatment victims in Arizona.³⁶⁰ These children and their families may require specific, targeted resources and interventions in order to reduce harm and prevent future risk.³⁶¹

Alternatively, Positive Childhood Experiences (PCEs), including positive parent-child relationships and feelings of safety and support, have been shown to have similarly cumulative, though positive, long-term impacts on mental and relational health.³⁶² Strategies for preventing ACEs include: strengthening economic supports for families; promoting social norms that protect against violence and adversity; ensuring a strong start for children; enhancing skills to help parents and children handle stress, manage

^{xiii} The Center for the Study of Social Policy developed Strengthening Families: A Protective Factors Framework™ to define and promote quality practice for families. The research-based, evidence-informed Protective Factors are characteristics that have been shown to make positive outcomes more likely for young children and their families, and to reduce the likelihood of child abuse and neglect. Protective factors include: parental resilience, social connections, concrete supports, knowledge of parenting and child development, and social and emotional competence of children.

^{xiv} ACEs include eight categories of traumatic or stressful life events experienced before the age of 18 years. The eight ACE categories are sexual abuse, physical abuse, emotional abuse, household adult mental illness, household substance abuse, domestic violence in the household, incarceration of a household member and parental divorce or separation.

emotions, and tackle everyday challenges; connecting youth to caring adults and activities; and intervening to lessen immediate and long-term harms.³⁶³

What the Data Tell Us

Mental health

Mental health supports, both for children and caregivers, are often needed to address exposure to adverse childhood experiences. The foundation for sound mental health is built early in life, as early experiences shape the architecture of the developing brain. Sound mental health provides an essential foundation of stability that supports all other aspects of human development—from the formation of friendships and the ability to cope with adversity to the achievement of success in school, work and community life.³⁶⁴ When young children experience stress and trauma, they often suffer physical, psychological and behavioral consequences and have limited responses available to react to those experiences. Understanding the mental health of mothers is also important for the well-being of Arizona’s young children. Mothers dealing with mental health issues, such as depression, may not be able to perform daily caregiving activities, form positive bonds with their children, or maintain relationships that serve as family supports.³⁶⁵ Improving supports available through coordinated, collaborative efforts are key to early identification and intervention with young children and their families.^{366,367}

The COVID-19 pandemic has caused heightened stress, anxiety and depression in both children and caregivers.³⁶⁸ While the average stress level for U.S. adults as a whole was significantly higher than pre-pandemic, according to the *Stress in America*TM survey, conducted annually by the American Psychological Association, a notably larger proportion of adults with children reported high levels of stress during the pandemic compared to adults without children (46% and 28%, respectively).³⁶⁹ Data from the U.S. Census Bureau’s Household Pulse Survey shows that early in the pandemic (April 23-May 5, 2020) the proportion of U.S. adults with symptoms of anxiety disorder nearly tripled compared to pre-pandemic (30.8% and 8.1%, respectively), and a similar trend was seen for adults with symptoms of depressive disorder (25.3% and 6.5%, respectively).³⁷⁰ While a larger proportion of Arizona adults reported symptoms of anxiety disorder (32.3%) compared to the U.S. overall (30.8%) early in the pandemic, a smaller proportion reported symptoms of depressive disorder (22.4% compared to 25.3%). Though data from spring 2021 show declines in Arizona adults with anxiety disorder symptoms (25.8%) and depression disorder symptoms (20.4%) over the course of the pandemic, these proportions are still notably higher than those seen pre-pandemic.

The stress and uncertainty of the pandemic led to an increase in overall conflict, spousal conflict and parent-child conflict during the pandemic. Low-income households and households with children with special needs, in particular, reported higher levels of children’s emotional difficulties alongside greater anxiety, depression, loneliness and stress among caregivers.^{371,372,373} Parents’ and caregivers’ inability to access early intervention services and well-child visits has not only impacted young children’s healthy development, but also limited access to the critical emotional and mental health support caregivers and

children receive from medical and social services professionals.³⁷⁴ Access to family support services will be all the more critical for young children and their families as the pandemic continues.

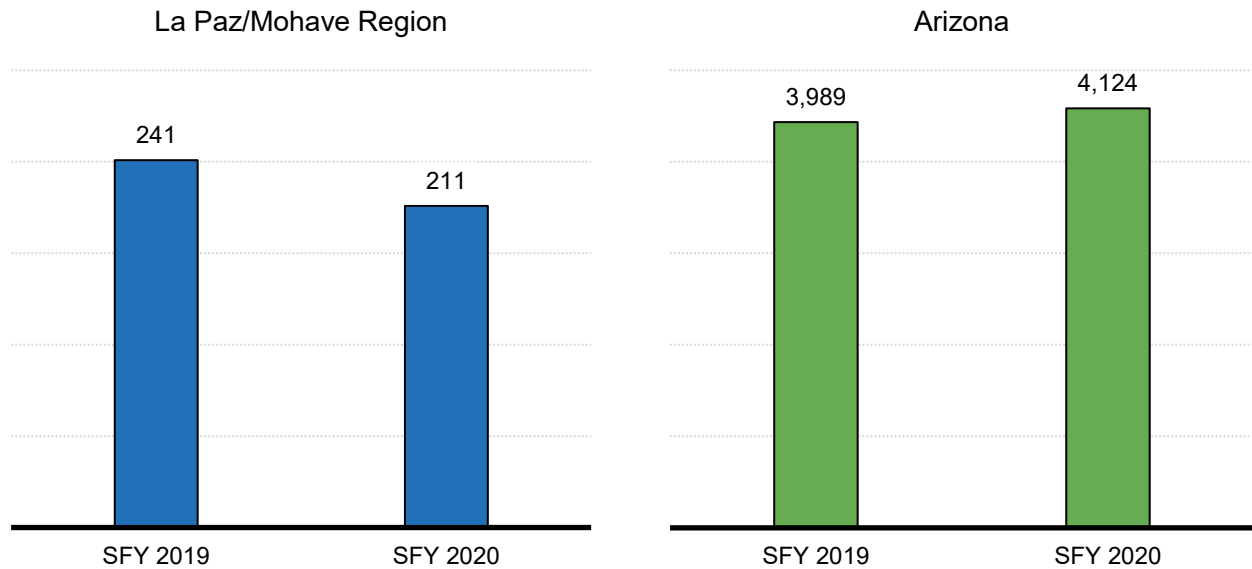
In a 2019 Community Needs Assessment conducted by Kingman Regional Medical Center and the Mohave County Department of Public Health, both mental health and substance use were identified as key issues in Mohave County.³⁷⁵ Deaths from mental and substance abuse disorders in Mohave County have been increasing in the last 20 years, and the county lacks an adequate number of mental health providers to support community need. More than a third (38%) of survey respondents said that mental health services are either difficult to access or do not exist in their community, with focus group respondents specifically speaking to the need for pediatric behavioral health specialists and mental health support for children in schools. In Lake Havasu City, a National Community Survey of 1,699 residents conducted during the COVID-19 pandemic in 2021 found that 42% of respondents rated the availability of affordable quality mental health care in the community as poor.³⁷⁶

Child removals and foster care

In situations where the harm in remaining with their family is determined to be too great to a child, they may be removed from their home, either temporarily or permanently. The Arizona Department of Child Safety (DCS) oversees this process. Children involved in foster care systems often have physical and behavioral health issues, in addition to the social-emotional needs brought on by being removed from a parent's care.³⁷⁷ Foster parents often need education, support and resources to ensure they are able to successfully care for foster children who may have these added health needs. The Family First Prevention Services Act, signed into law on February 9, 2018, includes reform to child welfare policies, as well as federal investments, to keep children safely with their families and avoid the traumatic experience of entering foster care when possible.³⁷⁸ The Act also aims to ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs when foster care is needed. In Arizona, DCS also led an agency-wide strategic effort to standardize and improve the quality of in-home preservation services, which contributed to improved outcomes for families and stronger relationships between DCS and service providers.³⁷⁹ In addition, the federal response to the pandemic has included additional funds for child welfare agencies, including nearly \$15 million in CARES Act funding for the state of Arizona.³⁸⁰

In the La Paz/Mohave Region, DCS removed a total of 452 young children (ages birth to 5) from their homes in state fiscal years 2019 (SFY2019) and 2020 (SFY2020), with a decrease in the number of removals from SFY2019 (n=241) to SFY2020 (n=211) (Figure 78). In contrast, across the state, the number of removals increased from SFY2019 (n=3,989) to SFY2020 (n=4,124).

Figure 78. Number of children ages birth to 5 removed by DCS, state fiscal years 2019 to 2020

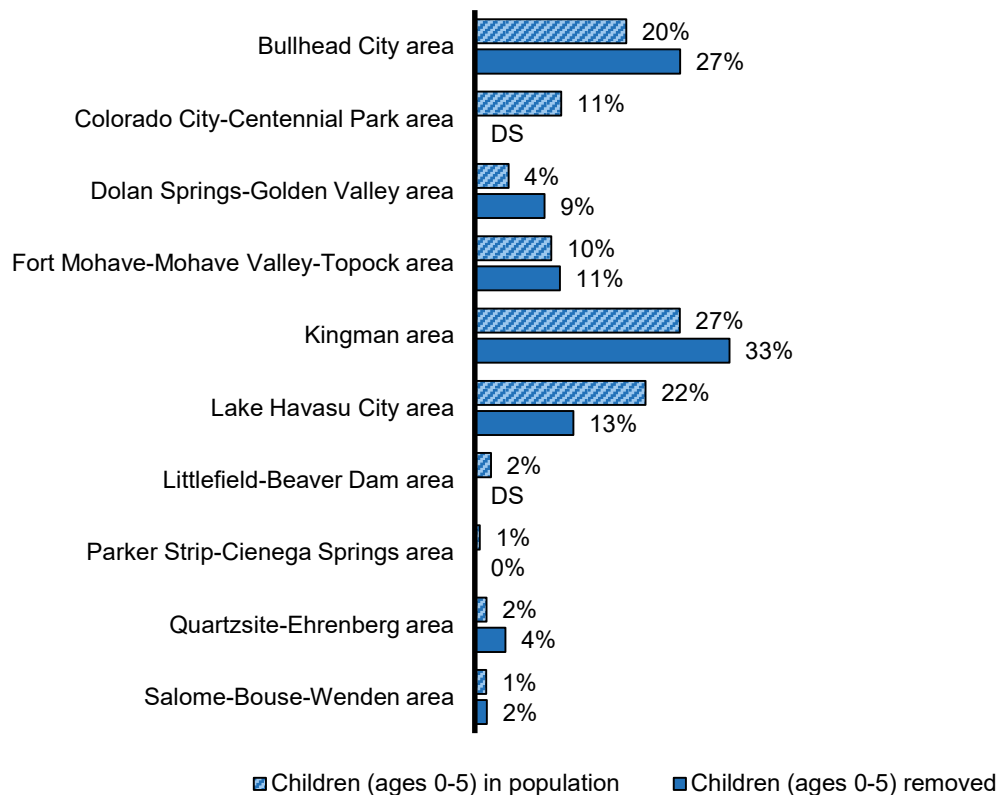


Source: Arizona Department of Child Safety (2021). [Child removal dataset]. Unpublished data.

Note: These data were received by zip code and geocoded to the La Paz/Mohave Region by the UArizona CRED team. The data reflect the last known address of the caregiver from whose custody the child was removed, not the location where the removal took place.

The proportion of removals by sub-region was somewhat different than the share of young children in each, with the Lake Havasu City sub-region having a lower proportion of young children removed (13%) than would be expected based on its share of the young child population (22%) (Figure 79). All other subregions (where data was available) had a larger proportion of young children removed compared to their share of the young child population, with removals concentrated in the Kingman (33%) and Bullhead City (27%) subregions.

Figure 79. Share of children ages birth to 5 removed by DCS in the La Paz/Mohave Region by sub-region compared to the population ages birth to 5, state fiscal years 2019-2020 combined



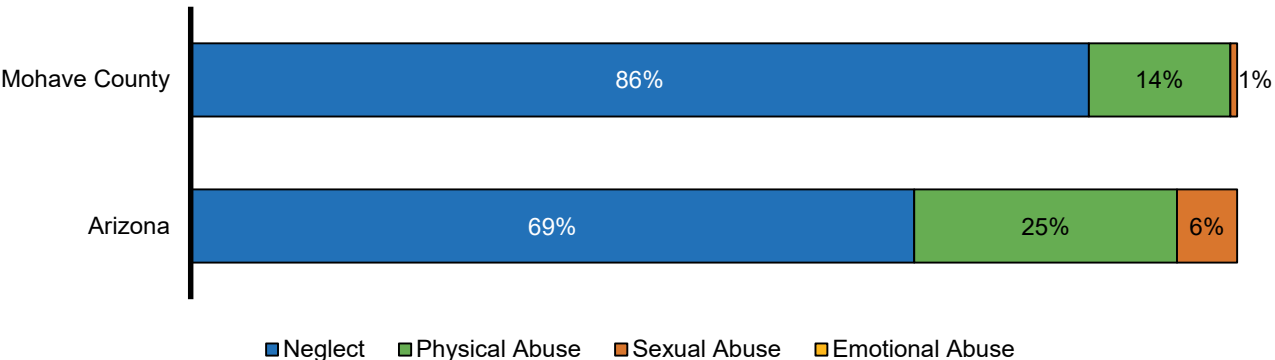
Source: Arizona Department of Child Safety (2021). [Child removal dataset]. Unpublished data.

Note: These data were received by zip code and geocoded to the La Paz/Mohave Region by the UArizona CRED team. The data reflect the last known address of the caregiver from whose custody the child was removed, not the location where the removal took place.

Key informants noted that removals in these subregions are largely related to parental substance use and exacerbated by poverty. In addition to the challenges brought on by substance use disorder, there are significant barriers to accessing treatment services in the region, with just one treatment center in Bullhead City and none in Kingman. Individuals may have to travel all the way to Phoenix for services, a distance that hinders many from seeking care. While DCS offers transportation services for parents seeking treatment in Phoenix, services were transitioned to a fully-virtual format during the COVID-19 pandemic. Parents who lacked regular access to a phone or internet connection faced new barriers to treatment, alongside the challenges of the pandemic.

The Arizona Department of Child Safety (DCS) produces a semi-annual report on child welfare services which includes types of maltreatment experienced by children involved with DCS. Of the substantiated maltreatment reports for children aged birth to 17 between June and December 2020, most (86%) in Mohave County were due to neglect (Figure 80). Substantiated reports of neglect were more common in the county compared to the state (69%), while substantiated reports due to physical abuse (14%) or sexual abuse (1%) were less common compared to the state (25% and 6%, respectively). Data specific to La Paz County is not available because those substantiated maltreatment reports are handled out of the Mohave County DCS offices and therefore counted as Mohave County data.

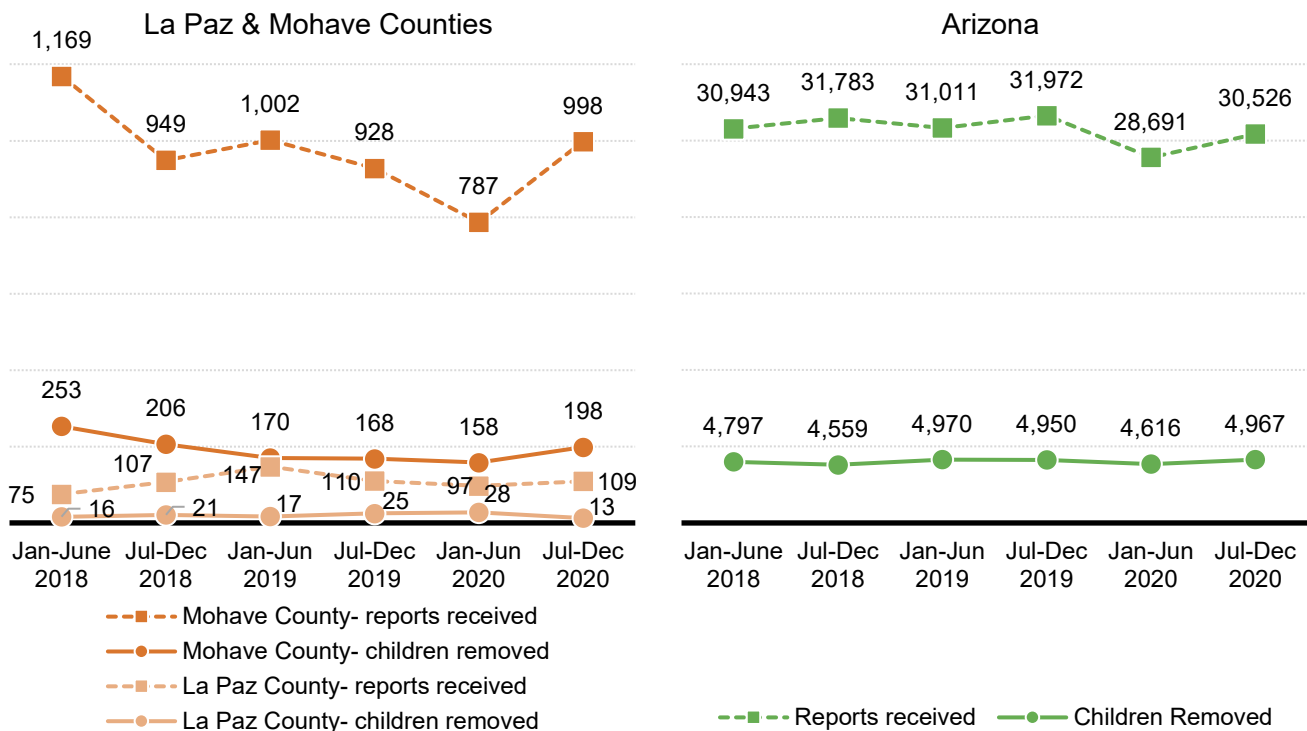
Figure 80. Substantiated maltreatment reports by type for children ages birth to 17, June-Dec 2020



Source: Department of Child Safety (2021). Semiannual child welfare report, March 2021. Retrieved from <https://dcs.az.gov/reports>

For the most part, reports of child abuse and neglect among children (birth to 17) were declining in Mohave County prior to the pandemic, dropping from a high of 1,169 reports in the first six months of 2018 to a low of 787 reports in the first six months of 2020 (Figure 81). Reports of child abuse and neglect in La Paz County peaked at the beginning of 2019 with a total of 147 reports, dropping to 97 reports at the beginning of 2020. This drop in cases at the beginning of 2020 was seen statewide and nationally, and has been linked to the transition to distance learning and remote work during the COVID-19 pandemic, which resulted in fewer opportunities for educators, health care professionals and other key social service providers to identify and report child maltreatment.³⁸¹ Families also experienced limited access to key social programs, including family support services and school nutrition programs, which can promote physical and mental health and help decrease and prevent instances of child maltreatment.³⁸²

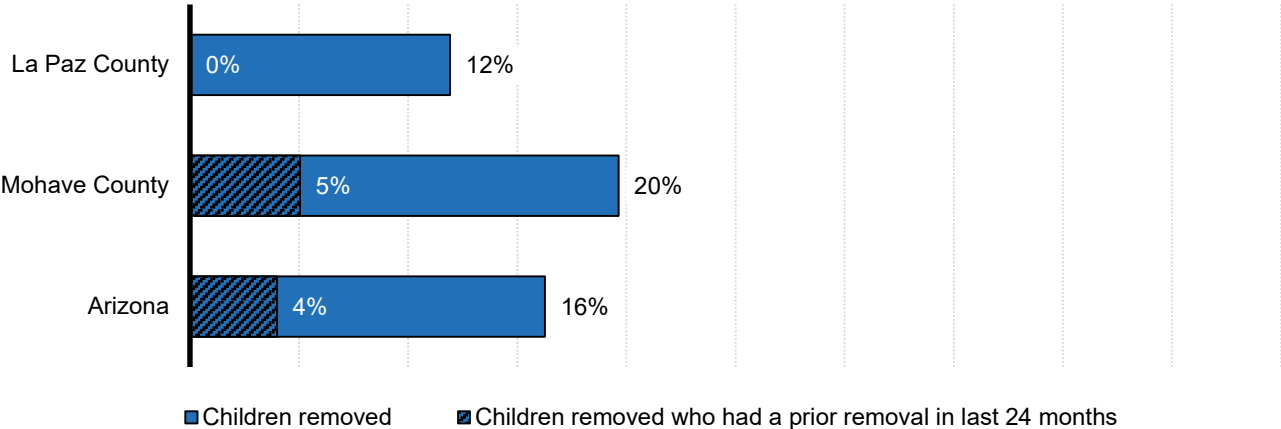
Figure 81. Children age birth to 17 reported to and removed by DCS, Jan 2018 to Dec 2020



Source: Department of Child Safety (2021). Semiannual child welfare reports, Sept 2018 to March 2021. Retrieved from <https://dcs.az.gov/reports>

Of the reports of child maltreatment received by DCS between June and December of 2020, 12% resulted in a child being removed from their home in La Paz County (Figure 82). In Mohave County, 20% of reports resulted in a child removal, and 5% of reports resulted in a child being removed from their home who had already been removed within the previous 24 months.

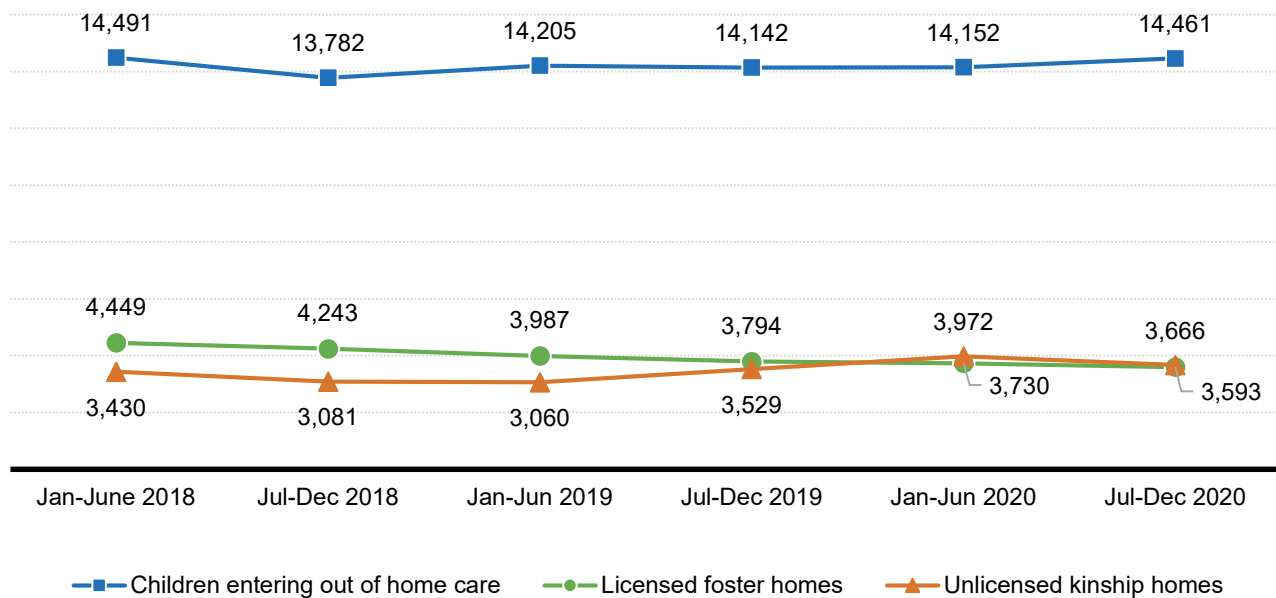
Figure 82. Children age birth to 17 removed by the Department of Child Services (DCS), June-Dec 2020



Source: Department of Child Safety (2021). Semiannual child welfare report, March 2021. Retrieved from <https://dcs.az.gov/reports>

Statewide, there is a large gap between the number of children needing out-of-home placements and the number of licensed foster homes and unlicensed kinship homes available (Figure 83). The number of licensed foster homes has been steadily declining since 2018, whereas the number of unlicensed kinship homes appeared to have been on an increasing trend since 2019, until the pandemic. One effect of the Families First Prevention Services Act has been an increased focus on kinship placements, which are placements of children with relatives or close family friends.³⁸³ Research shows that children in kinship care placements have better wellbeing, fewer mental health disorders, fewer behavioral problems, and less placement disruption than children in non-relative foster care.³⁸⁴ Kinship families may however need additional supports navigating the child welfare system and accessing resources as they support children who may have experienced trauma.³⁸⁵

Figure 83. Children entering out-of-home care compared to the number of licensed foster homes and unlicensed kinship homes in Arizona, Jan 2018-Dec 2020



Source: Department of Child Safety (2021). *Semiannual child welfare reports, Sept 2018 to March 2021*. Retrieved from <https://dcs.az.gov/reports>

An asset in the region is the Mohave County Infant and Toddler Mental Health Court Team.³⁸⁶ The Court Team’s strategy seeks to improve outcomes for infants, toddlers and their families involved in the child welfare system in order to reduce or prevent future court involvement. Activities of the Court Teams include training on child welfare issues throughout the region and shared planning and regular consultation with agencies working with children and families involved in the child welfare system.

Additional data tables related to *Family Support and Literacy* can be found in Appendix 1 of this report.

SUMMARY AND CONCLUSIONS

This Needs and Assets Report is the eighth biennial assessment of the challenges and opportunities facing children birth to age 5 and their families in the First Things First La Paz/Mohave Region. In addition to providing an overview of the region, this report looks more closely at some of the community-level variation within it, by including data by subregions and school districts when available.

The quantitative data reported here, as well as qualitative information provided by key informants during a data interpretation session held in November 2021, highlight some of the La Paz/Mohave Region's many strengths. A summary of identified regional assets is included below.

Population Characteristics

- Communities are ethnically, racially, and culturally diverse.
- A majority of residents who speak a language other than English at home report that they speak English “very well,” meaning they are proficiently bilingual or multilingual. This is the case for 7% of individuals ages 5 and older in the La Paz/Mohave Region and 25% in the Littlefield-Beaver Dam subregion.
- The ACS estimates that 17% of young children in the La Paz/Mohave Region live in their grandparent's household. Multigenerational households can enhance family bonds and provide additional financial and caregiving resources.

Economic Circumstances

- The Summer Food Service Program in both La Paz and Mohave counties was leveraged to support students during the pandemic, hopefully reducing food insecurity during a difficult time. In school year 2019-20, 437,746 meals were served across the two counties.
- An additional food resource in the La Paz/Mohave Region is the Emergency Food Assistance Program (TEFAP) which helps supplement the diets of low-income individuals by providing them with emergency food and nutrition assistance at no cost. TEFAP foods are distributed as Emergency Food Packages and in meals served at Congregate Feeding Sites (Soup Kitchens). There are 20 TEFAP sites in the region, including 2 in La Paz County and 18 in Mohave County.
- In spite of declining numbers of women, infants and children enrolled in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in Mohave County, participation rates among those enrolled have remained high, with 95% of women enrolled in WIC receiving benefits in 2020 and similarly high rates of participation among infants and children.
- Until the pandemic, the unemployment rates in La Paz and Mohave counties were steadily declining over the last decade, suggesting post-Great Recession economic recovery. While the

pandemic was a tremendous shock to the labor market, La Paz County returned to pre-pandemic unemployment rates by fall 2020.

- The majority (83%) of La Paz/Mohave residents have access to a computer and internet, including 89% of children.

Educational Indicators

- The four and five-year graduation rates in the La Paz/Mohave Region in 2019 (79% and 82%) were comparable to Arizona as a whole (79% and 83%).
- 7th to 12th grade dropout rates have steadily declined for the last four years in the region, dropping to just 2% in the 2019-20 school year.
- The majority (85%) of adults aged 25 and older in the region have at least a high-school education, comparable to the state (87%) and nation (88%). Of babies born in the region in 2019, 80% were born to mothers who had at least a high-school education.

Early Learning

- About 41% of the La Paz/Mohave Region's estimated 3,662 3- and 4-year-old children were enrolled in some type of school, such as nursery school, preschool or kindergarten. At least half of children were enrolled in school in the Fort Mojave Indian Tribe (Arizona part) (57%) and the Colorado City-Centennial Park (52%) subregion. High quality early learning experiences can set a child up for success in kindergarten and beyond.
- In the La Paz/Mohave Region, 17 providers became Arizona Enrichment Centers, serving 235 children through the program. A total of 35 providers in the region enrolled in the DES Child Care COVID-19 grant program to help child care providers cover operational costs during the pandemic.
- The Western Association Council of Governments (WACOG) operates 13 Head Start sites located across 6 La Paz/Mohave subregions, largely concentrated in the Bullhead City, Kingman and Lake Havasu City subregions. Early Head Start programs are available in the Bullhead City and Kingman subregions. WACOG programs in the La Paz/Mohave Region had a cumulative enrollment of 323 in 2020-21.
- In 2020, a total of 1,055 children in the La Paz/Mohave Region were enrolled in a Quality First provider site and 300 young children received Quality First scholarships.
- The 2022 state fiscal year budget includes \$74 million specifically focused on increasing the number of quality child care and preschool settings in Arizona, which could add up to 800 Quality First providers statewide over the next three years.
- In June 2019, the DES child care subsidy waitlist was suspended. The suspension meant that for the first time since the start of the waitlist in 2009 during the Great Recession, all children who qualify for subsidies were able to receive them, assuming that they are able to find a provider.

Child Health

- Compared to children across the U.S., young children in the La Paz/Mohave Region are slightly more likely to have health insurance.
- In 2019, the region met Healthy People 2020 targets for low birth weight and preterm births.
- In Mohave County, the number of non-fatal overdoses declined quite dramatically from 2018 (n=140) to 2020 (n=67).
- The Bullhead City and Lake Havasu City subregions met all Healthy People 2020 targets for child care immunizations in the 2019-20 school year, while the Dolan Springs-Golden Valley and Fort Mohave-Mohave Valley-Topock subregions met all Healthy People 2020 targets for kindergarten immunizations that same year.
- In both 2018 and 2019, the La Paz/Mohave Region met the Healthy People 2020 target for infant mortality.

Family Support and Literacy

- Home visitation has been a major funding priority for the La Paz/Mohave Region in recent years; the goal for SFY2022 is to serve 200 families.
- A key asset in the region is the Mohave County Infant and Toddler Mental Health Court Team. The Court Team’s strategy seeks to improve outcomes for infants, toddlers and their families involved in the child welfare system in order to reduce or prevent future court involvement. Activities of the Court Teams include training on child welfare issues throughout the region and shared planning and regular consultation with agencies working with children and families involved in the child welfare system.

Even with substantial strengths in the region, there continue to be challenges to fully serving the needs of families with young children, and it is particularly important to recognize that there is considerable variability in the needs of families across the region. A more extensive list of regional challenges follows, but we first summarize key needs in the region based on available data. The La Paz/Mohave Regional Partnership Council supports multiple efforts that aim to address these major challenges, and many of these challenges are challenges seen statewide as well. These include:

- **The need for affordable, high quality and accessible child care** – The La Paz/Mohave Region has limited options for child care that fail to meet the needs of the region’s families with young children. The available registered early care and education slots provide spaces to serve just 3,630 children, far below the estimated 6,507 young children with all parents in the labor force that likely need some form of child care.

