

 **FIRST THINGS FIRST**

Pima South Region



**2022**

NEEDS AND ASSETS  
**REPORT**

# INTRODUCTORY SUMMARY AND ACKNOWLEDGMENTS

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 Pima South 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 Pima South 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 Pima South 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.

## Acknowledgements

Pima South Regional Council wishes to thank all of the federal, state and local partners whose contributions of data, ongoing support and partnership with First Things First made this report possible. These partners included the Arizona Departments of Administration (Employment and Population Statistics), Child Safety, Economic Security, Education and Health Services; the Arizona Health Care Cost Containment System; Child Care Resource and Referral; and the U.S. Census Bureau. Local partners included Pima County Health Department and all Pima County School Districts. We are

especially grateful for the spirit of collaboration exhibited by all our partners during an unprecedented time of crisis for our state and our nation.

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 Pima South Region.

Lastly, we want to acknowledge the current and past members of the Pima South 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.

# TABLE OF CONTENTS

EXECUTIVE SUMMARY	5
Overview of the FTF Pima South Region	5
Key Findings	6
BACKGROUND AND APPROACH	11
POPULATION CHARACTERISTICS	16
Why It Matters	16
What the Data Tell Us	16
ECONOMIC CIRCUMSTANCES	30
Why it Matters	30
What the Data Tells Us	31
EDUCATIONAL INDICATORS	45
Why it Matters	45
What the Data Tell Us	46
EARLY LEARNING	54
Why it Matters	54
What the Data Tells Us	55
CHILD HEALTH	67
Why it Matters	67
What the Data Tells Us	68f

FAMILY SUPPORT	85
Why it Matters	85
What the Data Tells Us	86
CONCLUSION	94
APPENDIX A. MENTAL/BEHAVIORAL HEALTH SERVICES AND SUPPORTS	98
APPENDIX B. SUBREGIONAL FACT BOXES	104

# EXECUTIVE SUMMARY

First Things First (FTF) is the only state agency in Arizona dedicated exclusively to investing in and enhancing the early childhood system. FTF works through regional partnership councils that partner with local communities to create a family-centered, comprehensive, collaborative, and high-quality early childhood system that supports the development, health, and early education of all Arizona children, from birth to age five.

Every two years, each regional partnership council develops a report detailing the needs and assets of the region's youngest children and their families. The intent of the report is to inform the council and the local community about the overall status of children zero to five years of age in the region, in order to support data-driven decision making around future funding and programming. Data for this report were gathered from federal and local data sources, as well as provided directly to FTF by state agencies.

## Overview of the FTF Pima South Region

The First Things First (FTF) Pima South Region covers an expansive region occupying the western and southeastern portions of Pima County. The region is defined as the southern portion of Pima County, not including the lands belonging to the Pascua Yaqui Tribe and the Tohono O'odham Nation, plus a small part of Santa Cruz County around the Amado community. The border between the Pima North and Pima South Regions is irregular, but it primarily follows Ajo Way and Irvington Road.

The FTF Pima South Regional Partnership Council (Council) makes strategic investments to support the healthy development and learning of the young children in the region. The Council's priorities include:

- Improving the quality of child care and preschool programs;
- Scholarships for children to access high-quality early learning; and
- Strengthening families through voluntary home visiting and parenting education.

The following section provides a summary of the key findings for each of the six domains of the 2022 Regional Needs and Assets report, highlighting the major data findings, the needs and assets identified for the FTF Pima South Region, potential considerations, and opportunities for further exploration. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

## Key Findings

### Population Characteristics

The demographic profile of residents in a particular community helps policy and decision makers make effective decisions that will positively impact the community's well-being. The FTF Pima South Region has a total population of 269,210 residents. There are a little over 25,000 children under six years old in the region, accounting for nine percent of the total population in the region. Children ages zero to five make up a slightly higher proportion of the FTF Pima South Region than of the State of Arizona and Pima County. In the FTF Pima South Region, 49% of adults ages eighteen and over identify as white and 44% identify as Hispanic or Latino. This compares to 63% and 25%, respectively, for Arizona. In the region, children under five are more likely to identify as Hispanic or Latino than the overall population. Sixty-one percent of people in the region speak English as their primary language, while 36% primarily speak Spanish and an additional three percent speak a language other than English or Spanish. The percent of kindergarten through third grade students in the region who are English Language Learners (ELL) is 14%, which is higher than the County and State at ten percent in 2020.

In the FTF Pima South Region, there are 93,001 households and 19% include children under six years old. Although the majority of children under six live in married-couple households, nearly one-quarter live in single-female households. Over half of children under six (56%) in the Pima South Region live in two parent households. Additionally, 15% live in the same household as a grandparent. Of children 0-17 who live in the same household as a grandparent, 48% are primarily cared for by a grandparent, which is slightly less than 50% for Arizona.

#### Population Characteristics Considerations:

- Discuss tactics for continuing to meet the needs of the under six population.
- Provide culturally appropriate services and interpretation and translation assistance for families that are more comfortable speaking in a language other than English.
- Discuss supporting services specifically designed for single-parent and grandparent-led households to help them support the young children in their homes.

### Economic Circumstances

As children are growing and developing, outcomes such as school achievement, physical health, and emotional well-being are all impacted by a child's economic situation.<sup>1</sup> In Pima County, the unemployment rate remained steady between 2016 and 2019. Then there was an increase in unemployment from 2019 to 2020 and a decrease from 2020 to 2021, though not down to pre-2020

---

<sup>1</sup> Brooks-Gunn, J., Duncan, G. (1997). *The effects of poverty on children. The future of children, 55-71.*

levels. These rates are consistent with the unemployment rate for Arizona as a whole. The number of people in the labor force and the number of people employed has remained consistent in Pima County from 2016 through 2021. With the onset of the COVID-19 pandemic in March 2020, the total number of unemployment claims increased in the Pima South Region. In April 2020, the number of total claims peaked at 6,909 and gradually started to decrease. By the end of 2020, the total claims were 621. In the FTF Pima South Region, a third of children under age six live in a household with both parents in the labor force (32%) or with a single parent in the labor force (34%) which is similar to the percentage for Pima County and Arizona.

The median income of all families in Pima County is \$66,727, which is slightly less than the median income statewide. The median income for single-parent families is significantly less than for married couple families. In the FTF Pima South Region, 16% of the population and 26% of children under age six are living in poverty. Residents of the Pima South Region have a similar housing cost burden to residents of the state as a whole: 27% of the region's housing units require their residents to contribute more than 30% of their household income toward housing.

#### Economic Considerations:

- Promote supports and resources that can help subsidize child care and other expenses for single parent households.
- Consider encouraging stakeholders to target job training and employment programs to help increase employment and median incomes.
- Ensure social service resources for the Native Hawaiian and Other Pacific Islander populations.

#### Educational Indicators

Children's participation in early learning experiences is likely to result in higher academic performance in future years.<sup>2</sup> Almost 50% of preschool-aged children in the FTF Pima South Region (46%) are enrolled in private or public school (i.e., nursery school, preschool, or kindergarten), which is lower than Arizona (65%) and Pima County (57%). The English Language Arts (ELA) assessment results of the AzMERIT showed that 44% of all third graders in the FTF Pima South Region scored "proficient" or "highly proficient", which is comparable to both Pima County and Arizona. Slightly more third graders scored "proficient" or highly proficient" on the math assessment test in the FTF Pima South Region (50%), which is also comparable to both Pima County and the State. Between 2017 and 2019, high school graduation rates remained steady for the FTF Pima South Region, Pima County, and Arizona. In 2019, 79% of students graduated within four-years in the region which is similar to both the county and state levels. From 2019-2020, the rate of students dropping out of high school in the Pima South Region

---

<sup>2</sup> Bakken, L., Brown, N., Downing, B. (2017) *Early Childhood Education: The Long-Term Benefits*. *Journal of Research in Childhood Education*. Volume 31. Issue 2. Retrieved from: <https://doi.org/10.1080/02568543.2016.1273285>



dropped from 3.0 to 2.0. In the FTF Pima South Region, 84% of adults ages 25 and older have completed at least a high school education, which is a higher percentage than the County and State.

#### Educational Considerations:

- Increase awareness for parents to support each other and share knowledge and attitudes around the importance of education.
- Increase parent outreach and awareness of early education programs to support learning and school readiness from an early age.

### Early Learning

Participation in early care and education programs plays an important role in preparing children for kindergarten and beyond.<sup>3</sup> There are 292 ECE centers and homes with a capacity of 14,501 children in the FTF Pima South Region. Although the total licensed capacity may be high, the actual facility may choose not to enroll the total number of children they are licensed to serve. In the FTF Pima South Region, a total of 67 child care providers participated in Quality First, 78% of which were quality-level settings (public 3-5 stars), and 2,887 children were enrolled at a Quality First provider site in the Region. Of all children enrolled at a Quality First provider site in the region, 82% were enrolled at a quality-level setting (public 3-5 stars). In 2020, 279 children received Quality First scholarships. There is a total of 70 Quality First sites across the Pima South Region. Overall, many sites (n=35) have at least a 3-star rating, which is given to programs that “meet quality standards.” The median cost for one infant in the Pima South Region totals \$32 a day for licensed centers and approximately \$30 a day for approved family homes and certified group homes. Compared to the median income of two-parent families in Pima County with children under 18, licensed centers comprise approximately 13%-16% and approved family homes and certified group homes comprise about nine to eleven percent of the regional median income.

#### Early Learning Considerations

- Support Quality First efforts in the region to continue to increase the opportunities for children to receive quality early care and education experiences.
- Work with school districts to refer children identified with special needs to support services.

### Child Health

Ensuring healthy development through early identification and treatment of children’s health issues

---

<sup>3</sup> *University of Massachusetts Global (2021) What is the purpose of early childhood education? Why it’s so important. Retrieved from: <https://www.umassglobal.edu/news-and-events/blog/what-is-purpose-of-early-childhood-education>*

helps families understand healthy developmental pathways and how health issues affect children and their school readiness.<sup>4</sup> The HP 2030 target is for 92.1% of Americans to have medical insurance by 2030. In 2019, 89% of the population living in poverty in Pima South Region had health insurance, which is less than the HP 2030's targeted goal. In 2019, six percent of children under age six living in poverty in the Pima South Region did not have any health insurance. From 2016-2020, in the FTF Pima South Region, there were 102 non-fatal inpatient hospitalizations and 8,240 non-fatal emergency department visits for children ages 0-4. Male children were more likely to be injured than female children. In 2018 and 2019 in the Pima South Region, the total number of childhood deaths for children 0 to 17 years old remained consistent. The majority of childhood deaths in both years occurred in young children ages 0 to 4 (67% and 58% respectively). In 2019, Pima South Region residents gave birth to 3,253 babies, which was 31% of all babies born in Pima County and four percent of all births in the state. HP 2030 aims to bring the proportion of pregnant women who receive early and adequate prenatal care to 80.5%. In the FTF Pima South Region, 63% of women began their prenatal care in the first trimester with 23% receiving 13 or more visits. In the region, in 2019, eight percent of babies were low birth weight. Healthy People 2030 aims for fewer than nine percent of births to be born preterm; Pima South is slightly higher at ten percent. The percentage of newborns admitted to the NICU in the region (11%) was comparable to the county and slightly higher than the state (12% for county and 8% for state).

### Child Health Considerations

- Continue to provide public education about the benefits of breastfeeding and consider supporting workplace efforts to encourage breastfeeding practices for working mothers.
- Promote the importance of early prenatal care and provide education on the impact of prenatal care on the mother and child's future well-being.
- Work with partners to ensure access to health care for all children in the region.

### Family Support

Support for young families is an essential piece of the holistic efforts around kindergarten readiness and long-term success for children.<sup>5</sup> From 2017 to 2020, 123 deaths from opioid overdose occurred in the Pima South Region, totaling two percent of opioid-related deaths in Arizona. In both Pima County and Arizona, the number of non-fatal overdoses from opiates or opioids increased from 2017 to 2020.

---

<sup>4</sup> *Schools & Health (2016). Impact of Health on Education. Retrieved from <http://www.schoolsandhealth.org/pages/Anthropometricstatusgrowth.aspx>*

<sup>5</sup> *Center for the Study of Social Policy (2013). Knowledge of Parenting and Child Development. Retrieved from [http://www.cssp.org/reform/strengthening-families/2013/SF\\_Knowledge-of-Parenting-and-Child-Development.pdf](http://www.cssp.org/reform/strengthening-families/2013/SF_Knowledge-of-Parenting-and-Child-Development.pdf)*

Numberous federal and local programs and services are aimed at providing families with food security, including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), National School Lunch Program (NSLP), Child and Adult Care Food Program (CACFP), Summer Food Program (SFP), and free and reduced priced lunch programs for children in schools. Despite the prevalence of these programs, the number of children and families receiving assistance has decreased in recent years. Federal programs such as SNAP and TANF have shrunk in recent years due to the expiration of benefit increases instituted during the recession. These decreases come even as the number of families living in poverty has increased nationally. Similar to SNAP benefits, the number of children and families receiving TANF benefits decreased from 2017 to 2020 in the Pima South Region, Pima County and Arizona. In 2020, approximately 700 families and 1,000 young children received TANF benefits.

### Family Support Considerations

- Consider including substance abuse prevention resources and referrals in home visitation and parent education programs
- Continue to provide public education about the benefits
- Consider examining alternative strategies to support food security for children and families.

# BACKGROUND AND APPROACH

Family well-being is an important indicator of child success.<sup>6,7</sup> Healthy families and healthy communities create a context in which young children can thrive, developing the cognitive, emotional, motor, and social skills they will need to succeed in school and life.<sup>8</sup> Early childhood interventions promote well-being and impact outcomes for children and adults later in life, including school readiness, parent involvement, K-12 achievement, educational attainment, crime prevention and remedial education.<sup>9</sup>

First Things First (FTF) is one of the critical partners in the family-centered, comprehensive, collaborative, and high-quality early childhood system that supports the development, health, and early education of all Arizona children from birth to age five. FTF is intent on bolstering current child-focused systems within Arizona as a strategic way to maximize current and future resources. The Pima South Regional Partnership Council (Council) makes strategic investments to support the healthy development and learning of the young children in the region. The Council's priorities include:

- Improving the quality of child care and preschool programs
- Scholarships for children to access high-quality early learning
- Strengthening families through voluntary home visiting and parenting education

## Methodology

This is the eighth Needs and Assets report conducted on behalf of the FTF Pima South Regional Council. It fulfills the requirement of ARS Title 8, Chapter 13, Section 1161, to submit a biennial report to the Arizona Early Childhood Health and Development Board detailing the assets, coordination opportunities, and unmet needs of children from birth to age five and their families in the region. This report is designed to provide updated information to the FTF Pima South Council about the needs and assets in their region to help them make important programmatic and funding decisions. This report describes the current circumstances of young children and their families as it relates to unmet needs and assets for the region.

---

<sup>6</sup> Bøe, T., Serlachius, A., Sivertsen, B., Petrie, K., Hysing, M. (2017) *Cumulative effects of negative life events and family stress in children's mental health: the Bergen child study*. *Social Psychiatry and Psychiatric Epidemiology*. Retrieved from <https://link.springer.com/article/10.1007/s00127-017-1451-4>

<sup>7</sup> Sosu, E., Schmidt, P. (2017) *Economic deprivation and its effects on childhood conduct problems: the mediating role of family stress and investment factors*. Retrieved from <https://doi.org/10.3389/fpsyg.2017.01580>

<sup>8</sup> Knitzer, J. (2000). *Early childhood mental services: a policy and systems development perspective*. In J. Shonkoff & S. Meisels (Eds.), *Handbook of early childhood intervention* (pp. 416-438). New York, NY: Cambridge University Press.

<sup>9</sup> Reynolds, A., Ou, S., Mondt, C., Hayakawa, M. (2017) *Processes of early childhood interventions to adult well-being*. *Child Development*. Volume 88 Issue 2. Retrieved from <https://doi.org/10.1111/cdev.12733>

This report is organized by topic area followed by subtopics and indicators. When available, data are presented for the state, county, region, and subregional breakdowns as appropriate. Key data indicators are represented in this report in six unique domains:

- Population characteristics;
- Economic circumstances;
- Educational indicators;
- Early learning;
- Child health; and
- Family support.

A systematic review designed to reveal the needs and assets of the Pima South Region was used to collect and summarize data for this report. Quantitative data components included a review and analysis of current and relevant secondary data describing the FTF Region, Pima County, and State of Arizona. Wherever possible, data throughout the report are provided specifically for the FTF Pima South Region and are often presented alongside data for the County and the State of Arizona for comparative purposes. Subregional data from the American Community Survey and 2010 Census were calculated by aggregating the ZIP Code Tabulation Areas (ZCTA) in each subregion. ZCTAs were assigned to a subregion by FTF, and Harder+Company then used those assignments to determine which ZCTAs belonged to each subregion. For ZCTAs that are in more than one subregion, a percentage of the tabulation area was assigned to each subregion based upon the population living in ZCTA within the subregions' portion of the ZCTA.

Secondary data was gathered to better understand demographic trends for the Pima South Region. The assessment was conducted using data from state and local agencies and organizations who provided public data or who have an existing data sharing agreement with FTF. A special request for data was made to the following state agencies by First Things First on behalf of Harder+Company Community Research: Arizona Department of Education (ADE), Arizona Department of Economic Security (DES), Arizona Department of Health Services (ADHS), Department of Child Safety (DCS) and First Things First itself.

Further secondary data were gathered directly from public databases. For example, demographic data included in this report were primarily gathered from the US Census and the American Community Survey. Understanding the true needs and assets of the region required extracting data from multiple data sets that often do not have similar reporting standards, definitions, or means for aggregating data. This suggests that, for some indicators, data were only available at the county level, for small towns, or certain zip codes, whereas for other indicators, data were available at all levels. Whenever possible this report presents all data available. In some cases, not enough data is available to make meaningful conclusions about a particular indicator within a region, city, or county.

Furthermore, many agencies are collecting data independent of other public entities which results in

duplication of data efforts, gaps in the collection of critical indicators, or differences in method of collection, unit of analysis, or geographic level. Many indicators that are of critical importance to understanding the well-being of children under age six and their families were not available for the FTF Pima South Region, such as more detailed data on housing or homelessness, home visiting, oral health, hearing loss screenings, and child welfare. The analysis presented in this report aims to integrate relevant data indicators from a variety of credible sources, including regional and subregional, and/or community-level analyses for a subset of data indicators. This report represents the most up-to-date representation of the needs and assets of young children and their families in the region and interpretation of the identified strengths of the community (i.e., the assets available in the region).

In addition to systematically reviewing secondary data, key findings and data trends were synthesized and presented to the FTF Regional Council and community members, FTF Research and Evaluation Unit, and FTF Regional Directors which allowed for a deeper discussion on the interpretation of the findings. Whenever possible, the rich context provided by these stakeholders is incorporated throughout the report to help contextualize the findings. To further expand the meaningfulness of data trends, a brief literature review was conducted to ensure the inclusion of other relevant research studies that help explain the needs and assets of the region.

Per FTF guidelines, education data from the Arizona Department of Education (ADE), with counts of or percentages related to fewer than eleven, excluding counts of zero (i.e., all counts of one through ten) are suppressed. Percentages greater than 98% or less than 2% were presented as >98% and <2% respectively. For data related to health or developmental delay, all counts and rates/ratios/percentages are based on non-zero counts less than six, excluding counts of zero (i.e., all counts of one through six, depending on the indicator) are suppressed.

In addition, as this year's regional needs and assets report comes amidst the COVID-19 pandemic, the Pima South Regional Partnership Council also solicited Harder+Co to conduct additional assessment activities to understand the availability and access to mental/behavioral health supports in Pima South and in Pima County overall. This data is summarized in Appendix A.

### **Limitations**

In the United States, the COVID-19 pandemic began in March 2020 and continues through the writing of this report. Thus, it is important to contextualize how the pandemic impacted data availability and the process to develop this report. First, public agencies had limited capacity to support data requests while they focused on their pandemic response, therefore some data sets could not be provided. For this reason, the timeline for the 2022 RNA report was modified to adapt to the barriers in collecting data and moving forward with the report process.

This report relied primarily on secondary data. Most of the data were extracted by teams other than the evaluation team conducting the asset and needs assessment, except for the data of the Arizona Department of Education (ADE) which the evaluation team accessed through the ADE data system.

Some of the most recent data was not available for this report. The demographic and economic profile of the region relied mostly on Census and ACS data. For some of the Census indicators, only 2010 Census data were available as 2020 Census data were delayed due to COVID-19. For some of the indicators reported, the most recent data for the region was released in 2018, thus trends may have changed within the past four years, especially due to the pandemic. For example, the most recent data for the Child Care Market Rate Survey is from 2018. This survey provides the median cost for licensed centers, approved family homes and certified group homes.

Another limitation impacting the findings and interpretation of findings is the targeted population included in each of the different data sources. For many domains reported, data were often available only at the county level rather than the region, and data for children often includes children under 18 rather than children under six. Additionally, ACS estimates are less reliable for small geographic areas or areas with smaller populations. Similarly, rural areas tend to be undercounted, along with non-white populations. Federal data also have similar limitations. For example, WIC data only includes a sample of the young children and families' served. In regards to education data, ADE provided AZMerit only for 2018-2019 school year (prior to COVID-19) since this assessment was not administered during the 2019-2020 school year. The report uses public data for the 2020-2021 school year at the state and county level.

Another major limitation is the discrepancy in the definitions and criteria used by each agency that is collecting the data. Because various different data sources are used for each domain and they each have different definitions, it is difficult to make confident comparisons on indicators between data sources. Given these limitations, interpretation of key findings requires a deep understanding of the region. Contextualizing the findings is equally important as what the data tell us.



## POPULATION CHARACTERISTICS



# POPULATION CHARACTERISTICS

## Why It Matters

The demographic profile of residents in a particular community helps inform the types of services needed in that community. Policy and decision makers need to understand the demographic profile of the communities they serve in order to make effective decisions that will positively impact the community's well-being. Timely information about the demographics of a region, such as the number of children and families, number and composition of households, racial and ethnic composition, languages spoken, and living arrangements help policy makers identify the needs of the region they serve and the services and resources that would benefit the community. For example, knowing where non-English speakers live and what their primary languages are can inform translation and interpretation services to help these families access health care and other social services. Knowing where children and families are located will help identify the needs for early childhood services to support their development and well-being.

This first domain of the report provides an overview of the geographic region's population dynamics, projected growth, ethnic and racial composition, languages spoken, immigration trends, and household characteristics (e.g., living arrangements for children). Indicators about children living with grandparents are included as well. Although only limited research has been conducted on the influence of grandparents on child development and health, this data provides an overview of their participation in the region's households and shows trends in grandparental care over time.<sup>10</sup> Understanding how the population is changing and where it is growing allows decision makers to strategically and proactively allocate resources.

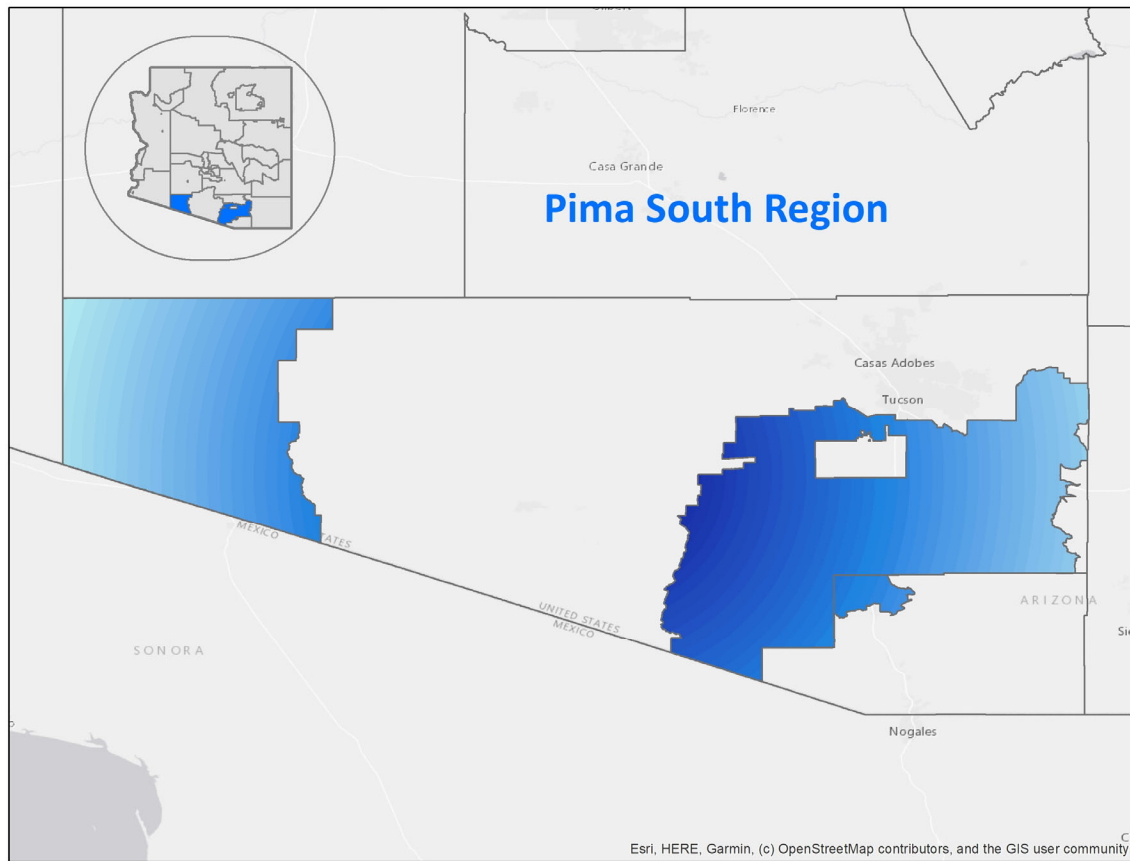
## What the Data Tell Us

The First Things First (FTF) Pima South Region covers an expansive region occupying the western and southeastern portions of Pima County, as shown in Exhibit 1.1. The region is defined as the southern portion of Pima County, not including the lands belonging to the Pascua Yaqui Tribe and the Tohono O'odham Nation, plus a small part of Santa Cruz County around the Amado community. The border between the Pima North and Pima South Regions is irregular, but it primarily follows Ajo Way and Irvington Road.

---

<sup>10</sup> Sadruddin, A., Ponguta, L., Zonderman, A., Wiley, K., Grimshaw, A., Panter-Brick, C. (2019) How do grandparents influence child health and development? A systematic review. *Social Science & Medicine*. Volume 239. Retrieved from <https://doi.org/10.1016/j.socscimed.2019.112476>

Exhibit 1.1. Map of the FTF Pima South Region boundaries



### Population Counts and Projections

According to the 2010 Census, the FTF Pima South Region has a total population of 269,210 residents. There are a little over 25,000 children under six years old in the region, accounting for nine percent of the total population in the region (Exhibit 1.2). Children ages zero to five make up a slightly higher proportion of the FTF Pima South Region than of the State of Arizona and Pima County.

### Exhibit 1.2. Population (all ages) in the 2010 Census

	All ages	Ages 0-5	Children (0-5) as a percentage of the total population
<b>Pima South Region</b>	<b>269,210</b>	<b>25,171</b>	<b>9.3%</b>
Pima County	980,263	74,796	7.6%
Arizona	6,392,017	546,609	8.6%

*U.S. Census Bureau; 2010 Census Summary File 1; Tables P11 & P14*

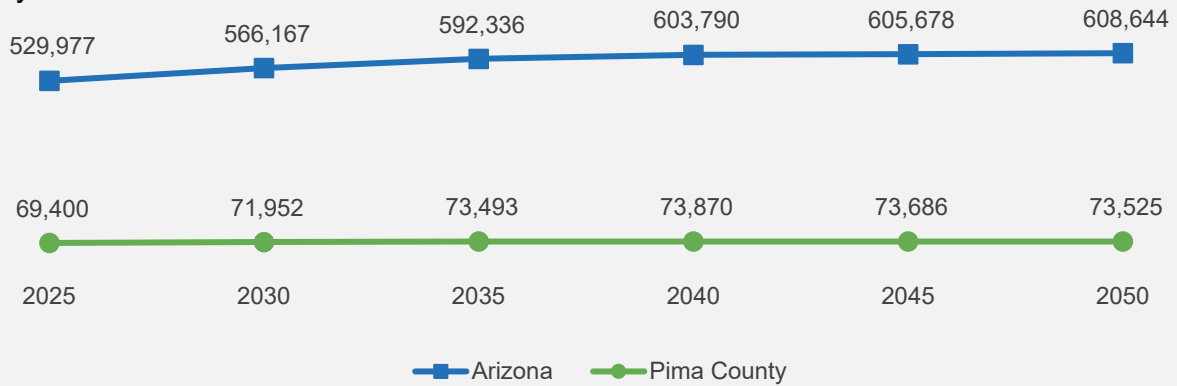
The number of births in the FTF Pima South Region was around 3,000 per year in both 2018 and 2019 (Exhibit 1.3), accounting for 4% of the births in Arizona (not shown). The number of children under six in Pima County is expected to increase slightly over the next ten years, rising to nearly 73,525 by 2050 (Exhibit 1.4). Over the same time period, the number of children under six is expected to also increase for the state as a whole.

### Exhibit 1.3. Number of births from 2018-2019 in Pima South Region



*Arizona Department of Health Services (2021). Vital Statistics. Provided by AZ FTF.*

Exhibit 1.4. Projected population of children 0-5 in Arizona and Pima County



Arizona Department of Administration, Office of Employment & Population Statistics (2017). Arizona Population Projections: 2020 to 2050, Medium Series

### Demographics and Language

In the FTF Pima South Region, 49% of adults ages eighteen and over identify as white and 44% identify as Hispanic or Latino. This compares to 63% and 25%, respectively, for Arizona (Exhibit 1.5). In the region, children under five are more likely to identify as Hispanic or Latino than the overall population (Exhibit 1.6). A small proportion of young children across the Pima South Region identify as either African American (3%), American Indian (3%) or Asian or Pacific Islander (1%).

Across the region, there is considerable variation in the racial and ethnic composition of young children. For example, the vast majority of children in the Sunnyside sub-region (81%) identify as Hispanic or Latino, while only 27% identify as Hispanic or Latino in the Rita Ranch and Vail sub-regions.

Exhibit 1.5. Race and ethnicity of the adult population (18+) in the 2010 Census

	Number of persons (18+)	Hispanic or Latino	White alone (not Hispanic or Latino)	American Indian alone (not Hispanic or Latino)	African-American alone (not Hispanic or Latino)	Asian or Pacific Islander (not Hispanic or Latino)
<b>Pima South Region</b>	<b>194,016</b>	<b>44%</b>	<b>49%</b>	<b>2%</b>	<b>3%</b>	<b>2%</b>
Ajo	4,435	28%	49%	21%	0.4%	1%
Amado	2,983	37%	60%	1%	0.2%	1%
Drexel Heights	71,295	57%	32%	7%	2%	1%
Rita Ranch	23,058	17%	73%	0.4%	4%	4%
Sahuarita	45,463	19%	77%	0.5%	2%	1%
Sunnyside	90,912	67%	25%	2%	1%	2%
Three Points	4,975	34%	61%	2%	1%	1%
Vail	21,753	15%	78%	1%	3%	2%
Pima County	754,947	29%	61%	2%	3%	3%
ARIZONA	4,763,003	25%	63%	4%	4%	3%

U.S. Census Bureau; 2010 Census Summary File 1; Table P11; generated by Harder+Company using American FactFinder; <http://factfinder2.census.gov>

Exhibit 1.6. Race and ethnicity of children (Ages 0-4) in the 2010 Census

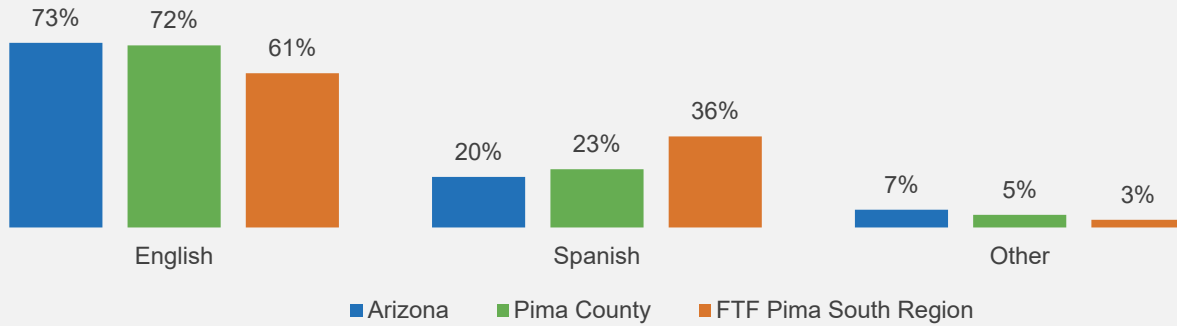
	Children 0-4					
	Number of persons (ages 0-4)	Hispanic or Latino	White alone (not Hispanic or Latino)	American Indian alone (not Hispanic or Latino)	African-American alone (not Hispanic or Latino)	Asian or Pacific Islander (not Hispanic or Latino)
<b>Pima South Region</b>	<b>20,965</b>	<b>66%</b>	<b>26%</b>	<b>3%</b>	<b>3%</b>	<b>1%</b>
Ajo	291	41%	22%	44%	3%	1%
Amado	147	60%	33%	3%	0%	0%
Drexel Heights	6,040	74%	12%	13%	3%	1%
Rita Ranch	1,850	27%	62%	1%	3%	3%
Sahuarita	2,807	43%	49%	1%	3%	2%
Sunnyside	8,165	81%	11%	4%	3%	1%
Three Points	276	58%	38%	1%	3%	1%
Vail	1,589	27%	65%	0%	3%	1%
Pima County	62,521	53%	35%	5%	4%	2%
ARIZONA	455,715	45%	40%	6%	5%	3%

U.S. Census Bureau; 2010 Census Summary File 1; SF 1, Tables P12B, P12C, P12D, P12E, P12H, and P12I; generated by Harder+Company using American FactFinder; <http://factfinder2.census.gov>

Sixty-one percent of people in the region speak English as their primary language, while 36% primarily speak Spanish and an additional three percent speak a language other than English or Spanish (Exhibit 1.7). Another 12% in the region speak English less than very well which is slightly higher than the proportion of households in Arizona (9%) and Pima County (8%) (Exhibit 1.8).<sup>11</sup> As the young population grows to be Hispanic/Latino, the cultural diversity of the region may change as well, indicating a need for more culturally responsive services.

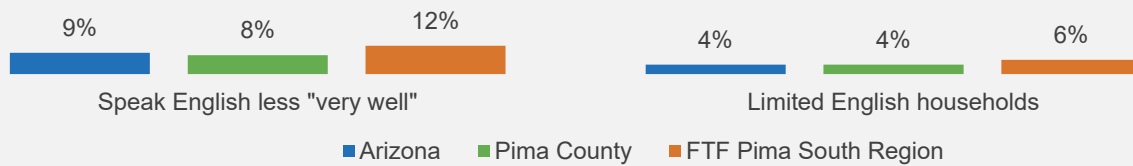
<sup>11</sup> The United States Census Bureau defines limited English speaking households as a “household in which no one 14 and over speaks English only or speaks a language other than English at home and speaks English very well.”

**Exhibit 1.7. Primary language spoken at home for population ages 5 and over**



*U.S. Census Bureau; 2019 American Community Survey 5-Year Estimates, Tables B16001; generated by AZ FTF using American FactFinder; <<http://factfinder2.census.gov>>*

**Exhibit 1.8. Percentage of population that speaks English less than "very well" and percentage of limited English households**



*U.S. Census Bureau; 2019 American Community Survey 5-Year Estimates, Tables B16001 & B16002; generated by AZ FTF using American FactFinder; <<http://factfinder2.census.gov>>*

There are slightly more children living with parents born outside the U.S. in the Pima South Region (26%) compared to the County (24%). The highest percentages of children living with a parent(s) born outside the U.S. reside in the following sub-regions: Amado (62%) and Sunnyside (42%) (Exhibit 1.9).

Exhibit 1.9. Children (ages 0 to 5) living with parents born outside the U.S.

	Children (ages 0-5) living with one or two parents	Children (ages 0-5) living with one or two parents born outside the U.S.
<b>Pima South Region</b>	<b>5,622</b>	<b>26%</b>
Ajo	17	17%
Amado	48	62%
Drexel Heights	1,345	25%
Rita Ranch	220	9%
Sahuarita	313	10%
Sunnyside	3,478	42%
Three Points	10	4%
Vail	399	25%
Pima County	15,666	24%
ARIZONA	126,082	25%

U.S. Census Bureau (2019). American Community Survey, 5-year estimates (2015–2019), Table B05009.

The number of kindergarten through third grade students in the region that are migrants is less than 11 students (Exhibit 1.10).

The percent of kindergarten through third grade students in the region who are English Language Learners (ELL) is 14%, which is higher than the County and State at ten percent in 2020 (Exhibit 1.11).

Exhibit 1.10. Children in grades K to 3 that are migrants from 2018 to 2020

	Arizona	Pima County	Pima South Region
2018	662	<11	<11
2019	570	<11	<11
2020	809	<11	<11

Arizona Department of Education (2021). Migrant Children. Provided by AZ FTF.



**Exhibit 1.11. Percentage of children in grades K to 3 that are English Language Learners from 2018 to 2020**

	Arizona	Pima County	Pima South Region
2018	10%	10%	13%
2019	9%	9%	13%
2020	10%	10%	14%

*Arizona Department of Education (2021). English Language Learners. Provided by AZ FTF.*

**Household Characteristics**

In the FTF Pima South Region, there are 93,001 households and 19% include children under six years old. Although the majority of children under six live in married-couple households, nearly one-quarter live in single-female households (Exhibit 1.12).

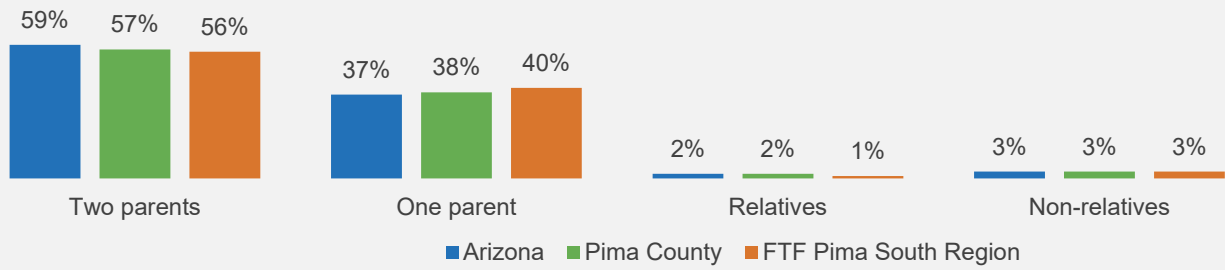
**Exhibit 1.12. Number of households and household characteristics**

	Arizona	Pima County	Pima South Region
Total number of households	2,380,990	388,660	93,001
Households with children 0-5	16% (384,441)	14% (53,862)	19% (17,871)
Married-couple households with children 0-5	65% (250,217)	62% (33,220)	65% (11,621)
Single-male households with children 0-5	11% (43,485)	11% (6,119)	11% (1,931)
Single-female households with children 0-5	24% (90,739)	27% (14,523)	24% (4,319)

*U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P20*

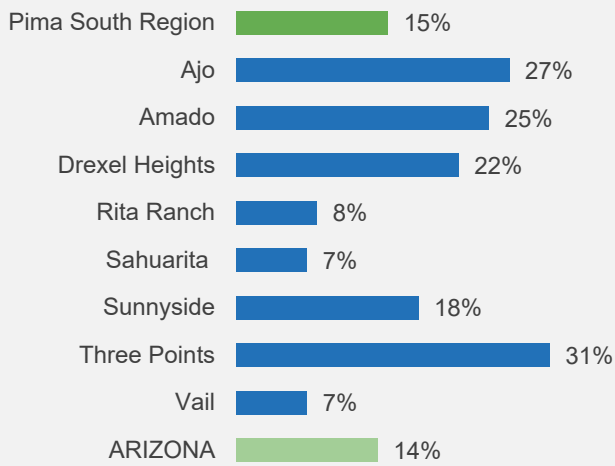
Over half of children under six (56%) in the Pima South Region live in two parent households (Exhibit 1.13). Additionally, 15% live in the same household as a grandparent. The sub-regions of Three Points and Ajo have the highest percentage of children primarily cared for by a grandparent (31% and 27%) (Exhibits 1.14 and 1.15).

