



FIRST THINGS FIRST

Ready for School. Set for Life.

Arizona Early Childhood Development & Health Board

Yuma Regional Partnership Council Meeting

Meeting Minutes

Welcome/Introductions/Call to Order

The regular meeting of the First Things First Yuma Regional Partnership Council was held on July 17, 2014, 4:30 p.m. at the YPIC Career Center, 663 E. Main Street, Somerton, Arizona 85350.

Chair Darren Hawkins called the meeting to order at 4:37 p.m.

Members Present:

Chair Darren Hawkins
Vice Chair Irene Garza
Member Janell Johnson
Member Judy Watkinson
Member Mary Beth Turner

Members Present Via Conference Call:

Member Dr. Mario Ybarra

Members Absent:

Member Gloria Cisneros
Member Kim Fanning
Member Pilar Moreno
Member Ricardo Perez
Member Rebecca Ramirez

Conflict of Interest

None declared at this time.

Consent Agenda

The items on the consent agenda included the minutes of the June 19, 2014, Yuma Regional Partnership Council regular meeting. A motion was made by Member Watkinson to approve the consent agenda, seconded by Member Turner. Motion carried.

Introduction of New Regional Council Member

The Regional Council welcomed new Member Janell Johnson. Member Johnson's role in the Council will be in the Philanthropic capacity.

Presentation on Health System Building

Karen Peifer, Sr. Director Childrens Health of the First Things First Program Division, shared a power point presentation on Health Systems Building at the state level. Areas included in the report are but not limited to: Goals, priorities, developmental screening and services for parents, early detection and key findings. Ms. Peifer stated one of the priorities is to develop a comprehensive

assessment system, engage families through forums, develop and implement a common screening tool and referral process as well as developing an integrated data system.

Discussion on Strategic Planning

Regional Director Rudy J. Ortiz provided a brief background history on the Regional Councils' strategic planning journey and outcomes for the last three years and engaged the Regional Council in a discussion of strategic planning for FY16-18. Emphasis was on the three goals prioritized by the Regional Council, how the goals aligned with the regional priorities and the next steps/process of the strategic planning framework and key components that would help achieve the outcomes/vision and goals set by the Regional Council.

Discussion on Community Outreach Plan

Community Outreach Coordinator, Nena Garcia shared a brief synopsis of the Regional Community Outreach Implementation Plan for FY2015. The Community Outreach Plan Workgroup met last year and recommended the Business community as the target population. Ms. Garcia stated the goals are in alignment with the state priorities/goals. Vice Chair Garza briefly excused herself from the meeting at approximately 5:50 p.m. and quorum was lost momentarily but was restored immediately upon her return at approximately 5:51 p.m. A committee may convene at a future date for further discussion of the plan.

Discussion on 2014 Needs and Assets Report

Outside of some minor editing the Regional Council was satisfied with the overall draft of the 2014 Needs and Assets Report and had no additional comments at this time. The deadline for additional feedback from the Regional Council for the Needs and Assets is Friday, July 25, 2014.

Regional Director's Report

Updates included in the report:

- Yuma Early childhood Collaboration Meeting: August 11, 2014
 - Key Note Speaker Dr. Carl Meyers-Healthiest County in the Nation
- 2014 Early Childhood Summit: August 18-19, 2014
- First Things First State Board Meeting: September 29-30, 2014

Call to the Public

There were no requests to address the council at this time.

Announcements

The Back to School Rodeo will be on July 26, 2014, 8a.m.-12p.m., Yuma Civic Center, Yuma, AZ.

Next Meeting

The next regular meeting of the Yuma Regional Partnership Council is scheduled on August 21, 2014, 4:30 p.m., Yuma Regional Medical Center Corporate Office, 399 W. 32nd Street, Yuma, Arizona 85364.

Adjourn

There being no further business the meeting adjourned at 6:05 p.m.

SUBMITTED BY:

Marie Megui, Administrative Assistant III

APPROVED BY:

Rev. Dr. Darren C. Hawkins, Yuma Regional Partnership Council Chair

August 21st, 2014

United Way of Yuma County

Early Childhood Leadership

Contact:
Madeleine Coil

What: Leadership training

Who: Aspiring, emerging and experienced leaders who serve children birth to five years of age in Yuma County.

When: Second Friday of each month beginning January 2015

Why: To broaden and deepen the skills of leaders to provide a reservoir of skills in the community.

Where: Yuma Main Library

Address: 2159 S. 21st Drive

Time: 8:00 a.m. — 12:00 noon

Modules

Dates

Leadership	January 9, 2015
Communication	February 13, 2015
Conflict, Resolution, Team Building	March 13, 2015
Collaboration & Decision Making	April 10, 2015
Operations	May 8, 2015
Change & Sustainability	June 12, 2015
Developing & Utilizing Mentors	Fall 2015
Volunteers	Spring 2016

Contact:

Madeleine Coil
Present and CEO
United Way of Yuma County

180 W. First Street Suite B
Yuma, AZ 85364
928-783-0515

madeleine.coil@local.unitedway.org





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First Things First State Board Update



Sam Leyvas, Chief Executive Officer

Prior to stepping in as CEO, Leyvas served as FTF's Vice President for External Affairs, where he was responsible for strategic planning and oversight of FTF's efforts to engage the public in the critical work of early childhood, including government affairs, community outreach, media relations, and advertising. In this role, Leyvas developed and maintained relationships on behalf of FTF with elected officials at the federal, state and local levels and was responsible for policy recommendations related to early childhood development and health. Prior to joining FTF, Leyvas – who holds an MBA from the University of Arizona's Eller College of Management – held various executive positions representing industry groups on legislative and regulatory issues, including the National Association of Home Builders.



Janice Decker, Chair for fiscal year 2015

Ms. Decker is currently the Chair of the Arizona Early Childhood Development and Health (First Things First) Board and Chair of the Board's Program Committee. She recently retired as Executive Director of March of Dimes Arizona Chapter whose educational outreach, programs and advocacy efforts focus on protecting the health of Arizona's children by preventing birth defects, premature birth and infant mortality. Prior to joining March of Dimes, Ms. Decker's career focused on public relations/communications, event management and marketing. She was employed by or represented a diverse range of industries and clients including Portland Cement Association, DuPont Corporation,

Arizona Republic/Phoenix Gazette, Phoenix Chamber of Commerce, First Federal Savings & Loan/MeraBank, the Phoenix and Tempe convention & visitors bureaus, Perini Land & Development, Midway Chevrolet, Phoenix Thunderbirds/FBR Open, Canyon Records, Heard Museum and Bob Bacon Designs. A native Phoenician, Ms. Decker obtained both Master of Arts and Bachelor of Arts degrees from Arizona State University and has served on several non-profit boards and committees including Fiesta Bowl, Arizona Sports Council (Grand Canyon State Games), Juvenile Diabetes Research Foundation, East Valley Cultural Foundation, Public Relations Society of America and International Association of Business Communicators.

Kindergarten Developmental Inventory on Track For SFY17



Karen Woodhouse, First Things First Chief of Programs, reported to the Board that Arizona is on track to have a Kindergarten Developmental Inventory available statewide by fiscal year 2017.

The KDI will use multiple methods of assessment to give teachers and families information about a child's development across all domains to inform teaching and learning. The KDI will also provide aggregate trend data to tell us if Arizona is making progress in equalizing opportunities for all children as they enter kindergarten (for example, it will serve as the data source for FTF's School Readiness Indicator 1).

Arizona is part of a 10-state collaborative working on the development of a KDI. The progress that has been made so far includes: analysis of the Early Learning Standards in all 10 states to determine where commonalities exist. Because every concept in the Early Learning Standards cannot be assessed (otherwise the KDI would be extremely long), the participating states are now working together to decide on which concepts within the standards are most predictive of school readiness.



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First Things First State Board Fiscal Policy Decisions Impacting Strategic Planning SFY2016-2018

On July 22, 2014, the Board adopted the following Fiscal Policy Recommendations:

1. Allocate \$126.6 million in revenues to support Program spending beginning in FY16, and keep this amount constant for successive years.

This recommendation was based on the updated tobacco tax revenue projections report provided by the Arizona State University's W.P. Carey School of Business, First Things First could reasonably expect to sustain an expenditure level within the Program budget of \$126.6 million for the next 9 to 15 years.

2. In FY16, adjust total financing available to support regional allotments so that each region's projected fund balance (Carry Forward) is part of the allotment as opposed to being in addition to.

Regional carry forward balances grew significantly through Fiscal Year 2012. Since then, both budgeting and realized expenditures have resulted in the expectation that these dollars are to be fully expended by some point in the next three year Funding Plan cycle (SFY2016-2018). Once these dollars are exhausted at a regional level, Funding Plans will need to be realigned down to equal the annual allocation made available by the Board. While it is projected that regional carry forward balances will be exhausted on average in FY17, each region will hit this "fiscal cliff" at different points in time over the next three years. After examining these regional "fiscal cliffs," the recommendation was that all regions go through the process of realigning budgets to the sustainable expenditure level at the same time (SFY16).

3. Set a minimum regional allocation amount of \$100,000.

Over the last few months the Board gathered feedback on the impact of these finance recommendations, and, a great deal of feedback was received on how relatively small allocations limit programing choices and impact the ability of regions to implement strategies.

4. Continue the distribution of Discretionary dollars using the three-part methodology; with part one being modified to align with the Board action regarding the minimum allocation amount.

The current three-part methodology includes:

- 1) A set-aside (*to comply with the minimum regional allocation amount.*)
- 2) A set-aside to be proportionately distributed (based on total number of children 0 through 5) between the regions which were classified as "frontier communities" under a federal definition related to populations being geographically isolated.
- 3) Remaining (and bulk of) funds be proportionately distributed between all regions based on the percent of children 0 through 5 who are in poverty.

5. For population estimates required under FTF statute for FY16-18, utilize the same data as those used for setting of FY15 allocations - 2010 census data and 2010 American Community Survey (ACS).

This recommendation provides for greater stability and predictability in the amount of dollars available to a region year-over-year so programing efforts can be not only sustained but planned on.



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First Things First State Board Policy Decisions Impacting Strategic Planning SFY2016-2018

For First Things First to achieve sustainable progress towards its vision and mission, it is important to strategically fund programs and strategies that are most likely to have positive outcomes for the early childhood system, young children, and their families. Critical to this process is the identification of programs and strategies with research evidence suggesting a greater likelihood they will have the intended positive effect. Such an approach will likely yield greater results from our public investments.

On July 22, 2014, the Board adopted the following Policy and Program Committee Recommendations:

- 1.** The First Things First Regional Councils will construct strategic funding plans based on an examination of available data to determine local needs; prioritization of needs that also align with the Regional Council's identified School Readiness Indicators; and, selection and development of evidence-based or evidence-informed funded and non-funded approaches that reflect system building to address those needs.
- 2.** First Things First will separate Quality First improvement model costs from scholarship costs, provide no further guidance on number of regional scholarships funded, see no reduction to the number of providers and provide incentives to 3-5 star Quality First programs with First Things First staff to determine the exact amount of those incentives. This recommendation is made with confirmation from the Policy and Program Committee of the importance for low-income children to have increased access to affordable quality early learning programs and the desire that First Things First supports local and state level planning decisions that result in funding for scholarships that provide such access.
- 3.** First Things First will continue to identify approaches that are evidence-based or evidence-informed; realize possible and appropriate cost efficiencies; and, utilize data for continuous quality improvement of programs and strategies.



Central Area Fact Sheet

		ARIZONA	Yuma County	Central Area	Source
DEMOGRAPHIC INDICATORS					
Population of children (0-5) in Census 2000		459,141	15,200	11,672	(a)
Population of children (0-5) in Census 2010		546,609	18,048	12,454	(b)
Change in pop. of children (0-5), 2000 to 2010	Percent increase or decrease	+19%	+19%	+7%	(a,b)
Households		2,380,990	64,767	50,859	(b)
Households with children (0-5)	Number	384,441	12,998	8,985	(b)
	Percent of all households	16%	20%	18%	(b)
Type of household with children (0-5)	Husband-wife households	250,217	8,733	5,916	(b)
	Single-male households	43,485	1,114	819	(b)
	Single-female households	90,739	3,077	2,187	(b)
Race or ethnicity (children 0-4)*	Hispanic	45%	76%	67%	(b)
	White, not Hispanic	40%	19%	27%	(b)
	Black	5%	2%	3%	(b)
	American Indian	6%	2%	2%	(b)
	Asian or Pacific Islander	3%	1%	1%	(b)
Living arrangements for children (0-5)	With parent(s)	81%	77%	79%	(b)
	With relatives (no parent)	17%	22%	19%	(b)
	With non-relatives	2%	1%	1%	(b)
Children (0-5) living in their grandparent's household	Number	74,153	3,415	2,052	(b)
	Percent of children (0-5)	14%	19%	16%	(b)
Children (0-5) living with one or two foreign-born parents	Percent of children (0-5)	29%	43%	38%	(c)
Language spoken at home (ages 5 and older)	English only	73%	49%	59%	(c)
	Spanish	21%	49%	38%	(c)
	A native North American language	2%	0%	0%	(c)
	Another language	4%	2%	3%	(c)
Population (ages 5 and older) who speak English less than "very well"	Percent of population (5 and older)	10%	22%	15%	(c)
Households which are "linguistically isolated" **	Percent of all households	5%	12%	8%	(c)
ECONOMIC INDICATORS					
Children (0-5) living in poverty	Number	145,634	5,145	3,736	(c)
	Percent of children (0-5)	27%	29%	29%	(c)
Residential foreclosure rate, May 2014	Number of foreclosures per 1,000 properties	0.66	0.74	0.73	(d)
Median family income for all families^	Dollars (2012)	\$59,563	\$43,726	\$46,748	(c)
Median family income for husband-wife families with children under 18^	Dollars (2012)	\$73,166	\$53,200	\$55,640	(c)
Median family income for families with children under 18, single-male head of household^	Dollars (2012)	\$36,844	\$33,765	\$35,491	(c)
Median family income for families with children under 18, single-female head of household^	Dollars (2012)	\$26,314	\$20,080	\$20,163	(c)
Unemployment rate^	Average rate, 2013	8.0%	29.8%	18.3%	(e)
TANF Enrollment (ages 0-5), January 2012	Number	12,358	292	191	(f)
	Percent of children (0-5)	2%	2%	2%	(f)
SNAP Enrollment (ages 0-5), January 2012	Number	219,926	7,661	4,800	(f)
	Percent of children (0-5)	40%	42%	39%	(f)
WIC Enrollment (ages 0-4), January 2012	Number	132,657	6,481	3,835	(g)
	Percent of children (0-4)	29%	43%	37%	(g)
Children eligible for free or reduced-price lunch (district schools only), 2012-2013	Percent of children (school-age)	58%	75%	68%	(h)
Homeless children (school-age), 2013	Number	38,535	186	160	(h)
	Percent of children (school-age)	2%	1%	1%	(h)
Households with no internet service available	Number	35,632	4	4	(n)
	Percent	1%	0%	0%	(n)
Speed of available internet (range, in megabytes per second)	Maximum advertised download speed	>1 gbps	25-50 mbps	25-50 mbps	(n)
	Median advertised download speed	25-50 mbps	25-50 mbps	25-50 mbps	(n)
Occupied Housing Units without telephone service	Number	2,380,990	2,410	54,836	(c)
	Percent	3%	4%	4%	(c)



Central Area Fact Sheet

		ARIZONA	Yuma County	Central Area	Source
EDUCATIONAL INDICATORS					
Children (3-4) enrolled in nursery school, preschool, or kindergarten	Percent of children (3-4)	34%	39%	35%	(c)
Children (0-2) receiving services from Dept of Developmental Disabilities, 2012		2,657	48	36	(f)
Children (3-5) receiving services from Dept of Developmental Disabilities, 2012		2,574	56	45	(f)
AIMS third-grade math test, 2013	Percent passing	68%	65%	68%	(h)
AIMS third-grade reading test, 2013	Percent passing	75%	68%	72%	(h)
Educational attainment of adults (25 and older)	Less than high school	15%	29%	22%	(c)
	High school or GED	24%	25%	26%	(c)
	More than high school	61%	46%	51%	(c)
Cost of early childhood care for one infant	Median cost per day	\$41.00	\$27.25	-	(i)
Cost of early childhood care for one child (ages 1-2)	Median cost per day	\$36.98	\$24.00	-	(i)
Cost of early childhood care for one child (ages 3-5)	Median cost per day	\$32.00	\$22.00	-	(i)
Cost of early childhood care for one infant, as percent of family income [^]		17%	15%	14%	(c,i)
Cost of early childhood care for one child (ages 1-2), as percent of family income [^]		15%	13%	12%	(c,i)
Cost of early childhood care for one child (ages 3-5), as percent of family income [^]		13%	12%	11%	(c,i)
HEALTH and SAFETY INDICATORS					
Children 0-5 without health insurance	Percent of children (0-5)	11%	14%	14%	(c)
Children removed by Child Protective Services, 2012		6,392	109	10	(f)

SOURCES: (a) US Census 2000; (b) US Census 2010; (c) American Community Survey 2008-2012; (d) RealtyTrac, Inc; (e) Arizona Dept of Commerce Local Area Unemployment Statistics; (f) Arizona Dept of Economic Security; (g) Arizona Dept of Health Services; (h) Arizona Dept of Education; (i) Childcare Market Rate Survey 2012; (m) ADHS Vital Statistics; (n) Arizona Government Information Technology Agency

NOTES: *Some categories are not mutually exclusive, thus not all percentages will sum to 100%. ***"Linguistically Isolated" Households refer to households in which no household members older than 14 speak English "very well". [^]Median income, unemployment, and child care cost figures reported for the Central Area are for Yuma City.

Includes zip codes 85364, 85365, and 85367 (excluding Cocopah) School Districts: Yuma One Elementary, Crane Elementary



Southern Area Fact Sheet

		ARIZONA	Yuma County	Southern Area	Source
DEMOGRAPHIC INDICATORS					
Population of children (0-5) in Census 2000		459,141	15,200	3,174	(a)
Population of children (0-5) in Census 2010		546,609	18,048	5,126	(b)
Change in pop. of children (0-5), 2000 to 2010		+19%	+19%	+61%	(a,b)
Households		2,380,990	64,767	11,070	(b)
Households with children (0-5)					
Number		384,441	12,998	3,675	(b)
Percent of all households		16%	20%	33%	(b)
Type of household with children (0-5)					
Husband-wife households		250,217	8,733	2,583	(b)
Single-male households		43,485	1,114	258	(b)
Single-female households		90,739	3,077	828	(b)
Race or ethnicity (children 0-4)*					
Hispanic		45%	76%	98%	(b)
White, not Hispanic		40%	19%	2%	(b)
Black		5%	2%	1%	(b)
American Indian		6%	2%	0%	(b)
Asian or Pacific Islander		3%	1%	0%	(b)
Living arrangements for children (0-5)					
With parent(s)		81%	77%	71%	(b)
With relatives (no parent)		17%	22%	28%	(b)
With non-relatives		2%	1%	1%	(b)
Children (0-5) living in their grandparent's household					
Number		74,153	3,415	1,277	(b)
Percent of children (0-5)		14%	19%	25%	(b)
Children (0-5) living with one or two foreign-born parents		29%	43%	56%	(c)
Language spoken at home (ages 5 and older)					
English only		73%	49%	15%	(c)
Spanish		21%	49%	84%	(c)
A native North American language		2%	0%	1%	(c)
Another language		4%	2%	0%	(c)
Population (ages 5 and older) who speak English less than "very well"		10%	22%	47%	(c)
Households which are "linguistically isolated" **		5%	12%	32%	(c)
ECONOMIC INDICATORS					
Children (0-5) living in poverty					
Number		145,634	5,145	1,335	(c)
Percent of children (0-5)		27%	29%	29%	(c)
Residential foreclosure rate, May 2014		0.66	0.74	0.72	(d)
Median family income for all families^		\$59,563	\$43,726	\$32,282	(c)
Median family income for husband-wife families with children under 18^		\$73,166	\$53,200	\$39,801	(c)
Median family income for families with children under 18, single-male head of household^		\$36,844	\$33,765	\$27,917	(c)
Median family income for families with children under 18, single-female head of household^		\$26,314	\$20,080	\$25,080	(c)
Unemployment rate^		8.0%	29.8%	67.1%	(e)
TANF Enrollment (ages 0-5), January 2012					
Number		12,358	292	90	(f)
Percent of children (0-5)		2%	2%	2%	(f)
SNAP Enrollment (ages 0-5), January 2012					
Number		219,926	7,661	2,686	(f)
Percent of children (0-5)		40%	42%	52%	(f)
WIC Enrollment (ages 0-4), January 2012					
Number		132,657	6,481	2,479	(g)
Percent of children (0-4)		29%	43%	58%	(g)
Children eligible for free or reduced-price lunch (district schools only), 2012-2013		58%	75%	93%	(h)
Homeless children (school-age), 2013					
Number		38,535	186	<10	(h)
Percent of children (school-age)		2%	1%	DS	(h)
Households with no internet service available					
Number		35,632	4	0	(n)
Percent		1%	0%	0%	(n)
Speed of available internet (range, in megabytes per second)					
Maximum advertised download speed		>1 gbps	25-50 mbps	10-25 mbps	(n)
Median advertised download speed		25-50 mbps	25-50 mbps	10-25 mbps	(n)
Occupied Housing Units without telephone service					
Number		2,380,990	2,410	12,599	(c)
Percent		3%	4%	2%	(c)



Southern Area Fact Sheet

ARIZONA Yuma County Southern Area Source

EDUCATIONAL INDICATORS

Children (3-4) enrolled in nursery school, preschool, or kindergarten	Percent of children (3-4)	34%	39%	49%	(c)
Children (0-2) receiving services from Dept of Developmental Disabilities, 2012		2,657	48	<25	(f)
Children (3-5) receiving services from Dept of Developmental Disabilities, 2012		2,574	56	<25	(f)
AIMS third-grade math test, 2013	Percent passing	68%	65%	55%	(h)
AIMS third-grade reading test, 2013	Percent passing	75%	68%	58%	(h)
Educational attainment of adults (25 and older)	Less than high school	15%	29%	52%	(c)
	High school or GED	24%	25%	19%	(c)
	More than high school	61%	46%	30%	(c)
Cost of early childhood care for one infant	Median cost per day	\$41.00	\$27.25	-	(i)
Cost of early childhood care for one child (ages 1-2)	Median cost per day	\$36.98	\$24.00	-	(i)
Cost of early childhood care for one child (ages 3-5)	Median cost per day	\$32.00	\$22.00	-	(i)
Cost of early childhood care for one infant, as percent of family income^		17%	15%	20%	(c,i)
Cost of early childhood care for one child (ages 1-2), as percent of family income^		15%	13%	18%	(c,i)
Cost of early childhood care for one child (ages 3-5), as percent of family income^		13%	12%	16%	(c,i)

HEALTH and SAFETY INDICATORS

Children 0-5 without health insurance	Percent of children (0-5)	11%	14%	13%	(c)
Children removed by Child Protective Services, 2012		6,392	109	20	(f)

SOURCES: (a) US Census 2000; (b) US Census 2010; (c) American Community Survey 2008-2012; (d) RealtyTrac, Inc; (e) Arizona Dept of Commerce Local Area Unemployment Statistics; (f) Arizona Dept of Economic Security; (g) Arizona Dept of Health Services; (h) Arizona Dept of Education; (i) Childcare Market Rate Survey 2012; (m) ADHS Vital Statistics; (n) Arizona Government Information Technology Agency

NOTES: *Some categories are not mutually exclusive, thus not all percentages will sum to 100%. **"Linguistically Isolated" Households refer to households in which no household members older than 14 speak English "very well". ^Median income, unemployment, and child care cost figures reported for the Southern Area are for San Luis City.

Includes zip codes 85336, 85349, and 85350 (excluding Cocopah)
 School Districts:
 Gadsen Elementary,
 Somerton Elementary



Eastern Area Fact Sheet

		ARIZONA	Yuma County	Eastern Area	Source
DEMOGRAPHIC INDICATORS					
Population of children (0-5) in Census 2000		459,141	15,200	513	(a)
Population of children (0-5) in Census 2010		546,609	18,048	412	(b)
Change in pop. of children (0-5), 2000 to 2010	Percent increase or decrease	+19%	+19%	-20%	(a,b)
Households		2,380,990	64,767	2,555	(b)
Households with children (0-5)	Number	384,441	12,998	295	(b)
	Percent of all households	16%	20%	12%	(b)
	Type of household with children (0-5)				
	Husband-wife households	250,217	8,733	219	(b)
	Single-male households	43,485	1,114	32	(b)
	Single-female households	90,739	3,077	41	(b)
Race or ethnicity (children 0-4)*	Hispanic	45%	76%	75%	(b)
	White, not Hispanic	40%	19%	22%	(b)
	Black	5%	2%	1%	(b)
	American Indian	6%	2%	1%	(b)
	Asian or Pacific Islander	3%	1%	0%	(b)
Living arrangements for children (0-5)	With parent(s)	81%	77%	75%	(b)
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Population (ages 5 and older) who speak English less than "very well"	Percent of population (5 and older)	10%	22%	16%	(c)
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ECONOMIC INDICATORS					
Children (0-5) living in poverty	Number	145,634	5,145	46	(c)
	Percent of children (0-5)	27%	29%	28%	(c)
Residential foreclosure rate, May 2014	Number of foreclosures per 1,000 properties	0.66	0.74	0.61	(d)
Median family income for all families^	Dollars (2012)	\$59,563	\$43,726	\$38,310	(c)
Median family income for husband-wife families with children under 18^	Dollars (2012)	\$73,166	\$53,200	\$44,495	(c)
Median family income for families with children under 18, single-male head of household	Dollars (2012)	\$36,844	\$33,765	-	(c)
Median family income for families with children under 18, single-female head of household	Dollars (2012)	\$26,314	\$20,080	-	(c)
Unemployment rate	Average rate, 2013	8.0%	29.8%	32.3%	(e)
TANF Enrollment (ages 0-5), January 2012	Number	12,358	292	<10	(f)
	Percent of children (0-5)	2%	2%	DS	(f)
SNAP Enrollment (ages 0-5), January 2012	Number	219,926	7,661	136	(f)
	Percent of children (0-5)	40%	42%	33%	(f)
WIC Enrollment (ages 0-4), January 2012	Number	132,657	6,481	-	(g)
	Percent of children (0-4)	29%	43%	-	(g)
Children eligible for free or reduced-price lunch (district schools only), 2012-2013	Percent of children (school-age)	58%	75%	78%	(h)
Homeless children (school-age), 2013	Number	38,535	186	22	(h)
	Percent of children (school-age)	2%	1%	5%	(h)
Households with no internet service available	Number	35,632	4	0	(n)
	Percent	1%	0%	0%	(n)
Speed of available internet (range, in megabytes per second)	Maximum advertised download speed	>1 gbps	25-50 mbps	6-10 mbps	(n)
	Median advertised download speed	25-50 mbps	25-50 mbps	6-10 mbps	(n)
Occupied Housing Units without telephone service	Number	2,380,990	2,410	2,380	(c)
	Percent	3%	4%	4%	(c)



Eastern Area Fact Sheet

		ARIZONA	Yuma County	Eastern Area	Source
EDUCATIONAL INDICATORS					
Children (3-4) enrolled in nursery school, preschool, or kindergarten	Percent of children (3-4)	34%	39%	53%	(c)
Children (0-2) receiving services from Dept of Developmental Disabilities, 2012		2,657	48	<25	(f)
Children (3-5) receiving services from Dept of Developmental Disabilities, 2012		2,574	56	<25	(f)
AIMS third-grade math test, 2013	Percent passing	68%	65%	69%	(h)
AIMS third-grade reading test, 2013	Percent passing	75%	68%	69%	(h)
Educational attainment of adults (25 and older)	Less than high school	15%	29%	26%	(c)
	High school or GED	24%	25%	34%	(c)
	More than high school	61%	46%	40%	(c)
Cost of early childhood care for one infant	Median cost per day	\$41.00	\$27.25	-	(i)
Cost of early childhood care for one child (ages 1-2)	Median cost per day	\$36.98	\$24.00	-	(i)
Cost of early childhood care for one child (ages 3-5)	Median cost per day	\$32.00	\$22.00	-	(i)
Cost of early childhood care for one infant, as percent of family income^		17%	15%	17%	(c,i)
Cost of early childhood care for one child (ages 1-2), as percent of family income^		15%	13%	15%	(c,i)
Cost of early childhood care for one child (ages 3-5), as percent of family income^		13%	12%	14%	(c,i)
HEALTH and SAFETY INDICATORS					
Children 0-5 without health insurance	Percent of children (0-5)	11%	14%	25%	(c)
Children removed by Child Protective Services, 2012		6,392	109	0	(f)

SOURCES: (a) US Census 2000; (b) US Census 2010; (c) American Community Survey 2008-2012; (d) RealtyTrac, Inc; (e) Arizona Dept of Commerce Local Area Unemployment Statistics; (f) Arizona Dept of Economic Security; (g) Arizona Dept of Health Services; (h) Arizona Dept of Education; (i) Childcare Market Rate Survey 2012; (m) ADHS Vital Statistics; (n) Arizona Government Information Technology Agency

NOTES: *Some categories are not mutually exclusive, thus not all percentages will sum to 100%. **"Linguistically Isolated" Households refer to households in which no household members older than 14 speak English "very well". ^Median income, unemployment, and child care cost figures reported for the Eastern Area are for Wellton town.

Includes zip codes 85333, 85347, 85352, and 85356
 School Districts:
 Wellton
 Elementary,
 Mohawk Valley
 Elementary, Hyder
 Elementary

Yuma Regional Partnership Council

2014

Needs and Assets Report

THIRD DRAFT

Prepared by the
Frances McClelland Institute for Children, Youth and Families
John & Doris Norton School of Family and Consumer Sciences
College of Agriculture and Life Sciences
The University of Arizona

Funded by the
First Things First Yuma Regional Partnership Council

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Letter from the Chair

Chair

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Ricardo Perez

Rebecca Ramirez

Mary Beth Turner

Judy Watkinson

Dr. Mario Ybarra

August 15, 2014,

The past two years have been rewarding for the First Things First Yuma Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families by developing and expanding our partnership with public preschools and private child care providers, expanding the scope and reach of family support programs including an oral health strategy. The council is also extremely proud of the successful collaboration efforts here in Yuma. Strong collaboration is essential to improving our early childhood system.

The First Things First Yuma Regional Partnership Council will continue to advocate and provide opportunities to improve access and affordability to a quality early learning system, family support services, increased awareness of family services in our Yuma region, and dedicated efforts to make sure children start kindergarten healthy and ready to succeed.

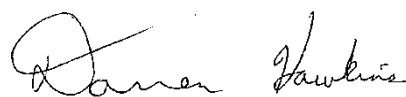
Our strategic direction has been guided by our Collaboration Meetings, Town Halls, and the Needs and Assets reports, specifically created for the Yuma Region in 2008, 2010, 2012 and the new 2014 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Yuma Regional Council would like to thank our Needs and Assets Vendor the University Of Arizona, Norton School of Family & Consumer Sciences for their knowledge, expertise and analysis of the Yuma region. The new report will help guide our decisions as we move forward for young children and their families within the Yuma region.

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

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

Thank you for your continued support.

Sincerely,



Rev. Dr. Darren Hawkins, Chair
Yuma Regional Partnership Council

Yuma Regional Partnership Council

233 S 2nd Ave
Yuma Arizona 85364

Rev. Dr. Darren Hawkins, Chair

Irene Garza, Vice Chair

Gloria Cisneros

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College of Agriculture and Life Sciences
The University of Arizona

Introductory Summary and Acknowledgments

First Things First Yuma Regional Partnership Council

A Child's most important developmental years are those leading up to kindergarten. First Things First is committed to helping Arizona kids five and younger receive the quality education, healthcare and family support they need to arrive at school healthy and ready to succeed. Children's success is fundamental to the wellbeing of our communities, society and the State of Arizona.

The 2014 Needs and Assets Report for the Yuma Geographic Region provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported. The Yuma Regional Partnership Council owes special gratitude to the agencies and stakeholders who participated in numerous collaboration sessions, town halls, key informant interviews and community forums throughout the assessment process. The success of First Things First is due in large measure to their willingness to contribute their time and expertise. Their input is invaluable to understanding the needs and assets in the region. The needs that young children and families face in the Yuma Region include additional quality and affordable child care services; a need for services that better prepare them for school and increased access to health insurance and preventative services.

The First Things First Yuma Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. A strong focus throughout the Yuma Region, in the past year has been to increase access to quality child care and pre-school programs, increasing the availability of supportive services for families including those with children with special needs; and increasing public awareness of early childhood development and health. This report provides basic data points that will aid the Council's decisions and funding allocations; while building a true comprehensive statewide early childhood system.

Acknowledgments:

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

To the current and past members of the Yuma Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of

young children and families within the region. Our continued work will only aid in the direction of building a true comprehensive early childhood system for the betterment of young children within the region and the entire State.

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

Locally the Yuma Regional Partnership Council would also like to thank our collaborators, all school districts in Yuma County, 8 Arizona PBS Educational Outreach, Arizona Western College, Association for Supportive Child Care, Campesinos Sin Fronteras, Chicanos Por la Causa, Child and Family Resources, Easter Seals Blake Foundation, Reach Out and Read Arizona-Yuma, Read on Yuma, Regional Center for Border Health, Sunset Community Health Center, The University of Arizona Cooperative Extension, United Way of Yuma County, Western Arizona Council of Governments, Yuma Community Food Bank, Yuma County AzAEYC, Yuma County Health District, Yuma Regional Medical Center, and the Yuma Sun for their commitment to improving our Yuma Early Childhood System. They are our partners and allies in advancing the early childhood movement in Yuma County, and the State of Arizona, and we are honored to work alongside them.