The Center for American Progress definition of a “child care desert” is an area where there are at least three times as many children as there are child care slots. The La Paz/Mohave Region meets this definition, with 3.7 times as many children as there are child care slots. Nearly all subregions also meet this definition, and the child care shortage appears to be the worst in the Colorado

City-Centennial Park, Dolan Springs-Golden Valley and Quartzsite-Ehrenberg subregions. Exacerbating the lack of available early care and education in the region further, in December 2020 over half (51%) of the registered providers in the La Paz/Mohave Region were not open due to the COVID-19 pandemic.

One key factor influencing the limited availability of child care in the region is staffing. Providers already faced challenges in finding and retaining qualified staff prior to the COVID-19 pandemic, and the stresses created by the pandemic further exacerbated staff turnover. These staffing shortages have led to long waitlists for families trying to get into registered providers, who often turn to informal and unregulated child care to meet their needs. Many families utilize social media groups, particularly on Facebook, to seek unregulated child care services. Key informants also noted the lack of, and need for, regulated home-based providers in the region. Particularly in the Lake Havasu City subregion, there are many home-based providers who remain unregistered due to concerns over the financial burdens of licensing, and specifically the administrative costs of ensuring enough staff to meet required staff-to-child ratios.

In addition to there being limited options for child care in the region, what is available is expensive. A family with one preschooler and one infant in the La Paz/Mohave Region can expect to pay about \$1,060 per month for a licensed center, \$947 for a certified family home provider or \$800 for an approved family home. This equates to between \$9,600 and \$12,720 spent on child care per year. Given that nearly half of young children in the region live in a single-parent home, it is important to highlight the particular financial strain this can put on households that may rely upon one income. With a median income of just \$16,700 in La Paz County, these families are potentially paying between 57 and 76% of their income on child care for an infant and a preschooler, well beyond the 10% threshold the United States Department of Health and Human Services recommends that parents spend on child care to avoid being overburdened. Even in Mohave County, where median income is slightly higher for single-female-headed families (\$30,100), parents may be paying between 32 and 42% of their income on child care.

- **The need for additional education and services related to childhood immunizations** – In both child care and kindergarten settings, young children in the La Paz/Mohave Region have been vaccinated at rates that do not meet Healthy People 2020 targets. In the 2019-20 school year, the region did not meet Healthy People 2020 targets for DTaP or polio in child care, nor did it meet MMR, DTaP or polio targets for kindergarten.

The region has also seen increasing trends in exemptions from all required vaccines in recent years, following the increasing trend seen across the state. In the 2019-20 school year, 3.4% of children in child care and 5.7% of kindergarteners in the region were exempt from all required vaccines, making exemptions in the region more common than those seen statewide (3.1% and 3.4%, respectively). Exemptions vary widely by subregion, with higher rates of child care exemptions from all vaccines in the Littlefield-Beaver Dam (11.1%), Lake Havasu City (5.4%)

and Quartzsite-Ehrenberg (5%) subregions and significantly higher rates of kindergarten exemptions from all vaccines in the Colorado City-Centennial Park subregion (66.7%).

These exemption rates impact the region's ability to assure community immunity from some preventable infectious diseases, and to therefore prevent the spread of disease if a child becomes infected. For measles, between 90% and 95% of children need to be vaccinated in order to prevent the disease spreading if one child becomes infected.

Challenges accessing health care, particularly because of distance and conflicts with work, were noted as barriers to timely well-child visits, and therefore vaccination of young children in the region. Key informants also noted that the variability in vaccination rates across the 3 major vaccine series is, in part, likely caused by parents choosing to delay the timing of certain series out of concern for the total number of vaccinations children receive at one time.

Targeted education from trusted community members has been identified as a critical strategy to improve immunization access in the region. Key informants attributed higher rates of vaccination for MMR to specific and targeted education focused on the safety of the MMR vaccine. They also credited the decline in immunization exemptions in 2019-20, both among children in child care and kindergarteners, to concerted efforts to ensure parents are receiving education and information on vaccines from trusted members of their community. In the Colorado City-Centennial Park subregion, for example, the Creek Valley Health Clinic held a TikTok dance challenge to encourage kids to get vaccinated. Local health department staff worked with schools to assist parents with scheduling vaccination appointments for their children during the school registration process, rather than simply signing an exemption form to get their child into the classroom as soon as possible, a practice that had become common in some schools. The health department is also launching a new mobile health unit and hiring a health educator focused specifically on vaccine education and outreach.

Organizations in the region have also partnered to increase vaccine access among young children. In order to address a gap in need for childhood vaccinations during the pandemic, First Things First staff, The Arizona Partnership for Immunizations (TAPI), Regional Center for Border Health, Greater Phoenix Urban League, Arizona Health Care Cost Containment System (AHCCCS), Care 1st/Wellcare and Health Choice collaboratively planned and hosted six children's vaccine events in Lake Havasu City, Kingman and Bullhead City. A total of 564 children were vaccinated, with an average of three to four vaccines needed per child to catch up with their schedule of immunizations. Over 1,000 doses were provided, and almost half of the children vaccinated were uninsured.

- **The need to strengthen the local child welfare system and provide additional support to families in crisis** – While reports and removals due to child abuse and neglect were declining in recent years in the region, both showed a notable increase in the last six months of 2020, possibly driven by increased family conflict and domestic violence under the stressors of the pandemic. Reports in Mohave County dropped to a low of 787 reports in January-June 2020, rebounding to 998 reports in July-December 2020, while La Paz County showed a similar trend

(97 and 109). Of the reports of child maltreatment received by DCS between June and December of 2020, 12% resulted in a child being removed from their home in La Paz County. In Mohave County, 20% of reports resulted in a child removal, and 5% of reports resulted in a child being removed from their home who had already been removed within the previous 24 months.

Child removals in the region are largely related to parental substance use and exacerbated by poverty, according to key informants. In addition to the challenges brought on by substance use disorder, there are significant barriers to accessing treatment services in the region, with just one treatment center in Bullhead City. Individuals may have to travel all the way to Phoenix for services, a distance that hinders many from seeking care. While DCS offers transportation services for parents seeking treatment in Phoenix, services were transitioned to a fully-virtual format during the COVID-19 pandemic. Parents who lacked regular access to a phone or internet connection faced new barriers to treatment, alongside the challenges of the pandemic.

One critical family support asset in the region is the Mohave County Infant and Toddler Mental Health Court Team. The Court Team's strategy seeks to improve outcomes for infants, toddlers and their families involved in the child welfare system in order to reduce or prevent future court involvement. Activities of the Court Teams include training on child welfare issues throughout the region and shared planning and regular consultation with agencies working with children and families involved in the child welfare system.

Additional regional challenges highlighted in this report include:

Population Characteristics

- While only about 1% of La Paz/Mohave Region households are considered “limited-English-speaking,” meaning no one over the age of 13 considers themselves as speaking English “very well” in the home, this is true for 13% of households in the Littlefield-Beaver Dam subregion. Parents and caregivers with limited English proficiency may experience barriers to accessing health care and social services, as well as barriers to engaging in important interactions at their children's schools; these barriers can affect a family's ability to promote positive child development.
- Nearly half (47%) of children under 6 in the La Paz/Mohave Region live with a single parent. In three subregions and the Fort Mojave Indian Tribe, this is the case for more than half of young children: Fort Mojave Indian Tribe (Arizona part) (73%), Bullhead City (55%), Kingman (55%), and Quartzsite-Ehrenberg (52%). These households experienced heightened challenges during the pandemic, including unemployment, food insecurity, difficulty paying for housing and utilities and heightened behavioral difficulties in children.
- An estimated 2,587 grandparents in the La Paz/Mohave Region are responsible for raising one or more grandchildren (up to age 17) who live with them. More than a third (37%) of these grandparents in the region do not have the child's parent(s) living in the household, including more than half of grandparents in the Fort Mohave-Mohave Valley-Topock (77%) and Lake

Havasu City (47%) subregions. Children's risk of living in poverty is higher when living with grandparents. Grandparents often encounter multiple barriers when accessing public assistance as caregivers and face unique psychological and physical stressors. In the Littlefield-Beaver Dam subregion in particular, 40% of grandparents responsible for grandchildren do not speak English very well. Grandparents with limited English proficiency face additional barriers and challenges in their caregiving role.

Economic Characteristics

- The median income for single-female headed families is just \$16,700 in La Paz County and \$30,100 in Mohave County. These median household incomes are far below the overall median family incomes seen in each county (\$44,400 and \$54,400, respectively), as well as the self-sufficiency standards for a single-parent household with one infant and one preschooler - \$51,579 in La Paz County and \$50,750 in Mohave County - suggesting that many of the families in the county earn less than the amount estimated to be necessary to fully support themselves. This is particularly meaningful given that nearly half (47%) of young children living in a single-parent household in the region.
- La Paz/Mohave Region residents are slightly more likely to live in poverty than others statewide, with nearly one in four (24%) young children in the region living in poverty. Childhood poverty is most common in the Colorado City-Centennial Park (44%) and Dolan Springs-Golden Valley (36%) subregions, along with the Fort Mojave Indian Tribe (Arizona part) (33%).
- Despite the proportion of young children who received SNAP benefits declining between SFY2016 and SFY2020, nearly half (45%) of all children ages birth to 5 in the La Paz/Mohave Region received SNAP benefits in SFY2020, underscoring how important this support is for childhood food security in the region.
- Food security issues were likely exacerbated by the pandemic. The Pandemic Electronic Benefit Transfer Program (P-EBT) was established to offset the loss of meals normally received for free at schools or child care settings. Eligible families included those participating in SNAP with a child under age 6 and those with a child who received free or reduced-price school lunch. In 2020, an estimated 6,097 children under the age of 6 were participating in SNAP in the region. However, in March 2021, only 831 children under age 6 received P-EBT, and this number shrank in the following months, suggesting that many eligible children did not access this benefit to help ensure access to adequate food during the pandemic. The high proportions of students eligible for free and reduced-price lunches in districts across the region also raises concerns about additional hardships for these children during school closures. While many districts aimed to provide meals even while running classes remotely, families faced more logistical hurdles to acquiring those meals.
- In 2020, the region lost 9 straight years of progress as unemployment spiked as a result of the COVID-19 pandemic. The number of unemployment claims jumped substantially, from a pre-pandemic low of 187 in February 2020, to a high of 4,021 in April 2020. Notably, even as claims

surged during the pandemic, there is a consistent and wide gap between the number of claims filed and the number of claims found eligible and paid. This suggests there may be widespread economic challenges in families with lost incomes who requested but did not receive unemployment benefits.

- More than one in four (27%) households in the La Paz/Mohave Region are housing-cost burdened, i.e., spending more than 30% of their household income on housing. Those renting are even more likely to be housing-cost burdened (40%). Housing-cost burden is highest in the Bullhead City (32%) and Lake Havasu City (30%) subregions, which when combined include nearly half (47%) of all households in the region.
- An estimated 13% of households in the region lack a smartphone or computer, including one in four households in the Littlefield-Beaver Dam (26%) and Quartzsite-Ehrenberg (24%) subregions, suggesting they have no access to the internet while at home.

Educational Indicators

- Chronic absences in children enrolled in kindergarten through 3rd grade in the La Paz/Mohave Region in the 2018-19 school year (16%) were higher than seen across the state (13%). There were notably multiple districts where between a quarter and a third of students were chronically absent, including Yucca Elementary District (33%), Quartzsite Elementary District (32%) and Kingman Unified School District (25%).
- In the four years prior to the pandemic, less than half of 3rd graders in the La Paz/Mohave Region passed the AzMERIT English Language Arts and Math tests, though passing rates in the region were comparable to those statewide.
- The Colorado City-Centennial Park subregion has a relatively large population of adults who have not completed a high school degree (compared to the region, state and nation). This and other areas in the region may especially benefit from programs that aim to simultaneously serve both young children and their parents.

Early Learning

- In December 2020, 40% of providers in the Lake Havasu City subregion were closed, representing a loss of 50% of capacity, or 371 child care slots. This was a greater loss of child care capacity compared to other large subregions, such as Kingman (26%) and Bullhead City (39%). Several smaller subregions saw 100% of their already limited capacity closed, including Colorado City-Centennial Park, Littlefield-Beaver Dam, Quartzsite-Ehrenberg and Salome-Bouse-Wenden.
- The proportion of eligible Department of Child Safety-involved children actually receiving child care subsidies has steadily declined since 2016 (92%), dropping to just 51% in 2020, likely related to the pandemic. These children are in especially fragile families, where the stress of the

pandemic coupled with the lack of outside support during mass quarantines could leave them particularly vulnerable.

- The percentage of families in the La Paz/Mohave Region who applied and were found eligible for DES child care subsidies but did not utilize them gradually increased from 2015 (5%) to 2019 (10%) and peaked in 2020 (19%), another reflection of the pandemic's effect on child care arrangements.
- The number of children referred to and found eligible for early intervention services in the region has remained low in recent years, which means there are likely many families of children who could benefit from early intervention services who are not receiving them and likely need additional support and education. This is further highlighted by the number of kindergarten to 3rd grade students enrolled in special education (e.g., 1,047 total K-3 students in the 2019-20 school year), which is much larger than the number of young children being served by early intervention services in the region (e.g., 154 total children ages 0-2 served in state fiscal year 2020).

Child Health

- The proportion of births to mothers who began prenatal care in their first trimester in the La Paz/Mohave Region (67.2%) was well below the Healthy People 2020 target (84.8%). In the Salome-Bouse-Wenden subregion, less than half (48%) of births were to mothers who began prenatal care in their first trimester.
- Tobacco use among expectant mothers in the region is quite high. In the La Paz/Mohave Region, 14.1% of babies born in 2019 had mothers who reported smoking while pregnant. This is more than three times as high as seen across the state (4.3%) and more than 10 times the Healthy People 2020 goal of no more than 1.4%. In the Dolan Springs-Golden Valley subregion, almost one in four (23%) births between 2017 and 2019 were to mothers who used tobacco during pregnancy.
- Between 2017 and 2020, there were a total of 97 deaths with opiates or opioids noted as a contributing factor and 249 newborns hospitalized because of maternal drug use during pregnancy in the La Paz/Mohave Region.
- Between 2016 and 2020, there were 4,744 non-fatal emergency department visits and 26 non-fatal inpatient hospitalizations for unintentional injuries in the La Paz/Mohave Region among children aged birth to 4. The most common reason for emergency department visits was falls, accounting for nearly half (48%) of visits.

Family Support and Literacy

- Mental health and substance use are key issues in La Paz/Mohave Region. Deaths from mental and substance abuse disorders in Mohave County have been increasing in the last 20 years, and the county lacks an adequate number of mental health providers to support community need.

More than a third (38%) of community needs assessment survey respondents in Mohave County said that mental health services are either difficult to access or do not exist in their community, with focus group respondents specifically speaking to the need for pediatric behavioral health specialists and mental health support for children in schools.

These needs are complex issues that have root causes that no single organization can tackle alone. Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration among First Things First and other state agencies, the La Paz/Mohave Regional Partnership Council and staff, local providers, and other community stakeholders in the region. Continued collaborative efforts have the long-term potential to make these opportunities available to more families across the La Paz/Mohave Region.

APPENDIX 1: ADDITIONAL DATA TABLES

Population Characteristics

Table 34. Number of babies born, 2015 to 2019

Geography	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
La Paz/Mohave Region	1,879	1,868	1,847	1,732	1,628	1,731
La Paz County	213	199	223	194	187	186
Mohave County	1,833	1,845	1,803	1,734	1,790	1,726
Arizona	86,648	85,024	84,404	81,664	80,539	79,183

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Table 35. Race and ethnicity for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother was non-Hispanic White	Mother was Hispanic or Latina	Mother was Black or African American	Mother was American Indian or Alaska Native	Mother was Asian or Pacific Islander
La Paz/Mohave Region	2018	1,628	71%	24%	1%	3%	1%
	2019	1,731	73%	22%	1%	2%	2%
La Paz County	2018	187	36%	37%	0%	26%	1%
	2019	186	38%	32%	[1% to 3%]	26%	[1% to 3%]
Mohave County	2018	1,790	72%	22%	1%	4%	1%
	2019	1,726	72%	21%	1%	3%	2%
Arizona	2018	80,539	43%	41%	6%	6%	4%
	2019	79,183	43%	41%	6%	6%	4%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: The five percentages in each row should sum to 100% but may not because of rounding. Mothers who report more than one race or ethnicity are assigned to the one which is smaller. Mothers of twins are counted twice in this table.

Table 36. Race and ethnicity of mothers by subregion

Subregion	Three-year period	Number of births	Mother was non-Hispanic White	Mother was Hispanic or Latina	Mother was Black or African American	Mother was American Indian or Alaska Native	Mother was Asian or Pacific Islander
Bullhead City area	2014-2016	1,167	60%	36%	[0% to 1%]	[0% to 1%]	2%
	2017-2019	1,098	58%	37%	2%	1%	2%
Colorado City-Centennial Park area	2014-2016	280	99%	1%	0%	0%	0%
	2017-2019	210	100%	0%	0%	0%	0%
Dolan Springs-Golden Valley area	2014-2016	215	78%	18%	[1% to 7%]	0%	[1% to 7%]
	2017-2019	234	80%	16%	0%	[1% to 7%]	[1% to 7%]
Fort Mohave-Mohave Valley-Topock area	2014-2016	593	69%	23%	0%	6%	1%
	2017-2019	571	69%	24%	[0% to 3%]	5%	[0% to 3%]
Kingman area	2014-2016	1,752	77%	17%	1%	3%	2%
	2017-2019	1,607	75%	19%	1%	3%	2%
Lake Havasu City area	2014-2016	1,299	80%	17%	[0% to 1%]	[0% to 1%]	2%
	2017-2019	1,173	81%	17%	[0% to 1%]	[0% to 1%]	[0% to 1%]
Littlefield-Beaver Dam area	2014-2016	67	61%	37%	0%	1%	0%
	2017-2019	42	[5% to 38%]	52%	2%	[5% to 38%]	0%
Parker Strip-Cienega Springs area	2014-2016	56	68%	[4% to 29%]	0%	[4% to 29%]	0%
	2017-2019	46	70%	26%	0%	2%	2%
Quartzsite-Ehrenberg area	2014-2016	91	59%	36%	2%	0%	2%
	2017-2019	49	65%	[4% to 33%]	[4% to 33%]	2%	N/A
Salome-Bouse-Wenden area	2014-2016	78	42%	53%	0%	3%	3%
	2017-2019	60	42%	53%	0%	2%	3%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: The five percentages in each row should sum to 100% but may not because of rounding. Mothers who report more than one race or ethnicity are assigned to the one which is smaller. Mothers of twins are counted twice in this table.

Table 37. Children ages birth to 5 living with parents who are foreign-born, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living with one or two parents	Number and percent living with one or two foreign-born parents	
		Number	Percent
La Paz/Mohave Region	9,944	914	9%
Bullhead City area	2,555	285	11%
Colorado City-Centennial Park area	649	0	0%
Dolan Springs-Golden Valley area	420	108	26%
Fort Mohave-Mohave Valley-Topock area	1,116	141	13%
Kingman area	3,319	75	2%
Lake Havasu City area	1,653	272	16%
Littlefield-Beaver Dam area	N/A	N/A	N/A
Parker Strip-Cienega Springs area	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A
Ft Mojave Indian Tribe (Arizona part)	N/A	N/A	N/A
Ft Mojave Indian Tribe (entire)	145	4	3%
La Paz County	899	194	22%
Mohave County	9,945	881	9%
Arizona	494,590	126,082	25%
United States	22,727,705	5,631,005	25%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B05009

Note: The term "parent" here includes stepparents.

Table 38. Language spoken at home (by persons ages 5 and older), 2015-2019 ACS

Geography	Estimated population (age 5 and older)	Speak only English at home	Speak Spanish at home	Speak languages other than English or Spanish at home
La Paz/Mohave Region	209,411	89%	9%	2%
Bullhead City area	39,255	84%	14%	2%
Colorado City-Centennial Park area	6,042	100%	0.2%	0.2%
Dolan Springs-Golden Valley area	17,131	93%	6%	0.5%
Fort Mohave-Mohave Valley-Topock area	22,013	90%	7%	3%
Kingman area	52,512	94%	4%	2%
Lake Havasu City area	56,571	89%	9%	2%
Littlefield-Beaver Dam area	3,384	62%	38%	0%
Parker Strip-Cienega Springs area	2,651	77%	20%	2%
Quartzsite-Ehrenberg area	5,646	90%	9%	1%
Salome-Bouse-Wenden area	4,206	82%	16%	2%
Ft Mojave Indian Tribe (Arizona part)	1,066	83%	8%	9%
Ft Mojave Indian Tribe (entire)	1,494	84%	7%	9%
La Paz County	19,831	82%	16%	2%
Mohave County	198,586	90%	8%	2%
Arizona	6,616,331	73%	20%	7%
United States	304,930,125	78%	13%	8%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

Note: The three percentages in each row may not sum to 100% because of rounding. The American Community Survey (ACS) no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state. In Arizona, Navajo and other Native American languages (including Apache, Hopi, and O'odham) are the most commonly spoken (2%), following English (73%) and Spanish (20%).

Table 39. English-language proficiency (for persons ages 5 and older), 2015-2019 ACS

Geography	Estimated population (ages 5 and older)	Speak only English at home	Speak another language at home, and speak English very well	Speak another language at home, and do not speak English very well
La Paz/Mohave Region	209,411	89%	7%	3%
Bullhead City area	39,255	84%	11%	6%
Colorado City-Centennial Park area	6,042	100%	0%	0.1%
Dolan Springs-Golden Valley area	17,131	93%	5%	2%
Fort Mohave-Mohave Valley-Topock area	22,013	90%	7%	2%
Kingman area	52,512	94%	5%	1%
Lake Havasu City area	56,571	89%	7%	4%
Littlefield-Beaver Dam area	3,384	62%	25%	14%
Parker Strip-Cienega Springs area	2,651	77%	15%	7%
Quartzsite-Ehrenberg area	5,646	90%	6%	4%
Salome-Bouse-Wenden area	4,206	82%	12%	6%
Ft Mojave Indian Tribe (Arizona part)	1,066	83%	14%	4%
Ft Mojave Indian Tribe (entire)	1,494	84%	12%	4%
La Paz County	19,831	82%	12%	6%
Mohave County	198,586	90%	7%	3%
Arizona	6,616,331	73%	19%	9%
United States	304,930,125	78%	13%	8%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

Note: The three percentages in each row should sum to 100% but may not because of rounding.

Table 40. Limited-English-speaking households, 2015-2019 ACS

Geography	Estimated number of households	Number and percent of limited-English-speaking households	
		Number	Percent
La Paz/Mohave Region	93,113	1,359	1%
Bullhead City area	17,694	454	3%
Colorado City-Centennial Park area	880	0	0%
Dolan Springs-Golden Valley area	7,562	36	0.5%
Fort Mohave-Mohave Valley-Topock area	9,936	76	1%
Kingman area	22,618	95	0.4%
Lake Havasu City area	26,118	293	1%
Littlefield-Beaver Dam area	1,553	206	13%
Parker Strip-Cienega Springs area	1,480	77	5%
Quartzsite-Ehrenberg area	3,035	0	0%
Salome-Bouse-Wenden area	2,236	122	5%
Ft Mojave Indian Tribe (Arizona part)	428	6	1%
Ft Mojave Indian Tribe (entire)	611	8	1%
La Paz County	9,346	329	4%
Mohave County	86,889	1,182	1%
Arizona	2,571,268	102,677	4%
United States	120,756,048	5,308,496	4%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16002

Note: A "limited-English-speaking" household is one in which no one over the age of 13 speaks English very well.

Table 41. Number of English Language Learners enrolled in kindergarten to 3rd grade, 2017-18 to 2019-20

Geography	K-3 English Language Learners, 2017-18	K-3 English Language Learners, 2018-19	K-3 English Language Learners, 2019-20
La Paz/Mohave Region Schools	261	257	248
Parker Unified Schools (Out of Region)	37	17	51
La Paz County Schools	80	51	77
Mohave County Schools	218	223	222
Arizona Schools	37,144	35,025	37,313

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: English Language Learners are students who do not score 'proficient' in the English language and thus eligible for additional supportive services for English language acquisition.

Table 42. Percent of kindergarten to 3rd grade students who were English Language Learners, 2017-18 to 2019-20

Geography	Percent of K-3 students who were English Language Learners, 2017-18	Percent of K-3 students who were English Language Learners, 2018-19	Percent of K-3 students who were English Language Learners, 2019-20
La Paz/Mohave Region Schools	4%	3%	3%
Parker Unified Schools (Out of Region)	7%	3%	9%
La Paz County Schools	11%	7%	10%
Mohave County Schools	3%	3%	3%
Arizona Schools	11%	11%	11%

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: English Language Learners are students who do not score 'proficient' in the English language and thus eligible for additional supportive services for English language acquisition.

Table 43. Grandchildren ages birth to 5 living in a grandparent's household, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living in households	Number and percent living in their grandparent's household	
		Number	Percent
La Paz/Mohave Region	10,773	1,789	17%
Bullhead City area	2,621	365	14%
Colorado City-Centennial Park area	732	19	3%
Dolan Springs-Golden Valley area	435	199	46%
Fort Mohave-Mohave Valley-Topock area	1,279	281	22%
Kingman area	3,533	642	18%
Lake Havasu City area	1,860	257	14%
Littlefield-Beaver Dam area	N/A	N/A	N/A
Parker Strip-Cienega Springs area	N/A	N/A	N/A
Quartzsite-Ehrenberg area	129	0	0%
Salome-Bouse-Wenden area	N/A	N/A	N/A
Ft Mojave Indian Tribe (Arizona part)	N/A	N/A	N/A
Ft Mojave Indian Tribe (entire)	151	80	53%
La Paz County	1,072	172	16%
Arizona	517,483	67,495	13%
United States	23,640,563	2,521,583	11%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B10001 & B27001

Note: This table includes all children (under 5 years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child's parent lives in the same household.

Economic Circumstances

Table 44. Median annual family income, 2015-2019 ACS

Geography	Median annual income for all families	Median annual income for married-couple families with children under 18 years old	Median annual income for single-male-headed families with children under 18 years old	Median annual income for single-female-headed families with children under 18 years old
La Paz County	\$44,400	\$67,300	\$45,300	\$16,700
Mohave County	\$54,400	\$70,700	\$33,900	\$30,100
Arizona	\$70,200	\$88,400	\$42,900	\$30,400
United States	\$77,300	\$100,000	\$45,100	\$29,000

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126

Note: Half of the families in the population are estimated to have incomes above the median value, and the other half have incomes below the median.

Table 45. Children ages birth to 5 living at selected poverty thresholds, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) who live with parents or other relatives	Percent of children under 50% of the poverty level	Percent of children between 50% and 99% of the poverty level	Percent of children between 100% and 184% of the poverty level	Percent of children at or above 185% of the poverty level
La Paz/Mohave Region	10,438	10%	14%	28%	47%
Bullhead City area	2,607	12%	13%	34%	40%
Colorado City-Centennial Park area	693	17%	27%	24%	31%
Dolan Springs-Golden Valley area	435	15%	21%	36%	28%
Fort Mohave-Mohave Valley-Topock area	1,222	7%	7%	16%	70%
Kingman area	3,450	10%	17%	24%	49%
Lake Havasu City area	1,773	7%	7%	36%	50%
Littlefield-Beaver Dam area	N/A	N/A	N/A	N/A	N/A
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A
Ft Mojave Indian Tribe (Arizona part)	N/A	N/A	N/A	N/A	N/A
Ft Mojave Indian Tribe (entire)	146	20%	20%	14%	46%
La Paz County	967	17%	23%	20%	40%
Arizona	508,453	11%	13%	22%	54%
United States	23,253,254	9%	11%	19%	60%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B17024

Note: The four percentages in each row should sum to 100% but may not because of rounding. In 2019, the poverty threshold for a family of two adults and two children was \$25,926; for a single parent with one child, it was \$17,622. The 185% thresholds are \$47,963 and \$32,600, respectively.

Table 46. Unemployment and labor-force participation for the adult population (ages 16 and older), 2015-2019 ACS

Geography	Estimated working-age population (age 16 and older)	Unemployment rate	Labor-force participation rate	Percent of working-age population in the labor force and employed	Percent of working-age population in the labor force but unemployed	Percent of working-age population not in the labor force
La Paz/Mohave Region	186,015	8%	44%	41%	4%	56%
Bullhead City area	34,980	8%	47%	43%	4%	53%
Colorado City-Centennial Park area	3,692	13%	64%	55%	8%	36%
Dolan Springs-Golden Valley area	16,016	11%	27%	24%	3%	73%
Fort Mohave-Mohave Valley-Topock area	19,556	8%	45%	41%	4%	55%
Kingman area	46,416	9%	47%	43%	4%	53%
Lake Havasu City area	50,938	6%	47%	44%	3%	53%
Littlefield-Beaver Dam area	2,951	6%	37%	34%	2%	63%
Parker Strip-Cienega Springs area	2,303	11%	51%	45%	6%	49%
Quartzsite-Ehrenberg area	5,276	7%	30%	28%	2%	70%
Salome-Bouse-Wenden area	3,887	1%	20%	20%	0%	80%
Ft Mojave Indian Tribe (Arizona part)	893	16%	48%	40%	8%	52%
Ft Mojave Indian Tribe (entire)	1,272	15%	44%	37%	7%	56%
La Paz County	17,815	9%	38%	35%	3%	62%
Mohave County	175,830	8%	45%	42%	4%	55%
Arizona	5,600,921	6%	60%	56%	3%	40%
United States	259,662,880	5%	63%	60%	3%	37%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23025

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The "labor force participation rate" is the fraction of the population who are in the labor force, whether employed or unemployed. The "unemployment rate" is the fraction of the civilian labor force which are unemployed. The last three percentages in each row (employed, unemployed, and not in the labor force) should sum to 100% but may not because of rounding.

Table 47. Monthly unemployment insurance claims, Nov 2019 to Nov 2020

Month	La Paz/Mohave Region			Arizona		
	Total claims (all outcomes)	Claims found eligible and paid	Percent of claims found eligible and paid	Total claims (all outcomes)	Claims found eligible and paid	Percent of claims found eligible and paid
Nov 2019	232	52	22%	7,787	2,275	29%
Dec 2019	225	58	26%	7,906	2,312	29%
Jan 2020	249	53	21%	9,892	2,712	27%
Feb 2020	187	41	22%	7,185	1,919	27%
Mar 2020	2,651	1,560	59%	110,129	66,655	61%
Apr 2020	4,021	1,821	45%	186,217	93,529	50%
May 2020	2,481	585	24%	98,786	33,481	34%
Jun 2020	2,578	506	20%	94,720	30,465	32%
July 2020	2,219	477	21%	78,744	26,081	33%
Aug 2020	1,341	321	24%	46,360	16,028	35%
Sept 2020	1,212	155	13%	39,660	9,464	24%
Oct 2020	854	141	17%	30,032	7,807	26%
Nov 2020	446	39	9%	15,835	1,812	11%

Sources: Arizona Department of Economic Security (2021). [Unemployment Insurance dataset]. Unpublished data.