Exhibit 1.13. Living arrangements of children 0-5



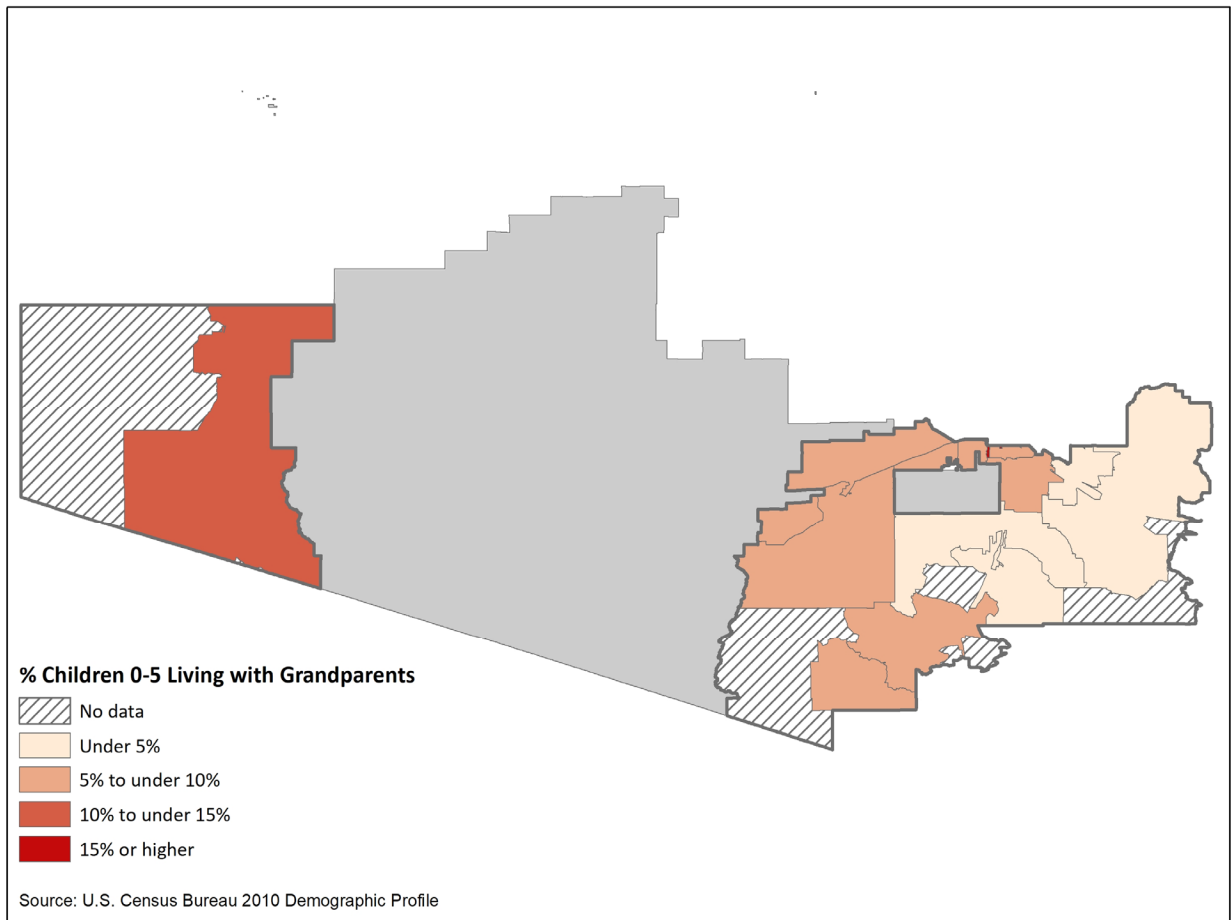
U.S. Census Bureau; 2019 American Community Survey 5-Year Estimates, Tables B05009, B09001, & B17006; generated by AZ FTF using American FactFinder; <<http://factfinder2.census.gov>>

Exhibit 1.14. Percent of children (0-5) living in a grandparent's household in the 2010 Census



U.S. Census Bureau (2010) Census Summary File 1; SF 1, Table P41

Exhibit 1.15. Map of children 0-5 living with grandparents in the FTF Pima South Region



Of children 0-17 who live in the same household as a grandparent, 48% are primarily cared for by a grandparent, which is slightly less than 50% for Arizona (Exhibit 1.16). There are several advantages to living in a multigenerational household, including an increase in emotional well-being and grandparents serving as role models in the socialization of children. However, this also indicates that young families may not have the resources to live on their own and may be living with their elderly parents as a result. Grandparents raising their grandchildren may also require additional support due to the nontraditional family structure, changes in parenting practices since grandparents were raising their children, and the fact that many older adults live on fixed incomes and may struggle with caring for dependents.

Exhibit 1.16. Children (ages 0-17) living in a grandparent's household

	Number of children (ages 0-17) living in a grandparent's household	Percent of children (ages 0-17) living in a grandparent's household, and the grandparent is responsible for the child	Percent of children (ages 0-17) living in a grandparent's household, and the grandparent is responsible for the child (with no parent present)
<b>Pima South Region</b>	<b>7,737</b>	<b>48%</b>	<b>16%</b>
Ajo	217	81%	23%
Amado	192	97%	66%
Drexel Heights	2,534	50%	13%
Rita Ranch	435	73%	17%
Sahuarita	675	51%	37%
Sunnyside	3,304	41%	12%
Three Points	238	3%	0%
Vail	142	46%	12%
Pima County	20,440	50%	17%
Arizona	155,821	50%	16%

U.S. Census Bureau; 2019 American Community Survey 5-Year Estimates, Table B10002

# POPULATION CHARACTERISTICS HIGHLIGHTS

Below are key findings that highlight the demographic assets, needs and data-driven considerations for the region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

Assets	Considerations
<p>The population of children under the age of six is projected to grow at a modest and steady rate, allowing the region to foresee and prepare for the growing demands of their youngest residents.</p>	<p>Discuss tactics for continuing to meet the needs of the under six population.</p>

Needs	Considerations
<p>The race/ethnicity of adults in Pima South is almost a fifty/fifty split of Hispanic or Latino and white with 20% more children 0-4 (66%) identifying as Hispanic or Latino.</p> <p>About 15% more people in the Pima South Region speak Spanish as their primary language compared to the State.</p> <p>Another 12% in the region speak English less than very well.</p> <p>Four percent more children in grades K to 3 are English Language Learners than the State</p>	<p>Provide culturally appropriate services and interpretation and translation assistance for families that are more comfortable speaking in a language other than English.</p>
<p>Nearly one-quarter of children under six live in single-female households and/or are cared for by grandparents in Pima South. The sub-regions of Three Points and Ajo have the highest percentage of children primarily cared for by a grandparent (31% and 27%).</p>	<p>Discuss supporting services specifically designed for single-parent and grandparent-led households to help them support the young children in their homes.</p>



## **ECONOMIC CIRCUMSTANCES**

# ECONOMIC CIRCUMSTANCES

## Why it Matters

The economic situation of children and their families has a large impact on their ability to access opportunities and services that can contribute to their well-being and healthy development. As children are growing and developing, outcomes such as school achievement, physical health, and emotional well-being are all impacted by a child's economic situation.<sup>12</sup> Additionally, being unemployed or living below the federal poverty level indicates that parents and caregivers have fewer resources to be able to meet their families' basic needs, such as adequate, nutritious food and good quality, stable housing.

Economic stability is critical to supporting young children and families to maintain a household where children can thrive. Recent research has shown that physical housing quality, neighborhood environment and housing stability play an important role in children's development and well-being.<sup>13, 14, 15</sup> Housing instability, which includes frequent moves, difficulty paying rent, being evicted or being homeless, is associated with worse health, academic, and social outcomes.<sup>16</sup> Children without housing stability often experience negative outcomes such as higher grade retention, higher high school dropout rates, and lower educational attainment as adults.<sup>17, 18</sup> Unemployment of parents can also affect the psychological well-being of children in the long-term due to negative experiences and stressful events.<sup>19</sup> Lack of access to healthy food and general food insecurity can also lead to numerous issues for children and mothers, including birth complications, delayed development, learning difficulties, and chronic health conditions.<sup>20, 21</sup> Thus, housing, families' employment and food security are important components to consider when evaluating the conditions that affect a child's development and well-being during their first five years of life.

---

<sup>12</sup> Brooks-Gunn, J., Duncan, G. (1997). *The effects of poverty on children. The future of children*, 55-71.

<sup>13</sup> Blau, D., Haskell, N., Haurin, D. (2019). *Are housing characteristics experienced by children associated with their outcomes as young adults?* *Journal of Housing Economics*, 46, 101631.

<sup>14</sup> Roy, J., Maynard, M., Weiss, E. (2008) *Partnership for America's Economic Success. The Hidden Costs of the Housing Crisis*. Retrieved from [http://www.pewtrusts.org/~media/legacy/uploadedfiles/wwwpewtrustsorg/reports/partnership\\_for\\_americas\\_economic\\_success/paeshousingreportfinal1pdf.pdf](http://www.pewtrusts.org/~media/legacy/uploadedfiles/wwwpewtrustsorg/reports/partnership_for_americas_economic_success/paeshousingreportfinal1pdf.pdf)

<sup>15</sup> Clair, A. (2019). *Housing: An under-explored influence on children's well-being and becoming. Child Indicators Research*, 12(2), 609-626.

<sup>16</sup> Sandstrom, H. & Huerta, S. (2013). *The Negative Effects of Instability on Child Development: A Research Synthesis*. Urban Institute. Retrieved from [http://www.urban.org/research/publication/negative-effects-instability-child-development-research-synthesis/view/full\\_report](http://www.urban.org/research/publication/negative-effects-instability-child-development-research-synthesis/view/full_report)

<sup>17</sup> Ibid.

<sup>18</sup> Kushel, M., Gupta, R., Gee, L., Haas, J. (2006) *Housing Instability and Food Insecurity as Barriers to Health Care Among Low-Income Americans*. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1525-1497.2005.00278.x/full>

<sup>19</sup> Nikolova, M., Nikolaev, B. (2018) *How having unemployed parents affects children's future well-being*. Brookings. Retrieved from <https://www.brookings.edu/blog/up-front/2018/07/13/how-having-unemployed-parents-affects-childrens-future-well-being/>

<sup>20</sup> Feeding America. Retrieved from <http://www.feedingamerica.org/hunger-in-america/impact-of-hunger/child-hunger/child-development.html>

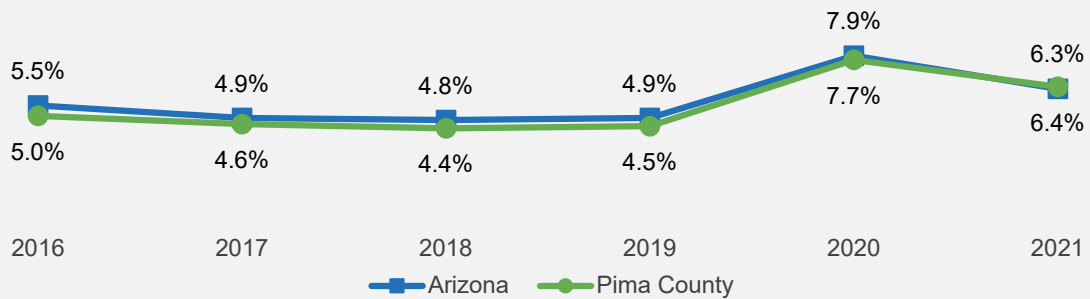
<sup>21</sup> Ke, J., Lee Ford-Jones, E. (2015) "Food Insecurity and Hunger: A Review of the Effects on Children's Health and Behaviour." *Paediatrics & Child Health* 20.2.89

## What the Data Tells Us

### Employment Indicators

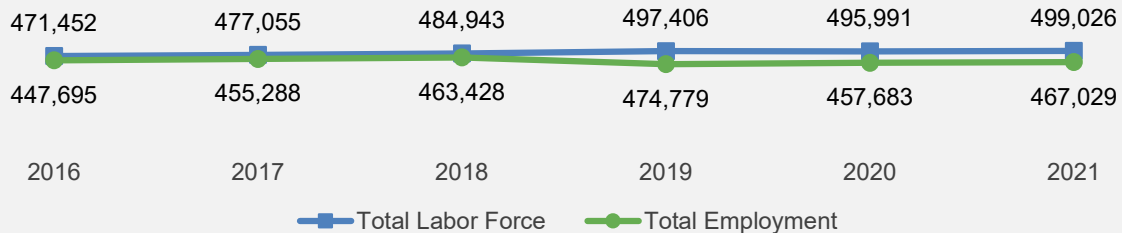
In Pima County, the unemployment rate remained steady between 2016 and 2019. Then there was an increase in unemployment from 2019 to 2020 and a decrease from 2020 to 2021, though not down to pre-2020 levels. These rates are consistent with the unemployment rate for Arizona as a whole (Exhibit 2.1). The number of people in the labor force and the number of people employed has remained consistent in Pima County from 2016 through 2021 (Exhibit 2.2). During the COVID-19 pandemic, those who tended to be affected by unemployment included those who worked in services, restaurants, transportation, and other fields that typically do not offer long-term contracts, decent wages, and health benefits.<sup>22</sup>

Exhibit 2.1. Average unemployment rates from 2016 to 2021



U.S. Department of Labor, Bureau of Labor Statistics (2021). Local Area Unemployment Statistics (LAUS), Arizona Office of Employment. Note: The data for 2021 goes up to September 2021.

Exhibit 2.2. Number of people in the labor force and employed in Pima County



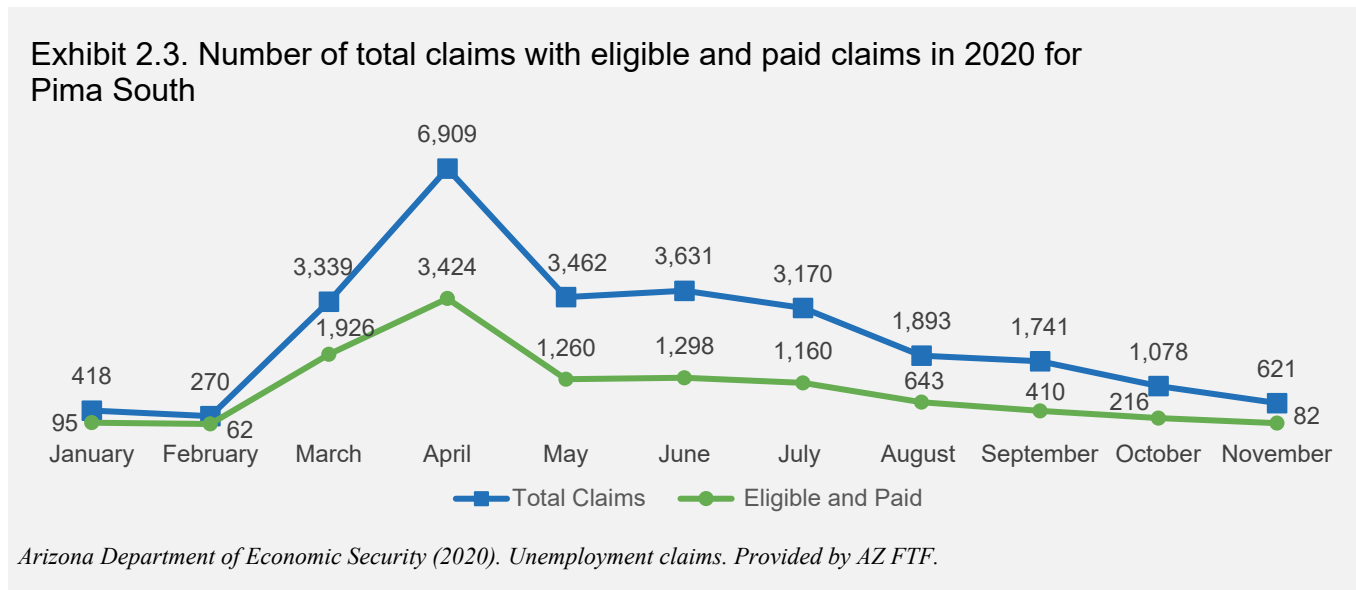
U.S. Department of Labor, Bureau of Labor Statistics (2021). Local Area Unemployment Statistics (LAUS), Arizona Office of Employment. Note: The data for 2021 goes up to September 2021.

Unemployment claims provide temporary payments to individuals who are unemployed through no fault of their own and meet the other eligibility requirements. In order to receive these benefits, an individual

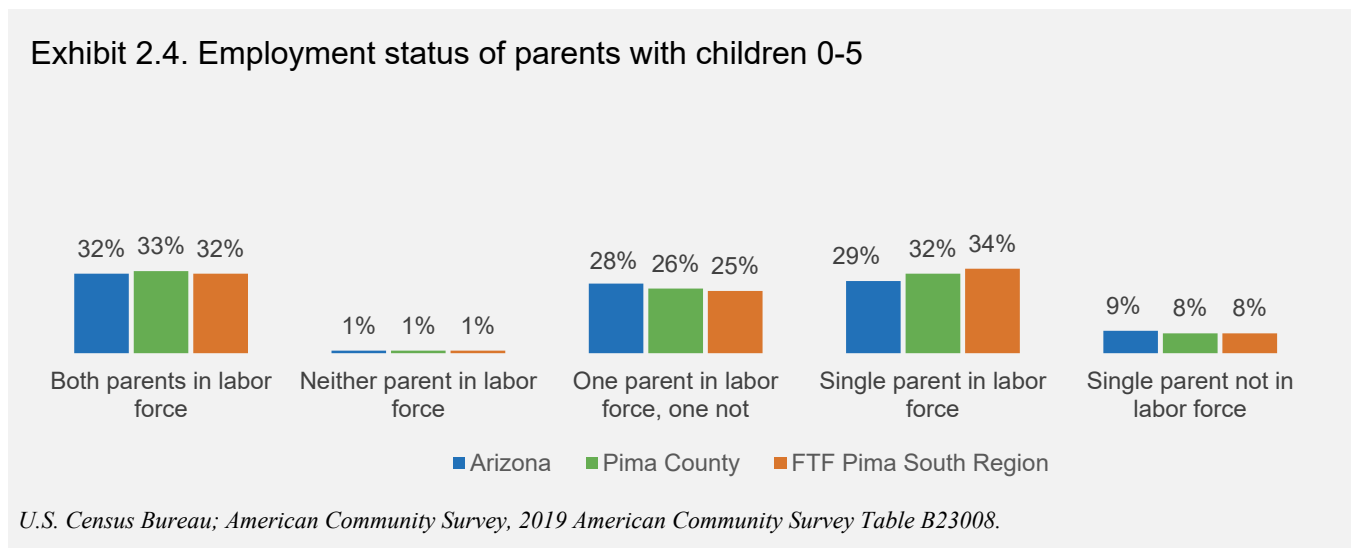
<sup>22</sup> Blustein, D., Paige, G. (2020) "Work and unemployment in the time of COVID-19: the existential experience of loss and fear." *Journal of Humanistic Psychology* 60.



that has lost their job completes and submits an application. With the onset of the COVID-19 pandemic in March 2020, the total number of unemployment claims increased in the Pima South Region. In April 2020, the number of total claims peaked at 6,909 and gradually started to decrease. By the end of 2020, the total claims were 621 (Exhibit 2.3).



In the FTF Pima South Region, a third of children under age six live in a household with both parents in the labor force (32%) or with a single parent in the labor force (34%) which is similar to the percentage for Pima County and Arizona (Exhibit 2.4).



Vail has the most children under age six with both parents in the labor force (58%). On the contrary, in Ajo, a third of children under age six live with a single parent who is not in the labor force (31%) (Exhibit 2.5). The overall percentage of adults who are in the labor force in the Pima South Region is

51%, which is lower than the proportion in Arizona (56%) and higher than Pima County (53%) (Exhibit 2.6).

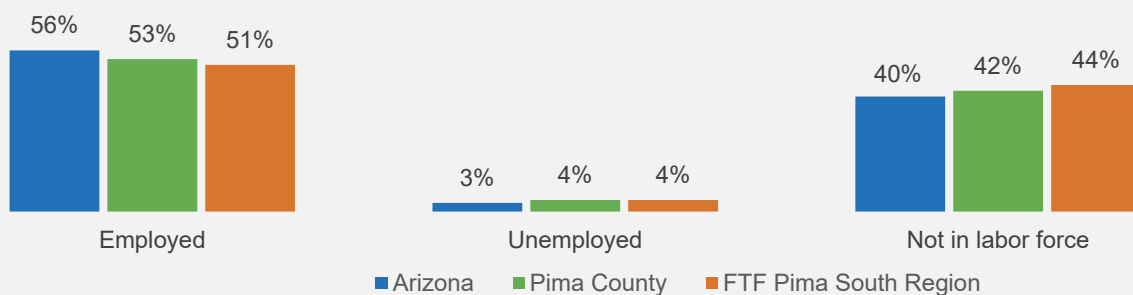
Exhibit 2.5. Employment status of parents with children 0-5

	Estimated number of children (ages 0-5) living with one or two parents	Children (ages 0-5) living with two parents who are both in the labor force	Children (ages 0-5) living with two parents, one in the labor force, and one not	Children (ages 0-5) living with two parents, neither in the labor force	Children (ages 0-5) living with a single parent who is in the labor force	Children (ages 0-5) living with a single parent who is not in the labor force
<b>Pima South Region</b>	<b>22,206</b>	<b>32%</b>	<b>25%</b>	<b>1%</b>	<b>34%</b>	<b>8%</b>
Ajo	130	12%	21%	0%	36%	31%
Amado	77	0%	0%	0%	100%	0%
Drexel Heights	5,543	26%	19%	1%	42%	13%
Rita Ranch	2,429	46%	30%	1%	16%	7%
Sahuarita	3,119	44%	33%	1%	19%	2%
Sunnyside	8,323	21%	23%	2%	45%	9%
Three Points	247	4%	22%	0%	66%	7%
Vail	2,337	58%	34%	1%	6%	2%
Pima County	66,199	33%	26%	1%	32%	8%
ARIZONA	494,590	32%	28%	1%	29%	9%

U.S. Census Bureau (2019). American Community Survey, 5-year estimates (2015-2019), Table B23008

Note: "In the labor force" includes persons who are employed and persons who are unemployed but looking for work. Persons who are "not in the labor force" include stay-at-home parents, students, retirees, and others who are not working or looking for work.

Exhibit 2.6. Employment status of adult population (ages 16 and older) who are employed, unemployed, or not in the labor force



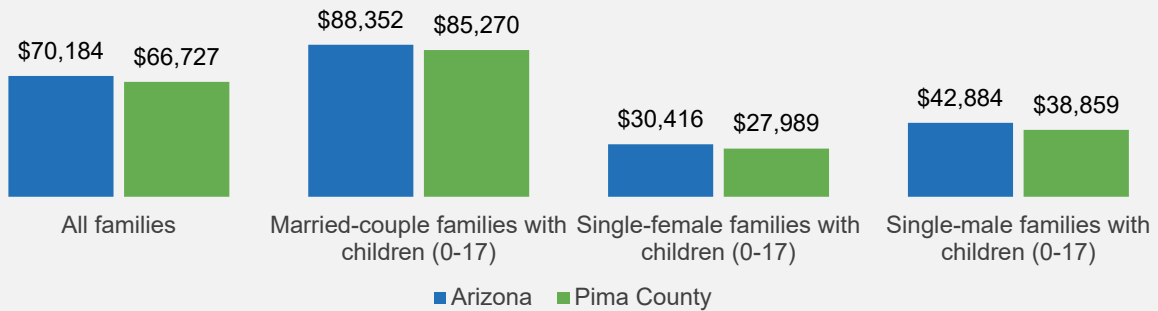
U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23025.

Note: The labor force includes all persons who are currently employed, including those on leave, furlough, or temporarily laid off.

### Median Income and Poverty

The median income of all families in Pima County is \$66,727, which is slightly less than the median income statewide. The median income for single-parent families is significantly less than for married-couple families (Exhibit 2.7).

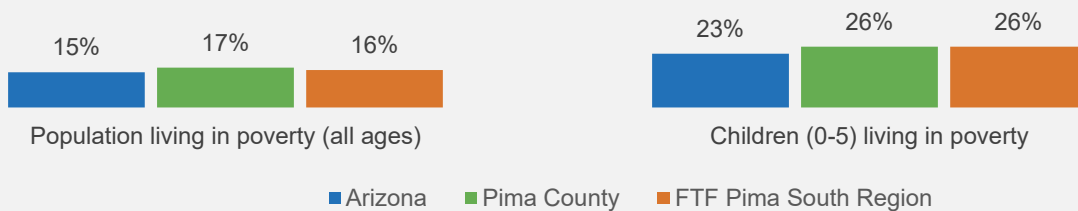
Exhibit 2.7. Median income for families



U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B19126

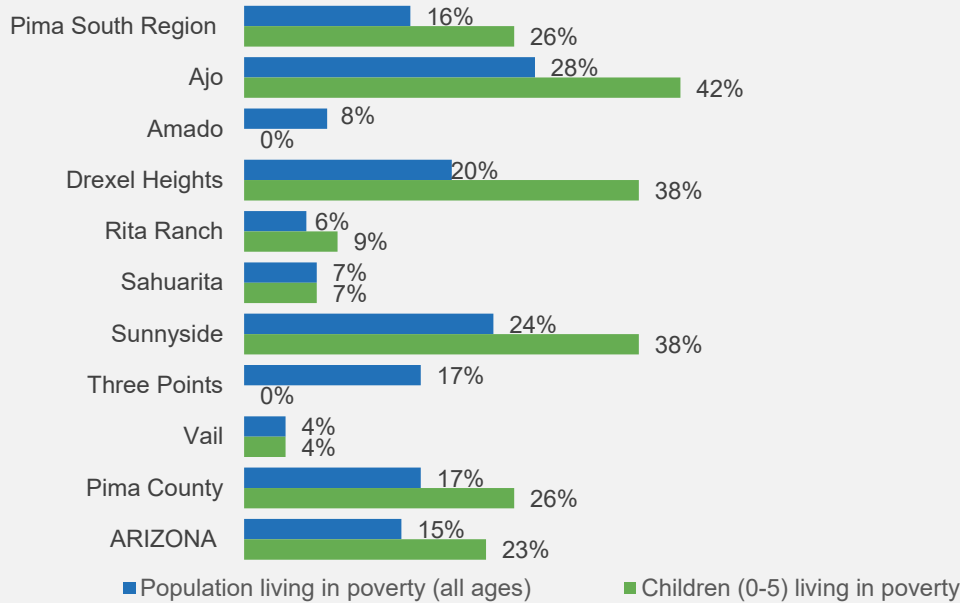
The large number of single-parent families combined with their low median income contributes to a sizable portion of the population in the FTF Pima South Region living in poverty. In the FTF Pima South Region, 16% of the population and 26% of children under age six are living in poverty (Exhibit 2.8). More children 0-5 in Ajo (42%), Drexel Heights (38%), and Sunnyside (38%) live in poverty compared to any other sub-region in Pima South (Exhibit 2.9).

Exhibit 2.8. Percentage of population living in poverty



U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.

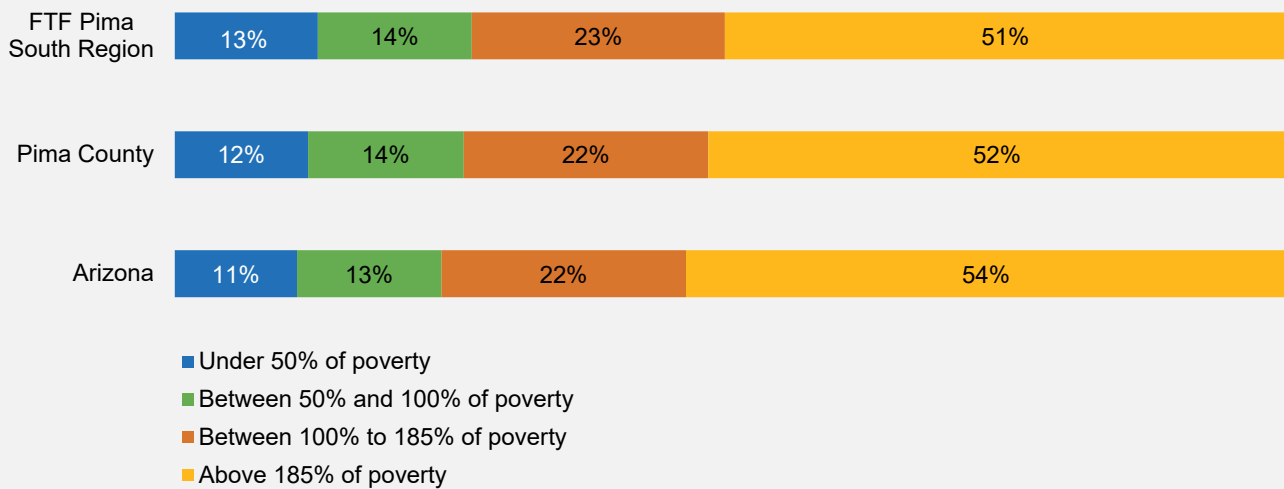
### Exhibit 2.9. Percentage of population living in poverty



U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001

Federal poverty levels (FPL) are used to determine eligibility for certain programs and benefits, including SNAP and Arizona Health Care Cost Containment System (AHCCCS). The federal poverty level changes every year and is based on family size. For example, currently, the FPL is \$26,500 for a family of four. A family of four that makes less than or equal to \$26,500 is considered to be in poverty. In the Pima South Region, 49% of families with children 0-5 live below 185% of the FPL (that is, they earned less than \$26,500 a year for a family of four), which is higher than the county at 48% and the state at 46% (Exhibit 2.10).

Exhibit 2.10. Families with young children (ages 0-5) living at various poverty thresholds



*U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Tables B17001 & B17022.*

The relative population and poverty of areas within the FTF Pima South Region are mapped in Exhibit 2.11. Zip codes with the highest poverty rates also have more grandparents raising their grandchildren (Exhibit 2.12)

Exhibit 2.11. Map of poverty in the FTF Pima South Region

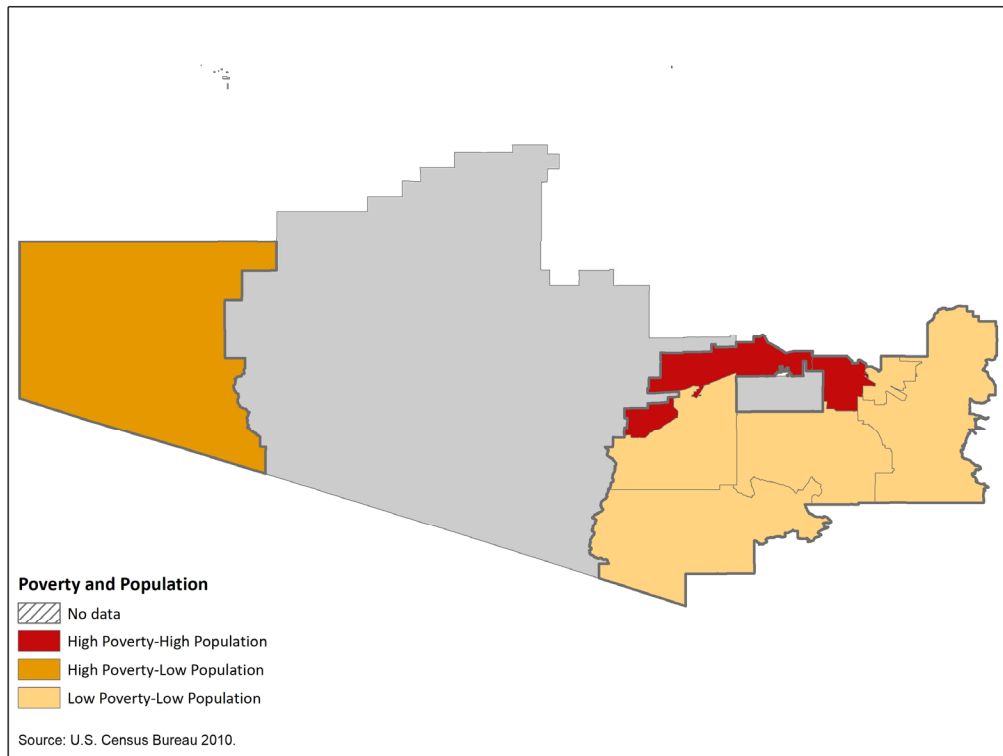
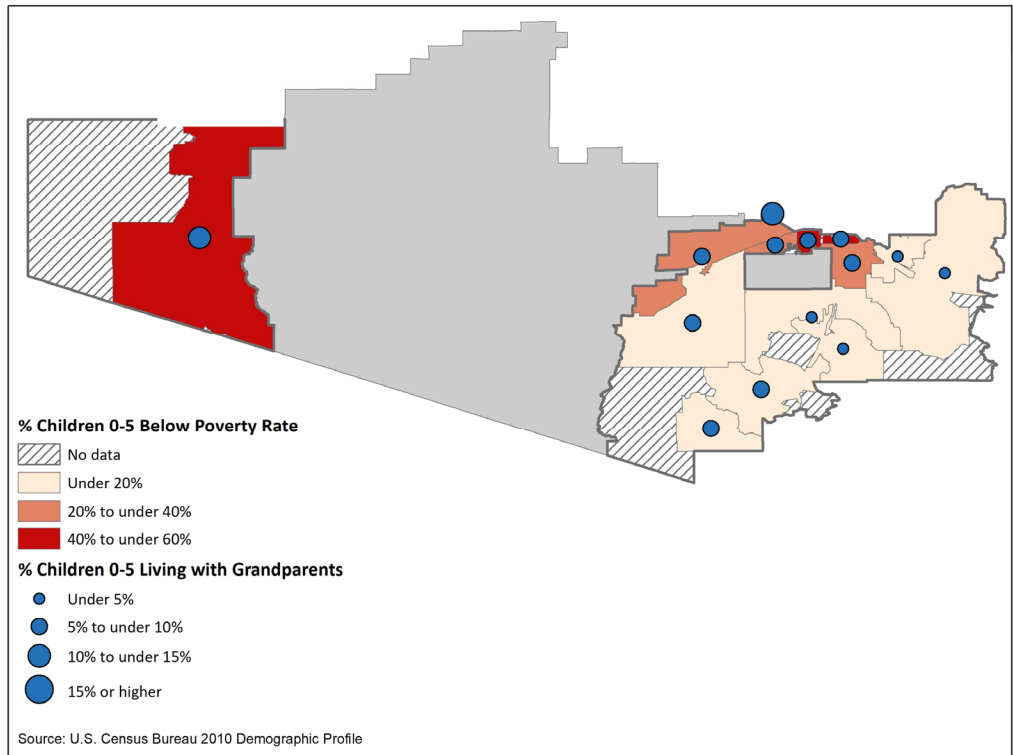


Exhibit 2.12. Map of children living with grandparents layered over poverty rates in the FTF Pima North Region



In Pima County, individuals who identify as white or Asian are the least likely to live in poverty. In contrast, people who identify as American Indian or Alaskan Native are most likely to live in poverty at both the county and state levels (Exhibit 2.13).

**Exhibit 2.13. Percentage of population below the federal poverty level by race/ethnicity**

	Arizona	Pima County
Black or African-American	20%	28%
American Indian or Alaskan Native	33%	35%
Asian	12%	17%
Native Hawaiian and Other Pacific Islander	16%	32%
Other Race	23%	25%
Two or More Races	17%	21%
White, not Hispanic	10%	11%
Hispanic or Latino	22%	22%

*U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B17001B, Table B17001C, Table B17001D, Table B17001E, Table B17001F, Table B17001H, Table B17001I; generated by Harder+Company; using American FactFinder; <<http://factfinder2.census.gov>>.*

Native Hawaiian and other Pacific Islander children under five years old are even more likely to live below the federal level. In Pima County, children under five years old who identify as Native Hawaiian and Other Pacific Islander, other race, American Indian or Alaskan Native, Black or African-American, or Hispanic or Latino have poverty rates over 30% (Exhibit 2.14). This trend is similar to the proportions in Arizona indicating that children of color experience high rates of poverty.

**Exhibit 2.14. Percentage of children under 5 years old below the federal poverty level by race/ethnicity\***

	Arizona	Pima County
Black or African-American	34%	45%
American Indian or Alaskan Native	44%	47%
Asian	11%	10%
Native Hawaiian and Other Pacific Islander	31%	74%
Other Race	53%	53%
Two or More Races	13%	16%
White, not Hispanic	12%	13%
Hispanic or Latino	31%	33%

*U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Tables B17001B, Table B17001C, Table B17001D, Table B17001E, Table B17001F, Table B17001H, Table B17001I.*

*\*Estimates for city and subregional breakdowns are not presented due to the limited sample size for these indicators*

## Housing

Residents of the Pima South Region have a similar housing cost burden to residents of the state as a whole: 27% of the region’s housing units require their residents to contribute more than 30% of their household income toward housing. Housing costs are somewhat more burdensome in some subregions. Over 30% of residents in Sunnyside require their residents to contribute more than 30% of their household income toward housing (Exhibit 2.15).



Exhibit 2.15. The cost of housing, relative to household income

	Number of occupied housing units	Occupied housing units which cost 30% of household income, or more
<b>Pima South Region</b>	96,245	27%
Ajo	1,363	30%
Amado	1,192	28%
Drexel Heights	23,970	30%
Rita Ranch	8,857	20%
Sahuarita	21,663	22%
Sunnyside	28,307	34%
Three Points	1,755	27%
Vail	9,139	21%
Pima County	404,739	31%
ARIZONA	2,571,268	30%

*U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B25106.*

Children that are homeless qualify for rights and services under the McKinney-Vento Act. The McKinney-Vento Act defines homeless children as “individuals who lack a fixed, regular, and adequate nighttime residence.”<sup>23</sup> In 2020, 99 children in kindergarten through third grade were homeless with the highest number of homeless children residing in the Tucson Unified School District (Exhibit 2.16).

---

<sup>23</sup> Arizona Department of Education. *Welcome to Homeless Education Program*. Retrieved from <https://www.azed.gov/homeless>

Exhibit 2.16. Number of homeless children in kindergarten through third grade, 2018 to 2020

	2018	2019	2020
<b>Pima South Region Schools</b>	<b>254</b>	<b>139</b>	<b>99</b>
Altar Valley Elementary District	21	12	<11
Sunnyside Unified District	123	65	41
Tucson Unified District	98	56	42
Pima County Schools	862	670	510
All Arizona Schools	4,565	3,676	3,191

Arizona Department of Education (2020). [homeless students]. Unpublished data.

Note: The school-district data in this table include only the schools that are located within the Pima South region.

In Pima South, almost three in four households (70%) have both a smartphone and computer which is similar to both the state and county. Ninety-one percent (91%) of residents in the Pima South Region live in households with a computer and internet. For households with children under 18 years old, 94% have a computer and internet in the region. Of the people living in households with a computer and internet, 70% have fixed broadband with a cellular data plan (Exhibits 2.17-2.20). During the nationwide closures of elementary and secondary schools due to the COVID-19 pandemic, more families had to rely on having multiple computers and reliable internet in their homes which caused the digital divide to become more apparent.<sup>24</sup> Households that were the most impacted by the digital divide included those in rural communities, living in poverty and people of color.<sup>25, 26</sup>

Exhibit 2.17. Households with and without computers and smartphones

	Total number of households	Percent with computer and no smartphone	Percent with smartphone but no computer	Percent with both smartphone and computer	Percent with neither smartphone nor computer
<b>Pima South Region</b>	<b>96,245</b>	<b>7%</b>	<b>16%</b>	<b>70%</b>	<b>7%</b>
County	404,739	7%	13%	72%	8%
Arizona	2,571,268	7%	12%	73%	8%

U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B25106.

Note: In this table, "computer" includes both desktops and laptops.

<sup>24</sup> Masonbrink, A., Hurley, E. (2020) "Advocating for children during the COVID-19 school closures." *Pediatrics* 146.3.

<sup>25</sup> Goldschmidt, K. (2020) "The COVID-19 pandemic: Technology use to support the wellbeing of children." *Journal of pediatric nursing* 53.

<sup>26</sup> Dorn, E., Hancock, B., Sarakatsannis, J, Viruleg, E. (2020) "COVID-19 and learning loss—disparities grow and students need help." *McKinsey & Company*.