Table of Contents

Letter from the Chair	2
Yuma Regional Partnership Council.....	3
Introductory Summary and Acknowledgments.....	4
List of Tables	7
List of Figures	9
Executive Summary.....	12
Who are the families and children living in the Yuma Region?	15
The Yuma Region	15
Regional Boundaries and Report Data.....	15
General Population Trends	16
The Three Areas	17
Additional Population Characteristics	24
Household Composition.....	24
Ethnicity and Race.....	27
Language Use and Proficiency	29
Economic Circumstances	31
Income and Poverty.....	31
Unemployment and Foreclosures.....	36
Public Assistance Programs	39
Educational Indicators	46
Common Core/Early Learning Standards.....	46
Move on When Ready.....	47
Educational Attainment	48
Graduation and Drop-out Rates	49
Standardized Test Scores	51
The Early Childhood System: Detailed Descriptions of Assets and Needs	54
Quality and Access	54
Early Care and Education	54
Professional Development.....	64
Scholarships	65
Opportunities for Professional Development.....	66
Health.....	67
Access to Care	67
Pregnancies and Births	72
Insurance Coverage.....	82
Developmental Screenings and Services for Children with Special Developmental and Health Care Needs	85
Immunizations	89
Behavioral Health.....	91
Enrollment in Public Behavioral Health System	92
Oral Health	94
Overweight and Obesity	95

Child Fatalities.....	98
Substance Use.....	99
Family Support.....	99
Child Welfare.....	99
Incarcerated Parents.....	105
Domestic Violence.....	106
Food Security.....	108
Homelessness.....	110
Parent Involvement.....	111
Home Visitation Programs.....	117
Public Information and Awareness.....	118
Data from Family and Community Survey, 2012.....	118
Findings from Key Informant Interviews.....	120
System Coordination.....	122
Findings from Key Informant Interviews.....	122
The Build Initiative.....	123
First Things First Capacity Building Initiative.....	124
Summary and Conclusion.....	125
Appendix 1. Table of Regional Assets.....	128
Appendix 2. Table of Regional Challenges.....	129
Appendix 3. Table of Regional Strategies, FY 2015.....	130
Appendix 4. Data Collection Instruments.....	133
Appendix 5. Data Sources.....	137

List of Tables

Table 1: Population and households with children ages 0-5.....	21
Table 2: Population changes from 2000 to 2010 in the number of children aged 0-5.....	22
Table 3: Population projections for Yuma County and the state.....	22
Table 4: Number of children living in a grandparent's household.....	26
Table 5: Children (0-5) living with one or two foreign-born parents.....	27
Table 6: Race and ethnicity for adults in the Yuma Region.....	28
Table 7: Race and ethnicity for children ages 0-4.....	28
Table 8: Home language use for individuals 5 years and older.....	29
Table 9: Household home language use.....	29
Table 10: Estimated number of migrant and seasonal farmworkers, their families, and children ages 0-5 in Yuma County.....	31
Table 11: Persons living below the U.S. Census poverty threshold level.....	32
Table 12: Median family annual income for families with children (0-17).....	33

Table 13: Employment status of parents of young children 37

Table 14: Foreclosures in Arizona, Yuma County, and the region..... 38

Table 15: Percent of housing units with housing problems 39

Table 16: Children ages 0-5 receiving SNAP (Supplemental Nutritional Assistance Program) 40

Table 17: Children ages 0-5 receiving TANF (Temporary Assistance for Needy Families) 42

Table 18: Monthly Snapshot of WIC participation in Arizona and Yuma County..... 44

Table 19: Free and reduced lunch eligibility requirements for 2014-2015 school year 45

Table 20: Free and reduced lunch eligibility by school district 45

Table 21: Educational achievement of adults..... 48

Table 22: High school graduation and drop-out rates..... 49

Table 23: Children (3-4) enrolled in nursery school, preschool, or kindergarten 50

Table 24: Math 3rd grade AIMS results 53

Table 25: Reading 3rd grade AIMS results..... 53

Table 26: Number of early care and education centers and homes and their capacity 55

Table 27: Quality First Rating Scale..... 59

Table 28: Number of Local Education Agency Preschools..... 60

Table 29: WACOG Head Start Enrollment (2012-2013 and 2013-2014) 61

Table 30: WACOG Head Start Enrollment (2013-2014) by Regional Area 62

Table 31: CLPC Head Start and Early Head Start Enrollment (2012-2013, 2013-2014, 2014-2015)
..... 63

Table 32: Cost of early childhood care for one child (Median cost per day)..... 64

Table 33: Cost of full time child care in a child care center by percent of median family income
..... 64

Table 34: Availability of certification, credentials, or degree programs 66

Table 35: Percent of population uninsured 84

Table 36: Children (0-17) with KidsCare coverage (2012-2014)..... 85

Table 37: Number of AzEIP eligible children served in Arizona..... 88

Table 38: Children receiving services from DDD in the region 88

Table 39: Percent of preschool and elementary school children enrolled in special education . 89

Table 40: Immunization rates for children enrolled in child care (2012-2013)..... 90

Table 41: Immunization rates for children enrolled in kindergarten (2012-2013) 91

Table 42: Breastfeeding and weight in Yuma County (2011) 97

Table 43: Number of children removed from their homes who were five years or younger at removal 101

Table 44: Domestic violence shelters and services provided 107

Table 45: Economic disadvantage and homelessness by school district 110

Table 46: Homelessness service providers and populations served in Yuma County..... 111

List of Figures

Figure 1: The Yuma Region 17

Figure 2: The Yuma Region, by zip code 18

Figure 3: Yuma Region geographic areas..... 19

Figure 4: School districts in the Yuma Region..... 20

Figure 5: Birth projections for Yuma County and the state..... 23

Figure 6: Geographic distribution of children under six according to the 2010 Census (by census block)..... 24

Figure 7: Living arrangements for children..... 25

Figure 8: Type of household with children (0-5)..... 25

Figure 9: Proportion of households that are considered “linguistically isolated” 30

Figure 10: Median annual household income in the Yuma Region..... 34

Figure 11: Percent of children (0-5) living in poverty in the Yuma Region..... 35

Figure 12: Annual unemployment rates in Yuma County and Arizona, 2009-2013 36

Figure 13: Percentage of children ages 0-5 receiving SNAP in January 2012..... 41

Figure 14: Percentage of children ages 0-5 receiving TANF in January 2012..... 42

Figure 15: Percentage of households receiving SNAP or TANF 43

Figure 16: Snapshots of WIC participation in Yuma County and the state (2010-2012)..... 44

Figure 17: Births by mother’s educational achievement..... 49

Figure 18: Results of the Arizona Instrument to Measure Standards (AIMS) Test 52

Figure 19: Child care providers in the Yuma Region..... 56

Figure 20: Child care providers in the Central area of the Yuma Region 57

Figure 21: Child care providers in the Southern area of the Yuma Region 58

Figure 22: Map of primary care areas in the Yuma Region 68

Figure 23: Ratio of population to primary care providers 70

Figure 24: Regular visits by children (ages 0-5) with same doctor’s office. 72

Figure 25: Number of births per calendar year in the Yuma Region (2009-2012) 72

Figure 26: Average percent of births with prenatal care begun first trimester by year in the Yuma Region (2009-2012)..... 73

Figure 27: Average percent of births with prenatal care begun first trimester by PCA (2002-2011) 74

Figure 28: Average percent of births with fewer than five prenatal care visits by year in the Yuma Region (2009-2012)..... 75

Figure 29: Average percent of births with fewer than five prenatal care visits by PCA (2002-2011) 75

Figure 30: Average percent of births with low birth weight (5 lbs., 8oz. or less) births by year in the Yuma Region (2009-2012) 76

Figure 31: Average low birth weight (5 lbs., 8oz. or less) births per 1,000 by PCA (2002-2011). 77

Figure 32: Percent of Births to Teen Mothers by year in the Yuma Region (2009-2012) 78

Figure 33: Rate of Teen Births per 1,000 Females by PCA (2002-2011)..... 79

Figure 34: Percent of preterm births (under 37 weeks) in the Yuma Region by year (2009-2012) 80

Figure 35: Average infant mortality rate per 1,000 live births by PCA (2002-2011) 80

Figure 36: Births to unmarried mothers in the Yuma Region by year (2009-2012) 81

Figure 37: Births covered by AHCCCS or IHS in the Yuma Region by year (2009-2012)..... 81

Figure 38: Tobacco use during pregnancy in the Yuma Region by year (2009-2012) 82

Figure 39: Regular visits to dental provider 95

Figure 40: Pre-pregnancy overweight and obesity rates in Yuma County (2013)..... 98

Figure 41: Child welfare reports in Yuma County (April 2010- March 2012) 102

Figure 42: Assessed risk of child welfare reports in Yuma County and the state (Oct 2010- March 2012) 102

Figure 43: Types of maltreatment, child welfare reports, Yuma County and the state (Oct 2010- March 2012)..... 103

Figure 44: SNAP and WIC authorized retailers in the region 109

Figure 45: Family & Community Survey 2012: Days reading to child..... 112

Figure 46: Family & Community Survey 2012: Days telling stories to child 112

Figure 47: Family & Community Survey 2012: Days drawing with child 113

Figure 48: Family & Community Survey 2012: When a parent can impact brain development 114

Figure 49: Family & Community Survey 2012: Satisfaction with information and resources.... 119

Figure 50: Family & Community Survey 2012: Ease of locating services 119

Figure 51: Internet Download Speeds in the Yuma Region 121

Figure 52: Family & Community Survey 2012: Satisfaction with coordination and communication
..... 122

Executive Summary

The Yuma Regional Partnership Council supports the needs of young children in the Yuma First Things First Region. The Yuma Regional Partnership Council provides services to the communities located in Yuma County, including the Arizona portion of the Quechan Tribe of Fort Yuma Indian Reservation. The region does not include the tribal lands of the Cocopah Tribe Indian Reservation. For the purposes of this report, the Yuma Region was subdivided into the Central, Southern and Eastern areas. The majority of the population in the Yuma Region lives in the Central area including Yuma and Fortuna Foothills.

According to U.S. Census data, the Yuma Region had a population of 195,011 in 2010, of whom 17,992 (9%) were children under the age of six. Both the Yuma Region and Yuma County have a larger proportion of households with children birth through five years of age (20% for both) than the state as a whole (16%), although there is some variability across parts of the region. The Southern area of the region had a third of households with one of more young children in them, compared to 18 percent in the Southern area, and only 12 percent in the Eastern area.

In the Yuma Region, over three-quarters (77%) of children birth to five years of age are living with at least one parent, with 24 percent living in a single-female headed household. Across the region, 14 percent of young children were living in their grandparent's household. A large portion of children in the region are living with at least one foreign born parent; 43 percent of young children in the Yuma Region and Yuma County are, while 57 percent of young children in the Eastern area and 56 percent in the Southern area of the region are living with at least one foreign-born parent.

Over half (54%) of the adult population living in the region and county identified as Hispanic and over three-quarters (76%) of the population of children aged birth through four living in the region and county were identified as Hispanic. Almost all children aged birth to four years in the Southern area (98%) were identified as Hispanic. The Southern area also had the highest percentage of linguistically isolated households (32%), compared to 12 percent for the Yuma Region, and eight percent for both the Central and Eastern areas of the region.

In the Yuma Region and all three areas of the region, just under 30 percent of children aged birth through five years live in poverty. Unemployment rates in San Luis are substantially higher than in the city of Yuma or Yuma County. In addition, the percentage of housing units with housing problems is highest in the Southern area of the region (53%) compared to the Central area (35%) and Eastern area (25%). The number of young children served through homelessness services in Yuma County has increased between 2011 and 2014.

The number of young children receiving Supplemental Nutrition Assistance Program (SNAP) benefits has increased in the region between 2010 and 2012, with the exception of the Eastern area which has seen a decrease. Conversely, Temporary Aid to Needy Families (TANF) benefits

have decreased, again with the exception of the Eastern area, which has seen an increase. In the beginning of 2012, 37 percent of young children in Yuma County were participating in WIC, higher than the state percentage of 29 percent. Food insecurity remains a large problem in Yuma County, with 24 percent of all residents, and 40 percent of children under 18 years of age facing food insecurity in 2012. Yuma County had the highest percentage of children facing food insecurity, and the second-highest percentage of all residents facing food insecurity of all the counties in Arizona in 2012.

Adults in the Yuma Region (28%) are more likely to be without a high school diploma or GED than the state of Arizona overall (15%), and more than half the adults in the Southern area do not have a high school diploma or GED (52%). This is a significant challenge to the economic well-being of families in the Yuma region.

The proportion of 3rd graders in Yuma County passing the standardized math (64%) and reading (68%) AIMS was slightly lower than students across the state as a whole (69% and 75% respectively), although there was great variability across school districts in the region.

In the Yuma Region there are 151 regulated child care providers, the majority of which are DES certified or registered home providers. The region also offers 11 WACOG Head Start options, five Chicanos Por La Causa (CLPC) Migrant and Seasonal Head Start Centers, and two CLPC Migrant Early Head Start Programs. All of these programs have extensive wait-lists. Of the child care options available in the region, only one is available in the Eastern area. The total capacity of early care and education providers in the region for 2013 was 5,449 children, representing approximately 30 percent of children aged birth through five years of age in the Yuma Region.

All of Yuma County has been designated as “medically underserved” by the Arizona Department of Health Services, all of the region has been designated as a Mental Health Health Professional shortage area, and much of the region as a Dental Health Professional Shortage Area. Children in the Eastern and Southern areas of the region have the benefit of mobile health services as well as promotora-based services, and children across the region can receive free preventive dental services and education through the Yuma First Smiles program.

During 2012, there were 3,111 births in the region, which continued a downward trend from 2009. The percentage of women in the region receiving early prenatal care (66%) fell below the state average (79%), with particularly low averages in the Yuma-West (48%), San Luis (49%), Somerton (54%) and Dateland (58%) Primary Care Areas. The percentage of births to teen mothers in the region (14%) also exceeded the state (9%) in 2012. The percentage of births covered by AHCCCS or IHS in the region (62%) was also higher than the state as a whole (55%).

In the Yuma Region, the percent of the total population (21%) and the population of young children (14%) uninsured exceeds the state (17% and 11% respectively). The Eastern area had the highest percentage of young children uninsured of the three regional areas (25%).

While key informants voiced the top health care need of the region as services and resources for children with special needs, improved coordination of programs and providers for the birth through three year old age group has been seen in recent years in the region. Improved access to mental and behavioral health services were seen as a particular need.

Removals of children aged birth through five years from their homes have increased 120 percent between 2011 and 2013, while the state has only seen a 35 percent increase. The region is served by a single domestic violence shelter, and additional services and resources for families dealing with this issue were seen as needed.

The Yuma Region is served by a number of parenting education and home visitation programs as well as an expansive library system that is seen as a vital resource, particularly for families far removed for the city of Yuma. The degree of coordination and communication among providers serving young children and their families in the region was seen as improving by key informants, but as still in need of improvement by families in the region.

While the Yuma Region faces some challenges to providing comprehensive, high quality early care and education, children's health care, and support for families with young children due to the diversity of its population and geographical spread of the region, the Yuma Regional Partnership Council is committed to the ideal that all children in the Yuma Region should arrive at kindergarten healthy and ready to succeed. The Council's commitment to supporting collaboration and expanding opportunities for young children and support for their families is helping to move the region closer to this goal.

Who are the families and children living in the Yuma Region?

The Yuma Region

The First Things First Yuma Region is found in Southwest Arizona bordering Mexico and California. The Yuma Region contains 5,522 square miles and has the same boundaries as Yuma County with the exception of the Cocopah Tribe reservation lands which are included in the First Things First Cocopah Region. Yuma County has a year round population of around 200,000 but has a 90,000 person population increase during winter due to the arrival of “snowbirds” coming to Arizona to escape the cold. Yuma’s major towns and cities include Yuma, Somerton, San Luis, and Wellton. This region is primarily desert but also has mountains and river valleys. Several impressive natural sites are located in the region including the Kofa Mountain Range and Wildlife Refuge, the Gila and Colorado rivers, and Martinez and Mittry Lakes. Yuma’s economy is primarily based on farming, cattle, tourism, and two military bases. The Yuma Proving Ground and the Barry M Goldwater West Range are large, uninhabited areas within the Yuma Region.

A portion of the Fort Yuma-Quechan Reservation is located within the First Things First Yuma Region along the Colorado River near the city of Yuma. The Fort Yuma-Quechan Reservation contains 45,000 acres of land, most of which lies in California. The economy is mainly based on agriculture, a sand and gravel operation, and tourism. According to the Tribal Enrollment Office there are 2,475 members of the Quechan Tribe.¹

Regional Boundaries and Report Data

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

- They should reflect the view of families in terms of where they access services;
- They should coincide with existing boundaries or service areas of organizations providing early childhood services;
- They maximize the ability to collaborate with service systems and local governments, and facilitate the ability to convene a Regional Partnership Council, and;
- They allow for the collection of demographic and indicator data.

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

¹ http://itcaonline.com/?page_id=1173

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, data requested from regional agencies specifically for this report, and interviews with key informants in the region. In most of the tables in this report, the top row of data corresponds to the total Yuma Region. The next three rows present the data for the three geographical zip code areas in the region, the Central, Eastern and Southern areas. Data presented for the Yuma Region and the Central and Southern geographical areas excludes the Cocopah Indian Tribe. At the bottom of each table will be a row for Yuma County data and a row for the state of Arizona data. Data reported for Yuma County does include the Cocopah Indian Tribe. In a few tables in this report, we will not be able to present data for the Yuma Region or for the individual zip code areas. In these tables, data for Yuma County will be used instead. For these tables, the data is not available at the zip code level.

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

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

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

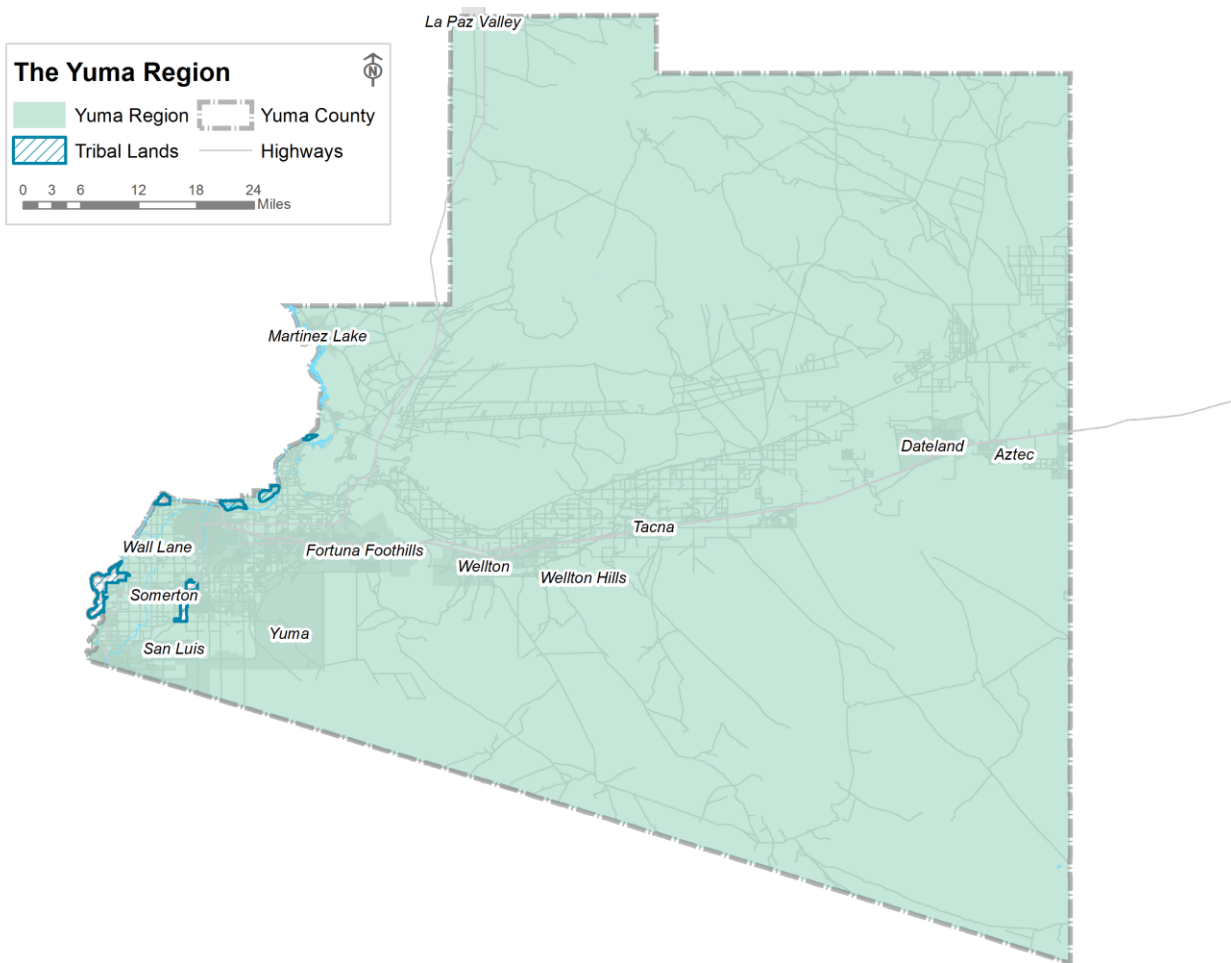
Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS.

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

General Population Trends

Figure 1 below shows the geographical area included in the Yuma Region.

Figure 1: The Yuma Region



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

Community-level information in rural areas is sparse. Therefore, the Yuma Regional Partnership Council sought additional detailed data gathering, analysis and reporting at the community level in order to provide a more complete “picture” of the region and to target strategies in order to most effectively and efficiently utilize resources. Three geographic areas within the Yuma Region were identified by the Regional Council and Director as focus areas for additional data collection and analysis. These areas represent the populated portions of the region.

The Three Areas

By population, the largest of the three areas is the **Central** area. This area includes three zip codes: 85364, 85365, and 85367. The city of Yuma is the only incorporated place in this area. There are several unincorporated places (Fortuna Foothills, Avenue B and C, Donovan Estates, Martinez Lake, El Prado Estates, Wall Lane, Drysdale, Padre Ranchitos, and Buckshot). The northern section of the Cocopah Reservation lies in the 85364 zip code. Because the Cocopah have their own First Things First region, we have subtracted the Cocopah data from the maps

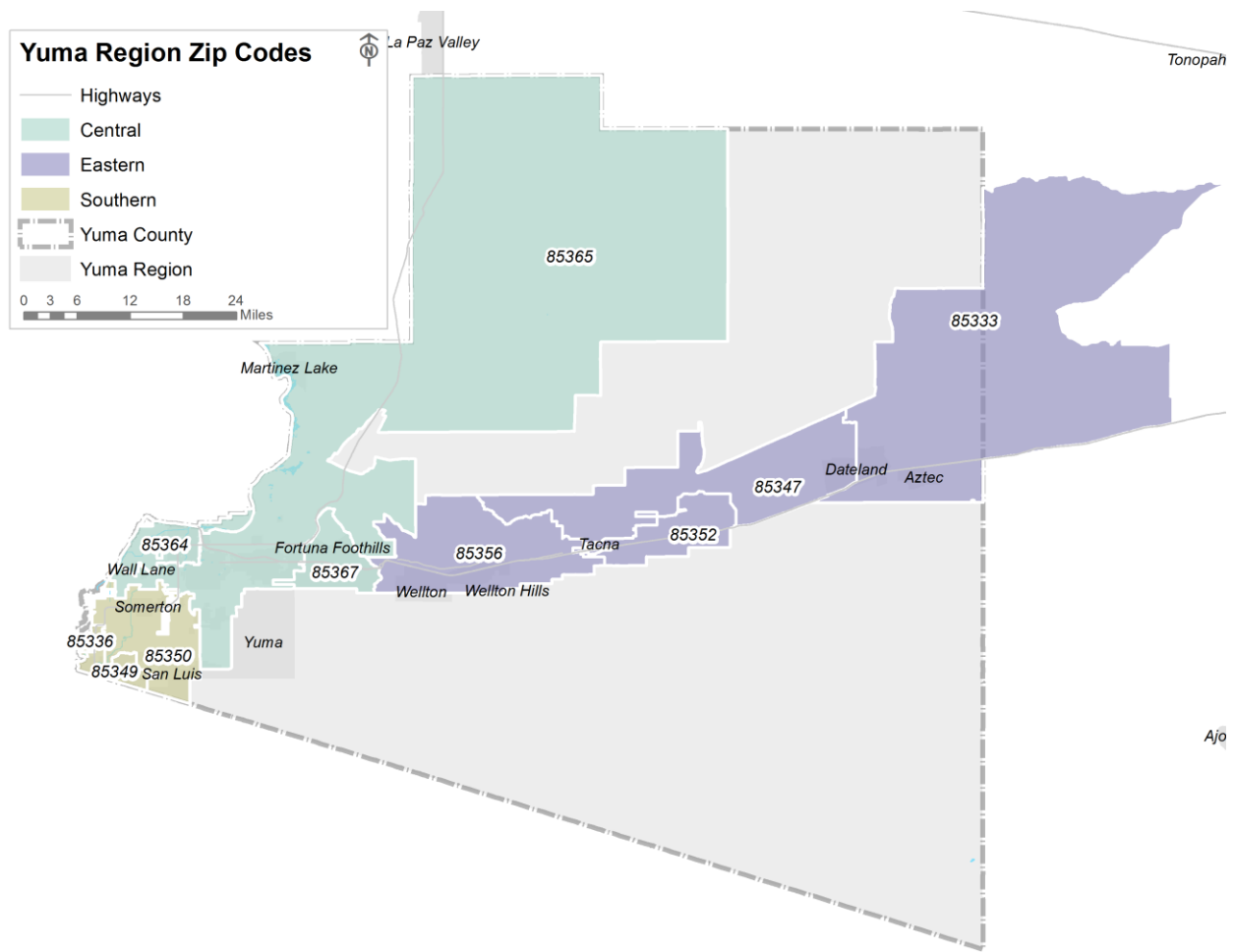
and tables in this document, whenever possible. The Cocopah are a small minority (0.5%) of the 85364 zip code.

The second most populous area is the **Southern** area, which includes three zip codes: 85336, 85349, and 85350. The incorporated cities of San Luis and Somerton and the unincorporated places of Gadsden, Rancho Mesa Verde, and Orange Grove Mobile Manor are in the South area. The eastern and western sections of the Cocopah Reservation lie in zip code 85350. The Cocopah account for approximately 2.1 percent of this zip code, and again, this data has been excluded from the maps and tables in this document, whenever possible.

The **Eastern** area is defined by four zip codes (85333, 85347, 85352, and 85356). It includes the town of Wellton and four unincorporated places: Tacna, Dateland, Wellton Hills, and Aztec. *Note: the eastern end of the 85333 zip code lies in Maricopa County.*

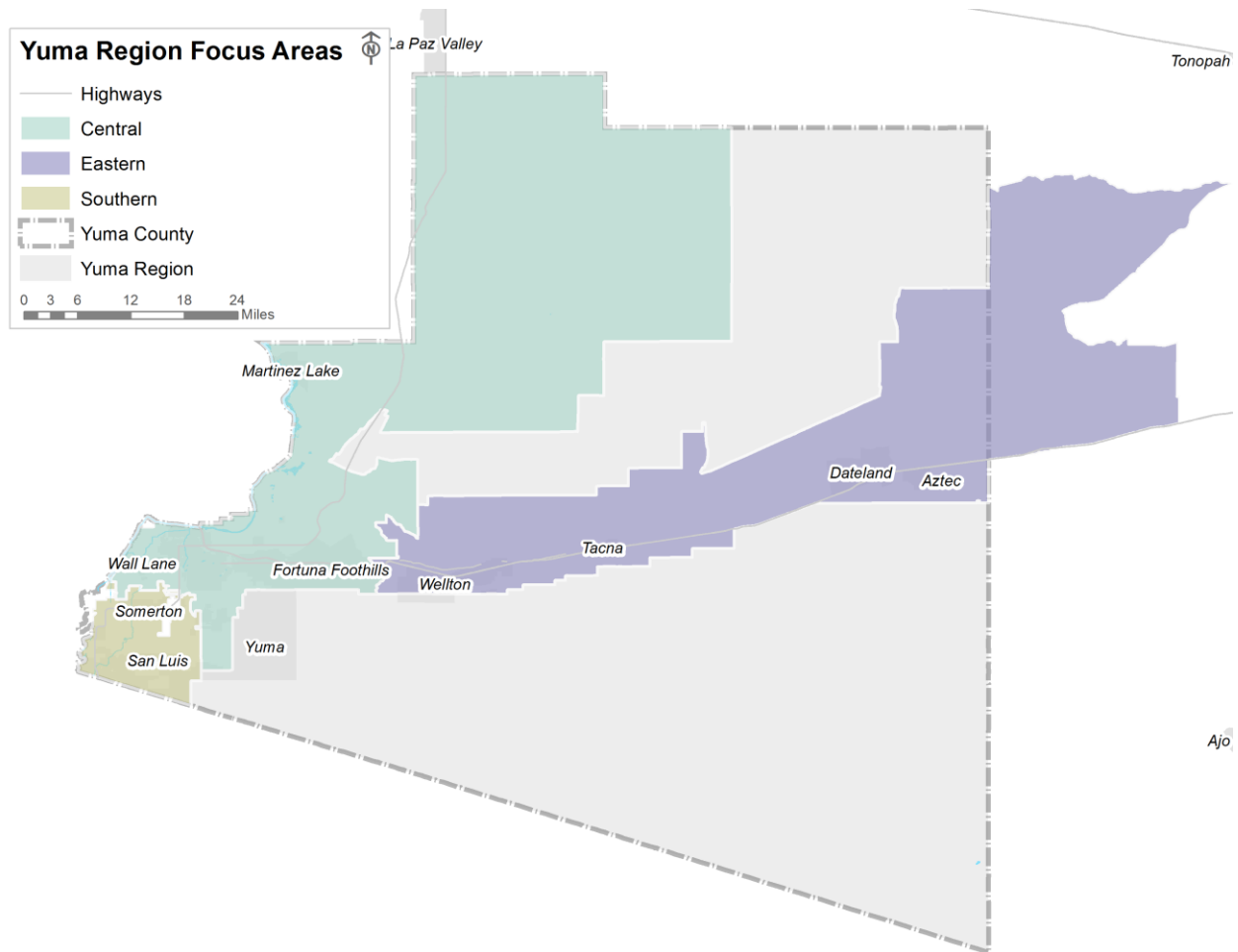
Figure 2 shows the Yuma Region’s populated geographic areas by zip code and Figure 3 shows the region’s three geographic areas.

Figure 2: The Yuma Region, by zip code



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

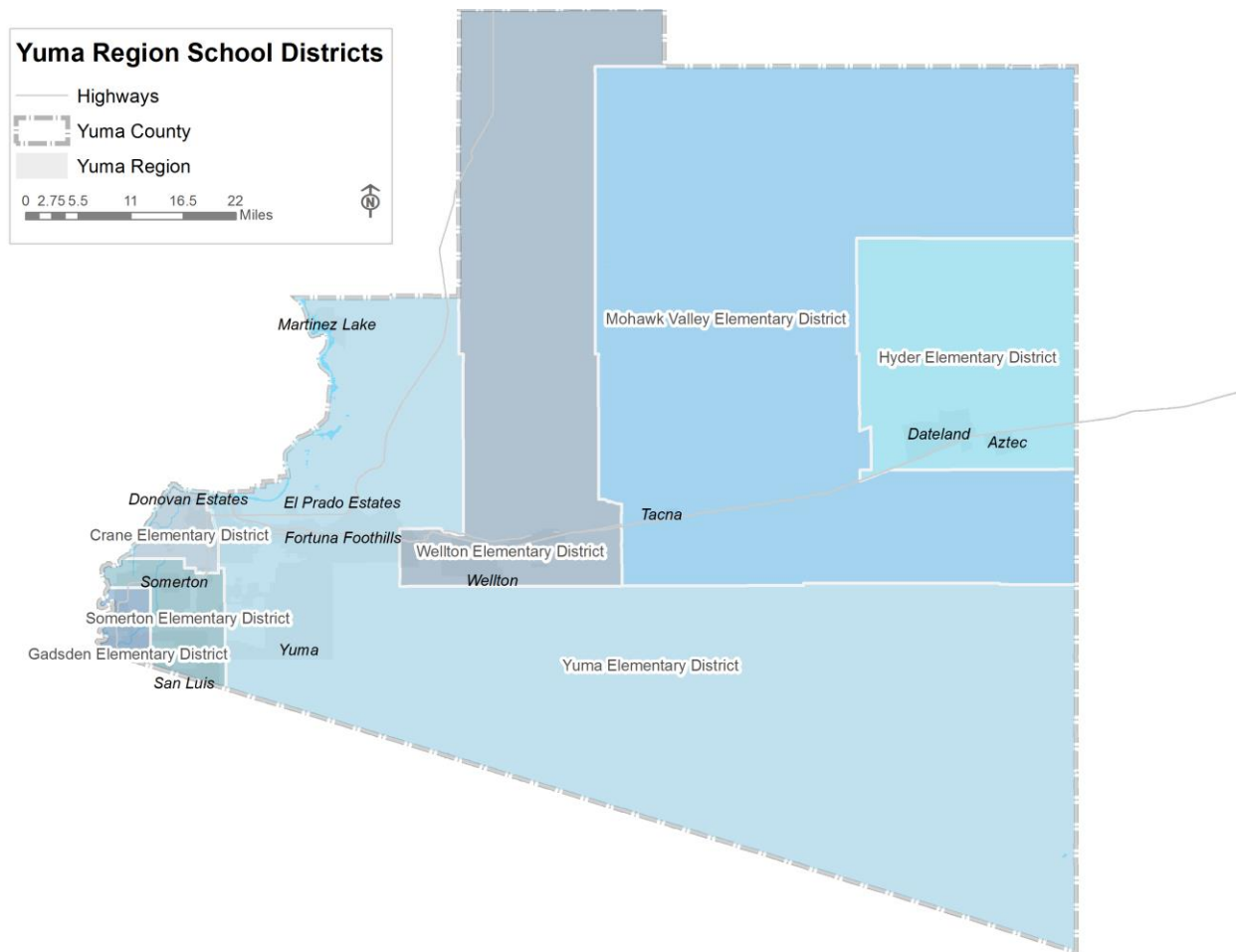
Figure 3: Yuma Region geographic areas



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

The seven school districts within the Yuma Region are shown in Figure 4 on the following page.

Figure 4: School districts in the Yuma Region



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

According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the Yuma Region had a population of 195,011 in 2010, of whom 17,992 (9%) were children under the age of six. As seen below, Table 1 lists the 2010 populations for the region, the three geographical areas of the region, the county and the state. Also listed are the number of households (individual housing units) in the region and the number and percentage of those households in which at least one child under six resides.

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

Table 1: Population and households with children ages 0-5

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Yuma Region	195,011	17,992	64,484	12,955	20%
Central area	141,526	12,454	50,859	8,985	18%
Eastern area	6,506	412	2,555	295	12%
Southern area	46,979	5,126	11,070	3,675	33%
Yuma County	195,751	18,048	64,767	12,998	20%
Arizona	6,392,017	546,609	2,380,990	381,492	16%

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

Both the Yuma Region and Yuma County have a larger proportion of households with children birth through five years of age (20% for both) than the state as a whole (16%). As shown in the table above, the Southern area has the highest percentage of households with children under six in the region (33%). The Eastern area has the lowest percentage of children under six in the region at 12 percent.

Overall, the population of Arizona has increased substantially between 2000 and 2010, and the population of young children has increased by about one-fifth. Because zip code designations have changed over time, the most accurate comparison of population change is at the county and incorporated places level.² Table 2 shows changes in population between the 2000 Census and the 2010 Census. The total population of the Yuma Region has grown substantially, with a 23 percent growth over that time period. The population of children under six in the region has also increased but to a lesser degree (+17%). The overall growth in Yuma County differs slightly with a 22 percent increase in total population, and a 19 percent increase in the population of children aged birth through five. Each of the three areas in the region have seen an increase in total population, and two of the three have seen an increase in the population of children aged birth through five. The Eastern area however has seen decrease of 20 percent in the population of young children from the 2000 to 2010 Census.

² Community counts for the fact sheets and graphics relying on those data are based on zip code tabulation areas, which provide slightly different counts than the incorporated places counts.

Table 2: Population changes from 2000 to 2010 in the number of children aged 0-5

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Yuma Region	159,149	195,011	+23%	15,381	17,992	+17%
Central area	124,970	141,526	+13%	11,672	12,454	+7%
Eastern area	6,002	6,506	+8%	513	412	-20%
Southern area	27,983	46,979	+68%	3,174	5,126	+61%
Yuma County	160,026	195,751	+22%	15,200	18,048	+19%
Arizona	5,130,632	6,392,017	+25%	459,141	546,609	+19%

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

Population projections for the state show a slight decrease in the population of children aged birth through five years by 2015, but then increases through the year 2025. In Yuma County the population of young children is projected to increase substantially through 2025, and at a faster pace than the state (see Table 3).