Table 48. Families with children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020

Geography	Households with one or more children (ages 0-5)	Number of families with children (ages 0-5) participating in TANF					Percent of households with young children (ages 0-5) participating in TANF in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
La Paz/Mohave Region	9,168	405	394	415	372	378	4%
Bullhead City area	1,902	116	117	127	112	123	6%
Colorado City-Centennial Park area	568	[2-17]	0	0	0	0	0%
Dolan Springs-Golden Valley area	400	[21-29]	[18-26]	[19-27]	[24-31]	[12-15]	DS
Fort Mohave-Mohave Valley-Topock area	979	[35-43]	[35-43]	46	42	45	5%
Kingman area	2,544	141	144	151	143	151	6%
Lake Havasu City area	2,242	[44-52]	50	52	32	33	1%
Littlefield-Beaver Dam area	196	[1-9]	[2-18]	[2-17]	[2-14]	[1-9]	DS
Parker Strip-Cienega Springs area	69	[2-17]	[2-18]	0	[2-14]	[1-9]	DS
Quartzsite-Ehrenberg area	145	[14-22]	[2-18]	[1-9]	[1-9]	[1-9]	DS
Salome-Bouse-Wenden area	123	[2-17]	[1-9]	[2-17]	[2-14]	[1-9]	DS
Ft Mojave Indian Tribe (Arizona part)	63	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	822	79	[25-33]	[2-29]	31	[16-26]	DS
Mohave County	8,981	396	390	427	377	378	4%
Arizona	384,441	13,925	12,315	10,538	9,360	9,947	3%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P20.

Table 49. Children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020

Geography	Number of young children (ages 0-5) in the population	Number of young children (ages 0-5) participating in TANF					Percent of young children (ages 0-5) participating in TANF in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
La Paz/Mohave Region	13,469	545	553	547	504	491	4%
Bullhead City area	2,656	166	163	171	155	157	6%
Colorado City-Centennial Park area	1,513	[2-18]	0	0	0	0	0%
Dolan Springs-Golden Valley area	594	[23-31]	31	35	[32-40]	[17-25]	DS
Fort Mohave-Mohave Valley-Topock area	1,343	58	[53-61]	66	60	65	5%
Kingman area	3,597	186	209	206	191	193	5%
Lake Havasu City area	2,998	[1-9]	66	54	35	34	1%
Littlefield-Beaver Dam area	280	[2-18]	[2-18]	[2-12]	[2-18]	[2-18]	DS
Parker Strip-Cienega Springs area	86	[2-18]	[2-18]	0	[2-18]	[2-18]	DS
Quartzsite-Ehrenberg area	204	[22-30]	[2-18]	[1-9]	[1-9]	[2-18]	DS
Salome-Bouse-Wenden area	198	[2-18]	[1-9]	[2-12]	[2-18]	[2-18]	DS
Ft Mojave Indian Tribe (Arizona part)	89	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	1,227	125	[35-50]	46	48	38	3%
Mohave County	13,218	530	552	567	508	485	4%
Arizona	546,609	18,968	17,143	14,659	13,029	13,747	3%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14.

Table 50. Families participating in SNAP, state fiscal years 2016 to 2020

Geography	Households with one or more children (ages 0-5)	Number of families participating in SNAP					Percent of households with young children (0-5) participating in SNAP in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
La Paz/Mohave Region	9,168	5,552	5,302	4,894	4,466	4,125	45%
Bullhead City area	1,902	1,320	1,320	1,292	1,176	1,105	58%
Colorado City-Centennial Park area	568	389	283	148	87	94	17%
Dolan Springs-Golden Valley area	400	299	292	279	277	262	66%
Fort Mohave-Mohave Valley-Topock area	979	546	529	498	440	416	42%
Kingman area	2,544	1,621	1,622	1,534	1,474	1,346	53%
Lake Havasu City area	2,242	1,118	1,013	909	800	716	32%
Littlefield-Beaver Dam area	196	69	60	56	53	51	26%
Parker Strip-Cienega Springs area	69	44	43	46	38	34	49%
Quartzsite-Ehrenberg area	145	87	77	73	72	60	41%
Salome-Bouse-Wenden area	123	59	63	59	49	41	33%
Ft Mojave Indian Tribe (Arizona part)	63	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	822	566	529	519	471	405	49%
Arizona	384,441	171,977	164,092	151,816	140,056	132,466	34%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P20.

Table 51. Children participating in SNAP, state fiscal years 2016 to 2020

Geography	Number of young children (ages 0-5) in the population	Number of children (0-5) participating in SNAP					Percent of young children (0-5) participating in SNAP in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
La Paz/Mohave Region	13,469	8,120	7,685	7,180	6,644	6,097	45%
Bullhead City area	2,656	1,916	1,936	1,919	1,744	1,619	61%
Colorado City-Centennial Park area	1,513	686	441	264	199	205	14%
Dolan Springs-Golden Valley area	594	434	430	415	415	372	63%
Fort Mohave-Mohave Valley-Topock area	1,343	800	757	730	643	635	47%
Kingman area	3,597	2,360	2,337	2,228	2,187	1,991	55%
Lake Havasu City area	2,998	1,527	1,409	1,258	1,133	987	33%
Littlefield-Beaver Dam area	280	100	85	83	83	77	28%
Parker Strip-Cienega Springs area	86	61	63	73	60	51	59%
Quartzsite-Ehrenberg area	204	136	131	123	113	99	49%
Salome-Bouse-Wenden area	198	100	96	87	67	61	31%
Ft Mojave Indian Tribe (Arizona part)	89	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	1,227	888	865	856	764	665	54%
Arizona	546,609	258,455	247,414	229,275	211,814	198,961	36%

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14.

Table 52. Children ages birth to 17 and birth to 5 receiving Pandemic EBT, March to May 2021

Geography	Children ages 0-17 receiving P-EBT			Children ages 0-5 receiving P-EBT		
	March 2021	April 2021	May 2021	March 2021	April 2021	May 2021
La Paz/Mohave	14,330	14,330	14,330	831	762	665
Bullhead City area	3,907	3,907	3,907	177	164	130
Colorado City-Centennial Park area	151	151	151	17	17	14
Dolan Springs-Golden Valley area	898	898	898	48	44	42
Fort Mohave-Mohave Valley-Topock area	1,680	1,680	1,680	111	99	86
Kingman area	4,110	4,110	4,110	276	254	234
Lake Havasu City area	2,945	2,945	2,945	159	145	125
Littlefield-Beaver Dam area	144	144	144	16	13	13
Parker Strip-Cienega Springs area	165	165	165	DS	DS	DS
Quartzsite-Ehrenberg area	162	162	162	DS	DS	DS
Salome-Bouse-Wenden area	168	168	168	10	10	10
La Paz County	1,937	1,937	1,937	115	110	97
Mohave County	13,984	13,984	13,984	810	740	646
Arizona	628,147	628,087	628,221	38,053	34,402	30,926

Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

Table 53. Women enrolled in WIC, 2016 to 2020

Geography	Enrolled women, 2016	Enrolled women, 2017	Enrolled women, 2018	Enrolled women, 2019	Enrolled women, 2020
La Paz/Mohave Region	1,993	1,895	1,872	1,721	1,622
Bullhead City area	499	500	466	413	381
Colorado City-Centennial Park area	69	69	67	63	62
Dolan Springs-Golden Valley area	95	96	112	107	93
Fort Mohave-Mohave Valley-Topock area	175	162	169	151	155
Kingman area	729	631	646	613	588
Lake Havasu City area	419	425	402	363	333
Littlefield-Beaver Dam area	0	DS	0	0	0
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A	N/A	N/A
Mohave County	1,987	1,886	1,864	1,711	1,616
Arizona	80,063	75,882	72,098	68,312	63,111

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: Enrolled women include both pregnant and breastfeeding women. La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

Table 54. Women participating in WIC, 2016 to 2020

Geography	Participating women, 2016	Participating women, 2017	Participating women, 2018	Participating women, 2019	Participating women, 2020
La Paz/Mohave Region	1,841	1,776	1,751	1,614	1,538
Bullhead City area	465	461	437	389	358
Colorado City-Centennial Park area	68	69	63	60	60
Dolan Springs-Golden Valley area	89	91	109	98	93
Fort Mohave-Mohave Valley-Topock area	161	147	155	146	151
Kingman area	667	591	606	571	553
Lake Havasu City area	384	405	371	342	313
Littlefield-Beaver Dam area	0	DS	0	0	0
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A	N/A	N/A
Mohave County	1,835	1,767	1,743	1,607	1,532
Arizona	75,126	70,840	67,687	64,225	59,477

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: Participating women include both pregnant and breastfeeding women. Women are counted as 'participating' if they received benefits during the time period in question. La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

Table 55. Children ages birth to 4 enrolled in WIC, 2016 to 2020

Geography	Enrolled infants and children, 2016	Enrolled infants and children, 2017	Enrolled infants and children, 2018	Enrolled infants and children, 2019	Enrolled infants and children, 2020
La Paz/Mohave Region	5,327	4,810	4,618	4,478	4,294
Bullhead City area	1,245	1,196	1,108	1,064	982
Colorado City-Centennial Park area	373	224	178	172	180
Dolan Springs-Golden Valley area	250	241	270	267	267
Fort Mohave-Mohave Valley-Topock area	497	421	424	396	388
Kingman area	1,805	1,661	1,637	1,629	1,607
Lake Havasu City area	1,137	1,039	971	922	848
Littlefield-Beaver Dam area	0	DS	DS	0	0
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A	N/A	N/A
Mohave County	5,308	4,787	4,598	4,457	4,278
Arizona	206,626	196,482	187,737	178,300	167,186

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data. La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

Table 56. Children ages birth to 4 participating in WIC, 2016 to 2020

Geography	Participating infants and children, 2016	Participating infants and children, 2017	Participating infants and children, 2018	Participating infants and children, 2019	Participating infants and children, 2020
La Paz/Mohave Region	4,662	4,217	4,163	4,030	3,955
Bullhead City area	1,096	1,055	996	959	902
Colorado City-Centennial Park area	345	217	169	164	172
Dolan Springs-Golden Valley area	205	205	247	235	246
Fort Mohave-Mohave Valley-Topock area	419	345	394	365	370
Kingman area	1,583	1,439	1,464	1,457	1,468
Lake Havasu City area	994	929	866	824	777
Littlefield-Beaver Dam area	0	DS	DS	0	0
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A	N/A	N/A
Mohave County	4,643	4,195	4,146	4,011	3,941
Arizona	185,185	175,423	169,372	161,287	154,501

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: Children are counted as ‘participating’ if they received benefits during the time period in question. La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

Table 57. Free and reduced-price lunch eligibility, 2017-18 to 2019-20

Geography	Students eligible for free or reduced-price lunch, 2017-18	Students eligible for free or reduced-price lunch, 2018-19	Students eligible for free or reduced-price lunch 2019-20
La Paz/Mohave Region Schools	65%	62%	62%
Lake Havasu Unified District	49%	46%	47%
Colorado City Unified District	90%	86%	84%
Hackberry School District	83%	74%	>98%
Owens School District No.6	85%	70%	76%
Littlefield Unified District	69%	66%	68%
Topock Elementary District	91%	59%	59%
Yucca Elementary District	>98%	>98%	>98%
Bullhead City School District	81%	81%	96%
Mohave Valley Elementary District	76%	76%	76%
Colorado River Union High School District	65%	53%	54%
Quartzsite Elementary District	86%	86%	85%
Wenden Elementary District	93%	85%	93%
Bouse Elementary District	76%	83%	83%
Salome Consolidated Elementary District	85%	85%	79%
Bicentennial Union High School District	80%	80%	80%
Telesis Center for Learning, Inc.	55%	45%	48%
The Gloria Dusek Compass School	>98%	>98%	>98%
Mohave Accelerated Learning Center	65%	64%	65%
Kingman Unified School District	66%	64%	60%
Mohave Accelerated Elementary School, Inc.	69%	64%	59%
Havasu Preparatory Academy	52%	47%	47%
Parker Unified Schools (Out of Region)	78%	74%	74%
La Paz County Schools	79%	76%	76%
Mohave County Schools	65%	62%	62%
Arizona Schools	57%	56%	55%

Source: Arizona Department of Education (2021). [Health & Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Table 58. Lunches served through the National School Lunch Program, 2017-18 to 2019-20

Geography	Number of schools			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
La Paz/Mohave Region	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	10	11	11	310,564	340,681	255,066
Mohave County	46	46	46	1,860,722	1,794,653	1,302,814
Arizona	1,767	1,765	1,805	101,727,112	102,012,129	76,454,370

Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Due to the COVID-19 pandemic, the USDA issues a substantial number of waivers for school nutrition programs to allow greater flexibility for schools to get meals to students in need. More information on the pandemic's effect on school nutrition can be found on the ADE website: <https://www.azed.gov/hns/covid19>

Table 59. Lunches served through the Child and Adult Care Feeding Program, 2017-18 to 2019-20

Geography	Number of schools/sites			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
La Paz/Mohave Region	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	1	1	1	23,765	22,612	13,573
Mohave County	23	22	24	148,320	137,556	111,600
Arizona Schools	1,011	1,090	920	7,225,302	7,242,730	5,556,341

Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Due to the COVID-19 pandemic, the USDA issues a substantial number of waivers for school nutrition programs to allow greater flexibility for schools to get meals to students in need. More information on the pandemic's effect on school nutrition can be found on the ADE website: <https://www.azed.gov/hns/covid19>

Table 60. Lunches served through the Summer Food Service Program, 2017-18 to 2019-20

Geography	Number of schools/sites			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
La Paz/Mohave Region	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	5	8	16	4,933	15,530	70,828
Mohave County	26	24	107	36,790	31,519	366,918
Arizona Schools	2,199	1,845	9,136	1,870,111	1,868,539	21,786,393

Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Due to the COVID-19 pandemic, the USDA issues a substantial number of waivers for school nutrition programs to allow greater flexibility for schools to get meals to students in need. More information on the pandemic's effect on school nutrition can be found on the ADE website: <https://www.azed.gov/hns/covid19>

Table 61. Students (all grades) experiencing homelessness enrolled in public and charter schools, 2017-18 to 2019-20

Geography	Number of students experiencing homelessness			Percent of students experiencing homelessness		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
La Paz/Mohave Region Schools	341	302	270	1%	1%	1%
Lake Havasu Unified District	DS	DS	DS	DS	DS	DS
Colorado City Unified District	DS	DS	DS	DS	DS	DS
Hackberry School District	DS	DS	DS	DS	DS	DS
Owens School District No.6	DS	DS	DS	DS	DS	DS
Littlefield Unified District	DS	DS	DS	DS	DS	DS
Topock Elementary District	DS	DS	14	DS	DS	10%
Yucca Elementary District	DS	DS	DS	DS	DS	DS
Bullhead City School District	50	39	24	2%	1%	1%
Mohave Valley Elementary District	DS	DS	DS	DS	DS	DS
Colorado River Union High School District	38	50	27	2%	3%	1%
Kingman Academy of Learning	DS	DS	DS	DS	DS	DS
Young Scholars Academy Charter School Corp.	DS	DS	DS	DS	DS	DS
Quartzsite Elementary District	DS	DS	DS	DS	DS	DS
Wenden Elementary District	DS	DS	DS	DS	DS	DS
Bouse Elementary District	DS	DS	DS	DS	DS	DS
Salome Consolidated Elementary District	DS	DS	DS	DS	DS	DS
Bicentennial Union High School District	DS	DS	DS	DS	DS	DS
Telesis Center for Learning, Inc.	DS	DS	DS	DS	DS	DS
Mohave Accelerated Learning Center	DS	DS	DS	DS	DS	DS
Masada Charter School, Inc.	DS	DS	DS	DS	DS	DS
Kingman Unified School District	210	203	175	3%	3%	2%
Mohave Accelerated Elementary School, Inc.	DS	DS	DS	DS	DS	DS
Academy of Building Industries, Inc.	DS	DS	DS	DS	DS	DS
Pillar Charter School	DS	DS	DS	DS	DS	DS
Havasu Preparatory Academy	DS	DS	DS	DS	DS	DS
Desert Star Academy	DS	DS	DS	DS	DS	DS
Parker Unified Schools (Out of Region)	21	DS	25	1%	DS	1%
La Paz County Schools	31	12	25	1%	0%	1%
Mohave County Schools	331	301	266	1%	1%	1%
Arizona Schools	15,923	12,931	11,538	1%	1%	1%

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: The McKinney-Vento Act provides funding and supports to ensure that children and youth experiencing homelessness have access to education. Under the McKinney-Vento Act, children are defined as experiencing homelessness if they lack a “fixed, regular, and adequate nighttime address.” This includes children living in shelters, cars, transitional housing, campground, motels, and trailer parks, as well as children who are living ‘doubled up’ with another family due to loss of housing or economic hardship. More information can be found on the ADE website: <https://www.azed.gov/homeless>

Table 62. Households with and without computers and smartphones, 2015-2019 ACS

Geography	Estimated number of households	Have both computer and smartphone	Have computer but no smartphone	Have smartphone but no computer	Have neither smartphone nor computer
La Paz/Mohave Region	93,113	63%	12%	13%	13%
Bullhead City area	17,694	59%	13%	13%	15%
Colorado City-Centennial Park area	880	88%	3%	7%	2%
Dolan Springs-Golden Valley area	7,562	54%	14%	11%	20%
Fort Mohave-Mohave Valley-Topock area	9,936	66%	11%	12%	11%
Kingman area	22,618	63%	14%	13%	11%
Lake Havasu City area	26,118	69%	10%	12%	9%
Littlefield-Beaver Dam area	1,553	48%	4%	22%	26%
Parker Strip-Cienega Springs area	1,480	55%	11%	18%	16%
Quartzsite-Ehrenberg area	3,035	54%	5%	16%	24%
Salome-Bouse-Wenden area	2,236	49%	11%	18%	23%
Ft Mojave Indian Tribe (Arizona part)	428	48%	13%	18%	21%
Ft Mojave Indian Tribe (entire)	611	50%	14%	18%	18%
La Paz County	9,346	53%	9%	18%	20%
Mohave County	86,889	63%	12%	12%	12%
Arizona	2,571,268	73%	7%	12%	8%
United States	120,756,048	71%	7%	13%	10%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28010

Note: In this table, "computer" includes both desktops and laptops; "smartphone" includes tablets and other portable wireless devices. The four percentages in each row should sum to 100% but may not because of rounding.

Table 63. Persons of all ages in households with and without computers and internet connectivity, 2015-2019 ACS

Geography	Estimated number of persons (all ages) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
La Paz/Mohave Region	215,150	83%	8%	8%
Bullhead City area	41,356	84%	7%	9%
Colorado City-Centennial Park area	6,568	60%	40%	0.4%
Dolan Springs-Golden Valley area	16,022	80%	6%	14%
Fort Mohave-Mohave Valley-Topock area	22,934	88%	4%	8%
Kingman area	54,106	86%	7%	7%
Lake Havasu City area	57,939	88%	5%	7%
Littlefield-Beaver Dam area	3,444	68%	14%	19%
Parker Strip-Cienega Springs area	2,807	79%	8%	14%
Quartzsite-Ehrenberg area	5,747	59%	25%	16%
Salome-Bouse-Wenden area	4,227	60%	20%	20%
Ft Mojave Indian Tribe (Arizona part)	1,145	71%	11%	18%
Ft Mojave Indian Tribe (entire)	1,616	74%	10%	16%
La Paz County	20,579	69%	15%	16%
Mohave County	204,182	85%	7%	8%
Arizona	6,892,175	87%	7%	6%
United States	316,606,796	86%	7%	6%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

Note: The three percentages in each row should sum to 100% but may not because of rounding.

Table 64. Children ages birth to 17 in households with and without computers and internet connectivity, 2015-2019 ACS

Geography	Estimated number of children (ages 0-17) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
La Paz/Mohave Region	36,898	89%	8%	3%
Bullhead City area	7,295	93%	6%	1%
Colorado City-Centennial Park area	3,260	59%	41%	0.05%
Dolan Springs-Golden Valley area	1,756	92%	5%	3%
Fort Mohave-Mohave Valley-Topock area	3,701	95%	1%	4%
Kingman area	10,550	91%	6%	3%
Lake Havasu City area	8,558	93%	2%	5%
Littlefield-Beaver Dam area	591	79%	21%	0%
Parker Strip-Cienega Springs area	270	83%	6%	11%
Quartzsite-Ehrenberg area	547	74%	23%	3%
Salome-Bouse-Wenden area	371	47%	38%	15%
Ft Mojave Indian Tribe (Arizona part)	266	74%	9%	17%
Ft Mojave Indian Tribe (entire)	364	76%	7%	17%
La Paz County	3,395	78%	12%	10%
Mohave County	36,312	89%	8%	3%
Arizona	1,632,019	88%	8%	4%
United States	73,225,376	89%	7%	3%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28005

Note: The three percentages in each row should sum to 100% but may not because of rounding.

Table 65. Persons in households by type of internet access (broadband, cellular, and dial-up), 2015-2019 ACS

Geography	Estimated number of persons (all ages) living in households with computer and internet	With fixed-broadband internet	With cellular-data internet	With only dial-up internet
La Paz/Mohave Region	179,556	86%	74%	0.4%
Bullhead City area	34,560	85%	70%	0.3%
Colorado City-Centennial Park area	3,919	85%	80%	0%
Dolan Springs-Golden Valley area	12,877	80%	74%	0.4%
Fort Mohave-Mohave Valley-Topock area	20,095	87%	74%	1%
Kingman area	46,759	87%	77%	0.2%
Lake Havasu City area	50,884	88%	73%	0.4%
Littlefield-Beaver Dam area	2,327	90%	78%	6%
Parker Strip-Cienega Springs area	2,205	80%	72%	0.1%
Quartzsite-Ehrenberg area	3,408	62%	74%	0%
Salome-Bouse-Wenden area	2,522	60%	72%	1%
Ft Mojave Indian Tribe (Arizona part)	809	73%	67%	1%
Ft Mojave Indian Tribe (entire)	1,201	75%	69%	2%
La Paz County	14,236	71%	73%	0.3%
Mohave County	172,659	86%	74%	0.4%
Arizona	5,968,639	87%	82%	0.3%
United States	273,795,622	88%	82%	0.3%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28008

Note: The percentages in each row sum to more than 100% because many households use both fixed-broadband and cellular-data internet.

Educational Indicators

Table 66. Migrant students (grades K-12) enrolled in public and charter schools, 2017-18 to 2019-20

Geography	Number of migrant students			Percent of students who were migrant students		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
La Paz/Mohave Region Schools	DS	DS	DS	DS	DS	DS
La Paz County Schools	DS	DS	DS	DS	DS	DS
Mohave County Schools	DS	DS	DS	DS	DS	DS
Arizona Schools	4,023	3,426	4,498	0.4%	0.3%	0.4%

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CREd Team.

Note: Migrant students are those students participating in the Arizona Migrant Education Program, a federally-funded, state-run program that provides supplemental services to the children of migrant farmworkers.

Table 67. Kindergarten to 3rd grade students with chronic absences, 2018-19 to 2019-20

Geography	2018-19 school year			2019-20 school year		
	K-3 students enrolled	K-3 students with chronic absences	Chronic absence rate	K-3 students enrolled	K-3 students with chronic absences	Chronic absence rate
La Paz/Mohave Region Schools	7,434	1,161	16%	7,371	599	8%
Lake Havasu Unified District	1,497	84	6%	DS	DS	<2%
Colorado City Unified District	171	27	16%	156	21	13%
Hackberry School District	DS	DS	19%	DS	DS	22%
Owens School District No.6	DS	DS	13%	DS	DS	17%
Littlefield Unified District	105	24	23%	103	16	16%
Topock Elementary District	DS	DS	11%	73	17	23%
Yucca Elementary District	DS	DS	36%	DS	DS	<2%
Bullhead City School District	1,198	230	19%	1,169	67	6%
Mohave Valley Elementary District	452	107	24%	431	47	11%
Kingman Academy of Learning	420	30	7%	422	13	3%
Young Scholars Academy Charter School Corp.	DS	DS	3%	DS	DS	<2%
Quartzsite Elementary District	69	22	32%	83	15	18%
Wenden Elementary District	DS	DS	3%	DS	DS	4%
Bouse Elementary District	DS	DS	13%	DS	DS	13%
Salome Consolidated Elementary District	DS	DS	23%	DS	DS	9%
Telesis Center for Learning, Inc.	DS	DS	7%	DS	DS	4%
Masada Charter School, Inc.	DS	DS	2%	DS	DS	<2%
Kingman Unified School District	2,085	520	25%	2,147	333	16%
Mohave Accelerated Elementary School, Inc.	357	20	6%	359	22	6%
Havasu Preparatory Academy	135	18	13%	DS	DS	<2%
Desert Star Academy	213	31	15%	194	16	8%
Parker Unified Schools (Out of Region)	570	141	25%	581	68	12%
La Paz County Schools	742	177	24%	762	91	12%
Mohave County Schools	7,243	1,148	16%	7,184	616	9%
Arizona Schools	326,891	43,773	13%	329,300	25,382	8%

Source: Arizona Department of Education (2021). [Absenteeism Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Students are considered chronically absent if they miss more than 10% of the school days in a school year. This table includes children who are absent due to chronic illness. Please note that school closures and transitions to distance learning substantially affected how attendance was tracked by schools in the spring of 2020.

Table 68. AzMERIT assessment results: 3rd grade English Language Arts, 2018-19

Geography	Students tested	Falls far below	Approaches	Meets	Exceeds	Passing
La Paz/Mohave Region Schools	1,863	41%	17%	30%	12%	42%
Lake Havasu Unified District	DS	31%	15%	35%	18%	53%
Colorado City Unified District	DS	28%	22%	35%	15%	50%
Hackberry School District	DS	<2%	67%	33%	<2%	33%
Owens School District No.6	DS	<2%	50%	50%	<2%	50%
Littlefield Unified District	DS	47%	18%	26%	8%	34%
Topock Elementary District	DS	33%	20%	40%	7%	47%
Yucca Elementary District	DS	<2%	67%	33%	<2%	33%
Bullhead City School District	DS	57%	21%	21%	2%	23%
Mohave Valley Elementary District	DS	42%	22%	25%	11%	37%
Kingman Academy of Learning	DS	26%	15%	40%	19%	59%
Young Scholars Academy Charter School Corp.	DS	27%	18%	39%	16%	55%
Quartzsite Elementary District	DS	80%	<2%	20%	<2%	20%
Wenden Elementary District	DS	75%	25%	<2%	<2%	<2%
Bouse Elementary District	DS	50%	<2%	50%	<2%	50%
Salome Consolidated Elementary District	DS	30%	30%	30%	10%	40%
Telesis Center for Learning, Inc.	DS	38%	24%	21%	18%	38%
Masada Charter School, Inc.	DS	17%	8%	60%	15%	75%
Kingman Unified School District	DS	54%	16%	23%	7%	30%
Mohave Accelerated Elementary School, Inc.	DS	28%	19%	36%	17%	53%
Havasu Preparatory Academy	DS	16%	13%	47%	24%	71%
Desert Star Academy	DS	26%	12%	42%	20%	62%
Parker Unified Schools (Out of Region)	153	51%	10%	25%	14%	39%
La Paz County Schools	190	53%	11%	25%	12%	36%
Mohave County Schools	1,815	42%	17%	29%	11%	41%
Arizona Schools	82,653	40%	14%	32%	14%	46%

Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Table 69. AzMERIT assessment results: 3rd grade Math, 2018-19

Geography	Students tested	Falls far below	Approaches	Meets	Exceeds	Passing
La Paz/Mohave Region Schools	1,868	23%	28%	33%	15%	49%
Lake Havasu Unified District	DS	12%	20%	42%	26%	68%
Colorado City Unified District	DS	20%	24%	41%	15%	57%
Hackberry School District	DS	<2%	67%	<2%	33%	33%
Owens School District No.6	DS	<2%	<2%	>98%	<2%	>98%
Littlefield Unified District	DS	24%	32%	26%	18%	45%
Topock Elementary District	DS	7%	20%	60%	13%	73%
Yucca Elementary District	DS	<2%	>98%	<2%	<2%	<2%
Bullhead City School District	DS	34%	36%	26%	4%	29%
Mohave Valley Elementary District	DS	23%	46%	24%	7%	31%
Kingman Academy of Learning	DS	6%	31%	39%	24%	63%
Young Scholars Academy Charter School Corp.	DS	14%	20%	50%	16%	66%
Quartzsite Elementary District	DS	80%	13%	7%	<2%	7%
Wenden Elementary District	DS	13%	50%	38%	<2%	38%
Bouse Elementary District	DS	50%	<2%	25%	25%	50%
Salome Consolidated Elementary District	DS	10%	60%	20%	10%	30%
Telesis Center for Learning, Inc.	DS	9%	37%	37%	17%	54%
Masada Charter School, Inc.	DS	4%	6%	44%	46%	90%
Kingman Unified School District	DS	37%	25%	28%	10%	38%
Mohave Accelerated Elementary School, Inc.	DS	13%	26%	37%	24%	61%
Havasu Preparatory Academy	DS	8%	34%	42%	16%	58%
Desert Star Academy	DS	17%	33%	38%	12%	50%
Parker Unified Schools (Out of Region)	156	29%	21%	29%	21%	50%
La Paz County Schools	193	32%	23%	27%	18%	45%
Mohave County Schools	1,821	24%	28%	33%	15%	48%
Arizona Schools	83,042	23%	26%	33%	18%	51%

Source: Arizona Department of Education (2021). [AzMERIT Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Table 70. 4-year and 5-year graduation rates, 2019

Geography	4-year senior cohort (2019)	4-year graduates (2019)	4-year graduation rate (2019)	5-year graduates (2019)	5-year graduation rate (2019)
La Paz/Mohave Region Schools	1,742	1,377	79%	1,431	82%
Lake Havasu Unified District	427	372	87%	382	89%
Colorado City Unified District	45	27	60%	32	70%
Littlefield Unified District	36	27	75%	32	86%
Colorado River Union High School District	497	382	77%	388	78%
Kingman Academy of Learning	94	85	90%	90	96%
Bicentennial Union High School District	31	28	90%	30	97%
Telesis Center for Learning, Inc.	17	15	88%	16	89%
Mohave Accelerated Learning Center	41	39	95%	40	98%
Kingman Unified School District	506	372	74%	387	76%
Academy of Building Industries, Inc.	43	29	67%	32	74%
Pillar Charter School	DS	DS	20%	DS	40%
Parker Unified Schools (Out of Region)	148	130	88%	136	91%
La Paz County Schools	179	158	88%	166	92%
Mohave County Schools	1,706	1,348	79%	1,399	82%
Arizona Schools	86,355	68,393	79%	71,610	83%

Source: Arizona Department of Education (2021). [Graduation Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The 2019 four-year senior cohort is the number of students who are expected to graduate in 2019. It represents all students who enrolled in high school in the region or Arizona for the first time in grade 9 in the 2015-16 school year, those who enrolled in high school in the region or Arizona for the first time in grade 10 in the 2016-2017 school year, those who enrolled in high school in Arizona for the first time in grade 11 in the 2017-2018 school year, and those who enrolled in high school in the region or Arizona for the first time in grade 12 in the 2018-2019 school year. This group of students provides the denominator that can be compared to the number of graduates in order to calculate the four-year graduation rate. Five-year graduation rates are similarly calculated, but with a 5-year cohort denominator (so students who started in grade 9 in 2014-15 as well as students entering that cohort in subsequent years).