Exhibit 2.18. Persons (all ages) in households with and without computers and internet connectivity

	Number of person (all ages) living in households	Percent in households with computer and internet	Percent in households with computer but no internet	Percent in households without computer
<b>Pima South Region</b>	<b>275,454</b>	<b>91%</b>	<b>5%</b>	<b>4%</b>
Pima County	996,875	89%	6%	5%
Arizona	6,892,175	87%	7%	6%

U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B28005.

Exhibit 2.19. Children (ages 0-17) in households with and without computers and internet connectivity

	Number of children (ages 0-17) living in households	Percent in households with computer and internet	Percent in households with computer but no internet	Percent in households without computer
<b>Pima South Region</b>	<b>74,300</b>	<b>94%</b>	<b>4%</b>	<b>2%</b>
County	216,164	92%	5%	2%
Arizona	1,632,019	88%	8%	4%

U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B28005.

Exhibit 2.20. Households with computer & internet by type (dial-up, broadband, satellite, other)

	People living in households with computer and internet (all ages)	Percent with fixed broadband and cellular data plan	Percent with fixed broadband without cellular data plan	Percent with cellular data plan without fixed broadband	Percent with dial-up internet only
<b>Pima South Region</b>	<b>250,465</b>	<b>70%</b>	<b>13%</b>	<b>17%</b>	<b>0%</b>
Pima County	889,998	71%	15%	14%	0%
Arizona	5,968,639	69%	18%	12%	0%

U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B2808.

# ECONOMIC CIRCUMSTANCES HIGHLIGHTS

Below are key findings that highlight the economic assets, needs, and data-driven considerations for the region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

<b>Assets</b>	<b>Considerations</b>
Almost all households in Pima South have computer and internet.	Consider engaging families using technology-based and online engagement tools.

<b>Needs</b>	<b>Considerations</b>
Pima South has slightly more children 0-5 living with a single parent in the labor force than the State.	Promote supports and resources that can help subsidize child care and other expenses for single parent households.
Median income for families is slightly lower in Pima County than in the State with a higher percent of the population living in poverty. Ajo, Drexel Heights, and Sunnyside have over 35% of children 0-5 living in poverty.	Consider encouraging stakeholders to target job training and employment programs to help increase employment and median incomes.
In Pima County, almost double the percent of Native Hawaiian and Other Pacific Islanders live below the federal poverty level compared to the State. This percentage gap is even larger for children under 5.	Ensure social service resources for the Native Hawaiian and Other Pacific Islander populations.



## EDUCATIONAL INDICATORS

# EDUCATIONAL INDICATORS

## Why it Matters

Early care and education helps children thrive in school. Research shows that children who participate in early care and education programs are more likely to perform better on educational indicators such as math and reading tests, attendance rates, and discipline referrals than children who do not.<sup>27, 28</sup>

Educational indicators that affect student outcomes and are likely related to participation in early care and education include, but are not limited to, school attendance, proficiency exams, grades, graduation and dropout rates, and educational attainment. For example, poor attendance in school affects student outcomes because it limits children from gaining knowledge and thriving in an academic setting.

Research indicates an association between high school dropout rates and poor attendance as early as kindergarten; on average, dropouts have missed 124 days of school by the time they reach 8<sup>th</sup> grade.<sup>29</sup> In addition, irregular attendance influences school budgets and could potentially lead to fewer funds for essential classroom needs.<sup>30</sup>

Notably, children's participation in quality early care and education can also yield lifelong benefits. Improved performance on standardized tests and lower drop out rates in turn increases children's likelihood of graduating from high school, earning higher monthly earnings, and owning a home. Research shows that high-quality early care and education programs can reduce disparities in college graduation, educational attainment, and wages.<sup>31</sup> Research has also shown that students dropping out of high school have an increased likelihood of earning less than high school graduates, being unemployed, receiving public assistance, and a higher chance of being incarcerated, therefore likely to confront more barriers while raising a family.<sup>32</sup> Essentially, a child's enrollment in early learning provides short-term and long-term benefits that will contribute to the child successfully transitioning into and prospering in adulthood.

---

<sup>27</sup> Bakken, L., Brown, N., Downing, B. (2017) *Early Childhood Education: The Long-Term Benefits*. *Journal of Research in Childhood Education*. Volume 31. Issue 2. Retrieved from <https://doi.org/10.1080/02568543.2016.1273285>

<sup>28</sup> Campbell, F., Pungello, E., Kainz, K., Burchinal, M., Pan, Y., Wasik, B., Barbarin, O., Sparling, J., Ramey, C., (2012) *Adult outcomes as a function of an early childhood educational program: an abecedarian project follow-up*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3989926/>

<sup>29</sup> GreatSchools staff. *Why attendance matters*. (2011). Retrieved from <http://www.greatschools.org/gk/articles/school-attendance-issues/>

<sup>30</sup> National Center for Education Statistics (2009). *Every school day counts: The forum guide to collecting and using attendance data*. Retrieved from <https://nces.ed.gov/pubs2009/attendancedata/chapter1a.asp>

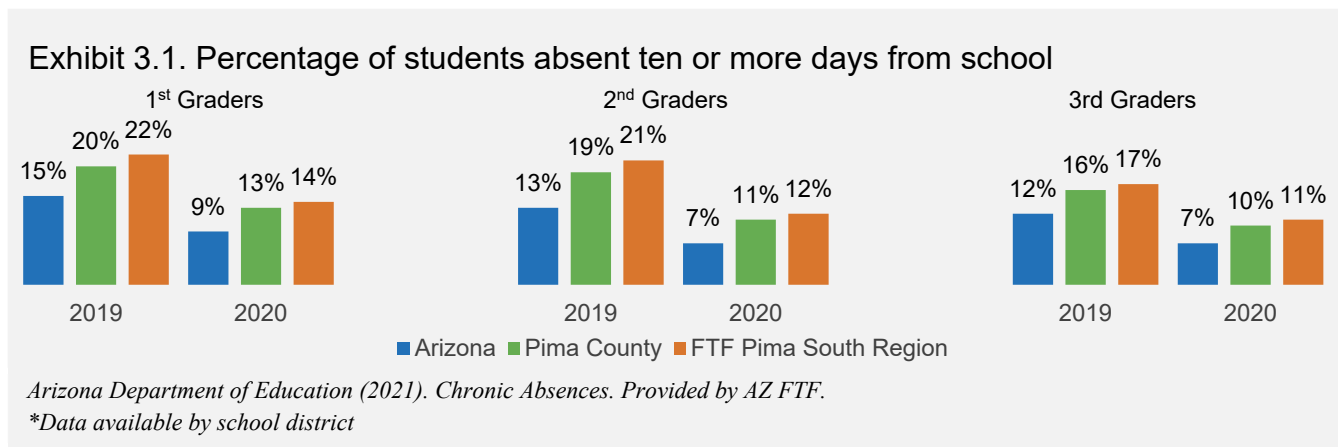
<sup>31</sup> Bustamante, A., Dearing, E., Zachrisson, H., Vandell, D. (2021) *Adult outcomes of sustained high-quality early child care and education: Do they vary by family income?* Retrieved from <https://doi.org/10.1111/cdev.13696>

<sup>32</sup> Christle, C., Jolivet, K., Nelson, M. (2007). *School characteristics related to high school dropout rates*. *Journal of Remedial and Special Education*, 28, 15. Retrieved from [www.eric.ed.gov/ERICWebPortal/recordDetail?accno=EJ785964](http://www.eric.ed.gov/ERICWebPortal/recordDetail?accno=EJ785964)

## What the Data Tell Us

### Student Attendance

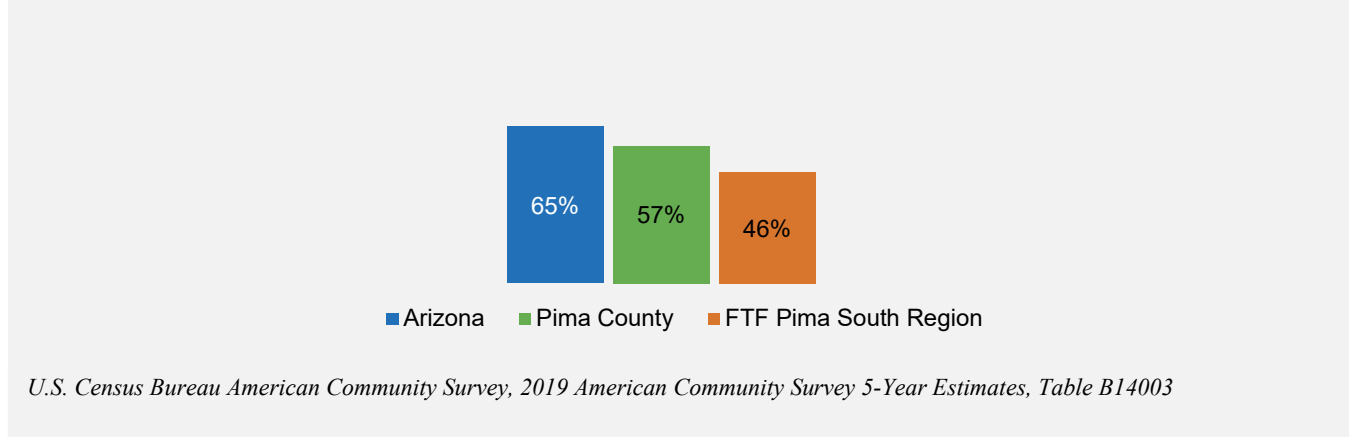
Between 2019 and 2020, across 1<sup>st</sup> through 3<sup>rd</sup> grades, the state, Pima County, and the FTF Pima South Region experienced a decrease in the percentage of students missing ten or more days of school (Exhibit 3.1). The higher the grade level, the lower the rate of absences. There are many potential explanations for such findings, including that younger children may get sick more frequently than older children, parents may be more willing to let their children miss school in earlier years, or that the perception of the value of education changes as children grow. As for the percentage change from 2019 to 2020, it is possible that it was easier for students to attend virtual learning than attending in-person learning.



### Early Achievement

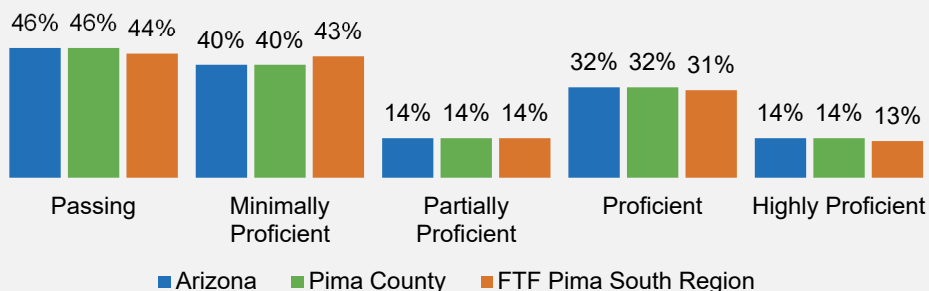
Almost 50% of preschool-aged children in the FTF Pima South Region (46%) are enrolled in private or public school (i.e., nursery school, preschool, or kindergarten), which is lower than Arizona (65%) and Pima County (57%, Exhibit 3.2).

**Exhibit 3.2. Percent of children ages 3-4 enrolled in nursery school, preschool, or kindergarten**



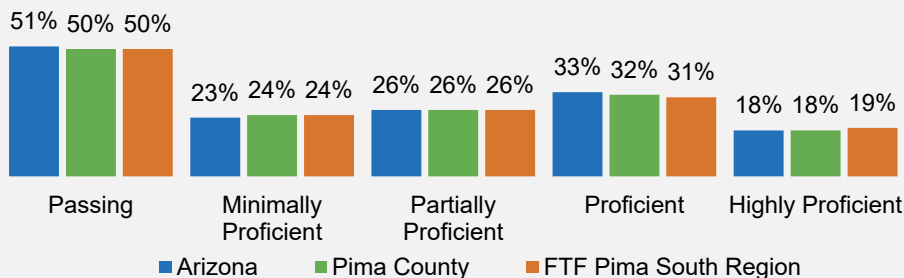
Research shows that preschool attendance has an effect on future academic performance, specifically English and math scores.<sup>33</sup> The English Language Arts (ELA) assessment results of the AzMERIT showed that 44% of all third graders in the FTF Pima South Region scored “proficient” or “highly proficient”, which is comparable to both Pima County and Arizona (Exhibit 3.3). Slightly more third graders scored “proficient” or highly proficient” on the math assessment test in the FTF Pima South Region (50%), which is again comparable to both Pima County and the State (Exhibit 3.4). Although math assessment results are slightly higher than the ELA assessment results, more than half of all third graders are not meeting the proficiency standard for the two subjects.

Exhibit 3.3. 2019 AzMERIT English Language Arts assessment results for 3rd grade students



Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.

Exhibit 3.4. 2019 AzMERIT Math assessment results for 3<sup>rd</sup> grade students



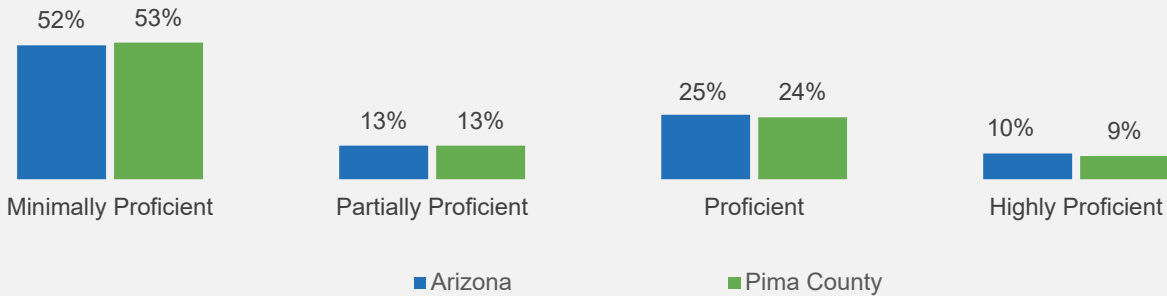
Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.

<sup>33</sup> Andrews, R., Jargowsky, P., Kuhne, K. (2012). The effects of Texas’s targeted pre-kindergarten program on academic performance (No. w18598). National Bureau of Economic Research.



For the 2020-21 school year, the AZMERIT changed the name to AzM2.<sup>34</sup> For the third grade assessment, the content areas and design were similar to the AZMERIT. In the 2021 school year, fewer students participated in the state assessments (88% to 90% of students) so it is impossible to know how the students that did not participate would perform. The ELA assessment results of the AzM2 demonstrated that about 33% of all third graders in Pima County scored “proficient” or “highly proficient”, which is about two percentage points lower than Arizona (Exhibit 3.5).<sup>35</sup> An equal percentage, 33%, of third graders scored “proficient” or highly proficient” on the math assessment test in Pima County, three percentage points lower than the statewide results (Exhibit 3.6). The COVID-19 pandemic-related school disruptions were most likely a key reason for the decrease in statewide assessments from 2019. There were numerous learning disruptions from the pandemic that may have impacted students’ learning, such as technology access, online learning fatigue, losing family members, caregivers losing jobs, social isolation, and mental health.<sup>36</sup>

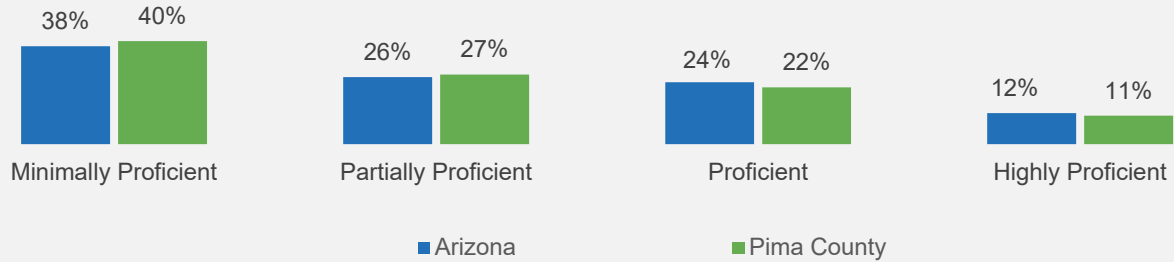
Exhibit 3.5. 2021 AzM2 English Language Arts assessment results for third grade students



Arizona Department of Education (2021). AzMERIT Reports. Provided by AZ FTF.

<sup>34</sup> No statewide assessments were given in the 2019-2020 school year.  
<sup>35</sup> 2020-21 data was not available at the regional level.  
<sup>36</sup> Dorn, E., Hancock, B., Sarakatsannis, J., Viruleg, E. (2021) McKinsey & Company. COVID-19 and education: The lingering effects of unfinished learning. Retrieved from: <https://www.mckinsey.com/industries/public-and-social-sector/our-insights/covid-19-and-education-the-lingering-effects-of-unfinished-learning>

Exhibit 3.6. 2021 AzM2 Math assessment results for third grade students

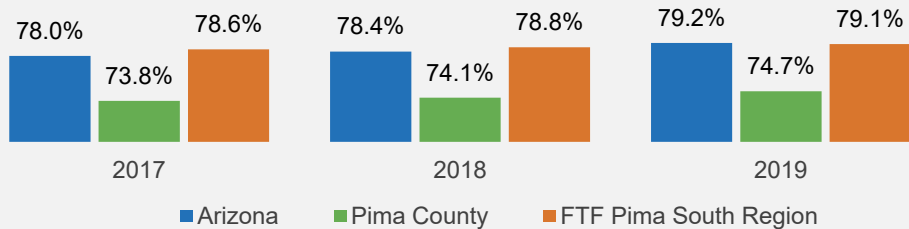


Arizona Department of Education (2021). AzMERIT Reports. Provided by AZ FTF.

### High School Graduation & Dropout Rates

Between 2017 and 2019, high school graduation rates remained steady for the FTF Pima South Region, Pima County, and Arizona. In 2019, 79% of students graduated within four-years in the region which is similar to both the county and state levels (Exhibits 3.7). From 2019-2020, the rate of students dropping out of high school in the Pima South Region dropped from 3.0 to 2.0 (Exhibit 3.9).

Exhibit 3.7. 2017-2019 High school graduation rates: 4-year cohort

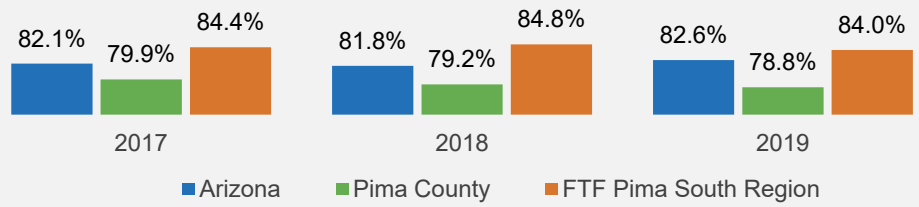


Arizona Department of Education (2021). Graduation Rate 2018 Cycle. Provided by AZ FTF.

\*Data available by breakdown city, school district, school, and zip code

\*\*The four-year graduation rate counts a student who graduates with a regular high school diploma in four years or less as a high school graduate in his or her original cohort

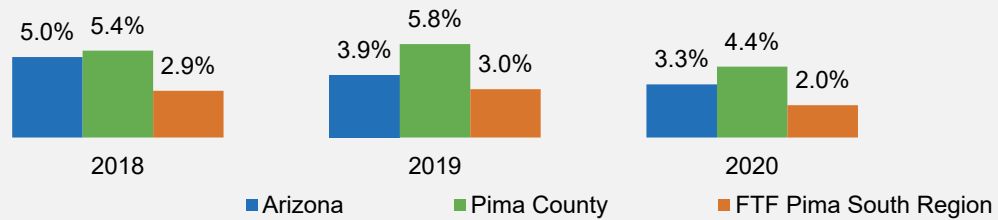
Exhibit 3.8. 2017-2019 High school graduation rates: 5-year cohort



Arizona Department of Education (2021). Graduation Rate 2018 Cycle. Provided by AZ FTF.

\*Data available by breakdown city, school district, school, and zip code

Exhibit 3.9. 2018-2020 High school dropout rates

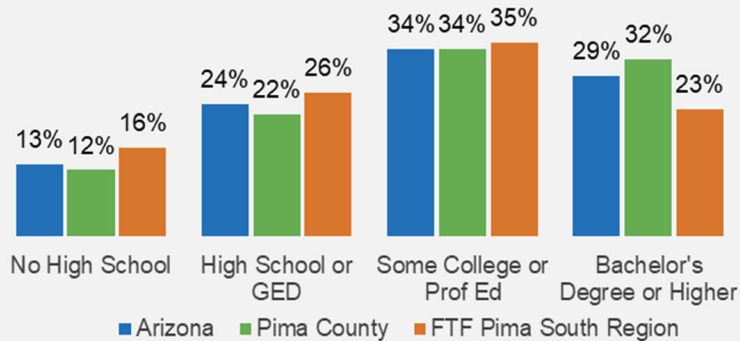


Arizona Department of Education (2021). Graduation Rate 2018 Cycle. Provided by AZ FTF.

### Educational Attainment

In the FTF Pima South Region, 84% of adults ages 25 and older have completed at least a high school education, which is a higher percentage than the County and State (Exhibit 3.10). In 2019, approximately 15% of infants were born to mothers who did not complete a high school education (Exhibit 3.11). Those with higher levels of education typically earn more and have lower rates of unemployment compared to those with lower education.<sup>37</sup>

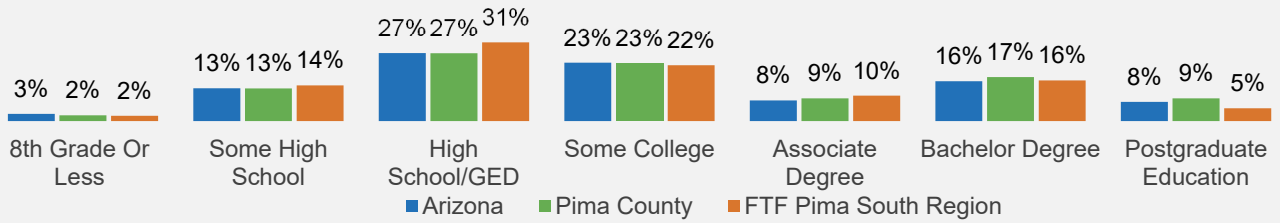
Exhibit 3.10. 2015-2019 Educational attainment of adults 25 and older



U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B15002

<sup>37</sup> Torpey, E. (2021) U.S. Bureau of Labor Statistics. Education pays, 2020. Retrieved from <https://www.bls.gov/careeroutlook/2021/data-on-display/education-pays.htm>

Exhibit 3.11. 2019 Percentage of live births by mother's educational attainment



Arizona Department of Health Services (2021). Vital Statistics. Provided by AZ FTF.

# EDUCATIONAL INDICATORS HIGHLIGHTS

Below are key findings that highlight the educational assets, needs, and data-driven considerations for the region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

<b>Assets</b>	<b>Considerations</b>
The high school graduation rates of adults in the region are higher than the County and State.	Increase awareness for parents to support each other and share knowledge and attitudes around the importance of education.

<b>Needs</b>	<b>Considerations</b>
AzMERIT reports show that more than half of third graders are not meeting proficiency standards for English Language Arts and Math.	Increase parent outreach and awareness of early education programs to support learning and school readiness from an early age.



## EARLY LEARNING

# EARLY LEARNING

## Why it Matters

Early learning fosters children's development and well-being at a critical time in their lives. Early learning is supported by early care and education (ECE), a constellation of all formal and informal educational programs and strategies designed to contribute to the growth and development of children from birth through age five.<sup>38</sup> Research suggests that the first five years of life are considered to be the most crucial stage in children's development, as they undergo the most rapid phase of growth during that period.<sup>39</sup> Research also shows that when children participate in high-quality learning environments, they learn and develop important skills and abilities such as motivation, self-control, focus and self-esteem. These skills prepare them for educational achievement later in life and reduce the need for special education programs.<sup>40</sup> In addition, research shows that investments in ECE have long-term health effects, helping to prevent disease and promote health.<sup>41-42</sup> For disadvantaged families, early childhood programs have benefits on health, future wages, crime reduction, and education.<sup>43</sup> Children who participate in early care and education programs are better prepared for kindergarten, have greater success in elementary school, and are more likely to graduate from high school and prosper well into adulthood.<sup>44, 45</sup>

Key indicators of early learning that help identify the needs of children include, but are not limited to, the availability of ECE centers and homes; enrollment in ECE programs; compensation and retention of ECE professionals; costs of child care and availability of child care subsidies or scholarships; and capacity to serve children with special needs.

---

<sup>38</sup> University of Massachusetts Global (2021) *What is the purpose of early childhood education? Why it's so important*. Retrieved from: <https://www.umassglobal.edu/news-and-events/blog/what-is-purpose-of-early-childhood-education>

<sup>39</sup> Teach.com powered by 2U (n.d.). *Early Childhood Education*. Retrieved from <https://teach.com/where/levels-of-schooling/early-childhood-education/>

<sup>40</sup> McCoy, C., Yoshikawa, H., Ziol-Guest, K. (2017) *Impacts of early childhood education on medium- and long-term educational outcomes*. Retrieved from <https://journals.sagepub.com/doi/abs/10.3102/0013189X17737739>

<sup>41</sup> Garcia, J., Heckman, J., Ziff, A. (2019) *Early Childhood education and crime*. Retrieved from <https://doi.org/10.1002/imhj.21759>

<sup>42</sup> 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.

<sup>43</sup> Garcia, J., Heckman, J., Leaf, D., Prados, M. (2016) *The life-cycle benefits of an influential early childhood program*. *National Bureau of Economic Research*. Retrieved from <https://www.nber.org/papers/w22993>

<sup>44</sup> Reynolds, A., Temple, J., Ou, S., Robertson, D., Mersky, J., Topitzes, J., Niles, M. (2007). *Effects of a school-based, early childhood intervention on adult health and well-being: A 19-year follow-up of low-income families*. *Archives of Pediatrics & Adolescent Medicine*, 161(8), 730-739.

<sup>45</sup> Weiland, C., & Yoshikawa, H. (2013). *Impacts of a prekindergarten program on children's mathematics, language, literacy, executive function, and emotional skills*. *Child Development*, 84(6), 2112-2130.

## What the Data Tells Us

### Early Care and Education

There are 292 ECE centers and homes with a capacity of 14,501 children in the FTF Pima South Region (Exhibit 4.1). Although the total licensed capacity may be high, the actual facility may not choose to enroll the total number of children they are licensed to serve. The number of children served mainly depends on the center’s ability to meet the adult to child ratio, which varies by child’s age and must comply with licensing requirements. The licensed ECE locations in the region are mapped in Exhibit 4.2.

Exhibit 4.1. Childcare capacity

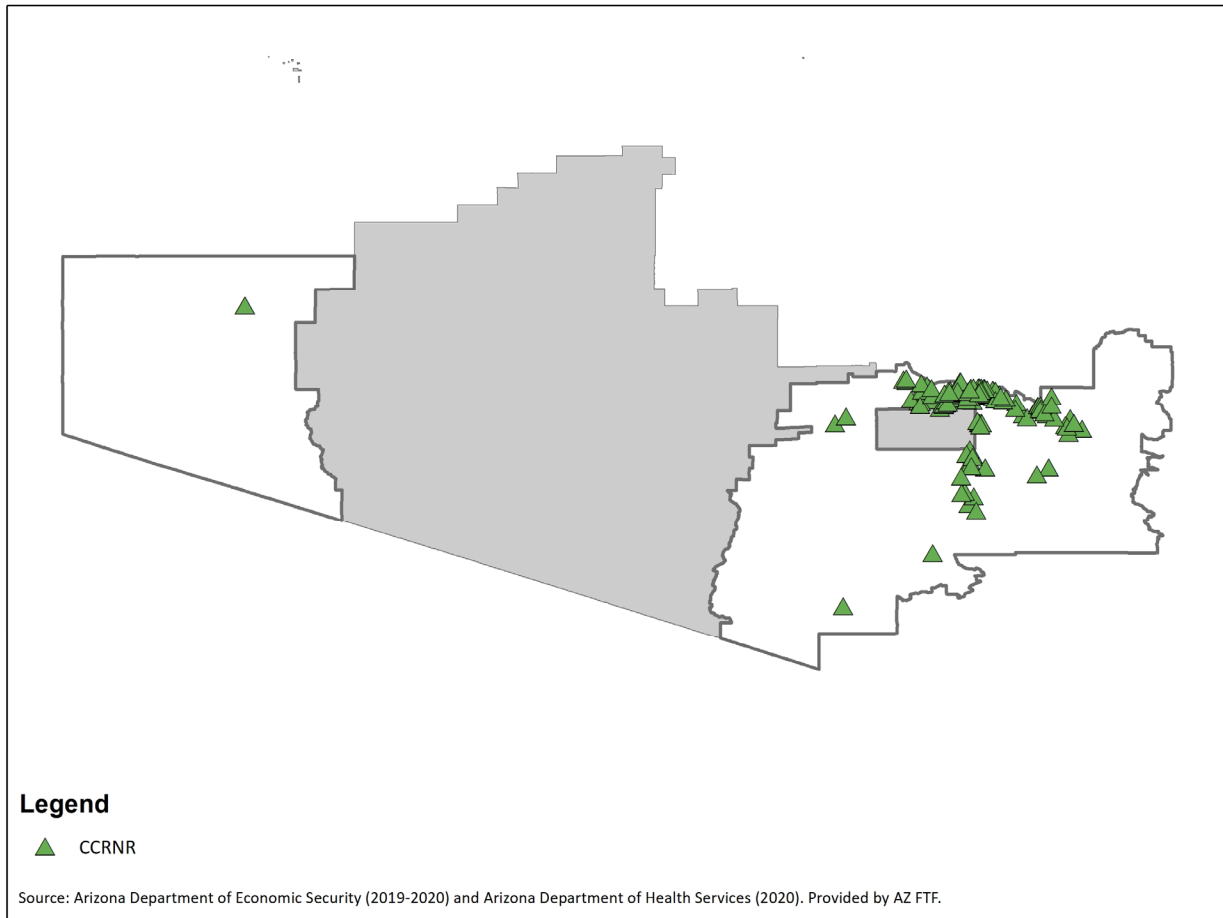
	Number of ECE facilities	Capacity
<b>Pima South Region</b>	<b>292</b>	<b>14,501</b>
Ajo	4	82
Amado	4	108
Drexel Heights	85	2,694
Rita Ranch	27	2,306
Sahuarita	29	2,132
Sunnyside	126	5,701
Vail	17	1,478
Pima County	978	69,372
ARIZONA	4,307	395,787

*\*Data not available for the sub-region.*

*Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.*



## Exhibit 4.2. Child care locations in the Pima South Region



As previously mentioned, 46% of children between the ages of three and four are enrolled in ECE programs in the FTF Pima South Region (Exhibit 3.2). This is much lower than what is presumably needed to meet the demand for child care since 66% of children live in a household where all adults are employed (Exhibit 2.4). Parents who do not have access to stable child care may find themselves missing work to care for their children. In addition, research has consistently demonstrated that lack of access to child care has negative effects on families and decreases parents' chances of sustaining employment.<sup>46</sup>

---

<sup>46</sup> Greenberg, M. (2007). *Next steps for federal child care policy. The Next Generation of Antipoverty Policies*, 17, 2. Retrieved from <http://www.futureofchildren.org/publications/journals/article/index.xml?journalid=33&articleid=67&sectionid=353>

## Quality of Early Care and Education

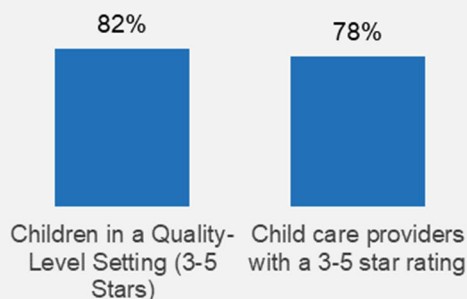
Quality First is a signature program of FTF that is designed to improve the quality of early learning for children birth to age five. Quality First partners with ECE providers across Arizona to provide coaching and funding that is meant to improve the quality of their services. Quality First implemented a statewide standard of quality for ECE programs along with associated star ratings. The star ratings allow parents to easily take quality into consideration when deciding on care providers. The star ratings range from one to five indicating the level of quality and attainment of quality standards.<sup>47</sup> In the FTF Pima South Region, a total of 67 child care providers participated in Quality First, 78% of which were quality-level settings (public 3-5 stars), and 2,887 children were enrolled at a Quality First provider site in the Region. Of all children enrolled at a Quality First provider site in the region, 82% were enrolled at a quality-level setting (public 3-5 stars) (Exhibit 4.3). In 2020, 279 children received Quality First scholarships (not shown).

	Highest Quality	Far exceeds quality standards
	Quality Plus	Exceeds quality standards
	Quality	Meets quality standards
	Progressing Star	Approaching quality standards
	Rising Star	Committed to quality improvement
	No Rating	Program is enrolled in Quality First but does not yet have a public rating

---

<sup>47</sup> *Arizona First Things First (October 2021). Quality First. Retrieved from: <https://www.firstthingsfirst.org/resources/quality-first/>*

Exhibit 4.3. Percentage of 3 to 5 star ratings at Quality First centers in Pima South Region



Arizona First Things First (July 2020). Quality First. Data retrieved July 2021.

There is a total of 70 Quality First sites across the Pima South Region (Exhibit 4.4). Overall, many sites (n=35) have at least a 3-star rating, which is given to programs that “meet quality standards.” Moreover, three of the sites have a 5-star rating indicating that they are “committed to quality improvement,” the highest star rating.

Exhibit 4.4. Numbers and capacities of Quality First sites, 2020, by star rating

	Number and capacity of 1-star QF sites		Number and capacity of 2-star QF sites		Number and capacity of 3-star QF sites		Number and capacity of 4-star QF sites		Number and capacity of 5-star QF sites		Number and capacity of QF sites not publicly rated		Total number and total capacity of all QF sites	
Pima South Region	0	0	8	446	27	1,540	19	735	3	22	13	286	70	3,029
Pima County	0	0	32	1,718	79	4,200	42	2,297	16	961	29	1,083	198	10,259
ARIZONA	0	0	161	10,800	360	21,393	296	17,229	85	3,659	173	8,812	1,075	61,893

Arizona First Things First (July 2020). Quality First. Data retrieved July 2021.

### Costs of Child Care & Access

In addition to supporting improvements in the quality of child care, FTF provides scholarships for low income children to attend quality ECE programs. Previous research has shown that low-income mothers receiving child care subsidies, a form of financial assistance, are more likely than other low-income mothers to work, sustain employment, and work longer hours. Further, the negative effects of not accessing child care include the possibility of incurring financial debt, choosing child care that is lower quality and less stable, and losing time from work.

Across the state, Pima County and the Pima South Region, licensed centers have the highest cost per day, certified group homes have the second highest cost per day, and approved family homes have the lowest cost per day (Exhibit 4.5). The median cost per day of licensed centers and certified group homes in the Pima South Region are very similar to those across the county and state. High child care prices

likely place a financial strain on families who already report barely making ends meet and having difficulty affording housing and food.

The median cost for one infant in the Pima South Region totals \$32 a day for licensed centers and approximately \$30 a day for approved family homes and certified group homes. Compared to the median income of two-parent families in Pima County with children under 18 (Exhibit 2.7), licensed centers comprise approximately 13%-16% and approved family homes and certified group homes comprise about nine to eleven percent of the regional median income.

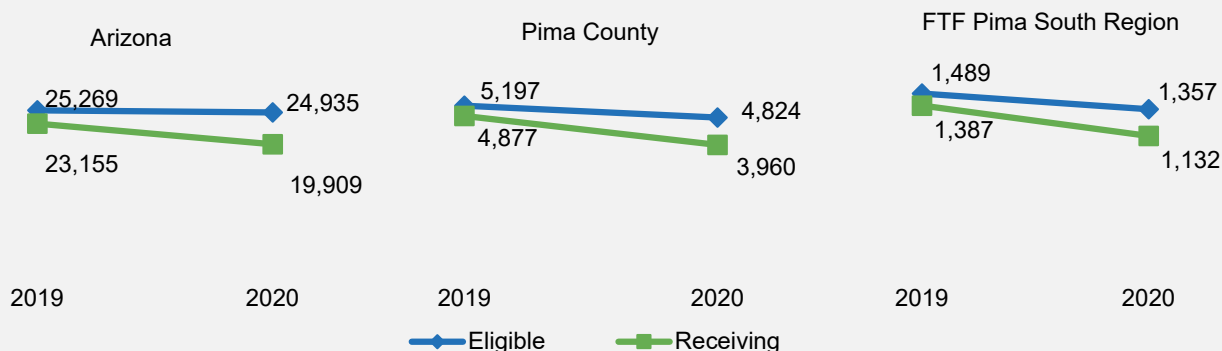
Exhibit 4.5. 2018 Median cost per day of early childhood care

	Arizona	Pima County	Pima South Region
Cost for one infant Licensed Centers	\$43.03	\$43.03	\$32.00
Cost for one infant Approved Family Homes	\$20.00	\$25.00	\$25.00
Cost for one infant Certified Group Homes	\$30.00	\$30.00	\$28.00
Cost for one child (1-2) Licensed Centers	\$38.00	\$38.25	\$30.50
Cost for one child (1-2) Approved Family Homes	\$20.00	\$25.00	\$25.00
Cost for one child (1-2) Certified Group Homes	\$28.00	\$28.00	\$28.00
Cost for one child (3-5) Licensed Centers	\$33.00	\$33.47	\$34.00
Cost for one child (3-5) Approved Family Homes	\$20.00	\$25.00	\$25.00
Cost for one child (3-5) Certified Group	\$28.00	\$28.00	\$27.50

*Arizona Department of Economic Security (2018). Child Care Market Rate Survey. Provided by AZ FTF.*

From 2019-2020, Arizona, Pima County and the FTF Pima South Region all experienced a slight decrease in the number of children eligible for child care subsidies (Exhibit 4.6). During the same time period, the state, Pima County, and the FTF Pima South Region experienced a decrease in the percentage of eligible children receiving child care subsidies. For example, in the Pima South Region in 2019, 93% of children that were eligible for child care subsidies received subsidies compared to 84% of children in 2020.

Exhibit 4.6. 2019-2020 Number of children eligible and receiving child care subsidies

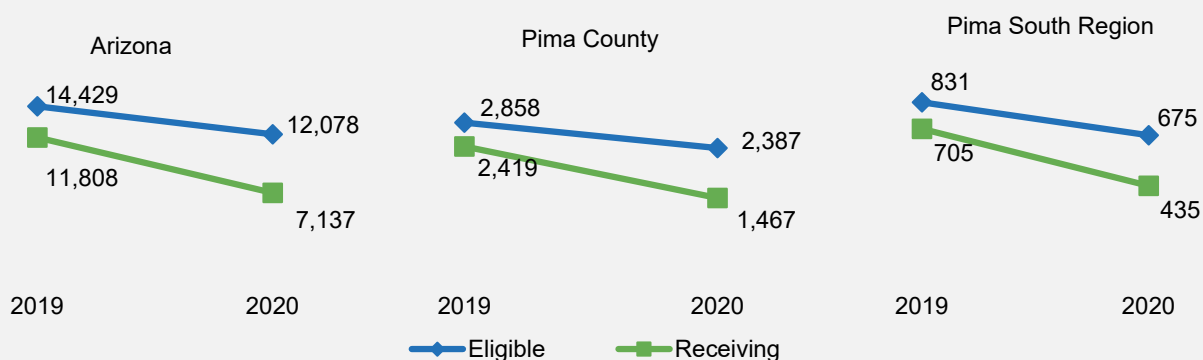


Arizona Department of Economic Security (2020). Child Care (CCA) Subsidies. Provided by AZ FTF.

Department of Child Safety (DCS)-involved children had similar trends as there was a decrease in the number of children eligible and receiving child care subsidies across the state, county and region (Exhibit 4.7). In 2019, in the Pima South Region, 85% of DCS-involved children that were eligible for child care subsidies received subsidies compared to 64% of children in 2020.