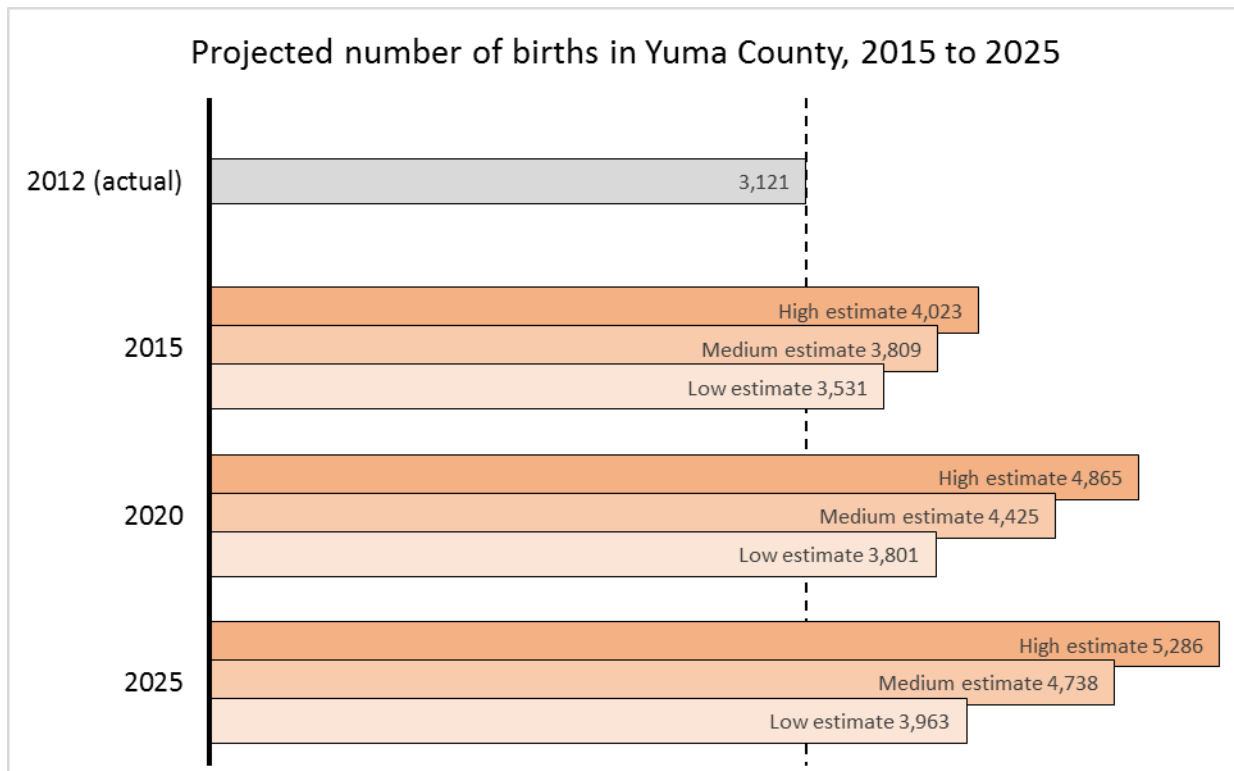
Table 3: Population projections for Yuma County and the state

GEOGRAPHY	2010 CENSUS (AGES 0-5)	2015		2020		2025	
		POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010	POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010	POPULATION PROJECTION (AGES 0-5)	PROJECTED CHANGE FROM 2010
Yuma County	18,048	21,150	+17%	25,726	+43%	28,402	+57%
Arizona	546,609	537,167	-2%	610,422	+12%	672,844	+23%

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

Birth projections are also available over the next decade. The Arizona Department of Administration (ADOA) produces population projections for the state of Arizona and each of the 15 counties. These projections use estimates of births, deaths, and migration to forecast the population by age, sex, and race-ethnicity over the next few decades. Using alternative assumptions, high and low estimates are calculated, in addition to the baseline (or medium) estimates. As can be seen in Figure 5, even the low estimate for birth projection estimates shows an increase in births through 2025 in Yuma County.

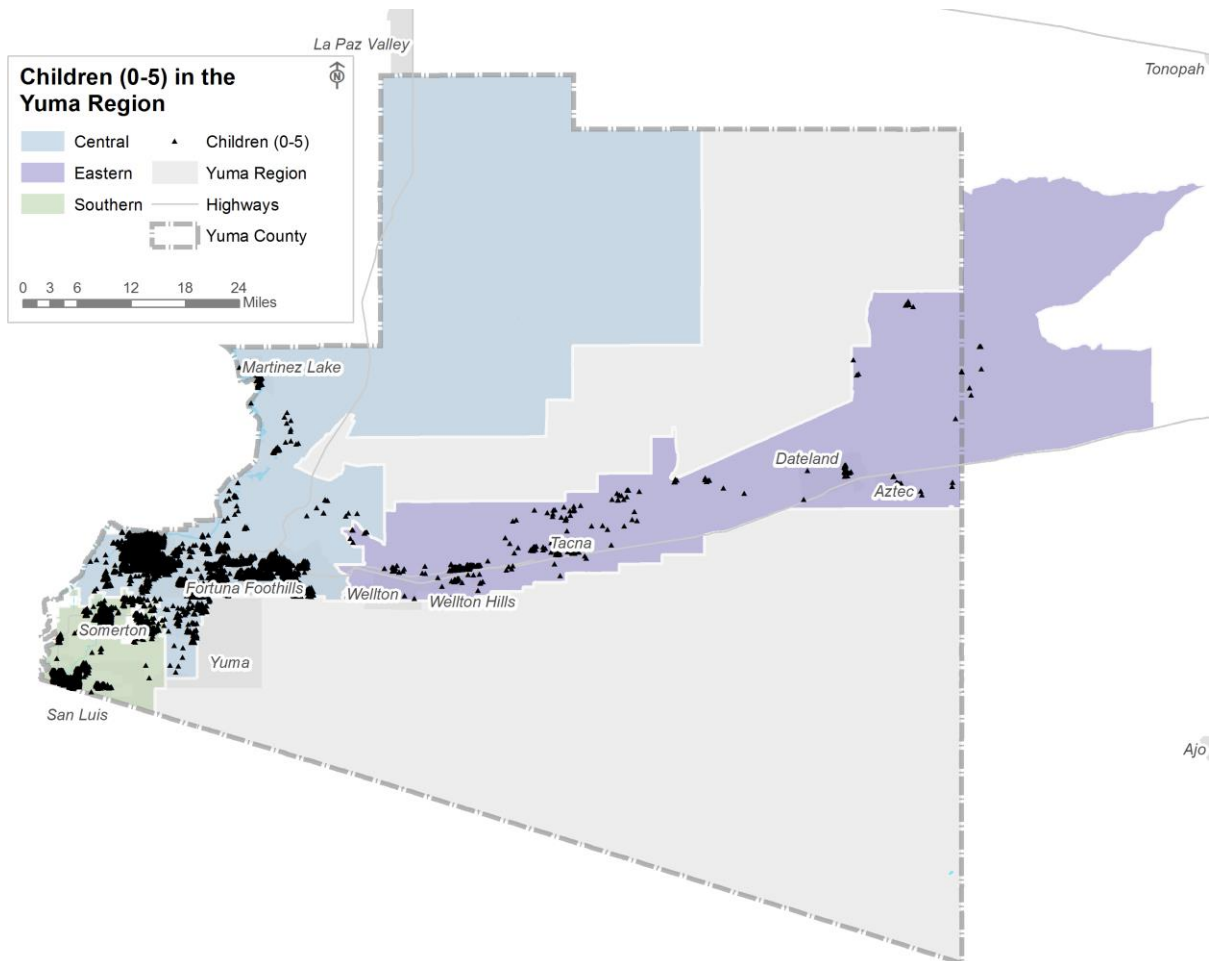
Figure 5: Birth projections for Yuma County and the state



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

Figure 6 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. A triangle on the map represents one child. The triangles do not pinpoint each child's location, but are placed generally in each census block in which a young child was living in 2010. As can be seen in this map, the areas with the largest populations of young children are clustered in the southern portion of the Central area and around San Luis and Somerton in the Southern area.

Figure 6: Geographic distribution of children under six according to the 2010 Census (by census block)



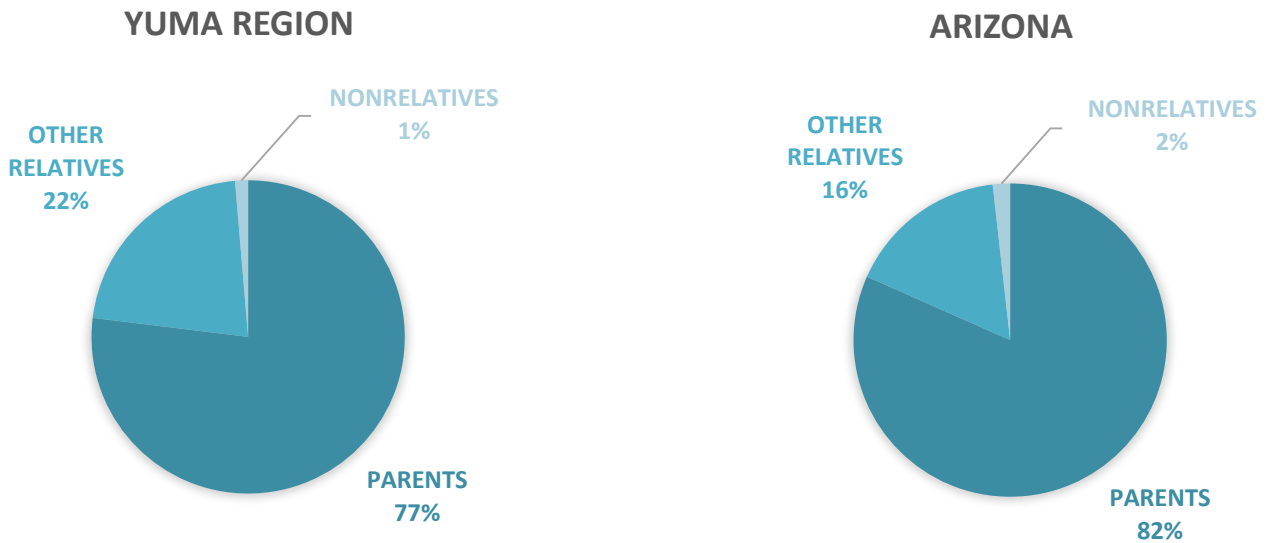
US Census (2010) Table P14, and 2010 TIGER/Line Shapefiles prepared by the US Census. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Additional Population Characteristics

Household Composition

In the Yuma Region, over three-quarters (77%) of children birth to five years of age are living with at least one parent according 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). The majority of the 23 percent of children not with parents are living with other relatives such as grandparents, uncles, or aunts (3,958 children, 22%). This distribution is similar to that of the state as a whole, although slightly more children live with parents (82%) and fewer live with other relatives (16%).

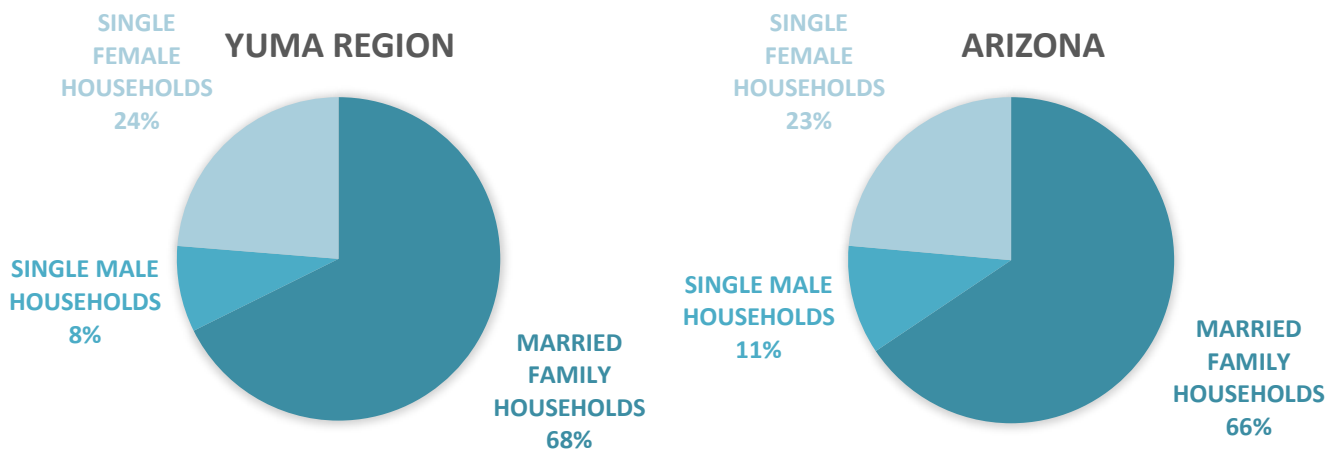
Figure 7: Living arrangements for children



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

Most young children in the region and the state are living in married family households (68% and 66% respectively). The Yuma Region also has a similar distribution of children aged birth through five residing in single female households (24%) as the state (23%).

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



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

The 2010 Census provides additional information about multi-generational households and children birth through five living in a grandparent’s household. Just over 50 percent of grandparents with a child living in their household are estimated to be the primary caregivers

for their grandchildren.³ In Arizona, over 74,000 children aged birth to five (14%) are living in a grandparent’s household (see Table 4 below). This percentage is higher in the Yuma Region and Yuma County (19% for both). The Southern area of the Yuma Region has the highest percentage of young children living with grandparents at 25 percent. The percentage of households with three or more generations is also higher in the region and county (both 8%) than the state (5%).

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

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH 3 OR MORE GENERATIONS	
Yuma Region	17,992	3,415	19%	64,484	4,948	8%
Central area	12,454	2,052	16%	50,859	3,028	6%
Eastern area	412	86	21%	2,555	119	3%
Southern area	5,126	1,277	25%	11,070	1,802	5%
Yuma County	18,048	3,430	19%	64,767	4,973	8%
Arizona	546,609	74,153	14%	2,380,990	115,549	5%

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

The Arizona Children’s Action Alliance reports that in Arizona, approximately 36 percent of grandparents caring for grandchildren under 18 have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty.⁴ Parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who themselves may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children. Often, grandparents take on childraising responsibilities when parents are unable to provide care because of the parent’s death, unemployment or underemployment, physical or mental illness, substance abuse, incarceration, or because of domestic violence or child neglect in the family.⁵ Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren. Key informants in the Southern area also reported a high number of grandparents raising their grandchildren after their own children gave birth in their teens.

There is some positive news for grandparents and great-grandparents raising their grandkids through a Child Protective Services (CPS) placement. Starting in February 2014, these families were offered a \$75 monthly stipend per child. To qualify, a grandparent or great-grandparent

³ More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

⁴ Children’s Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf>.

⁵ More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

must have an income below 200% of the Federal Poverty Level (FPL), and not be receiving foster care payments or TANF cash assistance for the grandchildren in their care.⁶ Those not in the CPS system might also be eligible for this stipend in the coming months if Arizona Senate Bill 1346 is passed.⁷ In addition to this monetary support, a number of programs and services to support grandparents raising their grandkids are available across the state.⁸

In addition to living with grandparents, a large portion of children in the region are living with at least one foreign born parent. In Arizona, just under one-third (29%) of children aged birth through five are living with at least one foreign born parent, while 43 percent of young children in the Yuma Region and Yuma County are (see Table 5). The Eastern and Southern areas of the region have over half of the young children in each living with at least one foreign-born parent (Eastern 57%, Southern 56%).

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

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS
Yuma Region	17,992	43%
Central area	12,454	38%
Eastern area	412	57%
Southern area	5,126	56%
Yuma County	18,048	43%
Arizona	546,609	29%

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

Ethnicity and Race

Over half (54%) of the adult population living in the region and county identified as Hispanic and only 42 percent identified themselves as White, not-Hispanic (Census 2010, Table P11). The Hispanic population of adults in the region is higher than the Hispanic population of adults in Arizona overall (25%), and the population of White, not-Hispanic adults is lower than in Arizona overall (63%). The racial and ethnic breakdown of adults living in the region varies by geographic area as can be seen in Table 6.

⁶ Children’s Action Alliance, January 15, 2014 Legislative Update email.

⁷ Children’s Action Alliance, February 21, 2014 Legislative Update email.

⁸ <http://www.aarp.org/content/dam/aarp/relationships/friends-family/grandfacts/grandfacts-arizona.pdf>; <http://duetaz.org/index.php/services/grandparents-raising-grandchildren/>

Table 6: Race and ethnicity for adults in the Yuma Region

GEOGRAPHY	POPULATION (18+)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Yuma Region	140,013	53%	42%	2%	1%	1%	1%
Central area	104,231	42%	52%	2%	1%	2%	1%
Eastern area	5,089	36%	62%	1%	0%	0%	1%
Southern area	30,693	91%	6%	2%	1%	0%	0%
Yuma County	140,566	53%	42%	2%	1%	1%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

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

Over three-quarters (76%) of the population of children aged birth through four living in the region and county were identified as Hispanic, while 19 percent were identified as White, not-Hispanic (see Table 7). This is also different than Arizona as a whole. Less than half of Arizona’s population of children aged birth through four were reported to be Hispanic (45%), while another 40 percent were reported to be White, non-Hispanic. As can be seen by comparing Table 6 and Table 7, the population of young children in the region is more likely to be Hispanic, than the adult population. Table 7 also shows that the racial and ethnic breakdown of young children living in the region varies somewhat by area, with the Southern area having the highest percentage of Hispanic children aged birth through four years in the region.

Table 7: Race and ethnicity for children ages 0-4⁹

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
Yuma Region	14,943	76%	19%	2%	2%	1%
Central area	10,354	67%	27%	3%	2%	1%
Eastern area	343	75%	22%	1%	1%	0%
Southern area	4,246	98%	2%	1%	0%	0%
Yuma County	14,986	76%	19%	2%	2%	1%
Arizona	455,715	45%	40%	5%	6%	3%

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

Note: The number for children ages 0-5 are not readily available from the US Census, but it is likely that the percentage distribution for children 0-4 will be similar to that of children 0-5.

⁹ The Census Bureau reports the race/ethnicity categories differently for the 0-4 population than they do for adults; therefore, they are reported slightly differently in this report. For adults, Table 7 shows exclusive categories: someone who identifies as Hispanic would only be counted once (as Hispanic), even if the individual also identifies with a race (e.g. Black). For the population 0-4, Table 8 shows non-exclusive categories for races other than white. This means, for instance, that if a child’s ethnicity and race are reported as “Black (Hispanic)” he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, are very small.

Language Use and Proficiency

As can be seen in Table 8, just under half of the population five years of age and older in the region and the county speaks only English at home (49%), which is lower than for the state (73%). The primary language used at home for those living in the region varies somewhat by area, with the highest percentage speaking Spanish at home at 84 percent in the Southern area. Use of Spanish at home does not necessarily mean lack of English language ability.

Table 8: Home language use for individuals 5 years and older

GEOGRAPHY	2010 CENSUS POPULATION (5+)	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME	PERSON (5+) WHO SPEAK ENGLISH LESS THAN "VERY WELL"
Yuma Region	180,659	49%	49%	0%	3%
Central area	132,824	59%	38%	0%	3%
Eastern area	5,764	65%	33%	0%	10%
Southern area	42,072	15%	84%	1%	4%
Yuma County	181,378	49%	49%	0%	2%
Arizona	5,955,604	73%	21%	2%	2%

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

Data about English speaking ability provides additional information about the characteristics of the population in the Yuma Region. As shown in Table 9 and Figure 9, rates of linguistic isolation are higher in the Yuma Region and Yuma County (both 12%) than they are in the state (5%), and are especially high in the Southern area of the region (32%).

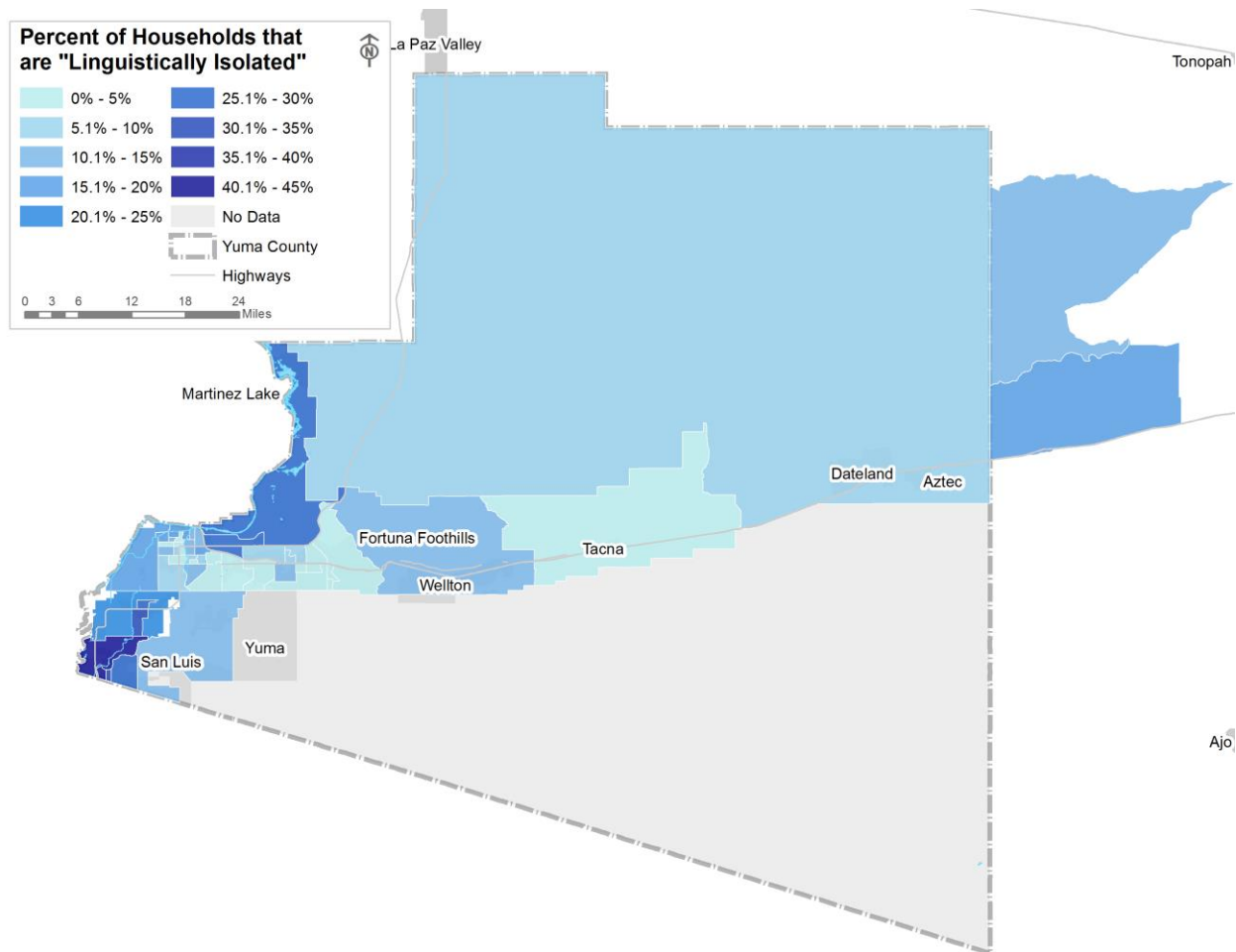
Table 9: Household home language use

GEOGRAPHY	2010 CENSUS TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Yuma Region	64,484	50%	12%
Central area	50,859	41%	8%
Eastern area	2,555	35%	8%
Southern area	11,070	93%	32%
Yuma County	64,767	50%	12%
Arizona	2,380,990	27%	5%

US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: A “linguistically isolated household” is one in which all adults (14 and older) speak English less than “very well.”

Figure 9: Proportion of households that are considered “linguistically isolated”



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

The Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona¹⁰ attempted to estimate the population of migrant and seasonal farmworkers¹¹ in Arizona based on data from a variety of sources. The estimates from this report are shown in Table 10. Yuma County’s population of migrant and seasonal farmworkers is substantial, with 41,314 estimated migrant and seasonal farmworkers in Yuma County. In fact, Yuma County’s population of migrant and seasonal farmworkers makes up 61 percent of all migrant and seasonal farmworkers in the state.

¹⁰ Larson (2008). Migrant and seasonal farmworker enumeration profiles study: Arizona. Retrieved from: <http://www.ncfh.org/enumeration/PDF14%20Arizona.pdf>

¹¹ The Enumeration Study uses the Migrant Health Program’s definition of seasonal farmworker as: “An individual whose principal employment [51% of time] is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months.” The definition of a migrant farmworker is essentially the same, but includes that the farmworker “established for the purposes of such employment a temporary abode” (Larson, 2008).

Table 10: Estimated number of migrant and seasonal farmworkers, their families, and children ages 0-5 in Yuma County

GEOGRAPHY	MIGRANT AND SEASONAL FARMWORKERS (MSFW)	NON-FARMWORKERS IN MSFW HOUSEHOLDS	TOTAL NUMBER IN MSFW HOUSEHOLDS	ESTIMATED NUMBER OF CHILDREN 0 TO 4 IN MSFW HOUSEHOLDS
Yuma County	41,314	26,308	67,622	4,289
Arizona	67,704	47,668	115,372	8,059

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

Economic Circumstances

Income and Poverty

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Children’s Action Alliance reports that overall in Arizona, disparities in income distribution are increasing rapidly, with Arizona having the second widest income gap between the richest 20 percent and poorest 20 percent of households in the nation. In addition, Arizona ranks fifth in the nation in income inequality between the top income (top 20%) and the middle income (middle 20%) households.¹² The Arizona Directions 2012 report notes that Arizona has the 5th highest child poverty rate in the country.¹³ In 2012, more than one out of four children in Arizona was living in poverty (family income below \$18,284 for a family of three).¹⁴ The effects on children living in poverty can be felt throughout their lives, including the link between childhood poverty and mental health issues in adulthood. The increased likelihood of exposure to violence, family dysfunction, and separation from family, and living in chaotic, crowded and substandard housing all increase the risk of poorer mental health status later in life.¹⁵

As can be seen in Table 11 the percentage of the population of children aged birth through five living in poverty in the Yuma Region (29%) is slightly higher than the state as a whole (27%). The

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

¹³ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy.* Whitsett, A.

¹⁴ The Arizona Children’s Action Alliance. *Arizona Shows No Improvement in Child Poverty.* Posted September 20, 2013. <http://azchildren.org/arizona-shows-no-improvement-in-child-poverty>

¹⁵ Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science.* Published online 1 October 2013.

<http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496>

percentage of the total population living in poverty is also higher for the region (21%) than the state (17%).

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

GEOGRAPHY	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY ¹⁶
Yuma Region	21%	29%
Central area	19%	29%
Eastern area	19%	28%
Southern area	30%	29%
Yuma County	21%	29%
Arizona	17%	27%

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

Between 2007 and 2012, whereas the population of Arizona increased by three percent, the percent of the population living below the Federal Poverty Level grew by 37 percent. In 2012, women in Arizona had a poverty rate of 20 percent, compared to 18 percent for men. Women are more likely to be living in poverty than men for a number of reasons: 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3) they are more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households were headed by women.¹⁷

The proposed increase in the federal minimum wage would have an effect on a number of Arizona families, especially those headed by women. A recent study estimated that 21 percent of the Arizona workforce would be affected by increasing the federal minimum wage to \$10.10 by July 2016, and this in turn would impact 18 percent of Arizona children (who have at least one of their parents affected by this change)¹⁸. Table 12 shows the median family income in a number of communities within Yuma County. Please note that median family income is only available for communities made up of a single zip code, so listed below are towns and cities in the region, rather than the three geographical areas listed in most tables in the report.

¹⁶ Note: A child’s poverty status is defined as the poverty status of the household in which he or she lives. “Related” means that the child is related to the householder, who may be a parent, stepparent, grandparent, or another relative. In a small proportion of cases in which the child is not related to the householder (e.g., foster children), then the child’s poverty status cannot be determined.

¹⁷ Castelazo, M. (2014). Supporting Arizona Women’s Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women’s Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

¹⁸ Raising the Federal Minimum Wage to \$10.10 Would Lift Wages for Millions and Provide a Modest Economic Boost. Cooper, D. Economic Policy Institute, Briefing Paper #371, December 19, 2013. Retrieved from <http://www.epi.org/publication/raising-federal-minimum-wage-to-1010>

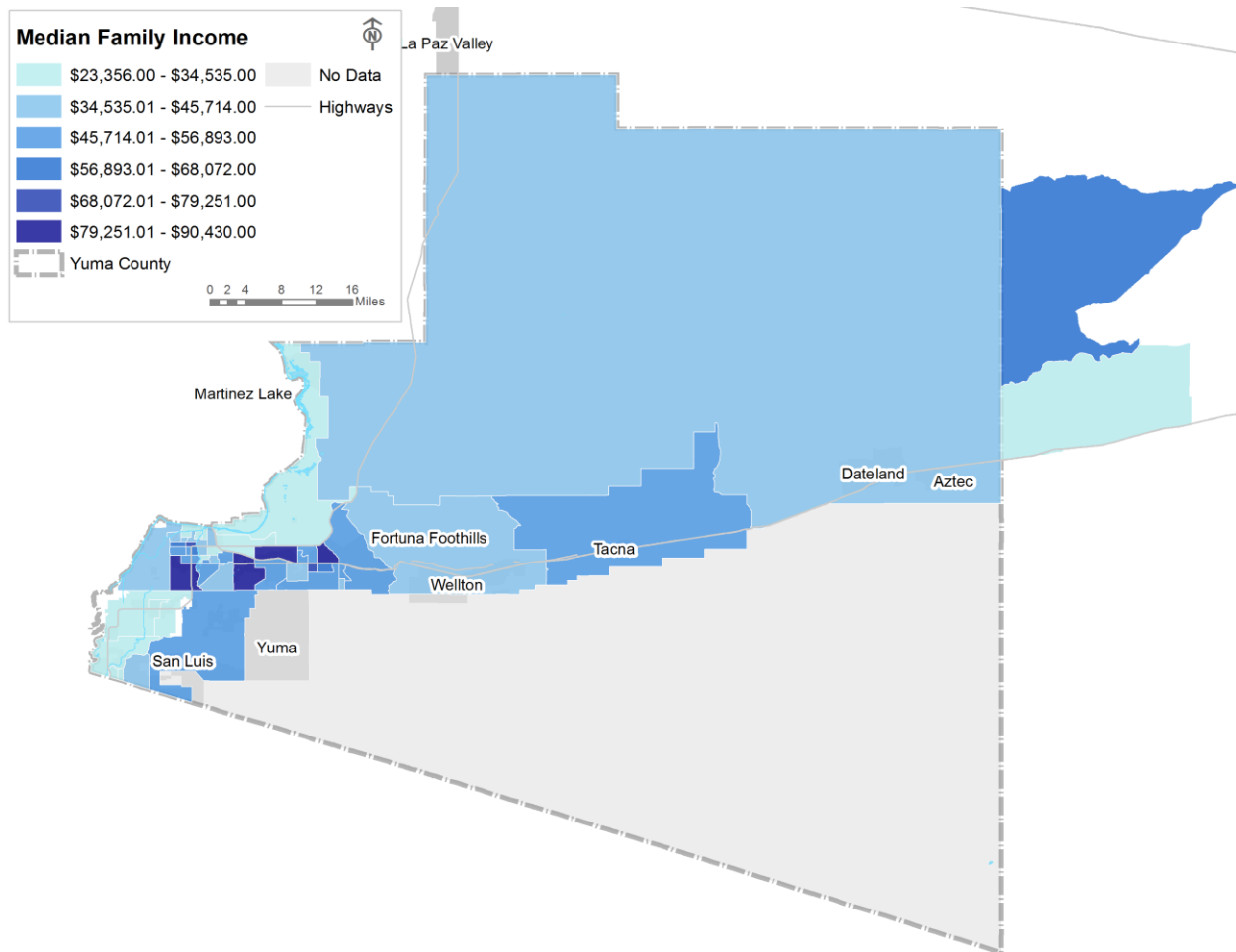
Table 12: Median family annual income for families with children (0-17)

GEOGRAPHY	MEDIAN FAMILY INCOME			
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE FAMILIES	SINGLE FEMALE FAMILIES
San Luis	\$32,282	\$39,801	-	\$25,080
Somerton	\$30,629	\$40,129	-	\$15,450
Wellton	\$38,310	\$44,495	-	-
Yuma	\$46,748	\$55,640	\$35,491	\$20,163
Yuma County	\$43,726	\$53,200	\$33,765	\$20,080
Arizona	\$59,563	\$73,166	\$36,844	\$26,314

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

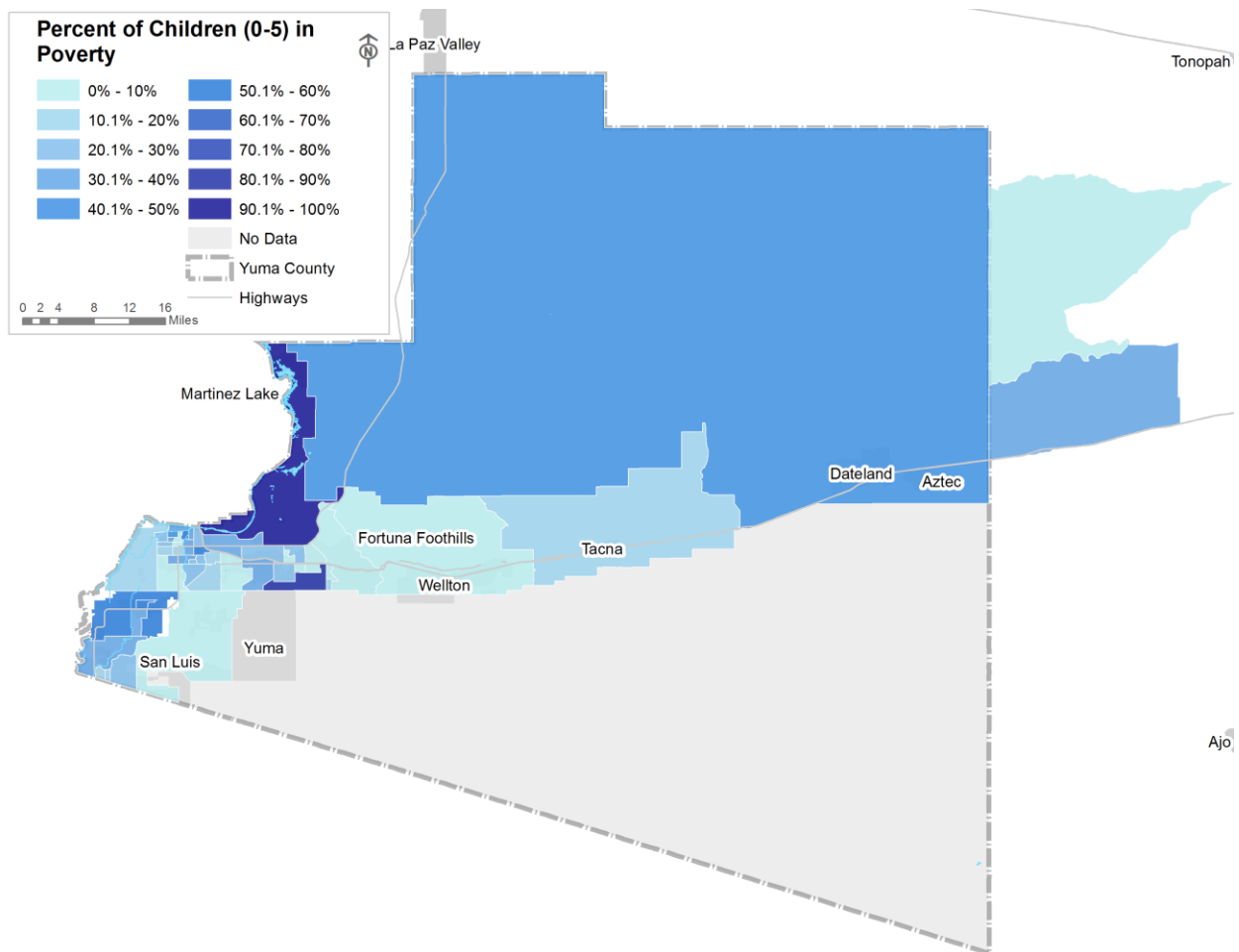
The maps in Figure 10 and Figure 11 illustrate areas in the region with differing median family income levels, and differing levels of childhood poverty. As can be seen in Figure 10 the areas with the lowest median family incomes are clustered in the Southern area of the region, and sections of the Central area, as seen by the light blue areas on the map. In Figure 11, the dark blue areas of the map show the areas with the highest percentage of children living in poverty.