Table 71. Trends in 4-year and 5-year graduation rates, 2017 to 2019

Geography	4-Year Graduation Rates			5-Year Graduation Rates		
	2017	2018	2019	2017	2018	2019
La Paz/Mohave Region Schools	80%	83%	79%	82%	85%	82%
Lake Havasu Unified District	86%	91%	87%	89%	92%	89%
Colorado City Unified District	71%	64%	60%	74%	64%	70%
Littlefield Unified District	79%	63%	75%	79%	68%	86%
Colorado River Union High School District	81%	83%	77%	83%	85%	78%
Kingman Academy of Learning	96%	97%	90%	97%	98%	96%
Bicentennial Union High School District	87%	91%	90%	87%	91%	97%
Telesis Center for Learning, Inc.	95%	80%	88%	95%	80%	89%
Mohave Accelerated Learning Center	95%	98%	95%	97%	100%	98%
Kingman Unified School District	76%	80%	74%	79%	83%	76%
Academy of Building Industries, Inc.	53%	87%	67%	71%	90%	74%
Pillar Charter School	43%	43%	20%	50%	43%	40%
Parker Unified Schools (Out of Region)	81%	80%	88%	81%	84%	91%
La Paz County Schools	82%	81%	88%	82%	86%	92%
Mohave County Schools	80%	83%	79%	83%	85%	82%
Arizona Schools	78%	78%	79%	82%	82%	83%

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Table 72. 7th to 12th grade dropout rates, 2017-18 to 2019-20

Geography	Dropout Rate, 2017-18	Dropout Rate, 2018-19	Dropout Rate, 2019-20
La Paz/Mohave Region	3%	3%	2%
Lake Havasu Unified District	2%	3%	3%
Colorado City Unified District	6%	6%	4%
Hackberry School District	0%	0%	8%
Owens School District No.6	0%	33%	0%
Littlefield Unified District	4%	0%	1%
Yucca Elementary District	30%	0%	N/A
Bullhead City School District	2%	1%	1%
Mohave Valley Elementary District	1%	1%	2%
Colorado River Union High School District	5%	5%	4%
Kingman Academy of Learning	0.4%	1%	0.1%
Young Scholars Academy Charter School Corp.	0%	1%	N/A
Quartzsite Elementary District	10%	9%	5%
Wenden Elementary District	0%	0%	0%
Bouse Elementary District	0%	0%	0%
Salome Consolidated Elementary District	3%	3%	0%
Bicentennial Union High School District	1%	3%	1%
Telesis Center for Learning, Inc.	3%	0%	0%
Mohave Accelerated Learning Center	0%	2%	1%
Masada Charter School, Inc.	0%	0%	0%
Kingman Unified School District	6%	5%	3%
Academy of Building Industries, Inc.	6%	11%	12%
Pillar Charter School	8%	16%	0%
Havasu Preparatory Academy	0%	0%	0%
Desert Star Academy	0%	1%	2%
Parker Unified Schools (Out of Region)	3%	3%	2%
La Paz County Schools	4%	4%	3%
Mohave County Schools	4%	4%	4%
Arizona Schools	5%	4%	3%

Source: Arizona Department of Education (2021). [Dropout Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: Dropouts are defined by ADE as students who were enrolled in school at any time during the school year but were not enrolled at the end of the year and who did not transfer to another school, graduate, or die. Dropout rates are calculated by dividing the number of dropouts by the total enrollment. For elementary school districts, dropouts most frequently signify students lost to follow-up after transferring or moving.

Table 73. Level of mother's education by subregion

Subregion	Three-year period	Number of births	Mother had less than a high-school education	Mother finished high school or had GED	Mother had more than a high-school education
Bullhead City area	2014-2016	1,167	29%	36%	[33% to 34%]
	2017-2019	1,098	27%	34%	37%
Colorado City-Centennial Park area	2014-2016	280	23%	28%	[45% to 50%]
	2017-2019	210	N/A	30%	N/A
Dolan Springs-Golden Valley area	2014-2016	215	[25% to 32%]	34%	N/A
	2017-2019	234	N/A	37%	N/A
Fort Mohave-Mohave Valley-Topock area	2014-2016	593	18%	36%	46%
	2017-2019	571	N/A	39%	[44% to 46%]
Kingman area	2014-2016	1,752	21%	34%	45%
	2017-2019	1,607	21%	38%	41%
Lake Havasu City area	2014-2016	1,299	[12% to 13%]	32%	54%
	2017-2019	1,173	14%	34%	51%
Littlefield-Beaver Dam area	2014-2016	67	N/A	37%	N/A
	2017-2019	42	N/A	43%	N/A
Parker Strip-Cienega Springs area	2014-2016	56	[4% to 29%]	38%	N/A
	2017-2019	46	[4% to 35%]	39%	N/A
Quartzsite-Ehrenberg area	2014-2016	91	32%	34%	32%
	2017-2019	49	N/A	41%	N/A
Salome-Bouse-Wenden area	2014-2016	78	[29% to 47%]	37%	N/A
	2017-2019	60	N/A	35%	N/A

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table.

Early Learning

Table 74. School enrollment for children ages 3 to 4, 2015-2019 ACS

Geography	Estimated number of children (3 or 4 years old)	Number and percent enrolled in school	
La Paz/Mohave Region	3,662	1,507	41%
Bullhead City area	815	252	31%
Colorado City-Centennial Park area	238	123	52%
Dolan Springs-Golden Valley area	207	87	42%
Fort Mohave-Mohave Valley-Topock area	331	132	40%
Kingman area	1,342	637	47%
Lake Havasu City area	650	261	40%
Littlefield-Beaver Dam area	N/A	N/A	N/A
Parker Strip-Cienega Springs area	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A
Ft Mojave Indian Tribe (Arizona part)	N/A	N/A	N/A
Ft Mojave Indian Tribe (entire)	N/A	N/A	N/A
La Paz County	340	149	44%
Mohave County	3,666	1,534	42%
Arizona	183,386	71,233	39%
United States	8,151,928	3,938,693	48%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B14003

Note: In this table, "school" may include nursery school, preschool, or kindergarten.

Table 75. Number and licensed capacity of licensed or registered child care providers by type, December 2020

Geography	All providers		Nannies or individual providers		Child care centers		Family child care providers	
	Num.	Capacity	Num.	Capacity	Num.	Capacity	Num.	Capacity
La Paz/Mohave Region	63	3,317	1	4	54	3,251	8	62
Bullhead City area	16	792	0	0	11	754	5	38
Colorado City-Centennial Park area	1	59	0	0	1	59	0	0
Dolan Springs-Golden Valley area	2	45	0	0	2	45	0	0
Fort Mohave-Mohave Valley-Topock area	7	402	0	0	7	402	0	0
Kingman area	17	1,151	1	4	15	1,137	1	10
Lake Havasu City area	15	746	0	0	13	732	2	14
Littlefield-Beaver Dam area	1	47	0	0	1	47	0	0
Parker Strip-Cienega Springs area	0	0	0	0	0	0	0	0
Quartzsite-Ehrenberg area	1	20	0	0	1	20	0	0
Salome-Bouse-Wenden area	3	55	0	0	3	55	0	0
Fort Mojave Indian Tribe	1	75	0	0	1	75	0	0
La Paz County	7	395	0	0	7	395	0	0
Mohave County	60	3,287	1	4	51	3,221	8	62
Arizona	2,521	202,010	26	89	1,909	198,100	586	3,821

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: This table only includes data for providers listed in the National Data System for Child Care NACCRRAware database. These providers are listed through the Child Care Resource & Referral Guide to allow parents and caregivers to find child care and early education providers. Providers that only provide before- and after-school care are not included in this table.

Table 76. Cumulative enrollment in La Paz/Mohave Region Head Start programs, 2019-20 to 2020-21

Center Name	Cumulative Enrollment (2019-20)	Cumulative Enrollment (2020-21)
La Paz/Mohave Region	392	323
Ehrenberg Head Start Center	22	17
Oro Grande Head Start Center	22	17
Brian Meyers-Davis Head Start Center	24	23
Hubbs House Early Head Start	16	18
Hubbs House Head Start	13	11
Cerbat Head Start Center	23	23
Havasupai Head Start	20	19
Lake Havasu City Head Start Center	23	18
Kingman North Head Start Center	20	23
Nautilus Head Start Center	22	18
Golden Valley Head Start Center	22	14
Mohave Valley Head Start Center	49	21
Bullhead City Early Head Start Center	N/A	N/A
Bullhead City Head Start Center	72	58
Bullhead City Early Head Start Center	34	34
Izzy's Preschool FCC	10	<10

Source: Western Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request.

Note: Cumulative enrollment is the total number of students enrolled throughout the year; this number often exceeds funded enrollment as students enter and exit a program.

Table 77. Cumulative enrollment in La Paz/Mohave Region Head Start programs by race or ethnicity, 2019-20

Center Name	Hispanic or Latino Origin	American Indian or Alaska Native	Asian	Black	Pacific Islander	White	Multi- or bi-racial
La Paz/Mohave Region	108	<10	0	<10	<10	275	36
Ehrenberg Head Start Center	<10	0	0	0	0	15	<10
Oro Grande Head Start Center	<10	0	0	0	0	17	0
Brian Meyers-Davis Head Start Center	<10	0	0	<10	<10	20	<10
Hubbs House Early Head Start	<10	0	0	<10	0	13	<10
Hubbs House Head Start	0	0	0	0	<10	<10	<10
Cerbat Head Start Center	<10	0	0	<10	0	19	<10
Havasupai Head Start	<10	<10	0	0	0	17	<10
Lake Havasu City Head Start Center	<10	0	0	0	0	18	0
Kingman North Head Start Center	<10	<10	0	0	0	19	<10
Nautilus Head Start Center	<10	0	0	0	0	16	<10
Golden Valley Head Start Center	<10	0	0	0	0	11	<10
Mohave Valley Head Start Center	11	<10	0	0	0	19	<10
Bullhead City Early Head Start Center	0	0	0	0	0	0	0
Bullhead City Head Start Center	27	0	0	<10	0	48	<10
Bullhead City Early Head Start Center	16	0	0	0	0	27	<10
Izzy's Preschool FCC	<10	0	0	0	0	8	<10

Source: Western Arizona Council of Governments (2021). Head Start Program Data [Dataset]. Data received by request.

Table 78. Number and capacity of Quality First Programs, January 2021

Geography	Total programs		2-star programs		3-star programs		4-star programs		5-star programs		Programs not publicly rated	
	Num	Capacity	Num	Capacity	Num	Capacity	Num	Capacity	Num	Capacity	Num	Capacity
La Paz/Mohave Region	20	1,302	0	0	4	223	10	600	1	25	5	454
Bullhead City area	4	448	0	0	1	85	1	59	0	0	2	304
Colorado City-Centennial Park area	0	0	0	0	0	0	0	0	0	0	0	0
Dolan Springs-Golden Valley area	1	25	0	0	0	0	1	25	0	0	0	0
Fort Mohave-Mohave Valley-Topock area	4	277	0	0	1	59	1	108	0	0	2	110
Kingman area	1	132	0	0	0	0	1	132	0	0	0	0
Lake Havasu City area	6	308	0	0	1	59	3	184	1	25	1	40
Littlefield-Beaver Dam area	1	47	0	0	0	0	1	47	0	0	0	0
Parker Strip-Cienega Springs area	0	0	0	0	0	0	0	0	0	0	0	0
Quartzsite-Ehrenberg area	1	20	0	0	0	0	1	20	0	0	0	0
Salome-Bouse-Wenden area	2	45	0	0	1	20	1	25	0	0	0	0
Fort Mojave Indian Tribe	1	75	0	0	0	0	0	0	1	75	0	0
La Paz County	4	248	0	0	2	203	2	45	0	0	0	0
Mohave County	18	1,282	0	0	3	203	9	600	1	25	5	454
Arizona	925	84,921	141	15,042	334	31,428	250	22,443	70	4,200	130	11,808

Source: First Things First (2021). Quality First Data Center [Dataset]. Retrieved from <https://datacenter.azff.gov/> in January 2021.

Note: This table reflects a snapshot of the Quality First program in January 2021.

Table 79. Median daily charge for full-time child care, 2018

Geography	Approved family homes			Certified group homes			Licensed centers		
	One infant	One 1- or 2-year-old	One 3- to 5-year-old	One infant	One 1- or 2-year-old	One 3- to 5-year-old	One infant	One 1- or 2-year-old	One 3- to 5-year-old
La Paz/Mohave Region	\$20.00	\$20.00	\$20.00	\$25.36	\$22.00	\$22.00	\$30.00	\$28.00	\$25.00
Bullhead City area	N/A	N/A	N/A	\$25.36	\$22.00	\$22.00	\$32.50	\$28.00	\$25.00
Colorado City-Centennial Park area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dolan Springs-Golden Valley area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Fort Mohave-Mohave Valley-Topock area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$24.00
Kingman area	\$20.00	\$20.00	\$20.00	N/A	N/A	N/A	\$30.00	\$26.00	\$25.00
Lake Havasu City area	N/A	N/A	N/A	N/A	N/A	N/A	\$29.00	\$29.00	\$28.00
Littlefield-Beaver Dam area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$28.78
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A	N/A	N/A	N/A	\$33.00	\$29.00	\$25.50
Mohave County	\$20.00	\$20.00	\$20.00	\$25.36	\$22.00	\$22.00	\$30.00	\$27.50	\$25.00
Arizona	\$20.00	\$20.00	\$20.00	\$30.00	\$28.00	\$28.00	\$43.03	\$38.00	\$33.00

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Table 80. Median monthly charge for full-time child care, 2018

Geography	Approved family homes			Certified group homes			Licensed centers		
	One infant	One 1- or 2-year-old	One 3- to 5-year-old	One infant	One 1- or 2-year-old	One 3- to 5-year-old	One infant	One 1- or 2-year-old	One 3- to 5-year-old
La Paz/Mohave Region	\$400	\$400	\$400	\$507	\$440	\$440	\$600	\$560	\$500
Bullhead City area	N/A	N/A	N/A	\$507	\$440	\$440	\$650	\$560	\$500
Colorado City-Centennial Park area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Dolan Springs-Golden Valley area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Fort Mohave-Mohave Valley-Topock area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$480
Kingman area	\$400	\$400	\$400	N/A	N/A	N/A	\$600	\$520	\$500
Lake Havasu City area	N/A	N/A	N/A	N/A	N/A	N/A	\$580	\$580	\$560
Littlefield-Beaver Dam area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$576
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A	N/A	N/A	N/A	\$660	\$580	\$510
Mohave County	\$400	\$400	\$400	\$507	\$440	\$440	\$600	\$550	\$500
Arizona	\$400	\$400	\$400	\$600	\$560	\$560	\$861	\$760	\$660

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Table 81. Cost of center-based child care for one child as a percentage of income, 2018

Geography	Median family income	Cost for an infant	Cost for a 1- to 2-year-old child	Cost for a 3- to 5-year-old child
La Paz/Mohave Region	N/A	N/A	N/A	N/A
La Paz County	\$44,400	17.8%	15.7%	13.8%
Mohave County	\$54,400	13.2%	12.1%	11.0%
Arizona	\$70,200	14.7%	13.0%	11.3%

Sources: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data. & U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126.

Note: Annual costs of care are calculated by multiplying the median daily cost of care by 240 to approximate a full year of care.

Table 82. Children receiving DES child care subsidies

Geography	Number of children receiving subsidy						Percent of eligible children receiving subsidy					
	2015	2016	2017	2018	2019	2020	2015	2016	2017	2018	2019	2020
La Paz/Mohave Region	561	543	452	521	593	564	94%	94%	90%	90%	91%	79%
Bullhead City area	230	220	178	196	224	172	94%	96%	93%	90%	94%	82%
Colorado City-Centennial Park area	[1-9]	0	0	0	0	0	DS	N/A	N/A	N/A	N/A	N/A
Dolan Springs-Golden Valley area	15	13	20	[1-9]	[1-21]	[1-18]	83%	100%	DS	DS	DS	DS
Fort Mohave-Mohave Valley-Topock area	60	56	47	68	58	40	100%	97%	87%	99%	85%	75%
Kingman area	141	143	136	164	223	269	93%	91%	88%	89%	91%	80%
Lake Havasu City area	110	105	71	76	66	64	99%	91%	91%	90%	84%	80%
Littlefield-Beaver Dam area	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A
Parker Strip-Cienega Springs area	[1-9]	[1-9]	0	[1-9]	[1-21]	[1-18]	DS	DS	DS	DS	DS	DS
Quartzsite-Ehrenberg area	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	[1-9]	[1-9]	0	0	0	0	DS	DS	N/A	N/A	N/A	N/A
La Paz County	31	26	[1-18]	12	[1-8]	27	74%	81%	DS	71%	DS	100%
Mohave County	557	537	453	520	592	562	95%	94%	91%	90%	91%	79%
Arizona	19,040	17,784	16,922	19,813	23,155	19,909	94%	93%	93%	92%	92%	80%

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Table 83. Eligible families not using DES child care subsidies, 2015 to 2020

Geography	2015	2016	2017	2018	2019	2020
La Paz/Mohave Region	5%	7%	9%	8%	10%	19%
Bullhead City area	5%	4%	7%	8%	7%	17%
Colorado City-Centennial Park area	0%	N/A	N/A	N/A	N/A	DS
Dolan Springs-Golden Valley area	17%	0%	0%	20%	DS	DS
Fort Mohave-Mohave Valley-Topock area	0%	4%	16%	2%	DS	DS
Kingman area	6%	11%	10%	10%	10%	18%
Lake Havasu City area	1%	10%	8%	9%	18%	20%
Littlefield-Beaver Dam area	N/A	N/A	N/A	N/A	N/A	N/A
Parker Strip-Cienega Springs area	33%	0%	100%	0%	DS	DS
Quartzsite-Ehrenberg area	100%	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	0%	0%	N/A	N/A	N/A	N/A
La Paz County	24%	19%	30%	31%	DS	0%
Mohave County	4%	7%	9%	8%	10%	19%
Arizona	6%	6%	7%	8%	8%	18%

Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Table 84. Children ages birth to 2 referred to and found eligible for AzEIP, federal fiscal years 2018 to 2020

Geography	Number of children (ages 0-2) referred to AzEIP			Number of children (ages 0-2) eligible for AzEIP			Percent of referrals found eligible		
	FFY 2018	FFY 2019	FFY 2020	FFY 2018	FFY 2019	FFY 2020	FFY 2018	FFY 2019	FFY 2020
La Paz/Mohave Region	321	314	357	123	118	144	38%	38%	40%
Bullhead City area	59	59	61	14	17	26	24%	29%	43%
Colorado City-Centennial Park area	30	33	23	16	20	14	53%	61%	61%
Dolan Springs-Golden Valley area	13	12	17	[1-9]	[1-9]	[1-9]	DS	DS	DS
Fort Mohave-Mohave Valley-Topock area	42	29	43	14	[1-9]	15	33%	DS	35%
Kingman area	87	105	122	29	37	42	33%	35%	34%
Lake Havasu City area	82	70	80	44	32	37	54%	46%	46%
Littlefield-Beaver Dam area	[1-9]	[1-9]	[1-9]	0	[1-9]	[1-9]	0%	DS	DS
Parker Strip-Cienega Springs area	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	DS	DS	DS
Quartzsite-Ehrenberg area	[1-9]	0	[1-9]	[1-9]	0	[1-9]	DS	0%	DS
Salome-Bouse-Wenden area	[1-9]	[1-9]	[1-9]	0	0	0	0%	0%	0%
La Paz County	29	39	47	14	[1-14]	16	48%	DS	34%
Mohave County	318	321	360	122	118	143	38%	37%	40%
Arizona	13,803	14,692	13,615	5,372	5,225	4,675	39%	36%	34%

Source: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

Table 85. Number of children (ages 0-5) receiving DDD services, state fiscal years 2017 to 2020

Geography	SFY 2017	SFY 2018	SFY 2019	SFY 2020	Percent change from 2017 to 2020
La Paz/Mohave Region	102	128	88	77	-25%
Bullhead City area	20	23	13	10	-50%
Colorado City-Centennial Park area	[1-9]	[1-9]	[1-9]	[1-9]	N/A
Dolan Springs-Golden Valley area	[1-9]	[1-9]	[1-9]	[1-9]	N/A
Fort Mohave-Mohave Valley-Topock area	12	21	15	12	0%
Kingman area	35	44	28	28	-20%
Lake Havasu City area	27	33	27	22	-19%
Littlefield-Beaver Dam area	0	0	0	0	N/A
Parker Strip-Cienega Springs area	0	[1-9]	[1-9]	0	N/A
Quartzsite-Ehrenberg area	[1-9]	0	0	0	DS
Salome-Bouse-Wenden area	[1-9]	[1-9]	0	0	N/A
La Paz County	[1-20]	[1-14]	[1-9]	[1-9]	DS
Mohave County	100	127	87	77	-23%
Arizona	5,520	6,123	4,005	4,078	-26%

Source: Arizona Department of Economic Security (2021). [Division of Developmental Disabilities dataset]. Unpublished data.

Table 86. Preschoolers with disabilities receiving services through Local Education Authorities, 2017-18 to 2019-20

Geography	Preschoolers enrolled in special education, 2017-18	Preschoolers enrolled in special education, 2018-19	Preschoolers enrolled in special education, 2019-20
La Paz/Mohave Region Schools	273	248	255
Lake Havasu Unified District	63	42	51
Colorado City Unified District	65	67	54
Hackberry School District	DS	DS	DS
Owens School District No.6	DS	DS	DS
Littlefield Unified District	DS	DS	DS
Topock Elementary District	DS	DS	DS
Yucca Elementary District	DS	DS	DS
Bullhead City School District	DS	DS	DS
Mohave Valley Elementary District	DS	DS	DS
Colorado River Union High School District	26	DS	DS
Quartzsite Elementary District	DS	DS	DS
Wenden Elementary District	DS	DS	DS
Bouse Elementary District	DS	DS	DS
Salome Consolidated Elementary District	DS	DS	DS
Kingman Unified School District	107	107	119
Parker Unified Schools (Out of Region)	DS	DS	DS
La Paz County Schools	25	24	36
Mohave County Schools	275	250	257
Arizona Schools	10,123	10,314	10,521

Source: Arizona Department of Education (2021). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Child Health

Table 87. Health insurance coverage, 2015-2019 ACS

Geography	Estimated civilian non-institutionalized population (all ages)	Without health insurance (all ages)	Estimated number of children (ages 0-5)	Without health insurance (ages 0-5)
La Paz/Mohave Region	215,445	9%	10,784	6%
Bullhead City area	41,382	8%	2,621	4%
Colorado City-Centennial Park area	6,568	22%	732	14%
Dolan Springs-Golden Valley area	16,022	8%	435	10%
Fort Mohave-Mohave Valley-Topock area	22,944	8%	1,279	8%
Kingman area	54,233	8%	3,542	3%
Lake Havasu City area	58,027	9%	1,862	7%
Littlefield-Beaver Dam area	3,444	11%	N/A	N/A
Parker Strip-Cienega Springs area	2,817	15%	N/A	N/A
Quartzsite-Ehrenberg area	5,775	18%	N/A	N/A
Salome-Bouse-Wenden area	4,233	8%	N/A	N/A
Ft Mojave Indian Tribe (Arizona part)	1,145	11%	99	5%
Ft Mojave Indian Tribe (entire)	1,612	12%	151	5%
La Paz County	20,651	15%	1,072	14%
Mohave County	204,435	9%	10,721	5%
Arizona	6,941,028	10%	517,639	7%
United States	319,706,872	9%	23,653,661	4%

Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B27001

Note: This table excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau.

Table 88. Prenatal care by subregion, 2014-2016 to 2017-2019

Subregion	Three-year period	Number of births	Mother had no prenatal care	Mother had fewer than five prenatal visits	Mother began prenatal care in the first trimester
Bullhead City area	2014-2016	1,167	2%	12%	53.6%
	2017-2019	1,098	3%	12%	56.6%
Colorado City-Centennial Park area	2014-2016	280	0%	3%	53.9%
	2017-2019	210	[1% to 8%]	N/A	60.0%
Dolan Springs-Golden Valley area	2014-2016	215	[1% to 7%]	6%	68.8%
	2017-2019	234	2%	10%	65.0%
Fort Mohave-Mohave Valley-Topock area	2014-2016	593	2%	9%	64.1%
	2017-2019	571	1%	8%	65.0%
Kingman area	2014-2016	1,752	1%	5%	78.4%
	2017-2019	1,607	2%	6%	76.5%
Lake Havasu City area	2014-2016	1,299	1%	N/A	57.9%
	2017-2019	1,173	1%	N/A	67.3%
Littlefield-Beaver Dam area	2014-2016	67	1%	N/A	50.7%
	2017-2019	42	[5% to 38%]	N/A	69.0%
Parker Strip-Cienega Springs area	2014-2016	56	0%	2%	48.2%
	2017-2019	46	[4% to 35%]	N/A	65.2%
Quartzsite-Ehrenberg area	2014-2016	91	1%	12%	50.5%
	2017-2019	49	0%	N/A	63.3%
Salome-Bouse-Wenden area	2014-2016	78	[3% to 21%]	N/A	34.6%
	2017-2019	60	2%	N/A	48.3%
Healthy People 2020 target					84.8%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table.

Table 89. Selected characteristics of mothers giving birth by subregion, 2014-2016 to 2017-2019

Subregion	Three-year period	Number of births	Mother was younger than 18	Mother was younger than 20	Birth was covered by IHS or AHCCCS	Mother used tobacco during pregnancy
Bullhead City area	2014-2016	1,167	2%	10%	78%	18.5%
	2017-2019	1,098	2%	8%	78%	17.3%
Colorado City-Centennial Park area	2014-2016	280	[1% to 6%]	[1% to 6%]	26%	0.0%
	2017-2019	210	[1% to 8%]	[1% to 8%]	36%	0.5%
Dolan Springs-Golden Valley area	2014-2016	215	[1% to 7%]	8%	83%	22.3%
	2017-2019	234	3%	11%	81%	22.6%
Fort Mohave-Mohave Valley-Topock area	2014-2016	593	[0% to 3%]	8%	N/A	14.5%
	2017-2019	571	1%	7%	N/A	13.3%
Kingman area	2014-2016	1,752	2%	10%	63%	19.0%
	2017-2019	1,607	1%	8%	N/A	19.4%
Lake Havasu City area	2014-2016	1,299	1%	7%	N/A	11.1%
	2017-2019	1,173	1%	6%	N/A	11.4%
Littlefield-Beaver Dam area	2014-2016	67	[3% to 24%]	[3% to 24%]	27%	0.0%
	2017-2019	42	2%	[5% to 38%]	52%	0.0%
Parker Strip-Cienega Springs area	2014-2016	56	0%	[4% to 29%]	61%	[4% to 29%]
	2017-2019	46	2%	[4% to 35%]	N/A	[4% to 35%]
Quartzsite-Ehrenberg area	2014-2016	91	1%	[2% to 18%]	70%	[2% to 18%]
	2017-2019	49	2%	[4% to 33%]	82%	[4% to 33%]
Salome-Bouse-Wenden area	2014-2016	78	1%	[3% to 21%]	73%	[3% to 21%]
	2017-2019	60	2%	[3% to 27%]	78%	[3% to 27%]
Healthy People 2020 target						1.4%

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in the age, payor, and tobacco columns of this table. The Healthy People 2030 target for maternal use of tobacco during pregnancy was increased to no more than 4.3% of females giving birth reporting smoking during pregnancy, or alternatively 95.7% of females reporting abstaining from smoking during pregnancy.

Table 90. WIC-enrolled women with pre-pregnancy obesity, 2019 to 2020

Geography	Women for whom pre-pregnancy weight is known, 2019	Number and percent with pre-pregnancy obesity, 2019		Women for whom pre-pregnancy weight is known, 2020	Number and percent with pre-pregnancy obesity, 2020	
		Number	Percent		Number	Percent
La Paz/Mohave Region	864	315	36%	459	160	35%
Bullhead City area	186	70	38%	201	60	30%
Colorado City-Centennial Park area	31	12	39%	35	6	17%
Dolan Springs-Golden Valley area	52	20	38%	149	6	4%
Fort Mohave-Mohave Valley-Topock area	79	30	38%	96	15	16%
Kingman area	330	126	38%	301	50	17%
Lake Havasu City area	180	54	30%	167	23	14%
Littlefield-Beaver Dam area	N/A	N/A	N/A	N/A	N/A	N/A
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A	N/A	N/A	N/A
Mohave County	859	313	36%	459	161	35%
Arizona	32,816	11,893	36%	14,640	5,449	37%

Source: Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data.

Note: La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

Table 91. Pre-pregnancy obesity rate for WIC-enrolled women, 2016 to 2020

Geography	Pre-pregnancy obesity rate, 2016	Pre-pregnancy obesity rate, 2017	Pre-pregnancy obesity rate, 2018	Pre-pregnancy obesity rate, 2019	Pre-pregnancy obesity rate, 2020
La Paz/Mohave Region	32%	34%	37%	36%	35%
Bullhead City area	37%	37%	45%	38%	30%
Colorado City-Centennial Park area	20%	32%	34%	39%	17%
Dolan Springs-Golden Valley area	31%	28%	38%	38%	4%
Fort Mohave-Mohave Valley-Topock area	36%	32%	38%	38%	16%
Kingman area	32%	34%	34%	38%	17%
Lake Havasu City area	25%	32%	32%	30%	14%
Littlefield-Beaver Dam area	N/A	N/A	N/A	N/A	N/A
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A	N/A	N/A
Mohave County	32%	34%	37%	36%	35%
Arizona	33%	34%	35%	36%	37%

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

Table 92. Selected birth outcomes by subregion, 2018 to 2019

Subregion	Three-year period	Number of births	Baby weighed less than 2500 grams	Baby was preterm (less than 37 weeks)	Baby was admitted to a NICU
Bullhead City area	2014-2016	1,167	6.8%	7.4%	4%
	2017-2019	1,098	6.8%	7.4%	6%
Colorado City-Centennial Park area	2014-2016	280	[1% to 6%]	[1% to 6%]	[1% to 6%]
	2017-2019	210	[1% to 8%]	[1% to 8%]	[1% to 8%]
Dolan Springs-Golden Valley area	2014-2016	215	9.8%	11.2%	[1% to 7%]
	2017-2019	234	8.1%	9.0%	[1% to 7%]
Fort Mohave-Mohave Valley-Topock area	2014-2016	593	6.4%	7.6%	4%
	2017-2019	571	6.3%	8.9%	5%
Kingman area	2014-2016	1,752	9.0%	11.1%	4%
	2017-2019	1,607	7.7%	10.2%	3%
Lake Havasu City area	2014-2016	1,299	4.6%	5.9%	2%
	2017-2019	1,173	4.0%	5.7%	3%
Littlefield-Beaver Dam area	2014-2016	67	[3% to 24%]	[3% to 24%]	[3% to 24%]
	2017-2019	42	[5% to 38%]	2.4%	2%
Parker Strip-Cienega Springs area	2014-2016	56	[4% to 29%]	[4% to 29%]	[4% to 29%]
	2017-2019	46	[4% to 35%]	[4% to 35%]	2%
Quartzsite-Ehrenberg area	2014-2016	91	[2% to 18%]	[2% to 18%]	[2% to 18%]
	2017-2019	49	[4% to 33%]	[4% to 33%]	[4% to 33%]
Salome-Bouse-Wenden area	2014-2016	78	[3% to 21%]	[3% to 21%]	[3% to 21%]
	2017-2019	60	[3% to 27%]	[3% to 27%]	[3% to 27%]
Healthy People 2020 targets			7.8%	9.4%	

Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. The Healthy People 2030 target for preterm births remains 9.4% or fewer of live births.