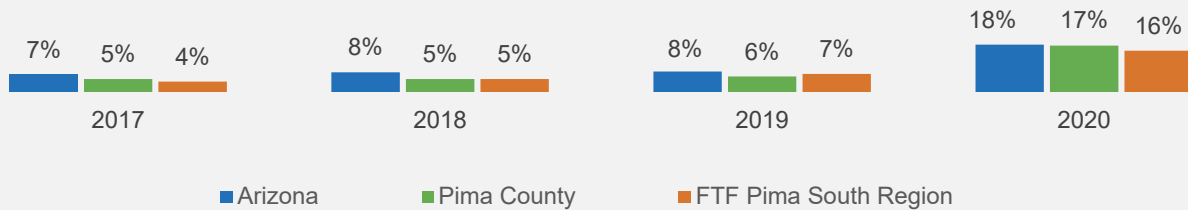
The proportion of eligible families not using child care subsidies remained steady between 2017 to 2019, but increased in 2020 across the state, county and region. In 2020, 16% of families in the Pima South Region did not use their child care subsidies compared to four percent of families in 2017 (Exhibit 4.8).

Exhibit 4.7. 2019-2020 Number of DCS-involved children eligible and receiving child care subsidies



Arizona Department of Economic Security (2020). Child Care (CCA) Subsidies. Provided by AZ FTF.

Exhibit 4.8. 2017-2020 Percent of eligible families not using DES child care subsidies



Arizona Department of Economic Security (2020). *Child Care (CCA) Subsidies*. Provided by AZ FTF.

### Developmental Delays and Special Needs

Advances in teaching young children with special needs reflect significant changes in public policy and professional philosophy across the nation. There are diverse perspectives on how to effectively teach young children with developmental delays and special needs.<sup>48</sup> The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 6.5 million eligible infants, toddlers, children, and youth with disabilities. Infants and toddlers with disabilities (ages zero to two) and their families receive early intervention services under IDEA Part C. Children and youth (ages three to 21) receive special education and related services under IDEA Part B.<sup>49</sup>

Arizona Early Intervention Program (AZEIP) is a statewide system that offers services and assistance to families and their children with disabilities or developmental delays under the age of three. The purpose of the program is to intervene at an early stage to help children develop to their highest potential.<sup>50</sup> Research shows that children and youth with mild intellectual disabilities are behind in academic skills compared to their peers.<sup>51</sup> Without proper intervention, this can lead to delays in learning to read and perform basic math and to further difficulties in other academic areas that require use of those skills. A child is eligible for AZEIP if he/she is between birth and 36 months of age and is developmentally delayed or has an established condition that has a high probability of resulting in a developmental delay,

<sup>48</sup> Dyson, A. (2001). *Special needs education as the way to equity: an alternative approach?* *Support for Learning*, 16, 3.

<sup>49</sup> US Department of Education: Office of Special Education and Rehabilitative Services. Retrieved from <https://www2.ed.gov/about/offices/list/osers/osep/osep-idea.html>

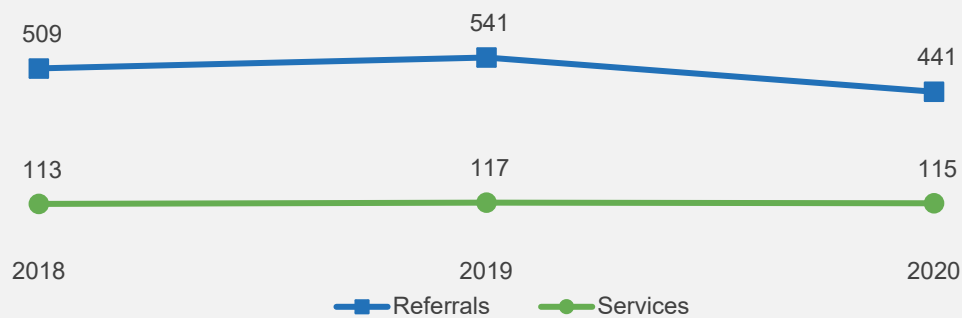
<sup>50</sup> Arizona Department of Economic Security (n.d.). *Arizona Early Intervention Program*. Retrieved from: <https://des.az.gov/services/disabilities/developmental-infant>

<sup>51</sup> Rosenberg, L., Bart, O., Ratzon, N., Jarus, T. (2013) *Personal and Environmental Factors predict participation of children with and without mild developmental disabilities*. Retrieved from: <https://link.springer.com/article/10.1007/s10826-012-9619-8>

as defined by the State.<sup>52</sup> A child is considered to be developmentally delayed when s/he has not reached 50% of the milestones expected at her/his chronological age in one or more of the areas of development: cognitive, physical, communication, social or emotional, or adaptive.

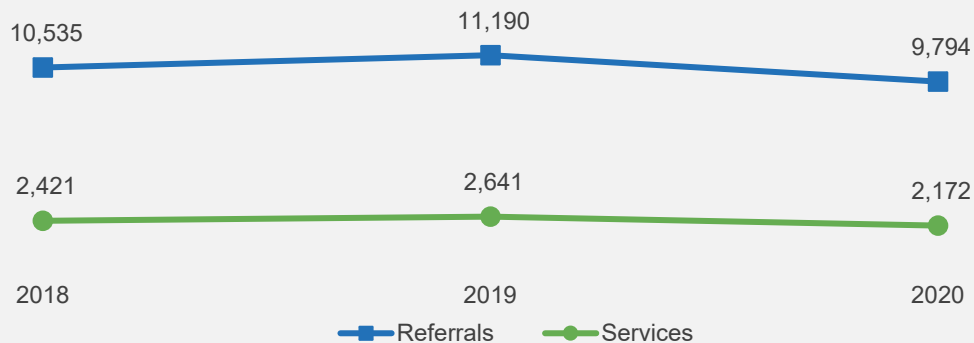
From 2018-2020, Pima South Region and Arizona experienced a decrease in the number of children receiving AzEIP referrals (Exhibit 4.9). Compared to 2019, the number of children receiving referrals in the Pima South Region in 2020 decreased by 100 children. In the Pima South Region, of those who received referrals to AzEIP, about 20% received services.

Exhibit 4.9. 2018-2020 Children receiving AzEIP referrals and services in Pima South Region



Arizona Department of Economic Security (2021). AzEIP Referred and Served Children. Provided by AZ FTF.

Exhibit 4.10. 2018-2020 Children receiving AzEIP referrals and services in Arizona



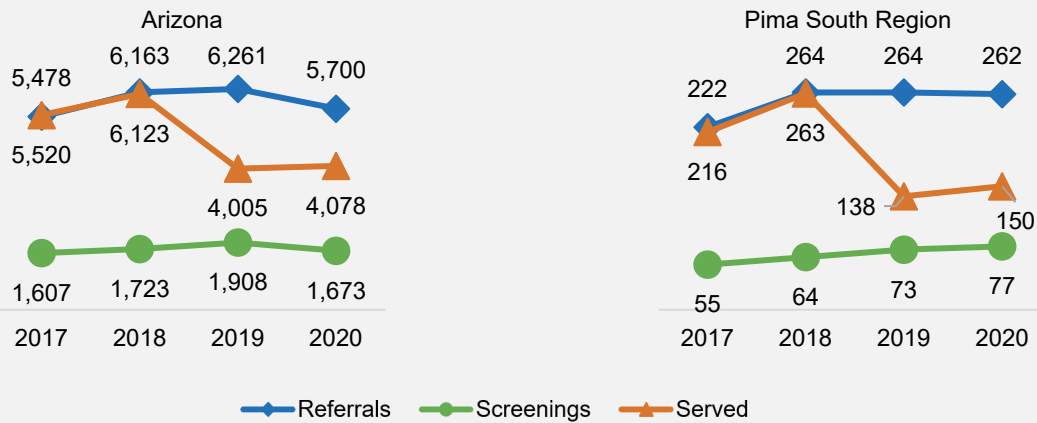
Arizona Department of Economic Security (2021). AzEIP Referred and Served Children. Provided by AZ FTF.

To qualify for Division of Developmental Disabilities (DDD) services an individual must have a cognitive disability, cerebral palsy, autism, epilepsy, or be at risk for a developmental disability. Children under the age of six are eligible if they show significant delays in one or more of these areas of

<sup>52</sup>Arizona Department of Economic Security (n.d.)\_Eligibility for the Arizona Early Intervention Program. Retrieved from: <https://des.az.gov/services/disabilities/early-intervention/arizona-early-intervention-program-azeip-eligibility>

development: physical, cognitive, communication, social-emotional, or self-help. Between 2017 to 2020, the rates of children receiving referrals and services through the DDD were similar for Arizona and the Pima South Region (Exhibit 4.11). Overall, across Arizona and the Pima South Region, the number of referrals increased from 2017 to 2018 and 2019 but decreased in 2020. In addition, the number of children receiving services peaked in 2018 across the state and region but declined in 2019.

Exhibit 4.11. 2017-2020 Number of children (0-5) receiving referrals, screenings, and services from the Division of Developmental Disabilities in Arizona and Pima South Region



Arizona Department of Economic Security (2020). Division of Developmental Disabilities. Provided by AZ FTF.

### Special Education

In 2020, the most common types of disabilities for preschool children were developmental delays and speech/language impairments (Exhibit 4.12). Across Pima South, some districts had high concentrations of preschool students with special needs. In the Altar Valley Elementary District, 67% or more preschool students in special education had a speech or language impairment. Moreover, a high percentage of preschool students in special education had a developmental delay at Sahuarita Unified (45%) and Sunnyside Unified District (43%).

For students in kindergarten to 3<sup>rd</sup> grade within Pima County in 2020, 13% were enrolled in special education. This percentage was consistent with the state (12%). Similar to the disabilities of preschool children, the most common disabilities for students in kindergarten to 3<sup>rd</sup> grade were developmental delays and speech/language impairments (not shown).



Exhibit 4.12. Types of disabilities among preschoolers in special education, 2020

	Developmental Delay	Hearing Impairment	Other	Preschool Severe Delay	Speech/Language Impairment
<b>Pima South Region Schools</b>	<b>33%</b>	<b>&lt;2%</b>	<b>-</b>	<b>26%</b>	<b>41%</b>
Altar Valley Elementary District	33%	<2%	<2%	<2%	67%
Continental Elementary District	33%	7%	<2%	<2%	60%
Sahuarita Unified District	45%	<2%	<2%	12%	43%
Sunnyside Unified District	43%	<2%	<2%	28%	29%
Tucson Unified District	30%	<2%	<2%	10%	60%
Vail Unified District	23%	<2%	<2%	38%	39%
Pima County Schools	39%	2%	4%	17%	38%
All Arizona Schools	43%	<2%	<2%	20%	34%

Arizona Department of Education (2020). [Special education]. Unpublished data.

Note: The school-district data in this table include only the schools that are located within the Pima South Region.

Note: The data presented in this table are unduplicated (i.e., children diagnosed with multiple disabilities are counted only one time in the Federal Primary Need (FPN) category)

# EARLY LEARNING HIGHLIGHTS

Below are key findings that highlight the early learning assets, needs, and data-driven considerations for the FTF Pima South Region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

Assets	Considerations
Quality First has been increasing the quality of child care programs in the region. Seventy-eight percent are quality-level settings (public 3-5 stars).	Support Quality First efforts in the region to continue to increase the opportunities for children to receive quality early care and education experiences.

Needs	Considerations
In 2019, 93% of children that were eligible for child care subsidies received subsidies compared to 84 percent of children in 2020. Eighty-five percent of DCS-involved children that were eligible for child care subsidies received subsidies compared to 64% of children in 2020.	Identify gaps in child care subsidies to ensure that children in need are receiving these subsidies.
Across Pima South districts, there were districts with high concentrations of preschool students with special needs. In the Altar Valley Elementary District, 67% or more preschool students in special education had a speech or language impairment. Moreover, a high percentage of preschool students in special education had a developmental delay at Sahuarita Unified (45%) and Sunnyside Unified District (43%).	Work with school districts to refer children identified with special needs to support services.



# CHILD HEALTH

# CHILD HEALTH

## Why it Matters

Ensuring healthy development through early identification and treatment of children's health issues helps families understand healthy developmental pathways and how health issues affect children and their school readiness.<sup>53</sup> There are many health factors that impact the well-being of young children and their families. Research has shown that high quality prenatal care improves maternal health and health behaviors during pregnancy and after childbirth.<sup>54</sup> For example, during prenatal care visits, expectant mothers are provided with information and resources to promote a healthy pregnancy and increase the healthy development of their child. At routine prenatal visits, physicians often remind expectant mothers of the importance of abstaining from substance use, maintaining a healthy diet, and the benefits of breastfeeding, all of which influence a baby's development. For example, maternal overweight and obesity have been associated with risks of gestational diabetes mellitus, caesarean delivery, large for gestational age, pre-eclampsia, preterm birth, and admission to special care nursery or intensive care unit.<sup>55</sup>

Engaging in healthy preventative practices, such as breastfeeding and vaccinating children during early childhood, may help protect children from negative health outcomes and developmental delays. Breastfeeding provides children with the nutrition they need early in life.<sup>56</sup> Children who have not been vaccinated are at a higher risk of contracting diseases and tend to have more health issues later in life. Research has found that it is important for children to receive their immunizations early in life. Children under the age of five are at the highest risk of contracting severe illnesses because their bodies have not built a strong immune system yet.<sup>57</sup> Another factor that may impact health outcomes and may be deemed less important by parents is early screening for hearing loss. According to the Center for Disease Control and Prevention (CDC), hearing loss can impact a child's ability to develop communication, language, and social skills.<sup>58</sup> Fortunately, early screening for hearing loss can connect children with services that can increase the likelihood of the child reaching their full potential.

---

<sup>53</sup> *Schools & Health* (2016). *Impact of Health on Education*. Retrieved from <http://www.schoolsandhealth.org/pages/Anthropometricstatusgrowth.aspx>

<sup>54</sup> Yan, J. (2016) *The effects of prenatal care utilization on maternal health and health behaviors*. *Health Economics*. Volume 26 Issue 8. Retrieved from <https://doi.org/10.1002/hec.3380>

<sup>55</sup> Yang, Z., Phung, H., Freebairn, L., Sexton, R., Rauli, A., Kelly, P. (2018) *Contribution of maternal overweight and obesity to the occurrence of adverse pregnancy outcomes*. *ANZJOG*. Volume 59 Issue 3. Retrieved from <https://doi.org/10.1111/ajo.12866>

<sup>56</sup> *Office on Women's Health* (2014). *Why breastfeeding is important*. Retrieved from <https://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>

<sup>57</sup> *Centers for Disease Control and Prevention* (2016). *Infant Immunizations*. Retrieved from <http://www.cdc.gov/vaccines/parents/parent-questions.html>

<sup>58</sup> *Center for Disease Control and Prevention Division* (2020). *Hearing Loss*. Retrieved from <https://www.cdc.gov/ncbddd/hearingloss/index.html>

This chapter provides an overview of the health indicators for this region that highlight the well-being of children under age six and their families. Healthy People 2030 (HP 2030) set 10-year national objectives for improving the health of all Americans. Healthy People established these benchmarks to encourage collaborations across communities and sectors, empower individuals to make informed health decisions, and measure the impact of prevention activities.<sup>59</sup> When appropriate, these benchmarks will be presented throughout this chapter as comparison points for local indicators.

## What the Data Tells Us

### Access to Health Services

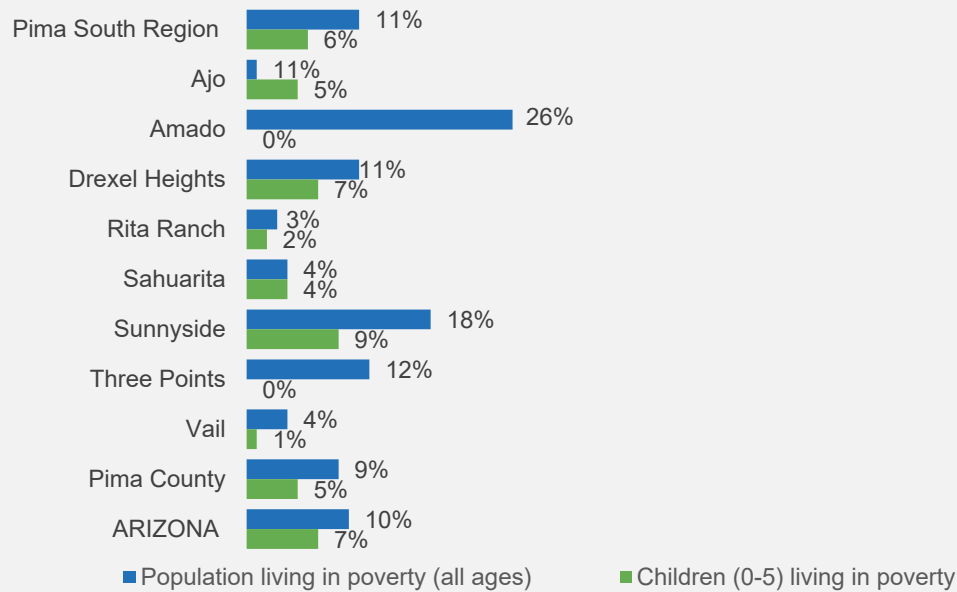
One indication of people's access to health services is whether they have health insurance coverage that helps make health care affordable. When children lack health insurance, they are at risk of poor health outcomes and long-term complications if their families avoid or delay medical care because of cost. The HP 2030 target is for 92.1% of Americans to have medical insurance by 2030.<sup>60</sup> In 2019, 89% of the population living in poverty in Pima South Region had health insurance, which is less than the HP 2030's targeted goal. In 2019, six percent of children under age six living in poverty in the Pima South Region did not have any health insurance (Exhibit 5.1). Subregions with the highest proportions of uninsured children were Sunnyside (9%) and Drexel Heights (7%), while Amado and Three Points had no children without health insurance.

---

<sup>59</sup> Healthy People 2030. U.S. Department of Health and Human Services. ODPHP Office of Disease Prevention and Health Promotion. Retrieved from <https://health.gov/healthypeople>

<sup>60</sup> Healthy People 2030. About Health People. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/increase-proportion-people-health-insurance-ahs-01>

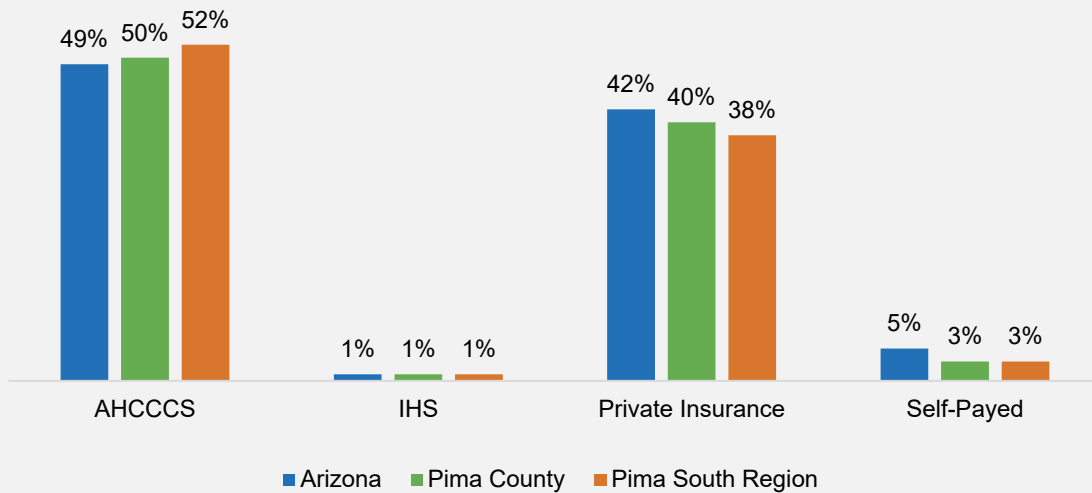
Exhibit 5.1. Estimated percentage without health insurance



U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001

In terms of payers of the medical costs associated with births, FTF South Region, approximately half of all births in 2019 were covered by public insurance (primarily Arizona’s Medicaid program—the Arizona Health Care Cost Containment System, or AHCCCS). An additional 40% were covered by private insurance and three percent paid with their own funds outside of insurance. Very few (1%) were covered by Indian Health Services (IHS). These trends are similar to payment types in Pima County and Arizona overall (Exhibit 5.2).

Exhibit 5.2. Percentages for payers of births in 2019



Arizona Department of Health Services (2019). Vital Statistics. Provided by AZ FTF.

### Hospitalizations

From 2016-2020, in the FTF Pima South Region, there were 102 non-fatal inpatient hospitalizations and 8,240 non-fatal emergency department visits for children ages 0-4 (Exhibit 5.3). Male children were more likely to be injured than female children (Exhibit 5.4).

Exhibit 5.3. Injury hospitalizations and ED visits for children 0-4, ADHS. (2016-2020)

Indicator	Arizona	Pima County	Pima South Region
Number of Non-Fatal Hospitalizations	2,890	399	102
Number of ED Visits	181,035	24,777	8,240

Arizona Department of Health Services (July 2020). Unintentional Injuries in Children 0-5, Arizona 2016-2020. Provided AZFTF

Exhibit 5.4. Non-fatal emergency department visits for children 0-5 in the FTF Pima South Region, from 2016 to 2020

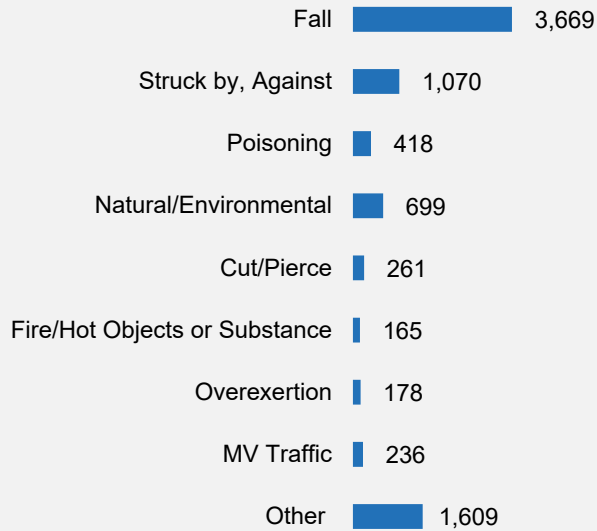


Arizona Department of Health Services (July 2020). Unintentional Injuries in Children 0-5, Arizona 2016-2020. Provided AZFTF

The most common reasons for non-fatal emergency department visits were falling or being struck by or against an object (Exhibit 5.5). Accidents such as these further emphasize the importance of health

insurance coverage for families and their children, as rapid medical response can prevent long term or more severe health complications later in life.

**Exhibit 5.5. Non-fatal emergency department visits by type of injury for children under six years old in the Pima South Region**

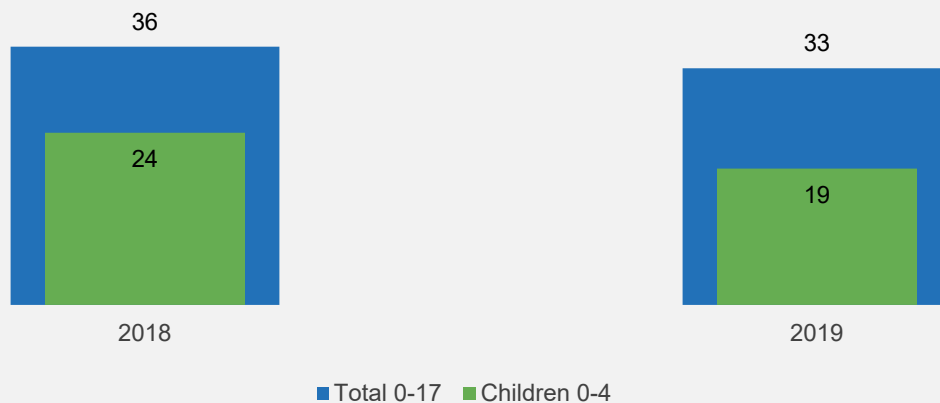


*Arizona Department of Health Services (July 2020). Unintentional Injuries in Children 0-5, Arizona 2016-2020. Provided AZFTF*

*\*Other includes transportation, unknown, pedestrian, machinery, or drowning.*

In 2018 and 2019 in the Pima South Region, the total number of childhood deaths for children 0 to 17 years old remained consistent (Exhibit 5.6). The majority of childhood deaths in both years occurred in young children ages 0 to 4 (67% and 58% respectively).

**Exhibit 5.6. 2018-2019 total number of deaths for children 0-17 in Pima South Region**



*Arizona Department of Health Services (July 2020). Child mortality, Arizona 2018-2019. Provided AZFTF*



Asthma and diabetes are chronic diseases that often affect children. An examination of children’s hospitalization data for these conditions helps show the disease burden among children in the FTF region compared to the county and state.

From 2016 to 2020, asthma led to a total of 302 inpatient hospitalizations for children 0 to 14 years old in the Pima South Region (Exhibit 5.7). Children 0 to 14 that were hospitalized for asthma were most likely to identify as male (63%) and Hispanic or Latino/a (58%) (not shown). Throughout the Pima South Region, 40% of children inpatient hospitalizations for asthma were 0 to 4 years old.

**Exhibit 5.7. Inpatient hospitalizations for asthma for children 0-14 (2016-2020)**

	#Inpatient hospitalization of children 0-4	#Inpatient hospitalization of children 0-14	Percent of children inpatient hospitalization that were 0-4
<b>Pima South Region</b>	<b>121</b>	<b>302</b>	<b>40%</b>
Pima County	427	930	46%
ARIZONA	2,214	5,672	39%

*Arizona Department of Health Services (July 2020). Asthma, Arizona 2016-2020. Provided AZFTF*

*\*cell suppressed due to small size (less than 6)*

From 2016 to 2020, in the Pima South Region, diabetes led to a total of 11 inpatient hospitalizations and 23 emergency room visits for children 0 to 17 years old (Exhibit 5.8). The average length of hospitalization was 2.6 days.

**Exhibit 5.8. Inpatient hospitalizations for diabetes for children 0-17 (2016-2020)**

	#Inpatient hospitalizations	Average length of stay (days) for hospitalization	#Emergency room visits
<b>Pima South Region</b>	<b>11</b>	<b>2.6</b>	<b>23</b>
Pima County	36	2.7	77
ARIZONA	150	3.0	1,002

*Arizona Department of Health Services (July 2020). Asthma, Arizona 2016-2020. Provided AZFTF*

### **Pregnancies and Birth**

In 2019, Pima South Region residents gave birth to 3,253 babies, which was 31% of all babies born in Pima County and four percent of all births in the state (Exhibit 5.9).

Exhibit 5.9. Live births during calendar year 2019, by mother’s place of residence

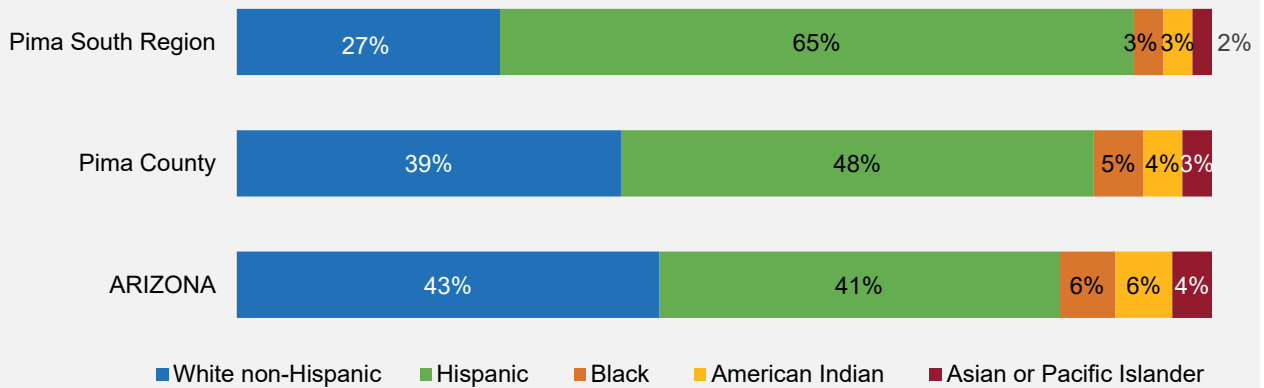
Total number of births to Arizona-resident mothers in 2019	
Pima South Region	3,253
Pima County	10,357
ARIZONA	79,183

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

### Characteristics of People Giving Birth

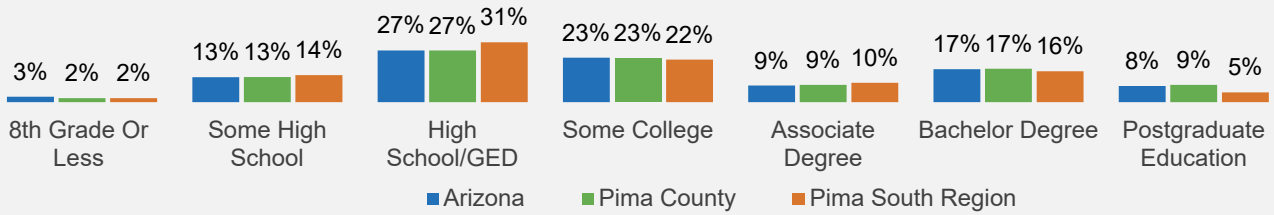
More than 3,000 people who gave birth in the Pima South Region in 2019, 65% were Hispanic or Latino/a, 27% were white, non-Hispanic, three percent were Black or African American, three percent were American Indian or Alaska Native and two percent were Asian or Pacific Islander (Exhibit 5.10). New mothers in the Pima South Region had a slightly lower level of educational attainment (53% had some education beyond high school) than all mothers in the county and state (Exhibit 5.11).

Exhibit 5.10. Race and ethnicity of mothers giving birth in 2019



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

Exhibit 5.11. 2019 Percentage of live births by mother’s educational attainment



Arizona Department of Health Services (2021). Vital Statistics. Provided by AZ FTF.

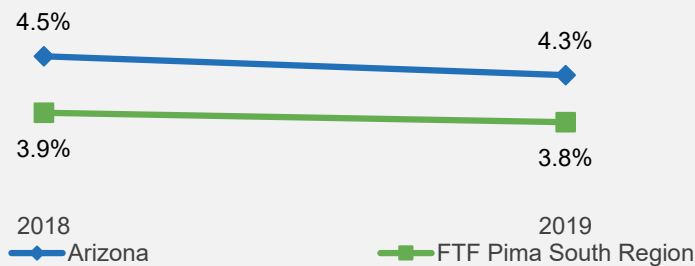
The population of new mothers in the Pima South Region was also similar to their counterparts across the county and statewide on other attributes. About seven percent were in their teens (Exhibit 5.12). In Pima South, more than half of births (53%) were to mothers relying on AHCCCS or Indian Health Service (IHS) coverage, which was similar to the county (51%) and statewide (50%). In addition, a similar proportion of mothers in Pima South reported tobacco use during pregnancy (4%) compared to the statewide (4%) proportion (Exhibit 5.13).

Exhibit 5.12. Other characteristics of mothers giving birth in 2019

	Mother was 19 or younger	Mother was 17 or younger	Birth was covered by AHCCCS or Indian Health	Tobacco use during pregnancy
<b>Pima South Region</b>	<b>7%</b>	<b>2%</b>	<b>53%</b>	<b>4%</b>
Pima County	6%	1%	51%	5%
ARIZONA	6%	1%	50%	4%

Arizona Department of Health Services (2021). Vital Statistics. Provided by AZ FTF.

Exhibit 5.13. Percentage of reported tobacco use during pregnancy



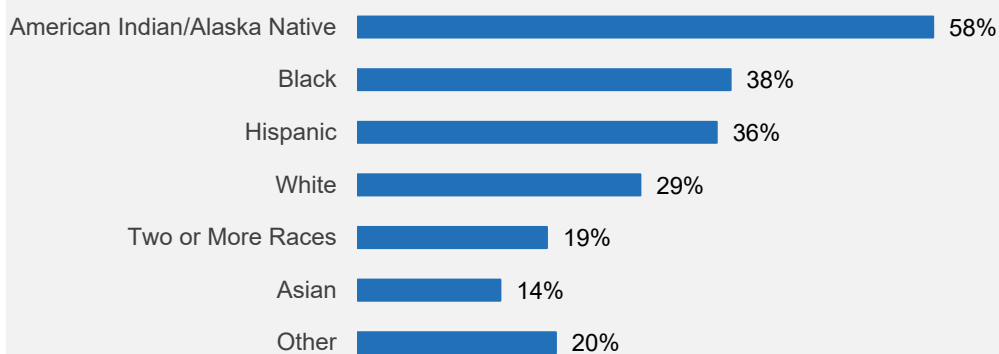
Arizona Department of Health Services (2019). Vital Statistics. Provided by AZ FTF.

Another aspect of maternal health that is linked to both birth outcomes and a child’s subsequent health is maternal obesity. Obesity has been a concern in the US due to associated health outcomes, such as

higher risks for diabetes, cancer, and heart disease.<sup>61</sup> Diabetes has also been associated with many negative health complications such as blindness, kidney failure, and amputation of limbs.<sup>62</sup>

According to the College of Obstetricians and Gynecologists (ACOG), mothers who are obese during pregnancy are at higher risk of developing gestational diabetes, preeclampsia, and sleep apnea.<sup>63</sup> According to the CDC, diabetes and obesity can largely be prevented by increasing physical activity and maintaining a healthy diet.<sup>64</sup> HP 2030 aims to reduce the proportion of adults who are obese to 36% and the proportion of children and adolescents who are obese to 16%.<sup>65</sup> In Arizona overall, the percentage of adults with obesity was 31% in 2019. Among racial and ethnic groups, American Indians and Alaska Natives adults had the highest rates of obesity (58%) followed by Black adults (38%) and Hispanic adults (36%, Exhibit 5.14).

Exhibit 5.14. Percentage of adults with obesity in Arizona by Race/Ethnicity, 2019



*Centers for Disease Control and Prevention (2019). Obesity.*

In 2020, in the Pima South Region, and in the county and state as a whole, around 65% of mothers participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) reported being overweight or obese pre-pregnancy (Exhibit 5.15). The rate of mothers being overweight or obese pre-pregnancy has grown slightly from 2017 to 2020.

---

<sup>61</sup> Center for Disease Control and Prevention. (n.d.). *Adult Obesity Facts*. Retrieved from <https://www.cdc.gov/obesity/data/adult.html>

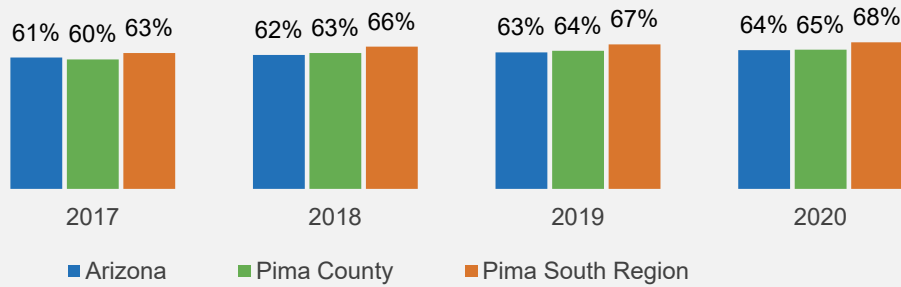
<sup>62</sup> Chronic Disease Prevention and Health Promotion. (n.d.). *Diabetes At A Glance Reports*. Retrieved from <http://www.cdc.gov/chronicdisease/resources/publications/aag/diabetes.htm>

<sup>63</sup> ACOG (2016). *Obesity and Pregnancy*. Retrieved from <http://www.acog.org/Patients/FAQs/Obesity-and-Pregnancy>

<sup>64</sup> Chronic Disease Prevention and Health Promotion. (n.d.). *Diabetes At A Glance Reports*. Retrieved from <http://www.cdc.gov/chronicdisease/resources/publications/aag/diabetes.htm>

<sup>65</sup> Healthy People 2030. *About Health People*. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/overweight-and-obesity/reduce-proportion-adults-obesity-nws-03>

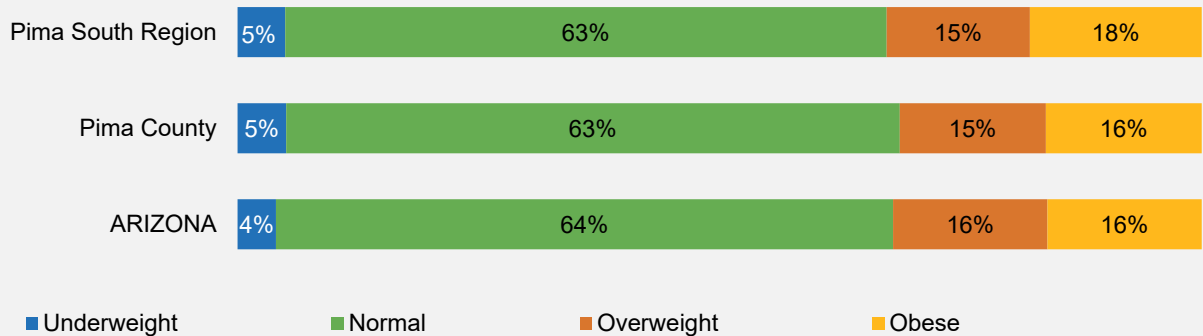
Exhibit 5.15. Percentage of mothers overweight and obese pre-pregnancy



Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF.

Compared to the proportion of mothers participating in WIC who reported being overweight or obese pre-pregnancy in 2020 in the Pima South Region (68%, Exhibit 5.15), children participating in WIC were less likely to be obese. In the Pima South Region, the percentage of children participating in WIC that were obese or overweight was 33% in 2020. This proportion was slightly higher than in Pima County (31%) and Arizona (32%). Across the region, state and county, about six of ten children are considered to be normal weight (Exhibit 5.16). Over time, the proportion of children with obesity has remained consistent from 2017 and 2020 (Exhibit 5.17). This pattern is also similar throughout the county and state.

Exhibit 5.16. WIC children's weight status (ages 2 to 5), 2020



Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF.

Exhibit 5.17. WIC children's obesity rates (ages 2 to 5), 2017 to 2020

	Childhood obesity rate, 2017	Childhood obesity rate, 2018	Childhood obesity rate, 2019	Childhood obesity rate, 2020	Percentage change from 2017 to 2020
<b>Pima South Region</b>	<b>32%</b>	<b>32%</b>	<b>34%</b>	<b>32%</b>	<b>0%</b>
Pima County	30%	30%	30%	31%	+1%
ARIZONA	30%	30%	31%	32%	+2%

Arizona Department of Health Services (2020). *Women, Infants & Children (WIC)*. Provided by AZ FTF.

### Prenatal Care

Research suggests that a lack of prenatal care is associated with many negative health issues for both the mother and the child.<sup>66</sup> Research also shows that children of mothers who did not obtain prenatal care were three times more likely to have a low birth weight and five times more likely to die in infancy than those born to mothers who did receive prenatal care.<sup>67</sup> In addition, studies show that women who are at the highest risk of not receiving prenatal care are mothers younger than 19 years old and single mothers.<sup>68, 69</sup> Educational attainment has also been associated with mothers receiving prenatal care, such that the higher a mother's educational attainment, the more likely they are to seek prenatal care.<sup>70</sup> It is important that mothers seek and receive prenatal care at an early stage in their pregnancy so physicians can treat and prevent any health issues that may occur.<sup>71</sup>

HP 2030 aims to bring the proportion of pregnant women who receive early and adequate prenatal care to 80.5%.<sup>72</sup> In the FTF Pima South Region, 63% of women began their prenatal care in the first trimester with 23% receiving 13 or more visits (Exhibit 5.18).