Figure 10: Median annual household income in the Yuma Region



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

Figure 11: Percent of children (0-5) living in poverty in the Yuma Region



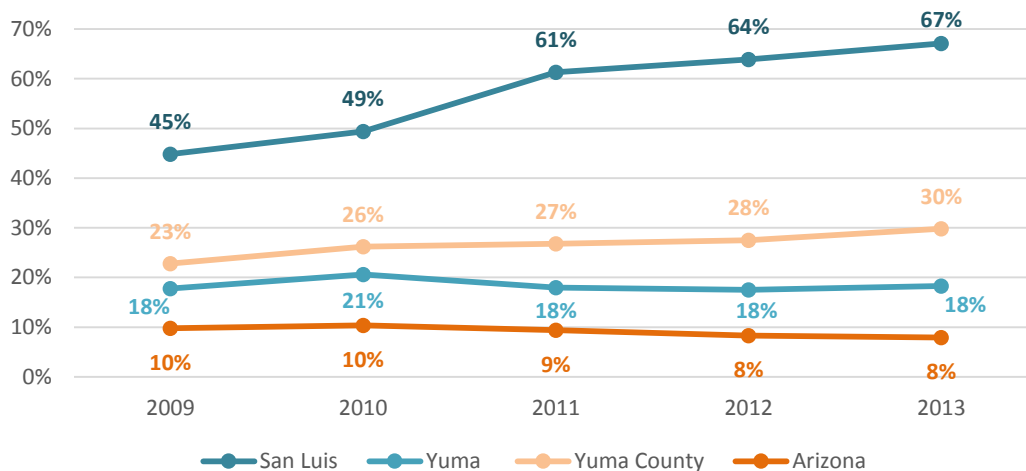
US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B17001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Unemployment and Foreclosures

Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children’s development. This is especially pronounced when the family income was already low before the job loss, the unemployed parent is the only breadwinner in the household, or parental unemployment lasts for a long period of time. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parental behaviors. Parental job loss can also impact children’s school performance (i.e. lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs.)¹⁹

Annual unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality. The figure below shows the annual unemployment rates across years for San Luis, Yuma, Yuma County and Arizona. Unemployment rates for all three in the region are higher than the state, although the trajectory of unemployment rates during the period from 2009 through 2013 for Yuma, and to a lesser extent for Yuma County, are similar to the state of Arizona’s trajectory. An exception to this is San Luis, which showed an increase in unemployment rates from 2009 to 2013, and a much higher unemployment rate than the city of Yuma, the county or the state.

Figure 12: Annual unemployment rates in Yuma County and Arizona, 2009-2013



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

Table 13 shows the employment status of parents of young children in the region. The percentage of parents in the labor force for children living with one or two parents are similar

¹⁹ Isaacs, J. (2013). Unemployment from a child’s perspective. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

for the Yuma Region, Yuma County and the state. There is a variability across the three geographical areas in the region however.

Table 13: Employment status of parents of young children

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH SINGLE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
Yuma Region	17,992	28%	29%	0%	34%	9%
Central area	12,454	30%	29%	0%	33%	8%
Eastern area	412	18%	67%	0%	15%	0%
Southern area	5,126	24%	26%	0%	36%	14%
Yuma County	18,048	28%	29%	0%	34%	9%
Arizona	546,609	32%	29%	1%	28%	10%

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

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

Over the past four years, there have been a total of 509,898 foreclosure filings in Arizona. These foreclosure filings have been trending downward, and have decreased 53 percent from 162,373 filings in 2009 to 76,487 filings in 2012. Arizona has also risen from third worst in the nation for foreclosures in 2012, to now sixth in the nation in foreclosures.²⁰

In May of 2014, the number of foreclosures across the region varied, as can be seen in Table 14 below. The region and the county had a higher number of foreclosures per 1,000 properties than the state, with the highest rates for the Central and Southern areas. In the region, county and two of the three areas of the region, there were more homes for sale than there were in foreclosure, as evidenced by values being less than one for the "ratio of foreclosures to homes for sale". In the Southern area however, there were more homes in foreclosure than for sale in May 2014. An additional indicator, the percent of housing units that are vacant, illustrates the percent of housing units that are "not occupied" for a number of reasons. These include housing units that are for rent, for sale, sold but not occupied, for migrant workers, or used seasonally for recreational, or occasional use. As can be seen in the table below, the percent of housing units in the region and county that fall into this "vacant" category is only slightly higher than the state as a whole. The Eastern area has a higher percent of housing units that are vacant, at 27 percent.

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

Table 14: Foreclosures in Arizona, Yuma County, and the region

GEOGRAPHY	NUMBER OF HOUSING UNITS	NUMBER OF FORECLOSURES (MAY 2014)	NUMBER OF FORECLOSURES PER 1,000 PROPERTIES (MAY 2014)	RATIO OF FORECLOSURES TO HOMES FOR SALE (MAY 2014)	PERCENT OF HOUSES THAT ARE VACANT
Yuma Region	87,799	606	0.727	0.531	20%
Central area	70,708	439	0.734	0.442	22%
Eastern area	3,277	24	0.610	0.273	27%
Southern area	13,814	143	0.716	2.343	9%
Yuma County	88,064	609	0.735	0.532	20%
Arizona	2,841,432	30,205	0.657	0.752	17%

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

In Arizona, about one-third of households are renters. Of these, 270,000 are classified as very low income renters. Over three-quarters of these low income renters, 210,000 (78%), are paying more than the recommended 30 percent of their income in rent, which is considered “housing- cost burdened”. This is often caused by a shortage of affordable rentals. Yuma County has three-quarters of very low income renters classified as housing-cost burdened renters (75%), compared to 79 percent across the state as whole.²¹

When the cost for transportation is factored into housing affordability calculations, the picture gets even bleaker. The Center for Housing Technology created a housing and transportation index to better define true affordability and set a benchmark for combined housing plus transportation costs at no more than 45 percent of household income to be truly affordable. Because of the rural nature of many Arizona Counties, when transportation costs are factored into housing costs, the affordability of housing decreases. In Yuma County the average housing plus transportation cost is 56 percent of household income, higher than the recommended 45 percent.²²

The percentage of housing units in the region and county that have housing problems and severe housing problems is also similar to the state rate. The US Department of Housing and Urban Development defines housing units with “housing problems” as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1 person per room), or housing units for which housing costs exceed 30 percent of income. Housing units with “severe housing problems” consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are

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

²² Home Matters for Arizona 2013. Arizona Housing Alliance. <http://www.azhousingalliance.org/Resources/Documents/home-matters2013.pdf>

overcrowded (with more than 1.5 person per room), or housing units for which housing costs exceed 50 percent of income.²³ Over one-third of housing units in the region, county and state (37%, 37%, and 38% respectively) are classified as having housing problems (see Table 15). Of those units with housing problems, 21 percent in the region and county were classified as having severe housing problems, just over the state percentage of 20 percent. The Southern area of the region has the highest percentage of units with housing problems (53%) and severe housing problems (34%) of the three geographical areas of the region.

Table 15: Percent of housing units with housing problems

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
Yuma Region	69,697	37%	21%
Central area	55,737	35%	18%
Eastern area	2,261	25%	16%
Southern area	11,619	53%	34%
Yuma County	69,564	37%	21%
Arizona	2,326,354	38%	20%

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

Public Assistance Programs

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

SNAP

Nutrition Assistance, or SNAP, helps to provide low income families in Arizona with food through retailers authorized to participate in the program. According to a U.S. Department of Agriculture Economic Research Service, in 2010, about 20 percent of Arizonans lived in food deserts, defined as living more than a half-mile from a grocery in urban areas and more than 10 miles in rural areas²⁴. Families living in food deserts often use convenience stores in place of grocery stores. New legislation in 2014 could have an effect on what’s available in these stores,

²³ US Department of Housing and Urban Development (2011). CHAS Background. Retrieved from http://www.huduser.org/portal/datasets/cp/CHAS/bg_chas.html

²⁴ <http://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#.UxitQ4VRKwt>

as they will have to begin stocking “staple foods” (such as bread or cereals, vegetables or fruits, dairy products, and meat, poultry or fish) to continue accepting SNAP.²⁵

The number of children receiving SNAP has increased at the same rate in the Yuma Region and Yuma County (both +7%) over the last several years, which is more than the state (+2%) (see Table 16). Areas in the region vary in the percentage of children aged birth through five who were receiving SNAP between 2010 and 2012. The Eastern area saw a decrease across these years (-12%), while the Central and Southern areas saw increases in participation between 2010 and 2012 of five and 13 percent. Key informants in the Eastern area discussed the difficulty families applying for public assistance programs face because of the distance to sites where help can be provided in applying for these programs. Families from the Eastern area would need to travel to Wellton to apply for these programs, and the staff dedicated to these enrollments are now only available three or four days a month. In addition, the number of SNAP authorized retailers are few in the Eastern area of the region (see map on p. 107).

Table 16: Children ages 0-5 receiving SNAP (Supplemental Nutritional Assistance Program)

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012 ²⁶
		#	%	#	%	#	%	
Yuma Region	17,992	7,121	40%	7,080	39%	7,622	42%	+7%
Central area	12,454	4,582	37%	4,557	37%	4,800	39%	+5%
Eastern area	412	154	37%	129	31%	136	33%	-12%
Southern area	5,126	2,385	47%	2,394	47%	2,686	52%	+13%
Yuma County	18,048	7,156	40%	7,113	39%	7,661	42%	+7%
Arizona	546,609	215,837	39%	204,058	37%	219,926	40%	+2%

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

As shown in Figure 13, the percentage of children aged birth through five in the Yuma Region who are receiving SNAP is slightly higher than the percentage of children aged birth through five in Arizona as a whole who are receiving SNAP.

²⁵ <http://cronkitenewsonline.com/2014/02/new-food-stamp-requirements-could-affect-arizona-convenience-stores/>

²⁶ The “Change from 2010 to 2012” column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: Percent Change = (Number in Year 2-Number in Year 1)/(Number in Year 1) ×100.

Figure 13: Percentage of children ages 0-5 receiving SNAP in January 2012



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

TANF

In contrast to SNAP, the number of children receiving TANF has decreased over the last several years. This is likely due to new eligibility rules and state budget cuts to the program, which have been enacted annually by state lawmakers. In addition, a 2011 rule which takes grandparent income into account has led to a decline in child-only TANF cases, and fiscal year 2012 budget cuts limited the amount of time that families can receive TANF to two years.²⁷ Over the last decade federal TANF funds have also been increasingly re-directed from cash assistance, jobs programs and child care assistance to Child Protective Services. Federal cuts to funding to support TANF, including supplemental grants to high growth states, have also been enacted. It is estimated that there will be a deficit in Arizona TANF funds between 10 and 29 million dollars in fiscal year 2014, with a projected increase to 20-39 million dollars in fiscal year 2015.²⁸

The table and figure below provide a visual representation of the decreasing proportion of households that have and are receiving TANF across the state and region. An exception to this trend is in the Eastern area of the region which has seen a very small increase in the number of children receiving TANF.

²⁷ Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

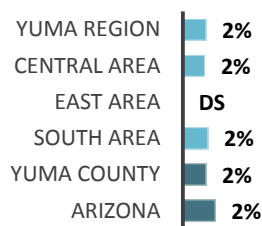
²⁸ The Arizona Children’s Action Alliance. *Growing up Poor in Arizona: State Policy at a Crossroads*. May 2013. http://azchildren.org/wp-content/uploads/2013/06/TANF_report_2013_ForWeb.pdf

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

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010		JANUARY 2011		JANUARY 2012		CHANGE 2010-2012
		#	%	#	%	#	%	
Yuma Region	17,992	508	3%	307	2%	290	2%	-43%
Central area	12,454	351	3%	198	2%	191	2%	-45%
Eastern area	412	<10	DS	11	3%	<10	DS	+13%
Southern area	5,126	149	3%	98	2%	90	2%	-40%
Yuma County	18,048	509	3%	309	2%	292	2%	-43%
Arizona	546,609	23,866	4%	13,450	2%	12,358	2%	-48%

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

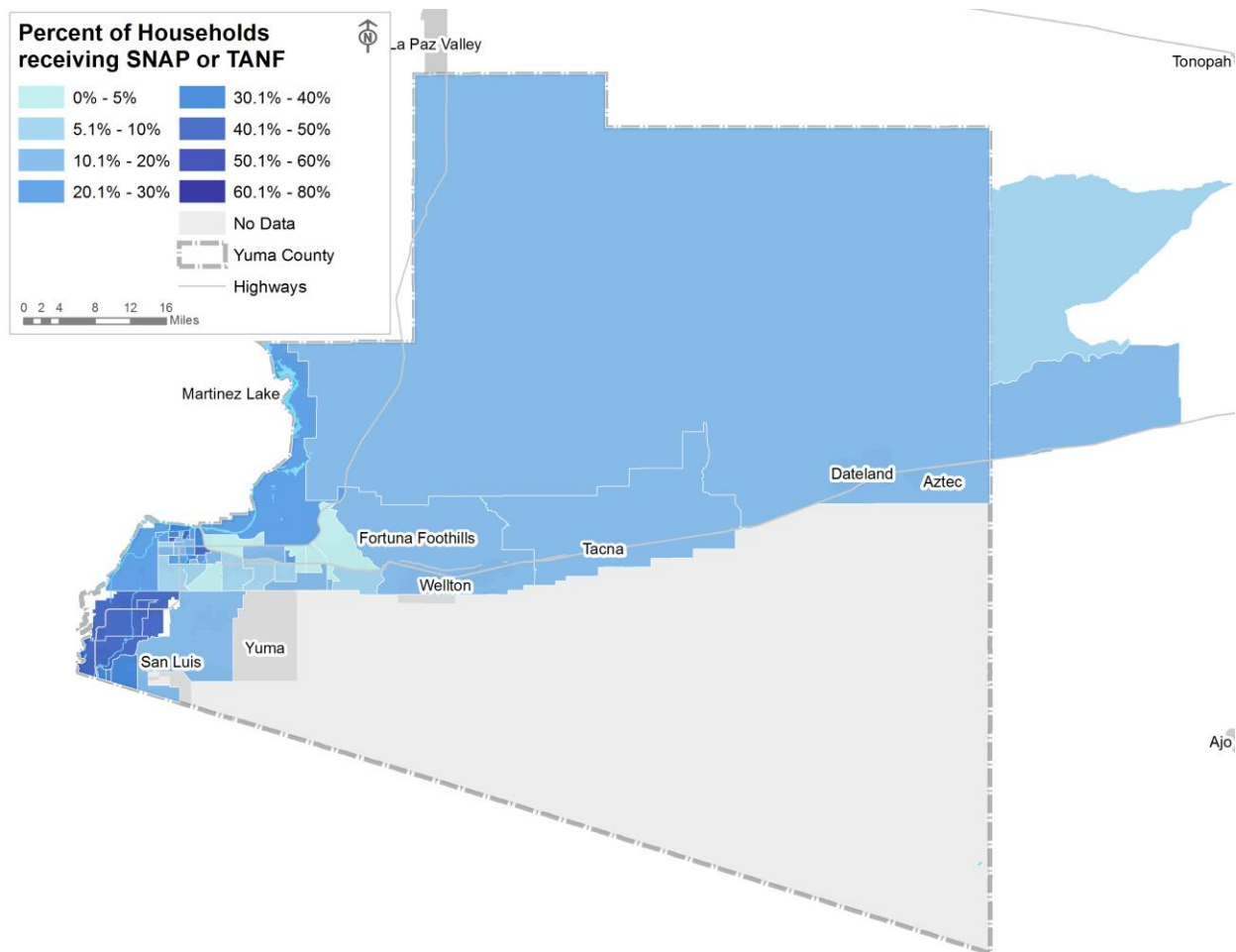
Figure 14: Percentage of children ages 0-5 receiving TANF in January 2012



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

Figure 15 shows a map of the percent of households in the region receiving either SNAP or TANF. None of the areas in the region exceed 50 percent of households receiving either benefit, although this does not necessarily reflect a lack of need. For example, comparing the percent of the young population living in poverty in the region (see Figure 11) to the map below illustrates portions of the region where the percentage of households receiving SNAP or TANF is far below the percentage of households with young children living in poverty.

Figure 15: Percentage of households receiving SNAP or TANF



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

Women, Infants and Children (WIC)

Arizona’s WIC program is a federally-funded nutrition program which services economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. More than half of the pregnant and postpartum women, infants, and children under age five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served approximately 62 percent of the eligible population.²⁹ A primary goal of the WIC program is obesity prevention through the promotion of breastfeeding, nutritious diet, and physical activity. Changes to WIC in 2009 may in fact be impacting childhood obesity. In that year, WIC added vouchers for produce and also healthier items such as low-fat milk. Studies

²⁹ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

following the change have shown increases in purchases of whole-grain bread and brown rice³⁰, and of reduced-fat milk³¹, and fewer purchases of white bread, whole milk, cheese and juice.³²

In January 2012, 37 percent of young children in Yuma County were participating in WIC, higher than the state rate of 29 percent. As can be seen in Figure 16, WIC participation among infants and children in Yuma County has been consistently higher than in the state overall from 2010 to 2012.

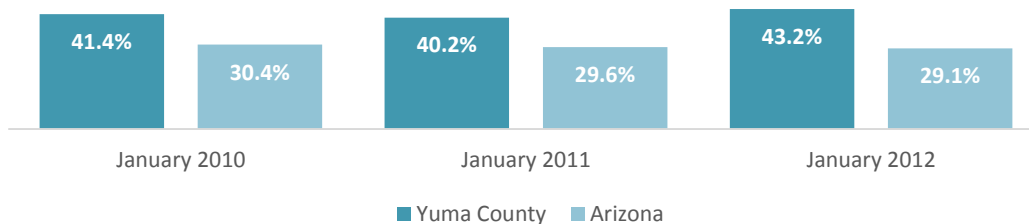
Table 18: Monthly Snapshot of WIC participation in Arizona and Yuma County

GEOGRAPHY	WIC PARTICIPANTS, JANUARY 2011			WIC PARTICIPANTS, JANUARY 2012		
	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)	WOMEN	INFANTS AND CHILDREN (0-4)	% INFANTS AND CHILDREN (0-4)
Central area	1,260	3,595	35%	1,313	3,835	37%
Eastern area	-	-	-	-	-	-
Southern area	743	2,282	54%	739	2,479	58%
Yuma County	2,039	6,023	40%	2,097	6,481	43%
Arizona	40,819	134,871	30%	40,780	132,657	29%

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

Note: WIC data was suppressed for counts less than 30 by ADHS, therefore no data is available for the Eastern area.

Figure 16: Snapshots of WIC participation in Yuma County and the state (2010-2012)



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

³⁰ Andreyeva, T. & Luedicke, J. Federal Food Package Revisions Effects on Purchases of Whole-Grain Products. (2013). American Journal of Preventive Medicine, 45(4):422-429

³¹ Andreyeva, T., Luedicke, J., Henderson, K. E., & Schwartz, M. B. (2013). The Positive Effects of the Revised Milk and Cheese Allowances in the Special Supplemental Nutrition Program for Women, Infants, and Children. Journal of the academy of nutrition and dietetics, Article in Press. http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC_Milk_and_Cheese_Allowances_JAND_11.13.pdf

³² Andreyeva, T., Luedicke, J., Tripp, A. S., & Henderson, K. E. (2013). Effects of Reduced Juice Allowances in Food Packages for the Women, Infants, and Children Program. Pediatrics, 131(5), 919-927.

Free and Reduced Lunch

Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the Federal Poverty Level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch. The income criteria for the 2014-2015 school year are shown in Table 19.

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

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

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

As can be seen in Table 20, in 2013 all school districts serving young children in the Yuma Region had 60 percent or more of their students eligible for free or reduced lunch, and four had over 80 percent of the student population eligible for free or reduced priced lunch.

Table 20: Free and reduced lunch eligibility by school district

SCHOOL DISTRICT NAME	PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH
Crane Elementary District	68%
Gadsden Elementary District	97%
Hyder Elementary District	85%
Mohawk Valley Elementary District	65%
Somerton Elementary District	86%
Wellton Elementary District	83%
Yuma Elementary District	68%

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

On July 1, 2014, all schools in Arizona were eligible for a new provision that allows schools in high-poverty areas to offer nutritious meals through the National School Lunch and School Breakfast Programs to all students at no charge. Called “community eligibility”, this tool will not only enable more children to receive free lunch and breakfast at schools, it also reduces the paperwork necessary for schools to provide free lunch and breakfast. Schools will now be able to use information they already have access to, such as the number of students in their school who are receiving SNAP or TANF, to demonstrate that their student population is largely made up of children from households with low incomes.³³ Arizona schools could apply for the Community Eligibility Provision between April 1 and June 30, 2014, through the Arizona Department of Education.³⁴

Educational Indicators

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children’s educational attainment.³⁵ More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.³⁶ A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent \$7,666 per pupil in 2011, below the national average of \$10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.³⁷

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

Common Core/Early Learning Standards

The Common Core State Standards Initiative is a nationwide initiative which aims to establish consistent education standards across the United States in order to better prepare students for

³³ Center on Budget and Policy Priorities (CBPP) and the Food Research and Action Center (FRAC) (2013). Community Eligibility and Making High-Poverty Schools Hunger Free. Retrieved from http://frac.org/pdf/community_eligibility_report_2013.pdf

³⁴ <http://www.azed.gov/health-nutrition/special-assistance-provisions/>

³⁵ Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O’Hare, W., Mather, M., & Dupuis, G.

³⁶ Education Week. (2014). *Quality Counts 2013 Highlights*. Retrieved from http://www.edweek.org/media/QualityCounts2013_Release.pdf

³⁷ Dixon, M. (2013). *Public Education Finances: 2011, Government Division Reports*. Retrieved from <http://www2.census.gov/govs/school/11f33pub.pdf>.

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

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

Move on When Ready

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

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

Schools may participate in Move on When Ready on a voluntary basis. As of April 2014, the Center for the Future of Arizona reported that 38 schools were participating in Move on When Ready. Six of these schools are in the Yuma Union High School District within the Yuma Region; Cibola High School, Gila Ridge High School, Kofa High School, San Luis High School, Vista Alternative School, and Yuma High School.³⁸

³⁸ <http://www.arizonafuture.org/mowr/participating-schools.html>

Educational Attainment

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment.³⁹ Some studies have indicated that the level of education a parent has attained when a child is in elementary school can predict educational and career success for that child forty years later.⁴⁰

Adults in the Yuma Region (28%) are more likely to be without a high school diploma or GED than the state of Arizona overall (15%) (see Table 21). More than half the adults in the Southern area do not have a high school diploma or GED (52%). Adults in the Yuma Region are also less likely to hold a bachelor’s degree or more (14%) than across the state as a whole (27%). In addition, just over one third of births in the Yuma Region are to women with more than a high school diploma (see Figure 17). A number of key informants discussed how this low level of education negatively impacted the receipt of educational messages about the importance of early childhood and early learning opportunities as well as the use of those services.

Table 21: Educational achievement of adults

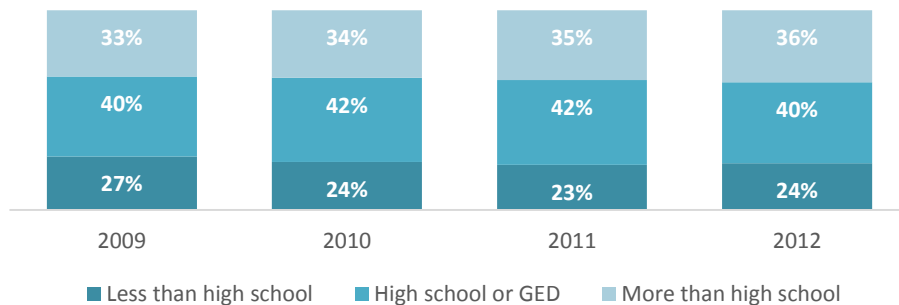
GEOGRAPHY	Adults (ages 25+) without a high school diploma or GED	Adults (ages 25+) with a high school diploma or GED	Adults (ages 25+) with some college or professional training	Adults (ages 25+) with a bachelor's degree or more
Yuma Region	28%	25%	32%	14%
Central area	22%	26%	35%	16%
Eastern area	26%	34%	31%	9%
Southern area	52%	19%	22%	8%
Yuma County	29%	25%	32%	14%
Arizona	15%	24%	34%	27%

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

³⁹ Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

⁴⁰ Merrill, P. Q. (2010). Long-term effects of parents’ education on children’s educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*, Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/>

Figure 17: Births by mother’s educational achievement



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

Graduation and Drop-out Rates

Living in poverty decreases the likelihood of completing high school: a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.⁴¹ This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

Table 22 below shows the graduation and dropout rates in the region. The percent of students across the state who graduated in four years in 2012 was 77 percent⁴². The two high school districts in the Yuma Region had very similar percent graduated, with one at 74 percent and one at 78 percent. Dropout rates showed a similar pattern with one district just above (5%) and one just below (3%) the state rate of four percent.

Table 22: High school graduation and drop-out rates

GEOGRAPHY	PERCENT GRADUATED (2012)	DROPOUT RATES (2011-2012)
Antelope Union High School District	74%	5%
Yuma Union High School District	78%	3%
Arizona	77%	4%

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

⁴¹ Hernandez, D. (2011). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation*. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

⁴² Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates>

The positive impacts of quality early education have been well-documented. Previous research indicates that children who attend high-quality preschools have fewer behavior problems in school later on, are less likely to repeat a grade, are more likely to graduate high school, and have higher test scores.⁴³ Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. In 2012 in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked 3rd to last nationally in the number of preschool aged children enrolled in preschool.⁴⁴

In the Yuma Region, the numbers of preschool aged children enrolled in preschool was higher than the state, at 39 percent for the region and county and 34 percent for the state. Each area within the region exceeded the state’s 34 percent of young children enrolled in preschool, with highs in the Eastern area (53%) and the Southern area (49%), followed by the Central area (35%).

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

GEOGRAPHY	2010 CENSUS PRESCHOOL-AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
Yuma Region	6,022	39%
Central area	4,092	35%
Eastern area	153	53%
Southern area	1,777	49%
Yuma County	6,035	39%
Arizona	185,196	34%

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

Arizona reduced funding for kindergarten from full-day to half-day in 2010, and eliminated funds for pre-K programs in 2011. First Things First funds a limited number of preschool scholarships across the state, including \$13.7 million for Pre-K Scholarships and \$39 million for Quality First Scholarships in FY 2013.⁴⁵ More information about how these scholarships are used in the Yuma Region can be found in the *Early Childhood System* section of this report.

First Things First has developed Arizona School Readiness Indicators, which aim to measure and guide progress in building an early education system that prepares Arizona’s youngest citizens to succeed in kindergarten and beyond. The Arizona School Readiness Indicators are: children’s

⁴³ Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

⁴⁴ Children’s Action Alliance. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf>

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

health (well-child visits, healthy weight, and dental health); family support and literacy (confident families); and child development and early learning (school readiness, quality early education, quality early education for children with special needs, affordability of quality early education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).⁴⁶

Standardized Test Scores

The primary in-school performance of current students in the public elementary schools in the state is measured by the Arizona Instrument to Measure Standards (AIMS)⁴⁷. The AIMS is required by both state and federal law, and is used to track how well students are performing compared to state standards. Performance on the AIMS directly impacts students' future progress in school. As of the 2013-2014 school year, Arizona Revised Statute⁴⁸ (also known as *Move on When Reading*) states that a student shall not be promoted from the third grade "if the pupil obtains a score on the reading portion of the Arizona's Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil's reading falls far below the third-grade level." Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities.

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

As Figure 18 shows, overall, Yuma County 3rd graders performed less well than students statewide in both math and reading, with a lower percentage of students passing in each subject (indicated by a combination of the percentages for "meets" and "exceeds"). In math, 69 percent of 3rd graders state wide passed the math AIMS test, whereas 64 percent of 3rd graders in Yuma County did. In reading, 75 percent of Arizona 3rd graders passed the reading AIMS test, while 68 percent of Yuma County 3rd graders did.

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

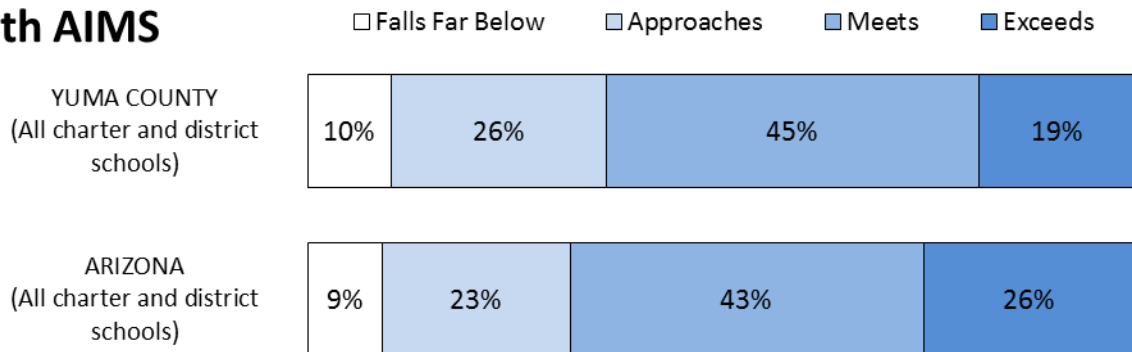
⁴⁷ For more information on the AIMS test, see the Arizona Department of Education's Website: <http://www.ade.az.gov/AIMS/students.asp>

⁴⁸ A.R.S. §15-701

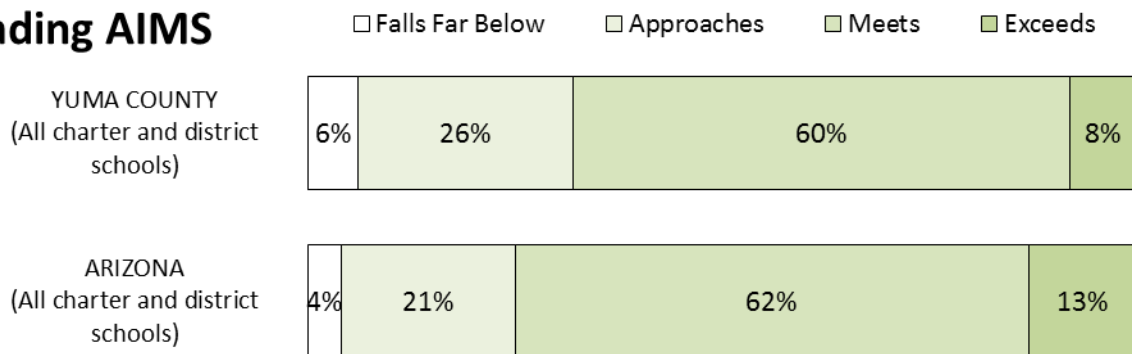
⁴⁹ First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

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

Math AIMS



Reading AIMS



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

Table 24 and Table 25 show a breakdown of AIMS scores by school district in the Yuma Region. The percentage of students passing both the math and reading tests varies by school district. Mohawk Valley Elementary District had the highest percentage of 3rd graders passing both the math (93%) and reading (86%) tests of all the districts in the region. For the AIMS math test, only one school district (Gadsden Elementary District) fell below 50 percent of their third graders passing. For the AIMS reading test no schools fell below 50 percent passing, although the Gadsden Elementary District was close with 51 percent of its 3rd graders passing the AIMS Reading test. On aggregate, Yuma County charter schools showed 67 percent of 3rd graders passing the math AIMS test and 76 percent passing the reading test.

Table 24: Math 3rd grade AIMS results

Local Education Agency (LEA)	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
Crane Elementary District	10%	26%	43%	21%	64%
Gadsden Elementary District	15%	38%	37%	11%	47%
Hyder Elementary District	0%	25%	50%	25%	75%
Mohawk Valley Elementary District	0%	7%	79%	14%	93%
Somerton Elementary District	9%	24%	54%	13%	68%
Wellton Elementary District	11%	11%	64%	14%	79%
Yuma Elementary District	8%	21%	48%	23%	71%
All Yuma County Charter Schools	4%	28%	45%	22%	67%
Yuma County (All charter and district schools)	10%	26%	45%	19%	65%
Arizona (All charter and district schools)	9%	23%	43%	26%	68%

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

Table 25: Reading 3rd grade AIMS results

Local Education Agency (LEA)	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
Crane Elementary District	5%	23%	64%	9%	72%
Gadsden Elementary District	9%	40%	48%	3%	51%
Hyder Elementary District	0%	25%	75%	0%	75%
Mohawk Valley Elementary District	0%	14%	79%	7%	86%
Somerton Elementary District	5%	24%	61%	10%	71%
Wellton Elementary District	4%	14%	71%	11%	82%
Yuma Elementary District	5%	24%	62%	10%	72%
All Yuma County Charter Schools	6%	18%	65%	12%	76%
Yuma County (All charter and district schools)	6%	26%	60%	8%	68%
Arizona (All charter and district schools)	4%	21%	62%	13%	75%

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

The Early Childhood System: Detailed Descriptions of Assets and Needs Quality and Access

Early Care and Education

Children who take part in high-quality early education programs have better success in school, are less likely to enter the criminal justice system,⁵⁰ and have better long-term outcomes into adulthood as seen through higher high school graduation rates, increased employment opportunities and earnings, and lower rates of depression and drug use⁵¹. Studies of the cost-effectiveness of investing in early education (pre-kindergarten) programs show a substantial return on investment in the long term through increases in economic productivity and decreases in expenses to the criminal justice system.⁵²

Center and Home-based Care

In the Yuma Region there are 151 regulated child care providers, according to data provided to First Things First by the Department of Economic Security and Child Care Resource and Referral (CCR&R). Table 26 shows all but Head Start Centers (n=18) which are discussed in a subsequent section of the report. The majority of these providers (60 of 133) are DES certified homes, 42 are ADHS licensed centers, 16 are ADHS certified group homes, 10 are registered homes, three are child care centers regulated by the military, and two are a nanny/individual. According to the 2012 Yuma First Things First Needs & Assets Report, in 2011 there were 176 regulated child care providers in the region. In 2014 this number had dropped to 151. Key informants discussed how continued cuts to DES subsidies have been a large issue affecting the availability of child care, especially for home providers in San Luis and Somerton.

Although the Eastern area of the region shows no licensed child care according to CCR&R data, there is a pre-K program for four year-olds at Hyder Elementary in Dateland, which is a full day program four days a week, and currently serves nine children. In addition key informants discussed the pre-K program in the Sentinel Elementary District in Maricopa County that borders Yuma County, and that children from Dateland and surrounding communities have attended that program. There is also a Head Start program in the Eastern area of the Yuma

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

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

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

Region at Wellton Elementary in Wellton. Hyder Elementary and Mohawk Elementary previously had Head Start programs in their schools, but both have closed.