Table 93. WIC-enrolled infants ever breastfed, 2020

Geography	Infants for whom breastfeeding status is determined	Infants ever breastfed	Percent of infants ever breastfed
La Paz/Mohave Region	850	634	75%
Bullhead City area	201	154	77%
Colorado City-Centennial Park area	35	35	100%
Dolan Springs-Golden Valley area	45	32	71%
Fort Mohave-Mohave Valley-Topock area	96	77	80%
Kingman area	301	201	67%
Lake Havasu City area	167	133	80%
Littlefield-Beaver Dam area	N/A	N/A	N/A
Parker Strip-Cienega Springs area	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A
Mohave County	844	632	75%
Arizona	32,545	25,322	78%

Source: Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data.

Note: La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

Table 94. Weight status of WIC-enrolled children ages 2-4, 2020

Geography	Children ages 2-4 with known weight status	Children who are underweight	Percent underweight	Children with obesity	Percent obese
La Paz/Mohave Region	739	45	6%	105	14%
Bullhead City area	207	21	10%	33	16%
Colorado City-Centennial Park area	32	DS	DS	0	0%
Dolan Springs-Golden Valley area	31	DS	DS	DS	DS
Fort Mohave-Mohave Valley-Topock area	72	DS	DS	11	15%
Kingman area	261	13	5%	37	14%
Lake Havasu City area	132	DS	DS	22	17%
Littlefield-Beaver Dam area	N/A	N/A	N/A	N/A	N/A
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A	N/A	N/A
Mohave County	736	45	6%	105	14%
Arizona	26,929	1,148	4%	4,318	16%

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

Table 95. Children ages 2-4 with obesity 2016 to 2020

Geography	Number of children ages 2-4 with obesity					Percent of children ages 2-4 with obesity				
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020
La Paz/Mohave Region	230	201	188	209	105	12%	12%	11%	13%	14%
Bullhead City area	76	71	55	60	33	18%	18%	14%	16%	16%
Colorado City-Centennial Park area	8	6	DS	DS	0	4%	6%	DS	DS	0%
Dolan Springs-Golden Valley area	11	8	10	9	DS	12%	10%	11%	10%	DS
Fort Mohave-Mohave Valley-Topock area	19	18	15	18	11	13%	16%	12%	15%	15%
Kingman area	74	50	59	75	37	11%	9%	9%	12%	14%
Lake Havasu City area	42	48	45	42	22	11%	13%	13%	13%	17%
Littlefield-Beaver Dam area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Salome-Bouse-Wenden area	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mohave County	231	201	188	209	105	12%	12%	11%	13%	14%
Arizona	10,870	10,564	10,463	10,085	4,318	14%	14%	15%	15%	16%

Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: La Paz County WIC programs are administered under the Colorado River Indian Tribes ITCA WIC programs and are not included in ADHS WIC reporting.

Table 96. Child care immunization religious exemption rates, 2015-16 to 2019-20

Geography	2015-16	2016-17	2017-18	2018-19	2019-20
La Paz/Mohave Region	2.8%	2.9%	3.7%	5.3%	4.6%
Bullhead City area	1.7%	2.5%	2.9%	1.9%	2.6%
Colorado City-Centennial Park area	N/A	N/A	N/A	N/A	N/A
Dolan Springs-Golden Valley area	0.0%	0%	2.9%	0%	0%
Fort Mohave-Mohave Valley-Topock area	0.4%	3.2%	0.6%	3.3%	2.5%
Kingman area	4.3%	3.5%	4.1%	7.5%	5.2%
Lake Havasu City area	2.9%	2.4%	4.0%	4.5%	5.7%
Littlefield-Beaver Dam area	8.0%	4.2%	9.5%	N/A	22.2%
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	0.0%	0%	5.0%	10.5%	5.0%
Salome-Bouse-Wenden area	0.0%	0%	11.1%	N/A	N/A
La Paz County	0.0%	1.1%	3.3%	10.5%	5.0%
Mohave County	2.9%	2.9%	3.6%	5.3%	4.6%
Arizona	3.5%	3.9%	4.3%	4.5%	5.0%

Source: Arizona Department of Health Services (2021). *Childcare Immunization Coverage, 2015-2016 to 2019-2020 School Years*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). *Childcare Immunization Coverage by County, 2015-2016 through 2019-2020 School Years*. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Table 97. Rates of exemption from all required vaccines for children in child care, 2015-16 to 2019-20

Geography	2015-16	2016-17	2017-18	2018-19	2019-20
La Paz/Mohave Region	2.1%	2.0%	2.9%	3.7%	3.4%
Bullhead City area	1.2%	2.3%	2.4%	2.2%	2.0%
Colorado City-Centennial Park area	N/A	N/A	N/A	N/A	N/A
Dolan Springs-Golden Valley area	0%	0%	0%	0%	0%
Fort Mohave-Mohave Valley-Topock area	0.9%	1.1%	0.0%	2.8%	2.5%
Kingman area	2.3%	2.1%	2.9%	3.9%	2.9%
Lake Havasu City area	3.2%	1.9%	4.0%	4.2%	5.4%
Littlefield-Beaver Dam area	8.0%	4.2%	9.5%	N/A	11.1%
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	0%	0%	0%	10.5%	5.0%
Salome-Bouse-Wenden area	0%	0%	0%	N/A	N/A
La Paz County	0%	1.1%	1.7%	10.5%	5.0%
Mohave County	1.8%	2.0%	3.0%	3.6%	3.3%
Arizona	2.1%	2.4%	2.9%	3.0%	3.1%

Source: Arizona Department of Health Services (2021). *Childcare Immunization Coverage, 2015-2016 to 2019-2020 School Years*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). *Childcare Immunization Coverage by County, 2015-2016 through 2019-2020 School Years*. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Table 98. Kindergarten immunization personal belief exemption rates, 2015-16 to 2019-20

Geography	2015-16	2016-17	2017-18	2018-19	2019-20
La Paz/Mohave Region	6.5%	5.2%	6.8%	10.4%	8.3%
Bullhead City area	1.4%	3.3%	3.6%	4.0%	2.3%
Colorado City-Centennial Park area	53.5%	N/A	0%	82.1%	69.2%
Dolan Springs-Golden Valley area	6.9%	6.3%	7.8%	9.1%	2.6%
Fort Mohave-Mohave Valley-Topock area	3.1%	1.1%	2.9%	4.6%	2.8%
Kingman area	5.2%	9.2%	11.6%	13.2%	12.9%
Lake Havasu City area	4.7%	4.4%	5.4%	8.6%	4.9%
Littlefield-Beaver Dam area	8.1%	0.0%	0.0%	4.3%	11.8%
Parker Strip-Cienega Springs area	N/A	N/A	N/A	N/A	N/A
Quartzsite-Ehrenberg area	0%	N/A	0%	N/A	N/A
Salome-Bouse-Wenden area	0%	2.8%	0%	N/A	N/A
La Paz County	0.5%	1.7%	1.3%	1.9%	2.6%
Mohave County	5.2%	5.2%	6.8%	10.3%	8.3%
Arizona	4.5%	4.9%	5.4%	5.9%	5.4%

Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2015-2016 to 2019-2020 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2021). Kindergarten Immunization Coverage by County, 2015-2016 through 2019-2020 School Years. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Table 99. Confirmed and probable cases of infectious diseases in children ages birth to 4, 2018 to 2020

Geography	Calendar year	Pertussis (Whooping Cough)	Varicella (Chicken Pox)	Haemophilus influenzae	Meningococcal disease	Mumps	Measles
La Paz County	2018	0	0	<6	0	0	0
	2019	0	0	0	0	0	0
	2020	0	0	0	0	0	0
Mohave County	2018	0	0	0	0	0	0
	2019	6	<6	0	0	0	0
	2020	8	0	0	0	0	0
Arizona	2018	48	57	30	0	0	0
	2019	92	62	22	0	0	0
	2020	96	22	12	<6	<6	0

Source: Arizona Department of Health Services (2021). [VPD Flu RSV dataset]. Unpublished data.

Family Support & Literacy

Table 100. Number of children ages birth to 5 removed by DCS, state fiscal years 2019 to 2020

Geography	Children (ages 0-5) removed (SFY 2019)	Children (ages 0-5) removed (SFY 2020)	Children (ages 0-5) removed (SFY2019-2020)	Children (ages 0-5) in the population
La Paz/Mohave Region	241	211	452	13,469
Bullhead City area	30%	23%	27%	20%
Colorado City-Centennial Park area	0%	DS	DS	11%
Dolan Springs-Golden Valley area	7%	12%	9%	4%
Fort Mohave-Mohave Valley-Topock area	10%	12%	11%	10%
Kingman area	32%	35%	33%	27%
Lake Havasu City area	15%	11%	13%	22%
Littlefield-Beaver Dam area	DS	DS	DS	2%
Parker Strip-Cienega Springs area	0%	0%	0%	1%
Quartzsite-Ehrenberg area	2%	6%	4%	2%
Salome-Bouse-Wenden area	DS	DS	2%	1%
La Paz County	N/A	N/A	N/A	N/A
Mohave County	N/A	N/A	N/A	N/A
Arizona	3,989	4,124	8,113	546,609

Source: Arizona Department of Child Safety (2021). [Child removal dataset]. Unpublished data. U.S. Census Bureau (2012). 2010 Decennial Census, Table P14.

Note: These data were received by zip code and geocoded to the La Paz/Mohave Region by the UArizona CRED team. The data reflect the last known address of the caregiver from whose custody the child was removed, not the location where the removal took place.

Table 101. Substantiated maltreatment reports by type for children ages birth to 17, June-Dec 2020

Geography	Total substantiated maltreatment reports	Neglect	Physical abuse	Sexual abuse	Emotional abuse
La Paz/Mohave Region	N/A	N/A	N/A	N/A	N/A
La Paz County	0	N/A	N/A	N/A	N/A
Mohave County	155	86%	14%	1%	0%
Arizona	1,669	69%	25%	6%	0%

Source: Department of Child Safety (2021). Semiannual child welfare report, March 2021. Retrieved from <https://dcs.az.gov/reports>

Table 102. Children ages birth to 17 removed by the Department of Child Services (DCS), June-Dec 2020

Geography	Total Reports	Number of children removed	Percent of children removed	Number of children with prior removal in last 24 months	Percent of children with prior removal in last 24 months
La Paz/Mohave Region	N/A	N/A	N/A	N/A	N/A
La Paz County	109	13	12%	0	0%
Mohave County	998	196	20%	10	5%
Arizona	30,526	4,967	16%	198	4%

Source: Department of Child Safety (2021). Semiannual child welfare report, March 2021. Retrieved from <https://dcs.az.gov/reports>

APPENDIX 2: METHODS AND DATA SOURCES

The First Things First regional boundaries were initially established in 2007, creating 31 regions which were designed to: (a) reflect the view of families in terms of where they access services; (b) coincide with existing boundaries or service areas of organizations providing early childhood services; (c) maximize the ability to collaborate with service systems and local governments, and facilitate the ability to convene a Regional Partnership Council; and (d) allow for the collection of demographic and indicator data. The regional boundaries are reviewed every two years. In fiscal year 2015, the boundaries were modified using census blocks, creating 28 regions. This report uses the 2015 definition of the regional boundaries.

The data contained in this report come from a variety of sources, including publicly available datasets and data requested from Arizona state agencies. Specific sources and methods used in this report are enumerated below.

U.S. Census and American Community Survey Data. The U.S. Census³⁸⁷ is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. The 2010 U.S. Census data are available by census block. There are about 115,000 inhabited blocks in Arizona, with an average population of 56 people each. The Census data for the La Paz/Mohave Region presented in this report were calculated by identifying each block in the region and aggregating the data over all of those blocks. The Census Bureau is expected to publish new block-level population estimates and detailed tables in 2023.

The American Community Survey (ACS)³⁸⁸ is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. It covers many different topics, including income, language, education, employment, and housing. The ACS data are available by census tract. Arizona is divided into about 1,500 census tracts, with an average of about 4,200 people in each. The ACS data for the La Paz/Mohave Region were calculated by aggregating over the census tracts which are wholly or partially contained in the region. The data from partial census tracts were apportioned according to the percentage of the 2010 Census population in that tract living inside the region. The most recent and most reliable ACS data are averaged over the past five years; those are the data included in this report. They are based on surveys conducted from 2015 to 2019. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates.

Education Data from ADE. Education data from the Arizona department of Education (ADE) included in this report were obtained through a custom tabulation of unredacted data files conducted by the vendor on a secure ADE computer terminal in the spring of 2021. The vendor worked with the regional director to create a list of all public and charter schools in the region based on the school's physical location within the region as well as local knowledge as to whether any schools located outside the region served a substantial number of children living within the region. This list was used to assign schools and districts to the region as well to aggregate school-level data to the region-level. This

methodology differs slightly from the methods that ADE uses to allocate school-level data to counties, so county and region totals may vary in some tables. Data were presented over time where available; however, due to changes in the ADE data system and business rules over the past 3 years, some indicators could not be presented as a time series.

Child Care Capacity Calculations. Overall child care capacity estimates were compiled by merging multiple licensing and enrollment datasets from Arizona Department of Health Services (ADHS), Arizona Department of Economic Security (DES), Quality First and local Head Start programs. Duplicate programs were identified and removed based on name, phone number and address. Programs that only serve children ages 5-12 were also removed, as these are typically before- & after-school programs that only serve school-age children. Providers were geocoded using addresses or coordinates provided in the various datasets to assign them to both regions and sub-regions. The child care capacity estimates are meant to provide a best guess at the supply of child care slots in regulated care providers. These estimates do not reflect the capacity of unlicensed, unregulated or informal child care providers in the region. The estimated supply may also over-estimate availability in regulated care as it did not account for pandemic-related closures, child care providers that operate under licensed capacity by choice, or children who enroll in multiple facilities (e.g., a child who attends part-day Head Start or preschool in the morning and a child care center in the afternoon).

Data Suppression. To protect the confidentiality of program participants, the First Things First (FTF) Data Dissemination and Suppression Guidelines preclude our reporting social service and early education programming data if the count is less than 10 and preclude our reporting data related to health or developmental delay if the count is less than 6. In addition, some data received from state agencies are suppressed according to their own guidelines. ADHS does not report counts less than 6; DES does not report counts between 1 and 9; and ADE does not report counts less than 11. Additionally, both ADE and DES require suppression of the second-smallest value or the denominator in tables where a reader might be able to use the numbers provided to calculate a suppressed value. Throughout this report, information which is not available because of suppression guidelines will be indicated by entries of “<6” or “<10” or “<11” for counts, or “DS” (data suppressed) for percentages. Data are sometimes not available for particular regions, either because a particular program did not operate in the region or because data are only available at the county level. Cases where data are not available will be indicated by an entry of “N/A.”

For some data, an exact number was not available because it was the sum of several numbers provided by a state agency, and some numbers were suppressed in accordance with agency guidelines or because the number was suppressed as a second-smallest value that could be used to calculate a suppressed value. In these cases, a range of possible numbers is provided, where the true number lies within that range. For example, for data from the sum of a suppressed number of children enrolled in Child-only TANF and 12 children enrolled in a household with TANF, the entry in the table would read “13 to 21.” This is because the suppressed number of children in Child-only TANF is between one and nine, so the possible range of values is the sum of the two known numbers plus one on the lower bound to the sum of the two known numbers plus nine on the upper bound. Ranges that include numbers below the

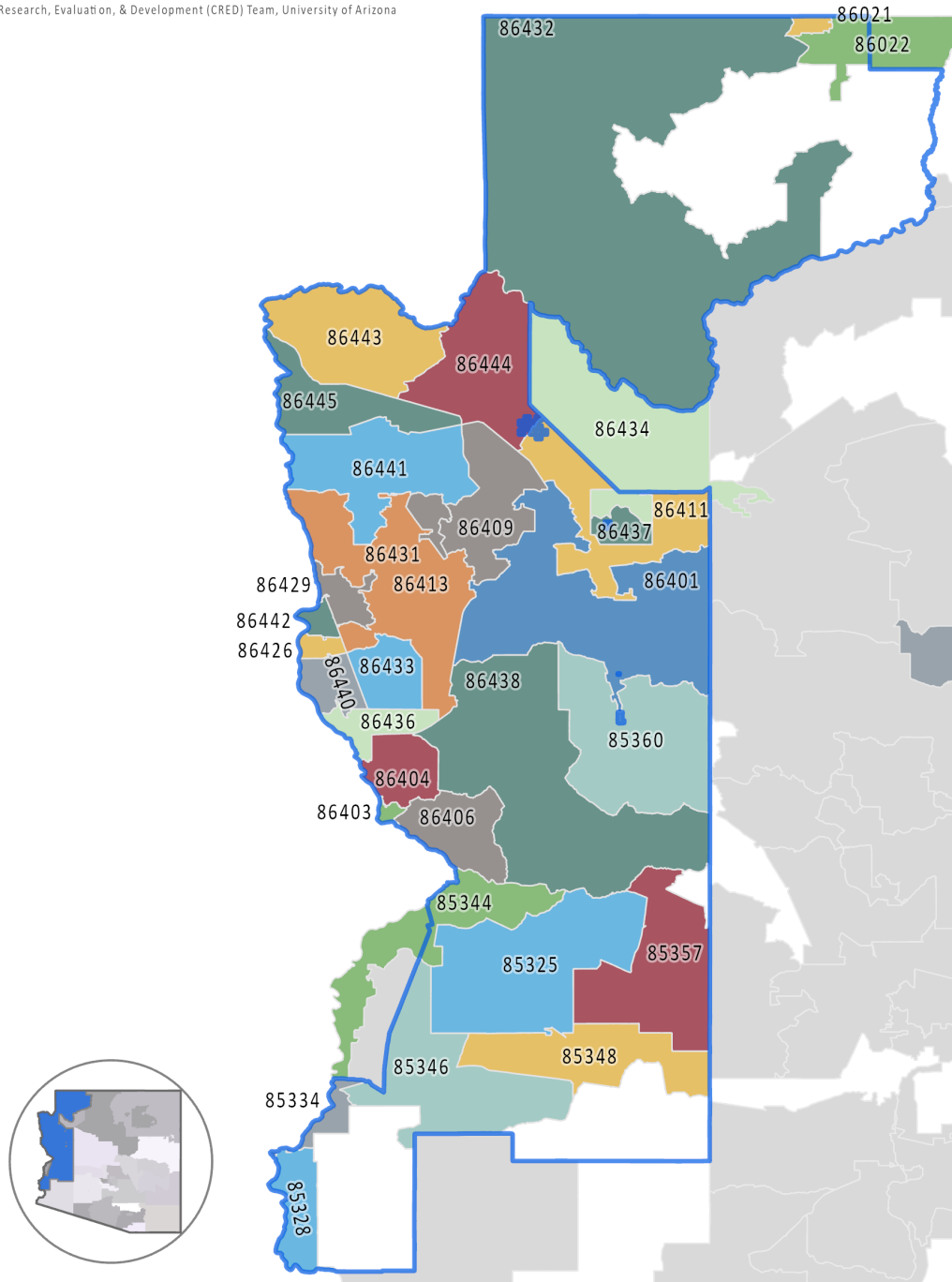
suppression threshold of less than six or 10 may still be included if the upper limit of the range is above six or 10. Since a range is provided rather than an exact number, the confidentiality of program participants is preserved.

The Report Process. This report was the product of collaboration between the vendor, the regional director, the regional partnership council and the FTF Evaluation team. The vendor worked with the FTF Evaluation team to identify and review indicators for the report and prepare data requests to submit to state agencies. The regional partnership council, regional director, and the vendor worked together to define priority areas, identify local sources of data, and submit local data requests. The vendor worked to process, compile, analyze, and visualize data gathered as well as to review data for quality and accuracy. Following data analysis, visualization, and review, the vendor facilitated a data interpretation session with the regional director, the regional partnership council, and key stakeholders in the region. This session aimed to allow participants to share their local knowledge and perspectives in interpreting the data collected. The vendor finally synthesized the data, analysis and findings from the data interpretation session in this report, which has been reviewed by the regional director and regional partnership council prior to publication.

APPENDIX 3: ZIP CODES OF THE LA PAZ/MOHAVE REGION

Figure 84. Zip Code Tabulation Areas (ZCTAs) in the La Paz/Mohave Region

Map by Community Research, Evaluation, & Development (CRED) Team, University of Arizona



Source: Custom map by the Community Research, Evaluation, & Development (CRED) Team using shapefiles obtained from First Things First and the U.S. Census Bureau 2019 TIGER/Line Shapefiles (<https://www.census.gov/cgi-bin/geo/shapefiles/index.php>)

Table 103. Zip Code Tabulation Areas (ZCTAs) in the La Paz/Mohave Region

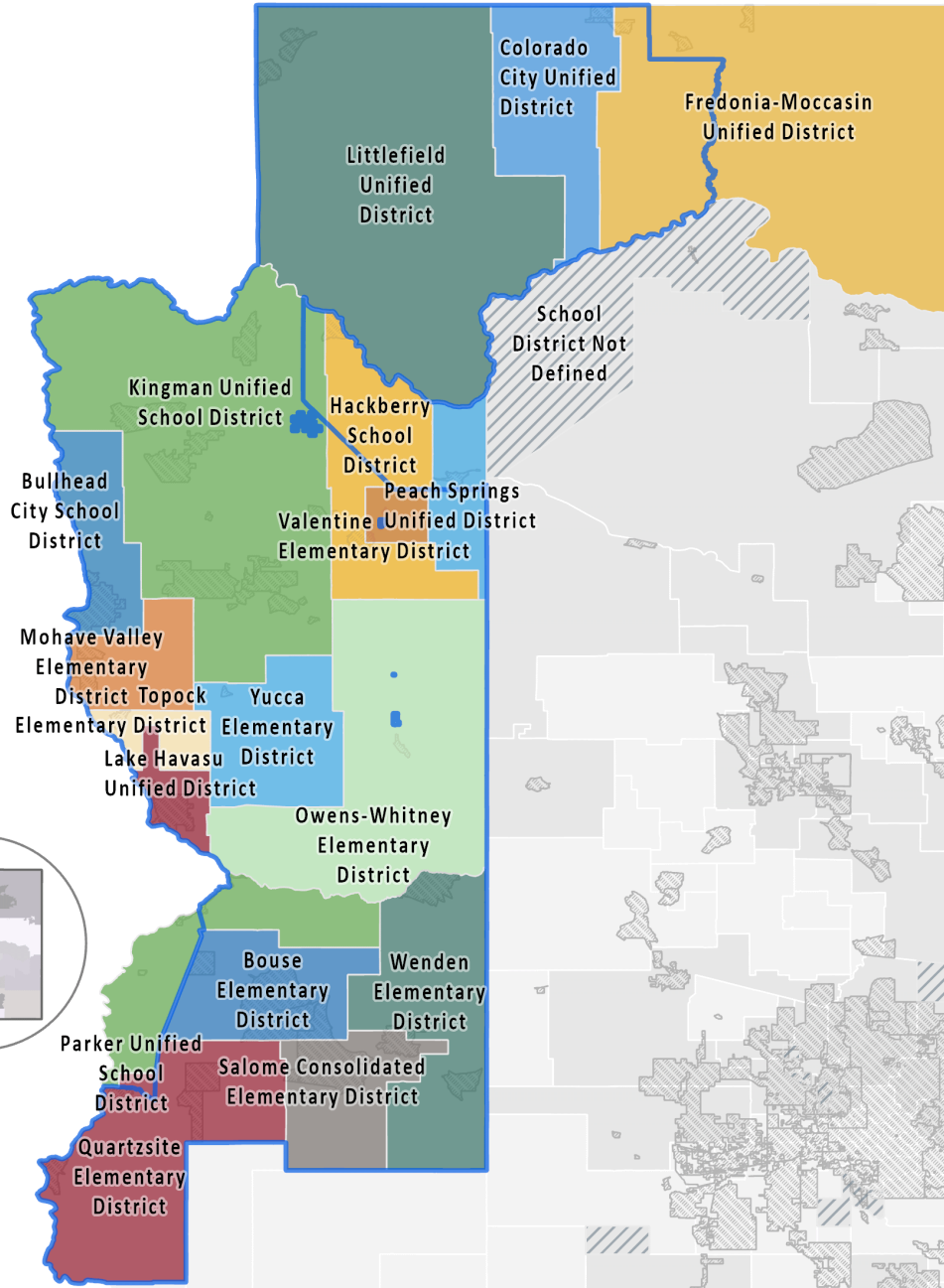
Zip Code Tabulation Area (ZCTA)	Population (all ages)	Population (ages 0-5)	Total number of households	Households with young children (ages 0-5)	Percent of this ZCTA's total population living in the La Paz/Mohave Region	This ZCTA is shared with
La Paz/Mohave Region	211,922	13,469	88,926	9,168		
85325	1,212	32	655	19	100%	
85328	259	10	126	7	100%	
85334	1,482	90	650	66	100%	
85344	2,489	86	1,304	69	27%	Colorado River Indian Tribes
85346	4,423	104	2,423	72	100%	
85348	2,786	87	1,403	59	100%	
85357	761	79	301	45	100%	
85360	218	7	104	5	98%	Hualapai Tribe
86021	6,085	1,441	782	529	100%	
86022	486	72	154	39	22%	Coconino Region
86401	24,289	1,669	9,625	1,199	100%	
86403	15,802	919	7,074	672	100%	
86404	16,243	829	7,322	638	100%	
86406	23,763	1,250	10,343	932	100%	
86409	26,471	1,875	10,990	1,303	100%	
86411	224	9	100	6	100%	
86413	12,103	491	4,637	326	100%	
86426	13,863	834	5,556	617	100%	
86429	7,162	397	3,307	288	100%	
86431	403	8	228	5	100%	
86432	3,933	280	1,556	196	100%	
86433	111	6	61	5	100%	
86434	110	5	45	4	7%	Hualapai Tribe & Yavapai
86436	2,104	47	1,040	37	100%	
86437	39	3	17	1	51%	Hualapai Tribe
86438	913	29	462	26	100%	
86440	6,906	456	2,771	320	100%	
86441	2,224	67	1,106	49	100%	
86442	33,382	2,259	13,880	1,614	100%	
86443	76	4	45	2	100%	
86444	1,289	21	697	16	100%	
86445	311	3	162	2	100%	

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, & P20

APPENDIX 4: SCHOOL DISTRICTS OF THE LA PAZ/MOHAVE REGION

Figure 85. School Districts in the La Paz/Mohave Region

Map by Community Research, Evaluation, & Development (CRED) Team, University of Arizona



Source: Custom map by the Community Research, Evaluation, & Development (CRED) Team using shapefiles obtained from First Things First and the U.S. Census Bureau 2019 TIGER/Line Shapefiles (<https://www.census.gov/cgi-bin/geo/shapefiles/index.php>)

Table 104. Local Education Authorities (LEAs) in the La Paz/Mohave Region

Name of district or Local Education Agency (LEA)	Number of schools	Number of students in kindergarten through 3rd grade
La Paz/Mohave Region	63	7,371
Lake Havasu Unified District	9	1,478
Colorado City Unified District	3	156
Hackberry School District	1	DS
Owens School District No.6	1	DS
Littlefield Unified District	2	103
Topock Elementary District	1	73
Yucca Elementary District	1	DS
Bullhead City School District	5	1,169
Mohave Valley Elementary District	4	431
Colorado River Union High School District	4	N/A
Kingman Academy Of Learning	4	422
Young Scholars Academy Charter School Corp.	1	195
Quartzsite Elementary District	2	83
Wenden Elementary District	1	28
Bouse Elementary District	1	16
Salome Consolidated Elementary District	1	54
Bicentennial Union High School District	1	N/A
Telesis Center for Learning, Inc.	2	101
Mohave Accelerated Learning Center	1	N/A
Masada Charter School, Inc.	1	225
Kingman Unified School District	11	2,147
Mohave Accelerated Elementary School, Inc.	2	359
Academy of Building Industries, Inc.	1	N/A
Pillar Charter School	1	N/A
Kaizen Education Foundation dba Havasu Preparatory Academy	1	113
Desert Star Academy	1	194
Parker Unified School District (Out of Region)	6	581

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: N/A indicates that there were no students enrolled in grades K-3 in the 2019-20 school year.

APPENDIX 5: DATA SOURCES

Arizona Department of Child Safety (2021). Semi-Annual Child Welfare Reports. Retrieved from <https://dcs.az.gov/DCS-Dashboard>

Arizona Department of Child Safety (2021). [Child removal dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2019). 2018 Child Care Market Rate Survey Report. Retrieved from <https://des.az.gov/file/14277/download>

Arizona Department of Economic Security. (2021). [Child Care Market Rate Survey 2018, custom tabulation]. Data received from the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2021). [AzEIP Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2021). [Child Care Assistance Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2021). [DDD Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2021). [Division of Benefits and Medical Eligibility data set]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Education (2021). [AzMERIT dataset]. Custom tabulation of unpublished data.

Arizona Department of Education. (2021). [Chronic absence dataset]. Custom tabulation of unpublished data.

Arizona Department of Education. (2021). [Graduation & dropout dataset]. Custom tabulation of unpublished data.

Arizona Department of Education. (2019). [Health & Nutrition dataset]. Custom tabulation of unpublished data.

Arizona Department of Education (2021). [Oct 1 enrollment dataset]. Custom tabulation of unpublished data.

Arizona Department of Education (2021). [Special Education dataset]. Custom tabulation of unpublished data.

Arizona Department of Health Services (2021). [Child asthma dataset]. Unpublished data received by request.

Arizona Department of Health Services (2021). [Child diabetes dataset]. Unpublished data received by request.

Arizona Department of Health Services (2021). [Child unintentional injuries dataset]. Unpublished data received by request.

Arizona Department of Health Services (2021). [Child care licensing dataset]. Unpublished data received by request.

Arizona Department of Health Services. (2021). [Immunizations dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Health Services. (2021). [Infectious disease dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Health Services (2021). [Opioid and Neonatal Abstinence Syndrome dataset]. Unpublished data received by request.

Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data received by request.

Arizona Department of Health Services, Bureau of Public Health Statistics. (2021). [Vital Statistics Dataset]. Unpublished data received from the First Things First State Agency Data Request.