<sup>66</sup> *Prenatal Care Effects Felt Long After Birth*. (n.d.). Retrieved from <http://toosmall.org/blog/prenatal-care-effects-felt-long-after-birth>

<sup>67</sup> *Womens Health* (n.d.). *Prenatal care fact sheet*. Retrieved from <https://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html#b>

<sup>68</sup> *Center for Disease Control and Prevention* (n.d). *Vital Statistics Online*. Retrieved from [http://www.cdc.gov/nchs/data\\_access/vitalstatsonline.htm](http://www.cdc.gov/nchs/data_access/vitalstatsonline.htm)

<sup>69</sup> *Institute of Medicine (US) Committee to Study Outreach for Prenatal Care*; Brown SS, editor. *Prenatal Care: Reaching Mothers, Reaching Infants*. Washington (DC): National Academies Press (US); 1988. Chapter 1, *Who Obtains Insufficient Prenatal Care?* Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK217693/>

<sup>70</sup> *National Center for Health Statistics* (1994). *Vital and Health Statistics: Data from the National Vital Statistics System*. Retrieved from [https://books.google.com/books?id=zIFPAQAIAAJ&pg=RA2-PA19&lpg=RA2PA19&dq=lack+of+prenatal+care+linked+with+mothers+educational+attainment&source=bl&ots=ilqp\\_JVnA&sig=SQBGbmtlhOG9JNrgFLEjMOVkt90&hl=en&sa=X&ved=0ahUKEwjM6vH\\_6vPAhWCjlQKHWRjCwkQ6AEIVDAH#v=onepage&q&f=false](https://books.google.com/books?id=zIFPAQAIAAJ&pg=RA2-PA19&lpg=RA2PA19&dq=lack+of+prenatal+care+linked+with+mothers+educational+attainment&source=bl&ots=ilqp_JVnA&sig=SQBGbmtlhOG9JNrgFLEjMOVkt90&hl=en&sa=X&ved=0ahUKEwjM6vH_6vPAhWCjlQKHWRjCwkQ6AEIVDAH#v=onepage&q&f=false)

<sup>71</sup> *Womens Health* (n.d.). *Prenatal care fact sheet*. Retrieved from <https://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html#b>

<sup>72</sup> *Healthy People 2030*. *About Health People*. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-08>

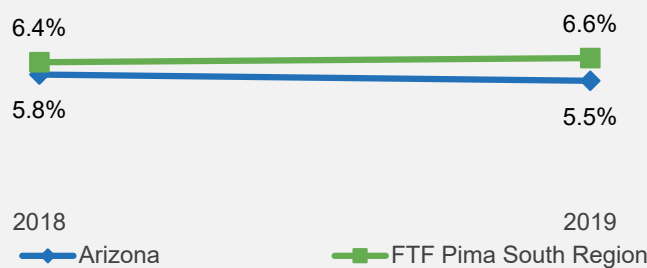
Exhibit 5.18. Live births during calendar year 2019, by number of prenatal visits

	No visits	1 to 4 visits	5 to 8 visits	9 to 12 visits	13 or more visits	Percent of births with fewer than five prenatal care visits	Percent of births with prenatal care begun in first trimester
<b>Pima South Region</b>	6%	9%	23%	39%	23%	15%	63%
Pima County	6%	9%	22%	39%	24%	15%	64%
ARIZONA	3%	6%	18%	43%	29%	8%	69%

Arizona Department of Health Services (2021). Vital Statistics. Provided by AZ FTF.

Additional factors that place mothers at-risk of not receiving prenatal care, such as teen pregnancy, have remained steady. In the FTF Pima South Region, the percentage of teen mothers increased slightly from 2018-2019; however, this indicator at the state level decreased (Exhibit 5.19).

Exhibit 5.19. Percentage of mothers who were 19 years old or younger

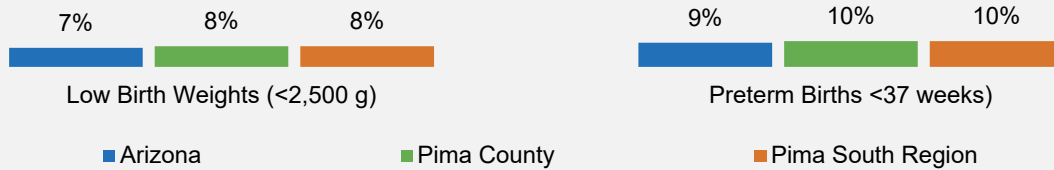


Arizona Department of Health Services (2019). Vital Statistics. Provided by AZ FTF.

### Birth Outcomes

Birth outcomes for babies from the Pima South Region were similar to babies born in the county and statewide. In the region, in 2019, eight percent of babies were low birth weight (Exhibit 5.20). Healthy People 2030 aims for fewer than nine percent of births to be born preterm; Pima South is slightly higher at ten percent. The percentage of newborns admitted to the NICU in the region (11%) was comparable to the county and slightly higher than the state (12% for county and 8% for state) (Exhibit 5.21).

Exhibit 5.20. Percentage of births with low birth weights (<2,500 g) and preterm births (<37 weeks) in 2019



Arizona Department of Health Services (2019). Vital Statistics. Provided by AZ FTF.

Exhibit 5.21. NICU admissions

Newborns admitted to intensive care unit	
Pima South Region	11%
Pima County	12%
ARIZONA	8%

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

**Engaging in Healthy Preventive Practices**

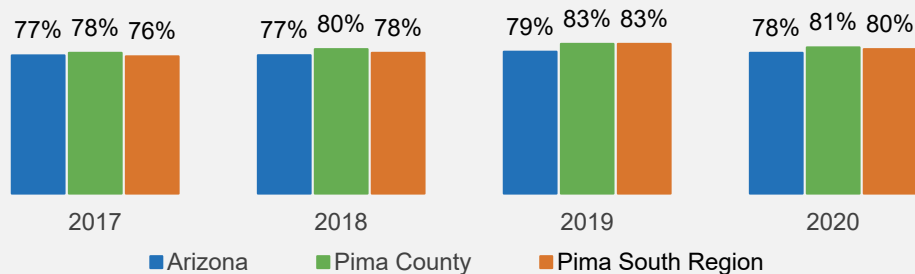
The American Academy of Pediatrics recommends that mothers breastfeed for the first six months after giving birth.<sup>73</sup> Breast milk has antibodies that prevent babies from getting ill and it has been show to decrease the likelihood of babies becoming obese later in life.<sup>74</sup> In the Pima South Region, the percentage of mothers participating in WIC who ever breastfed their infant increased by four percentage points (76% to 80%) from 2017 to 2020. In 2020, this percentage was one percent lower than the county and two percent higher than the state (Exhibit 5.22).

<sup>73</sup> American Academy of Pediatrics (2012). Breastfeeding and the Use of Human Milk. Retrieved from <http://pediatrics.aappublications.org/content/129/3/e827.full#content-block>

<sup>74</sup> Office on Women’s Health (2014). Why breastfeeding is important. Retrieved from <https://www.womenshealth.gov/breastfeeding/breastfeeding-benefits.html>



Exhibit 5.22. Percentage of mothers who ever breastfed their infant



Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF

### Immunizations

Routine childhood vaccinations protect children from many illnesses, including measles, mumps, polio, and whooping cough, which are all severe and potentially fatal to young children.<sup>75</sup> Receiving timely vaccinations not only protects the child receiving them, but protects the community by reducing the likelihood of disease spread.<sup>76</sup> In the Pima South Region, the percentage of children in child care and kindergarten who were exempt from immunizations for religious reasons was similar to the county (1%) and lower than the state (5%) (Exhibits 5.23 and 5.24). Compared to the county and state, the region was also consistent in terms of children who received Hib, DTaP, MMR, Hep B, Polio, and Varicella vaccines (Exhibit 5.25)

Exhibit 5.23. Vaccination rates and exemption rates for children in childcare

	Children enrolled	Four or more DTAP	Three or more Polio	Two or more MMR	Three or more HIB	Two Hep A	Three or more Hep B	One or more Varicella	Religious exemption	Medical exemption
<b>Pima South Region</b>	<b>3,039</b>	<b>96%</b>	<b>96%</b>	<b>97%</b>	<b>93%</b>	<b>85%</b>	<b>94%</b>	<b>96%</b>	<b>1%</b>	<b>0.1%</b>
Pima County	12,960	95%	97%	97%	96%	81%	96%	97%	2%	0.0%
ARIZONA	85,805	92%	93%	93%	93%	85%	92%	93%	5%	0.4%

Arizona Department of Health Services (2020). Immunization Data Reports. Provided by AZ FTF.

<sup>75</sup> Basic Vaccines (2016). Importance of Vaccines. Retrieved from <http://www.vaccineinformation.org/vaccines-save-lives/>

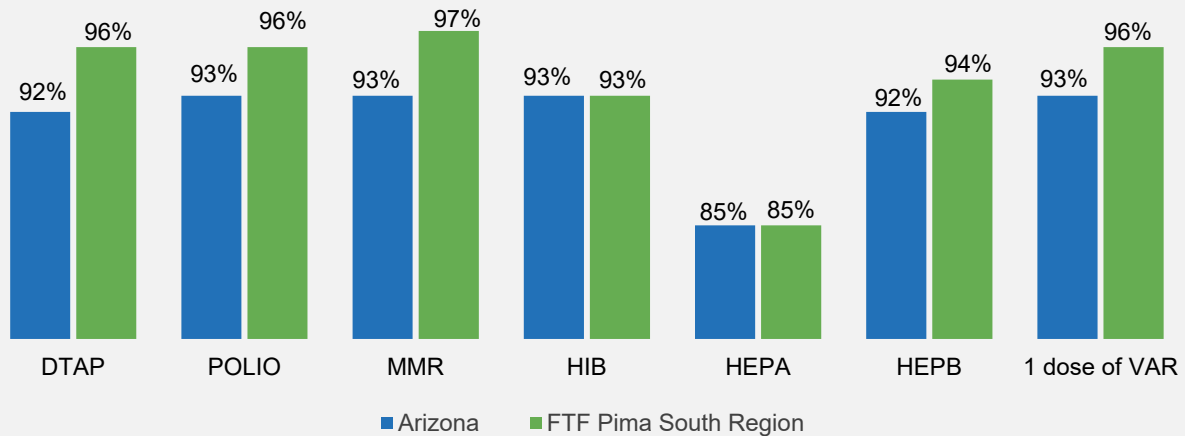
<sup>76</sup> U.S Department of Health and Human Services (2016). Community Immunity. Retrieved from [http://www.health.ny.gov/prevention/immunization/vaccine\\_safety/](http://www.health.ny.gov/prevention/immunization/vaccine_safety/)

Exhibit 5.24. Vaccination rates and exemption rates for children in kindergarten

	Children enrolled	Four or more DTAP	DTAP Exempt	Three or more Polio	Polio Exempt	Two or more MMR	MMR Exempt	Three or more Hep B	Hep B Exempt	One or more Varicella	Varicella Exempt
<b>Pima South Region</b>	<b>3,580</b>	<b>97%</b>	<b>2%</b>	<b>98%</b>	<b>1%</b>	<b>98%</b>	<b>2%</b>	<b>98%</b>	<b>1%</b>	<b>84%</b>	<b>2%</b>
Pima County	11,301	95%	3%	95%	3%	95%	3%	96%	2%	96%	2%
ARIZONA	330,412	93%	5%	94%	5%	93%	5%	95%	4%	96%	4%

Arizona Department of Health Services (2020). Immunization Data Reports. Provided by AZ FTF.

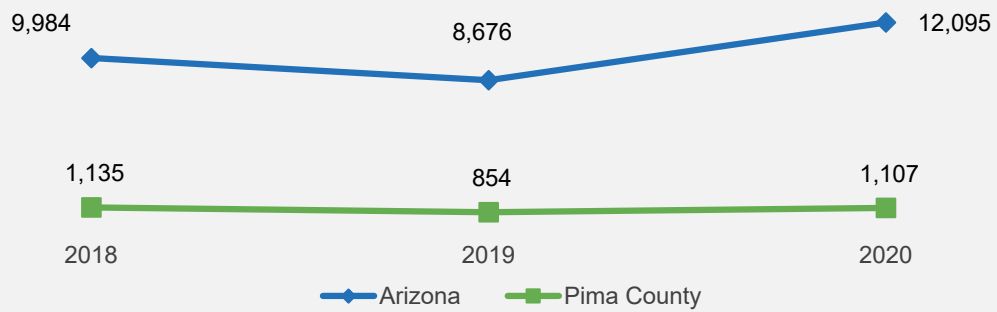
Exhibit 5.25. Percentage of children in childcare receiving immunizations by type of immunization



Immunization Data Reports (2020). Provided by AZ FTF.

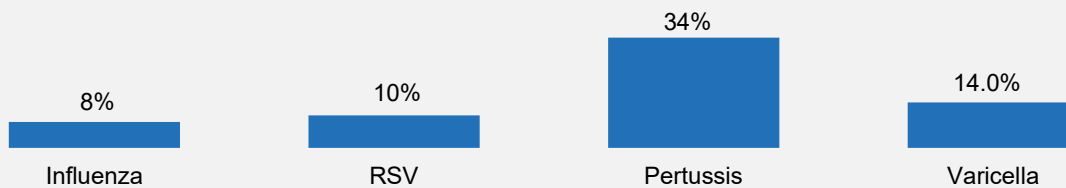
The number of infectious disease cases per year for children under age five in Pima County increased from 854 cases in 2019 to 1,107 cases in 2020 (Exhibit 5.26). Like Pima County, Arizona experienced an increase of infectious diseases from 2019 to 2020 (8,676 cases per year to 12,095 per year). As seen in Exhibit 5.27, the most common infectious diseases in Pima County in 2020 were pertussis (34%) and varicella (14%).

Exhibit 5.26. Number of cases of infectious diseases per year for children (0-4) from 2018 to 2020 in Pima County and Arizona\*



Arizona Department of Health Services (2019). Infectious Diseases. Provided by AZ FTF.  
 \*Data was not available at the regional level.

Exhibit 5.27. Percentage of occurrence of infectious diseases for children (0-4) in 2020 in Pima County\*



Arizona Department of Health Services (2019). Infectious Diseases. Provided by AZ FTF.  
 \*Data was not available at the regional level.

# CHILD HEALTH HIGHLIGHTS

Below are key data trends that highlight the health assets, needs, and data-driven considerations for the region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

Assets	Considerations
<p>In the Pima South Region, the percentage of mothers participating in WIC who ever breastfed their infant on average at least once per day increased from 2017 to 2020 by four percent (76% to 80%).</p>	<p>Continue to provide public education about the benefits of breastfeeding and consider supporting workplace efforts to encourage breastfeeding practices for working mothers.</p>
Needs	Considerations
<p>Six percent of children under age six in the Pima South Region did not have any health insurance. Highest proportions of children without health insurance were in Sunnyside (9%) and Drexel Heights (7%).</p>	<p>Work with partners to ensure access to health care for all children in the region.</p>
<p>HP 2030 aims to bring the proportion of pregnant women who receive early and adequate prenatal care to 80.5%. In the FTF Pima South Region, 63% of women began their prenatal care in the first trimester with 23% receiving 13 or more visits.</p>	<p>Promote the importance of early prenatal care and provide education on the impact of prenatal care on the mother and child's future well-being.</p>
<p>In 2020, in the Pima South Region, and in the county and state as a whole, about 65% of mothers participating in WIC reported being overweight or obese pre-pregnancy (see Exhibit 5.12). The rate of mothers being overweight or obese pre-pregnancy has remained steady from 2017 to 2020.</p>	<p>Support programs that educate pregnant and parenting mothers about healthy eating, active living, and maintaining healthy weight.</p>



## FAMILY SUPPORT

# FAMILY SUPPORT

## Why it Matters

The first five years of life have a significant impact on children’s intellectual, social, and emotional development, and research shows that parents have a profound impact on their child’s development during this time.<sup>77</sup> Support for young families is an essential piece of the holistic efforts around kindergarten readiness and long-term success for children. First Things First supports families through home visitation and parent outreach and education programs. Evidence-based Parenting Education and supports to improve parenting practices can reduce stressors and lead to enriched child development and reduction of removals of children from their homes.

Given the importance of the first years of life on children’s development and the role that parents can play, it is crucial for parents to receive support and access to programs that provide tools and knowledge about their child’s needs and effective parenting techniques. Providing more knowledge about parenting and child development supports parents in improving their parenting practices and providing their children with the experiences they need to succeed in kindergarten and beyond.<sup>78</sup> Public assistance programs in the United States can play an important role in providing adequate socioeconomic conditions for families to raise their children. The Supplemental Nutrition Assistance Program (SNAP) has been associated with helping families move out of poverty, guarantee food security, and improve child health and school performance.<sup>79</sup> Research has also shown that the Temporary Assistance to Needy Families (TANF) could prevent child maltreatment due to increased cash benefits and access that have been associated with decreased physical abuse.<sup>80</sup> The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has reduced the prevalence of child food insecurity. Further, the revisions made to the WIC food package in October 2009 have been associated with reduced maternal preeclampsia and gestational weight gain, as well as improvements in infant gestational age and birth weight.<sup>81, 82</sup>

Promoting a safe home environment for children is another key aspect of family support. The adverse and long-term effects of childhood trauma have become well-documented. For example, children who

---

<sup>77</sup> Center for the Study of Social Policy (2013). *Knowledge of Parenting and Child Development*. Retrieved from [http://www.cssp.org/reform/strengthening-families/2013/SF\\_Knowledge-of-Parenting-and-Child-Development.pdf](http://www.cssp.org/reform/strengthening-families/2013/SF_Knowledge-of-Parenting-and-Child-Development.pdf)

<sup>78</sup> *Ibid.*

<sup>79</sup> Carlson, S., Rosenbaum, D., Keith-Jennings, B., Nchako, C. (2016) *SNAP works for America’s Children*. Center on Budget and Policy Priorities. Retrieved from <https://www.cbpp.org/sites/default/files/atoms/files/9-29-16fa.pdf>

<sup>80</sup> Spencer, R., Livingston, M., Komro, K., Sroczyński, N., Rentmeester, S., Woods-Jaeger, B. (2021) *Association between Temporary Assistance for Needy Families (TANF) and child maltreatment among a cohort of fragile families*. *Child Abuse & Neglect*. Volume 120. Retrieved from <https://doi.org/10.1016/j.chiabu.2021.105186>

<sup>81</sup> Kreider, B., Pepper, J., Roy, M. (2016) *Identifying the effects of WIC on food insecurity among infants and children*. *Southern Economic Association*. Volume 82 Issue 4. Retrieved from <https://doi.org/10.1002/soej.12078>

<sup>82</sup> Hamad, R., Collin, D., Baer, R., Jelliffe-Pawłowski, L. (2019) *Association of revised WIC food package with perinatal and birth outcomes*. Retrieved from <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2737097>

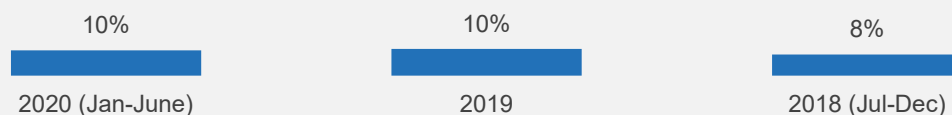
are exposed to domestic violence or experience abuse or neglect are at increased risk of depression, anxiety, physical aggression, and behavior problems.<sup>83</sup> Children who are exposed to opioid misuse are more likely to experience mental health problems, drug use, accidental opioid poisoning, substance use disorder, family dissolution, foster care placement or the death of a parent due to an opioid overdose.<sup>84</sup> Children in foster care are particularly likely to have had trauma exposure and are more likely than other children to have poor mental and physical health.<sup>85, 86</sup> Understanding the impact of trauma has led to identifying opportunities to both prevent and mitigate its adverse effects. Opportunities include family support services like home visitation and parent education, as well as prioritizing out-of-home placements with family members or foster families before turning to congregate care in a residential facility.

## What the Data Tells Us

### Child Safety and Domestic Violence

Understanding the scope of child removals in a region can help policy makers and organizations better support this vulnerable group. The percentage of child removals in Pima South by the Department of Child Safety (DCS) remained fairly steady from 2018 to 2020 (Exhibit 6.1). These percentages represent the percentage of removed children in Arizona that were removed in Pima South Region.

Exhibit 6.1. Percentage of children removed in Arizona by the Department of Child Safety that resided in Pima South Region



Source: Arizona Department of Child Safety. (2019). *Semi-Annual Child Welfare Report*.

<sup>83</sup> Evans, S. E., Davies, C., & DiLillo, D. (2008). *Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. Aggression and violent behavior, 13(2), 131-140.*

<sup>84</sup> Winstanley, E., Stover, A. (2019) *The impact of the opioid epidemic on children and adolescents. Clinical Therapeutics. Volume 41 Issue 9.* Retrieved from <https://doi.org/10.1016/j.clinthera.2019.06.003>

<sup>85</sup> Dorsey, S., Burns, B., Southerland, D., Cox, J., Wagner, H., Farmer, E. (2012) *Prior Trauma Exposure for Youth in Treatment Foster Care. J Child Fam Stud.* Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3667554/>

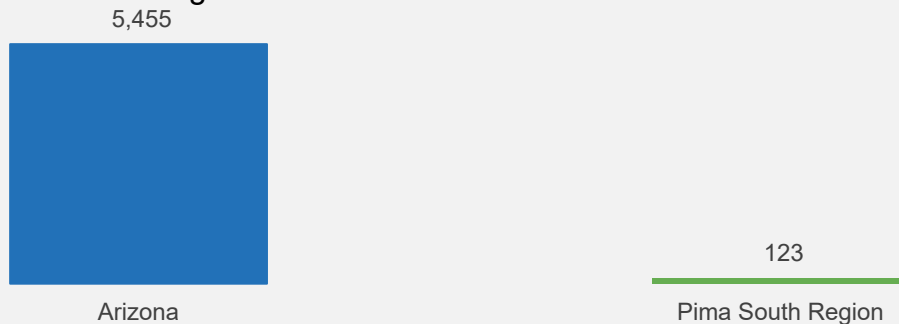
<sup>86</sup> Turney K, Wildeman C. (2016) *Mental and Physical Health of Children in Foster Care. Pediatrics.* Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/27940775/>

## Substance Use

In 2017, the U.S. Department of Health and Human Services declared a public health emergency to address the national opioid crisis.<sup>87</sup> While substance abuse is risky for users themselves, parents who misuse substances also expose their children to risks. Specifically, when parents use opiates or opioids, they are more likely to expose their children to maltreatment and neglect.<sup>88</sup> Children in these situations are more likely to suffer later mental health disorders, their own substance abuse, and post-traumatic stress disorder.<sup>89</sup>

From 2017 to 2020, 123 deaths from opioid overdose occurred in the Pima South Region, totaling two percent of opioid-related deaths in Arizona (Exhibit 6.2). In both Pima County and Arizona, the number of non-fatal overdoses from opiates or opioids increased from 2017 to 2020 (Exhibit 6.3). When parents of children and youth use opiates or opioids, then they are more likely to experience child maltreatment and neglect.<sup>90</sup> These can lead to children suffering later mental health disorders including substance abuse and post-traumatic stress disorder.<sup>91</sup>

Exhibit 6.2. Number of fatal overdoses from opiates or opioids from 2017 to 2020 in Pima South Region and Arizona



Arizona Department of Health Services (2021). *Opioids Overdoses*. Provided by AZ FTF

<sup>87</sup> U.S. Department of Health and Human Services (2017) HHS Acting Secretary Declares Public Health Emergency to Address National Opioid Crisis. Retrieved from <https://public3.pagefreezer.com/browse/HHS.gov/31-12-2020T08:51/https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html>

<sup>88</sup> Child Welfare Information Gateway (n.d.) *The Opioid Crisis*. Retrieved from <https://www.childwelfare.gov/topics/systemwide/bhw/impact-substance/opioid-crisis/>

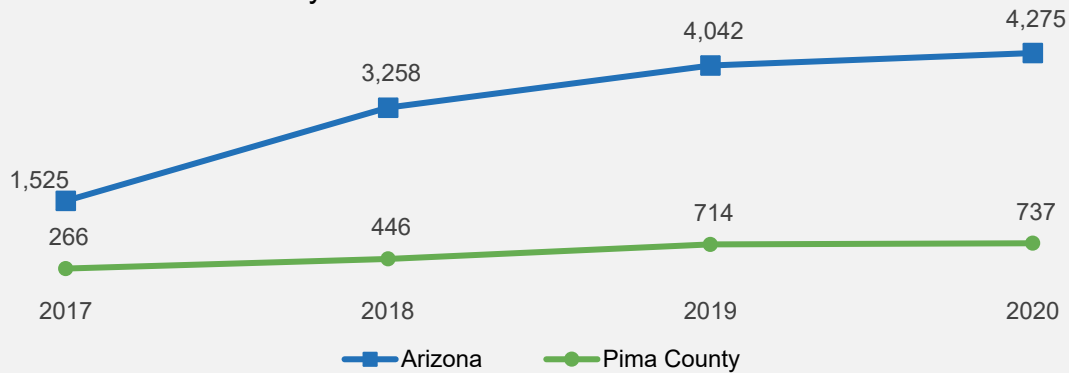
<sup>89</sup> American Society for the Positive Care of Children (n.d.) *The Opioid Crisis and the Effect on Children*. Retrieved from <https://americanspcc.org/the-opioid-crisis-and-the-effect-on-children/>

<sup>90</sup> Child Welfare Information Gateway (n.d.) *The Opioid Crisis*. Retrieved from <https://www.childwelfare.gov/topics/systemwide/bhw/impact-substance/opioid-crisis/>

<sup>91</sup> American Society for the Positive Care of Children (n.d.) *The Opioid Crisis and the Effect on Children*. Retrieved from <https://americanspcc.org/the-opioid-crisis-and-the-effect-on-children/>



Exhibit 6.3. Number of non-fatal overdoses from opiates or opioids from 2017 to 2020 in Pima County and Arizona



Arizona Department of Health Services (2021). Opioids Overdoses. Provided by AZ FTF

### Services to Help Families

Numerous federal and local programs and services aimed at providing families with food security, including Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), National School Lunch Program (NSLP), Child and Adult Care Food Program (CACFP), Summer Food Program (SFP), and free and reduced priced lunch programs for children in schools.

Despite the prevalence of these programs, the number of children and families receiving assistance has decreased in recent years. Federal programs such as SNAP and TANF have shrunk in recent years due to the expiration of benefit increases instituted during the recession.<sup>92</sup> These decreases come even as the number of families living in poverty has increased nationally.<sup>93</sup> Exhibits 6.4 and 6.5 show how the number of children and families receiving SNAP benefits has decreased from 2017 to 2020 in Pima South, Pima County and Arizona. In 2020, 79% of white and 59% of Hispanic/Latino children 0-5 were enrolled in SNAP (Exhibit 6.6)<sup>94</sup>.

Exhibit 6.4. Numbers of families receiving SNAP benefits, 2017 to 2020

	FY 2017	F7 2018	FY 2019	FY 2020	Change from 2017 to 2020
<b>Pima South Region</b>	<b>8,098</b>	<b>7,529</b>	<b>6,957</b>	<b>6,648</b>	<b>-18%</b>
Pima County	24,381	22,598	21,104	20,190	-17%

<sup>92</sup> Rosenbaum, D. & Keith-Jennings, B. (2016). *Snap Costs and Caseloads Declining*. Center on Budget and Policy Priorities. Retrieved from <http://www.cbpp.org/research/food-assistance/snap-costs-and-caseloads-declining>

<sup>93</sup> Spalding, A. (2012). *Decline of TANF Caseloads Not the Result of Decreasing Poverty*. Kentucky Center for Economic Policy. Retrieved from <http://kypolicy.org/decline-tanf-caseloads-result-decreasing-poverty/>

<sup>94</sup> Participants could identify as multiple races/ethnicities. Percentages may add up to more than 100.

ARIZONA	164,092	151,816	140,056	132,466	-19%
---------	---------	---------	---------	---------	------

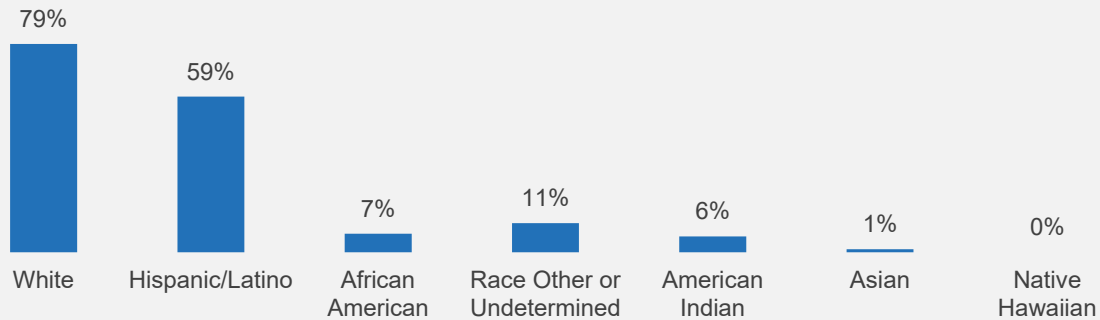
Arizona Department of Economic Security (2020). Supplemental Nutrition Assistance Program (SNAP).

Exhibit 6.5. Numbers of young children (ages 0 to 5) receiving SNAP benefits, 2017 to 2020

	FY 2017	F7 2018	FY 2019	FY 2020	Change from 2017 to 2020
<b>Pima South Region</b>	<b>11,865</b>	<b>11,108</b>	<b>10,286</b>	<b>9,754</b>	<b>-18%</b>
Pima County	35,651	33,131	30,963	29,439	-17%
ARIZONA	247,414	229,275	211,814	198,961	-20%

Arizona Department of Economic Security (2020). Supplemental Nutrition Assistance Program (SNAP).

Exhibit 6.6. Young children (0-5) enrolled in SNAP in 2020 by race/ethnicity in Pima South Region



Arizona Department of Economic Security (2020). Supplemental Nutrition Assistance Program (SNAP).

Similar to the SNAP benefits, the number of children and families receiving TANF benefits decreased from 2017 to 2020 in the Pima South Region, Pima County and Arizona (Exhibits 6.7 and 6.8). In 2020, approximately 700 families and 1,000 young children received TANF benefits. TANF benefits can be the primary cash assistance program for families with low incomes.<sup>95</sup>

Exhibit 6.7. Numbers of families receiving TANF benefits, 2017 to 2020

	FY 2017	F7 2018	FY 2019	FY 2020	Change from 2017 to 2020
<b>Pima South Region</b>	<b>852</b>	<b>786</b>	<b>674</b>	<b>706</b>	<b>-17%</b>
Pima County	2,895	2,531	2,214	2,445	-16%
ARIZONA	12,315	10,538	9,360	9,947	-19%

Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF).

<sup>95</sup> U.S. Department of Health & Human Services (n.d.) Office of Family Assistance. Temporary Assistance for Needy Families (TANF). Retrieved from: <https://www.acf.hhs.gov/ofa/programs/temporary-assistance-needy-families-tanf>

**Exhibit 6.8. Numbers of young children (ages 0 to 5) receiving TANF benefits, 2017 to 2020**

	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>Change from 2017 to 2020</b>
<b>Pima South Region</b>	<b>1,152</b>	<b>1,120</b>	<b>940</b>	<b>946</b>	<b>-18%</b>
Pima County	9,696	8,017	7,103	7,452	-16%
ARIZONA	17,143	14,659	13,029	13,747	-20%

*Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF).*

Due to mandatory school closures during the COVID-19 pandemic in 2020, the Arizona Department of Economic Security, the US Department of Agriculture Food and Nutrition Service, and the Arizona Department of Education issued the Pandemic Electronic Benefit Transfer (P-EBT) to current SNAP households and non-SNAP households with children eligible for free and reduced price school meals.<sup>96</sup> Enrolled families were given a pre-loaded EBT card to purchase groceries. The number of families with children 0 to 5 years old that were enrolled in P-EBT from March 2021 to May 2021 decreased across the Pima South Region, Pima County and Arizona. In May 2021, within the Pima South Region, P-EBT provided financial relief to 1,426 families (Exhibit 6.9).

**Exhibit 6.9. Number of families with children 0-5 enrolled in EBT, March 2021 to May 2021**

	<b>March 2021</b>	<b>April 2021</b>	<b>May 2021</b>
<b>Pima South Region</b>	<b>1,758</b>	<b>1,585</b>	<b>1,426</b>
Pima County	4,591	4,130	3,697
Arizona	36,971	33,431	30,066

*Arizona Department of Economic Security (2021). EBT Enrollment.*

<sup>96</sup> *Arizona Department of Economic Security (n.d.) Arizona P-EBT Benefits. Retrieved from <https://des.az.gov/services/basic-needs/food-assistance/other-food-programs/arizona-p-ebt-benefits>*

Through federal grants, WIC provides nutrition, education and breastfeeding support services, supplemental nutritious foods and referrals to health and social services for women, infants, and children under five years old. In 2020, in the Pima South Region, 9,766 children under 5 were enrolled in WIC (39%). Similar to the county and state, this was a decrease from 2017 (Exhibit 6.10). Exhibit 6.11 provides a single month snapshot of participation in the program for November 2020; 90% of women, 93% of infants, and 90% of children who were enrolled in WIC in the region claimed their benefits in the month of November.

**Exhibit 6.10. Infants and children (ages 0 to 4) enrolled in the WIC program as a percentage of the population, 2016 to 2020**

	<b>Number of children (ages 0-4) in the 2010 US Census</b>	<b>Number and percentage of children (0 to 4) enrolled, 2017</b>		<b>Number and percentage of children (0 to 4) enrolled, 2018</b>		<b>Number and percentage of children (0 to 4) enrolled, 2019</b>		<b>Number and percentage of children (0 to 4) enrolled, 2020</b>	
<b>Pima South Region</b>	<b>25,171</b>	<b>10,383</b>	<b>41%</b>	<b>10,330</b>	<b>41%</b>	<b>9,909</b>	<b>39%</b>	<b>9,766</b>	<b>39%</b>
Pima County	74,796	28,964	39%	28,370	38%	27,334	37%	26,865	36%
Arizona	546,609	221,387	41%	211,732	39%	201,644	37%	193,622	35%

*Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF.*

**Exhibit 6.11. WIC participation rates during November 2020**

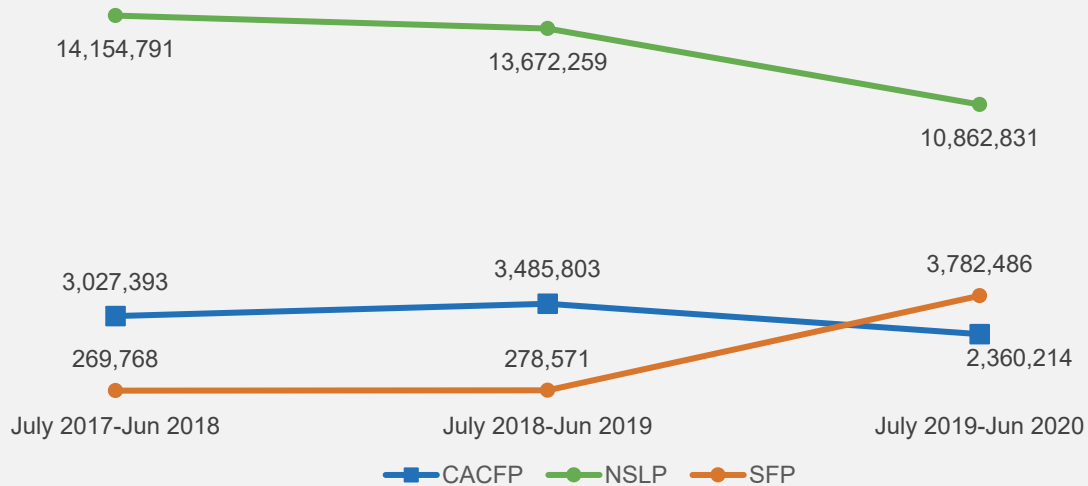
	<b>Total</b>	<b>Women</b>	<b>Infants</b>	<b>Children</b>
Pima South Region	91%	90%	93%	90%
Pima County	91%	89%	94%	90%
Arizona	89%	89%	93%	88%

*Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF.*

*Note: The participation rate is the number of persons receiving WIC benefits during November 2020, divided by the total number of persons enrolled in the program.*

Child and Adult Food Care Program (CACFP), National School Lunch Program (NSLP), Summer Food Program (SFP), and free and reduced priced lunch programs for children in schools provide food assistance to families that meet income eligibility. From June 2018 to June 2020, the number of children and families receiving assistance in Pima County decreased for CACFP and NSLP but increased for SFP (Exhibit 6.12).

Exhibit 6.12. Number of free meals provided by CACFP, NSLP and SFP to children and adults in Pima County



Arizona Department of Education (2020). Child and Adult Care Food Program. Provided by AZ FTF.  
 Arizona Department of Education (2020). National School Lunch Program. Provided by AZ FTF.  
 Arizona Department of Education (2020). Summer Food Program. Provided by

Schools are an important part of the nutrition assistance system, especially for children experiencing food insecurity. In 2020, 57% of all public- and charter school students in the Pima South Region were eligible for free or reduced-price lunch (Exhibit 6.13). This is consistent with both the county and statewide percentages.

Exhibit 6.13. Proportion of students (pre-kindergarten through twelfth Grade) eligible for free or reduced-price lunch, 2018 to 2020

	2018	2019	2020
<b>Pima South Region Schools</b>	<b>58%</b>	<b>58%</b>	<b>57%</b>
Pima County Schools	56%	55%	56%
All Arizona Schools	57%	56%	55%

Arizona Department of Education (2020). [Free and reduced lunch dataset]. Unpublished data.  
 Note: The school-district data in this table include only the schools that are located within the Pima South Region.

# FAMILY SUPPORT HIGHLIGHTS

Below are key data trends that highlight the health assets, needs, and data-driven considerations for the region. The considerations provided below do not represent comprehensive approaches and methods for tackling the needs and assets in the region. Instead, the considerations represent possible approaches that early childhood system partners, including FTF, could take to address needs and assets in the region, as conceptualized by the authors of this report.

Assets	Considerations
Ninety percent of women, 93% of infants, and 90% of children who were enrolled in WIC in the region claimed their benefits in the month of November.	Continue to provide public education about the benefits

Needs	Considerations
In Pima County and Arizona, the number of non-fatal overdoses from opiates or opioids increased from 2017 to 2020	Consider including substance abuse prevention resources and referrals in home visitation and parent education programs
The number of children and families receiving SNAP benefits has decreased from 2017 to 2020 in Pima South, Pima County and Arizona.	Consider examining alternative strategies to support food security for children and families.

# CONCLUSION

The FTF Pima South Region has both strengths and opportunities for improvement. The region has lower employment and economic resources than other parts of the state and county. Parents in the region are educated but may benefit from more information and awareness of age-appropriate child development and the impact they have on their child’s readiness to learn and grow.

The region has many strong providers who are continuing to build a more efficient system of care dedicated to the well-being of the region’s youngest children and their families, yet could use support to overcome barriers like limited funding and competition for resources. First Things First is a great asset in the region as they play a large role in funding and supporting the area’s early childhood system. The following tables include the assets, needs and considerations from the eight domains presented in this report. These key findings are intended to provide information to the FTF Pima South Regional Partnership Council and the community as a whole around the needs and assets of the region’s zero to five population and their families.

Assets	Considerations
<b>Population Characteristics</b>	
The population of children under the age of six is projected to grow at a modest and steady rate, allowing the region to foresee and prepare for the growing demands of their youngest residents.	Discuss tactics for continuing to meet the needs of the under six population.
<b>Economic Circumstances</b>	
Almost all households in Pima South have computer and internet.	Consider engaging families using technology-based and online engagement tools.
<b>Education</b>	
The high school graduation rates of adults in the region are higher than the County and State.	Increase awareness for parents to support each other and share knowledge and attitudes around the importance of education.
<b>Early Learning</b>	
Quality First has been increasing the quality of child care programs in the region. Seventy-eight percent are quality-level settings (public 3-5 stars).	Support Quality First efforts in the region to continue to increase the opportunities for children to receive quality early care and education experiences.
<b>Child Health</b>	
In the Pima South Region, the percentage of mothers participating in WIC who ever breastfed their infant on average at least once per day increased from 2017 to 2020 by four percent (76% to 80%).	Continue to provide public education about the benefits of breastfeeding and consider supporting workplace efforts to encourage breastfeeding practices for working mothers.

**Family Support**

Ninety percent of women, 93% of infants, and 90% of children who were enrolled in WIC in the region claimed their benefits in the month of November.