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

GEOGRAPHY	CHILD CARE CENTERS		FAMILY CHILD CARE		NANNY/INDIVIDUAL		TOTAL CAPACITY
	NUMBER	CAPACITY	NUMBER	CAPACITY	NUMBER	CAPACITY	
Yuma Region	46	3,774	85	433	2	8	4,215
Central area	39	3,385	54	285	-	-	3,670
Eastern area	-	-	-	-	-	-	-
Southern area	7	389	31	148	2	8	545
Yuma County	48	3,814	85	433	2	8	4,255
Arizona	1,907	113,468	574	3,007	22	88	116,563

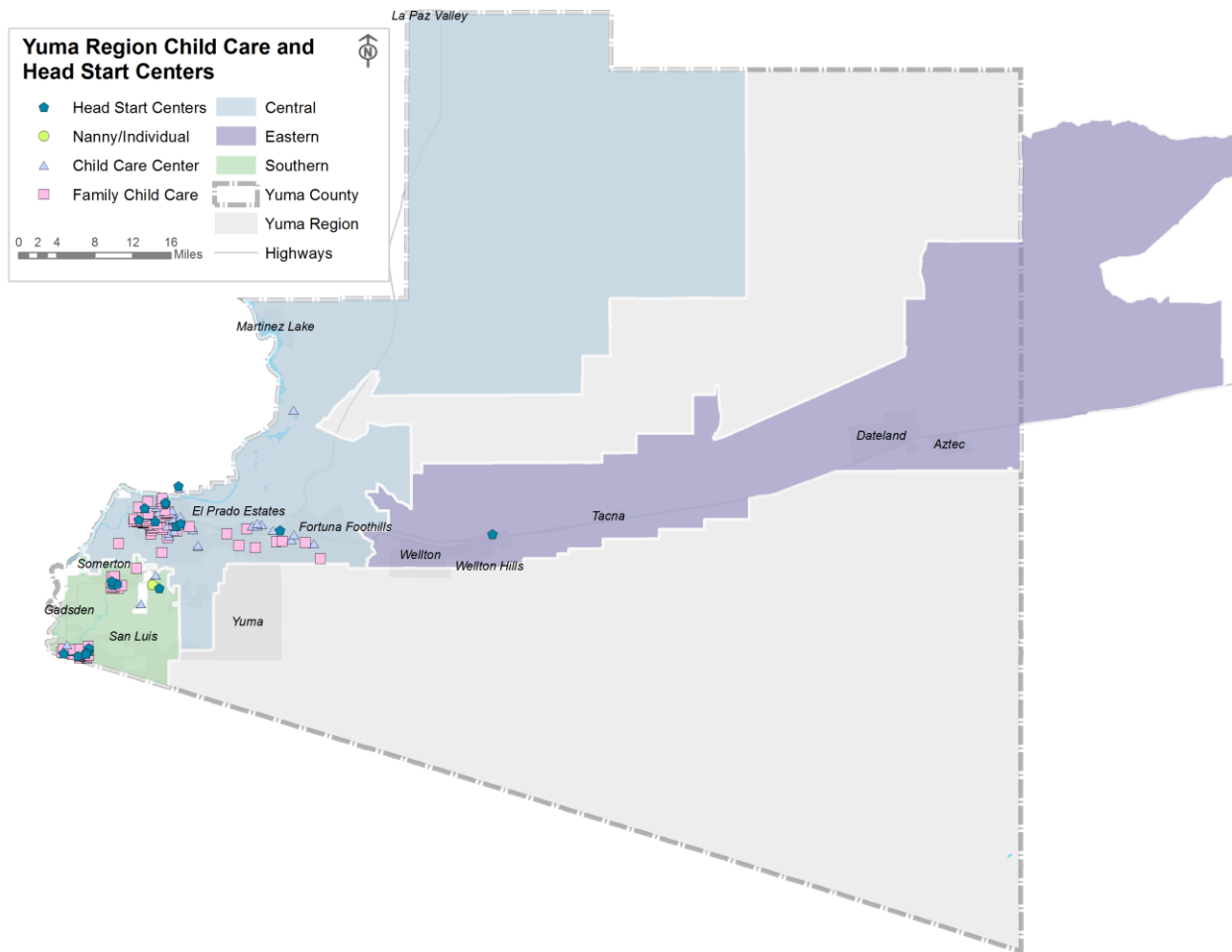
Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

The need for additional, affordable, early care and education opportunities was voiced repeatedly by key informants from all areas of the region. All Head Start options in the region had wait lists, and key informants discussed how the families they worked with couldn't afford other child care options so often turned to kith and kin care. In the Southern area of the region, families also espoused a sentiment that caring for children in the home is preferable to out of home care. Responding to this need, organizations in the Southern area are offering more home-based care and education options.

Additional barriers to early care and education access discussed by key informants were program locations and hours. Particularly among agricultural workers, work hours may be long and program hours are often short (e.g. 3-hr sessions at district preschools). To utilize these options families often have to also use another source of care for the rest of the long work day. The need to transport children to and from care, and sometimes multiple sites was also cited as a barrier in those areas where early care and education options were available.

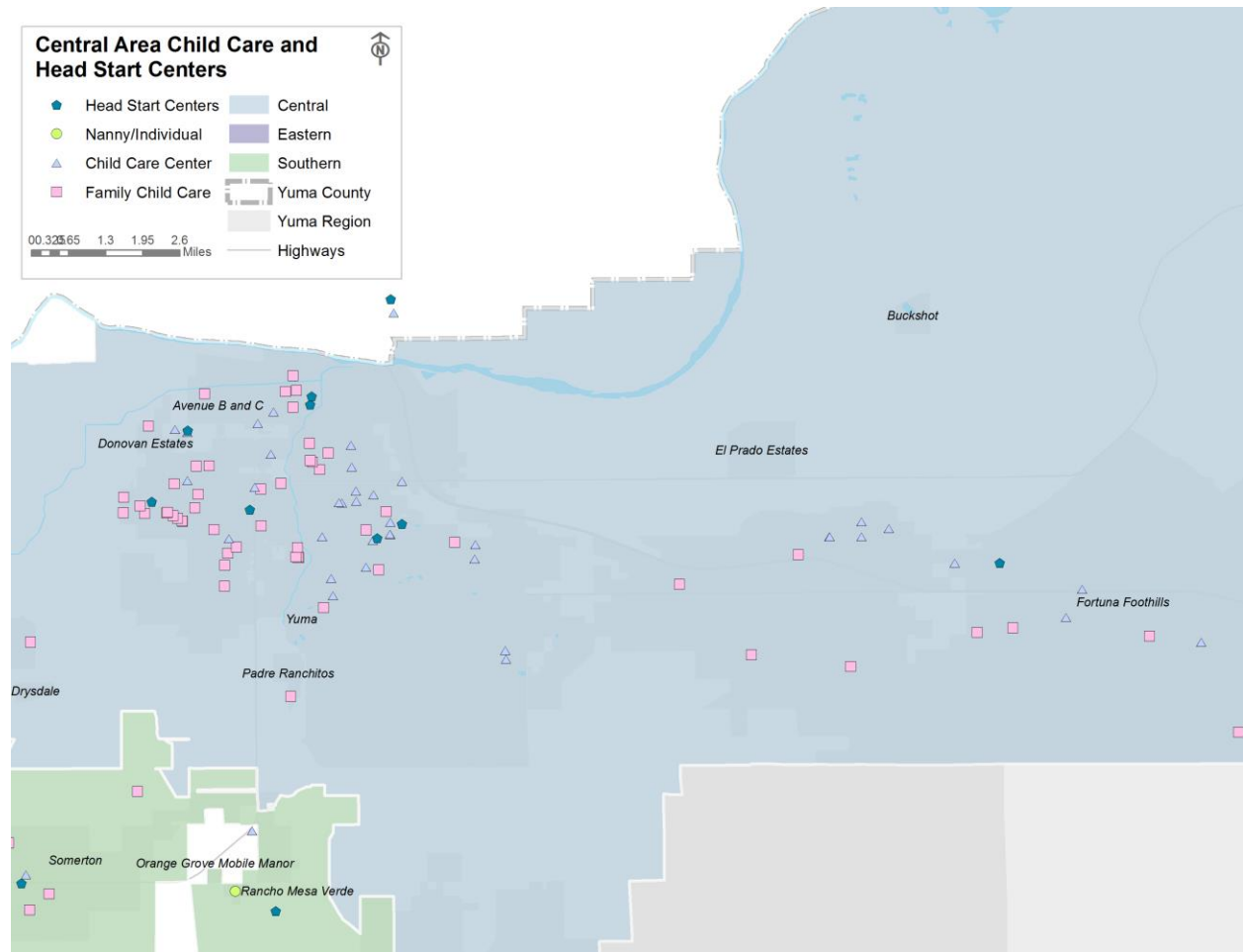
The maps on the following pages show the approximate location of licensed child care providers in the Yuma Region, as well as close-ups of the Central and the Southern areas of the region (from CCR&R 2014 data).

Figure 19: Child care providers in the Yuma Region



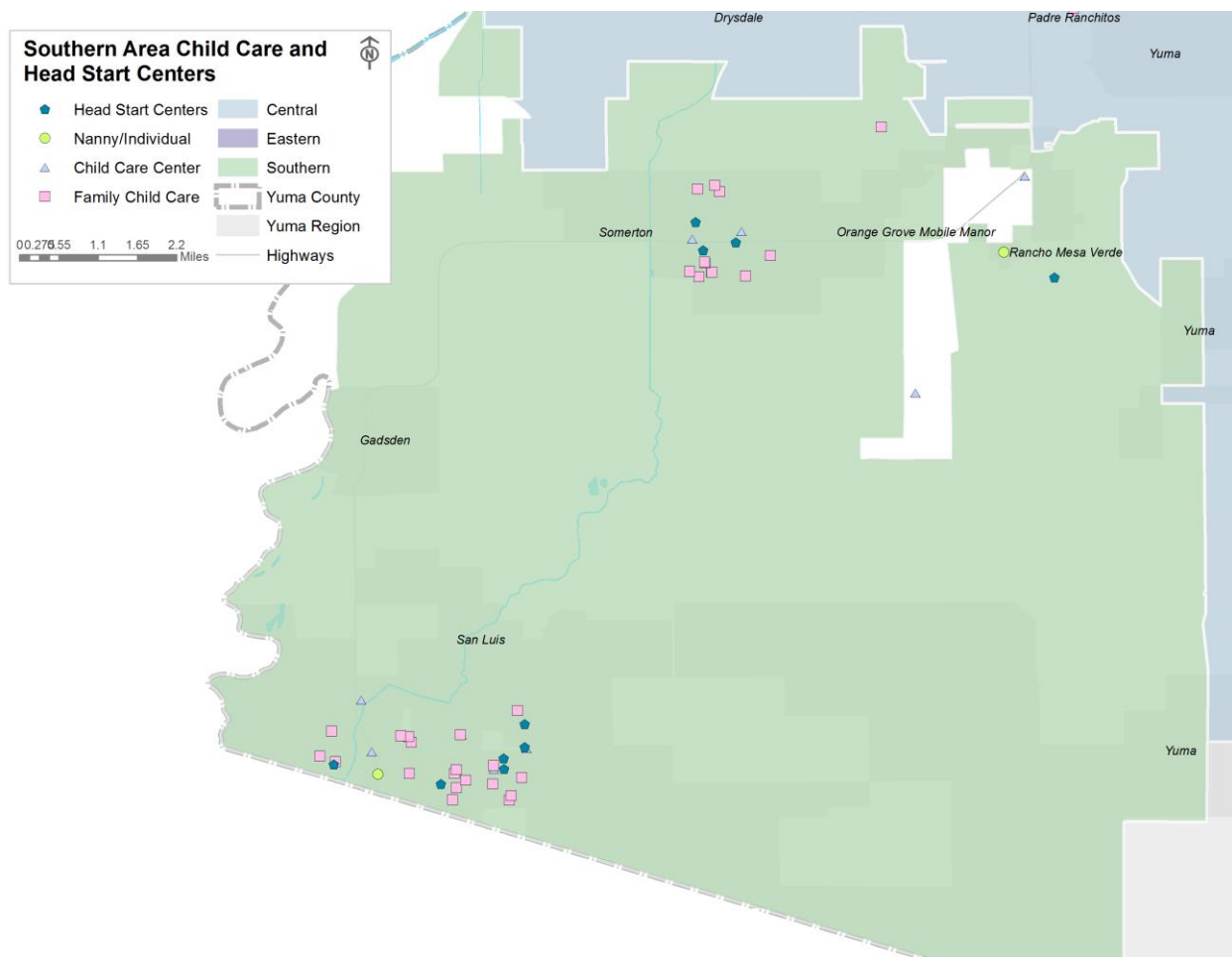
Source: Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

Figure 20: Child care providers in the Central area of the Yuma Region



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

Figure 21: Child care providers in the Southern area of the Yuma Region



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

Quality First

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

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

adults and children.⁵³ Quality First providers with higher star ratings receive higher financial incentives and less coaching while those with lower ratings receive more coaching and lower financial incentives.⁵⁴ Table 27 describes the rating scale as defined by First Things First.

Table 27: Quality First Rating Scale

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

According to Yuma Region’s 2015 funding plan, as of fiscal year 2014, 21 centers and 20 home based providers participated in Quality First and 17 center-based providers and 20 home-based providers were served through the child care health consultation component of Quality First, available to all providers in the region, regardless if they are participating providers or not. In addition, there were 140 pre-K, and 228 child care scholarship slots funded for children aged

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

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

birth through five in the region.⁵⁵ These scholarships are for full-day care, although providers may divide the scholarships into two part-time slots if they choose. As of June 20, 2014 there were a total of 1,238 children (not including children with special needs) aged birth through five enrolled in care with providers participating in Quality First in the Yuma Region.⁵⁶

Local Education Agency Preschools

Under the No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally disadvantaged children, in meeting the state’s academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase parent involvement, additional instructional services, and school wide reform efforts.⁵⁷ The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.⁵⁸ A number of school districts in Yuma County are utilizing these funds to provide a range of programmatic and support services for young children in the region.

Table 28: Number of Local Education Agency Preschools

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF PRESCHOOL PROGRAMS	PRESCHOOL STUDENTS ENROLLED
Crane Elementary District	2	30
Yuma Elementary District	4	180
All Yuma County Districts	6	210
All Arizona Districts	220	10,063

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

Head Start/Early Head Start/Migrant Head Start

Head Start is a comprehensive early childhood education program for children preschool age whose families meet income eligibility criteria. Arizona residents not meeting these criteria may still be eligible for Head Start if children and families are; homeless, in foster care, or receive TANF or SSI. Eligibility is determined by Head Start program staff and some programs enroll a percentage of children from families with incomes above the Poverty Guidelines as well.⁵⁹ Head Start addresses a wide range of early childhood needs such as education and child

⁵⁵ Yuma FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20Yuma%20SFY15.pdf>

⁵⁶ First Things First. Quality First Eligible Applicant Enrolled Participant Data Report, June 20, 2014. Unpublished data provided by First Things First State.

⁵⁷ Arizona Department of Education, 2011. Retrieved from: <http://www.ade.az.gov/asd/title1/MissionProgDescription.asp>

⁵⁸ Using Title I of ESEA for Early Education Retrieved from: <http://www.clasp.org/admin/site/publications/files/titleifaq-1.pdf>

⁵⁹ Data received from WACOG through personal correspondence.

development, special education, health services, nutrition, and parent and family development. There are 11 Head Start Centers in the Yuma Region operated by the Western Arizona Council of Governments (WACOG), which provides Head Start services to La Paz, Mohave and Yuma Counties. In the Eastern area of the Yuma Region there is a single Head Start, Wellton Head Start. There are also three WACOG Head Starts in the Southern area, Carlisle, Orange Grove and San Luis Head Starts, and the remaining seven WACOG Head Starts are in the Central area, Carver, Foothills, Helping Hands, 24th St., Rancho Viejo, Yuma East and Yuma West.

Data received from WACOG for Yuma County show that the Head Start sites in Yuma County enrolled a total of 728 children in the 2013-2014 school year, up from 680 in the 2012-2013 school year (see Table 29).⁶⁰ Waitlists for WACOG Yuma County Head Start slots existed for all centers across years, although the total number of children on waitlists decreased from 436 in 2012-2013 to 326 in 2013-2014.

Table 29: WACOG Head Start Enrollment (2012-2013 and 2013-2014)

WACOG HEAD START CENTER	2012-2013		2013-2014	
	Enrollment	Waitlist	Enrollment	Waitlist
24th Street	40	48	68	35
Carlisle	40	44	40	36
Carver	60	28	60	7
Foothills	100	49	82	37
Helping Hand	60	55	102	6
Orange Grove	20	11	20	26
Rancho Viejo	120	22	120	55
San Luis	100	76	96	77
Wellton	20	9	20	10
Yuma East	40	20	40	11
Yuma West	80	74	80	26
Total	680	439	728	326

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

Table 30 shows WACOG Head Start enrollment according to the three Yuma Region geographical areas. Total enrollment in WACOG Head Start in the region represents about twelve percent of the children aged three and four years in the region (n=6,022).

⁶⁰ Western Arizona Council of Governments (2013). Head Start Enrollment and Waitlist Numbers received through correspondence.

Table 30: WACOG Head Start Enrollment (2013-2014) by Regional Area

GEOGRAPHY	POPULATION (3-4)	WACOG HEAD START	
		CHILDREN ENROLLED	% ENROLLED
Yuma Region	6,022	728	12%
Central area	4,092	648	16%
Eastern area	153	20	13%
Southern area	1,777	60	3%
Yuma County	6,035	728	12%

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

Note: These numbers do not include Migrant Head Start enrollment

In addition to Head Start programs offered through WACOG, Chicanos Por La Causa (CPLC) operates five Migrant & Seasonal Head Start Centers, three in San Luis, one in Somerton and one in Yuma, and two Early Head Start programs, Bienestar First Steps and Las Casitas, both in San Luis. Early Head Start is a program similar to Head Start that is for families with younger children, and Arizona’s Early Head Start Programs are targeted at low-income pregnant women and women with children aged birth to three years. The goal of the program is to aid young mothers in being better teachers and caregivers for their children, and to enhance the development of participating children.

Key informants provided an overview of the programs provided by CPLC for the children of migrants and seasonal workers. CLPC’s early care and education options have the same eligibility criteria as Head Start, with the addition that 51 percent of the family’s income must come from agriculture. CLPC has three program options; Migrant Head Start, Migrant Early Head Start, and the Family Child Care Option. With this last option, CPLC contracts with home providers to increase the number of children they can serve. Home providers must meet teacher requirements and have ongoing training, complete lesson plans, permit observations, and provide documentation. In the last three years, key informants report this option has recruited and enlisted 10 to 12 home based providers. Another benefit of the Family Care Option is that this option allows for up to 10 hours of care a day, whereas CPLC Head Start and Early Head Start operate for only 6.5 hours per day.

Informants noted that the CLPC Migrant programs often have a larger waiting list when more seasonal workers are in the region, particularly in the fall. If no program slots are available, CLPC staff will refer those on waiting lists to WACOG Head Starts or other local child care options.

Table 31 below shows the enrollment and waitlist numbers for 2012-2013 and 2013-2014, plus the projected enrollment for 2014-2015. While overall enrollment decreased slightly in 2013-2014 due to the impact of the federal government sequester, enrollment is expected to increase for all three program options in 2014-2015.

Table 31: CLPC Head Start and Early Head Start Enrollment (2012-2013, 2013-2014, 2014-2015)

CPLC PROGRAM	2012-2013		2013-2014		2014-2015 Projected Enrollment
	Enrollment	Waitlist	Enrollment	Waitlist	
Migrant & Seasonal Head Start	438	163	426	92	432
Migrant Early Head Start					
Session 1: Aug-May	52	17	59	21	88
Session 2: June-July	32		0 ¹		
Family Child Care Option	21	²	21	²	50
Total	543	180	506	113	570

Chicanos Por La Causa (2014). Migrant Head Start and Early Head Start enrollment numbers received through correspondence.

¹ No Session 2 was offered due to the federal government sequester

² Family Child Care (FCC) Option waitlists are shared with the CLPC Center closest to the FCC placement

Cost of Childcare

In Arizona in 2012, the average annual cost of center-based full-time child care for an infant was \$8,671, and for a four year old, \$7,398.⁶¹ The average cost of a year’s tuition and fees at an Arizona public college was only 10 percent more. The costs of childcare increase with more than one child in a household, with the average annual cost for one infant and one four year old at \$16,069. Family based providers cost slightly less, with the annual cost for an infant at \$6,641 and for a four year old at \$6,285. Arizona was ranked 16th in the nation for least-affordable childcare for an infant in a center, and 14th for least affordable for a four year old in a center. At the state level, to pay for center-based child care for a four year old, a family of three at the federal poverty level would spend nearly 40% of their annual income, while a family of three at 200 percent of the federal poverty level would spend almost 20 percent of their annual income. Table 32 shows the average cost of child care in a child care center for children of different ages in Yuma County. These are estimates for one child in care, so needing child care for multiple children would increase these costs.

⁶¹ Child Care Aware® of America. Parents and the High Cost of Child Care. 2013 Report. <http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf>

Table 32: Cost of early childhood care for one child (Median cost per day)

GEOGRAPHY	TYPE OF CARE	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
Yuma County	Full-time	\$27.25	\$24.00	\$22.00
	Part-time	\$18.20	\$18.00	\$17.00
Arizona	Full-time	\$41.00	\$36.98	\$32.00
	Part-time	\$32.56	\$29.00	\$22.50

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

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

Table 33 shows the average estimated cost of child care in a child care center by percent of median family income in communities with child care centers in the region, as well as in Yuma County and the state. As can be seen, the average cost for full-time center-based care in the region is likely to exceed the Department of Health and Human Services recommendation that parents spend no more than 10 percent of their family income on child care. Because their median income tends to be lower (see Table 12), the percent of income spent on childcare by the average female single parent would be even higher.

Table 33: Cost of full time child care in a child care center by percent of median family income⁶²

GEOGRAPHY	MEDIAN FAMILY INCOME	CHILDREN UNDER 1	CHILDREN 1-2 YEARS OLD	CHILDREN 3-5 YEARS OLD
San Luis	\$32,282.00	20%	18%	16%
Somerton	\$30,629.00	21%	19%	17%
Yuma	\$46,748.00	14%	12%	11%
Yuma County	\$43,726.00	15%	13%	12%
Arizona	\$59,563.00	17%	15%	13%

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

Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers

⁶² Note: Median Income data is available at the community level, but average cost of child care are available at the state and county levels only. These calculations were made with community-level median income data and county-level data about average child care costs. Additionally, child care cost figures assume that child care will be utilized for 240 days per year.

holding a college degree rose from 47 to 50 percent over the same time period. During that same period however, the wages of assistant teachers, teachers and administrative directors working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona, only make about half the annual income of kindergarten and elementary school teachers across the state.⁶³ It is likely that these issues impact retention and turnover of early care and education professionals across the state.

Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential or AA degree. A Bachelor's Degree model of the TEACH program is also currently being piloted in one First Things First Region. According to the region's 2015 funding plan, as of fiscal year 2014, there were 16 child care professionals in the Yuma Region who had received TEACH scholarships to take coursework leading to an early childhood credential or degree.⁶⁴

Additional support in the region for child care providers seeking professional development support is the Professional Career Pathways Project (PCPP).⁶⁵ This scholarship grant, funded by the Arizona Department of Economic Security (DES) and First Things First, provides tuition and textbook support for early childhood education classes for those working as childcare providers, and is available for coursework taken at Arizona Western College.

The Yuma Region also participates in the First Things First Early Childhood Therapist Incentives Program⁶⁶. This program provides incentives for Speech/Language Pathologists, Occupational and Physical Therapists, Child Psychologists, and Mental Health Specialists who provide early childhood development services to children under the age of six in two forms; loan repayments and stipends. The Yuma Region is currently one of five FTF Regions participating in this program.

⁶³ Arizona Early childhood Development and Health Board (First Things First). (2013). Arizona's Unknown Education Issue: Early Learning Workforce Trends. Retrieved from <http://www.azftf.gov/WhoWeAre/Board/Documents/FTF-CCReport.pdf>

⁶⁴ Yuma FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20Yuma%20SFY15.pdf>

⁶⁵ <https://v5.yc.edu/v5content/academics/divisions/visual-and-performing-and-liberal-arts/DES.htm>

⁶⁶ <http://azdhs.gov/hsd/ftf/index.htm>

Opportunities for Professional Development

Two colleges offering in-person certification and degree programs in early childhood are located in the Yuma Region; The Yuma sites of the University of Phoenix and Arizona Western College (see Table 34 below). Northern Arizona University (NAU) also offers early education certificate or degree opportunities through blended programs; combining on-line and in-person coursework, with the in-person portion available at the NAU-Yuma Branch Campus.

Table 34: Availability of certification, credentials, or degree programs

College	Locations in ...	Degree Offered
University of Phoenix	Yuma Learning Center	AA: Elementary Education Concentration
Arizona Western College	Yuma Main Campus	Certificate: Early Childhood Education AAS: Early Childhood Education AA: Early Childhood Education
Northern Arizona University	Yuma Campus	Undergraduate Certificate: Early Childhood Education BA: Early Childhood Education MA: Early Childhood Education

<http://www.phoenix.edu/programs/degree-programs/education/associates/aae.html>;

https://www.azwestern.edu/academic_services/degrees_and_certificates/;

<http://yuma.nau.edu/DegreeSearch.aspx#Keyword=early+childhood>

Other early childhood education professional development opportunities are available in the region. One is the DES Early Childhood Professional Training⁶⁷, offered through Yavapai College. This training is a no-cost, 60-hr course covering the basics of child development, nutrition, early reading and math activities and child-care licensing to prepare participants to enter the early care and education workforce. The grant provides up to 15, 60-hour workshops in 11 counties in Arizona each year. Upon completion, students can earn college credits. The Yuma Regional Partnership Council in collaboration with Eight-Arizona PBS also offers Community Based Professional Development through half-day workshops offered monthly. These workshops are open to all early childhood educators in Yuma County and are based around developmentally appropriate practice, executive function, intentional teaching and Arizona Department of Health Services training requirements.⁶⁸ Arizona Childcare Resource and Referral also publishes a quarterly newsletter on early childhood training opportunities, including those in Yuma County⁶⁹. The most recent newsletter⁷⁰ listed eight trainings in Yuma County in both English and Spanish.

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

⁶⁸ http://www.asset.asu.edu/new/yuma_cbpd.html

⁶⁹ <http://www.arizonachildcare.org/providers/professional-development.html>

⁷⁰ <http://www.arizonachildcare.org/pdf/bulletin.pdf>

Health

Access to Care

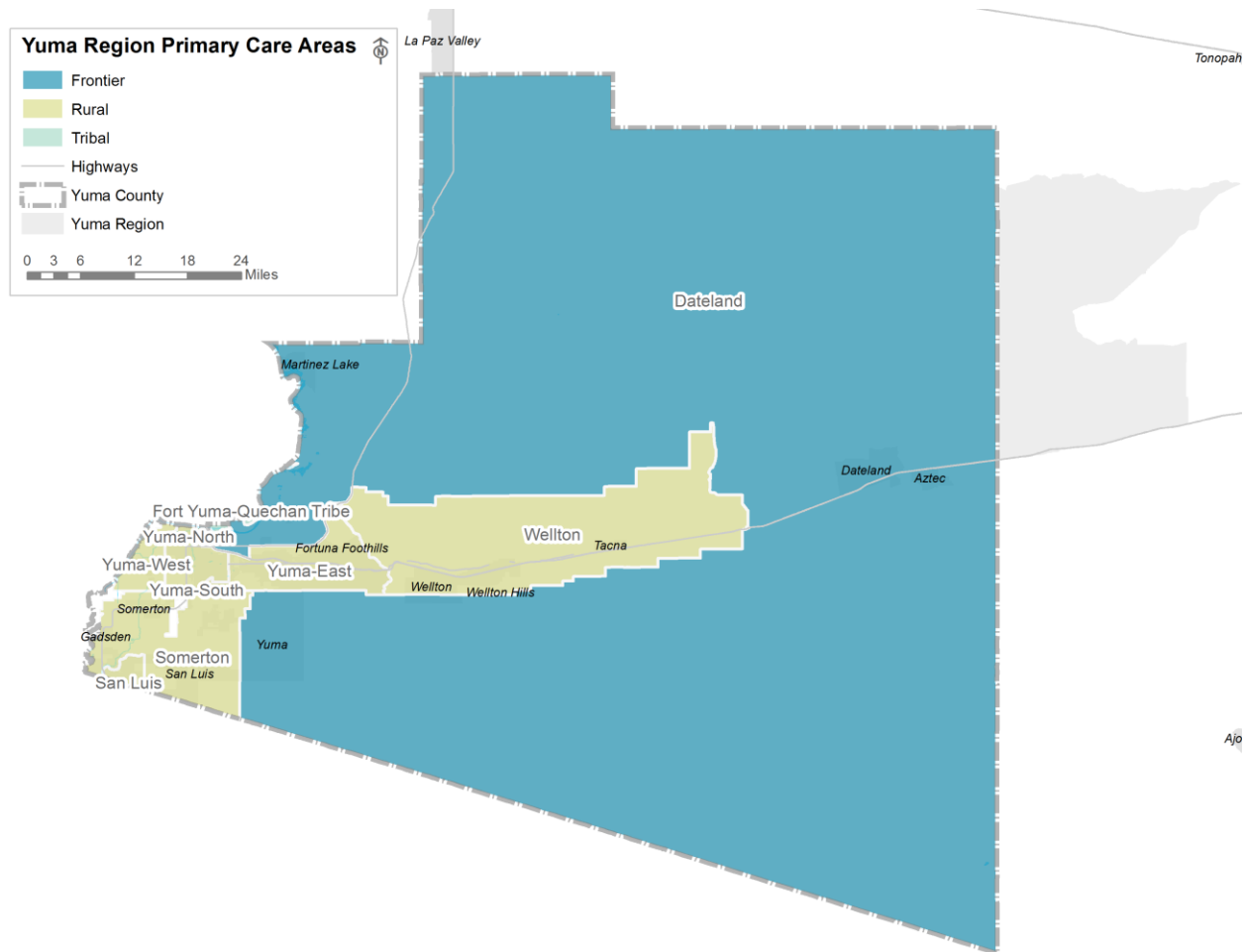
The Arizona Department of Health Primary Care Area Program designates Primary Care Areas (PCAs) as geographically based areas in which most residents seek primary medical care within the same places.⁷¹ The labels for the Primary Care Areas are drawn from the major population centers for those areas. Each Primary Care Area also carries a designation based on its population density.⁷² There are nine Primary Care Areas within the region, and the labels for the Primary Care Areas are drawn from the major population centers for those areas: Dateland, Fort Yuma-Quechan Tribe, San Luis, Somerton, Wellton, Yuma-East, Yuma-North, Yuma-South, and Yuma-West.⁷³ Figure 22 below shows a map of the region's PCAs.

⁷¹ Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

⁷² Primary Care Areas can receive one of four designations: Urban, Rural, Frontier or Indian. Urban Primary Care Areas are PCAs in counties with a population greater than 400,000 and where the Census County Division (CCD) population is greater than or equal to 50,000. Rural Primary Care Areas are those which a) do not meet the criteria for Frontier and b) are in counties with a population less than 400,000, or where the county population is above 400,000 but the CCD population is less than 50,000. Frontier Primary Care Areas are those with fewer than 6 persons per square mile for the latest population estimates. Tribal Primary Care Areas are Primary Care Areas on tribal lands. A Census County Division (CCD) is a relatively permanent subdivision of a county made by the Census Bureau for statistical purposes.

⁷³ <http://www.azdhs.gov/hsd/data/profiles/primary-care/index.php?pg=yuma>

Figure 22: Map of primary care areas in the Yuma Region



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

Medically Underserved Areas and Populations (MUAs and MUPs) are federally designated areas or populations that have a need for medical services based on: too few primary care providers; high infant mortality; high poverty; and/or high elderly population. Groups designated as an MUP include those with economic barriers such as being largely low-income or Medicaid-eligible populations, or those with culture and/or linguistic access barriers to primary care services. With 36 MUAs and 10 MUPs in Arizona, each of Arizona’s 15 counties has some areas designated as medically underserved areas or population.⁷⁴

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

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

score; percentage of population below poverty; percentage of uninsured births; low birth weight births; prenatal care; percentage of death before the U.S. birth life expectancy; infant mortality rate; and percent minorities, elderly, and unemployed. Based on their scores, all of Yuma County has been designated as “medically underserved” by the Arizona Department of Health Services⁷⁵. The Yuma-North and Yuma-West PCAs are designated as Federal Medically Underserved areas,⁷⁶ all of the region is designated as a Mental Health Health Professional Shortage Area⁷⁷, and much of the region has also been designated as a Dental Health Professional Shortage Area.⁷⁸

A new priority for the State Title V priorities for 2011-2016 for Arizona's maternal and child health population is to improve access to and quality of preventive health services for children. According to a 2013 report, Arizona may have increasing capacity to provide preventive health services for children aged birth through five years through funding from First Things First, and through potential funding for home visiting programs through the Affordable Care Act.⁷⁹

Figure 23 shows the ratio of the population to primary care providers in the region by PCA. The ratio of the population to the number of primary care providers can be used as an indicator of the healthcare infrastructure within the region. In Arizona as a whole, the ratio of residents per primary care provider is about 785:1; in Yuma County it increases to 1,146:1. Five of six of the Yuma Regions PCA's where data are available exceed the state ratio, with four exceeding 2,000:1 ratios, with highs in the Yuma-North and Somerton PCAs. There are no primary care providers in the Dateland PCA.

⁷⁵<http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf>

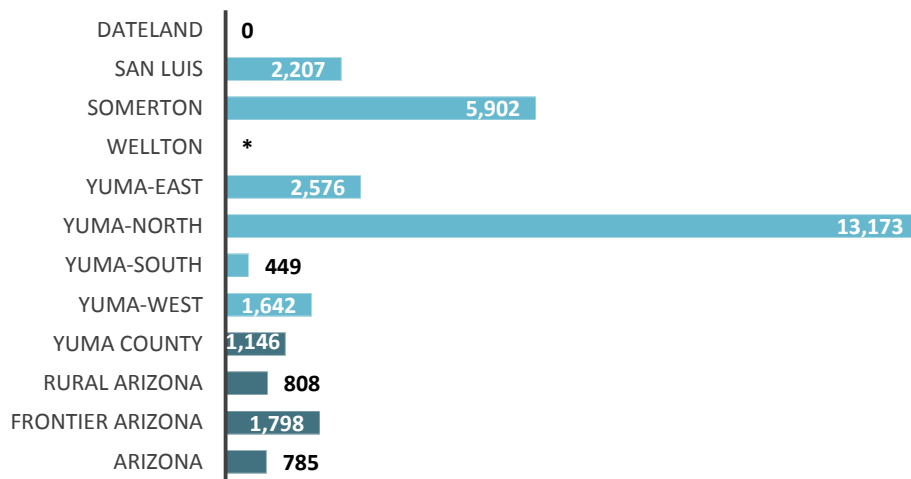
⁷⁶ http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/Federal_MUA.pdf

⁷⁷ <http://www.azdhs.gov/hsd/data/documents/maps/mentalhpsas.pdf>

⁷⁸ <http://www.azdhs.gov/hsd/data/documents/maps/dentalhpsas.pdf>

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

Figure 23: Ratio of population to primary care providers



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

There is one hospital serving the region, Yuma Regional Medical Center.⁸⁰ This hospital is a 406 bed hospital with 300 affiliated physicians, specializing in women’s services for pregnancy and childbirth, heart services, pediatric services, bariatric surgery and cancer care. Yuma Regional Medical Center offers a Level III Neonatal Intensive Care Unit, and a number of childbirth and breastfeeding educational and support services.

Yuma County also has two Federally Qualified Health resources, which offer sliding-scale fees for service, the Sunset Community Health Center (SCHC), and the San-Luis Walk-in Clinic.

- Sunset Community Health Center has clinics located in San Luis, Somerton, Wellton and Yuma which offer dental, pediatric, obstetric and gynecological, and other medical services. SCHC also offers school-based health clinics in San Luis, Somerton and Yuma which are open seasonally. In addition, SCHC provides mobile medical and dental clinics twice monthly to the elementary schools located in the Eastern area including Dateland and Roll, although these services are available only to children, not adults. SCHC has a prenatal program that provides prenatal care to uninsured women, and also offers a range of educational programs and resources addressing nutrition, diabetes, tobacco cessation, gestational diabetes, hypertension, and cardiovascular disease.⁸¹
- The San Luis Walk-in Clinic is a federal Rural Health Clinic operated through the Regional Center for Border Health, and has locations in San Luis and Somerton. The clinics offer a variety of health services including primary care, pediatric services, obstetric and

⁸⁰ <http://www.yumaregional.org/>

⁸¹ <http://www.sunsetcommunityhealthcenter.org/>

gynecological services, women's and teen's health services, and laboratory services. The clinics also offer educational resources including tobacco cessation, diabetes prevention, and nutrition. The clinic supports a mobile unit that serves the rural communities in the region by sponsoring health fairs, immunization campaigns, and health career promotion.