Arizona Department of Health Services, Office of Disease Prevention and Health Promotion. (2020). Arizona Health Status and Vital Statistics, 2014-2019 Annual Reports. Retrieved from <https://pub.azdhs.gov/health-stats/report/ahs/index.php>

Arizona Office of Economic Opportunity. (2020). Arizona Population Projections: 2018 to 2055, Medium Series. Retrieved from <https://www.azcommerce.com/oeo/population/population-projections/>

Arizona Office of Economic Opportunity. (2021). Local area unemployment statistics (LAUS). Retrieved from <https://www.azcommerce.com/oeo/labor-market/>

First Things First (2019). Quality First, a Signature Program of First Thing First. Unpublished data received by request

U.S. Census Bureau. (2012). 2010 Decennial Census, Tables P1, P4, P11, P12A, P12B, P12C, P12D, P12E, P12F, P12G, P12H, P14, P20, P32, P41. Retrieved from <https://data.census.gov/cedsci/>

U.S. Census Bureau. (2020). 2020 Decennial Census, Redistricting File. Retrieved from <https://data.census.gov/cedsci/>

U.S. Census Bureau. (2019). American Community Survey 5-Year Estimates, 2014-2019, Table B05009, B09001, B10002, B14003, B15002, B16001, B16002, B16005, B17001, B17002, B17006, B17022, B19126, B23008, B23025, B25002, B25106, B27001, B28005, B28008, B28010. Retrieved from <https://data.census.gov/cedsci/>

U.S. Census Bureau. (2020). 2019, 2017, & 2010 Tiger/Line Shapefiles prepared by the U.S. Census. Retrieved from <http://www.census.gov/geo/maps-data/data/tiger-line.html>

REFERENCES

- ¹ U.S. Census Bureau (2021). About 2020 Census Data Products, Demographic and Housing Characteristics File. Accessed at <https://www.census.gov/programs-surveys/decennial-census/decade/2020/planning-management/release/about-2020-data-products.html>
- ² National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21868>.
- ³ Campbell, F., Conti, G., Heckman, J. J., Moon, S. H., Pinto, R., Pungello, E., & Pan, Y. (2014). Early childhood investments substantially boost adult health. *Science*, *343*(6178), 1478-1485.
- ⁴ Hong, K., Dragan, K., & Glied, S. (2019). Seeing and hearing: The impacts of New York City's universal pre-kindergarten program on the health of low-income children. *Journal of Health Economics*, *64*, 93-107.
- ⁵ Bakken, L., Brown, N., & Downing, B. (2017). Early childhood education: The long-term benefits. *Journal of Research in Childhood Education*, *31*(2), 255-269, DOI: 10.1080/02568543.2016.1273285
- ⁶ Rossin-Slater, M. (2013). WIC in your neighborhood: New evidence on the impacts of geographic access to clinics. *Journal of Public Economics*, *102*, 51-69.
- ⁷ Campbell, F., Conti, G., Heckman, J. J., Moon, S. H., Pinto, R., Pungello, E., & Pan, Y. (2014). Early childhood investments substantially boost adult health. *Science*, *343*(6178), 1478-1485.
- ⁸ Hong, K., Dragan, K., & Glied, S. (2019). Seeing and hearing: The impacts of New York City's universal pre-kindergarten program on the health of low-income children. *Journal of Health Economics*, *64*, 93-107.
- ⁹ Bakken, L., Brown, N., & Downing, B. (2017). Early childhood education: The long-term benefits. *Journal of Research in Childhood Education*, *31*(2), 255-269, DOI: 10.1080/02568543.2016.1273285
- ¹⁰ Rossin-Slater, M. (2013). WIC in your neighborhood: New evidence on the impacts of geographic access to clinics. *Journal of Public Economics*, *102*, 51-69.
- ¹¹ Frey, W. H. (2020). The nation is diversifying even faster than predicted, according to new census data. *Brookings*. Retrieved August 16, 2021 from <https://www.brookings.edu/research/new-census-data-shows-the-nation-is-diversifying-even-faster-than-predicted/>
- ¹² National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21868>.
- ¹³ Halgunseth, L. (2009). Family engagement, diverse families and early childhood education programs: An integrated review of the literature. *Young Children*, *64*(5), 56-68.
- ¹⁴ National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21868>.
- ¹⁵ Pew Research Center. (2018). *The changing profile of unmarried parents*. Retrieved August 16, 2021 from <https://www.pewsocialtrends.org/2018/04/25/the-changing-profile-of-unmarried-parents/>
- ¹⁶ Vandivere, S., Yrausquin, A., Allen, T., Malm, K., and McKlindon, A. (2012). *Children in nonparental care: A review of the literature and analysis of data gaps*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved August 16, 2021 from <http://aspe.hhs.gov/basic-report/children-nonparental-care-review-literature-and-analysis-data-gaps>
- ¹⁷ Barnett, M. A., Yancura, L., Wilmoth, J., Sano, Y. (2016). Wellbeing among rural grandfamilies in two multigenerational household structures. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*, *3* (1). Retrieved August 16, 2021 from <http://scholarworks.wmich.edu/grandfamilies/vol3/iss1/4>
- ¹⁸ Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC, US: National Academy Press.
- ¹⁹ Taylor, Z. E., & Conger, R. D. (2014). Risk and resilience processes in single-mother families: An interactionist perspective. In Sloboda, Z. & Petras, H. (Eds.), *Defining prevention science* (pp. 195-217). Springer, Boston, MA.

-
- ²⁰ Coles, R. L. (2015). Single-father families: A review of the literature. *Journal of Family Theory & Review*, 7(2), 144-166.
- ²¹ Ellis, R. R., & Simmons, T. (2014). Coresident grandparents and their grandchildren: 2012. *Current Population Reports*, pp. 20-576. U.S. Census Bureau: Washington, DC.
- ²² Britto PR, Lye SJ, Proulx K, et al, and the Early Childhood Development Interventions Review Group, for the Lancet Early Childhood Development Series Steering Committee (2016). Nurturing care: promoting early childhood development. *Lancet*, 389, 91-102.
- ²³ Ibid
- ²⁴ Harvard University, Center on the Developing Child “Serve & Return Interaction Shapes Brain Circuitry.” Retrieved from http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/serve_and_return/
- ²⁵ Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Driscoll, A. K., Schwartz, S., & Horon, I. (2021). Births: Final data for 2019. *National Vital Statistics Reports*, 70(2), 1–51.
- ²⁶ Fortuny, K., Hernandez, D.J., Chaudry, A. (2010). Young children of immigrants: The leading edge of America’s future. Urban Institute, Brief No. 3 (August 31, 2010). Retrieved September 14, 2021 from <https://www.urban.org/research/publication/young-children-immigrants-leading-edge-americas-future>
- ²⁷ Fortuny, K., Hernandez, D.J., Chaudry, A. (2010). Young children of immigrants: The leading edge of America’s future. Urban Institute, Brief No. 3 (August 31, 2010). Retrieved September 14, 2021 from <https://www.urban.org/research/publication/young-children-immigrants-leading-edge-americas-future>
- ²⁸ Androff, D. K., Ayon, C., Becerra, D., & Gurrola, M. (2011). US immigration policy and immigrant children's well-being: The impact of policy shifts. *Journal of Sociology & Social Welfare*, 38, 77.
- ²⁹ Pedraza, F. I., Nichols, V. C., & LeBrón, A. M. (2017). Cautious citizenship: the deterring effect of immigration issue salience on health care use and bureaucratic interactions among Latino US citizens. *Journal of Health Politics, Policy and Law*, 42(5), 925-960.
- ³⁰ Bernstein, H., Gonzalez, D., Karpman, M., & Zuckerman, S. (2019, May 22). One in seven adults in immigrant families reported avoiding public benefit programs in 2018. *Urban Institute*. Retrieved August 16, 2021 from <https://www.urban.org/research/publication/one-seven-adults-immigrant-families-reported-avoiding-public-benefit-programs-2018>
- ³¹ Artiga, S., & Ubri, P. (2017). *Living in an immigrant family in America: How fear and toxic stress are affecting daily life, well-being, & health*. Menlo Park, CA: Kaiser Family Foundation. Retrieved August 16, 2021 from <https://www.kff.org/report-section/living-in-an-immigrant-family-in-america-issue-brief/>
- ³² Perreira, K. M., Crosnoe, R., Fortuny, K., Pedroza, J., Ulvestad, K., Weiland, C., ... Chaudry, A. (2012). *Barriers to immigrants’ access to health and human services programs*. ASPE Issue Brief. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation. Retrieved August 16, 2021 from <http://webarchive.urban.org/UploadedPDF/413260-Barriers-to-Immigrants-Access-to-Health-and-Human-Services-Programs.pdf>
- ³³ Bernstein, H., McTarnaghan, S., & Gonzalez, D. (2019). Safety net access in the context of the public charge rule. *Urban Institute*. Retrieved August 16, 2021 from https://www.urban.org/sites/default/files/publication/100754/safety_net_access_in_the_context_of_the_public_charge_rule_1.pdf
- ³⁴ Ku, L. (2019, October 9). New evidence demonstrates that the public charge rule will harm immigrant families and others. *Health Affairs*. Retrieved September 14, 2021 from <https://www.healthaffairs.org/doi/10.1377/hblog20191008.70483/full/>
- ³⁵ Capps, R., & Gelatt, J. (2020, May). Barriers to COVID-19 testing and treatment: Immigrants without health coverage in the United States. *Migration Policy Institute* (Fact Sheet). Retrieved August 24, 2021 from <https://www.migrationpolicy.org/research/covid-19-testing-treatment-immigrants-health-insurance>
- ³⁶ National Academies of Sciences, Engineering, and Medicine. (2017). *Promoting the Educational Success of Children and Youth Learning English: Promising Futures*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24677>.
- ³⁷ National Academies of Sciences, Engineering, and Medicine. (2017). *Promoting the Educational Success of Children and Youth Learning English: Promising Futures*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24677>.

-
- ³⁸ National Academies of Sciences, Engineering, and Medicine 2016. *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/21868>.
- ³⁹ Arizona Department of Education. (2021). SEI Program Model Implementation Guide | School Year 2020-2021. Retrieved November 14, 2021 from https://www.azed.gov/sites/default/files/2020/04/SEI%20Program%20Model%20Implementation%20Guide%204-24-20_FINAL.pdf?id=5ea84cbf03e2b3109cb101d9
- ⁴⁰ Center for Translational Neuroscience. (2020, November 11). *Home alone: The pandemic is overloading single-parent families*. Medium. Retrieved August 18, 2021 from <https://medium.com/rapid-ec-project/home-alone-the-pandemic-is-overloading-single-parent-families-c13d48d86f9e>
- ⁴¹ Center for Translational Neuroscience. (2020, December 1). *Facing hunger: The weight of the pandemic Is falling on American families*. Medium. Retrieved August 18, 2021 from <https://medium.com/rapid-ec-project/facing-hunger-the-weight-of-the-pandemic-is-falling-on-american-families-1cbeb047a955>
- ⁴² Center for Translational Neuroscience. (2020, June 24). *Flattening the other curve: Trends for young children's mental health are good for some but concerning for others*. Medium. Retrieved August 18, 2021 from <https://medium.com/rapid-ec-project/flattening-the-other-curve-7be1e574b340>
- ⁴³ Center for Translational Neuroscience (2020, September 8). *Something's gotta give: Parents face an untenable set of demands as schools and child care providers begin a new academic year*. Medium. Retrieved August 18, 2021 from <https://medium.com/rapid-ec-project/somethings-gotta-give-6766c5a88d18>
- ⁴⁴ Generations United (2011). *Family Matters: Multigenerational Families in a Volatile Economy*. Retrieved October 15, 2021 from <https://www.gu.org/app/uploads/2018/05/SignatureReport-Family-Matters-Multigen-Families.pdf>
- ⁴⁵ Ellis, R., & Simmons, T. (2014). Co-resident Grandparents and Their Grandchildren: 2012, *Current Population Reports, P20-576*, U.S. Census Bureau: Washington, DC.
- ⁴⁶ Baker, L. A., Silverstein, M., & Putney, N. M. (2008). Grandparents raising grandchildren in the United States: Changing family forms, stagnant social policies. *Journal of societal & social policy*, 7, 53.
- ⁴⁷ Chan, K.L., Chen, M., Lo, K.M.C, Chen, Q., Kelley, S., & Ip, P. (2019). The effectiveness of Interventions for grandparents raising grandchildren: A meta-analysis. *Research on Social Work Practice*, 29,607-617.
- ⁴⁸ American Association for Marriage and Family Therapy. (2015). Grandparents raising grandchildren. Retrieved from https://www.aamft.org/Consumer_Updates/grandparents.aspx
- ⁴⁹ Department of Health and Human Services, Administration for Children and Families, and Children's Bureau. (2016). Site visit report: Arizona Kinship Navigator Project. Retrieved September 14, 2021 from <https://www.childwelfare.gov/pubPDFs/azkinship.pdf>
- ⁵⁰ Healthy People 2020. (n.d.). Social determinants of health. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved September 14, 2021 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- ⁵¹ Child Trends. (2014, January 8). *5 Ways Poverty Harms Children*. Retrieved September 14, 2021 from <https://www.childtrends.org/child-trends-5/5-ways-poverty-harms-children>
- ⁵² Hair, N. L., Hanson, J. L., Wolfe, B. L., & Pollak, S. D. (2015). Association of child poverty, brain development, and academic achievement. *JAMA pediatrics*, 169(9), 822-829.
- ⁵³ Brooks-Gunn, J. & Duncan, G. (1997). The effects of poverty on children. *Children and Poverty*, 7(2), 55-71.
- ⁵⁴ McLoyd, V. (1998). Socioeconomic disadvantage and child development. *American Psychologist*, 53(2), 185-204. doi:10.1037/0003-066X.53.2.185
- ⁵⁵ Ratcliffe, C. & McKernan, S. (2012). Child poverty and its lasting consequences. *Low-Income Working Families Series*, The Urban Institute. Retrieved September 14, 2021 from <https://www.urban.org/sites/default/files/publication/32756/412659-Child-Poverty-and-Its-Lasting-Consequence.PDF>
- ⁵⁶ Duncan, G., Ziol-Guest, K., & Kalil, A. (2010). Early-childhood poverty and adult attainment, behavior, and health. *Child Development*, 81(1), 306-325. Retrieved September 14, 2021 from <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8624.2009.01396.x/full>

-
- ⁵⁷ Gupta, R., de Wit, M., & McKeown, D. (2007). The impact of poverty on the current and future health status of children. *Pediatrics & Child Health, 12*(8), 667-672.
- ⁵⁸ Jensen, S. K. G., Berens, A. E., & Nelson, C. A. (2017). Effects of poverty on interacting biological systems underlying child development. *The Lancet Child & Adolescent Health, 1*(3), 225–239. [https://doi.org/10.1016/s2352-4642\(17\)30024-x](https://doi.org/10.1016/s2352-4642(17)30024-x)
- ⁵⁹ Brisson, D., McCune, S., Wilson, J. H., Speer, S. R., McCrae, J. S., & Hoops Calhoun, K. (2020). A systematic review of the association between poverty and biomarkers of toxic stress. *Journal of Evidence-Based Social Work, 17*(6), 696-713.
- ⁶⁰ Wagmiller, R. & Adelman, R. (2009). Children and intergenerational poverty: The long-term consequences of growing up poor. New York, NY: National Center for Children in Poverty. Retrieved September 14, 2021 from http://www.nccp.org/publications/pub_909.html
- ⁶¹ Duncan, G., Ziol-Guest, K., & Kalil, A. (2010). Early-childhood poverty and adult attainment, behavior, and health. *Child Development, 81*(1), 306-325. Retrieved September 14, 2021 from <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8624.2009.01396.x/full>
- ⁶² Alaimo, K., Olson, C.M., Frongillo Jr, E.A. and Briefel, R.R., 2001. Food insufficiency, family income, and health in US preschool and school-aged children. *American Journal of Public Health, 91*(5), p.781.
- ⁶³ Hill, M.S. and Duncan, G.J., 1987. Parental family income and the socioeconomic attainment of children. *Social Science Research, 16*(1), pp.39-73.
- ⁶⁴ Larson, K. and Halfon, N., 2010. Family income gradients in the health and health care access of US children. *Maternal and child health journal, 14*(3), pp.332-342.
- ⁶⁵ Gilman, S.E., Kawachi, I., Fitzmaurice, G.M. and Buka, S.L., 2002. Socioeconomic status in childhood and the lifetime risk of major depression. *International journal of epidemiology, 31*(2), pp.359-367.
- ⁶⁶ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2021). Household food security in the United States in 2020, ERR-298. *US Department of Agriculture, Economic Research Service.*
- ⁶⁷ Coleman-Jensen, A., Rabbitt, M. P., Gregory, C. A., & Singh, A. (2021). Household food security in the United States in 2020, ERR-298. *US Department of Agriculture, Economic Research Service.*
- ⁶⁸ Food Research and Action Center. (2013). SNAP and Public Health: The role of the Supplemental Nutrition Assistance Program in improving the health and well-being of Americans. Retrieved September 14, 2021 from https://frac.org/wp-content/uploads/snap_and_public_health.pdf
- ⁶⁹ Cohen, J., Hecht, A. A., McLoughlin, G. M., Turner, L., & Schwartz, M. B. (2021). Universal School Meals and Associations with Student Participation, Attendance, Academic Performance, Diet Quality, Food Security, and Body Mass Index: A Systematic Review. *Nutrients, 13*(3), 911. <https://doi.org/10.3390/nul3030911>
- ⁷⁰ Carlson, S., & Neuberger, Z. (2015). *WIC Works: Addressing the nutrition and health needs of low-income families for 40 years*. Washington, DC: Center on Budget and Policy Priorities. Retrieved September 14, 2021 from <http://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>
- ⁷¹ For more information see: <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>
- ⁷² For more information see: <https://www.fns.usda.gov/wic>
- ⁷³ For more information see: <https://www.fns.usda.gov/nslp>
- ⁷⁴ For more information see: <https://www.fns.usda.gov/sfsp/summer-food-service-program>
- ⁷⁵ For more information see: <https://www.acf.hhs.gov/ofa/programs/tanf>
- ⁷⁶ For more information see: <https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.html>
- ⁷⁷ For more information see: <https://des.az.gov/services/child-and-family/child-care>
- ⁷⁸ For more information see: <https://des.az.gov/services/basic-needs/shelter-housing>
- ⁷⁹ Healthy People 2020. (n.d.). Social determinants of health. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved September 14, 2021 from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

-
- ⁸⁰ Berger, R.P., Fromkin, J.B., Stutz, H., Makoroff, K., Scribano, P.V., Feldman, K., Tu, L.C. and Fabio, A., 2011. Abusive head trauma during a time of increased unemployment: a multicenter analysis. *Pediatrics*, 128(4), pp.637-643. Retrieved September 14, 2021 from <https://pediatrics.aappublications.org/content/128/4/637.short>
- ⁸¹ Isaacs, J. (2013). Unemployment from a child’s perspective. Retrieved September 14, 2021 from <https://www.urban.org/sites/default/files/publication/23131/1001671-Unemployment-from-a-Child-s-Perspective.PDF>
- ⁸² McCoy-Roth, M., Mackintosh, B., & Murphey, D. (2012). When the bough breaks: The effects of homelessness on young children. *Child Health*, 3(1). Retrieved September 14, 2021 from <http://www.childtrends.org/wp-content/uploads/2012/02/2012-08EffectHomelessnessChildren.pdf>
- ⁸³ Stuart Gabriel and Gary Painter. 2017. “Why Affordability Matters,” 4–23. Presentation at Housing Affordability: Why Does It Matter, How Should It Be Measured, and Why Is There an Affordability Problem? American Enterprise Institute, 5–6 April 2017. Accessed 10 April 2017. Available online at: <https://www.aei.org/wp-content/uploads/2017/04/CHA-Panel-1.pdf>
- ⁸⁴ Federal Interagency Forum on Child and Family Statistics. (2015). America’s children: Key national indicators for well-being, 2015. Washington, DC: U.S. Government Printing Office. Retrieved September 14, 2021 from https://www.childstats.gov/pdf/ac2015/ac_15.pdf
- ⁸⁵ Schwartz, M. & Wilson, E. (n.d.). Who can afford to live in a home? A look at data from the 2006 American Community Survey. U.S. Census Bureau. Retrieved September 14, 2021 from <https://www.census.gov/housing/census/publications/who-can-afford.pdf>
- ⁸⁶ U.S. Census Bureau (2021). Household Pulse Survey Data, Phases 1, 2, & 3. Retrieved from <https://www.census.gov/programs-surveys/household-pulse-survey.html>
- ⁸⁷ U.S. Department of Health & Human Services Office of the Assistant Secretary for Planning and Evaluation. (2019). *2019 Poverty Guidelines*. Retrieved August 21, 2021 from <https://aspe.hhs.gov/2019-poverty-guidelines>
- ⁸⁸ U.S. Department of Health & Human Services Office of the Assistant Secretary for Planning and Evaluation. (2021). *2020 Poverty Guidelines*. Retrieved August 23, 2021 from <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2020-poverty-guidelines>
- ⁸⁹ Pearce, D. (2019) The Self-Sufficiency Standard. Retrieved September 14, 2021 from <http://www.selfsufficiencystandard.org/the-standard>
- ⁹⁰ Center for Women’s Welfare. (2021). *Arizona | Self Sufficiency Standard* (Version 2021) [Dataset]. Retrieved September 14, 2021 from <http://www.selfsufficiencystandard.org/arizona>
- ⁹¹ Levert, M. (2018). Policy Brief. Benefits Cliffs. Presented to the J.T. Gorman Foundation in Support of the Maine Whole Family Approach to Jobs Working Group. Stepwise Data Research. Retrieved September 14, 2021 from <https://www.jtgfoundation.org/wp-content/uploads/2019/06/Cliffs-Policy-Brief.pdf>
- ⁹² Arizona Department of Economic Security. (2021). *TANF Jobs Program*. Arizona Department of Economic Security. Retrieved September 2, 2021 from <https://des.az.gov/services/employment/job-seekers/tanf-jobs-program>
- ⁹³ <https://www.azleg.gov/legtext/54leg/2R/bills/HB2904H.htm>
- ⁹⁴ Floyd, I. (2016, July 5). *Arizona Cuts TANF Time Limit to Shortest Nationwide*. Center on Budget and Policy Priorities. Retrieved September 2, 2021 from: <https://www.cbpp.org/blog/arizona-cuts-tanf-time-limit-to-shortest-nationwide>
- ⁹⁵ IRS. (2021) Questions and Answers about the First Economic Impact Payment — Topic A: Eligibility. Retrieved August 24, 2021 from <https://www.irs.gov/newsroom/questions-and-answers-about-the-first-economic-impact-payment-topic-a-eligibility>
- ⁹⁶ USA.gov. (2021). *Advance Child Tax Credit and Economic Impact Payments - Stimulus Checks*. Retrieved August 25, 2021 from <https://www.usa.gov/covid-stimulus-checks>
- ⁹⁷ Children’s Action Alliance. (2021, January 27). *Immigrant families should not be excluded from COVID-19 response*. Retrieved September 14, 2021 from <https://azchildren.org/news-and-events/immigrant-families-should-not-be-excluded-from-covid-19-response/>
- ⁹⁸ Congressional Research Service. (2021, January 19). *Noncitizen eligibility for the second round of direct payments to individuals* (No. IN11579). Retrieved September 14, 2021 from <https://www.aila.org/File/Related/20030201cn.pdf>
- ⁹⁹ Protecting Immigrant Families. (2021, March 26). *Immigrant eligibility for public programs during COVID-19*. Retrieved August 24, 2021 from <https://protectingimmigrantfamilies.org/immigrant-eligibility-for-public-programs-during-covid-19/>

¹⁰⁰U.S. Department of The Treasury. (2021). *FACT SHEET: The American Rescue Plan Will Deliver Immediate Economic Relief to Families*. Retrieved August 24, 2021 from <https://home.treasury.gov/news/featured-stories/fact-sheet-the-american-rescue-plan-will-deliver-immediate-economic-relief-to-families>

¹⁰¹ CBPP staff. (2021, March 15). *American Rescue Plan Act will help millions and bolster the economy*. Center on Budget and Policy Priorities. Retrieved September 29, 2021 from: <https://www.cbpp.org/research/poverty-and-inequality/american-rescue-plan-act-will-help-millions-and-bolster-the-economy#tax>

¹⁰² Congressional Research Service. (2021, May). *The child tax credit: Temporary expansion for 2021 under the American Rescue Plan Act of 2021* (ARPA; P.L. 117–2). <https://crsreports.congress.gov/product/pdf/IN/IN11613>

¹⁰³ Economic Research Service, U.S. Department of Agriculture. (2021). *Definitions of Food Security*. Retrieved August 25, 2021 from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>

¹⁰⁴ Rose-Jacobs, R., Black, M., Casey, P., Cook, J., Cutts, D., Chilton, M., Heeren, T., Levenson, S., Meyers, A., & Frank, D. (2008). Household food insecurity: Associations with at-risk infant and toddler development. *Pediatrics*, 121(1), 65-72. Retrieved from <http://pediatrics.aappublications.org/content/121/1/65.full.pdf>

¹⁰⁵ Ryan-Ibarra, S., Sanchez-Vaznaugh, E., Leung, C., & Induni, M. (2016). The relationship between food insecurity and overweight/obesity differs by birthplace and length of residence. *Public Health Nutrition*, 1-7. Retrieved from <https://www.cambridge.org/core/journals/public-health-nutrition/article/div-classtithe-relationship-between-food-insecurity-and-overweightobesity-differs-by-birthplace-and-length-of-us-residence/4BEE4D6C09F9FFCABEE404F9E313BE7C>

¹⁰⁶ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *Supplemental Nutrition Assistance Program (SNAP)*. Retrieved from <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program>

¹⁰⁷ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)*. Retrieved from <https://www.fns.usda.gov/wic>

¹⁰⁸ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *National School Lunch Program*. Retrieved from <https://www.fns.usda.gov/nslp>

¹⁰⁹ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *School Breakfast Program*. Retrieved from <https://www.fns.usda.gov/sbp/school-breakfast-program>

¹¹⁰ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *Summer Food Service Program*. Retrieved from <https://www.fns.usda.gov/sfsp/summer-food-service-program>

¹¹¹ Food and Nutrition Service, U.S. Department of Agriculture. (n.d.). *Child and Adult Care Food Program*. Retrieved from <https://www.fns.usda.gov/cacfp>

¹¹² Coleman-Jensen, A., Rabbitt, M.P., Gregory, C.A., & Singh, A. (2020). *Household food security in the United States in 2019, ERR-275*. U.S. Department of Agriculture, Economic Research Service. Retrieved August 25, 2021 from <https://www.ers.usda.gov/webdocs/publications/99282/err-275.pdf>

¹¹³ For more information on TEFAP please visit: <https://des.az.gov/services/basic-needs/food-assistance/emergency-food-assistance>

¹¹⁴ Food Research and Action Center. (2013). *SNAP and Public Health: The role of the Supplemental Nutrition Assistance Program in improving the health and well-being of Americans*. Retrieved from https://frac.org/wp-content/uploads/snap_and_public_health.pdf

¹¹⁵ Food Research and Action Center. (2013). *SNAP and Public Health: The role of the Supplemental Nutrition Assistance Program in improving the health and well-being of Americans*. Retrieved from https://frac.org/wp-content/uploads/snap_and_public_health.pdf

¹¹⁶ Prevalence and distribution of food insecurity status by SNAP participation and poverty level, 2019. Retrieved August 25, 2021 from: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights/#disability>

¹¹⁷ U.S. Citizenship and Immigration Services. (2021, March 10). *Public Charge Fact Sheet*. Retrieved September 14, 2021, from <https://www.uscis.gov/archive/public-charge-fact-sheet>

-
- ¹¹⁸ For a description of what is and is not currently considered during public charge determinations, see <https://www.uscis.gov/green-card/green-card-processes-and-procedures/public-charge/public-charge-resources>
- ¹¹⁹ Rosenbaum, D., & Keith-Jennings, B. (2019, June 6). *SNAP caseload and spending declines have accelerated in recent years*. Center on Budget and Policy Priorities. Retrieved September 8, 2021 from <https://www.cbpp.org/research/food-assistance/snap-caseload-and-spending-declines-have-accelerated-in-recent-years>
- ¹²⁰ For more information on the Arizona WIC Program, visit <http://azdhs.gov/prevention/azwic/>
- ¹²¹ Carlson, S., & Neuberger, Z. (2015). *WIC Works: Addressing the nutrition and health needs of low-income families for 40 years*. Washington, DC: Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>
- ¹²² Smith, M.V., Kruse, A., Weir, A. and Goldblum, J., 2013. Diaper need and its impact on child health. *Pediatrics*, 132(2), pp.253-259.
- ¹²³ For more information see: <https://www.azed.gov/hns/cacfp>
- ¹²⁴ Arizona Department of Education. (2021, June 14). *Introduction to the CACFP* [Video]. Vimeo. <https://vimeo.com/562872764>
- ¹²⁵ For more information see: <https://www.azed.gov/hns/sfsp>
- ¹²⁶ United States Department of Agriculture. (n.d.). *How to participate in summer meals*. Retrieved October 26, 2021, from <https://fnsprod.azureedge.net/sites/default/files/resource-files/SFSP-Fact-Sheet.pdf>
- ¹²⁷ National Center for Children in Poverty. (2014). *Arizona demographics for low-income children*. Retrieved from http://www.nccp.org/profiles/AZ_profile_6.html
- ¹²⁸ Isaacs, J. (2013). *Unemployment from a child's perspective*. Retrieved from <https://www.urban.org/sites/default/files/publication/23131/1001671-Unemployment-from-a-Child-s-Perspective.PDF>
- ¹²⁹ For a discussion of current trends in labor force participation versus employment, see Uchitelle, L. (July 11, 2019). "Unemployment Is Low, but That's Only Part of the Story." Retrieved from <https://www.nytimes.com/2019/07/11/business/low-unemployment-not-seeking-work.html>
- ¹³⁰ Arizona Department of Economic Security. (2021, September 4). *Historical context*. Unemployment Insurance Data Dashboard. Retrieved September 9, 2021 from <https://des.az.gov/ui-data-dashboard>
- ¹³¹ U.S. Department of Labor. (n.d.). *Unemployment insurance relief during COVID-19 outbreak*. Retrieved September 9, 2021 from <https://www.dol.gov/coronavirus/unemployment-insurance>
- ¹³² U.S. Department of Labor. (2021, January 11). *New COVID-19 unemployment benefits: Answering common questions*. U.S. Department of Labor Blog. Retrieved September 14, 2021 from <https://blog.dol.gov/2021/01/11/unemployment-benefits-answering-common-questions>
- ¹³³ Arizona Department of Economic Security. (n.d.). *Arizona's back to work program*. Retrieved September 9, 2021 from <https://des.az.gov/back-to-work-program>
- ¹³⁴ Office of the Governor. (2021, May 13). *Governor Ducey announces "Arizona Back to Work."* Office of the Arizona Governor. Retrieved September 14, 2021 from <https://azgovernor.gov/governor/news/2021/05/governor-ducey-announces-arizona-back-work>
- ¹³⁵ Arizona Department of Economic Security. (n.d.). *Essential workers child care relief scholarship program*. Retrieved October 6, 2021, from <https://des.az.gov/services/child-and-family/child-care/emergency-child-care-scholarship-program>
- ¹³⁶ McCoy-Roth, M., Mackintosh, B., & Murphey, D. (2012). When the bough breaks: The effects of homelessness on young children. *Child Health*, 3(1). Retrieved from: <http://www.childtrends.org/wp-content/uploads/2012/02/2012-08EffectHomelessnessChildren.pdf>
- ¹³⁷ Herbert, C., Hermann, A. and McCue, D. (2018). *Measuring Housing Affordability: Assessing the 30 Percent of Income Standard*. Cambridge, MA: Joint Center for Housing Studies of Harvard University. Retrieved September 14, 2021 from https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_Herbert_Hermann_McCue_measuring_housing_affordability.pdf