Continue to provide public education about the benefits



Needs	Considerations
<b>Population Characteristics</b>	
<p>The race/ethnicity of adults in Pima South is almost a fifty/fifty split of Hispanic or Latino and white with 20% more children 0-4 (66%) identifying as Hispanic or Latino.</p> <p>About 15% more people in the Pima South Region speak Spanish as their primary language compared to the State.</p> <p>Another 12% in the region speak English less than very well.</p> <p>Four percent more children in grades K to 3 are English Language Learners than the State</p>	<p>Provide culturally appropriate services and interpretation and translation assistance for families that are more comfortable speaking in a language other than English.</p>
<p>Nearly one-quarter of children under six live in single-female households and/or are cared for by grandparents in Pima South. The sub-regions of Three Points and Ajo have the highest percentage of children primarily cared for by a grandparent (31% and 27%).</p>	<p>Discuss supporting services specifically designed for single-parent and grandparent-led households to help them support the young children in their homes.</p>
<b>Economic Circumstances</b>	
<p>Pima South has slightly more children 0-5 living with a single parent in the labor force than the State.</p>	<p>Promote supports and resources that can help subsidize child care and other expenses for single parent households.</p>
<p>Median income for families is slightly lower in Pima County than in the State with a higher percent of the population living in poverty. Ajo, Drexel Heights, and Sunnyside have over 35% of children 0-5 living in poverty.</p>	<p>Consider encouraging stakeholders to target job training and employment programs to help increase employment and median incomes.</p>
<p>In Pima County, almost double the percent of Native Hawaiian and Other Pacific Islanders live below the federal poverty level compared to the State. This percentage gap is even larger for children under 5.</p>	<p>Ensure social service resources for the Native Hawaiian and Other Pacific Islander populations.</p>
<b>Education</b>	
<p>AzMERIT reports show that more than half of third graders are not meeting proficiency standards for English Language Arts and Math.</p>	<p>Increase parent outreach and awareness of early education programs to support learning and school readiness from an early age.</p>
<b>Early Learning</b>	
<p>In 2019, 93% of children that were eligible for child care subsidies received subsidies compared to 84% of children in 2020. Eighty-five percent of DCS-involved children that were eligible for child care subsidies received subsidies compared to 64% of children in 2020.</p>	<p>Identify gaps in child care subsidies to ensure that children in need are receiving these subsidies.</p>
<p>Across Pima South districts, there were districts with</p>	<p>Work with school districts to refer children identified with</p>

<p>high concentrations of preschool students with special needs. In the Altar Valley Elementary District, 67% or more preschool students in special education had a speech or language impairment. Moreover, a high percentage of preschool students in special education had a developmental delay at Sahuarita Unified (45%) and Sunnyside Unified District (43%).</p>	<p>special needs to support services.</p>
<p><b>Child Health</b></p>	
<p>Six percent of children under age six in the Pima South Region did not have any health insurance. Highest proportions of children without health insurance were in Sunnyside (9%) and Drexel Heights (7%).</p>	<p>Work with partners to ensure access to health care for all children in the region.</p>
<p>HP 2030 aims to bring the proportion of pregnant women who receive early and adequate prenatal care to 80.5%. In the FTF Pima South Region, 63% of women began their prenatal care in the first trimester with 23% receiving 13 or more visits.</p>	<p>Promote the importance of early prenatal care and provide education on the impact of prenatal care on the mother and child's future well-being.</p>
<p>In 2020, in the Pima South Region, and in the county and state as a whole, about 65% of mothers participating in WIC reported being overweight or obese pre-pregnancy (see Exhibit 5.12). The rate of mothers being overweight or obese pre-pregnancy has remained steady from 2017 to 2020.</p>	<p>Support programs that educate pregnant and parenting mothers about healthy eating, active living, and maintaining healthy weight.</p>
<p><b>Family Support</b></p>	
<p>In Pima County and Arizona, the number of non-fatal overdoses from opiates or opioids increased from 2017 to 2020</p>	<p>Consider including substance abuse prevention resources and referrals in home visitation and parent education programs</p>
<p>The number of children and families receiving SNAP benefits has decreased from 2017 to 2020 in Pima South, Pima County and Arizona.</p>	<p>Consider examining alternative strategies to support food security for children and families.</p>

# APPENDIX A. MENTAL/BEHAVIORAL HEALTH SERVICES AND SUPPORTS

## Why it Matters

As this year’s regional needs and assets report comes amidst the COVID-19 pandemic, the Pima South Regional Partnership Council also solicited Harder+Co to conduct additional assessment activities to understand the availability and access to mental/behavioral health supports in Pima South and in Pima County overall. From April-July 2021, the Harder+Co evaluation team conducted interviews with ten key community leaders including:

- Community advocates,
- Early childhood education administrators,
- Mental health providers, and
- Other local service providers.

These interviewees explored how families with young children enter and navigate through the mental health/behavioral health service system, how they are referred into the system, and how they are referred out to other providers.

## What the Data Tells Us

### Families Face a Multitude of Stressors Affecting their Mental/Behavioral Health

All interviewees noted the multiple stressors affecting the families they serve. Most notably, they highlighted the link between families living in low-income households to poor health and increased risk for mental health problems. Many interviewees commented on the lack of affordable housing, food insecurity, and immigrant status as contributors to higher mental health challenges.

For children 0-5, all interviewees identified early adverse experiences in homes, such as exposure to violence and substance abuse and/or the mental illness of a parent or other caregiver, are tied to the development of early mental health problems. As an interviewee explained it, “These children are susceptible to transgenerational trauma that continues to be passed down. In supporting the individual child, we must also support the family as a whole.”

---

**“Many moms had to quit work and stay home with their kids. Due to being down to one income, this caused high levels of stress for these families.”**

**–Interviewee**

---

All interviewees discussed these stressors were only further exacerbated by the COVID-19 pandemic. Due to the pandemic, many families experienced job loss, challenges with school closures and lack of childcare, social isolation, etc. which increased symptoms of anxiety and/or depression. An interviewee noted, “Many moms had to quit work and stay home with their kids. Due to being down to one income, this caused high levels of stress for these families.” Also, some families lost loved ones which was an added struggle on top of these previously listed environmental struggles.

Moreover, interviewees acknowledged that the pandemic disproportionately affected the health and mental health of communities of color. They experienced much higher rates of infection and hospitalization from COVID-19. Not because they are more genetically susceptible to COVID-19, but because of existing circumstances that put them at increased risk. These circumstances include living in densely populated areas; living with multiple and multigenerational households in small living spaces; being an essential worker (such as health care support services and food services) who don’t have the luxury to work from home, have groceries delivered, or socially isolate themselves; and depending on public transportation to get to work.

### **Many Families Lack Access to Mental/Behavioral Health Services**

Access to mental/behavioral health care is broken down into two components – the specific services that individuals are unable to obtain and the barriers that prevent individuals from obtaining those services.

#### **Unavailable Services**

Community advocates interviewed consistently shared that it can be challenging for families to get mental/behavioral health care in Pima County, especially during the COVID-19 pandemic. Already, in Pima County, there is a shortage of mental/behavioral health professionals; in 2017, there were 1,704 mental health providers in Pima County, with a population to provider ratio of 600:1.<sup>97</sup> Through the COVID-19 pandemic, many behavioral health services were shut down or postponed, further impacting access to care.

For those who are insured, finding a mental health care provider who is available after work or school hours, is located reasonably close to home or work, has openings in a short time-frame, and who takes their insurance is a time-consuming and frustrating process. For those without insurance (e.g., the undocumented population) interviewees noted that it is nearly impossible to find a mental health care provider. Additionally, undocumented community members may tend to avoid or delay seeking care due to fear of deportation,

---

**“This County suffers from a lack of therapists to support our autistic children. We have very few developmental psychologists and there are long-wait times for the ones we do have.”**

**–Interviewee**

---

---

<sup>97</sup> 2018 Pima County Community Health Needs Assessment. Available here: [https://www.carondelet.org/docs/librariesprovidercarondelet/default-document-library/pima-county-chna-2.pdf?sfvrsn=93f1c338\\_0](https://www.carondelet.org/docs/librariesprovidercarondelet/default-document-library/pima-county-chna-2.pdf?sfvrsn=93f1c338_0)

resulting in emergency department visits.

In addition, providers are not evenly distributed across Pima County. The more rural (e.g., tribal) areas of Pima County often have few to no mental/behavioral providers at all, let alone providers who specialize in providing services to children and adolescents. Accessing specialty services is especially difficult. An interviewee stated, “This County suffers from a lack of therapists to support our autistic children. We have very few developmental psychologists and there are long-wait times for the ones we do have.” Another interviewee reported, “Every agency has a waitlist for behavioral health services. Some waitlists are 2-4 months.”

### **Barriers to Services**

In terms of the barriers that prevent individuals from obtaining these services, interviewees identified five primary barriers to accessing mental/behavioral health care in Pima County: (1) transportation; (2) stigma of needing/receiving mental/behavioral health; (3) fear related to immigration status; (4) lack of culturally competent/linguistically appropriate care options and (5) COVID-19 related challenges.

*Transportation* is critical in terms of accessibility of any type of health care including mental/behavioral health. Many populations, including low-income, rural, as well as older adults and those with disabilities, face challenges with transportation to be able to obtain care. Interviewees noted that for those without cars, public transportation to mental/behavioral health care appointments can be time-consuming, expensive, and inconvenient, and some hospitals and clinics are not easily reached by public transportation.

*Social Stigma*: Multiple studies have found that the stigma associated with mental illness often prevents people from accessing treatment. Interviewees noted that at one end of the spectrum, individuals’ own beliefs about mental health needs can prevent them from acknowledging their illness or sticking with treatment. On the other end, the very real risk of facing discrimination in social and professional circles creates a huge barrier. An interviewee commented, “People fear that family and friends will avoid them or treat them negatively.” Another interviewee stated, “Our tribal communities can be very private. It is critical to know how to gain their trust.”

*Fears related to immigration status* came up as an important barrier preventing families from accessing services. Interviewees described undocumented immigrants as living in a “constant state of fear” of detention and deportation. Interviewees talked about parents being terrified of their status becoming known, being deported, and being separated from their children; thus, they avoid seeking needed care.

Interviewees also noted that the inability to obtain *culturally competent/linguistically appropriate care* keeps residents from receiving mental/behavioral health care. They noted that most individuals prefer to receive services from people who are from or who understand their cultural background, and that cultural mismatches between providers and patients can create mistrust. They also noted that translators are often not available, which makes visits frustrating for both the patient and the provider. A few

interviewees spoke about how children are often utilized as translators, at times creating both an undue burden for the child and an uncomfortable situation for the parents who would rather keep their health information private.

Interviewees also noted the specific *COVID-19 challenges* which included both fear of being exposed to the virus during in-person visits and technology issues during virtual sessions. As an interviewee stated, “Not all families have access to computers or the internet. Also, computer literacy varies widely among clients.” Moreover, interviewees shared that it can be hard to get clients to prioritize their mental/behavioral needs when they are balancing so many other aspects of their life now exacerbated because of COVID-19. As one interviewee said, “If a mom can’t put food on the table, that is definitely her priority over focusing on her own health needs.”

### **There are Opportunities to Improve Access to Mental/Behavioral Health Services**

Reflecting on access and quality of mental/behavioral health services in Pima South, interviewees were asked to provide suggestions for how to improve these services for families and children. Responses were categorized and are reported as follows: increasing financing options, valuing in-home services, and taking a comprehensive approach to reaching services.

#### **Increasing Financing Options**

Interviewees expressed frustration around insurance coverage for mental/behavioral health services including affordability, insufficient coverage, eligibility requirements/limitations, wait time for authorizations, and barriers around insurance literacy among the insured. In fact, according to the literature, psychiatrists are far less likely than other providers to accept any type of insurance. While 73% of other providers accept Medicaid, only 43% of psychiatrists accept Medicaid. Slightly more than half of psychiatrists accept Medicare and private insurance, compared with more than 86% of other providers.<sup>98</sup> An interviewee stated, “We need payment reform. We need financing options, including reimbursements for coordination activities, community case management, transportation, and other supports.” Interviewees also reported a clear need for reforms that include quality measures. Some examples we heard included, linking a certain percentage of provider payments to adoption of, and fidelity to, evidence-based behavioral health prevention models, or supporting information sharing between educators and pediatric primary care providers and exploring opportunities for shared accountability measures

---

**“I am an advocate of the community health worker model, as these health workers share many of the same social, cultural, and economic characteristics as the participants, and can be the bridge between their communities and the healthcare system.”**

**–Interviewee**

---

<sup>98</sup> Bishop, T., Press, M., Keyhani, S., et al. (2014) *Acceptance of Insurance by Psychiatrists and the Implications for Access to Mental Health Care*. Available here: <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/1785174>

between health and education.

### **Valuing In-Home Services**

Consistently, interviewees reported that treatment needs to be delivered in non-stigmatizing environments, or in people’s homes. An interviewee noted, “Mobile clinics are great way to reach families where they are at. These mobile clinics should have a navigator who is bilingual and bi-cultural or means to connect with community outreach workers who can help gain trust and rapport with the families.” Another interviewee mentioned, “I am an advocate of the community health worker model, as these health workers share many of the same social, cultural, and economic characteristics as the participants, and can be the bridge between their communities and the healthcare system.” Interviewees reported that this model can be particularly valuable in rural communities and on tribal reservations where transportation is limited and travel to the target population is difficult or time-consuming for a typical healthcare provider. Other interviewees stated the need to also bring or utilize peer support services and peer support groups within the community. These individuals who have lived experience of recovery can help provide strategies, tools, and empathy that keep people feeling supported and engaged. An interviewee said, “People who are connected to others feel better and are more motivated to stay healthy.”

### **Taking a Comprehensive Approach to Reaching Services**

Interviewees reported a lack of coordination across mental and behavioral health and physical care providers, specialists, etc. in Pima County. They recommended improved care integration or the practice of incorporating behavioral health and substance use services into primary care settings and primary care into behavioral health and substance use service settings for the purpose of improving quality of care and outcomes. In addition, we heard the medical providers lack knowledge of where to refer families for mental/behavioral health services. As an interviewee reported, “Solutions should focus on evaluating patients for mental health needs whenever and wherever they come into contact with the healthcare system.” Mental health provider interviewees described the importance to co-locate<sup>99</sup> physical and behavioral health care at the same site and implement a joint/comprehensive electronic health records system, so all individual patient records are in one place, easily accessible by all service providers.

### **Additional Considerations**

In addition to the opportunities to improve access, highlighted additional considerations for addressing mental/behavioral health care needs in Pima South.

---

<sup>99</sup> Co-location can involve shared space, equipment, and staff for health and human services; coordinated care between services; or a partnership between health providers and human services providers. Co-location can streamline referrals, increase access to care, and increase communication between different providers.

## Treating the Whole Person through a Holistic Care Approach

Interviewees emphasized the importance of mental/behavioral health providers approaching patients holistically, embracing the mind, body, and spirit by actively listening to participants' experiences and working in partnership to develop actions that will improve their overall health and wellbeing. An interviewee described, "I like to use mindfulness techniques and meditation with my patients to help control their stress. If I can't help the participant decompress and focus, I won't be able to help them at all." Another interviewee reported how useful it is to apply mindfulness techniques with children. They stated, "This is good for the kiddos. I have them listen to a bell and teach them simple breathing strategies."

---

**“Staff in our mental/behavioral health fields have seen some really hard things. Repeatedly, they burn out and leave the field.”**

**—Interviewee**

---

## Supporting a Culture of Staff Wellness

Another consistent theme culled from interviews was the importance to support a culture of staff wellness by educating staff on secondary traumatic stress, trauma, burnout, and self-care. We heard it is important to incorporate staff wellness activities like meditation, stretching, and mindfulness exercises into meetings and daily work. Also, interviewees support the promotion of a healthy work/life balance by encouraging employees to take paid time off as needed. An interviewee noted, "Staff in our mental/behavioral health fields have seen some really hard things. Repeatedly, they burn out and leave the field." Workforce shortages create severe deficits across the mental/behavioral health continuum of care, limiting access to critical services. Recruiting and retaining qualified mental/behavioral health providers is and continues to be a growing challenge.

## Continuing to Educate the Community

Education about mental/behavioral health issues and utilizing natural community hubs such as beauty salons, barber shops, and faith-based institutions as points of dissemination were also common themes. An interviewee noted, "Wherever a lot of people meet and congregate is a very good place to have education. Churches are a great place to have health fairs, have opportunities to have practitioners come in and talk about various mental/behavioral health needs." Additionally, interviewees support the creation of a digital mental/behavioral health resource guide.



# APPENDIX B. SUBREGIONAL FACT BOXES

The following pages include the subregional fact boxes for eight subregions of the FTF Pima South Region. The subregions are grouped by zip code as follows:

1. Ajo: 85321
2. Amado: 85645, 85601, 85633
3. Drexel Heights: 85746, 85757, 85735
4. Rita Ranch: 85747
5. Sahuarita: 85629, 85614
6. Sunnyside: 85706, 85756
7. Three Points: 85736
8. Vail: 85641

	%	N
85321	100%	3,149

U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B01003.

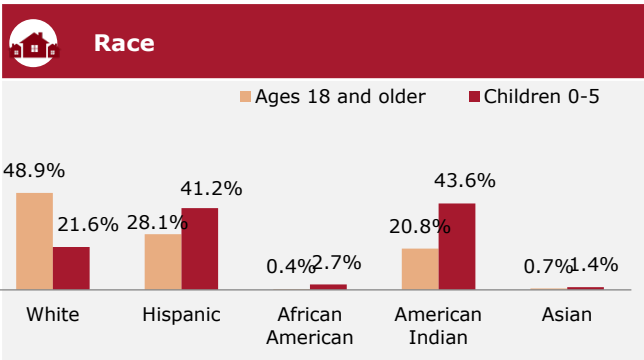
## DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	3,149	
Population below Poverty*		863 ** (27.7%)
Children 0-5	338	
Children 0-5 below Poverty*		55 (42.3%)**
Population Change Children 0-5 for 2015-2019		-61.8%

\*Where economic status is reported

\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.

\*\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.



U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

### Families

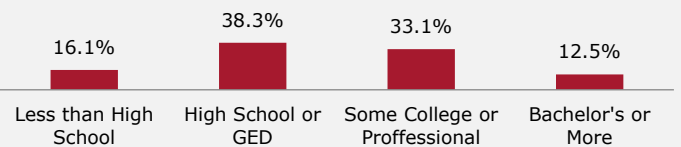
Total Number of Families	706
Families with Children 0-5	173 (24.6%)
Singles Parent Families with Children 0-5	118 (68.2%)
Single Parent Families with Children 0-5 (Mother only)	98 (56.7%)

U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17006.

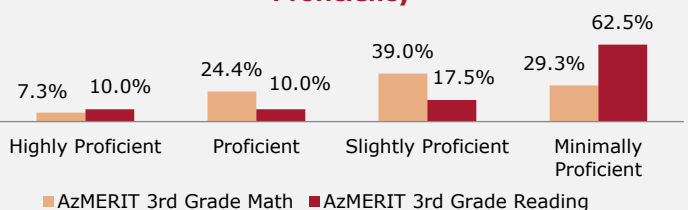
### Additional FTF Data

Children 0-5 Living with Grandparents <sup>1</sup>	91 (26.9%)
Dropout Rate (7 <sup>th</sup> to 12 <sup>th</sup> ) <sup>2</sup>	2.9%
Children 0-5 without Health Insurance <sup>3</sup>	7 (5.4%)
<b>Employment Status of Parents of Children 0-5<sup>4</sup></b>	
Two Parents - Both Employed	11.9%
Two Parents - One Employed	21.2%
One Parent - Employed	35.8%
One Parent - Not Employed	31.1%
Other	0.0%

### Educational Attainment Adults<sup>5</sup>



### AzMERIT 3rd Grade Reading and Math Proficiency<sup>6</sup>



1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.

2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.

3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.

4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.

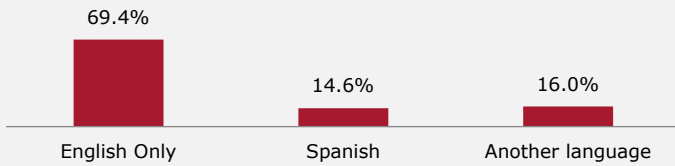
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.

6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.

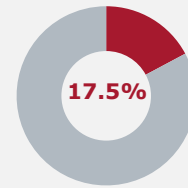


## Language Characteristics

### Primary Language Spoken at Home<sup>1</sup>



### Percent of children 0-5 living with parent(s) born outside the U.S.<sup>2</sup>



1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.

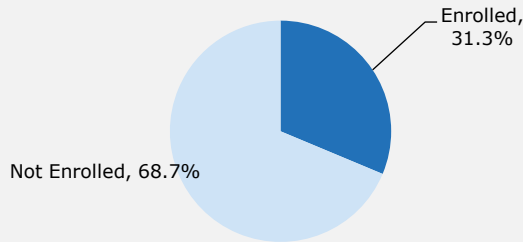
2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

## EARLY EDUCATION AND CHILDCARE



## Child Care

### Children 3-4 enrolled in early childhood education<sup>1</sup>



### Median Cost per Day of Licensed Centers<sup>2</sup>

Category	One Infant	One 1 or 2 Yr Old	One 3-5 Yr Old Per Day
DES Child Care Subsidy Eligibility- Children 0-5 <sup>3</sup>			*
DES Child Care Subsidy Recipients-Children 0-5 <sup>3</sup>			*
Total number of Early Care and Education Centers and Homes <sup>4</sup>			4
Total Capacity of Centers and Homes <sup>4</sup>			82

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.

2 Arizona Department of Economic Security (2018).Childcare Resource and Referral. Provided by AZ FTF.

3 Arizona Department of Economic Security (2020).Childcare Resource and Referral. Provided by AZ FTF.

4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

\*Data suppressed: Non-zero count less than 10.

## HEALTH

Child Immunizations for Children in Child Care	2020
4+ doses DTaP	100.0%
3+ doses Polio	100.0%
2+ doses MMR	100.0%
3+ doses HIB	100.0%
2 doses Hepatitis A	66.7%
3+ doses Hepatitis B	100.0%
1+ doses Varicella	100.0%

Child Immunizations for Kindergarteners	2020
4+ doses DTaP	91.7%
3+ doses Polio	91.7%
2+ doses MMR	91.7%
3+ doses Hepatitis B	95.8%
2+ doses Varicella	87.5%
1 dose Varicella + History	8.3%

Immunization Data Reports (2020). Provided by AZ FTF.

Immunization Data Reports (2020). Provided by AZ FTF.

## FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2020
TANF Family Recipients with Children 0-5	*
TANF Children 0-5 Recipients	19
SNAP Recipients - Families with Children 0-5	99
SNAP Recipients - Children 0-5	157

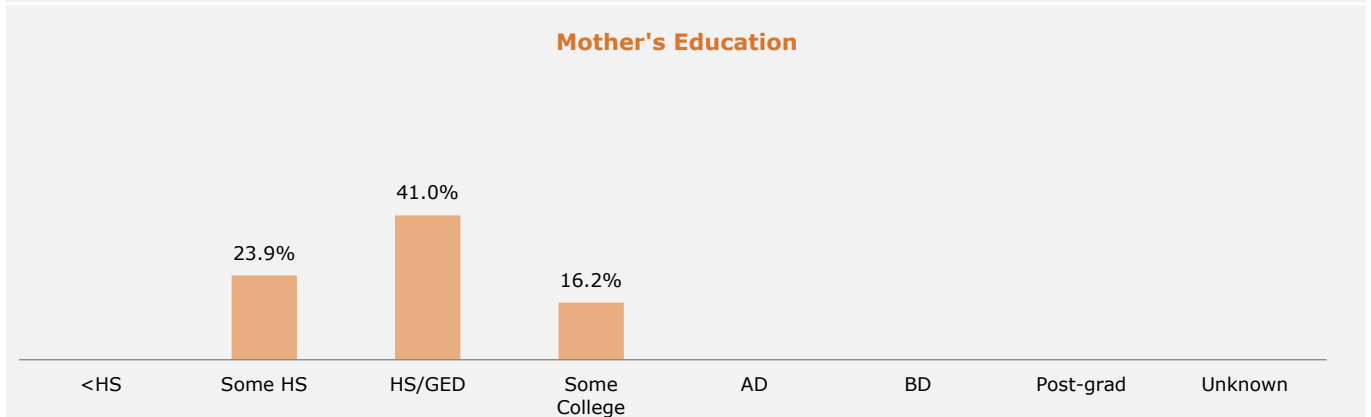
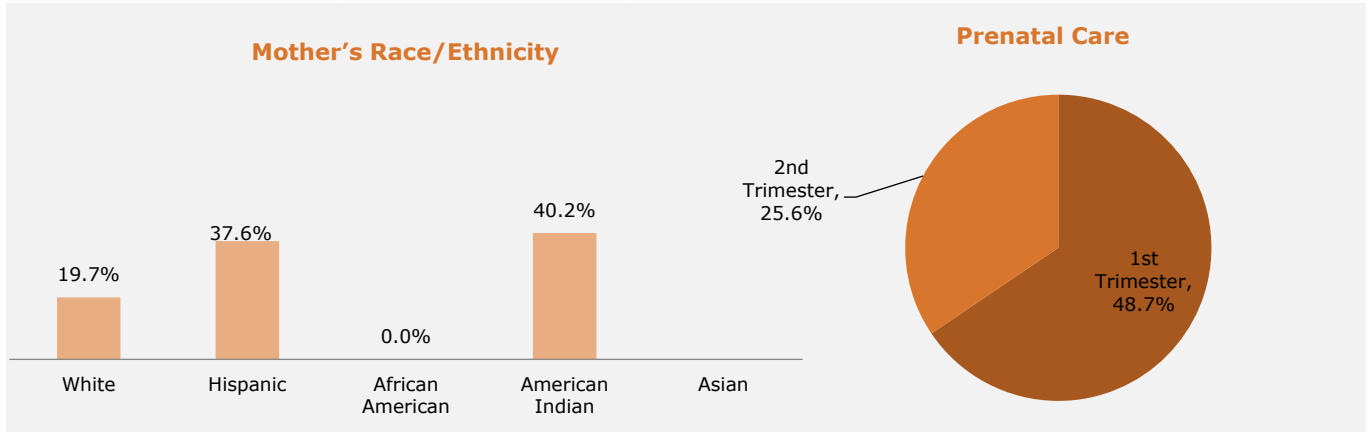
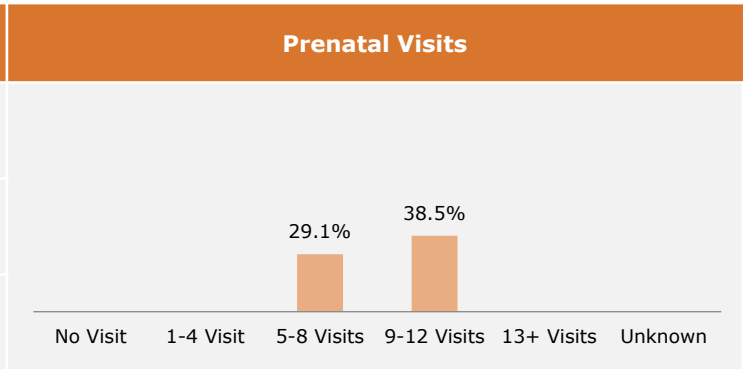
Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.  
 Arizona Department of Economic Security (2020). Supplemental Nutrition Assistance Program (SNAP).  
 \*Data suppressed: Non-zero count less than 10

WIC Enrollment	'17	'18	'19	'20
WIC Enrolled Women	32	28	26	39
WIC Enrolled Children 0-4	56	48	64	64

Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF.

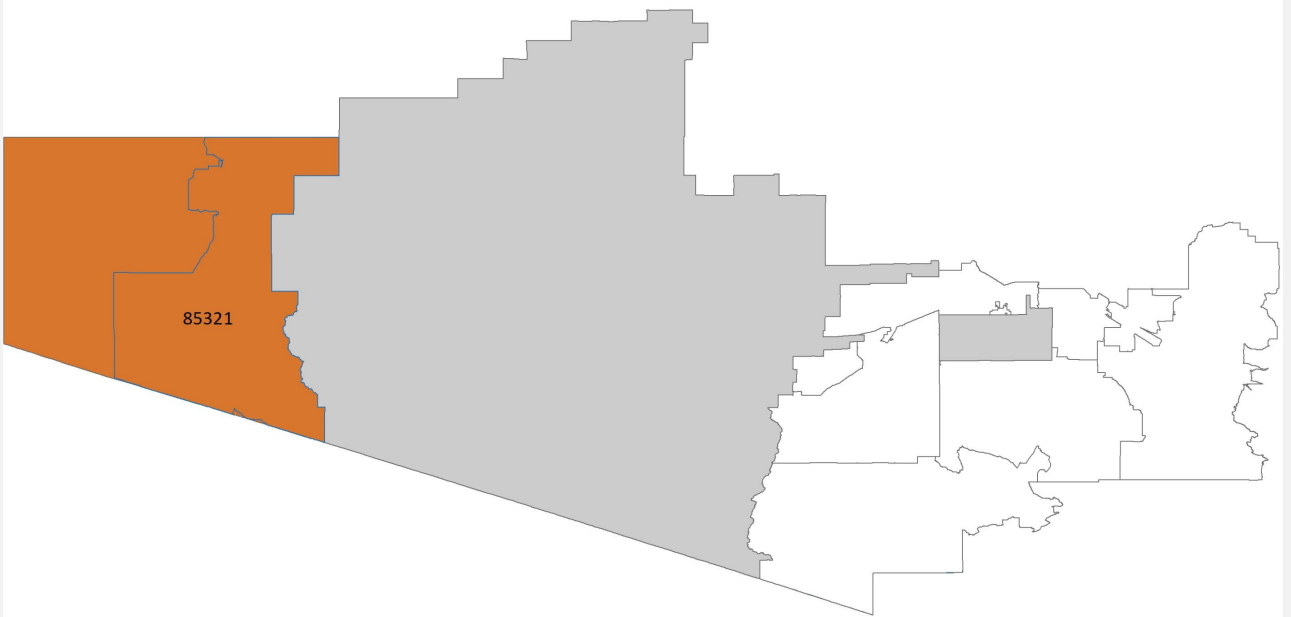
## MATERNAL HEALTH

Maternal Health	
Teen Mothers	*
Low Birth Weight	*
Ever Breastfed	13 (61.9%)



Arizona Department of Health Services (2019). Vital Statistics. Provided by AZ FTF.  
 \*Data suppressed: Non-zero count less than 6

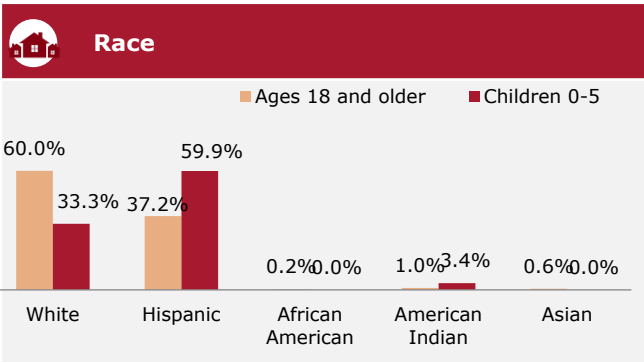
# Subregion Map



# Amado

	%	N
85601	22%	723
85633	1%	41
85645	76%	2,476

U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B01003.



U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

## DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	3,240	
Population below Poverty*		239 ** (7.5%)
Children 0-5	179	
Children 0-5 below Poverty*		0 (0.0%)**
Population Change Children 0-5 for 2015-2019		-46.4%

\*Where economic status is reported

\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.

\*\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

### Families

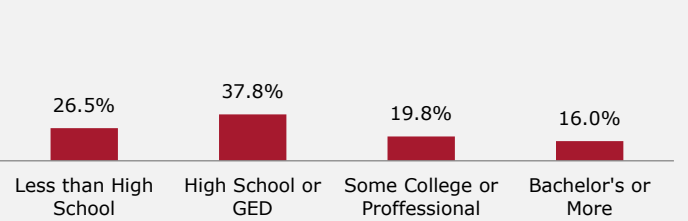
Total Number of Families	519
Families with Children 0-5	96 (18.5%)
Singles Parent Families with Children 0-5	75 (78.1%)
Single Parent Families with Children 0-5 (Mother only)	29 (30.2%)

U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17006.

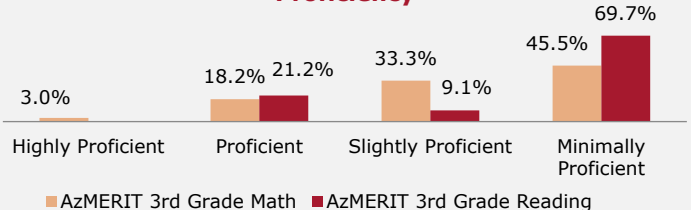
### Additional FTF Data

Children 0-5 Living with Grandparents <sup>1</sup>	45 (25.1%)
Dropout Rate (7 <sup>th</sup> to 12 <sup>th</sup> ) <sup>2</sup>	NA
Children 0-5 without Health Insurance <sup>3</sup>	0 (0.0%)
<b>Employment Status of Parents of Children 0-5<sup>4</sup></b>	
Two Parents - Both Employed	0.0%
Two Parents - One Employed	0.0%
One Parent - Employed	100.0%
One Parent - Not Employed	0.0%
Other	0.0%

### Educational Attainment Adults<sup>5</sup>



### AzMERIT 3rd Grade Reading and Math Proficiency<sup>6</sup>



1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.

2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.

3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.

4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.

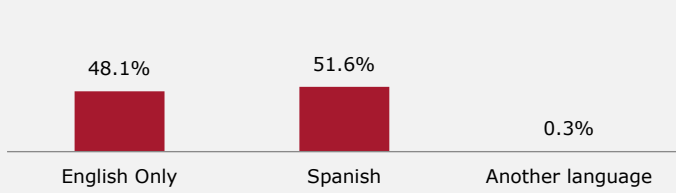
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.

6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.

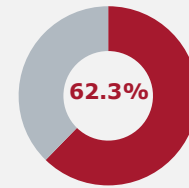


## Language Characteristics

### Primary Language Spoken at Home<sup>1</sup>



### Percent of children 0-5 living with parent(s) born outside the U.S.<sup>2</sup>



1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.

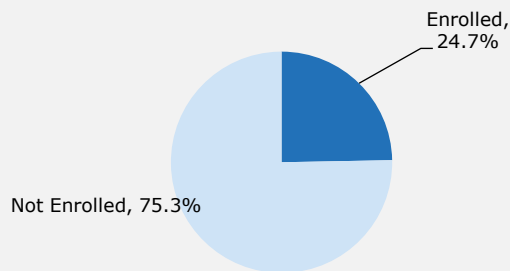
2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

## EARLY EDUCATION AND CHILDCARE

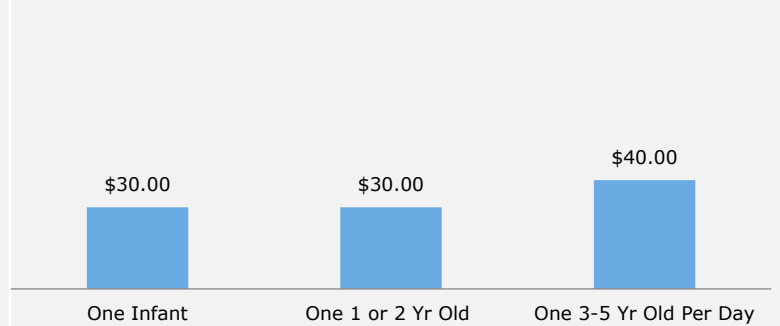


### Child Care

### Children 3-4 enrolled in early childhood education<sup>1</sup>



### Median Cost per Day of Licensed Centers<sup>2</sup>



DES Child Care Subsidy Eligibility- Children 0-5<sup>3</sup>

\*

DES Child Care Subsidy Recipients-Children 0-5<sup>3</sup>

\*

Total number of Early Care and Education Centers and Homes<sup>4</sup>

4

Total Capacity of Centers and Homes<sup>4</sup>

108

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.

2 Arizona Department of Economic Security (2018).Childcare Resource and Referral. Provided by AZ FTF.

3 Arizona Department of Economic Security (2020).Childcare Resource and Referral. Provided by AZ FTF.

4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

\*Data suppressed: Non-zero count less than 10

## HEALTH

Child Immunizations for Children in Child Care	2020
4+ doses DTaP	54.5%
3+ doses Polio	45.5%
2+ doses MMR	72.7%
3+ doses HIB	63.6%
2 doses Hepatitis A	36.4%
3+ doses Hepatitis B	63.6%
1+ doses Varicella	72.7%

Child Immunizations for Kindergarteners	2020
4+ doses DTaP	100.0%
3+ doses Polio	100.0%
2+ doses MMR	87.5%
3+ doses Hepatitis B	100.0%
2+ doses Varicella	87.5%
1 dose Varicella + History	12.5%

Immunization Data Reports (2020). Provided by AZ FTF.

Immunization Data Reports (2020). Provided by AZ FTF.

## FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2020
TANF Family Recipients with Children 0-5	*
TANF Children 0-5 Recipients	*
SNAP Recipients - Families with Children 0-5	56
SNAP Recipients - Children 0-5	81

Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.  
 Arizona Department of Economic Security (2020). Supplemental Nutrition Assistance Program (SNAP).  
 \*Data suppressed: Non-zero count less than 10

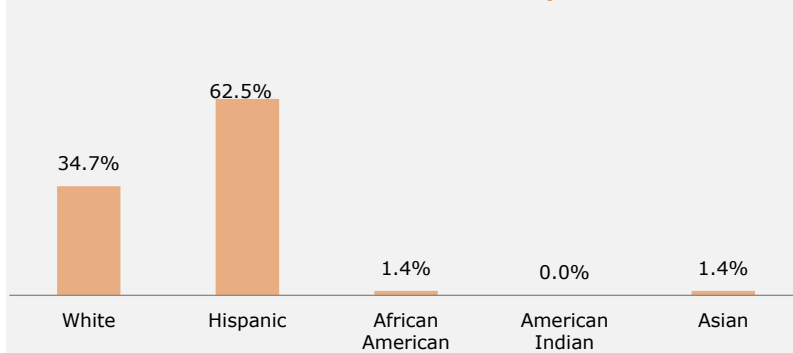
WIC Enrollment	'17	'18	'19	'20
WIC Enrolled Women	33	39	31	27
WIC Enrolled Children 0-4	60	52	54	60

Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF.

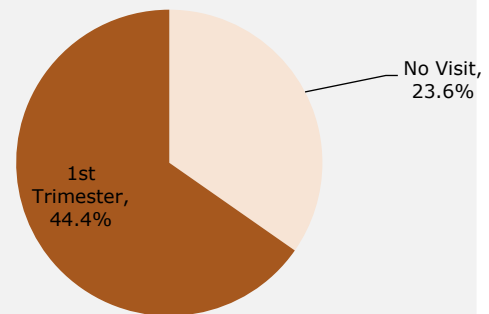
## MATERNAL HEALTH

Maternal Health		Prenatal Visits
Teen Mothers	*	
Low Birth Weight	0 (1.4%)	
Ever Breastfed	8 (80.0%)	

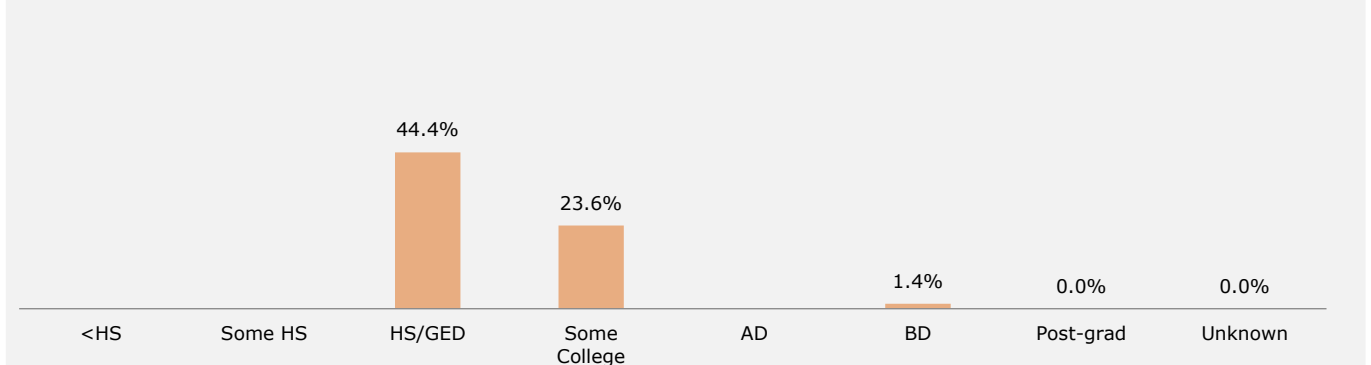
### Mother's Race/Ethnicity



### Prenatal Care



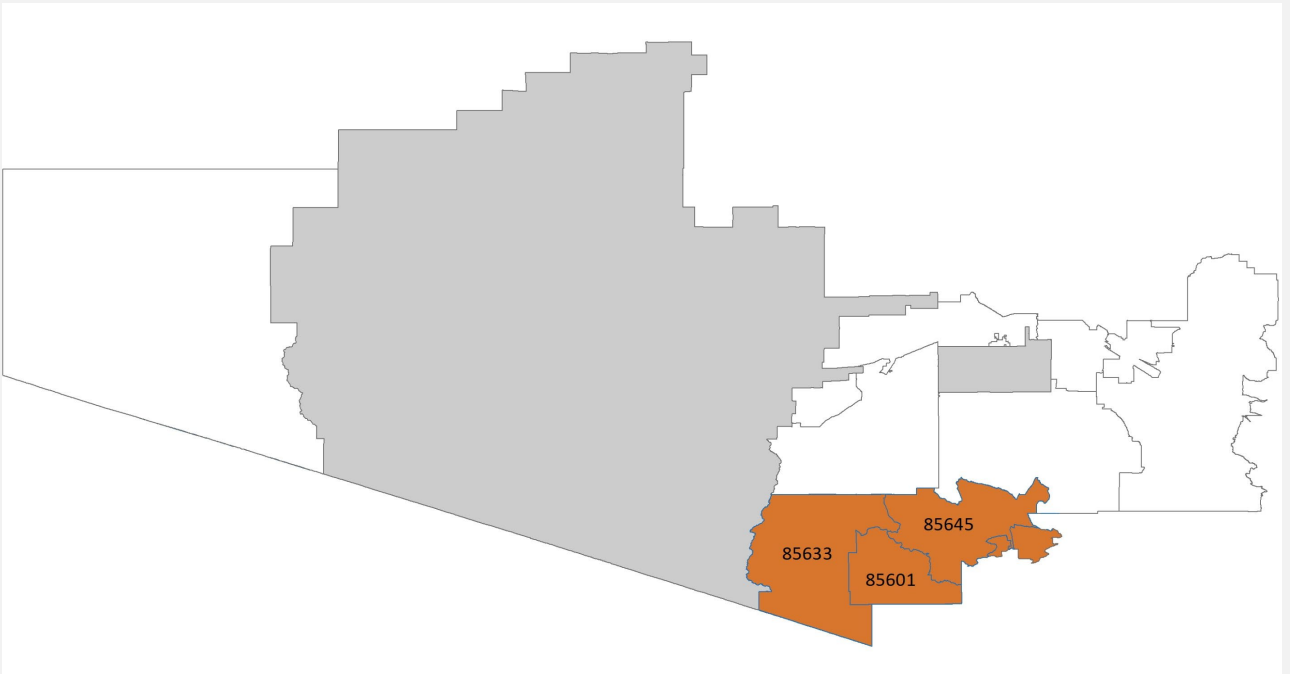
### Mother's Education



Arizona Department of Health Services (2019). Vital Statistics. Provided by AZ FTF.  
 \*Data suppressed: Non-zero count less than 6



# Subregion Map



# Drexel Heights

	%	N
<b>85735</b>	<b>15%</b>	<b>10,978</b>
<b>85746</b>	<b>62%</b>	<b>44,194</b>
<b>85757</b>	<b>23%</b>	<b>16,177</b>

U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B01003.