In addition to these resources there are a number of other health clinics in the city of Yuma, including Yuma Women Clinic, Advanced Medical Clinic, Up 2 Par Medical Clinic, Freeman VIP Medical Clinic, Prime Care Yuma, Foothills Walk-In Medical Care, The Yuma Free Clinic, and Community Intervention Associates, in addition to the San Jose Health Clinic in San Luis. There are a number of pediatricians in the region, primarily in the city of Yuma, as well as pediatric dental services, again largely in Yuma.

Families living in communities nearest the city of Yuma are served by the hospital, health clinics and community health centers and clinics, and the Yuma County Health Department. Those farther away either need to travel to the population center of the region, or they can access mobile health and dental services in some communities in the Southern and Eastern area. Others cross the border to access less expensive, sometimes more timely medical care. While there are pediatricians and pediatric dentists in the larger communities, the numbers are insufficient to meet the need in the region, and specialty medical and dental care for young children is very often unavailable. In addition, fears related to immigration status reportedly limit families in the Eastern area's use of health services in Yuma and Phoenix due to border patrol check-points close to those cities.

An asset in the region is a number of organizations offering programs and services via community health workers or promotoras. Campesinos Sin Fronteras, The Regional Center for Border Health and San Luis Walk-in Clinic, and Sunset Community Health Center all offer programs where community educators work with families on topics such as health and nutrition education, and provide resources and referrals for and coordination of medical care, in a culturally, linguistically appropriate way.

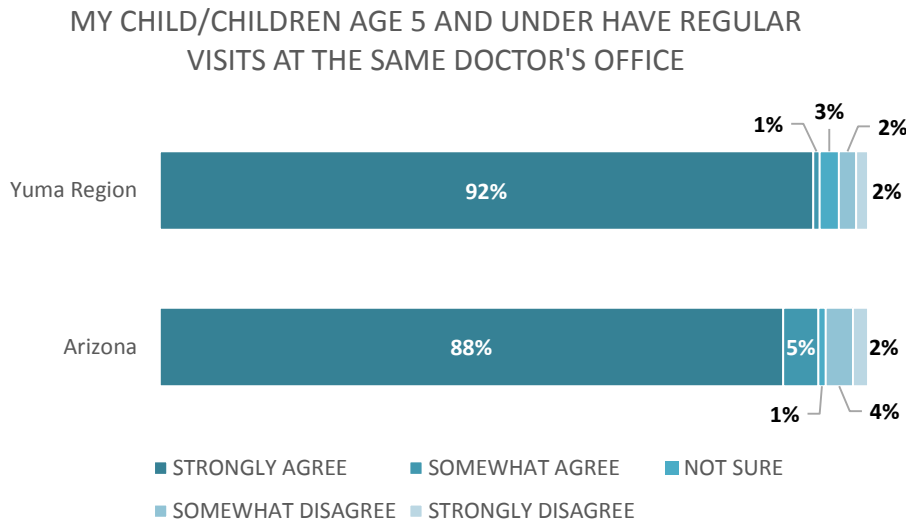
An additional asset is a unique way health providers are recruited to the medically underserved Yuma Region. The J-1 Visa Waiver Program seeks to improve the accessibility of health care services in underserved areas by providing a J-1 visa waiver to foreign medical graduates who had graduate medical studies in the United States.⁸² This waiver requires physicians to work three years in an underserved community and has been a highly successful recruitment tool in Yuma County for a number of specialties including pediatrics.

One item from the 2012 Family and Community Survey assesses whether young children have regular visits with the same medical provider. As can be seen in Figure 24, families in the Yuma

⁸² <http://azdhs.gov/hsd/health-disparities/documents/newsletters/newsletter-volume-7-issue-24.pdf>

Region (93%) are as likely to agree that they have a regular visits at the same doctor for their young children as families in the state as a whole (93%).

Figure 24: Regular visits by children (ages 0-5) with same doctor's office.

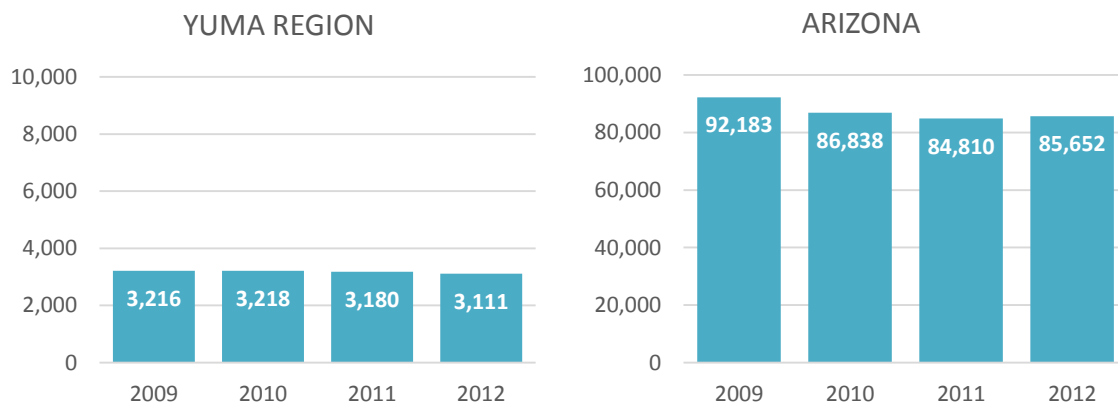


First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

Pregnancies and Births

The population of Arizona has grown in recent years, however, the number of births decreased from 2007 to 2011, with a very slight increase in 2012.⁸³ As can be seen in Figure 25, births continued to decrease in the Yuma Region in 2012.

Figure 25: Number of births per calendar year in the Yuma Region (2009-2012)



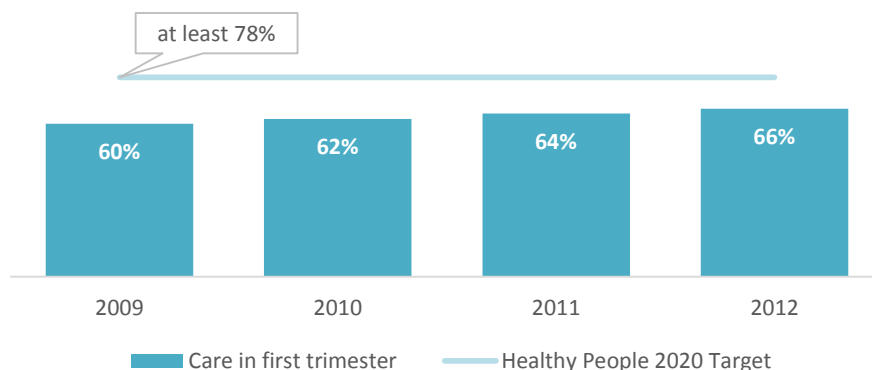
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

⁸³ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births.⁸⁴ Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent or more. In Arizona as a whole, seventy-nine percent of births meet this standard. As can be seen in the figure below, the Yuma Region has not met the Healthy People 2020 target, although the region has been on an upward trend since 2009, with a high of 66 percent of births with prenatal care begun in the first trimester in 2012.

Figure 26: Average percent of births with prenatal care begun first trimester by year in the Yuma Region (2009-2012)



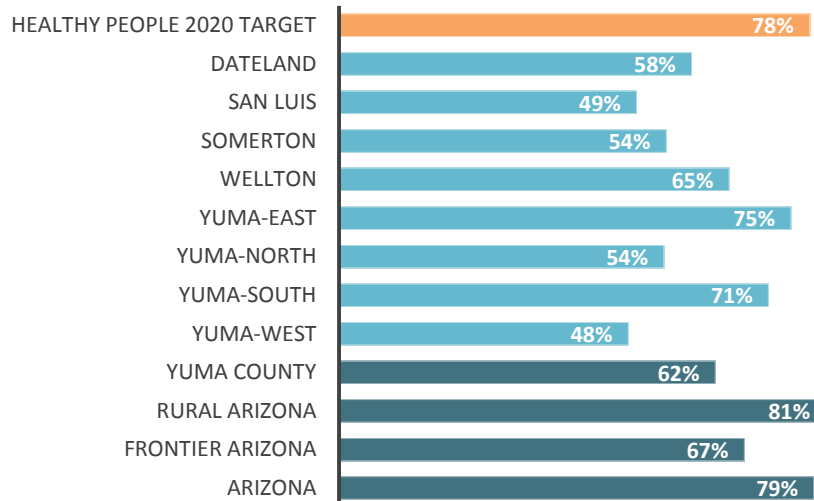
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 27 below shows the percent of births with prenatal care begun in the first trimester for PCAs in the region, averaged over the years 2002-2011. As can be seen in this figure, the different PCAs vary in the percentage of births with early prenatal care, but all fall below the Healthy People 2020 Target. The PCAs with the highest percentage of births with prenatal care begun in the first trimester were the Yuma-East (75%) and Yuma-South (71%) PCAs. Two PCAs fell below 50 percent of births with early prenatal care; the Yuma-West (48%) and San Luis

⁸⁴ Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC’s Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf>

(49%) PCAs. Key informants commonly discussed inadequate prenatal care as one of their key health concerns in the region, and this data mirrors that sentiment.

Figure 27: Average percent of births with prenatal care begun first trimester by PCA (2002-2011)

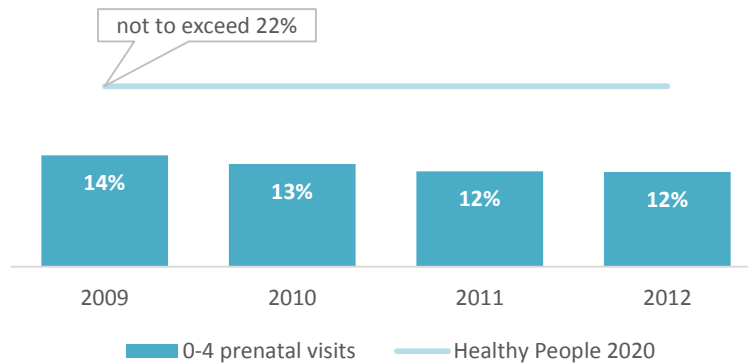


Arizona Department of Health Services (2013). *Primary Care Area Statistical Profiles 2012*. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number.⁸⁵ The Healthy People 2020 target for receiving fewer than five prenatal care visits is less than 22 percent. The Yuma Region has met and exceeded these targets from 2009-2012, with only 12 percent of women receiving four or fewer prenatal visits in 2012 (see Figure 28).

⁸⁵ American Academy of Pediatrics, American College of Obstetricians and Gynecologists. *Guidelines for perinatal care*. 5th ed. Elk Grove Village, Ill.: American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists, 2002

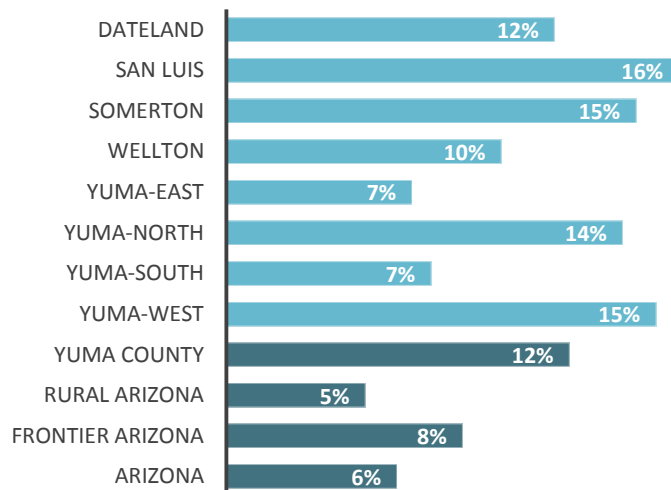
Figure 28: Average percent of births with fewer than five prenatal care visits by year in the Yuma Region (2009-2012)



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

The figure below shows the variability of births with infrequent prenatal care by PCA in the Yuma Region (averaged over the years 2002-2011). While all fall below the Healthy People 2020 target of less than 22 percent, individual communities vary in the percentage of births with fewer than five prenatal visits with highs in the San Luis (16%), Somerton (15%) and Yuma-West (15%) PCAs.

Figure 29: Average percent of births with fewer than five prenatal care visits by PCA (2002-2011)

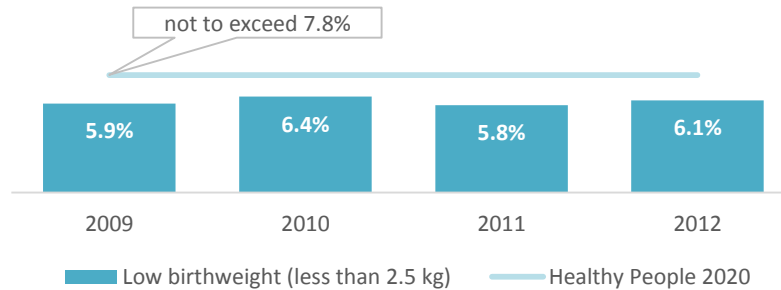


Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or older than 35 years, infections involving the uterus or in the fetus, placental problems, and

birth defects⁸⁶, as well as air pollution⁸⁷. The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. As shown in Figure 30, the region has met this target since 2009, although the percent of births with low birth weight in the region rose slightly from 2011 to 2012.

Figure 30: Average percent of births with low birth weight (5 lbs., 8oz. or less) births by year in the Yuma Region (2009-2012)



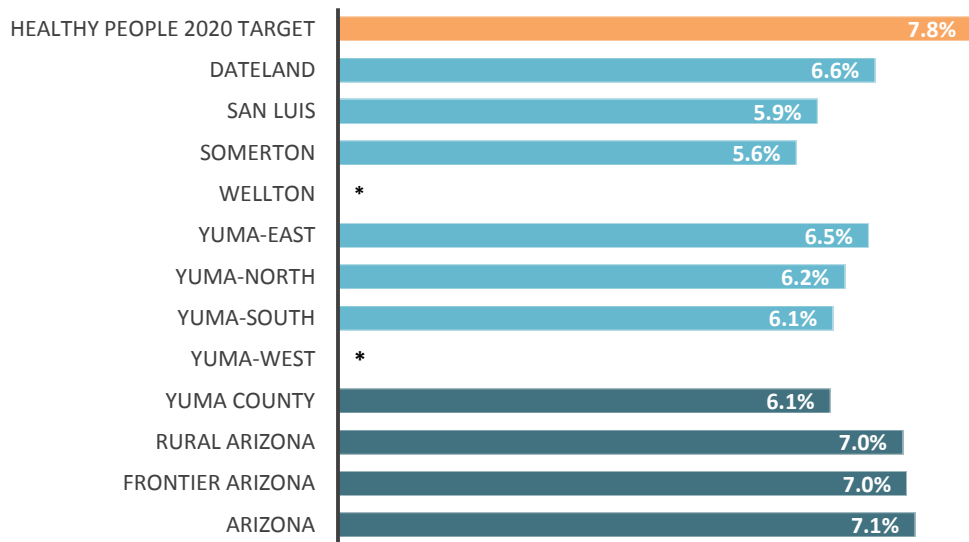
Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Figure 31 shows the percent of babies born with low birth weight averaged over the years 2002-2011 for PCAs in the Yuma Region. All PCAs in the region met and fell below the Healthy People 2020 target.

⁸⁶ Arizona Department of Health Services. Preterm Birth and Low Birth Weight in Arizona, 2010. Retrieved from: <http://www.azdhs.gov/phs/owch/pdf/issues/Preterm-LowBirthWeightIssueBrief2010.pdf>

⁸⁷ Pedersen, M., et al. (2013). Ambient air pollution and low birth weight: A European cohort study (ESCAPE). The Lancet Respiratory Medicine. Advance online publication. Doi: 10.1016/S2213-2600(13)70192-9

Figure 31: Average low birth weight (5 lbs., 8oz. or less) births per 1,000 by PCA (2002-2011)



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

Teenage parenthood, particularly when teenage mothers are under 18 years of age, is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child abuse and neglect.⁸⁸ In addition, the children of teenage mothers are more likely to have lower school achievement and drop out of high school, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult. Teenaged mothers themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.⁸⁹

The teen birth rate in Arizona in 2012 was 18.7/1000 for females aged 15-17, and 66.1/1000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 11th highest teen birth rate nationally.⁹⁰ Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment, these rates

⁸⁸ Office of Population Affairs, Department of Health and Human Services, (2010). Focus area 9: Family Planning, Healthy People 2010. Retrieved from:

<http://www.healthypeople.gov/Document/HTML/Volume1/09Family.htm>

⁸⁹ Centers for Disease control and Prevention. Teen Pregnancy. About Teen Pregnancy. Retrieved from:

<http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm>

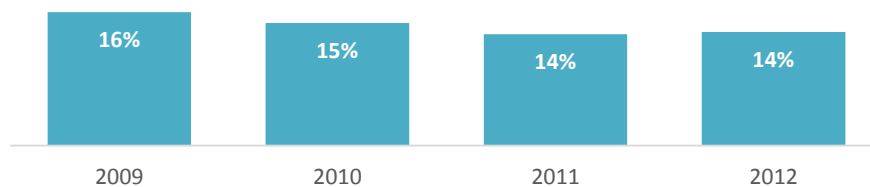
⁹⁰ The National Campaign to Prevent Teen and Unplanned Pregnancy. Teen Birth Rate Comparison, 2012.

<http://thenationalcampaign.org/data/compare/1701>

indicate that teen parenthood services for teen parents may be important strategies to consider in order to improve the well-being of young children in these areas.

In 2012, nine percent of all births in Arizona were to mothers aged 19 or younger; in the Yuma Region, 14 percent of births were to teen mothers (see Figure 32). The percent of births to teen mothers in the region had declined from 2009 to 2011, but remained static at 14 percent from 2011 to 2012.

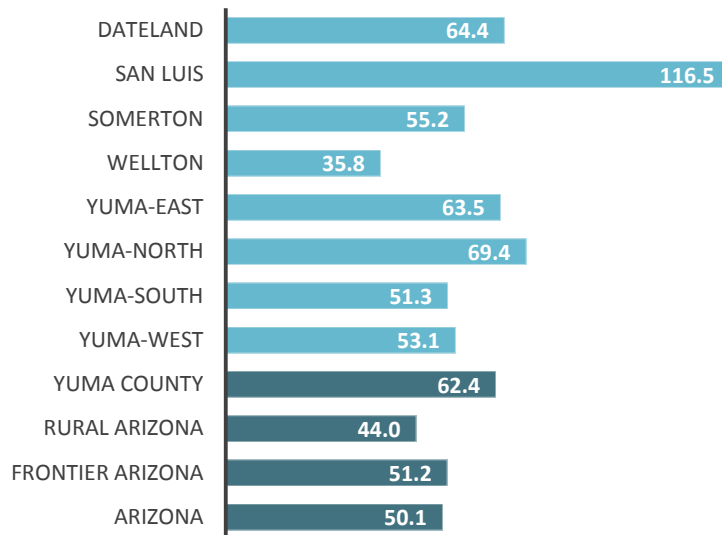
Figure 32: Percent of Births to Teen Mothers by year in the Yuma Region (2009-2012)



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

Figure 33 shows the rate of teen births for females aged 14-19 years old in the region averaged over the years 2002-2011. There is a great deal of variability among individual PCAs in the region, with highs of 116.5/1,000 for the San Luis PCA, to a low of 35.8/1,000 for the Wellton PCA. The need to reduce teen pregnancies was a common refrain from key informants in the region. Several also discussed the impact that teen pregnancy has on the number of grandparents raising their grandchildren in the region, as teens are often ill-equipped to care or provide for their children. A number of organizations in the region offer teen pregnancy prevention programs, and the Regional Center on Border Health is also implementing an educational campaign, “La familia pequena vive major” or “The small family lives better”, a successful family planning campaign previously implemented in Mexico.

Figure 33: Rate of Teen Births per 1,000 Females by PCA (2002-2011)



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

Arizona had the largest decline in teen pregnancy in the nation between 2007 and 2010, with a 29% decline.⁹¹ However the teen birth rate in Arizona is still higher than the national average, for both girls aged 10-14 and 15-19. In Arizona, teen pregnancy was estimated to have cost the state \$240 million in 2010. The costs in previous years had been much higher, and if the declines in teen pregnancy seen in recent years had not occurred, the state would have needed to spend an estimated \$287 million more in 2010.⁹² Reducing the rate of teen pregnancy among youth less than 19 years of age is one of the ten State Title V priorities for 2011-2016 for Arizona's maternal and child health population⁹³.

Although teen pregnancy is often linked with preterm births⁹⁴, the percent of preterm births in the region meets and falls below the Healthy People 2020 target (see Figure 34).

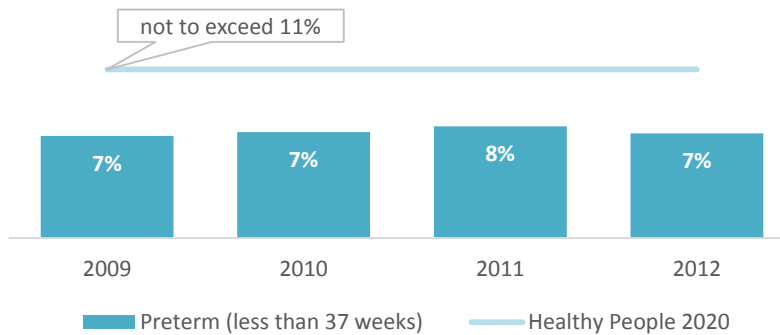
⁹¹ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

⁹² The National Campaign to Prevent Teen and Unplanned Pregnancy. Counting It Up. The Public Costs of Teen Childbearing in Arizona in 2010. April 2014. Retrieved from: <http://thenationalcampaign.org/sites/default/files/resource-primary-download/fact-sheet-arizona.pdf>

⁹³ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

⁹⁴ Chen, X-K, Wen, SW, Fleming, N, Demissie, K, Rhoads, GC & Walker M. (2007). *International Journal of Epidemiology*; 36:368–373. Retrieved from: <http://ije.oxfordjournals.org/content/36/2/368.full.pdf+html>

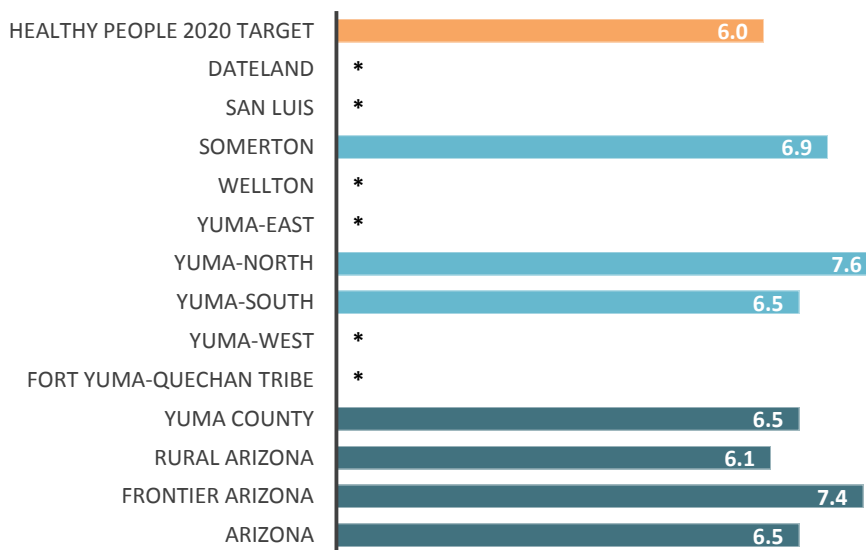
Figure 34: Percent of preterm births (under 37 weeks) in the Yuma Region by year (2009-2012)



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

One of the consequences that has been linked to high teen birth rates is high infant mortality. The Healthy People 2020 target for all infant deaths is 6.0 infant deaths or fewer per 1,000 live births. As can be seen in Figure 35, averaged over ten years, the rates for the county, and the three PCA’s for which data is available, exceed that rate.

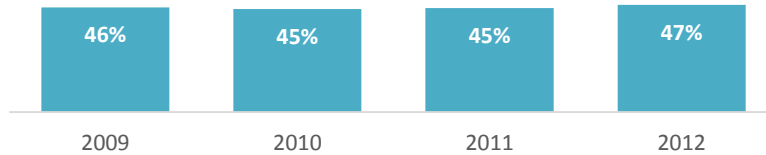
Figure 35: Average infant mortality rate per 1,000 live births by PCA (2002-2011)



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

Just under half of the births (47%) in the Yuma Region were to unmarried mothers in 2012, which is slightly higher than the state of Arizona in 2012 (45%).

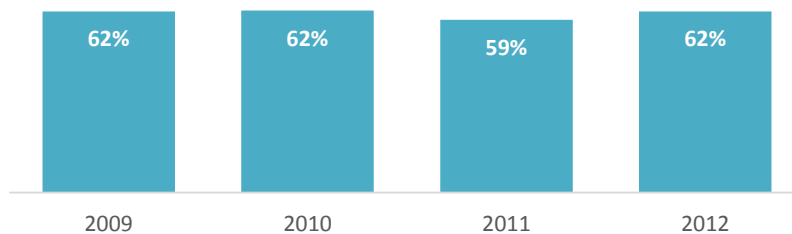
Figure 36: Births to unmarried mothers in the Yuma Region by year (2009-2012)



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

The number of births in the Yuma Region to women with AHCCCS or IHS insurance coverage has remained somewhat steady over the years 2009-2012, with 62 percent of births having AHCCCS or IHS as the payee for birth expenses in 2012. This is higher than the state as a whole, which had 55 percent of births with AHCCCS or IHS as the payee in 2012.

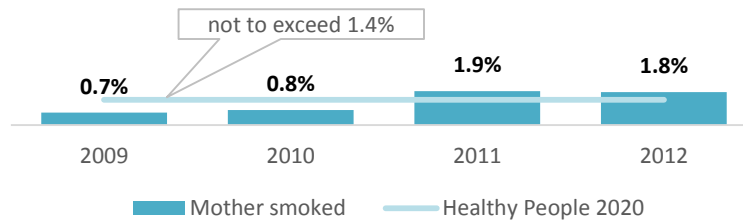
Figure 37: Births covered by AHCCCS or IHS in the Yuma Region by year (2009-2012)



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

The percent of births where the mother smoked in the Yuma Region in 2012 (1.8%) was lower than the state of Arizona as a whole, in which four percent of women reported smoking during pregnancy. This percentage has increased slightly over the four years since 2009. The Healthy People 2020 target for using tobacco during pregnancy is not to exceed 1.4 percent. Pregnant women in the Yuma Region met this target in 2009 and 2010, but as of 2011, the percentage of women reporting using tobacco during pregnancy has exceeded this target.

Figure 38: Tobacco use during pregnancy in the Yuma Region by year (2009-2012)



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

Insurance Coverage

Affordable Care Act and Medicaid Expansion

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13 percent of the state’s children (those under 18 years of age) uninsured.⁹⁵

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA aims to expand access to health care coverage, requires insurers to cover preventative and screening services such as vaccinations, and ensures coverage for those with pre-existing conditions. In 2013, states could choose to expand Medicaid, with the federal government covering the entire cost for three years and 90 percent thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately \$14,000 for an individual and \$29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the cost of insurance premiums.⁹⁶ These individuals can purchase health insurance through health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover a number of “essential” services relevant to children. These include routine eye exams and eye glasses for children once

⁹⁵ Mancini, T. & Alker, J. (2013). Children’s Health Coverage on the Eve of the Affordable Care Act. Georgetown University Health Policy Institute, Center for Children and Families. <http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>

⁹⁶ The Affordable Care Act Resource Kit. National Partnership for Action to End Health Disparities. <http://health.utah.gov/disparities/data/ACAResourceKit.pdf>

per year, and dental check-ups for children every six months.⁹⁷ However, in Arizona, offered health plans are not required to include these pediatric vision and oral services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.⁹⁸ A potential barrier to this method is that a separate, additional premium for this supplemental plan is required⁹⁹, and subsidies will not be available for these separately purchased plans¹⁰⁰. Both these factors may make these supplemental pediatric dental and vision plans unaffordable for some families. In addition, when these “essential” services are offered in a stand-alone plan, families are not required to purchase them to avoid penalties. These factors may limit the uptake of pediatric dental and vision coverage in Arizona.

Table 35 shows the percent of the population in the region, regional areas, county and state who are estimated to be uninsured. The percentage of the total population uninsured in the region and county (both 21%) is higher than the percentage of uninsured children aged birth through five in the region and county (14%). These percentages are higher than the state as a whole where 17 percent of the total population and 11 percent of young children are uninsured. Two of the three geographical areas of the region show the same pattern, with higher percentages of the total population uninsured than the young child population. This pattern differs in the Eastern area however, where 18 percent of the total population is without health insurance, and a larger percent (25%) of the birth through five population is without. Key informants discussed a number of ACA outreach efforts, including education and enrollment help, being undertaken by health providers in the region in the hopes of impacting the number of uninsured in the region.

⁹⁷ Arizona EHB Benchmark Plan. Centers for Medicare & Medicaid services. <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/arizona-ehb-benchmark-plan.pdf>

⁹⁸ Essential Health Benefits. Arizona Department of Insurance. June 1, 2012. <http://www.azgovernor.gov/hix/documents/Grants/EHBReport.pdf>

⁹⁹ Can I get dental coverage in the Marketplace? <https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/>

¹⁰⁰ Kids’ Dental Coverage Uncertain under ACA. Stateline, The Daily News of the Pew Charitable Trusts. <http://www.pewstates.org/projects/stateline/headlines/kids-dental-coverage-uncertain-under-aca-85899519226>

Table 35: Percent of population uninsured

GEOGRAPHY	2010 CENSUS POPULATION (ALL AGES)	ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)	POPULATION (0-5)	ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)
Yuma Region	195,011	21%	17,992	14%
Central area	141,526	18%	12,454	14%
Eastern area	6,506	18%	412	25%
Southern area	46,979	31%	5,126	13%
Yuma County	195,751	21%	18,048	14%
Arizona	6,392,017	17%	546,609	11%

US Census (2010). Tables P1, P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B27001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

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

Medicaid (AHCCCS) and KidsCare Coverage

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

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 to 175 percent of the FPL, based on family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.¹⁰¹

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered through the KidsCare II program. On February 1, 2014, KidsCare II was eliminated. Families of these children then had two options for insurance coverage; they could enroll in Medicaid (AHCCCS) if they earn less than 133 percent of the FPL, or buy subsidized insurance on the ACA health insurance exchange if they made between 133 percent and 200

¹⁰¹ Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application.

<http://www.azahcccs.gov/applicants/categories/KidsCare.aspx> and <http://www.azahcccs.gov/applicants/KidsCareII.aspx>

percent of the FPL. However this leaves a gap group of up to 15,000 kids in Arizona whose families can't afford insurance because they don't qualify for subsidies. A solution proposed by Arizona legislators is to again allow children whose families earn between 133 percent and 200 percent of the poverty level to enroll in KidsCare.¹⁰²

Currently, enrollment for the original KidsCare will remain frozen in 2014. Children enrolled in KidsCare with families making between 133 and 200 percent of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, and continue paying the monthly premium. Children enrolled in KidsCare whose families make between 100 and 133 percent of the FPL will be moved to Medicaid (AHCCCS). New applicants to KidsCare with incomes below 133 percent of the FPL will be eligible for Medicaid (AHCCCS). Applicants with incomes above 133 percent of the FPL will be referred to the ACA health insurance exchanges to purchase (potentially subsidized) health insurance¹⁰³.

Table 36 below shows that very few children in Yuma County and the state were enrolled in KidsCare in 2014.

Table 36: Children (0-17) with KidsCare coverage (2012-2014)

GEOGRAPHY	POPULATION (0-17)	MARCH 2012		MARCH 2013		MARCH 2014	
Yuma County	55,185	520	0.9%	1,655	3.0%	110	0.2%
Arizona	1,629,014	11,646	0.7%	35,965	2.2%	2,148	0.1%

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

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

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

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to five (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic

¹⁰² Thousands of Kids Could Lose Health Coverage Saturday. January 30, 2014, Arizona Public Media. <https://news.azpm.org/p/local-news/2014/1/30/29919-thousands-of-az-kids-could-lose-health-coverage-saturday/>

¹⁰³ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”.¹⁰⁴ The survey also estimates that nearly one in three Arizona children with special health care needs have an unmet need for health care services (compared to about one in four nationally).

Key informants in the region placed services for children with special needs as the top health need of young children in the region. For children identified with possible developmental or medical needs, key informants cited barriers in getting these children therapeutic services. The lack of professionals in the region in speech, physical and occupational therapy make wait times for those children needing services long. And for those who could receive a diagnosis, such as autism, they must travel outside of the region for a diagnosis, which in turn is needed before the child is eligible for DDD or AzEIP services. The dearth of available therapeutic services could also lead to inadequate follow-up care, and in some cases, no care at all.

Some regional key informants talked about how the communication between Head Start, preschools, programs such as Health Start and Parents as Teachers and AzEIP had been seen to be improving with screenings and referrals taking place in a more collaborative and timely fashion. However the lack of therapists needed to provide services after referral was where key informants saw the system beginning to falter. Some regional informants also discussed how the system is working better for the birth through two years age group, compared to that for children aged three to five. For older children, a number of respondents made comments like “there’s nothing for the three to five age group.” These comments came from early childhood professionals which suggests either a lack of information, or a lack of services for this age group in the region. This was not always the case however, with an inclusion preschool in San Luis (where 82 of the 168 students were enrolled in special education services) cited as one of the assets in the Southern area of the region.

A final common theme from key informants around children with special needs is the need to inform and educate parents about these issues, what signs to look for, and what services are available for those who might benefit from early intervention. This may address the perception of parents reported by some key informants that their children “will just grow out of it.”

AzEIP Referrals and Services

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), which also provides services or makes referrals to other appropriate agencies (e.g. for Division of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50 percent of the

¹⁰⁴ “Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs.” NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/06/12] from www.childhealthdata.org.

developmental milestones for his or her age in one or more of the following areas; physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services). The contracted AzEIP provider in Yuma County is Child and Family Resources.¹⁰⁵

Private insurance often does not cover the therapies needed for children. The 2009-2010 National Survey of Children with Special Health Care Needs found that about 22 percent of families with a child with special health care needs pay \$1,000 or more in out of pocket medical expenses.¹⁰⁶ The cost of care has become an even more substantial issue as state budget shortfalls have led AzEIP to begin instituting a system of fees for certain services. Although no fees are associated with determining eligibility or developing an Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, now have fees for those not enrolled in AHCCCS.¹⁰⁷ However, in an effort to help reduce the financial burden for services on families, AzEIP has recently proposed to eliminate Family Cost Participation, which requires families to share in the costs of early intervention services based upon family size and income. AzEIP is currently in the process of receiving public comment about this proposed change in policy.¹⁰⁸

Regional AzEIP data were unavailable for the current report, however state-level data was provided. The table below shows the total, unduplicated number of children served by AzEIP from 2009 to 2012. The data provided was point in time data for each year. As can be seen in

¹⁰⁵ https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/azeip_referral_contact_list.pdf

¹⁰⁶ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children with Special Health Care Needs Chartbook 2009–2010. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

¹⁰⁷ Arizona Department of Economic Security. (2012). Arizona Early Intervention Program Family Cost Participation Fact Sheet. Retrieved July 25th 2012 from https://www.azdes.gov/uploadedFiles/Arizona_Early_Intervention_Program/fact_sheet_english_rev_10_12_10.pdf

¹⁰⁸ <https://www.azdes.gov/AzEIP/Family-Cost-Participation/>

Table 37, the number of children served in Arizona by AzEIP, The Arizona Schools for the Deaf and Blind, and DDD has decreased overall from 2009 to 2012.