-
- ¹³⁸ Gabriel, S. and Painter, G. (2017). "Why Affordability Matters," 4–23. Presentation at Housing Affordability: Why Does It Matter, How Should It Be Measured, and Why Is There an Affordability Problem? American Enterprise Institute, 5–6 April 2017. Retrieved September 14, 2021 from <https://www.aei.org/wp-content/uploads/2017/04/CHA-Panel-1.pdf>
- ¹³⁹ Federal Interagency Forum on Child and Family Statistics. (2015). America's children: Key national indicators for well-being, 2015. Washington, DC: U.S. Government Printing Office. Retrieved September 14, 2021 from https://www.childstats.gov/pdf/ac2015/ac_15.pdf
- ¹⁴⁰ Kinsner, K., Parlakian, R., Sanchez, G., Manzano, S., & Baretto, M. (2018). Millennial Connections: Findings from ZERO TO THREE's 2018 Parent Survey Executive Summary. *ZERO TO THREE*. Retrieved from <https://www.zerotothree.org/resources/2475-millennial-connections-executive-summary>
- ¹⁴¹ OECD. (2001). *Understanding the digital divide*. Paris, France: OECD Publications.
- ¹⁴² OECD. (2001). *Understanding the digital divide*. Paris, France: OECD Publications.
- ¹⁴³ Gonzales, A. (2016). The contemporary US digital divide: from initial access to technology maintenance. *Information, Communication & Society*, 19(2), pp. 234-248, DOI: 10.1080/1369118X.2015.1050438
- ¹⁴⁴ Pew Research Center. (2019, June 12). *Internet/Broadband Fact Sheet*. Retrieved from <https://www.pewresearch.org/internet/fact-sheet/internet-broadband/>
- ¹⁴⁵ Prieger, J. E. (2013). The broadband digital divide and the economic benefits of mobile broadband for rural areas. *Telecommunications Policy*, 37(6-7), 483-502.
- ¹⁴⁶ Prieger, J.E. (2013). The broadband digital divide and the economic benefits of mobile broadband for rural areas. *Telecommunications Policy*, 37(6-7), 483-502.
- ¹⁴⁷ Sallet, J. (2017). *Better together: Broadband deployment and broadband competition*. Retrieved from <https://www.brookings.edu/blog/techtank/2017/03/15/better-together-broadband-deployment-and-broadband-competition/>
- ¹⁴⁸ Federal Communications Commission. (2015). 2015 Broadband progress report and notice of inquiry on immediate action to accelerate deployment. *Federal Communications Commission*. Retrieved from https://apps.fcc.gov/edocs_public/attachmatch/DOC-342358A1.pdf
- ¹⁴⁹ Prieger, J. E. (2013). The broadband digital divide and the economic benefits of mobile broadband for rural areas. *Telecommunications Policy*, 37(6-7), 483-502.
- ¹⁵⁰ Rideout, V. J. & Katz, V.S. (2016). Opportunity for all? Technology and learning in lower-income families. A report of the Families and Media Project. New York: The Joan Ganz Cooney Center at Sesame Workshop.
- ¹⁵¹ Chandra, S., Fazlullah, A., Hill, H., Lynch, J., McBride, L., Weiss, D., Wu, M. (2020). Connect all students: How states and school districts can close the digital divide. San Francisco, CA: Common Sense Media
- ¹⁵² Ali, T., Chandra, S., Cherukumilli, S., Fazlullah, A., Galicia, E., Hill, H., McAlpine, N., McBride, L., Vaduganathan, N., Weiss, D., Wu, M. (2021). Looking back, looking forward: What it will take to permanently close the K–12 digital divide. San Francisco, CA: Common Sense Media.
- ¹⁵³ Healthy People 2020. (n.d.). *Social determinants*. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Social-Determinants>
- ¹⁵⁴ National Research Council. 2012. *Key National Education Indicators: Workshop Summary*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/13453>
- ¹⁵⁵ Healthy People 2020. (n.d.). *Adolescent health*. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved August 20, 2021 from <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>
- ¹⁵⁶ Child Trends Data Bank. (2015). Parental education: Indicators on children and youth. Retrieved September 7, 2021 from https://web.archive.org/web/20150525195005/http://www.childtrends.org/wp-content/uploads/2012/04/67-Parental_Education.pdf
- ¹⁵⁷ Rathbun, A., & McFarland, J. (2017). Risk factors and academic outcomes in kindergarten through third grade. *National Center for Education Statistics*. Retrieved September 7, 2021 from https://nces.ed.gov/programs/coe/pdf/coe_tgd.pdf

-
- ¹⁵⁸ The Annie E. Casey Foundation. (2013). *The first eight years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>
- ¹⁵⁹ Anderson, L., Shinn, C., Fullilove, M., Scrimshaw, S., Fielding, J., Normand, J., & Carande-Kulis, V. (2003). The effectiveness of early childhood development programs: A systematic review. *American Journal of Preventive Medicine*, 24(3), 32-46.
- ¹⁶⁰ Lesnick, J., Goerge, R., Smithgall, C., & Gwynne, J. (2010). *Reading on grade level in third grade: How is it related to high school performance and college enrollment?* Chicago, IL: Chapin Hall at the University of Chicago. Retrieved August 20, 2021 from <https://assets.aecf.org/m/resourcedoc/aecf-ReadingonGradeLevelLongAnal-2010.PDF>
- ¹⁶¹ Robert Wood Johnson Foundation. (2016, September). *The relationship between school attendance and health*. Retrieved August 20, 2021 from <https://www.rwjf.org/en/library/research/2016/09/the-relationship-between-school-attendance-and-health.html>
- ¹⁶² Dahlin, M., & Squires, J. (2016). *Pre-K attendance: Why it's important and how to support it*. Center on Enhancing Early Learning Outcomes. Retrieved August 20, 2021 from http://nieer.org/wp-content/uploads/2016/09/ceelo_fastfact_state_ece_attendance_2016_02_01_final_for_web.pdf
- ¹⁶³ Santibañez, L., & Guarino, C. M. (2021). The effects of absenteeism on academic and social-emotional outcomes: Lessons for COVID-19. *Educational Researcher*. <https://doi.org/10.3102/0013189X21994488>
- ¹⁶⁴ Ready, D.D. (2010). Socioeconomic disadvantage, school attendance, and early cognitive development: The differential effects of school exposure. *Sociology of Education*, 83(4), 271-286.
- ¹⁶⁵ Robert Wood Johnson Foundation. (2016, September). *The relationship between school attendance and health*. Retrieved August 20, 2021 from <https://www.rwjf.org/en/library/research/2016/09/the-relationship-between-school-attendance-and-health.html>
- ¹⁶⁶ Lesnick, J., Goerge, R., Smithgall, C., & Gwynne, J. (2010). *Reading on grade level in third grade: How is it related to high school performance and college enrollment?* Chicago, IL: Chapin Hall at the University of Chicago. Retrieved August 20, 2021 from <https://assets.aecf.org/m/resourcedoc/aecf-ReadingonGradeLevelLongAnal-2010.PDF>
- ¹⁶⁷ Lesnick, J., Goerge, R., Smithgall, C., & Gwynne, J. (2010). *Reading on grade level in third grade: How is it related to high school performance and college enrollment?* Chicago, IL: Chapin Hall at the University of Chicago. Retrieved August 20, 2021 from <https://assets.aecf.org/m/resourcedoc/aecf-ReadingonGradeLevelLongAnal-2010.PDF>
- ¹⁶⁸ Hernandez, D. (2011). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation*. New York, NY: The Annie E. Casey Foundation. Retrieved August 20, 2021 from <http://files.eric.ed.gov/fulltext/ED518818.pdf>
- ¹⁶⁹ Arizona Department of Education. (n.d.). *Assessments*. Retrieved August 20, 2021 from <https://www.azed.gov/assessment>
- ¹⁷⁰ Altavena, L. (2021, February 8). Testing for Arizona students returns in April, with lots of unanswered questions. *Arizona Republic*. Retrieved August 20, 2021 from <https://www.azcentral.com/story/news/local/arizona-education/2021/02/08/arizona-students-take-standardized-tests-april-lots-questions-unanswered/4251118001/>
- ¹⁷¹ Office of the Governor Doug Ducey. (2020, March 27). *Governor Ducey signs legislation to support schools, teachers and families* [news release]. Retrieved August 20, 2021 from <https://azgovernor.gov/governor/news/2020/03/governor-ducey-signs-legislation-support-schools-teachers-and-families>
- ¹⁷² For more information on Move on When Reading, visit <http://www.azed.gov/mowr/>
- ¹⁷³ Arizona Department of Education. *Move on When Reading Annual Report 2020*. Retrieved December 3, 2021 from <https://www.azed.gov/sites/default/files/2020/12/Move%20on%20When%20Reading%20Annual%20Report%202020.pdf>
- ¹⁷⁴ Arizona Department of Education. *Move on When Reading Annual Report 2021*. Retrieved June 14, 2022 from <https://www.azed.gov/sites/default/files/2021/12/Move%20on%20When%20Reading%20Annual%20Report%202021.pdf>
- ¹⁷⁵ National Research Council. 2012. *Key National Education Indicators: Workshop Summary*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/13453>
- ¹⁷⁶ Healthy People 2020. (n.d.). Adolescent health. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>

-
- ¹⁷⁷ Carnevale, A. P., Smith, N., & Strohl, J. (2013). Recovery: Job growth and education requirements through 2020. *Georgetown Public Policy Institute – Center on Education and the Workforce*. Retrieved September 7, 2021 from https://1gyhoq479ufd3yna29x7ubjn-wpengine.netdna-ssl.com/wp-content/uploads/2014/11/Recovery2020.ES_Web_.pdf
- ¹⁷⁸ Torpey, E. (2021, June). Education pays, 2020. *Career Outlook*, U.S. Bureau of Labor Statistics. Retrieved September 7, 2021 from <https://www.bls.gov/careeroutlook/2021/data-on-display/education-pays.htm>
- ¹⁷⁹ Annie E. Casey Foundation (2014). *Creating Opportunity for Families: A Two-Generation Approach*. Retrieved from <https://www.aecf.org/resources/creating-opportunity-for-families>
- ¹⁸⁰ Chase-Lansdale, L. & Brooks-Gunn, J. (2014). Two-generation programs in the twenty-first century. *Future Child*, 24, 13-39.
- ¹⁸¹ Sabol, T. J., Sommer, T. E., Chase-Lansdale, P. L., & Brooks-Gunn, J. (2021). Intergenerational economic mobility for low-income parents and their children: A dual developmental science framework. *Annual Review of Psychology*, 72(1), 265–292. <https://doi.org/10.1146/annurev-psych-010419-051001>
- ¹⁸² Lombardi, J., Mosle, A., Patel, N., Schumacher, R., & Stedron, J. (2014). *Gateways to Two-generations: The Potential for Early Childhood Programs and Partnerships To Support Children and Parents Together*. Aspen Institute: Washington, D.C. Retrieved from http://b.3cdn.net/ascend/d3336cff8a154af047_07m6btk2.pdf
- ¹⁸³ National Center for Education Statistics. (2021, May). Characteristics of children’s families. Retrieved September 7, 2021 from <https://nces.ed.gov/programs/coe/indicator/cce#fn1>
- ¹⁸⁴ Sabol, T. J., Sommer, T. E., Chase-Lansdale, P. L., & Brooks-Gunn, J. (2021). Intergenerational economic mobility for low-income parents and their children: A dual developmental science framework. *Annual Review of Psychology*, 72(1), 265–292. <https://doi.org/10.1146/annurev-psych-010419-051001>
- ¹⁸⁵ Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J., & Vick, J. (2009). Disparities in early learning and development: lessons from the Early Childhood Longitudinal Study–Birth Cohort (ECLS-B). *Washington, DC: Child Trends*, 1-7.
- ¹⁸⁶ Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved August 20, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ¹⁸⁷ Kuhl, P.K. (2011). Early language learning and literacy: Neuroscience implications for education. *Mind, Brain, and Education*, 5(3), 128-142.
- ¹⁸⁸ Fernald, A., Marchman, V., & Weisleder, A. (2013). SES differences in language processing skill and vocabulary are evident at 18 months. *Developmental Science*, 16(2), 234-248. Retrieved from: <http://onlinelibrary.wiley.com/doi/10.1111/desc.12019/pdf>
- ¹⁸⁹ Lee, V. & Burkam, D. (2002). *Inequality at the Starting Gate: Social background Differences in Achievement as Children Begin School*. Washington, DC: Economic Policy Institute.
- ¹⁹⁰ NICHD Early Child Care Research Network. (2002). Early child care and children’s development prior to school entry: Results from the NICHD study of early child care. *American Educational Research Journal*, 39(1), 133–164. Retrieved August 20, 2021 from <http://www.jstor.org/stable/3202474>
- ¹⁹¹ Yoshikawa, H., Weiland, C., Brooks-Gunn, J., Burchinal, M., Espinosa, L., Gormley, W.,...Zaslow, M. (2013). Investing in our future: The evidence base on preschool education. Ann Arbor, MI: *Society for Research in Child Development*. Retrieved August 20, 2021 from <https://www.fcd-us.org/assets/2013/10/Evidence20Base20on20Preschool20Education20FINAL.pdf>
- ¹⁹² U.S. Department of Education. (2015). A matter of equity: Preschool in America. Retrieved August 20, 2021 from <https://www2.ed.gov/documents/early-learning/matter-equity-preschool-america.pdf>
- ¹⁹³ The Annie E. Casey Foundation. (2013). The first eight years: Giving kids a foundation for lifetime success. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCPolicyreport-2013.pdf>
- ¹⁹⁴ Gilliam, W. S., Maupin, A. N., & Reyes, C. R. (2016). Early childhood mental health consultation: Results of a statewide random-controlled evaluation. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(9), 754-761.

-
- ¹⁹⁵ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. (n.d.). *Understanding and eliminating expulsion in early childhood programs*. Retrieved August 20, 2021 from <https://eclkc.ohs.acf.hhs.gov/publication/understanding-eliminating-expulsion-early-childhood-programs>
- ¹⁹⁶ Mortenson, J. A., & Barnett, M. A. (2016). The role of child care in supporting the emotion regulatory needs of maltreated infants and toddlers. *Children and Youth Services Review*, *64*, 73-81
- ¹⁹⁷ Dinehart, L. H., Manfra, L., Katz, L. F., & Hartman, S. C. (2012). Associations between center-based care accreditation status and the early educational outcomes of children in the child welfare system. *Children and Youth Services Review*, *34*, 1072-1080.
- ¹⁹⁸ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2013). *The national survey of children with special health care needs: Chartbook 2009-2010*. Rockville, MD: U.S. Department of Health and Human Services. Retrieved August 20, 2021 from <https://mchb.hrsa.gov/data-research-epidemiology/research-epidemiology/national-survey-publications-and-chartbooks>
- ¹⁹⁹ Austin, A., Herrick, H., Proescholdbell, S., & Simmons, J. (2016). Disability and exposure to high levels of adverse childhood experiences: Effect on health and risk behavior. *North Carolina Medical Journal*, *77*(1), 30-36. doi: 10.18043/nmc.77.1.30. Retrieved August 20, 2021 from <http://www.ncmedicaljournal.com/content/77/1/30.full.pdf+html>
- ²⁰⁰ Kistin, C., Tompson, M., Cabral, H., Sege, R., Winter, M., & Silverstein, M. (2016). Subsequent maltreatment in children with disabilities after an unsubstantiated report for neglect. *JAMA* *2016*, *315*(1), 85-87. doi: 10.1001/jama.2015.12912
- ²⁰¹ Montes G & Halterman JS. (2011). The impact of child care problems on employment: Findings from a national survey of US parents. *Academic Pediatrics*, *11*(1):80-87.
- ²⁰² White House Council of Economic Advisors. (2014). *The economics of early childhood investments*. Retrieved August 20, 2021 from https://obamawhitehouse.archives.gov/sites/default/files/docs/early_childhood_report_update_final_non-embargo.pdf
- ²⁰³ Campbell, F., Conti, G., Heckman, J., Moon, S., Pinto, R., Pungello, L., & Pan, Y. (2014). *Abecedarian & health: Improve adult health outcomes with quality early childhood programs that include health and nutrition*. University of Chicago: The Heckman Equation. Retrieved August 20, 2021 from <http://heckmanequation.org/content/resource/research-summary-abecedarian-health>
- ²⁰⁴ White House Council of Economic Advisors. (2014). *The economics of early childhood investments*. Retrieved August 20, 2021 from https://obamawhitehouse.archives.gov/sites/default/files/docs/early_childhood_report_update_final_non-embargo.pdf
- ²⁰⁵ Malik, R., Hamm, K., Adamu, M., & Morrissey, T. (2016). Child care deserts: An analysis of child care centers by ZIP code in 8 states. *Center for American Progress*. Retrieved August 20, 2021 from <https://www.americanprogress.org/issues/early-childhood/reports/2016/10/27/225703/child-care-deserts/>
- ²⁰⁶ Tanoue, K.H., DeBlois, M., Daws, J., & Walsh, M. (2017). *Child Care and Early Education Accessibility in Tucson (White Paper No. 5)*. Retrieved August 20, 2021 from <https://mapazdashboard.arizona.edu/article/child-care-and-early-education-accessibility-tucson>
- ²⁰⁷ Child Care Aware® of America. (2018). *Mapping the gap: Exploring the child care supply & demand in Arizona*. Arlington, VA: Child Care Aware of America. Retrieved August 20, 2021 from <http://usa.childcareaware.org/wp-content/uploads/2017/10/Arizona-Infant-Toddler-Brief1.pdf>
- ²⁰⁸ Smith, L. K., Bagley, A., & Wolters, B. (2020, October). Child care in 25 states: What we know and don't know (Rep.). Retrieved August 20, 2021 from https://bipartisanpolicy.org/wp-content/uploads/2020/10/BPC_Working-Family-Solutions_FinalPDFV4.pdf
- ²⁰⁹ Bipartisan Policy Center (2020). The supply of, potential need for, and gaps in child care in Arizona in 2019. Retrieved August 20, 2021 from <https://childcaregap.org/assets/onePagers/Arizona.pdf>
- ²¹⁰ Center for American Progress. (2018). *Child Care Access in Arizona*. Retrieved August 31, 2021 from <https://childcaredeserts.org/2018/index.html?state=AZ>
- ²¹¹ Center for American Progress. (2019). *Early learning factsheet 2019 | Arizona*. Retrieved September 14, 2021 from <https://americanprogress.org/wp-content/uploads/2019/09/Arizona.pdf>
- ²¹² Cherish Families. (2018). 2018 Washington County Community Needs Assessment [Dataset]. Data received by request.

-
- ²¹³ More information about Arizona’s quality educational environments can be found in the DES CCDF State Plan FY2019-FY2021, available at <https://des.az.gov/documents-center>
- ²¹⁴ National Association for the Education of Young Children (2020). *Holding on until help comes: A survey reveals child care’s fight to survive*. Retrieved August 20, 2021 from https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/holding_on_until_help_comes.survey_analysis_july_2020.pdf
- ²¹⁵ Child Care Aware® of America (2020). *Picking up the pieces: Building a better child care system post COVID-19*. Arlington, VA: Child Care Aware of America. Retrieved August 20, 2021 from <https://www.childcareaware.org/picking-up-the-pieces/>
- ²¹⁶ Center for Translational Neuroscience. (2020, June 2). Between a rock and a hard place: As the country reopens, households with young children are forced to choose between income and family safety. *Medium*. Retrieved August 20, 2021 from <https://medium.com/rapid-ec-project/between-a-rock-and-a-hard-place-245857e79d9d>
- ²¹⁷ Ibid.
- ²¹⁸ Office of the Governor (2020). Governor Ducey and state child care leaders announce launch of childcare for COVID-19 frontline workers. Retrieved August 20, 2021 from <https://azgovernor.gov/governor/news/2020/04/governor-ducey-and-state-child-care-leaders-announce-launch-childcare-covid-19>
- ²¹⁹ Arizona Early Childhood Development and Health Board, First Things First. (2020). *2020 Annual Report*. Phoenix, AZ: First Things First. Retrieved August 20, 2021 from <https://www.firstthingsfirst.org/wp-content/uploads/2020/09/FTF-2020-AnnualReport.pdf>
- ²²⁰ National Association for the Education of Young Children (2020). *Am I next? Sacrificing to stay open, child care providers face a bleak future without relief*. Retrieved August 20, 2021 from https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/blog/naeyc_july_2021_survey_progressperil_final.pdf
- ²²¹ Workman, S., & Jessen-Howard, S. (2020, September 3). *The true cost of providing safe child care during the coronavirus pandemic*. Center for American Progress. Retrieved September 29, 2021 from <https://www.americanprogress.org/issues/early-childhood/reports/2020/09/03/489900/true-cost-providing-safe-child-care-coronavirus-pandemic/>
- ²²² National Association for the Education of Young Children (2020). *State survey data: Child care at a time of progress and peril*. Retrieved Oct 6, 2021 from https://www.naeyc.org/sites/default/files/wysiwyg/user-74/statedata_july2021_gf_092321.pdf
- ²²³ National Association for the Education of Young Children (2020). *Progress and peril: Child care at a crossroads*. Retrieved Oct 6, 2021 from https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/blog/naeyc_july_2021_survey_progressperil_final.pdf
- ²²⁴ Gonzalez, O. (2021, July 16). New funding set to nearly double the number of Quality First programs across Arizona. *First Things First*. Retrieved August 20, 2021 from <https://www.firstthingsfirst.org/2021/07/new-funding-quality-first/>
- ²²⁵ U.S. Department of Health and Human Services, Administration for Children and Families. (2021, March 26). *2020 CARES Act CCDBG Supplemental Funding Allocations For Tribes*. <https://www.acf.hhs.gov/occ/data/2020-cares-act-cdbg-supplemental-funding-allocations-tribes>
- ²²⁶ U.S. Department of Health and Human Services, Administration for Children and Families. (2021, February 5). *Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) of 2021 Allocations for Tribes*. <https://www.acf.hhs.gov/occ/data/crrsa-2021-allocations-tribes>
- ²²⁷ U.S. Department of Health and Human Services, Administration for Children and Families. (2021b, April 14). *ARPA Supplemental Stabilization and CCDF Discretionary Funding Allocation Tables – Tribes*. <https://www.acf.hhs.gov/occ/data/arpa-supplemental-stabilization-and-ccdf-discretionary-funding-allocation-tables-tribes>
- ²²⁸ *Head Start Program Facts: Fiscal Year 2019*. (2021, April 20). Head Start ECLKC. Retrieved December 6, 2021, from <https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts-fiscal-year-2019>
- ²²⁹ The Annie E. Casey Foundation. (2013). *The first eight years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>

-
- ²³⁰ Epstein, D., Hegseth, D., Friese, S., Miranda, B., Gebhart, T., Partika, A., & Tout, K. (2018). Quality First: Arizona's early learning quality improvement and rating system implementation and validation study. Retrieved from https://www.firstthingsfirst.org/wp-content/uploads/2018/02/AZ_QF_Exec-Summary.pdf
- ²³¹ First Things First. (2020, July 15). *Quality First*. <https://www.firstthingsfirst.org/resources/quality-first/>
- ²³² Arizona Early Childhood Development and Health Board, First Things First. (2020). *2020 Annual Report*. Phoenix, AZ: First Things First. Retrieved August 20, 2021 from <https://www.firstthingsfirst.org/wp-content/uploads/2020/09/FTF-2020-AnnualReport.pdf>
- ²³³ Gonzalez, O. (2021, July 16). New funding set to nearly double the number of Quality First programs across Arizona. *First Things First*. Retrieved June 14, 2022 from <https://www.firstthingsfirst.org/2021/07/new-funding-quality-first/>
- ²³⁴ Child Care Aware® of America. (2014). Parents and the high cost of child care: 2014 report. Retrieved from https://www.ncsl.org/documents/cyf/2014_Parents_and_the_High_Cost_of_Child_Care.pdf
- ²³⁵ Child Care Aware® of America. (2018). Arizona Cost of Child Care. Retrieved from <https://usa.childcareaware.org/wp-content/uploads/2018/10/Arizona2018.pdf>
- ²³⁶ U.S. Census Bureau (2020) 2015-2019 ACS Estimates, Table B25064. Retrieved from <https://data.census.gov>
- ²³⁷ National Low Income Housing Coalition. (2021). *Out of Reach 2021 – Arizona*. Retrieved September 7, 2021 from <https://reports.nlihc.org/sites/default/files/oor/files/reports/state/az-2021-oor.pdf>
- ²³⁸ Knueven, L. (2020, August 6). The average monthly mortgage payment by state, city, and year. *Business Insider*. Retrieved September 7, 2021 from <https://www.businessinsider.com/personal-finance/average-mortgage-payment>
- ²³⁹ Child Care Aware® of America. (2020). *The US and the high cost of child care: Arizona*. Arlington, VA: Child Care Aware of America. Retrieved August 20, 2021 from <https://www.childcareaware.org/our-issues/research/the-us-and-the-high-price-of-child-care-2019/>
- ²⁴⁰ Child Care Aware® of America. (2018). *Arizona cost of child care*. Retrieved August 20, 2021 from <https://usa.childcareaware.org/wp-content/uploads/2018/10/Arizona2018.pdf>
- ²⁴¹ U.S. Department of Health and Human Services, Child Care Bureau (2008). Child Care and Development Fund: Report of state and territory plans: FY 2008-2009. Section 3.5.5 – Affordable co-payments, p. 89. Retrieved from <http://www.researchconnections.org/childcare/resources/14784/pdf>
- ²⁴² For more information on child care subsidies see <https://des.az.gov/services/child-and-family/child-care>
- ²⁴³ Arizona Department of Economic Security. (n.d.). *Child care waiting list*. Retrieved August 20, 2021 from <https://des.az.gov/services/child-and-family/child-care/child-care-waiting-list>
- ²⁴⁴ Machelor, P. (2019, June 17). Arizona suspends child-care waiting list, increases provider reimbursements. *Arizona Daily Star*. Retrieved August 20, 2021 from https://tucson.com/news/local/arizona-suspends-child-care-waiting-list-increases-provider-reimbursements/article_a91a641f-5817-5e0d-a8c5-caaf530551ce.html
- ²⁴⁵ Center for Translational Neuroscience. (2020, June 2). Between a rock and a hard place: As the country reopens, households with young children are forced to choose between income and family safety. Medium. Retrieved August 20, 2021 from <https://medium.com/rapid-ec-project/between-a-rock-and-a-hard-place-245857e79d9d>
- ²⁴⁶ Center for Translational Neuroscience. (2020, June 2). Between a rock and a hard place: As the country reopens, households with young children are forced to choose between income and family safety. Medium. Retrieved August 20, 2021 from <https://medium.com/rapid-ec-project/between-a-rock-and-a-hard-place-245857e79d9d>
- ²⁴⁷ Arizona Department of Child Safety. (2021, February 1). *Chapter 3: Section 8.1 Child care services*. DCS Program Policy. Retrieved December 7, 2021, from https://extranet.azdcs.gov/DCSPolicy/Content/Program%20Policy/03%20Case%20Planning%20and%20Services/08%20Education%20and%20Development%20Services/CH3_S08_1%20Child%20Care%20Services.htm
- ²⁴⁸ Welch, M., & Haskins, R. (2020, April 30). *What COVID-19 means for America's child welfare system*. The Brookings Institution. <https://www.brookings.edu/research/what-covid-19-means-for-americas-child-welfare-system/>
- ²⁴⁹ Swedo E, Idaikkadar N, Leemis R, et al. *Trends in U.S. Emergency Department Visits Related to Suspected or Confirmed Child Abuse and Neglect Among Children and Adolescents Aged <18 Years Before and During the COVID-19 Pandemic* —

United States, January 2019–September 2020. MMWR Morb Mortal Wkly Rep 2020;69: 1841–1847. DOI: <http://dx.doi.org/10.15585/mmwr.mm6949a1>

²⁵⁰ Walsh, M., Tanoue, K. H., & deBlois, M. (2018). Relationship of Economic Independence and Access to Childcare for Single Moms (2018 Research Brief). Tucson, AZ. Retrieved from <https://www.womengiving.org/research/>

²⁵¹ Tanoue, K. H., deBlois, M., Daws, J., & Walsh, M. (2017). Child Care and Early Education Accessibility in Tucson (White Paper No. 5). Tucson, AZ. Retrieved from <https://mapazdashboard.arizona.edu/article/child-care-and-early-education-accessibility-tucson>

²⁵² U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2013). *The national survey of children with special health care needs: Chartbook 2009-2010*. Rockville, MD: U.S. Department of Health and Human Services. Retrieved August 20, 2021 from <https://mchb.hrsa.gov/data-research-epidemiology/research-epidemiology/national-survey-publications-and-chartbooks>

²⁵³ Mortenson, J. A., & Barnett, M. A. (2016). The role of child care in supporting the emotion regulatory needs of maltreated infants and toddlers. *Children and Youth Services Review*, 64, 73-81

²⁵⁴ Dinehart, L. H., Manfra, L., Katz, L. F., & Hartman, S. C. (2012). Associations between center-based care accreditation status and the early educational outcomes of children in the child welfare system. *Children and Youth Services Review*, 34, 1072-1080.