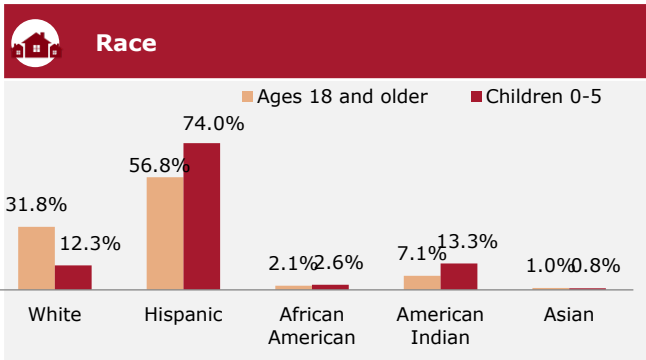
## DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	71,349	
Population below Poverty*		14,425 ** (20.4%)
Children 0-5	7,251	
Children 0-5 below Poverty*		2,078 (37.6%)**
Population Change Children 0-5 for 2015-2019		-21.5%

\*Where economic status is reported

\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.

\*\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.



U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

### Families

Total Number of Families	19,911
Families with Children 0-5	5,704 (28.6%)
Singles Parent Families with Children 0-5	2,762 (48.4%)
Single Parent Families with Children 0-5 (Mother only)	1,901 (33.3%)

U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17006.

### Additional FTF Data

Children 0-5 Living with Grandparents <sup>1</sup>	1,587 (21.9%)
Dropout Rate (7 <sup>th</sup> to 12 <sup>th</sup> ) <sup>2</sup>	4.8%
Children 0-5 without Health Insurance <sup>3</sup>	423 (7.4%)

### Employment Status of Parents of Children 0-5<sup>4</sup>

Two Parents - Both Employed	25.5%
Two Parents - One Employed	19.4%
One Parent - Employed	41.7%
One Parent - Not Employed	12.8%
Other	0.7%

### Educational Attainment Adults<sup>5</sup>

Less than High School	16.4%
High School or GED	30.4%
Some College or Professional	39.2%
Bachelor's or More	13.9%

### AzMERIT 3rd Grade Reading and Math Proficiency<sup>6</sup>

Proficiency Level	AzMERIT 3rd Grade Math	AzMERIT 3rd Grade Reading
Highly Proficient	9.8%	7.7%
Proficient	27.3%	25.6%
Slightly Proficient	30.3%	14.0%
Minimally Proficient	32.6%	52.8%

1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.

2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.

3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.

4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.

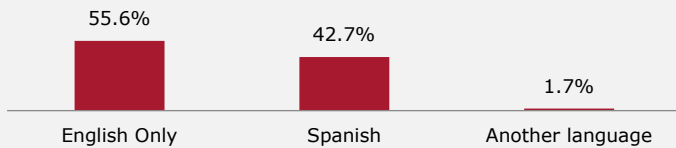
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.

6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.

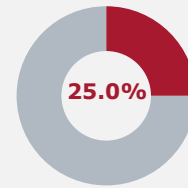


## Language Characteristics

### Primary Language Spoken at Home<sup>1</sup>



### Percent of children 0-5 living with parent(s) born outside the U.S.<sup>2</sup>



1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.

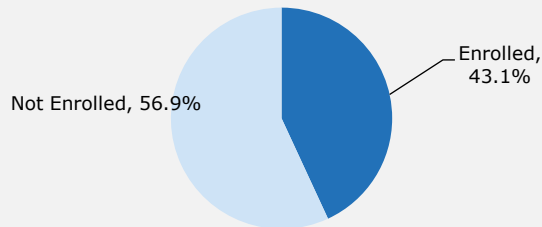
2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

## EARLY EDUCATION AND CHILDCARE

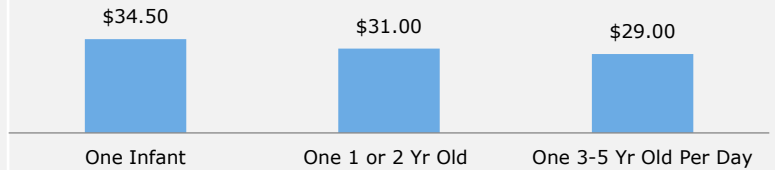


### Child Care

#### Children 3-4 enrolled in early childhood education<sup>1</sup>



#### Median Cost per Day of Licensed Centers<sup>2</sup>



DES Child Care Subsidy Eligibility- Children 0-5<sup>3</sup>

432

DES Child Care Subsidy Recipients-Children 0-5<sup>3</sup>

358

Total number of Early Care and Education Centers and Homes<sup>4</sup>

85

Total Capacity of Centers and Homes<sup>4</sup>

2,694

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.

2 Arizona Department of Economic Security (2018).Childcare Resource and Referral. Provided by AZ FTF.

3 Arizona Department of Economic Security (2020).Childcare Resource and Referral. Provided by AZ FTF.

4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

## HEALTH

Child Immunizations for Children in Child Care	2020
4+ doses DTaP	98.1%
3+ doses Polio	98.7%
2+ doses MMR	99.3%
3+ doses HIB	98.8%
2 doses Hepatitis A	88.9%
3+ doses Hepatitis B	98.8%
1+ doses Varicella	99.3%

Child Immunizations for Kindergarteners	2020
4+ doses DTaP	98.1%
3+ doses Polio	98.3%
2+ doses MMR	98.3%
3+ doses Hepatitis B	98.7%
2+ doses Varicella	94.2%
1 dose Varicella + History	5.1%

Immunization Data Reports (2020). Provided by AZ FTF.

Immunization Data Reports (2020). Provided by AZ FTF.

## FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

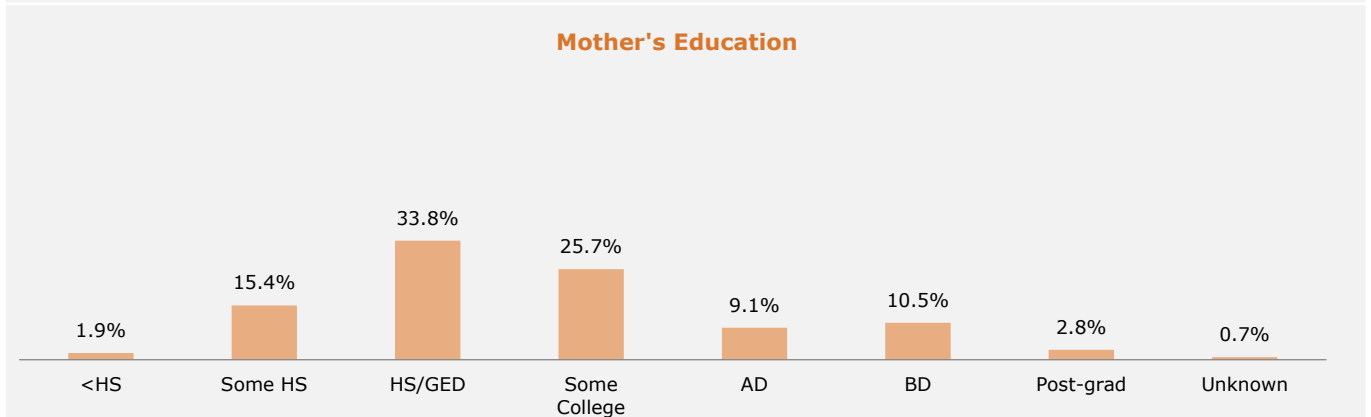
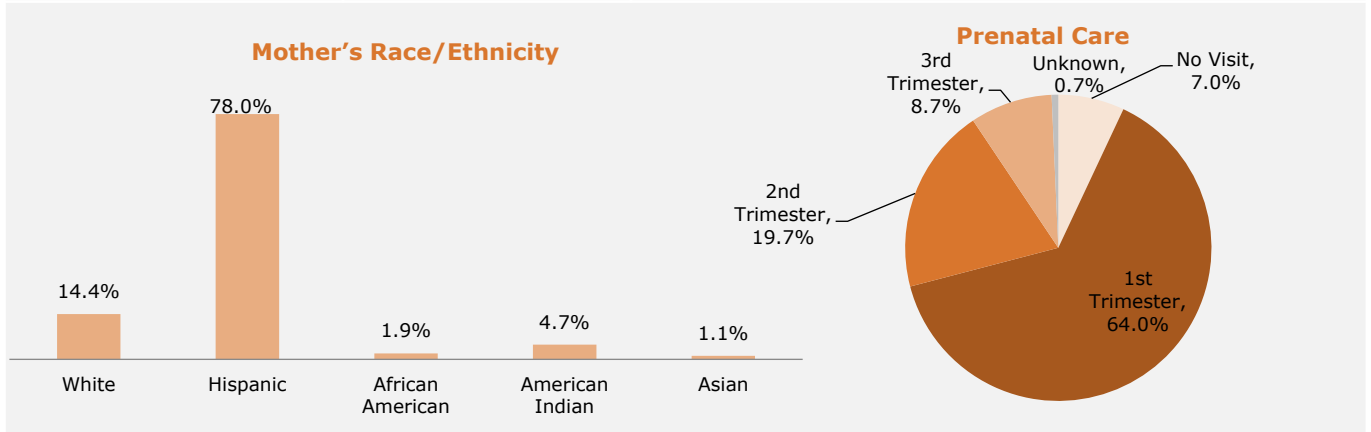
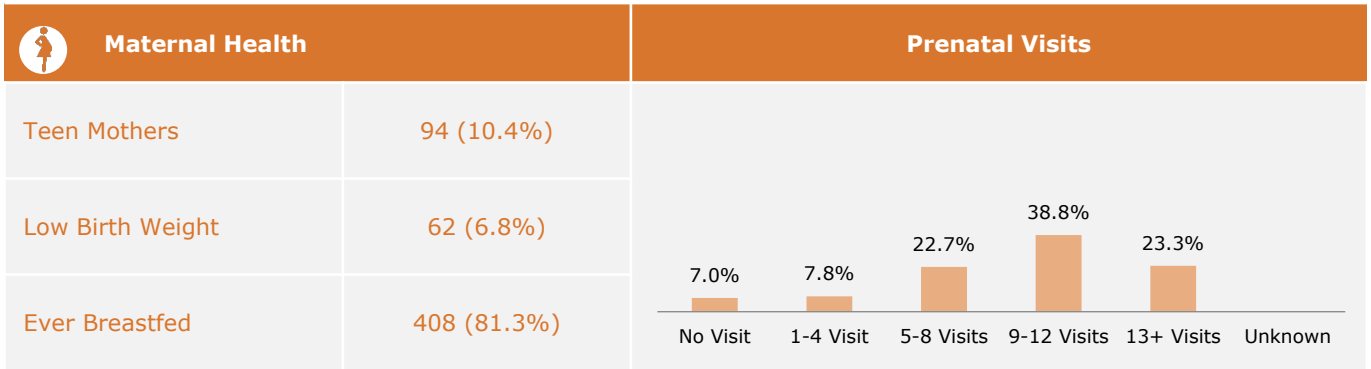
Public Assistance	2020
TANF Family Recipients with Children 0-5	211
TANF Children 0-5 Recipients	280
SNAP Recipients - Families with Children 0-5	2,032
SNAP Recipients - Children 0-5	2,964

Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.  
 Arizona Department of Economic Security (2020). Supplemental Nutrition Assistance Program (SNAP).

WIC Enrollment	'17	'18	'19	'20
WIC Enrolled Women	1,082	1,057	1,000	987
WIC Enrolled Children 0-4	1,889	1,914	1,900	1,910

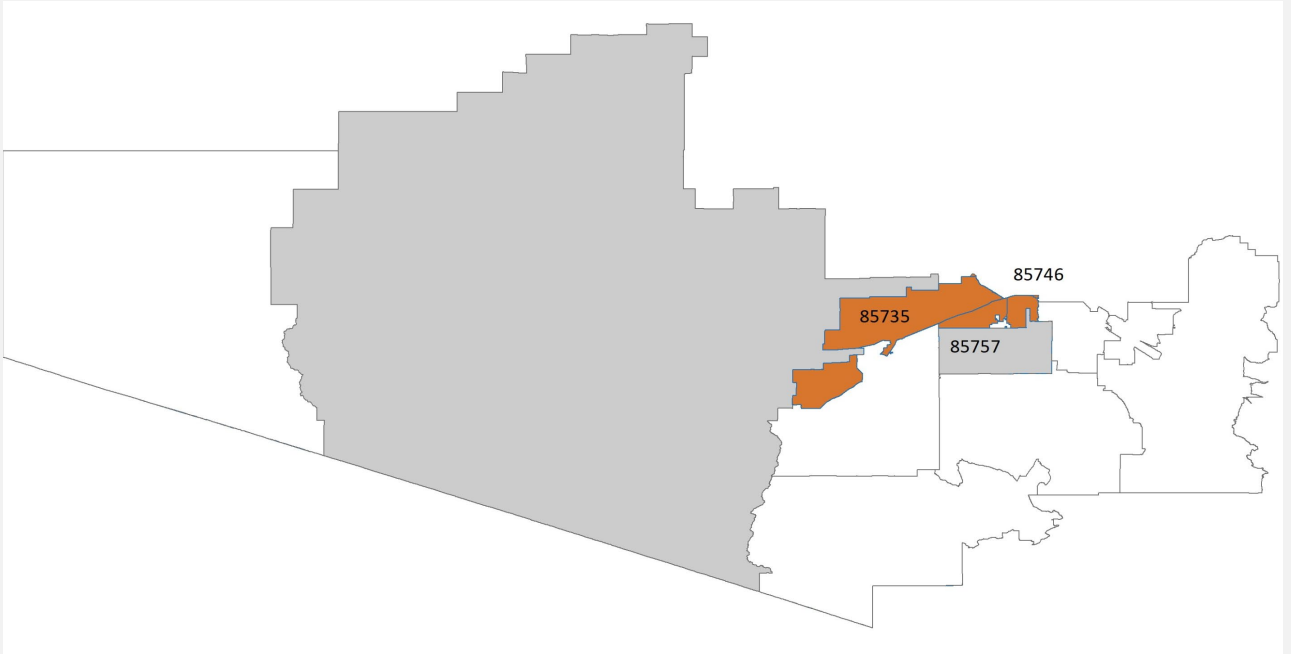
Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF.

## MATERNAL HEALTH



Arizona Department of Health Services (2019). Vital Statistics. Provided by AZ FTF.  
 \*Data suppressed: Non-zero count less than 6

# Subregion Map



# Rita Ranch

	%	N
<b>85747</b>	<b>100%</b>	<b>26,711</b>

U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B01003.

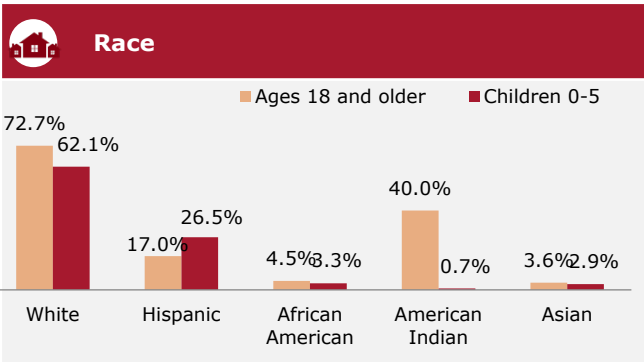
## DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	26,711	
Population below Poverty*		1,527 ** (5.7%)
Children 0-5	2,227	
Children 0-5 below Poverty*		221 (8.9%)**
Population Change Children 0-5 for 2015-2019		+12.4%

\*Where economic status is reported

\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.

\*\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.



U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

### Families

Total Number of Families	7,991
Families with Children 0-5	2,471 (30.9%)
Singles Parent Families with Children 0-5	488 (19.7%)
Single Parent Families with Children 0-5 (Mother only)	362 (14.6%)

U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17006.

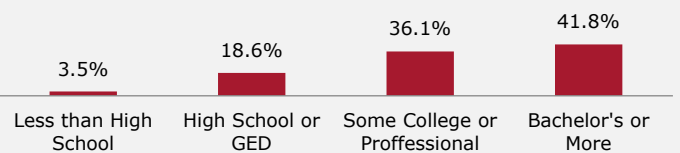
### Additional FTF Data

Children 0-5 Living with Grandparents <sup>1</sup>	169 (7.6%)
Dropout Rate (7 <sup>th</sup> to 12 <sup>th</sup> ) <sup>2</sup>	0.8%
Children 0-5 without Health Insurance <sup>3</sup>	54 (2.2%)

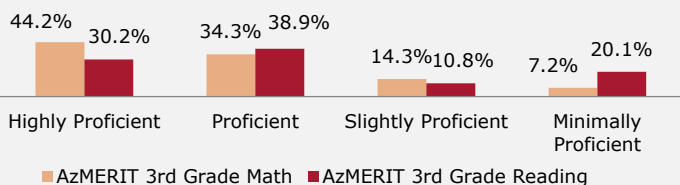
### Employment Status of Parents of Children 0-5<sup>4</sup>

Two Parents - Both Employed	45.8%
Two Parents - One Employed	30.3%
One Parent - Employed	16.5%
One Parent - Not Employed	6.7%
Other	0.6%

### Educational Attainment Adults<sup>5</sup>



### AzMERIT 3rd Grade Reading and Math Proficiency<sup>6</sup>



1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.

2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.

3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.

4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.

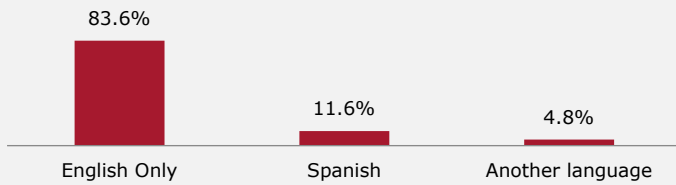
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.

6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.

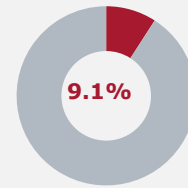


## Language Characteristics

### Primary Language Spoken at Home<sup>1</sup>



### Percent of children 0-5 living with parent(s) born outside the U.S.<sup>2</sup>



1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.

2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

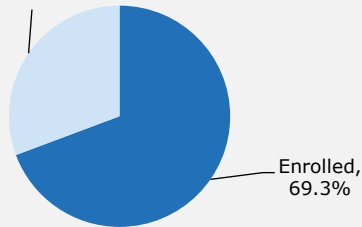
## EARLY EDUCATION AND CHILDCARE



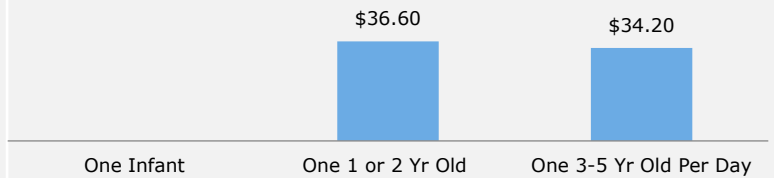
### Child Care

### Children 3-4 enrolled in early childhood education<sup>1</sup>

Not Enrolled, 30.7%



### Median Cost per Day of Licensed Centers<sup>2</sup>



DES Child Care Subsidy Eligibility- Children 0-5<sup>3</sup>

49

DES Child Care Subsidy Recipients-Children 0-5<sup>3</sup>

41

Total number of Early Care and Education Centers and Homes<sup>4</sup>

27

Total Capacity of Centers and Homes<sup>4</sup>

2,306

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.

2 Arizona Department of Economic Security (2018).Childcare Resource and Referral. Provided by AZ FTF.

3 Arizona Department of Economic Security (2020).Childcare Resource and Referral. Provided by AZ FTF.

4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

## HEALTH

Child Immunizations for Children in Child Care	2020
4+ doses DTaP	99.0%
3+ doses Polio	99.0%
2+ doses MMR	99.5%
3+ doses HIB	99.0%
2 doses Hepatitis A	94.4%
3+ doses Hepatitis B	99.5%
1+ doses Varicella	99.5%

Child Immunizations for Kindergarteners	2020
4+ doses DTaP	96.0%
3+ doses Polio	96.4%
2+ doses MMR	96.6%
3+ doses Hepatitis B	97.4%
2+ doses Varicella	88.5%
1 dose Varicella + History	8.1%

Immunization Data Reports (2020). Provided by AZ FTF.

Immunization Data Reports (2020). Provided by AZ FTF.

## FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2020
TANF Family Recipients with Children 0-5	33
TANF Children 0-5 Recipients	44
SNAP Recipients - Families with Children 0-5	219
SNAP Recipients - Children 0-5	311

Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.  
 Arizona Department of Economic Security (2020). Supplemental Nutrition Assistance Program (SNAP).

WIC Enrollment	'17	'18	'19	'20
WIC Enrolled Women	93	97	101	99
WIC Enrolled Children 0-4	165	183	184	189

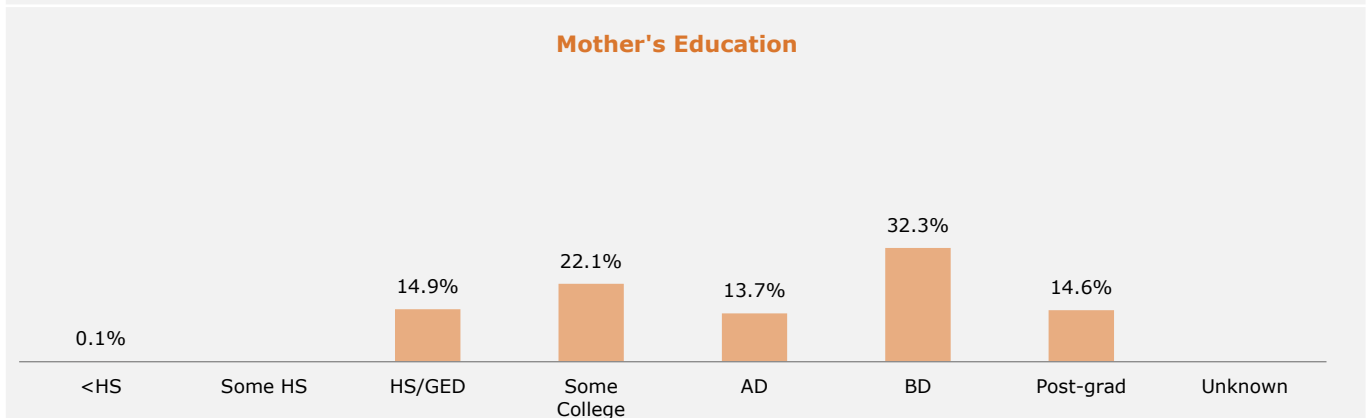
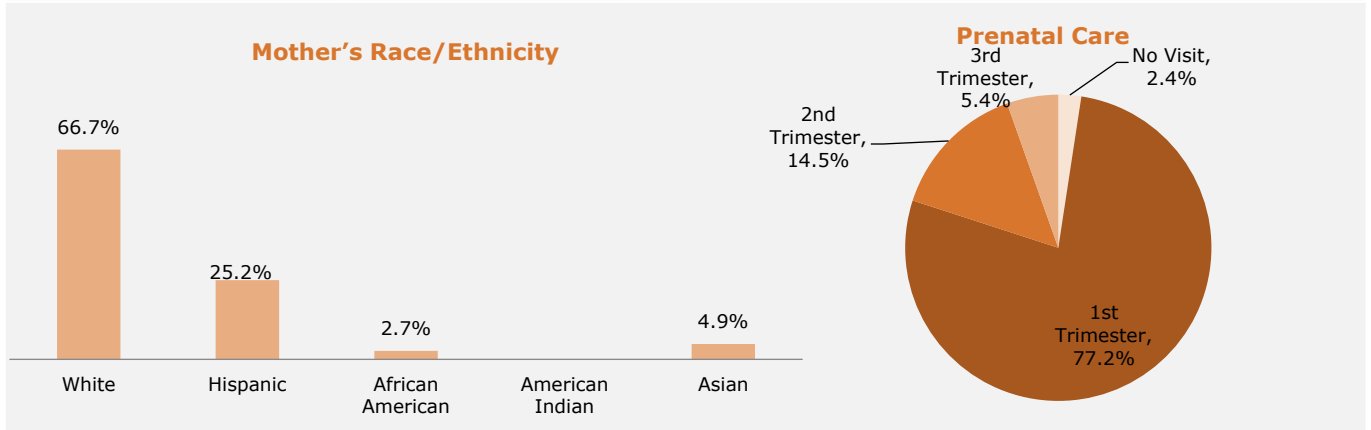
Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF.

## MATERNAL HEALTH

Maternal Health	Prenatal Visits
Teen Mothers	7 (2.3%)
Low Birth Weight	18 (6.0%)
Ever Breastfed	46 (78.0%)

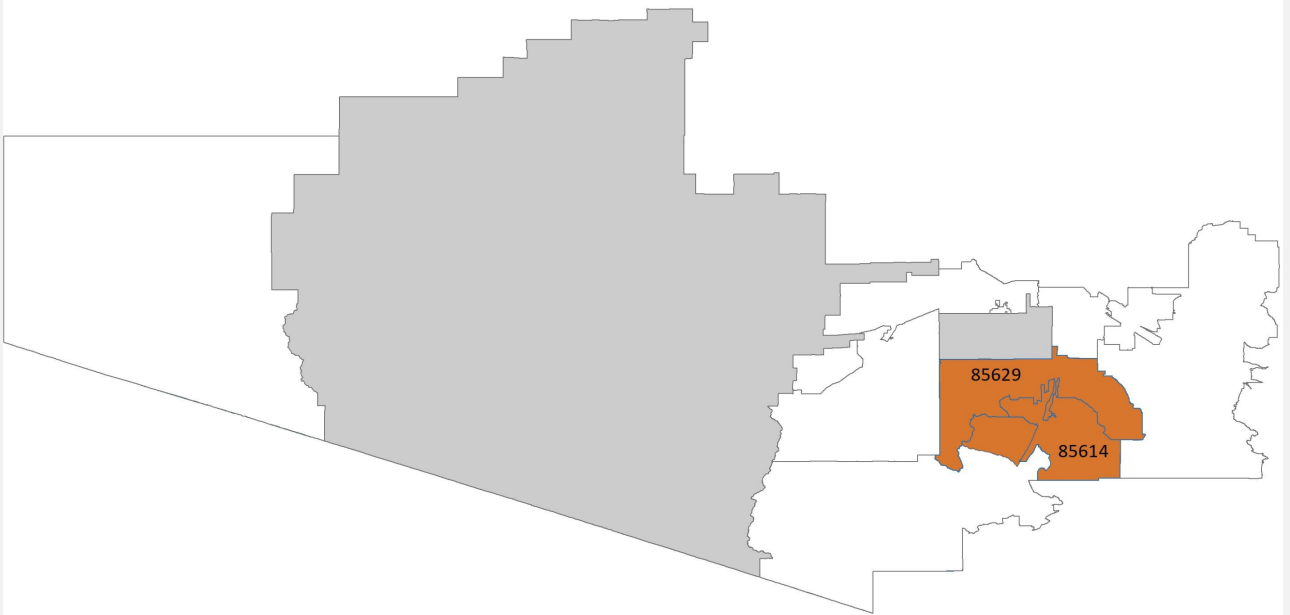
Visits	Percentage
No Visit	2.4%
1-4 Visits	4.2%
5-8 Visits	12.4%
9-12 Visits	47.9%
13+ Visits	33.0%
Unknown	0.1%



Arizona Department of Health Services (2019). Vital Statistics. Provided by AZ FTF.  
 \*Data suppressed: Non-zero count less than 6



# Subregion Map



# Sahuarita

	%	N
<b>85614</b>	<b>48%</b>	<b>23,777</b>
<b>85629</b>	<b>52%</b>	<b>25,770</b>

U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B01003.

## DEMOGRAPHICS

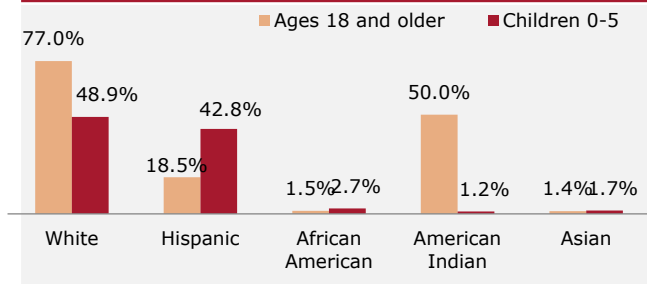
Population	2010 Census	5 Year Estimate
Total Population	49,547	
Population below Poverty*		3,231 ** (6.6%)
Children 0-5	3,380	
Children 0-5 below Poverty*		234 (7.0%)**
Population Change Children 0-5 for 2015-2019		-1.4%

\*Where economic status is reported

\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.

\*\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

## Race



U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

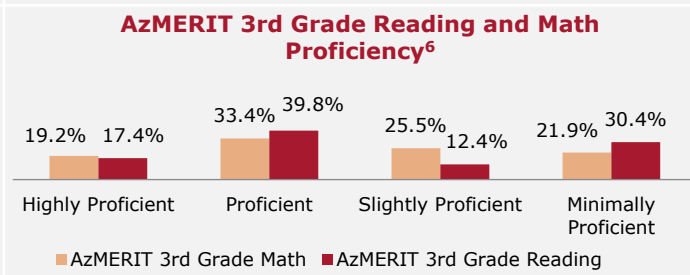
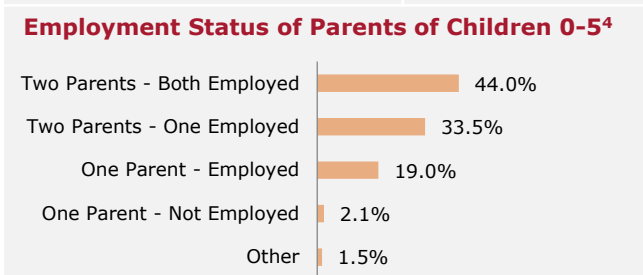
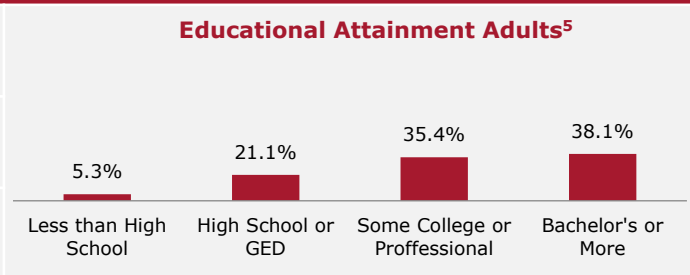
## Families

Total Number of Families	9,287
Families with Children 0-5	3,322 (35.8%)
Singles Parent Families with Children 0-5	633 (19.1%)
Single Parent Families with Children 0-5 (Mother only)	328 (9.9%)

U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17006.

## Additional FTF Data

Children 0-5 Living with Grandparents <sup>1</sup>	225 (6.7%)
Dropout Rate (7 <sup>th</sup> to 12 <sup>th</sup> ) <sup>2</sup>	1.5%
Children 0-5 without Health Insurance <sup>3</sup>	126 (3.8%)



1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.

2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.

3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.

4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.

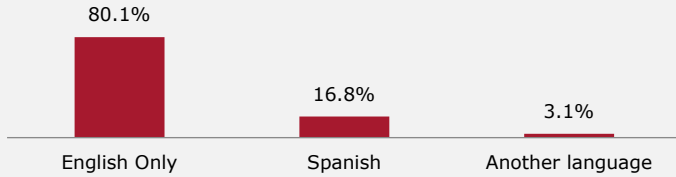
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.

6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.

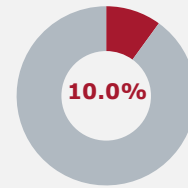


## Language Characteristics

### Primary Language Spoken at Home<sup>1</sup>



### Percent of children 0-5 living with parent(s) born outside the U.S.<sup>2</sup>



1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.

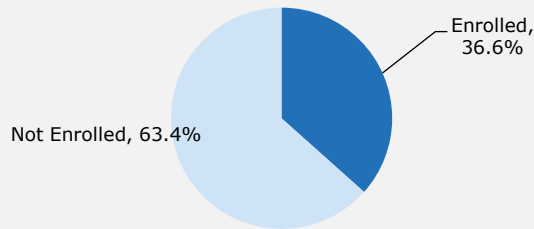
2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

## EARLY EDUCATION AND CHILDCARE

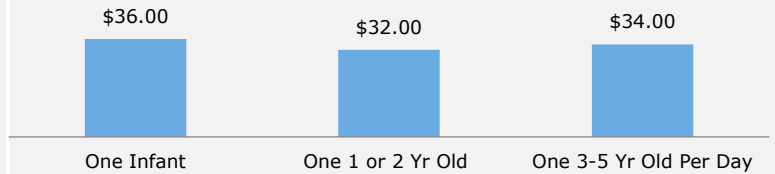


## Child Care

### Children 3-4 enrolled in early childhood education<sup>1</sup>



### Median Cost per Day of Licensed Centers<sup>2</sup>



DES Child Care Subsidy Eligibility- Children 0-5<sup>3</sup>

79

DES Child Care Subsidy Recipients-Children 0-5<sup>3</sup>

61

Total number of Early Care and Education Centers and Homes<sup>4</sup>

29

Total Capacity of Centers and Homes<sup>4</sup>

2,132

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.

2 Arizona Department of Economic Security (2018).Childcare Resource and Referral. Provided by AZ FTF.

3 Arizona Department of Economic Security (2020).Childcare Resource and Referral. Provided by AZ FTF.

4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

## HEALTH

Child Immunizations for Children in Child Care	2020
4+ doses DTaP	97.2%
3+ doses Polio	98.6%
2+ doses MMR	98.1%
3+ doses HIB	98.3%
2 doses Hepatitis A	90.1%
3+ doses Hepatitis B	97.6%
1+ doses Varicella	98.1%

Child Immunizations for Kindergarteners	2020
4+ doses DTaP	97.6%
3+ doses Polio	97.6%
2+ doses MMR	97.6%
3+ doses Hepatitis B	98.0%
2+ doses Varicella	62.2%
1 dose Varicella + History	36.0%

Immunization Data Reports (2020). Provided by AZ FTF.

Immunization Data Reports (2020). Provided by AZ FTF.

## FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2020
TANF Family Recipients with Children 0-5	57
TANF Children 0-5 Recipients	67
SNAP Recipients - Families with Children 0-5	428
SNAP Recipients - Children 0-5	610

Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.  
 Arizona Department of Economic Security (2020). Supplemental Nutrition Assistance Program (SNAP).

WIC Enrollment	'17	'18	'19	'20
WIC Enrolled Women	241	220	200	195
WIC Enrolled Children 0-4	411	417	404	411

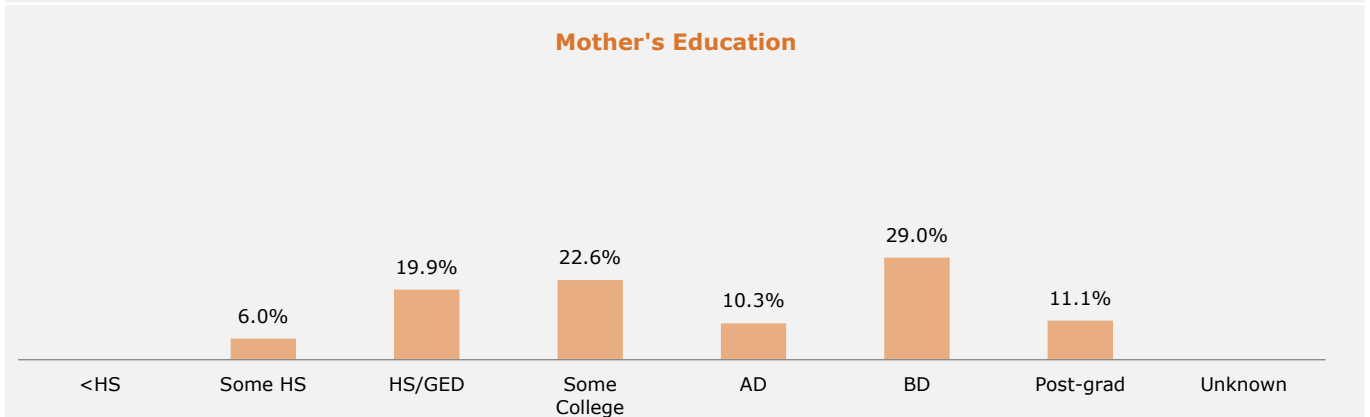
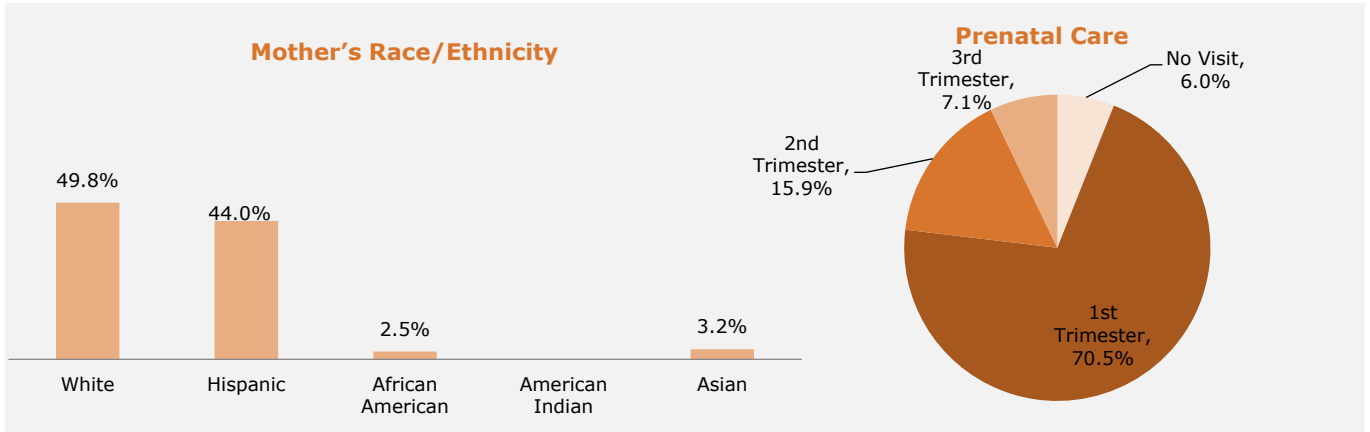
Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF.