Table 37: Number of AzEIP eligible children served in Arizona

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

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

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

DDD Services

The Division of Developmental Disabilities (DDD) serves adults and children throughout the state. DDD supports the family unit by encouraging the family to serve as primary caregivers and by providing in-home assistance and respite care. To qualify for DDD services an individual must have a cognitive delay, cerebral palsy, autism, epilepsy or be at risk for one of these delays. In addition, the delay must limit the individual in three or more of the following areas: self-care, communication, learning, mobility, independent living, or earning potential. Children aged birth through two are eligible if they show significant delays in one or more area of development. They are often served by the Arizona Early Intervention Program (AzEIP), which works to support their development and coach family in supporting the child’s development. Children aged three to six are eligible if they are at-risk for a developmental delay if they don’t receive services. DDD also offers support groups for families dealing with autism or Downs Syndrome or families receiving services who are Spanish-speaking only.¹⁰⁹

In 2012, in the Yuma Region, 104 children were receiving services from DDD, down from 108 in 2010 (see Table 38). The number of children receiving services across the state has also decreased during the same period. The number of visits made by DDD to provide services in the region has increased overall from 2010 to 2012 with 11,142 visits in 2010, 10,205 visits in 2011, and a high of 11,574 visits in 2012.¹¹⁰

Table 38: Children receiving services from DDD in the region

GEOGRAPHY	2010			2011			2012		
	0-2yrs Served	3-5yrs Served	Total Served	0-2yrs Served	3-5yrs Served	Total Served	0-2yrs Served	3-5yrs Served	Total Served
Yuma Region	54	54	108	54	56	110	48	56	104
Arizona	2,992	2,696	5,688	2,808	2,616	5,424	2,657	2,574	5,231

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

¹⁰⁹ Family Support Annual Report, July 1, 2011 – June 30, 2012. Department of Economic Security Division of Developmental Disabilities.

¹¹⁰ First Things First (2014). [DDD Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Preschool and Elementary School Children Enrolled in Special Education

Another indicator of the needs for developmental services and services for children with special needs is the number of children enrolled in special education within schools. As can be seen in Table 39, the percentage of students enrolled in special education varies somewhat across school districts in the region. Across the state, 12 percent of preschool and elementary school students are enrolled in special education.

Table 39: Percent of preschool and elementary school children enrolled in special education

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	STUDENTS ENROLLED IN SPECIAL EDUCATION	
Crane Elementary District	9	4,860	485	10%
Gadsden Elementary District	6	3,946	403	10%
Hyder Elementary District	1	75	<25	DS
Mohawk Valley Elementary District	1	110	<25	DS
Somerton Elementary District	5	2,202	294	13%
Wellton Elementary District	1	235	38	16%
Yuma Elementary District	17	7,113	826	12%
All Yuma County Charter Schools	3	1,506	78	5%
All Arizona Public and Charter Schools	2846	610,079	72,287	12%

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

Immunizations

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.¹¹¹ Personal belief exemptions, parents/guardians opting out of required immunizations for their children for personal reasons rather than medical ones, have risen in Arizona kindergartens in recent years from 1.6% in 2003 to 3.9% for the 2012-2013 school year.¹¹² More than a third of kindergartens (35%), and 29 percent of childcare facilities in the state have personal belief exemption rates greater than five percent. Personal belief exemptions are most often done for convenience (it may be easier than obtaining vaccination records) or due to fears about the negative health consequences of the vaccine itself. Those obtaining personal belief exemptions in kindergarten settings are more likely to be from white, higher income families, with higher rates also found in charter schools compared to public

¹¹¹ Centers for Disease Control and Prevention. Immunization Schedules. Retrieved from <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>

¹¹² Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from <http://www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf>

schools.¹¹³ This is particularly interesting when considered along with the fact that Arizona has the highest number of charter schools in the country. Geographic clustering of high personal belief exemption rates also exists in the state, which is of particular concern when considering the likelihood of vaccine-preventable disease outbreaks, e.g., pertussis. In sum, parental refusal to vaccinate is contributing to levels of under-vaccination across the state.

In response to these concerns, the Arizona Department of Health Services has developed an Action Plan to Address Increasing Vaccine Exemptions.¹¹⁴ This plan includes strategies aimed at schools, childcare centers, physicians’ offices and parents consisting of revisions to exemptions forms, education and training, streamlined immunization reporting and better resources covering immunization requirements. Implementation of these strategies has begun and rates of exemptions will be tracked over time to judge the success of these strategies.

Yuma County is not one of the areas in the state with high rates of personal belief exemptions. In fact, within child care settings, religious and medical exemptions are rare (see Table 40) and this was similar in kindergarten settings (Table 41).

Table 40: Immunization rates for children enrolled in child care (2012-2013)¹¹⁵

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	1+ MMR	3+ HIB	3+ HEP B	1+ VARICELLA OR HISTORY	RELIGIOUS EXEMPTION	MEDICAL EXEMPTION
Yuma County	2,486	99%	99%	99%	98%	99%	99%	1%	0.4%
Arizona	84,244	94%	95%	96%	94%	94%	95%	4%	0.5%

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

¹¹³ Birnbaum, M. S., Jacobs, E. T., Ralston-King, J. & Ernst, K. C. (2013). Correlates of high vaccination exemption rates among kindergartens. Retrieved from <http://www.azdhs.gov/phs/immunization/documents/statistics-reports/personal-beliefs-exemption-study/correlates-of-high-vaccination-exemption-rates-among-kindergartens.pdf>

¹¹⁴ Arizona Department of Health Services. *Action Plan to Address Increasing Vaccine Exemptions*. 10/1/2013. Retrieved from <http://azdhs.gov/phs/immunization/documents/statistics-reports/action-plan-address-vaccine-exemptions.pdf>

¹¹⁵ Note: The immunization requirements for children ages 2-5 in child care in the state of Arizona are as follows: 4 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3 doses of the polio vaccine, 1 dose of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hib (Haemophilus Influenzae type B) vaccine, 3 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

Table 41: Immunization rates for children enrolled in kindergarten (2012-2013)¹¹⁶

GEOGRAPHY	CHILDREN ENROLLED	4+ DTAP	3+ POLIO	2+ MMR	3+ HEP B	1+ VARICELLA OR HISTORY	PERSONAL EXEMPTION	MEDICAL EXEMPTION
Yuma County	2,859	98%	98%	98%	99%	99%	1%	0.3%
Arizona	87,909	95%	95%	95%	96%	97%	4%	0.3%

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

Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.¹¹⁷ Infant and toddler mental health is the young child’s developing capacity to “experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn.”¹¹⁸ When young children experience stress and trauma they have limited responses available to react to those experiences. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior.¹¹⁹ A number of interacting factors influence the young child’s healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.¹²⁰

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

¹¹⁶ Note: The immunization requirements for kindergarteners in the state of Arizona are as follows: 4-5 doses of the DTAP (Diphtheria, Tetanus, Pertussis) vaccine, 3-4 doses of the polio vaccine, 2-3 doses of the MMR (Measles, Mumps, Rubella) vaccine, 3-4 doses of the Hepatitis B vaccine, 1 dose of the Varicella vaccine or parental recall of the disease.

¹¹⁷ *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012: http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf

¹¹⁸ Zero to Three Infant Mental Health Task force Steering Committee, 2001

¹¹⁹ Zero to Three Policy Center. *Infant and Childhood Mental Health: Promoting Health Social and Emotional Development*. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144

¹²⁰ Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.¹²¹

A 2012 Community Health Assessment for Yuma County found limited access to mental health services for the uninsured. According to this assessment, agencies providing behavioral health services in the region face critical shortages of qualified personnel to provide services, as well as severe limits in funding. In addition, the report authors state that the rapid growth in Yuma County is quickly exceeding the availability of behavioral health resources.¹²² Behavioral and mental health programs and services specifically for young children are likely even more scarce in the region.

Key informants in the region mirrored these concerns, citing mental and behavioral health services as a large need for both adults and young children in the region.

Enrollment in Public Behavioral Health System

In Arizona, the Division of Behavioral Health Services (DBHS) of the Arizona Department of Health Services contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer behavioral health services. Arizona is divided into separate geographical service areas (GSAs) served by various RBHAs¹²³; Cenpatico Behavioral Health Services (CBHS) serves La Paz, Yuma, Greenlee, Graham, Cochise, Santa Cruz, Gila, and Pinal Counties. In 2012, there were 25,166 enrollees in CBHS, representing 8.5 percent of those enrolled in Arizona RBHAs.¹²⁴ Each RBHA contracts with a network of service providers similar to health plans to deliver a range of behavioral health services, including treatment programs for adults with substance abuse disorders, and services for children with serious emotional disturbance. In Yuma County there are a number of contracted Cenpatico providers who can serve young children and their families. These include; Arizona Counseling & Treatment Services (ACTS) with clinics in Yuma, Wellton and San Luis, Horizon Human Services with an office in Yuma, and the Easter Seals Blake Foundation.

¹²¹ Zero to Three Policy Center. Infant and Childhood Mental Health: Promoting Health Social and Emotional Development. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144

¹²² Yuma County Community Health Assessment 2012. Retrieved from: <http://www.azdhs.gov/diro/excellence/documents/assessments/yuma.pdf>

¹²³ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

¹²⁴ Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

In 2012, over 213,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 68,743 (32%) enrollees were children or adolescents, up from 21 percent in 2011; children aged birth through five years comprised almost five percent of all enrollees¹²⁵ in 2012, compared to four percent in 2011¹²⁶. With about 546,609 children aged birth to five in Arizona, this means that almost two percent of young children statewide are receiving care in the public behavioral health system. It is likely that there are a much higher proportion of young children in need of these types of services than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood and therapies specific to interacting with children, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children. Children in foster care are also more likely to be prescribed psychotropic medications than other children, likely due to a combination of their exposure to complex trauma and the lack of available assessment and treatment for these young children.¹²⁷ Violence-exposed children who get trauma-focused treatment can be very resilient and develop successfully. To achieve this resilience, there needs to be better and quicker identification of children exposed to violence and trauma and in need of mental health intervention, and more child-specific, trauma-informed services available to treat these children.¹²⁸

Key informants discussed a number of challenges as well as a number of resources related to behavioral health services. A program begun in the last two years works specifically to meet the large need for services in the birth through five age group. New Visions for Families Early Childhood Mental Health Services through the Easter Seals Blake Foundation provides a continuum of mental health services (including comprehensive developmental assessments, individualized treatment interventions, and the facilitation of Child and Family Teams) for children birth to age eight, and their families. The program has six counselors on staff to serve young children enrolled in AHCCCS either referred through the RHBA, or through self-referral. According to key informants, this is the first young child specific behavioral health care in the region.

The Eastern area of the region may have the most need in terms of behavioral health due to distance from the population centers and the lack of local resources. One school district in the

¹²⁵ Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

¹²⁶ Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

¹²⁷ Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

¹²⁸ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

region has partnered with a Phoenix-based counselor who practices in Yuma, who will stop at the school on his way to Yuma when time allows, and provide counseling to students for a very nominal fee. In this community and others in the Eastern area, ACTS is reportedly the only other option and is available only to those children enrolled in AHCCCS. Due to caseloads and travel distance limiting the duration and frequency of appointments, key informants report frustration with the lack of available services. When services can be accessed, prioritizing cases based on CPS referral often further limits services for children not involved in the child welfare system.

Oral Health

Oral health is an essential component of a young child's overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children aged birth through four years have never seen a dentist.¹²⁹ In a statewide survey conducted by the Arizona Department of Health Services, Office of Oral Health, parents cited difficulties in finding a provider who will see very young children (34%), and the belief that the child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.¹³⁰

Screenings conducted in Arizona preschools in 2008-2009 found that seven percent of children aged one year and younger showed the first signs of tooth decay, and 28 percent of children aged birth through four years had untreated tooth decay. Thirty-seven percent of four year olds were identified as needing dental care within weeks to avoid more significant problems, while three percent of four year olds were identified as needing urgent treatments due to severe decay.¹³¹ Arizona had nearly twice the proportion of children aged two to four years with untreated tooth decay (30%) compared to the US as a whole (16%) and were more than three times higher than the Healthy People 2010 target of nine percent. Untreated decay was highest amongst children whose parents had less than a high school education.¹³²

An additional barrier to adequate dental care for children is the fact that Arizona has 155 designated Dental Health Professional Shortage Areas; part of the Yuma Region is designated as such. These represent areas with a lack of dental providers, areas with geographic barriers to

¹²⁹ <http://www.azdhs.gov/phs/owch/oral-health/azsmiles/about/disease.htm>

¹³⁰ Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

¹³¹ Arizona Department of Health Services, Office of Oral Health
http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet_Oral%20Health_Preschool.pdf

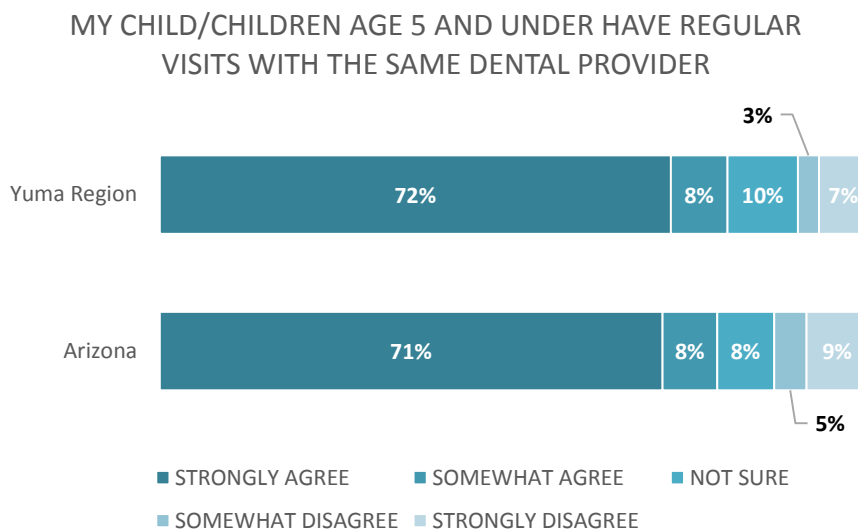
¹³² Arizona Department of Health Services, Office of Oral Health
http://www.azdhs.gov/phs/owch/ooh/pdf/FactSheet2_Oral%20Health_Preschool.pdf

accessing care, and areas with large low-income populations who would be unable to afford care. Arizona needs an estimated 246 additional dental health professionals to meet the needs of Arizonans¹³³

One oral health asset in the region is the Yuma First Smiles program, which provides free preventive dental services to children under age six at pre-schools, child care centers, community events, and other locations. As of spring 2014, the program was working with 36 schools and 17 home providers in Yuma County, and provided fluoride varnish to more than 7,400 children aged five and younger. The program also has an educational component for children about appropriate oral health.¹³⁴

One item from the 2012 Family & Community Survey assesses whether young children have regular dental visits with the same provider. As can be seen in Figure 39, families in the Yuma Region (80%) are slightly more likely to agree that they have a regular provider of dental care for their young children than families in the state as a whole (79%).

Figure 39: Regular visits to dental provider



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

Overweight and Obesity

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also a strong predictor of adult

¹³³ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

¹³⁴ http://www.yumasun.com/news/oral-health-program-helps-maintain-students-smiles/article_67e59750-b576-11e3-825a-001a4bcf6878.html

obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten¹³⁵.

A major new report revealed promising news however, a 43 percent decline in the obesity rate among children aged two to five years-old in the United States over the past decade, from 13.9 percent to 8.4 percent.¹³⁶ While the cause for the decline is not known, possible reasons include reduced consumption of overall calories and sugary drinks by young children, increased breastfeeding and/or state, local or federal policies aimed at reducing obesity. While this decline is indeed promising, the disproportionate rates of obesity in minority and low-income children remain. Nationally, among two to five year olds in 2012, 3.5 percent of white children were obese, compared to 11.3 percent of black children and 16.7 percent of Hispanic children. And this is in spite of fairly similar obesity rates for children under two years old. And while 18 other states have shown a decrease in obesity among low-income preschoolers between 2008 and 2011, Arizona was not one of those states.¹³⁷

As noted above, breastfeeding can play a role in obesity prevention for babies. Exclusively breastfeeding among Arizona WIC participants doubled between 2007 and 2011, although the majority of infants on WIC are still formula fed.¹³⁸ The Centers for Disease Control and Prevention also recommend supporting breastfeeding in hospitals and the workplace as a strategy to decrease childhood obesity¹³⁹. The table below shows rates for breastfeeding in Yuma County, the state and a number of Healthy People 2020 objectives. The percentage of ever breastfeeding in Yuma County (69%) was more than the state as a whole (67%), but fell far below the 2020 target (at least 82%).

¹³⁵ Cunningham, S. A., Kramer, M. R., & Venkat Narayan, K. M. (2014). Incidence of Childhood Obesity in the United States. *The New England Journal of Medicine*. 370 (5); 403-411.

¹³⁶ Ogden, C. L., Carroll, M. D., Kit, B. K., & Flegal, K. M. (2014). Prevalence of Childhood and Adult Obesity in the United States, 2011-2012. *JAMA*, 2014;311(8):806-814. <http://jama.jamanetwork.com/article.aspx?articleid=1832542>

¹³⁷ CDC. Vital Signs: Obesity among Low-Income, Preschool-Aged Children — United States, 2008–2011. *MMWR*, August 9, 2013 / 62(31);629-634

¹³⁸ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

¹³⁹ Centers for Disease Control. Childhood Overweight and Obesity; Strategies and Solutions. Last updated February, 2013. <http://www.cdc.gov/obesity/childhood/solutions.html>

Table 42: Breastfeeding and weight in Yuma County (2011)

	Healthy People 2020 Target	Arizona	Yuma County
Percent Breastfed Ever	82%	67%	69%
Percent Breastfed at least 6 months	61%	25%	20%
Percent Exclusively Breastfed at least 6 months	26%	7%	7%
Percent Overweight (ages 2-5)	-	16%	16%
Percent Obese (ages 2-5)	10%	15%	16%

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

In Yuma County in 2011, 11 percent of children aged birth through five years of age were obese. As can be seen in Table 42 above, for children aged two to five years of age in Yuma County in the same year, 16 percent were overweight, and 16 percent were obese. These figures are similar to those for the state as a whole; 13 percent of children in the state aged birth through five years were obese, and 16 percent of children aged two through five were classified as overweight, and 15 percent were obese.¹⁴⁰ Key informants rated childhood obesity of a key health concern in the region and expressed the need for additional nutrition and physical activity education and resources to counteract this issue.

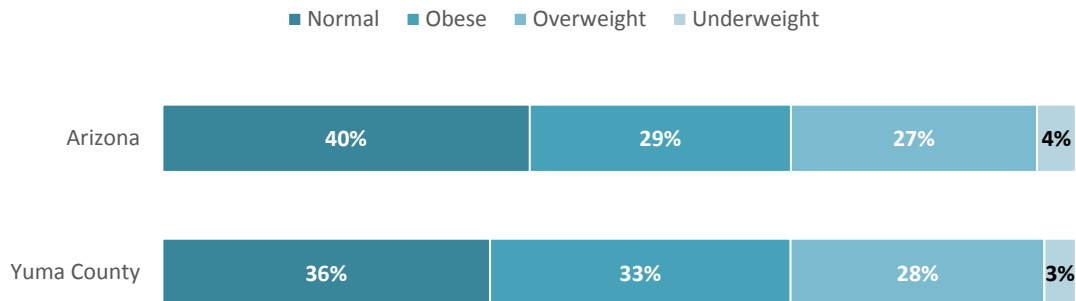
A mother’s weight before birth can impact a baby’s birth weight,¹⁴¹ and may subsequently impact overweight or obesity in childhood.¹⁴² The figure below shows the rates of pre-pregnancy overweight and obesity for Yuma County and the state in 2013. Women in Yuma County were more likely to have a pre-pregnancy weight classified as overweight or obese (61%) than women across the state as a whole (56%).

¹⁴⁰ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

¹⁴¹ Koepp UMS, Andersen LF, Dahl-Joergensen K, Stigum H, Nass O, Nystad W. Maternal pre-pregnant body mass index, maternal weight change and offspring birthweight. *Acta Obstet Gynecol Scand* 2012; 91:243–249.

¹⁴² O'Reilly, JR, & Reynolds RM. The Risk of Maternal Obesity to the Long-term Health of the Offspring. *Clinical Endocrinology*. 2013; 78(1):9-16. Retrieved from: http://www.medscape.com/viewarticle/776504_3

Figure 40: Pre-pregnancy overweight and obesity rates in Yuma County (2013)



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

Child Fatalities

Since 2005, the Arizona Child Fatality Review Program has reviewed the death of every child who died in the state. In 2012, there were 854 child fatalities (aged birth to 18) in Arizona. Of these, 72 percent (616) were young children between birth and five years old.¹⁴³ More than one third of these deaths (325, or 38%) were during the neonatal period (birth-27 days) and were due to natural causes (prematurity, congenital anomalies, and other medical conditions). About one-fifth (171, 20%) were during infancy (28-365 days), of which almost two-thirds (64%) were undetermined (most of which (81, 47%) attributed to Sudden Infant Death Syndrome). One in seven deaths in early childhood (120, or 14%) was of children one to four years of age. In this age group, 40 percent of deaths were attributed to homicide, and 15 percent were due to drowning.

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

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

¹⁴³ Arizona Child Fatality Review Program, 2013 <http://www.azdhs.gov/phs/owch/pdf/cfr/20th-annual-child-fatality-review-report-nov-2013.pdf>

resulted in premature birth, or failure to seek medical care), or accidental (e.g., unintentional injuries caused by negligence or impaired driving).

The number of child fatalities has decreased overall in Yuma County since 2007, although this decrease has not been consistent between the years 2007 and 2012. The number of child fatalities reported in Yuma County was 35 in 2007, a high of 39 in 2008, 28 in 2009, 31 in 2010, 33 in 2011 and a low of 26 in 2012.¹⁴⁴

Substance Use

Exposure to adverse childhood experiences including abuse, neglect and household dysfunction can lead to a variety of consequences, including increased risk of alcoholism and increased likelihood of initiating drug use and experiencing addiction¹⁴⁵.

In Arizona in 2012, the age-adjusted mortality rate for alcohol-induced deaths was 14.2/100,000. This rate in Yuma County was lower at 9.4/100,000.¹⁴⁶ In Arizona in 2012, the age-adjusted mortality rate for drug-induced deaths was 16.3/100,000, and this rate was again lower for Yuma County at 15.2/100,000.

Family Support

Child Welfare

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

¹⁴⁴ Arizona Child Fatality Review Program, 2013. Retrieved from: <http://www.azdhs.gov/phs/owch/pdf/cfr/20th-annual-child-fatality-review-report-nov-2013.pdf>

¹⁴⁵ United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention. (2008). The effects of childhood stress on health across the lifespan. Retrieved from http://www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf.

¹⁴⁶ <http://www.azdhs.gov/plan/report/ahs/ahs2012/5e.htm> Table 5E-11

children, but also ultimately save state and federal agencies money in the usage of other services.¹⁴⁷

Children with disabilities are at increased risk of child abuse, especially neglect. Children with disabilities related to communication, learning, and sensory or behavior disorders appear to be at increased risk. Authors of a recent study reviewing the current literature on child abuse, child protection and disabled children also noted that the level of child abuse and neglect of disabled children is likely under-reported and that children with disabilities are in need of greater attention to improve child abuse prevention and protection efforts.¹⁴⁸

What constitutes childhood neglect (intermittent, chronic and/or severe), and how these varying levels effect children is becoming more clearly understood.¹⁴⁹ From shortly after birth, the child's interaction with caregivers impacts the formation of neural connections within the developing brain. If those interactions are inconsistent, inappropriate or absent these connections can be disrupted, and later health, learning and behavior can be impacted. As with other issues affecting children, earlier identification and intervention for those experiencing neglect is key, coupled with policies and programs focusing on prevention to stop neglect before it occurs.

The Department of Health and Human Services has outlined a cross-systems approach to promoting the well-being of children who have experienced trauma.¹⁵⁰ The essential components of this approach include; 1) periodic functional assessments of the child's well-being, 2) trauma screening to evaluate trauma symptoms and/or history, 3) an in-depth, clinical mental-health assessment, and 4) outcome measurement and progress monitoring to assess the appropriateness of services at both the individual and systems level.

CPS

In 2013, the Arizona Department of Economic Security's (DES) Division of Children, Youth and Families (DCYF) was the state-administrated child welfare services agency that oversaw Child Protective Services (CPS), the state program mandated for the protection of children alleged to be abused and neglected. This program receives, screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and

¹⁴⁷ Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

¹⁴⁸ Stalker, K., & McArthur, K. (2012). Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review*, 21(1), 24-40.

¹⁴⁹ Harvard University, Center on the Developing Child. (2013). InBrief: The science of neglect. Retrieved from http://developingchild.harvard.edu/resources/briefs/inbrief_series/inbrief_neglect/

¹⁵⁰ Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. On January 13, 2014, the Governor of Arizona signed an Executive Order abolishing the DES Division of Children, Youth & Families and establishing a new cabinet level Division of Child Safety & Family Services (DCSFS) which would focus on and house the state child welfare programs, including CPS, foster care, adoption, and the Comprehensive Medical and Dental Program.¹⁵¹ CPS is now known as the Department of Child Safety.¹⁵²

The Arizona Department of Economic Security (DES) provided data on the number of children removed from their homes within fiscal years 2011, 2012, and 2013 who were five years or younger at the time of removal. Table 43 shows these numbers for the Yuma Region, communities within the region, the county and the state. The number of children removed between the ages of birth and five has increased from 2011 to 2013, in the region (+120%) and county (+121%). The state has also seen an increase, although smaller, of 35 percent in removals of young children between the years 2011 and 2013.

Table 43: Number of children removed from their homes who were five years or younger at removal

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) REMOVED BY CPS			CHANGE 2011-2013
		2011	2012	2013	
Yuma Region	17,992	34	79	75	+120%
Central area	12,454	24	65	60	+150%
Eastern area	412	<10	0	<10	DS
Southern area	5,126	<10	14	12	DS
Yuma County	18,048	34	79	75	+121%
Arizona	546,609	3,176	4,231	4,293	+35%

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

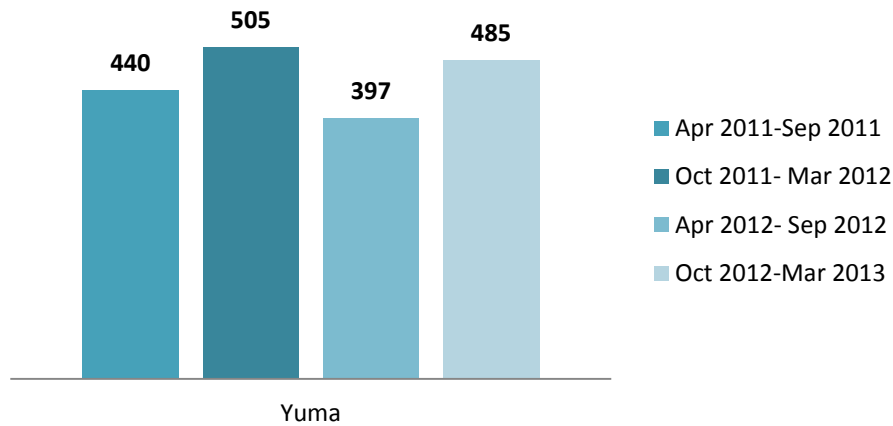
DES produces a semi-annual report on child welfare services. The figures below show the reports received of alleged abuse and neglect in Yuma County between April 2011 and March 2013. Reports of child abuse and neglect have been increasing across the state, but have shown an inconsistent pattern in Yuma County, although there here has been an increase in reports between the last two reporting periods (see Figure 41).¹⁵³ The assessed risk of child welfare reports in Yuma County tends to be similar to that seen in the state as a whole, as seen in Figure 42.

¹⁵¹ http://azgovernor.gov/dms/upload/MA_011314_CPSReformFactSheetFAQ.pdf

¹⁵² <https://www.azdes.gov/landing.aspx?id=9485>

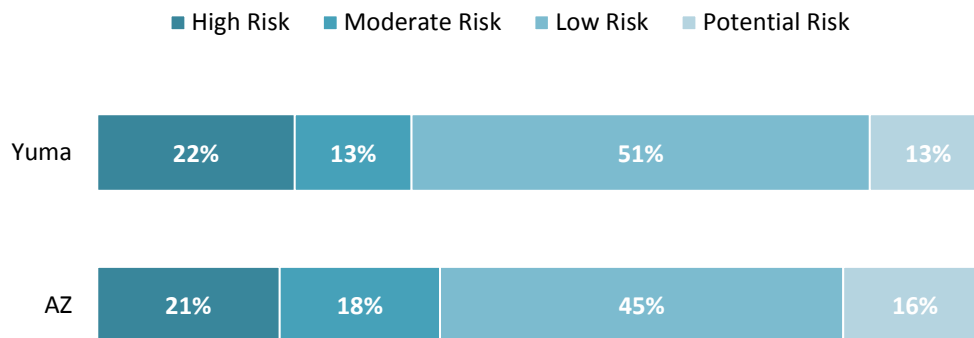
¹⁵³ Arizona Department of Economic Security, Division of Children, Youth and Families. Child Welfare Reporting Requirements Semi-annual Report, for the Period of October 1, 2012 through March 31, 2013. Retrieved from: https://www.azdes.gov/InternetFiles/Reports/pdf/semi_annual_child_welfare_report_oct_2012_mar_2013.pdf

Figure 41: Child welfare reports in Yuma County (April 2010- March 2012)



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

Figure 42: Assessed risk of child welfare reports in Yuma County and the state (Oct 2010- March 2012)

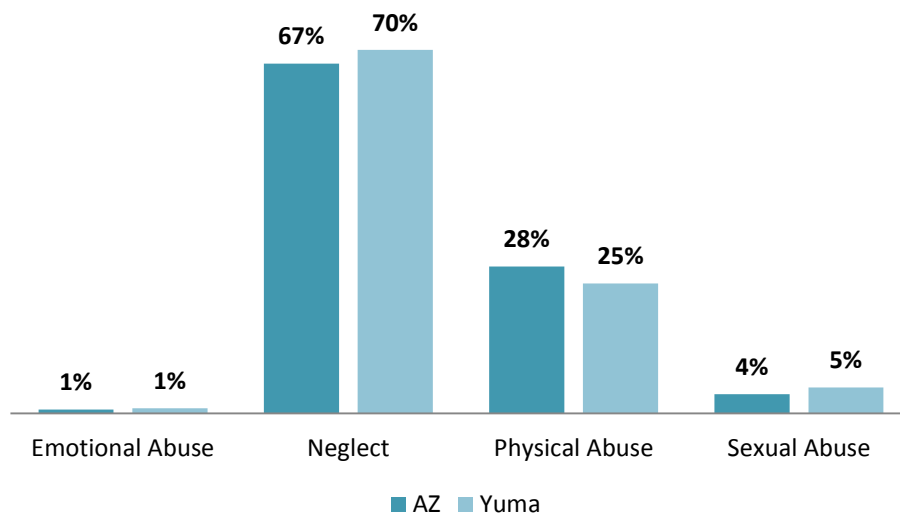


Arizona Department of Economic Security (2014). Child Welfare Reports. Retrieved from <http://public.tableausoftware.com/profile/#!/vizhome/LandingPage/LandingPage>

Figure 43 shows that there is also a similar mix of type of maltreatment in the county as seen across the state. It is important to note that these figures show child welfare reports; a relatively small proportion of the reports are substantiated after investigation. Substantiated reports are those where at least one of the allegations in the report of abuse and neglect is determined to be true. These numbers are often revised downwards in subsequent reports because of the time needed to complete investigations and to assure that parents have their rights to due process met. Because of this the substantiated reports for the April 2012-September 2012 cases, updated in Oct 2012-March 2013 child welfare report have been presented here. Statewide, for the April 2012- September 2012 reporting period, 14 percent of

the cases were substantiated; for the same period, 13 percent of cases in Yuma County were substantiated.¹⁵⁴

Figure 43: Types of maltreatment, child welfare reports, Yuma County and the state (Oct 2010- March 2012)



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

Juvenile Justice Involvement by County

The Attorney General’s National Task Force on Children Exposed to Violence¹⁵⁵ recommends that the Juvenile Justice System screen youth entering the system for violence-exposure and offer trauma-informed treatment as an essential component to rehabilitating these youth. In addition, they assert that juvenile justice employees need to understand that trauma changes brain chemistry in these violence-exposed youth by limiting impulse control, the understanding of consequences and the ability to tolerate conflict.

When asked about key needs or challenges in the Yuma Region, a number of key informants discussed the impact that gangs and youth involvement in gangs have on communities and families with young children in the region.

¹⁵⁴ Arizona Department of Economic Security, Division of Children, Youth and Families. Child Welfare Reporting Requirements Semi-annual Report, for the Period of October 1, 2012 through March 31, 2013. Retrieved from: https://www.azdes.gov/InternetFiles/Reports/pdf/semi_annual_child_welfare_report_oct_2012_mar_2013.pdf

¹⁵⁵ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General’s National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

According to the Arizona's Juvenile Court Counts summary for fiscal year 2012¹⁵⁶, during that year, 33,617 juveniles were referred at least once to Arizona's juvenile courts. In Yuma County 1,628 juveniles were referred, representing 4.8 percent of statewide referrals. In Yuma County there were 638 juveniles detained in fiscal year 2012, totaling 8.4 percent of the number of juveniles detained across the state. Overall, the number of juvenile referrals and detentions has dropped in Arizona between 2010 and 2012, with an 18 percent drop in referrals and a 20 percent drop in detentions. In Yuma County, the reduction in juvenile referrals was lower, declining 16 percent between 2010 and 2012, and the reduction in juvenile detentions was also lower than the state, at 13 percent.¹⁵⁷

Foster Parenting

Arizona's foster parents care for approximately half of the children who have been removed from their homes in the state. In March 2013, there were 3,576 licensed foster homes throughout Arizona. Between October of 2012 and March of 2013, there was a net decrease of 18 foster homes. Previously, between April and September of 2012 there was a net increase of 252 foster homes, which was the first time since 2009 that more foster homes were opened than closed in the state.¹⁵⁸

A 2012 study¹⁵⁹ assessing Arizona foster parents' satisfaction with and likelihood to continue as a foster parent identified a number of issues affecting foster parents, including lack of support from CPS, monetary constraints from continuing budget cuts, and a desire for more social, emotional and educational support to enhance their role as a foster parent. The study authors made the following recommendations to improve the Arizona foster care system:

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

¹⁵⁶ Administrative Office of the Courts, Juvenile Justice Services Division. Arizona's Juvenile Court Counts; Statewide Statistical Information FY2012. Retrieved from http://www.azcourts.gov/Portals/29/JJSD%20Publication%20Reports/Juveniles%20Processed/Arizonas_Juvenile_Court_Counts_FY2012.pdf

¹⁵⁷ Arizona Judicial Branch, Administrative Office of the Courts, Juvenile Justice Services Division (2013). Arizona's Juvenile Court Counts: Statewide Statistical Information FY2012, FY2011, FY2010. Retrieved from <http://www.azcourts.gov/jjssd/PublicationsReports.aspx>

¹⁵⁸ https://www.azdes.gov/uploadedFiles/Children_Youth_and_Families/Child_Protective_Services_%28CPS%29/CPS_Oversight_MW_FosterHomes.pdf

¹⁵⁹ Geiger, J.M., Hayes, M.J., & Lietz, C.A.(2012). Arizona foster parent study 2012. School of Social Work, Arizona State University, Phoenix, AZ.

7) Listen to foster parents' suggestions when enacting policy changes." (p. 8)

Incarcerated Parents

A 2011 report from the Arizona Criminal Justice Commission estimates that in Arizona, about three percent of youth under 18 have one or more incarcerated parent. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers.¹⁶⁰ More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8th, 10th, and 12th graders in all 15 counties across Arizona every other year. In 2012, three percent of youth indicated that they currently have a parent in prison. Fifteen percent of youth indicated that one of their parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.¹⁶¹

In Yuma County, approximately two percent of youth indicated that they currently had an incarcerated parent, and 12 percent indicated that they had a parent who had previously been incarcerated. These percentages are lower than the state percentages reported above.