²⁵⁵ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2013). *The national survey of children with special health care needs: Chartbook 2009-2010*. Rockville, MD: U.S. Department of Health and Human Services. Retrieved August 20, 2021 from <https://mchb.hrsa.gov/data-research-epidemiology/research-epidemiology/national-survey-publications-and-chartbooks>

²⁵⁶ Austin, A., Herrick, H., Proescholdbell, S., & Simmons, J. (2016). Disability and exposure to high levels of adverse childhood experiences: Effect on health and risk behavior. *North Carolina Medical Journal*, 77(1), 30-36. doi: 10.18043/nem.77.1.30. Retrieved August 20, 2021 from <http://www.ncmedicaljournal.com/content/77/1/30.full.pdf+html>

²⁵⁷ Kistin, C., Tompson, M., Cabral, H., Sege, R., Winter, M., & Silverstein, M. (2016). Subsequent maltreatment in children with disabilities after an unsubstantiated report for neglect. *JAMA* 2016, 315(1), 85-87. doi: 10.1001/jama.2015.12912

²⁵⁸ Celaya, M., Lucas, A., Indatwa, A., & Tarango, P. (2021). *2020 Title V Maternal and Child Health Needs Assessment Report. Assessment*. Phoenix, AZ: Arizona Department of Health Services. Retrieved August 16, 2021 from <https://www.azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/title-v/2020-az-mch-needs-assessment-report-title-v.pdf>

²⁵⁹ The National Early Childhood Technical Assistance Center. (2011). The importance of early intervention for infants and toddlers with disabilities and their families. *Office of Special Education Programs and U.S. Department of Education*. Retrieved August 20, 2021 from <https://whsaonline.org/2011/05/nectac-fact-sheet-on-the-importance-of-early-intervention-and-idea-part-c/#:~:text=The%20National%20Early%20Childhood%20Technical%20Assistance%20Center%20%28NECTAC%29,benefits%20of%20early%20intervention%2C%20and%20current%20unmet%20needs.>

²⁶⁰ Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, ... Nelson, L. (2007). *Early intervention for infants and toddlers with disabilities and their families: Participants, services, and outcomes*. Menlo Park, CA: SRI International. Retrieved August 20, 2021 from https://www.sri.com/wp-content/uploads/2021/12/neils_finalreport_200702.pdf

²⁶¹ Diefendorf, M., & Goode, S. (2005). *The long term economic benefits of high quality early childhood intervention programs*. Chapel Hill, NC: National Early Childhood Technical Assistance Center (NECTAC), and Early Intervention & Early Childhood Special Education. Retrieved August 20, 2021 from <http://ectacenter.org/~pdfs/pubs/econbene.pdf>

²⁶² For more information on AzEIP, visit <https://www.azdes.gov/azeip/>

²⁶³ For more information on DDD, visit <https://des.az.gov/services/disabilities/developmental-disabilities>

²⁶⁴ For more information on ADE's Early Childhood Special Education program, visit <http://www.azed.gov/ece/early-childhood-special-education/> and <http://www.azed.gov/special-education/az-find/>

²⁶⁵ For more information on AzEIP, visit <https://www.azdes.gov/azeip/>

²⁶⁶ For more information on the Division of Developmental Disabilities (DDD) eligibility see <https://des.az.gov/services/disabilities/developmental-disabilities/determine-eligibility>

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- ²⁶⁷ Rosenberg, S., Zhang, D. & Robinson, C. (2008). Prevalence of developmental delays and participation in early intervention services for young children. *Pediatrics*, 121(6) e1503-e1509. doi:10.1542/peds.2007-1680
- ²⁶⁸ U.S. Department of Education, Office of Special Education and Rehabilitative Services (2021). *42nd Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2020*. Retrieved August 20, 2021 from <https://sites.ed.gov/idea/files/42nd-arc-for-idea.pdf>
- ²⁶⁹ Arizona Department of Education (2020). *Special education guidance for COVID-19: Spring 2020 school closure* [Web]. Retrieved August 20, 2021 from <https://www.azed.gov/specialeducation/special-education-guidance-for-covid-19>
- ²⁷⁰ Arizona Department of Education. (n.d.). *Disability Categories*. Arizona Department of Education Exceptional Student Services. Retrieved December 9, 2021, from <https://www.azed.gov/specialeducation/disability-categories/>
- ²⁷¹ Turner, C. (2021, June 16). After months of special education turmoil, families say schools owe them. *NPR*. Retrieved August 20, 2021 from <https://www.npr.org/2021/06/16/994587239/after-months-of-special-education-turmoil-families-say-schools-owe-them>
- ²⁷² The Future of Children. (2015). Policies to promote child health. *Policies to Promote Child Health*, 25(1), Spring 2015. Woodrow Wilson School of Public and International Affairs at the Princeton University and the Brookings Institution. Retrieved August 23, 2021 from https://futureofchildren.princeton.edu/sites/futureofchildren/files/media/policies_to_promote_child_health_25_full_journal.pdf
- ²⁷³ Center on the Developing Child at Harvard University. (2010). The foundations of lifelong health are built in early childhood. Retrieved August 23, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ²⁷⁴ Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., ... & Committee on Early Childhood, Adoption, and Dependent Care. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232-e246.
- ²⁷⁵ Center on the Developing Child at Harvard University. (2010). The foundations of lifelong health are built in early childhood. Retrieved August 23, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ²⁷⁶ Center on the Developing Child. (n.d.). *Health and learning are deeply interconnected in the body*. Harvard University. Retrieved August 23, 2021 from https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2020/10/2020_WP15_actionguide_FINAL.pdf
- ²⁷⁷ Case, A., Fertig, A., & Paxson, C. (2005). The lasting impact of childhood health and circumstance. *Journal of health economics*, 24(2), 365-389.
- ²⁷⁸ Eunice Kennedy Shriver National Institute of Child Health and Human Development. (2017). *What is prenatal care and why is it important?* Retrieved August 23, 2021 from <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>
- ²⁷⁹ Patrick, D. L., Lee, R. S., Nucci, M., Grembowski, D., Jolles, C. Z., & Milgrom, P. (2006). Reducing oral health disparities: A focus on social and cultural determinants. *BMC Oral Health*, 6(Suppl 1), S4. Retrieved August 23, 2021 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2147600/>
- ²⁸⁰ Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, and Medical Home Initiatives for Children with Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118(1), 405-420. Doi: 10.1542/peds.2006-1231. Retrieved August 23, 2021 from <http://pediatrics.aappublications.org/content/118/1/405.full>
- ²⁸¹ For more information about the Healthy People 2020 objectives, visit <https://www.healthypeople.gov/2020/>
- ²⁸² Arizona Department of Health Services. (2017). *Advance vital statistics by county of residence: Arizona, 2019. Table 6B: Monitoring progress toward Arizona and selected national year 2020 objectives: 2017 county profiles*. Retrieved September 9, 2021 from <https://pub.azdhs.gov/health-stats/menu/info/status.php>
- ²⁸³ Centers for Disease Control and Prevention. (2006). Recommendations to improve preconception health and health care—United States: A report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR*, 55(RR-06):1-23.

-
- ²⁸⁴ U.S. Department of Health and Human Service. (2017). *What is prenatal care and why is it important?* Retrieved from <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>
- ²⁸⁵ Yeung, L., Coates, R., Seeff, L., Monroe, J., Lu, M., & Boyle, C. (2014). Conclusions and future directions for periodic reporting on the use of selected clinical preventive services to improve the health of infants, children, and adolescents—United States. *MMWR*, *63*(Suppl-2), 99-107. Retrieved from <https://www.cdc.gov/MMWR/pdf/other/su6302.pdf>
- ²⁸⁶ Yeung, L., Coates, R., Seeff, L., Monroe, J., Lu, M., & Boyle, C. (2014). Conclusions and future directions for periodic reporting on the use of selected clinical preventive services to improve the health of infants, children, and adolescents—United States. *Morbidity and Mortality Weekly Report 2014*, *63*(Suppl-2), 99-107. Retrieved from <http://www.cdc.gov/mmwr/pdf/other/su6302.pdf>
- ²⁸⁷ The Henry J. Kaiser Family Foundation. (2016). *Key facts about the uninsured population*. The Kaiser Commission on Medicaid and the Uninsured. Retrieved from <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>
- ²⁸⁸ Child Trends Databank. (2016). Health care coverage: Indicators on children and youth. *Health Care Coverage, 2016*. Retrieved September 10, 2021 from https://web.archive.org/web/20161015012130/http://www.childtrends.org/wp-content/uploads/2016/05/26_Health_Care_Coverage.pdf
- ²⁸⁹ U.S. Census Bureau. (2020). *American Community Survey and Puerto Rico Community Survey 2019 subject definitions*. Retrieved September 10, 2021 from https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2019_ACSSubjectDefinitions.pdf
- ²⁹⁰ Gee, E., & Waldrop, T. (2021, March 11). Policies To Improve Health Insurance Coverage as America Recovers From COVID-19. *Center for American Progress*. Retrieved September 10, 2021 from <https://www.americanprogress.org/issues/healthcare/reports/2021/03/11/497019/policies-improve-health-insurance-coverage-america-recovers-covid-19/>
- ²⁹¹ Agarwal, S. D., & Sommers, B. D. (2020). Insurance Coverage after Job Loss — The Importance of the ACA during the Covid-Associated Recession. *New England Journal of Medicine*, *383*(17), 1603–1606. <https://doi.org/10.1056/nejmp2023312>
- ²⁹² Centers for Disease Control and Prevention. (2006). Recommendations to improve preconception health and health care—United States: A report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR*, *55*(RR-06):1-23.
- ²⁹³ Partridge, S., Balayla, J., Holcroft, C. A., & Abenheim, H. A. (2012). Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: a retrospective analysis of 28,729,765 U.S. deliveries over 8 years. *American Journal of Perinatology*, *29*(10), 787–793. <https://doi.org/10.1055/s-0032-1316439>
- ²⁹⁴ U.S. Department of Health and Human Services, Office of Surgeon General. (2020). *The Surgeon General's Call to Action to Improve Maternal Health*. Retrieved September 7, 2021 from <https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf>
- ²⁹⁵ Osterman MJK, Martin JA. (2018). Timing and adequacy of prenatal care in the United States, 2016. *National Vital Statistics Reports*, vol 67 no 3. Hyattsville, MD: National Center for Health Statistics.
- ²⁹⁶ Hoffman, S.D., & Maynard, R.A. (Eds.). (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy (2nd ed.)*. Washington, DC: Urban Institute Press.
- ²⁹⁷ U.S. Department of Health and Human Service. (2010). *A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What It Means to You*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved September 10, 2021 from <https://www.ncbi.nlm.nih.gov/books/NBK53017/>
- ²⁹⁸ Anderson, T.M., Lavista Ferres, J.M., You Ren, S., Moon, R.Y., Goldstein, R.D., Ramirez, J., Mitchell, E.A. (2019). Maternal smoking before and during pregnancy and the risk of sudden unexpected infant death. *Pediatrics*, *143*(4). PMID: 30848347
- ²⁹⁹ Centers for Disease Control and Prevention. (2006). Recommendations to improve preconception health and health care—United States: A report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR*, *55*(RR-06):1-23.
- ³⁰⁰ Declercq, E., MacDorman, M., Cabral, H., & Stotland, N. (2016). Prepregnancy body mass index and infant mortality in 38 U.S. States, 2012–2013. *Obstetrics and Gynecology*, *127*(2), 279–287. doi: 10.1097/AOG.0000000000001241. Retrieved September 10, 2021 from <https://www.ncbi.nlm.nih.gov/pubmed/26942355>

- ³⁰¹ Tyrrell, J., Richmond, R., Palmer, T., Feenstra, B., Rangarajan, J., Metrustry, S., ... Freathy, R. (2016). Genetic evidence for causal relationships between maternal obesity-related traits and birth weight. *JAMA* 2016, 315(11), 1129-1140. doi:10.1001/jama.2016.1975. Retrieved September 10, 2021 from <http://jamanetwork.com/journals/jama/fullarticle/2503173>
- ³⁰² Godfrey, K. M., Reynolds, R. M., Prescott, S. L., Nyirenda, M., Jaddoe, V. W., Eriksson, J. G., & Broekman, B. F. (2017). Influence of maternal obesity on the long-term health of offspring. *The Lancet. Diabetes & Endocrinology*, 5(1), 53–64. [https://doi.org/10.1016/S2213-8587\(16\)30107-3](https://doi.org/10.1016/S2213-8587(16)30107-3)
- ³⁰³ Beam, A. L., Fried, I., Palmer, N., Agniel, D., Brat, G., Fox, K., ... & Armstrong, J. (2020). Estimates of healthcare spending for preterm and low-birthweight infants in a commercially insured population: 2008–2016. *Journal of Perinatology*, 40(7), 1091-1099.
- ³⁰⁴ Luu, T. M., Mian, M. O. R., & Nuyt, A. M. (2017). Long-term impact of preterm birth: neurodevelopmental and physical health outcomes. *Clinics in perinatology*, 44(2), 305-314.
- ³⁰⁵ Petrou, S., Sach, T., & Davidson, L. (2001). The long-term costs of preterm birth and low birth weight: Results of a systematic review. *Child: care, health and development*, 27(2), 97-115.
- ³⁰⁶ Goldenberg, R. L., & Culhane, J. F. (2007). Low birth weight in the United States. *The American journal of clinical nutrition*, 85(2), 584S-590S.
- ³⁰⁷ Harrison, W., & Goodman, D. (2015). Epidemiologic trends in neonatal intensive care, 2007-2012. *JAMA pediatrics*, 169(9), 855-862.
- ³⁰⁸ Lean, R. E., Rogers, C. E., Paul, R. A., & Gerstein, E. D. (2018). NICU Hospitalization: Long-Term Implications on Parenting and Child Behaviors. *Current treatment options in pediatrics*, 4(1), 49–69.
- ³⁰⁹ Arizona Department of Health Services. (2015). *Arizona Maternal Child Health Needs Assessment*. Retrieved from <http://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/title-v/needs-assessment2015.pdf>
- ³¹⁰ Gunn, J., Rosales, C., Center, K., Nunez, A., Gibson, S., Christ, C., & Ehiri, J. (2016). Prenatal exposure to cannabis and maternal and child health outcomes: A systematic review and meta-analysis. *BMJ Open*, 6(4). PMID: 27048634.
- ³¹¹ Child and Adolescent Health Measurement Initiative. (2018). *National Survey of Children's Health 2016-2017*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved from www.childhealthdata.org
- ³¹² Young, N.K., Boles, S.M., & Otero, C. (2007). Parental Substance Use Disorders and child maltreatment: overlap, gaps, and opportunities. *Child Maltreatment*, 12(2): 137-149.
- ³¹³ Smith, V., & Wilson. R. (2016). Families affected by parental substance use. *Pediatrics*, 138(2). PMID: 27432847
- ³¹⁴ Smith, V., & Wilson. R. (2016). Families affected by parental substance use. *Pediatrics*, 138(2). PMID: 27432847
- ³¹⁵ Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021, Feb 10). The implications of COVID-19 for mental health and substance abuse. *KFF*. Retrieved October 25, 2021 from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
- ³¹⁶ Health Alert Network. (2020, Dec 17). Increase in fatal drug overdoses across the United States driven by synthetic opioids before and during the COVID-19 pandemic. *Centers for Disease Control and Prevention*. Retrieved October 25, 2021 from https://emergency.cdc.gov/han/2020/han00438.asp?ACSTrackingID=USCDC_511-DM44961&ACSTrackingLabel=HAN%20438%20-%20General%20Public&deliveryName=USCDC_511-DM44961
- ³¹⁷ Panchal, N. Garfield, R., Cox, C., & Artiga, S. (2021, Aug 12). Substance use issues are worsening alongside access to care. *KFF*. Retrieved October 25, 2021 from <https://www.kff.org/policy-watch/substance-use-issues-are-worsening-alongside-access-to-care/>
- ³¹⁸ AHCCCS. (n.d.). Preventing an overdose. Retrieved December 9, 2021, from https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/Overdose_Prevention.html
- ³¹⁹ Arizona Department of Health Sciences. (2015). *Arizona Maternal Child Health Needs Assessment*. Retrieved from <http://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/title-v/needs-assessment2015.pdf>
- ³²⁰ Eidelman, A., Schanler, R., Johnston, M., Landers, S., Noble, L., Szucs, K., & Viehmann, L. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3), e827-e841.

-
- ³²¹ Fryar, C. D., Carroll, M. D., & Afful, J. (2020). Prevalence of underweight among children and adolescents aged 2–19 years: United States, 1963–1965 through 2017–2018. NCHS Health E-Stats. Retrieved September 10, 2021 from <https://www.cdc.gov/nchs/data/hestat/underweight-child-17-18/underweight-child.htm>
- ³²² Fryar, C. D., Carroll, M. D., & Afful, J. (2020). Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2–19 years: United States, 1963–1965 through 2017–2018. NCHS Health E-Stats. Retrieved September 10, 2021 from <https://www.cdc.gov/nchs/data/hestat/obesity-child-17-18/obesity-child.htm>
- ³²³ Chaput, J.P., & Tremblay, A. (2012). *Obesity at an early age and its impact on child development*. Child Obesity: Encyclopedia on Early Childhood Development. Retrieved September 10, 2021 from <https://www.child-encyclopedia.com/child-obesity/according-experts/obesity-early-age-and-its-impact-child-development>
- ³²⁴ Robert Wood Johnson Foundation. (2016). The impact of the first 1,000 days on childhood obesity. *Healthy Eating Research: Building evidence to prevent childhood obesity*. Retrieved September 10, 2021 from http://healthyeatingresearch.org/wp-content/uploads/2016/03/her_1000_days_final-1.pdf
- ³²⁵ Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved September 10, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ³²⁶ World Health Organization. (2021, June 9). *Malnutrition*. Retrieved September 13, 2021 from <https://www.who.int/news-room/fact-sheets/detail/malnutrition>
- ³²⁷ Arizona Department of Health Services (2019, July). *The Arizona Immunization Handbook for School and Childcare Programs*. Retrieved September 10, 2021 from <https://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/school-childcare/nofollow/school-childcare-immunization-guide.pdf>
- ³²⁸ Rodrigues, C. M. C., & Plotkin, S. A. (2020). Impact of vaccines; Health, economic and social perspectives. *Frontiers in Microbiology*, 11(1526). doi: 10.3389/fmicb.2020.01526. Retrieved August 24, 2021 from <https://www.frontiersin.org/articles/10.3389/fmicb.2020.01526/full>
- ³²⁹ Arizona Department of Health Sciences. (2015). *Arizona Maternal Child Health Needs Assessment*. Retrieved from <http://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/title-v/needs-assessment2015.pdf>
- ³³⁰ Office of Disease Prevention and Health Promotion. (2019). IID-10.2 Maintain the vaccination coverage level of 2 doses of measles-mumps-rubella (MMR) vaccine for children in kindergarten. *Data Details | Healthy People 2020*. Retrieved September 10, 2021 from https://www.healthypeople.gov/node/4649/data_details
- ³³¹ First Things First. (2021, April 30). Organizations unite to fight slide in childhood immunizations. *First Things First*. Retrieved June 14, 2022 from <https://www.firstthingsfirst.org/2021/04/organizations-unite-to-fight-slide-in-childhood-immunizations/>
- ³³² Arizona Department of Health Services. (n.d.). *Influenza and RSV Summary (2018-2019)*. Retrieved December 10, 2021 from <https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/flu/surveillance/2017-2018-influenza-summary.pdf>
- ³³³ U.S. Department of Health & Human Services. (2021, October 25). *Children & influenza (flu)*. Centers for Disease Control and Prevention. Retrieved December 13, 2021, from <https://www.cdc.gov/flu/highrisk/children.htm>
- ³³⁴ U.S. Department of Health & Human Services. (2020, December 18). *Symptoms and care for RSV*. Centers for Disease Control and Prevention. Retrieved December 13, 2021, from <https://www.cdc.gov/rsv/about/symptoms.html>
- ³³⁵ Miller, G., Coffield, E., Leroy, Z., & Wallin, R. (2016). Prevalence and costs of five chronic conditions in children. *The Journal of School Nursing*, 32(5):357-364.
- ³³⁶ Zahran, H.S., Bailey, C.M., Damon, S.A., Garbe, P.L., & Breysse, P.N. (2018). Vital Signs: Asthma in Children—United States, 2001-2016. *MMWR Morbidity and Mortality Weekly Report*, 67(5): 149-155.
- ³³⁷ Brim, S.N., Rudd, R.A., Funk, R.H., & Callahan. (2008). Asthma prevalence among US children in underrepresented minority populations: American Indian/Alaska Native, Chinese, Filipino, and Asian Indian. *Pediatrics*, 122(1):e217-222.
- ³³⁸ Perry, R., Braileanu, G., Pasmer, T., & Stevens, P. (2019). The economic burden of pediatric asthma in the United States: Literature review of current evidence. *PharmacoEconomics*, 37(2): 155-167.

-
- ³³⁹ Arizona Department of Health Services. (2019). *Childhood injury fact sheet (2019)*. Retrieved October 22, 2021 from <https://www.azdhs.gov/prevention/womens-childrens-health/reports-fact-sheets/index.php#injury-prevention>
- ³⁴⁰ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2018). *10 Leading causes of death by age group, United States – 2018*. Retrieved from https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_death_by_age_group_2018-508.pdf
- ³⁴¹ Rimsza, M.E., Shackner, R.A., Bowen, K.A., & Marshall, W. (2002). Can child deaths be prevented? The Arizona Child Fatality Review Program experience. *Pediatrics*, *110*(1 Pt 1): e11. PMID: 12093992
- ³⁴² West, B. A., Rudd, R. A., Sauber-Schatz, E. K., & Ballesteros, M. F. (2021). Unintentional injury deaths in children and youth, 2010–2019. *Journal of safety research*, *78*, 322-330.
- ³⁴³ Möller, H., Falster, K., Ivers, R., & Jorm, L. (2015). Inequalities in unintentional injuries between indigenous and non-indigenous children: a systematic review. *Injury Prevention*, *21*:e144-e152. PMID: 24871959.
- ³⁴⁴ National Center for Health Statistics. (2021, December 3). Stats of the States - Infant Mortality. Centers for Disease Control and Prevention. Retrieved September 10, 2021 from https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm
- ³⁴⁵ Arizona Department of Health Services. (2019). Number of deaths for selected leading causes of infant mortality by year. *Population Health and Vital Statistics*. Retrieved October 11, 2021 from <https://pub.azdhs.gov/health-stats/menu/info/trend/index.php?pg=infant-deaths>
- ³⁴⁶ Ely, D. M. & Driscoll, A. K. (2020, July 16). Infant mortality in the United States, 2018: Data from the period linked birth/infant death file. *National Vital Statistics Reports*, *69*(7). Retrieved October 11, 2021 from <https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf>
- ³⁴⁷ Bellazaire, A. & Skinner, E. (2019, July 3). Preventing infant and maternal mortality: State policy options. *National Conference of State Legislatures*. Retrieved October 12, 2021 from <https://www.ncsl.org/research/health/preventing-infant-and-maternal-mortality-state-policy-options.aspx>
- ³⁴⁸ Van Voorhis, F., Maier, M., Epstein, J., & Lloyd, C. (2013). The impact of family involvement on the education of children ages 3 to 8: A focus on the literacy and math achievement outcomes and social-emotional skills. *MDRC: Building Knowledge to Improve Social Policy*. Retrieved August 18, 2021 from http://www.p2presources.com/uploads/3/2/0/2/32023713/family_outcomes.pdf
- ³⁴⁹ Evans, G., & Kim, P. (2013). Childhood poverty, chronic stress, self-regulation, and coping. *Child Development Perspectives*, *7*(1), 43-48. Retrieved August 18, 2021 from <https://srcd.onlinelibrary.wiley.com/doi/full/10.1111/cdep.12013>
- ³⁵⁰ Shonkoff, J.P., & Fisher, P.A. (2013). Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy. *Development and Psychopathology*, *25*, 1635- 1653. Retrieved August 18, 2021 from http://journals.cambridge.org/download.php?file=%2FDPP%2FDPP25_4pt2%2FS0954579413000813a.pdf&code=aeb62de3e0ea8214329e7a33e0a9df0e
- ³⁵¹ Magnuson, K., & Duncan, G. (2013). Parents in poverty. In Bornstein, M. (Ed.), *Handbook of parenting: Biology and ecology of parenting vol. 4: Social conditions and applied parenting*. New Jersey: Lawrence Erlbaum.
- ³⁵² Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved August 18, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ³⁵³ American Academy of Pediatrics. (2014). *Literacy promotion: An essential component of primary care pediatric practice*. Retrieved August 18, 2021 from <https://pediatrics.aappublications.org/content/134/2/404>
- ³⁵⁴ Browne, C. (2014). The strengthening families approach and protective factors framework: Branching out and reaching deeper. *Center for the Study of Social Policy*. Retrieved August 18, 2021 from <https://cssp.org/wp-content/uploads/2018/11/Branching-Out-and-Reaching-Deeper.pdf>
- ³⁵⁵ Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, *69*, 10-19.
- ³⁵⁶ Kalmakis, K. A., & Chandler, G. E. (2015). Health consequences of adverse childhood experiences: a systematic review. *Journal of the American Association of Nurse Practitioners*, *27*(8), 457-465.

-
- ³⁵⁷ Child and Adolescent Health Measurement Initiative (n.d.). National Survey of Children's Health 2018-2019. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Indicator 6.13: Has this child experienced one or more adverse childhood experiences from the list of 9 ACEs? Retrieved October 13, 2021 from www.childhealthdata.org
- ³⁵⁸ Hughes, K., Bellis, M.A., Hardcastle, K.A., Sethi, D., Butchart, A., Mikton, C., ... Dunne, M.P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356-e366.
- ³⁵⁹ Keating, K., Cole, P., & Schneider, A. (2021). *State of Babies Yearbook: 2021*. Washington, DC: ZERO TO THREE and Bethesda MD: Child Trends. Retrieved August 18, 2021 from <https://stateofbabies.org/wp-content/uploads/2021/04/State-of-Babies-2021-Full-Yearbook.pdf>
- ³⁶⁰ U.S. Department of Health & Human Services, Administration for Children & Families, Children's Bureau. (2019). *Child Welfare Outcomes Report Data for Arizona*. Retrieved August 18, 2021 from <https://cwoutcomes.acf.hhs.gov/cwodatasite/childrenReports/index>
- ³⁶¹ Centers for Disease Control and Prevention. (n.d.). *Preventing child abuse & neglect*. Retrieved August 18, 2021 from <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>
- ³⁶² Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across adverse childhood experiences levels. *JAMA Pediatrics*, 173(11), e193007-e193007.
- ³⁶³ National Center for Injury Prevention and Control. (2020, September). *Adverse Childhood Experiences prevention strategy*. Center for Disease Control and Prevention. Retrieved August 18, 2021 from https://www.cdc.gov/injury/pdfs/priority/ACEs-Strategic-Plan_Final_508.pdf
- ³⁶⁴ National Scientific Council on the Developing Child. (2012). Establishing a level foundation for life: Mental health begins in early childhood. Harvard University, Center on the Developing Child. Retrieved August 18, 2021 from <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2008/05/Establishing-a-Level-Foundation-for-Life-Mental-Health-Begins-in-Early-Childhood.pdf>
- ³⁶⁵ Healthy People 2020. (n.d.). *Maternal, infant, and child health: Life stages and determinants*. Retrieved August 18, 2021 from <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Maternal-Infant-and-Child-Health/determinants>
- ³⁶⁶ Zero to Three. (2017). *The basics of infant and early childhood mental health: A briefing paper*. Retrieved August 18, 2021 from <https://www.zerotothree.org/resources/1951-the-basics-of-infant-and-early-childhood-mental-health-a-briefing-paper>
- ³⁶⁷ Center on the Developing Child. (n.d.). *Early childhood mental health*. Harvard University. Retrieved August 18, 2021 from <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/05/InBrief-Early-Childhood-Mental-Health-1.pdf>
- ³⁶⁸ Center for Translational Neuroscience (2020, July 30). A hardship chain reaction: Financial difficulties are stressing families' and young children's wellbeing during the pandemic, and it could get a lot worse. *Medium*. Retrieved September 10, 2021 from <https://medium.com/rapid-ec-project/a-hardship-chain-reaction-3c3f3577b30>
- ³⁶⁹ American Psychological Association (2020). *Stress in America™ 2020: A National Mental Health Crisis*. Retrieved October 14, 2021 from <https://www.apa.org/news/press/releases/stress/2020/report-october>
- ³⁷⁰ U.S. Census Bureau (2021). Household Pulse Survey Data, Phases 1 & 3. Retrieved from <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>
- ³⁷¹ Center for Translational Neuroscience (2020, June 24). Flattening the other curve: Trends for young children's mental health are good for some but concerning for others. *Medium*. Retrieved September 10, 2021 from <https://medium.com/rapid-ec-project/flattening-the-other-curve-7be1e574b340>
- ³⁷² Center for Translational Neuroscience (2020, June 30). Flattening the other curve, part 2: Trends for parental well-being are improving overall, but not for everyone. *Medium*. Retrieved September 10, 2021 from <https://medium.com/rapid-ec-project/flattening-the-other-curve-part-2-5661a2d36a82>

-
- ³⁷³ Center for Translational Neuroscience (2020, May 5). The forgotten households: Households of young children with disabilities are not getting the support they need during the COVID-19 pandemic. *Medium*. Retrieved September 10, 2021 <https://medium.com/rapid-ec-project/the-forgotten-households-dfd2626098c7>
- ³⁷⁴ Center for Translational Neuroscience (2020, May 26). Health, interrupted: Well-child visits are declining during the COVID-19 pandemic. *Medium*. Retrieved September 10, 2021 <https://medium.com/rapid-ec-project/health-interrupted-a463733ce3c5>
- ³⁷⁵ Pinnacle Prevention. (2019). 2019 Kingman Regional Medical Center (KRMC) and Mohave County Department of Public Health (MCDPH) Community Health Needs Assessment. Retrieved February 11, 2022 from <https://www.azkrmc.com/community/community-health-improvement-initiative>
- ³⁷⁶ National Research Center. (2021). The National Community Survey Report of Results: Lake Havasu City, AZ. Retrieved February 11, 2022 from https://www.lhcaz.gov/docs/default-source/news-documents/ncs-report---lake-havasu-city-2021.pdf?sfvrsn=ce9bac7c_1
- ³⁷⁷ Turney, K., & Wildeman, C. (2016). Mental and physical health of children in foster care. *Pediatrics*, 138(5), e20161118.
- ³⁷⁸ Children’s Defense Fund. (n.d.) *Family First Prevention Services Act*. Retrieved August 18, 2021 from <https://www.childrensdefense.org/policy/policy-priorities/child-welfare/family-first/>
- ³⁷⁹ Harvard Kennedy School Government Performance Lab. (n.d.) *Strengthening in-home child welfare services for families in Arizona*. Retrieved August 18, 2021 from https://govlab.hks.harvard.edu/files/govlabs/files/AZ_DCS_project_feature.pdf?m=1574064485
- ³⁸⁰ Government Accountability Office. (2021, July). Pandemic posed challenges, but also created opportunities for agencies to enhance future operations (GAO-21-483). Retrieved September 10, 2021 from <https://www.gao.gov/assets/gao-21-483.pdf>
- ³⁸¹ Swedo E, Idaikkadar N, Leemis R, et al. Trends In U.S. Emergency Department Visits Related to Suspected or Confirmed Child Abuse and Neglect Among Children and Adolescents Aged <18 Years Before and During the COVID-19 Pandemic — United States, January 2019–September 2020. *Morbidity and Mortality Weekly Report* 2020, 69:1841–1847. DOI: <http://dx.doi.org/10.15585/mmwr.mm6949a1>
- ³⁸² Center for Translational Neuroscience (2020, June 16). Under the same roof, for better and for worse. *Medium*. Retrieved September 10, 2021 from <https://medium.com/rapid-ec-project/under-the-same-roof-for-better-and-for-worse-af3333d23256>
- ³⁸³ Children’s Defense Fund. (2020, February). Implementing the Family First Prevention Services Act: A technical guide for agencies, policymakers and other stakeholders. Retrieved September 10, 2021 from <https://www.childrensdefense.org/wp-content/uploads/2020/07/FFPSA-Guide.pdf>
- ³⁸⁴ Winokur, M., Holtan, A., & Batchelder, K. E. (2014). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. *Cochrane Library*, 2014(1), CD006546–CD006546.
- ³⁸⁵ Children’s Defense Fund. (2020, February). *Implementing the Family First Prevention Services Act: A technical guide for agencies, policymakers and other stakeholders*. Retrieved September 10, 2021 from <https://www.childrensdefense.org/wp-content/uploads/2020/07/FFPSA-Guide.pdf>
- ³⁸⁶ For more information on the Mohave County Infant and Toddler Mental Health Court Team, visit <https://www.mohavecourts.com/courtadmin/Infantandtoddler/ITMHT1.html>
- ³⁸⁷ U.S. Census Bureau. (May, 2000). Factfinder for the Nation. Retrieved from <http://www.census.gov/history/pdf/cff4.pdf>
- ³⁸⁸ U.S. Census Bureau. (April, 2013). American Community Survey Information Guide. Retrieved from http://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS_Information_Guide.pdf