## MATERNAL HEALTH

Maternal Health	Prenatal Visits
Teen Mothers	21 (5.0%)
Low Birth Weight	29 (6.9%)
Ever Breastfed	87 (77.7%)

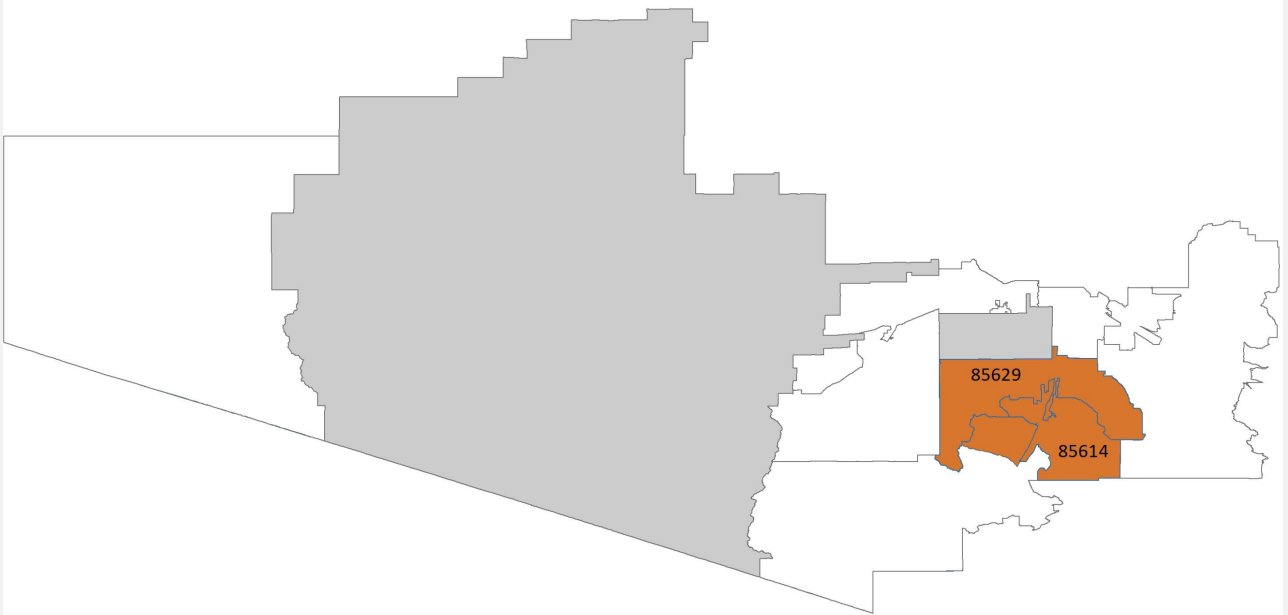
  

Visit Frequency	Percentage
No Visit	6.0%
1-4 Visits	7.3%
5-8 Visits	17.9%
9-12 Visits	43.2%
13+ Visits	25.6%
Unknown	0.1%



Arizona Department of Health Services (2019). Vital Statistics. Provided by AZ FTF.  
 \*Data suppressed: Non-zero count less than 6

# Subregion Map

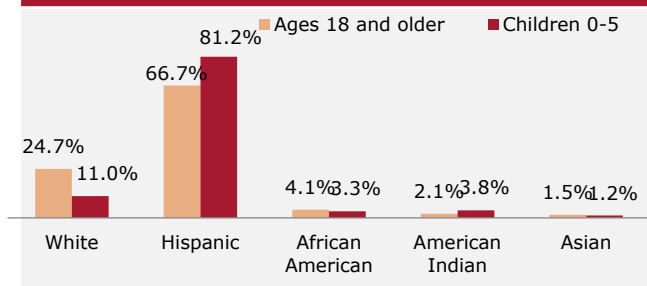


# Sunnyside

	%	N
85706	100%	55,755
85756	0%	41,906

U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B01003.

## Race



U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

## DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	97,661	
Population below Poverty*		21,124 ** (23.7%)
Children 0-5	9,799	
Children 0-5 below Poverty*		3,311 (38.2%)**
Population Change Children 0-5 for 2015-2019		-11.2%

\*Where economic status is reported

\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.

\*\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.

## Families

Total Number of Families	26,418
Families with Children 0-5	8,659 (32.8%)
Singles Parent Families with Children 0-5	4,434 (51.2%)
Single Parent Families with Children 0-5 (Mother only)	3,373 (39.0%)

U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17006.

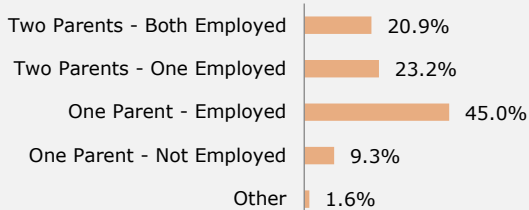
## Additional FTF Data

Children 0-5 Living with Grandparents<sup>1</sup> 1,793 (18.3%)

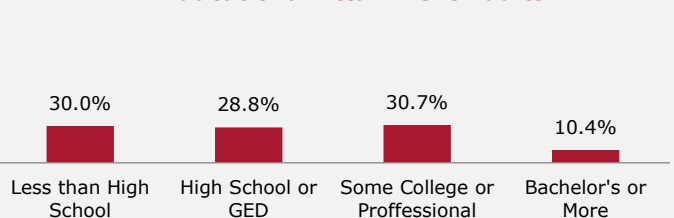
Dropout Rate (7<sup>th</sup> to 12<sup>th</sup>)<sup>2</sup> 2.9%

Children 0-5 without Health Insurance<sup>3</sup> 782 (9.0%)

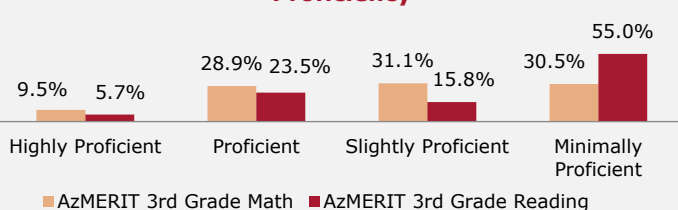
### Employment Status of Parents of Children 0-5<sup>4</sup>



### Educational Attainment Adults<sup>5</sup>



### AzMERIT 3rd Grade Reading and Math Proficiency<sup>6</sup>



1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.

2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.

3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.

4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.

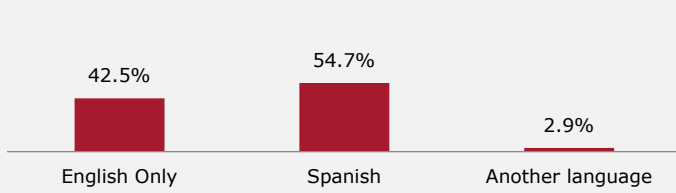
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.

6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.

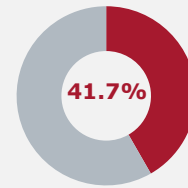


## Language Characteristics

### Primary Language Spoken at Home<sup>1</sup>



### Percent of children 0-5 living with parent(s) born outside the U.S.<sup>2</sup>



1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.

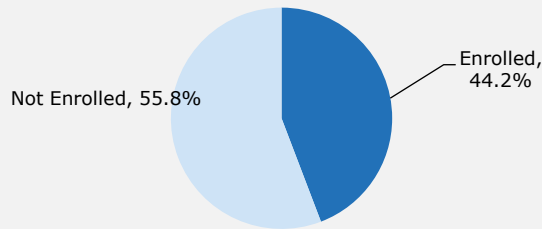
2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

## EARLY EDUCATION AND CHILDCARE

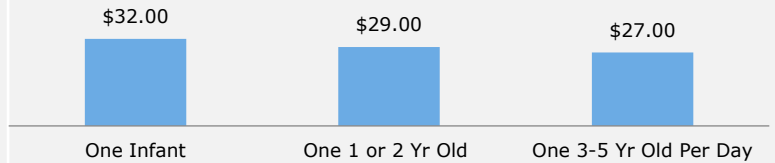


### Child Care

#### Children 3-4 enrolled in early childhood education<sup>1</sup>



#### Median Cost per Day of Licensed Centers<sup>2</sup>



DES Child Care Subsidy Eligibility- Children 0-5<sup>3</sup>

734

DES Child Care Subsidy Recipients-Children 0-5<sup>3</sup>

625

Total number of Early Care and Education Centers and Homes<sup>4</sup>

126

Total Capacity of Centers and Homes<sup>4</sup>

5,701

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.

2 Arizona Department of Economic Security (2018).Childcare Resource and Referral. Provided by AZ FTF.

3 Arizona Department of Economic Security (2020).Childcare Resource and Referral. Provided by AZ FTF.

4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

## HEALTH

Child Immunizations for Children in Child Care	2020
4+ doses DTaP	93.1%
3+ doses Polio	92.9%
2+ doses MMR	95.1%
3+ doses HIB	85.6%
2 doses Hepatitis A	75.6%
3+ doses Hepatitis B	88.7%
1+ doses Varicella	93.8%

Child Immunizations for Kindergarteners	2020
4+ doses DTaP	98.2%
3+ doses Polio	98.9%
2+ doses MMR	98.8%
3+ doses Hepatitis B	99.0%
2+ doses Varicella	81.5%
1 dose Varicella + History	17.7%

Immunization Data Reports (2020). Provided by AZ FTF.

Immunization Data Reports (2020). Provided by AZ FTF.

## FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2020
TANF Family Recipients with Children 0-5	330
TANF Children 0-5 Recipients	457
SNAP Recipients - Families with Children 0-5	3,542
SNAP Recipients - Children 0-5	5,208

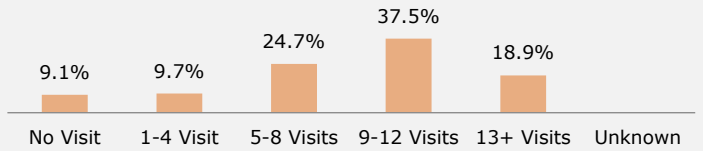
Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.  
 Arizona Department of Economic Security (2020). Supplemental Nutrition Assistance Program (SNAP).

WIC Enrollment	'17	'18	'19	'20
WIC Enrolled Women	2,017	1,941	1,788	1,637
WIC Enrolled Children 0-4	3,462	3,468	3,329	3,378

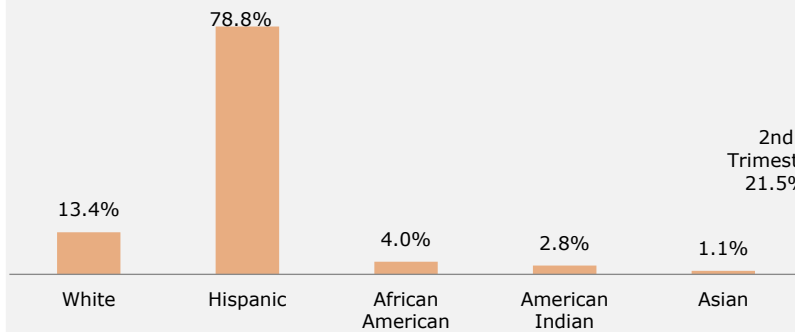
Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF.

## MATERNAL HEALTH

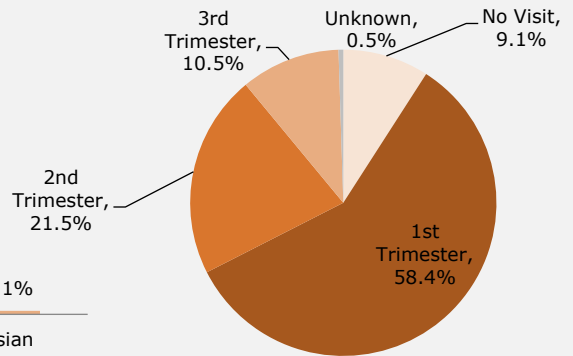
Maternal Health	Prenatal Visits
Teen Mothers	199 (14.2%)
Low Birth Weight	107 (7.6%)
Ever Breastfed	660 (80.7%)



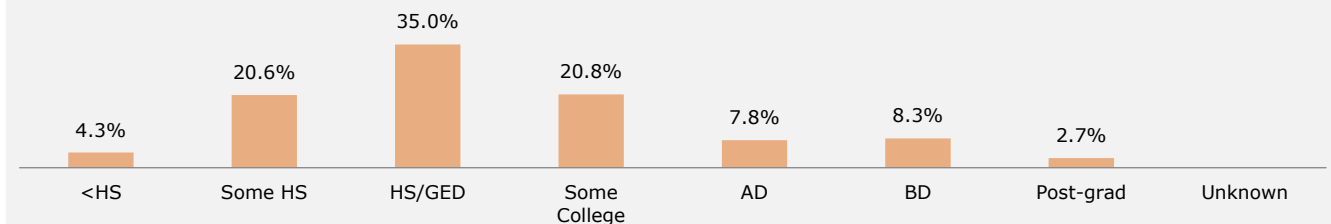
### Mother's Race/Ethnicity



### Prenatal Care



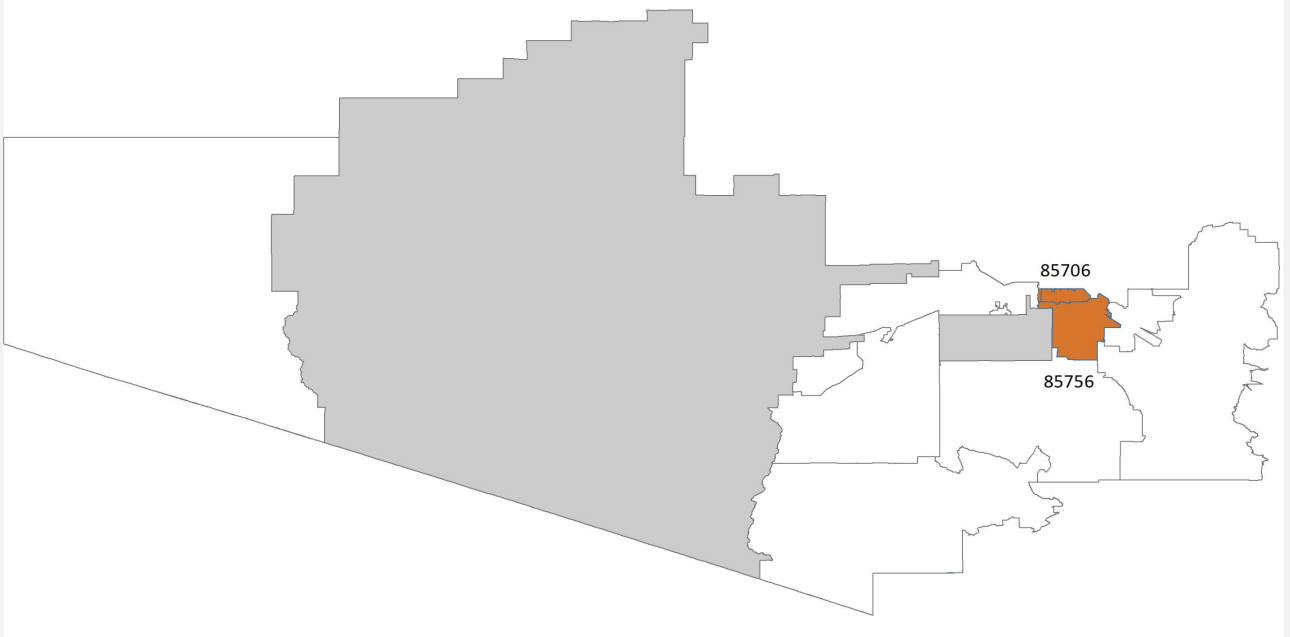
### Mother's Education



Arizona Department of Health Services (2019). Vital Statistics. Provided by AZ FTF.  
 \*Data suppressed: Non-zero count less than 6



# Subregion Map



# Three Points

	%	N
85736	100%	4,445

U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B01003.

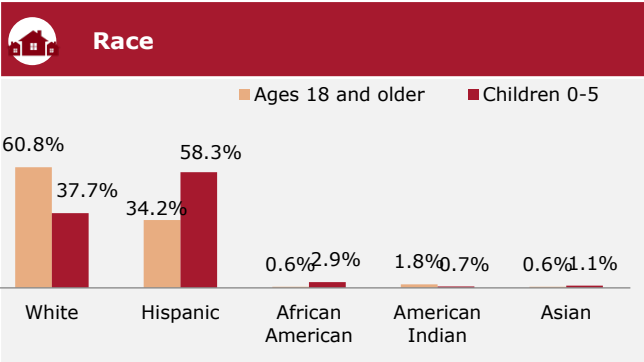
## DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	4,445	
Population below Poverty*		769 ** (17.3%)
Children 0-5	346	
Children 0-5 below Poverty*		0 (0.0%)**
Population Change Children 0-5 for 2015-2019		-25.4%

\*Where economic status is reported

\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.

\*\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.



U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

### Families

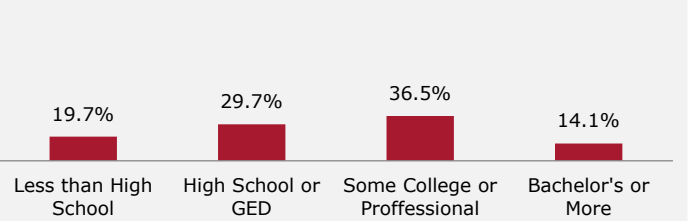
Total Number of Families	656
Families with Children 0-5	258 (39.3%)
Singles Parent Families with Children 0-5	175 (67.8%)
Single Parent Families with Children 0-5 (Mother only)	103 (39.9%)

U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17006.

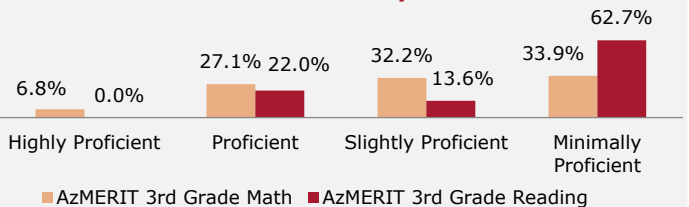
## Additional FTF Data

Children 0-5 Living with Grandparents <sup>1</sup>	107 (30.9%)
Dropout Rate (7 <sup>th</sup> to 12 <sup>th</sup> ) <sup>2</sup>	NA
Children 0-5 without Health Insurance <sup>3</sup>	0 (0.0%)
<b>Employment Status of Parents of Children 0-5<sup>4</sup></b>	
Two Parents - Both Employed	4.0%
Two Parents - One Employed	22.3%
One Parent - Employed	66.4%
One Parent - Not Employed	7.3%
Other	0.0%

## Educational Attainment Adults<sup>5</sup>



## AzMERIT 3rd Grade Reading and Math Proficiency<sup>6</sup>



1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.

2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.

3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.

4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.

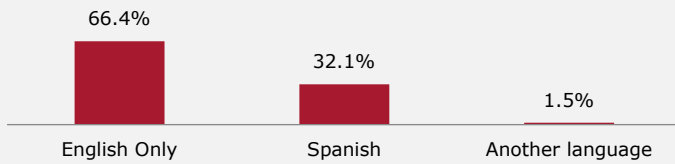
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.

6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.

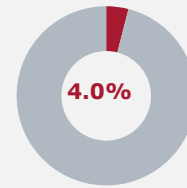


## Language Characteristics

### Primary Language Spoken at Home<sup>1</sup>



### Percent of children 0-5 living with parent(s) born outside the U.S.<sup>2</sup>



1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.

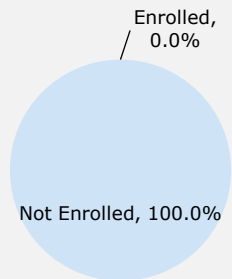
2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

## EARLY EDUCATION AND CHILDCARE



### Child Care

### Children 3-4 enrolled in early childhood education<sup>1</sup>



### Median Cost per Day of Licensed Centers<sup>2</sup>

Category	One Infant	One 1 or 2 Yr Old	One 3-5 Yr Old Per Day
DES Child Care Subsidy Eligibility- Children 0-5 <sup>3</sup>		29	
DES Child Care Subsidy Recipients-Children 0-5 <sup>3</sup>		23	
Total number of Early Care and Education Centers and Homes <sup>4</sup>		NA	
Total Capacity of Centers and Homes <sup>4</sup>		NA	

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.

2 Arizona Department of Economic Security (2018).Childcare Resource and Referral. Provided by AZ FTF.

3 Arizona Department of Economic Security (2020).Childcare Resource and Referral. Provided by AZ FTF.

4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

## HEALTH

Child Immunizations for Children in Child Care	2020
4+ doses DTaP	NA
3+ doses Polio	NA
2+ doses MMR	NA
3+ doses HIB	NA
2 doses Hepatitis A	NA
3+ doses Hepatitis B	NA
1+ doses Varicella	NA

Immunization Data Reports (2020). Provided by AZ FTF.

Child Immunizations for Kindergarteners	2020
4+ doses DTaP	94.2%
3+ doses Polio	94.2%
2+ doses MMR	94.2%
3+ doses Hepatitis B	94.2%
2+ doses Varicella	94.2%
1 dose Varicella + History	3.8%

Immunization Data Reports (2020). Provided by AZ FTF.

## FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

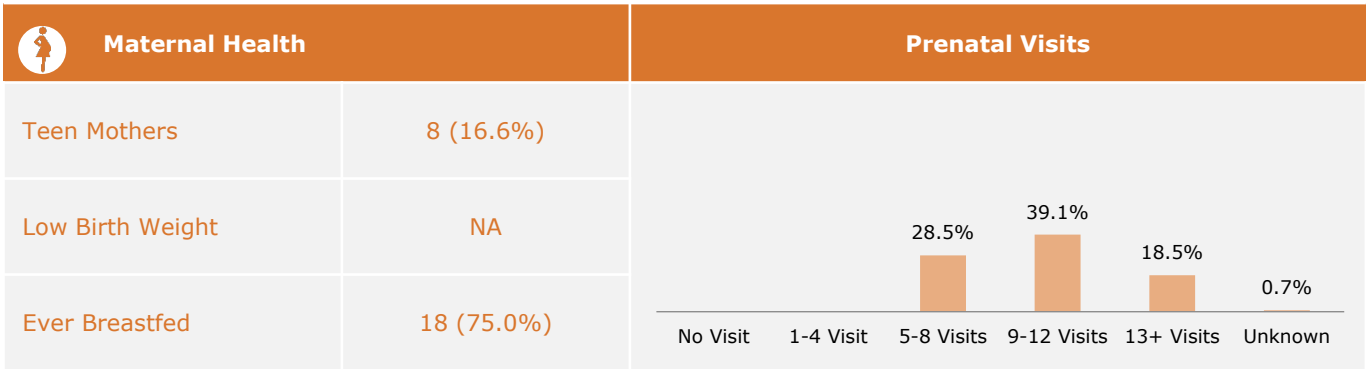
Public Assistance	2020
TANF Family Recipients with Children 0-5	27
TANF Children 0-5 Recipients	13
SNAP Recipients - Families with Children 0-5	138
SNAP Recipients - Children 0-5	214

Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.  
 Arizona Department of Economic Security (2020). Supplemental Nutrition Assistance Program (SNAP).

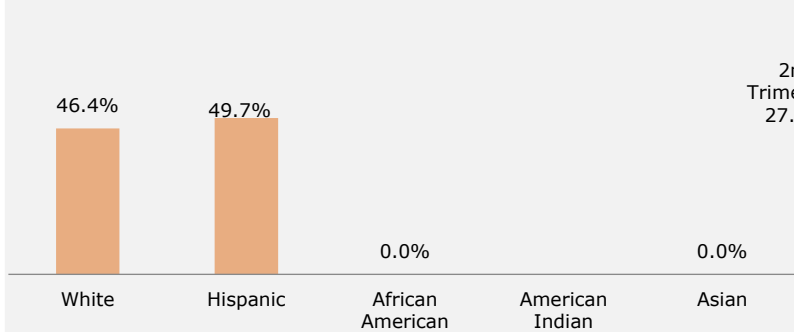
WIC Enrollment	'17	'18	'19	'20
WIC Enrolled Women	57	61	58	45
WIC Enrolled Children 0-4	102	99	117	98

Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF.

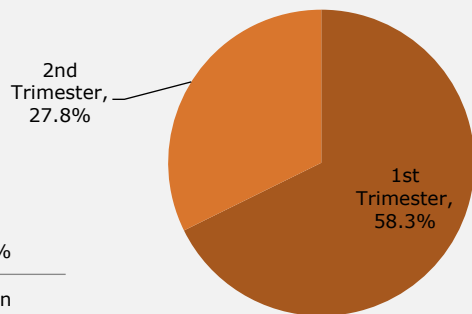
## MATERNAL HEALTH



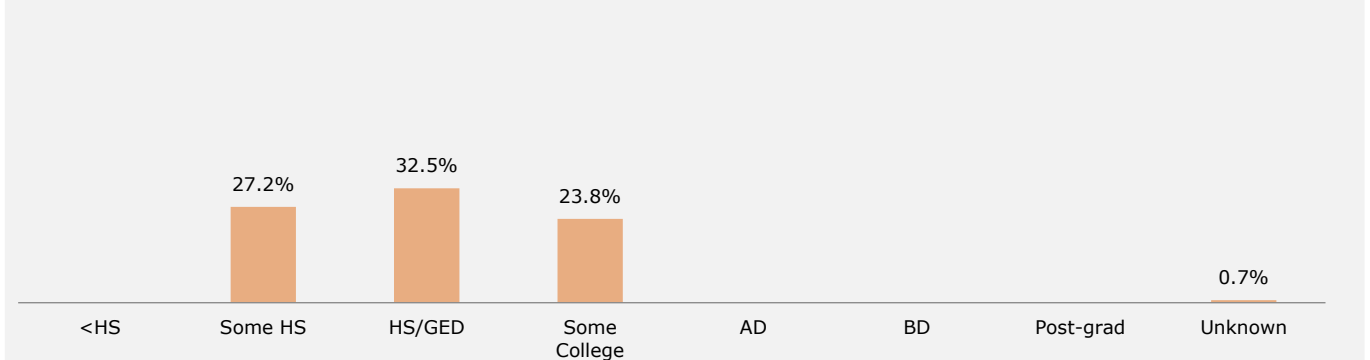
### Mother's Race/Ethnicity



### Prenatal Care

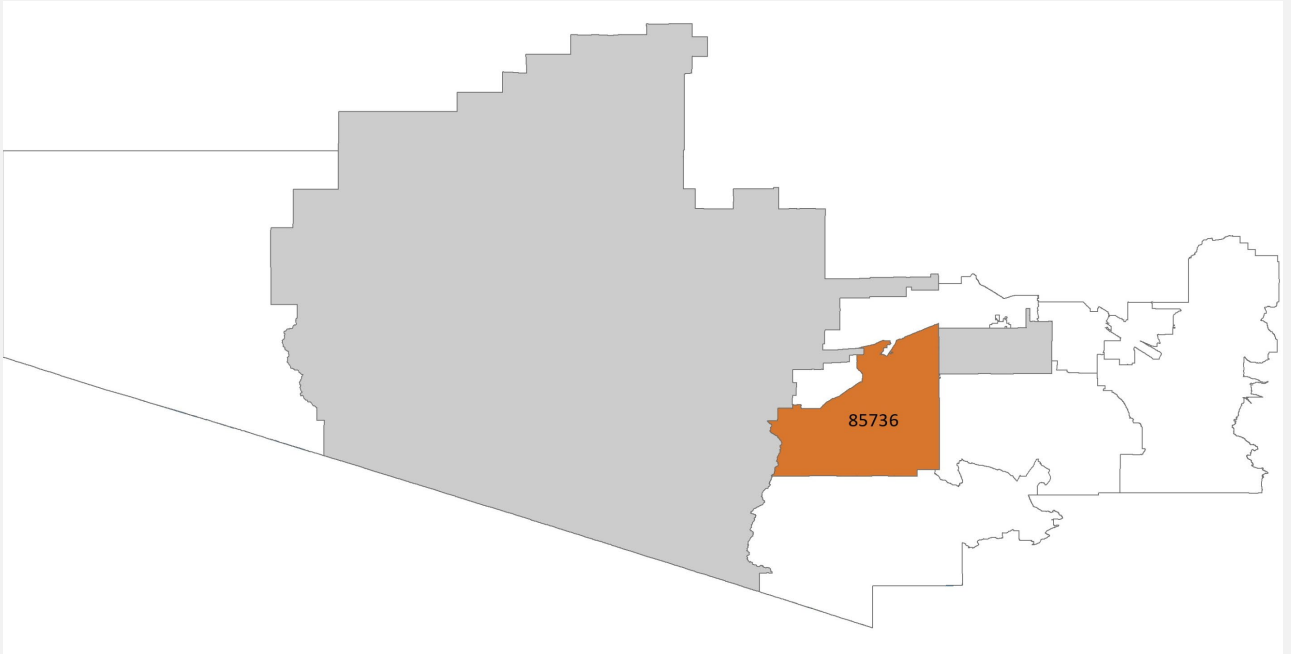


### Mother's Education



Arizona Department of Health Services (2019). Vital Statistics. Provided by AZ FTF.  
 \*Data suppressed: Non-zero count less than 6

# Subregion Map



# Vail

	%	N
<b>85641</b>	<b>100%</b>	<b>27,076</b>

U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B01003.

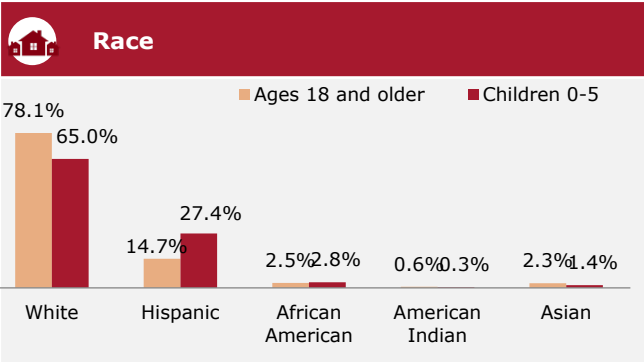
## DEMOGRAPHICS

Population	2010 Census	5 Year Estimate
Total Population	27,076	
Population below Poverty*		1,046 ** (3.9%)
Children 0-5	1,915	
Children 0-5 below Poverty*		94 (4.0%)**
Population Change Children 0-5 for 2015-2019		+22.1%

\*Where economic status is reported

\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17001.

\*\*\* U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table DP05 and U.S. Census Bureau, 2010 Census Summary File 1; Table DP-1. The Census and ACS collect data for children under 5 therefore the change in population only includes children 0-4.



U.S. Census Bureau; 2010 Census Summary File 1; Table P11 and U.S. Census Bureau; 2010 Census Summary File 1; Tables P12B, P12C, P12D, P12E, P12H, and P12I.

### Families

Total Number of Families	7,615
Families with Children 0-5	2,337 (30.7%)
Singles Parent Families with Children 0-5	177 (7.6%)
Single Parent Families with Children 0-5 (Mother only)	103 (4.4%)

U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B17006.

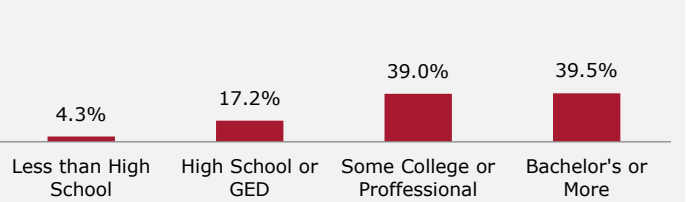
### Additional FTF Data

Children 0-5 Living with Grandparents <sup>1</sup>	134 (7.0%)
Dropout Rate (7 <sup>th</sup> to 12 <sup>th</sup> ) <sup>2</sup>	1.2%
Children 0-5 without Health Insurance <sup>3</sup>	20 (0.9%)

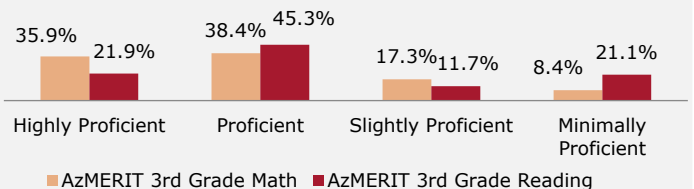
### Employment Status of Parents of Children 0-5<sup>4</sup>

Two Parents - Both Employed	57.6%
Two Parents - One Employed	33.9%
One Parent - Employed	5.9%
One Parent - Not Employed	1.6%
Other	0.9%

### Educational Attainment Adults<sup>5</sup>



### AzMERIT 3rd Grade Reading and Math Proficiency<sup>6</sup>



1 U.S. Census Bureau; 2010 Census Summary File 1; Table P41.

2 Arizona Department of Education (2020). AzMERIT Reports. Provided by AZ FTF.

3 U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B27001.

4 U.S. Census Bureau; American Community Survey, 2019 American Community Survey Table B23008.

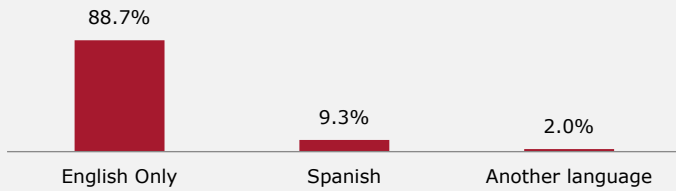
5 U.S. Census Bureau; American Community Survey, 2019 American Community Survey; Table B15002.

6 Arizona Department of Education (2019). AzMERIT Reports. Provided by AZ FTF.

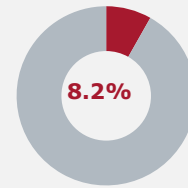


## Language Characteristics

### Primary Language Spoken at Home<sup>1</sup>



### Percent of children 0-5 living with parent(s) born outside the U.S.<sup>2</sup>



1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B05009.

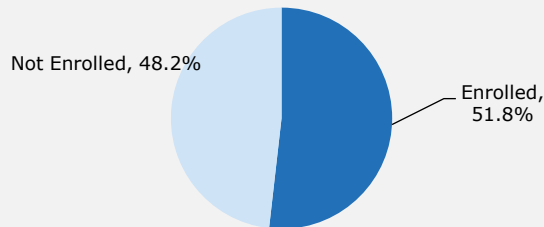
2 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B16001.

## EARLY EDUCATION AND CHILDCARE

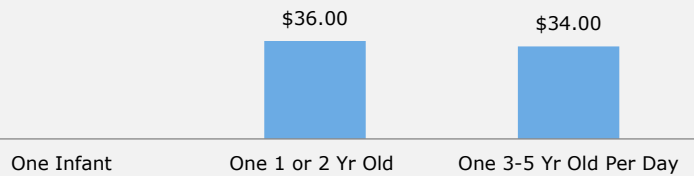


### Child Care

### Children 3-4 enrolled in early childhood education<sup>1</sup>



### Median Cost per Day of Licensed Centers<sup>2</sup>



DES Child Care Subsidy Eligibility- Children 0-5<sup>3</sup>

28

DES Child Care Subsidy Recipients-Children 0-5<sup>3</sup>

19

Total number of Early Care and Education Centers and Homes<sup>4</sup>

17

Total Capacity of Centers and Homes<sup>4</sup>

1,478

1 U.S. Census Bureau American Community Survey, 2019 American Community Survey 5-Year Estimates, Table B14003.

2 Arizona Department of Economic Security (2018).Childcare Resource and Referral. Provided by AZ FTF.

3 Arizona Department of Economic Security (2020).Childcare Resource and Referral. Provided by AZ FTF.

4 Arizona Department of Economic Security (2020) and Arizona Department of Health Services. Provided by AZ FTF.

## HEALTH

Child Immunizations for Children in Child Care	2020
4+ doses DTaP	96.3%
3+ doses Polio	97.4%
2+ doses MMR	97.2%
3+ doses HIB	96.3%
2 doses Hepatitis A	95.9%
3+ doses Hepatitis B	96.5%
1+ doses Varicella	96.7%

Child Immunizations for Kindergarteners	2020
4+ doses DTaP	95.8%
3+ doses Polio	95.8%
2+ doses MMR	95.8%
3+ doses Hepatitis B	95.8%
2+ doses Varicella	92.7%
1 dose Varicella + History	3.1%

Immunization Data Reports (2020). Provided by AZ FTF.

Immunization Data Reports (2020). Provided by AZ FTF.

## FAMILIES AND CHILDREN RECEIVING PUBLIC ASSISTANCE

Public Assistance	2020
TANF Family Recipients with Children 0-5	28
TANF Children 0-5 Recipients	38
SNAP Recipients - Families with Children 0-5	134
SNAP Recipients - Children 0-5	209

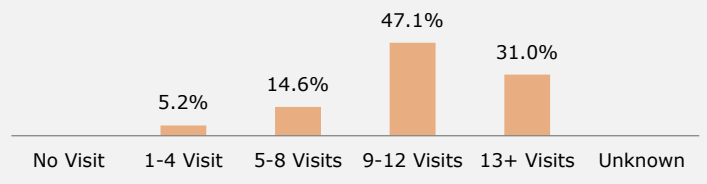
Arizona Department of Economic Security (2020). Temporary Assistance for Needy Families (TANF) program. Provided by AZ FTF.  
 Arizona Department of Economic Security (2020). Supplemental Nutrition Assistance Program (SNAP).

WIC Enrollment	'17	'18	'19	'20
WIC Enrolled Women	81	79	74	70
WIC Enrolled Children 0-4	180	193	160	154

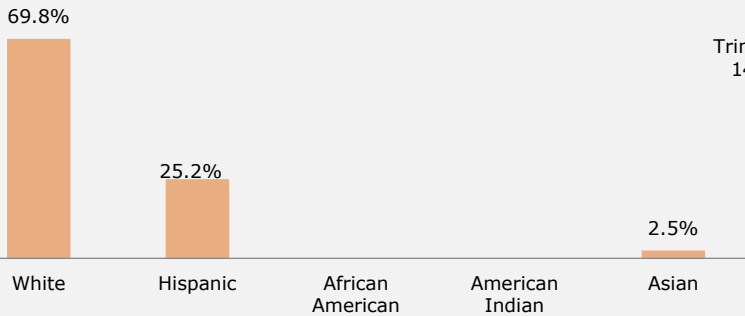
Arizona Department of Health Services (2020). Women, Infants & Children (WIC). Provided by AZ FTF.

## MATERNAL HEALTH

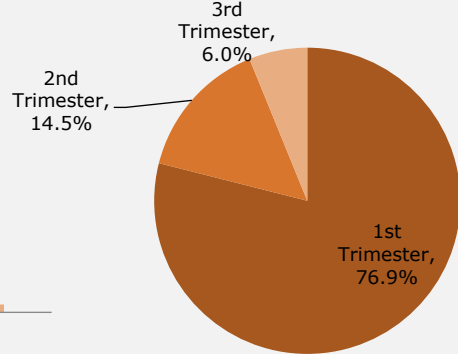
Maternal Health	Prenatal Visits
Teen Mothers	10 (4.1%)
Low Birth Weight	20 (8.0%)
Ever Breastfed	30 (76.9%)



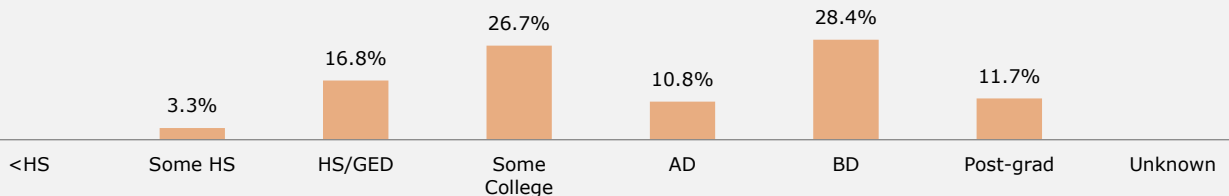
### Mother's Race/Ethnicity



### Prenatal Care



### Mother's Education



Arizona Department of Health Services (2019). Vital Statistics. Provided by AZ FTF.  
 \*Data suppressed: Non-zero count less than 6



# Subregion Map