Children with incarcerated parents represent a population of youth who are at great risk for negative developmental outcomes. Previous research demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents¹⁶². In recent studies, even when caregivers have indicated that children were coping well with a parent's incarceration, the youth expressed extensive and often secretive feelings of anger, sadness, and resentment. Children who witness their parent's arrest also undergo significant trauma from experiencing that event and often develop negative attitudes regarding law enforcement.¹⁶³

The emotional risk to very young children (aged birth through five) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress

¹⁶⁰ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

¹⁶¹ Arizona Criminal Justice Commission. (2012). *2012 Arizona Youth Survey*. Unpublished data.

¹⁶² Arizona Criminal Justice Commission Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

¹⁶³ Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. <http://nau.edu/SBS/CCJ/Children-Incarcerated-Parents/>

disorder, and attention deficit disorder.¹⁶⁴ Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so,¹⁶⁵ and the Arizona Department of Corrections states that it endeavors to support interactions between incarcerated parents and children, as long as interactions are safe.¹⁶⁶ Research suggests that strong relationships with other adults is the best protection for youth against risk factors associated with having an incarcerated parent. This person can be, but does not necessarily need to be, the caregiver of the child. Youth also benefit from developing supportive relationships with other adults in their community.¹⁶⁷ Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.¹⁶⁸

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. The Kinship and Adoption Resource and Education (KARE) program, an Arizona Children's Association initiative, offers online informational brochures such as Arizona Family Members Behind Bars for caregivers of incarcerated parents.¹⁶⁹ The Children of Incarcerated Parents Project (CIP) out of Northern Arizona University offers a booklet of questions and answers for children.¹⁷⁰ The Children of Prisoner's Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These resources may be downloaded for free in English or Spanish at <http://fcnetwork.org/resources/library/children-of-prisoners-library>.

Domestic Violence

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught up in a variety of ways, thereby becoming direct or indirect

¹⁶⁴ Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

¹⁶⁵ Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

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

¹⁶⁷ La Vigne, N. G., Davies, E. & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: The Urban Institute Justice Policy Center.

¹⁶⁸ Dallaire, D. H. & Zeman, J. L. (2013). Empathy as a protective factor for children with incarcerated parents. *Monographs of the Society for Research in Child Development*, 78(3), 7-25.

¹⁶⁹ <http://www.arizonaschildren.org/our-services/kinship-services>

¹⁷⁰ This booklet can be accessed at: http://nau.edu/uploadedFiles/Academic/SBS/CCJ/Children-Incarcerated_Parents/_Forms/Childs%20Booklet%20correct.pdf

targets of abuse, potentially jeopardizing their physical and emotional safety.¹⁷¹ Physically abused children are at an increased risk for gang membership, criminal behavior, and violent relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.¹⁷²

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended¹⁷³. In order for interventions to be effective they must take the age of the child into consideration since children’s developmental stage will affect how they respond to trauma. While trauma-specific services (those that treat the symptoms of trauma) are important, it is vital that all the providers a child interacts with provide services in a trauma-informed manner (with knowledge of the effects of trauma to avoid re-traumatizing the child). Children exposed to violence need ongoing access to safe, reliable adults who can help them regain their sense of control.

According to the Domestic Violence Shelter Fund Annual Report for 2013, there is one domestic violence shelter in the region, which served 119 adults and 81 children in 2013. The shelter received 169 hotline and Information & Referral calls, less than one percent of the state’s total 22,824. The need for additional resources in the region to serve families and children dealing with domestic violence issues was a common comment from key informants.

Table 44: Domestic violence shelters and services provided

DOMESTIC VIOLENCE SHELTERS	POPULATION SERVED			UNITS OF SERVICE PROVIDED			
	Total Served	Adults	Children	Bed Nights	Average Length of Stay (in days)	Hours of Support Services	Hotline and I& R Calls
Catholic Community Services- Safe House	200	119	81	6,641		2,724	169
Arizona Total	8916	4,676	4240	330,999	37	176,256	22824

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

¹⁷¹ Davies, Corrie A.; Evans, Sarah E.; and DiLillo, David K., "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes" (2008). Faculty Publications, Department of Psychology. Paper 321. <http://digitalcommons.unl.edu/psychfacpub/321>

¹⁷² United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General’s National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

¹⁷³ United States Department of Justice, National Advisory Committee on Violence against Women. (2012). Final report. Retrieved from <http://www.ovw.usdoj.gov/docs/nac-rpt.pdf>

Food Security

Food insecurity is defined as a “household-level economic and social condition of limited or uncertain access to adequate food”.¹⁷⁴ Episodes of food insecurity are often brought on by changes in income or expenses caused by events like job loss, the birth of a child, medical emergencies, or an increase in gas prices, all of which create a shift in spending away from food.¹⁷⁵

In 2012, 18 percent of all Arizonans and 28 percent of children in Arizona experienced food insecurity.¹⁷⁶ In Yuma County, 24 percent of all residents, and 40 percent of children under 18 years of age faced food insecurity. Yuma County has the highest percentage of children facing food insecurity, and the second-highest percentage of all residents facing food insecurity of all the counties in Arizona. With more than one-third of children in the region facing food-insecurity, expansion of available free breakfast and lunch programs might be advised, particularly since 89 percent of food-insecure children in Yuma County would likely be eligible for these programs.¹⁷⁷

Resources in Yuma to address food insecurity include the Yuma Food Bank’s food box program, and backpack program which provides backpacks filled with food to children when they leave school on Friday, so they have food over the weekend. The food box program serves approximately half of the population facing food insecurity in the county, and the backpacks program serves 1,300 children.¹⁷⁸ The Yuma Food Bank has partnered with county school districts for both these programs, providing monthly food box pick-ups at schools as far away as Hyder Elementary in Dateland, and backpacks for children in schools in communities removed from the city of Yuma. Transportation issues can be large barriers in these remote communities, and bringing these resources to families in these communities has been invaluable according to key informants. An increased need in the summer months, when school is out and farming jobs are reduced, was cited by key informants as a time when more resources are needed.

¹⁷⁴ United States Department of Agriculture. Definitions of Food Security. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#.UyDjQIVRKws>

¹⁷⁵ United States Department of Agriculture, Food and Nutrition Service. (2013). Snap food security in-depth interview study: Final report. Retrieved from <http://www.fns.usda.gov/sites/default/files/SNAPFoodSec.pdf>

¹⁷⁶ Feeding America (2014). Map the Meal Gap, 2012. Retrieved from <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>

¹⁷⁷ Feeding America (2014). Map the Meal Gap, 2014: Child Food Insecurity in Arizona by County in 2012. Retrieved from http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/_media/Files/a-map-2012/AZ_AllCountiesCFI_2012.ashx

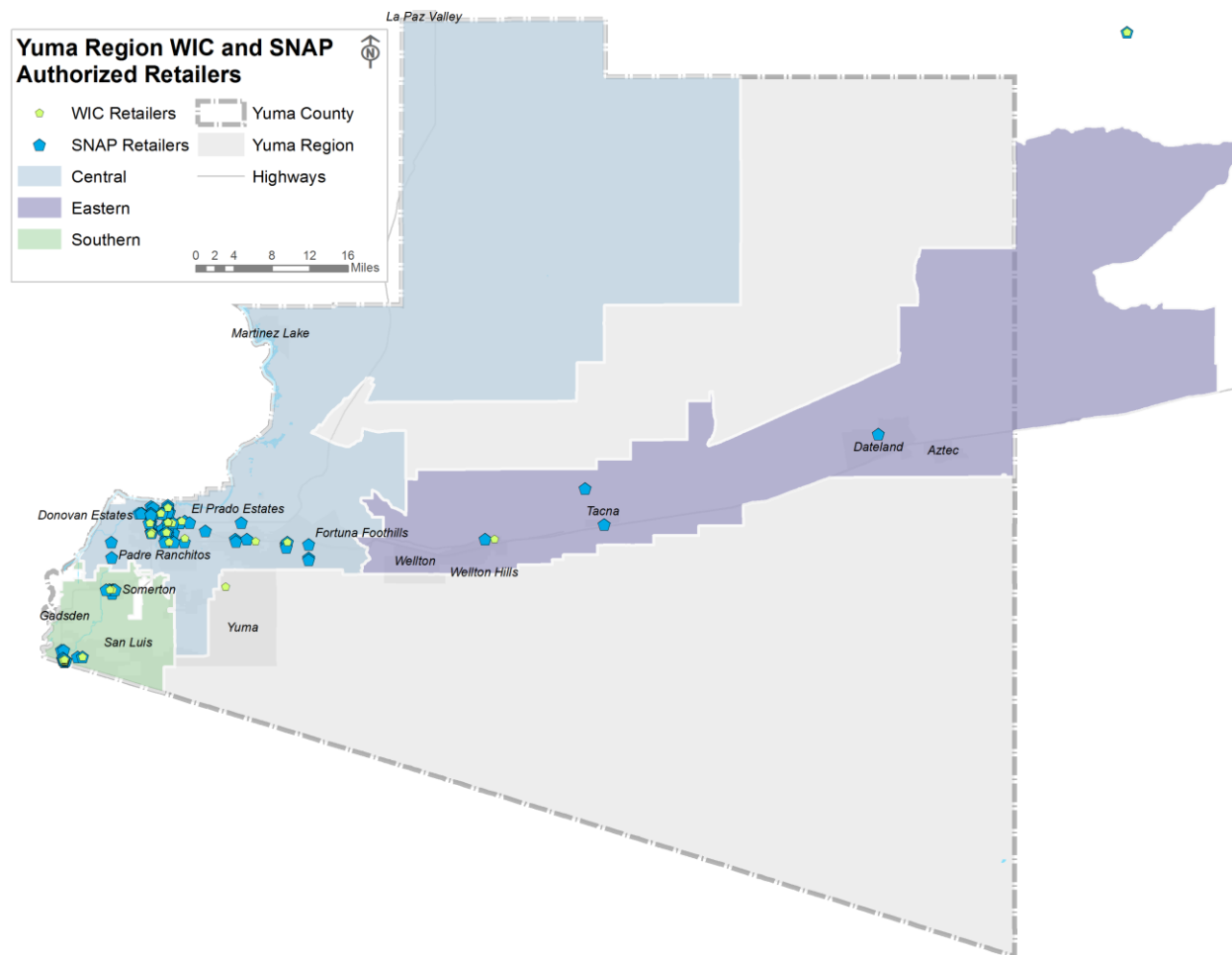
¹⁷⁸ http://www.yumasun.com/news/data-show-hunger-still-crippling-yuma-county/article_1152aee6-cdcc-11e3-aa57-001a4bcf6878.html?mode=print

Organizations in the Southern area are also working to implement a “Farmer’s Market on Wheels” program to provide more healthy food choices in outlying communities.

Food assistance programs can also help in alleviating food insecurity. Participating in SNAP has been shown to decrease the percentage of families facing food insecurity in both all households (10.6%) and households with children (10.1%) after six months in the SNAP program.¹⁷⁹

However SNAP and WIC authorized retailers are limited in part of the Yuma Region. The map below shows the location of authorized SNAP and WIC retailers in the region.

Figure 44: SNAP and WIC authorized retailers in the region



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

¹⁷⁹ United States Department of Agriculture, Food and Nutrition Service, Office of Policy Support. (2013). Measuring the effect of supplemental nutrition assistance program (SNAP) participation on food security executive summary. Retrieved from http://www.mathematicmpr.com/publications/pdfs/Nutrition/SNAP_food_security_ES.pdf

Homelessness

In Arizona in 2013, 27,877 adults and children experienced homelessness. The population of rural counties makes up a quarter of the state population, but only nine percent of those experiencing homelessness in 2013.¹⁸⁰ Children are defined as homeless if they lack a fixed, regular, and adequate night-time residence. According to this definition, 31,097 children in Arizona were reported as homeless in 2013. Almost three-quarters of these children were living temporarily with other families, with the rest residing in shelters, motels/hotels or unsheltered conditions.¹⁸¹

School districts collect data on the number of homeless students in their schools. As defined by the Arizona Department of Education, youth at economic disadvantage includes children who are homeless, neglected, refugees, evacuees, unaccompanied youth, or have unmet needs for health, dental or other support services. As can be seen in Table 45, although the level of economic disadvantage tends to be high, the number of homeless students in school districts in the region is low for most districts. The Wellton Elementary District is the exception with the highest percent of their student population classified as homeless, at nine percent.

Table 45: Economic disadvantage and homelessness by school district

SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	ECONOMICALLY DISADVANTAGED STUDENTS		HOMELESS STUDENTS	
Crane Elementary District	9	4,860	4,179	86%	95	2%
Gadsden Elementary District	6	3,946	3,788	96%	<10	0%
Hyder Elementary District	1	75	75	100%	0	0%
Mohawk Valley Elementary District	1	110	81	74%	0	0%
Somerton Elementary District	5	2,202	1,899	86%	<10	0%
Wellton Elementary District	1	235	197	84%	22	9%
Yuma Elementary District	17	7,113	4,911	69%	65	1%

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

The Homeless Management Information System (HMIS) collects data from emergency shelters, transitional housing programs, permanent supportive housing, street outreach, homeless prevention and rapid re-housing, and service providers in all fifteen counties in Arizona. HMIS produces periodic program demographics report for each HMIS Region, with the intent that this information may be used to assess local service needs. The Yuma Region falls into HMIS Region 1, which includes Mohave, La Paz and Yuma counties. For the purposes of this report, data were

¹⁸⁰ Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf

¹⁸¹ Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf

provided by HMIS for Yuma County alone. All providers reporting in the Yuma Region were within the 85364 zip code in the Central geographical area of the region.

Data was provided for three years, July 2011 through June 2012, July 2012 through June 2013, and July 2013 through June 2014.¹⁸² In the 2011-2012 reporting period there were seven emergency shelters, four transitional housing programs and three permanent supportive housing programs reporting to the HMIS in Yuma County. In the next year, all the previous year’s programs remained with the addition of one prevention and one rapid re-housing program. In 2013-2014, there were two fewer emergency shelters, and one additional rapid re-housing program reporting to the HMIS in the county.

Table 46: Homelessness service providers and populations served in Yuma County

HMIS REPORTING YEAR	POPULATION SERVED			
	Total Served	Adults	Children (0-17)	Children (0-5)
July 2011-June 2012	875	797	69	19
July 2012-June 2013	908	766	135	53
July 2013-June 2014	836	647	178	76

Homeless Management Information System Entry/Exit Program All Clients data for 2011-2012, 2012-2013 and 2013-2014 obtained through personal correspondence.

As can be seen in the table above, the total number of people served in Yuma County in programs reporting to HMIS dropped from 2011 to 2014. However, the number of children, and the number of children under the age of six served, increased over those same years.

Parent Involvement

Parental involvement has been identified as a key factor in the positive growth and development of children¹⁸³, and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

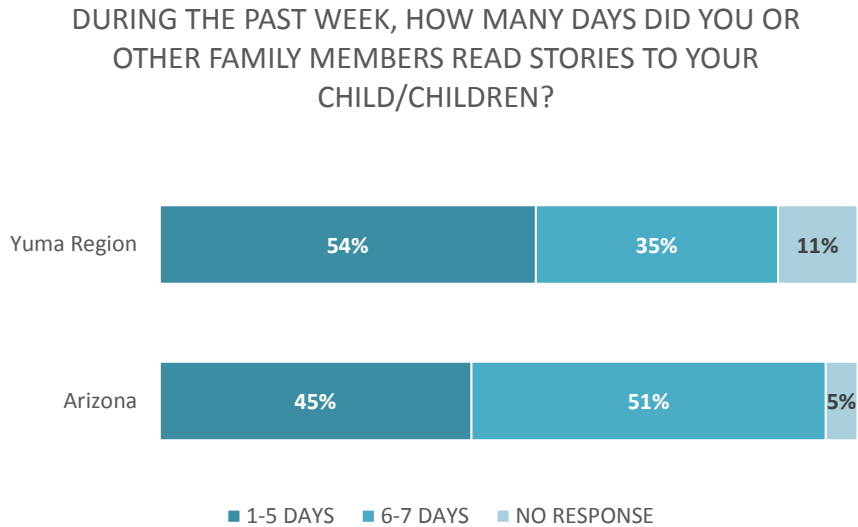
The First Things First Family and Community Survey is designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The Family and Community Survey, 2012, collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development. The figures below show results for the region and the state for some of these activities. Families in the Yuma Region were less likely to report reading to their children (35%), telling stories to their children (42%)

¹⁸² Homeless Management Information System Entry/Exit Program All Clients data for 2012-2013 and 2013-2014 obtained through personal correspondence.

¹⁸³ Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona’s Youngest Children*. Phoenix, AZ: St. Luke’s Health Initiatives and First Things First.

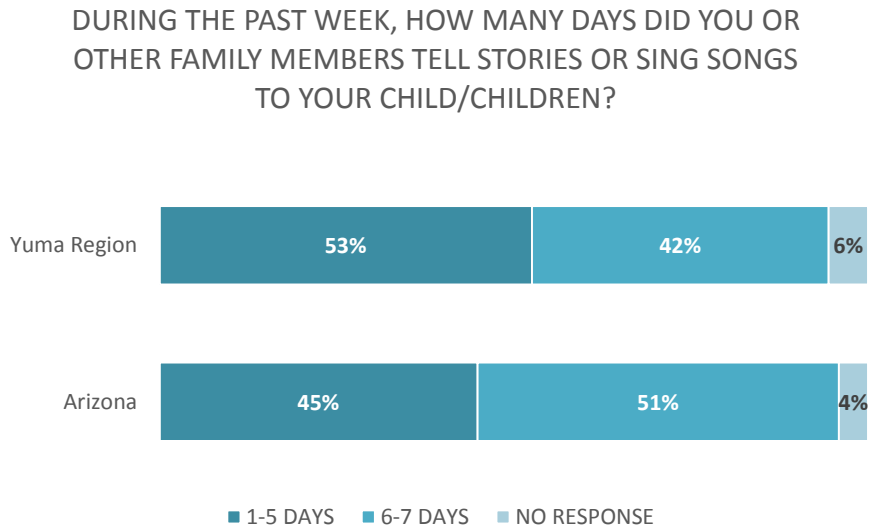
and drawing with their child (34%) six or seven days a week compared to families across the state (51%, 51% and 47% respectively).

Figure 45: Family & Community Survey 2012: Days reading to child



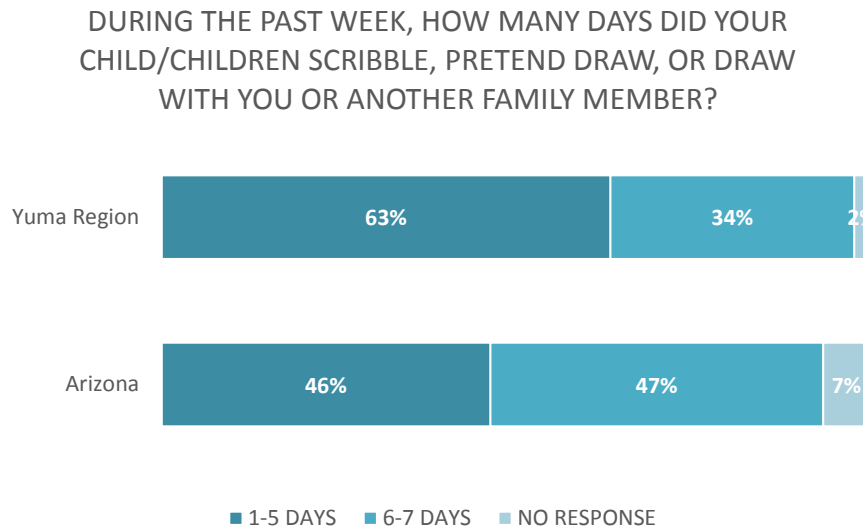
First Things First (2014). [2012 Family and Community Survey data]. Unpublished data received from First Things First.

Figure 46: Family & Community Survey 2012: Days telling stories to child



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

Figure 47: Family & Community Survey 2012: Days drawing with child



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

One program that may impact the days Yuma families read to their young children is Reach Out and Read Yuma County¹⁸⁴, a regional coalition of Reach Out and Read Arizona. Reach Out and Read Yuma County works with doctors to prescribe books and encourage families to read together, and supports medical provider’s integration of literacy into well child visits by giving new books to children between the ages of six months and five years. According to region’s 2015 funding plan, as of fiscal year 2014, 3,550 books were distributed by 14 participating practices through the Yuma Region’s Reach out and Read Strategy.¹⁸⁵

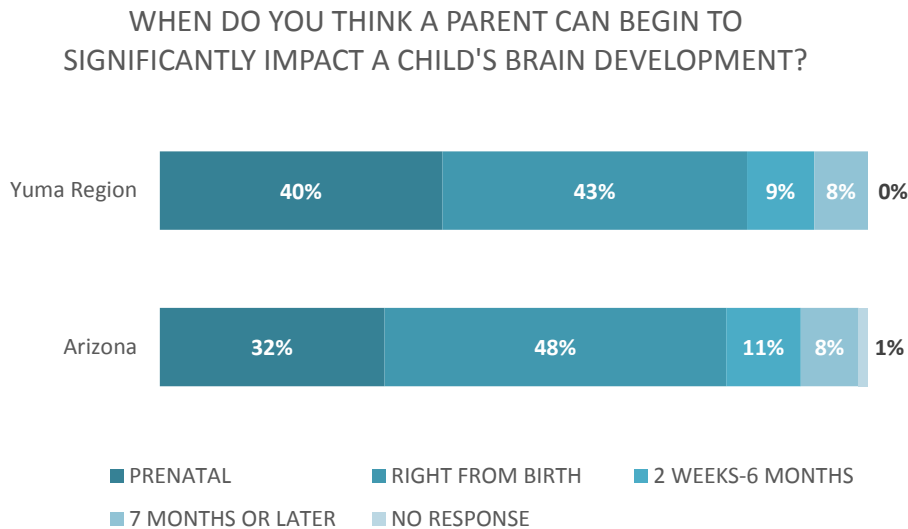
Parent Education

Parenting education supports and services can help parents better understand the impact that a child’s early years have on their development and later readiness for school and life success. The Family and Community Survey, 2012, collected data illustrating parental knowledge about healthy development. Families in the Yuma Region showed a similar understanding that brain development can be impacted prenatally or right from birth, as did respondents across the state as a whole (see Figure 48).

¹⁸⁴ <http://www.roraz.org/yuma.asp>

¹⁸⁵ Yuma County FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20Yuma%20SFY15.pdf>

Figure 48: Family & Community Survey 2012: When a parent can impact brain development



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

A number of parenting resources are available in the Yuma Region, although these are largely available to those in, or able to travel to, the population centers of the region, particularly the city of Yuma.

- The University of Arizona’s Cooperative Extension offers three resources in the region: Brain Builders for Life¹⁸⁶, a 16 hour training that educates parents about typical child development and brain development for children from birth to age three; Early Childhood Nutrition¹⁸⁷, which offers healthy nutrition education and breastfeeding support for families with children under five years of age; and Yuma First Smiles, which provides dental health education and free dental service to children under age six at pre-schools, child care centers, community events, and other locations.¹⁸⁸
- Raising Special Kids, available in Yuma County and with an office in the city of Yuma, provides parenting support, training, information, and assistance for parents raising children with disabilities.¹⁸⁹
- The Yuma Early Literacy Project provides classes and workshops in community-based settings to help strengthen families with young children.¹⁹⁰

¹⁸⁶ <https://extension.arizona.edu/yuma-brain-builders-life>

¹⁸⁷ <http://extension.arizona.edu/early-childhood-nutrition>

¹⁸⁸ <https://extension.arizona.edu/yuma-first-smiles>

¹⁸⁹ <http://www.raisingpecialkids.org/start-here/programs-services/>

¹⁹⁰ http://www.asset.asu.edu/new/workshops_yuma.html

- Pilot Parents of Southern Arizona¹⁹¹, provides support to parents of children with special needs through peer-to-peer support, parent education, sibling support groups, and a newsletter.
- New Beginnings, a partnership between Arizona State University, the National Institutes of Health, and the Yuma County Superior Court, provides free parenting resources to families following a divorce or separation.¹⁹²
- The New Parent Support Program, provided through the Marine Corps Air Station Yuma, helps new parents with children under the age of six, with education on parenting confidence, children’s growth and developmental stages and family support. The program offers a professional team of social workers and nurses who provide supportive and caring services. Most services include home visits.¹⁹³
- Arizona Baptist Children’s Services and Family Ministries has a pregnancy center in Yuma which offers parenting classes for parents, grandparents and other caregivers. The classes provide information on being an effective parent, and the program allows participants to earn credits to buy baby items at the center.¹⁹⁴
- The KARE Family Center in Yuma, offered by the Arizona Children’s Association, provides information, education and resource referrals for grandparents, relatives, kin foster care providers and adoptive families. Support groups are also offered for grandparents and relatives caring for children, as well as for adopting or adoptive parents.¹⁹⁵
- The Arizona Kith and Kin Project through the Association of Supportive Childcare offers four week long training-support group sessions to kith and kin (including parents and grandparents) providers that are providing child care to young children.¹⁹⁶
- The New Directions Institute provides free parenting education classes and workshops based on brain development research.¹⁹⁷
- The Yuma County Health Department offers two parent education resources; Health Start and Injury Prevention.¹⁹⁸ Health Start promotes the use of community based family health and education services via community health workers who offer support, education and referrals to community organizations and resources to pregnant mothers and mothers with

¹⁹¹ <http://www.pilotparents.org/ppsa/>

¹⁹² <https://asupreventionresearch.com/>

¹⁹³ <http://www.asccaz.org/kithandkin.html>

¹⁹⁴ <http://www.abcs.org/nlpc/services/>

¹⁹⁵ <http://www.goldengatecenter.org/documents/GGCCCKAREDocs/AZCA%20KARE%20CENTERS2012.pdf>

¹⁹⁶ <http://www.asccaz.org/kithandkin.html>

¹⁹⁷ <http://www.arizonaschildren.org/search-by-county>

¹⁹⁸ <http://www.co.yuma.az.us/departments-and-services/health/divisions/health-promotion->

children under the age of two. The Injury Prevention program offers injury prevention education as well as car seats and car safety information to parents in the region.

- The United Way of Yuma County and Chicanos Por la Causa are partnering to provide “Abriendo Puertas”/”Opening Doors” which will offer an episodic parenting education program and additional parenting classes for those who can’t attend the full program.¹⁹⁹

Parenting education resources are available, provided in a variety of settings (schools, hospitals, libraries, and provider agencies), and by a variety of providers (churches, community organizations, schools and government agencies) in the Central and Southern areas in the region, and to a lesser degree in Wellton in the Eastern area. Key informants often discussed the good attendance of parents whose children are already involved with the hosting organization, e.g., Head Start or Easter Seals Blake Foundation, but less participation for events offered to the community at large. Programs that are offered and have good attendance provided child care during the session, or required attendance as part of a parent involvement component for schools, or because of involvement in the court system. The lack of transportation was discussed as a large barrier to participation in parenting education services, as well as services of all kind in the region. Key informants in the Eastern area discussed the need for every type of family support service, citing the inability of many families to travel far, sometimes even within their own communities.

Key informants in each area cited the strength of the library system in Yuma County as a support for parents, families and children. All branches except those in Roll and Dateland offer baby, toddler and preschool story times weekly, and some branches offer additional classes such as baby art class and baby lego club. In Roll and Dateland, the public library has a branch at each of the elementary schools offering literacy resources and public internet access, which would otherwise be largely missing in those communities. Key informants also discussed the quality collaboration between the library and early education programs and support services, such as Head Start, United Way and the Yuma Food Bank, as they work together to provide educational, dental and food support and resources.

Teen Parenting

Although the percent of teen births in the Yuma Region has decreased slightly in recent years (14% in 2012), it still exceeds the state, where only nine percent of all births are to teen mothers. Because of the number of women giving births in their teen years in the region, programs to supports teen mothers and fathers as well as their young children are likely needed. Teen parents are able to participate in a number of home visitation programs available in the region (discussed in detail in the next section of this report), and also educational

¹⁹⁹ Information provided during a key informant interview.

opportunities for their children such as Head Start, and Early Head Start. In addition, Choices for Teen Parents is a teen parenting program offered through Child and Family Resources in Yuma. This program offers educational services for teen parents, parenting and life skills training, case management, health services, job development/placement, referrals to community services, mentoring and parent support.²⁰⁰

Home Visitation Programs

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

A systematic review conducted by the non-federal Task Force on Community Preventive Services found that early childhood home visitation results in a 40 percent reduction in episodes of abuse and neglect. Not all programs were equally effective; those aimed at high-risk families, lasting two years or longer, and conducted by professionals (as opposed to trained paraprofessionals) were more successful.²⁰¹

A number of home visiting programs are available in the Yuma Region. These include:

- The Yuma County Health Department offers the High Risk Perinatal/Newborn Intensive Care Program, a program for families with infants who have been in the NICU for more than 120 hours or need to be transported more than 50 miles from NICU to home. Services include maternal and neonatal transport, hospital services, and in home community nursing services.²⁰²
- The Easter Seals Blake Foundation provides two Parents as Teachers programs in Yuma County²⁰³, one with a special needs focus for children who have developmental and/or medical challenges but are not eligible for AzEIP. Parents as Teachers is a free home visiting program available countywide, where families receive visits from a Parent Educator, are connected to resources, and children receive periodic developmental screenings. Yuma

²⁰⁰ http://www.childfamilyresources.org/Choices_for_Teen_Parents_Yuma.pdf

²⁰¹ Centers for Disease Control and Prevention. First reports evaluating the effectiveness of strategies for preventing violence: early childhood home visitation and firearms laws. Findings from the Task Force on Community Preventive Services. *MMWR* 2003; 52(No. RR-14):1-9.

²⁰² <http://strongfamiliesaz.com/program/high-risk-perinatal-programnewborn-intensive-care-program/>

²⁰³ <http://www.easterseals.com/blakefoundation/our-programs/childrens-services/family-support-programs.html>

Parents as Teachers serves at-risk Yuma County children, prenatal to age three, and Yuma Parents as Teachers-Special Needs serves children from birth to four years of age.

- Child and Family Resources offers two home visiting programs in Yuma County.²⁰⁴ Healthy Families, is a free program for families with children under six aimed at building parenting skills and obtaining resources and education. Participation can begin during pregnancy, but enrollment must occur before the child reaches three months of age. Building Bright Futures for Teen Parents provides in home family support and parenting education to pregnant or parenting teens with children under six. The program is designed to help parents increase their knowledge of early childhood development; gain positive parenting techniques, provide early detection of developmental delays; increase children's school readiness and school success; and utilizes the Parents as Teachers model and curriculum.

Key informants discussed the benefits of the home visiting programs available in the region. Having programs for both typical and special needs children, and a program specific to teen parents, were seen as assets that met specific needs in the region. Some informants discussed cultural beliefs that affect parents' willingness to enroll their children in preschool, so having these home-based early learning and support programs was seen to fill a need for parents who feel their children would do better at home than in preschool. The group component of Parents as Teachers programs also helps build a support network among families in individual communities. These "group connections" are offered in Wellton, Yuma, Somerton and San Luis. Key informants in the Eastern area of the region did report that these services were less available to their families than those living in or closer to Yuma.

According to region's 2015 funding plan, as of fiscal year 2014, there were 325 families in the Yuma Region served by the region's Home Visitation Strategy.²⁰⁵

Public Information and Awareness

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

Data from Family and Community Survey, 2012

The overall results of the 2012 First Things First Family and Community Survey in the Yuma Region demonstrated higher levels of satisfaction with available information and resources but

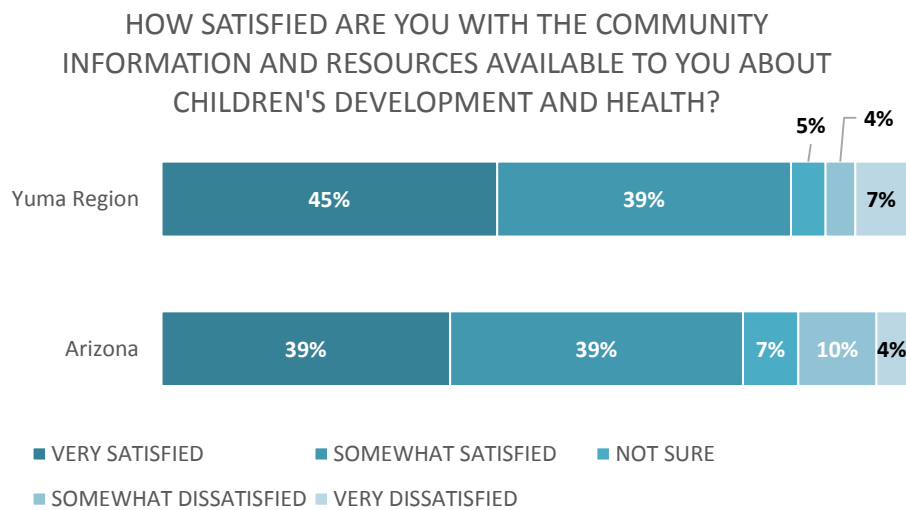
²⁰⁴ <http://www.childfamilyresources.org/yuma.html>

²⁰⁵ Yuma County FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20Yuma%20SFY15.pdf>

lower levels of agreement with ease of locating services, compared to the state, as can be seen in the two figures below. For example:

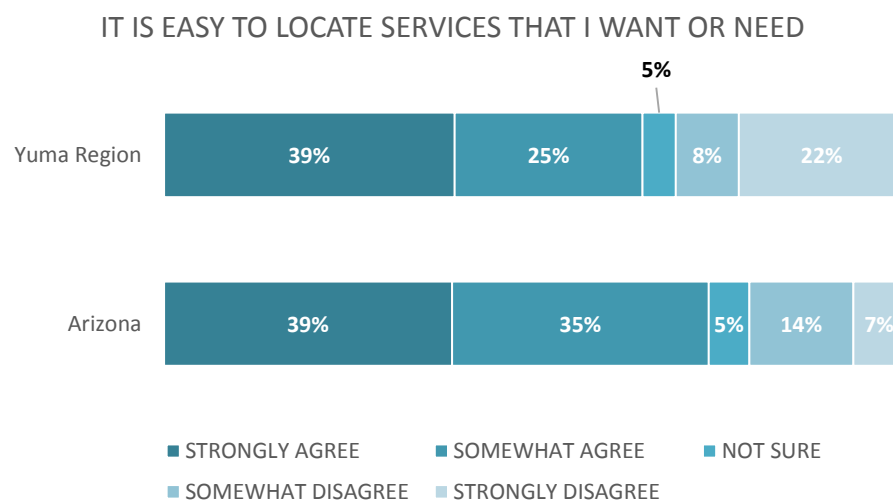
- 45 percent of Yuma Region respondents indicated they were “very satisfied” with “the community information and resources available to them about their children’s development and health”, compared to 39% of respondents across the state; and
- 64 percent of Yuma Region respondents “strongly” or “somewhat agreed” that “it is easy to locate services that I want or need,” compared to 74 percent of respondents across the state.

Figure 49: Family & Community Survey 2012: Satisfaction with information and resources



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

Figure 50: Family & Community Survey 2012: Ease of locating services



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

Findings from Key Informant Interviews

Key informants in the Central, Southern and Eastern areas of the region were asked a number of questions about how the families they work with use technology, and whether cell phones and the internet are and should be used as strategies to reach out to families. Families in the Southern and Eastern areas both experience barriers to cell phone and internet use. In the Eastern area cell phone reception is spotty, as it is in portions of the Southern area. Many families in the Southern area also used pre-paid phones where limits to minutes sometimes caused communication issues between families and provider organizations. Cell phone use and reception was more universal in the Central area, in and surrounding the city of Yuma. Several key informants did report that they did call families for appointment reminders, or as a means of contact, but this use was limited.

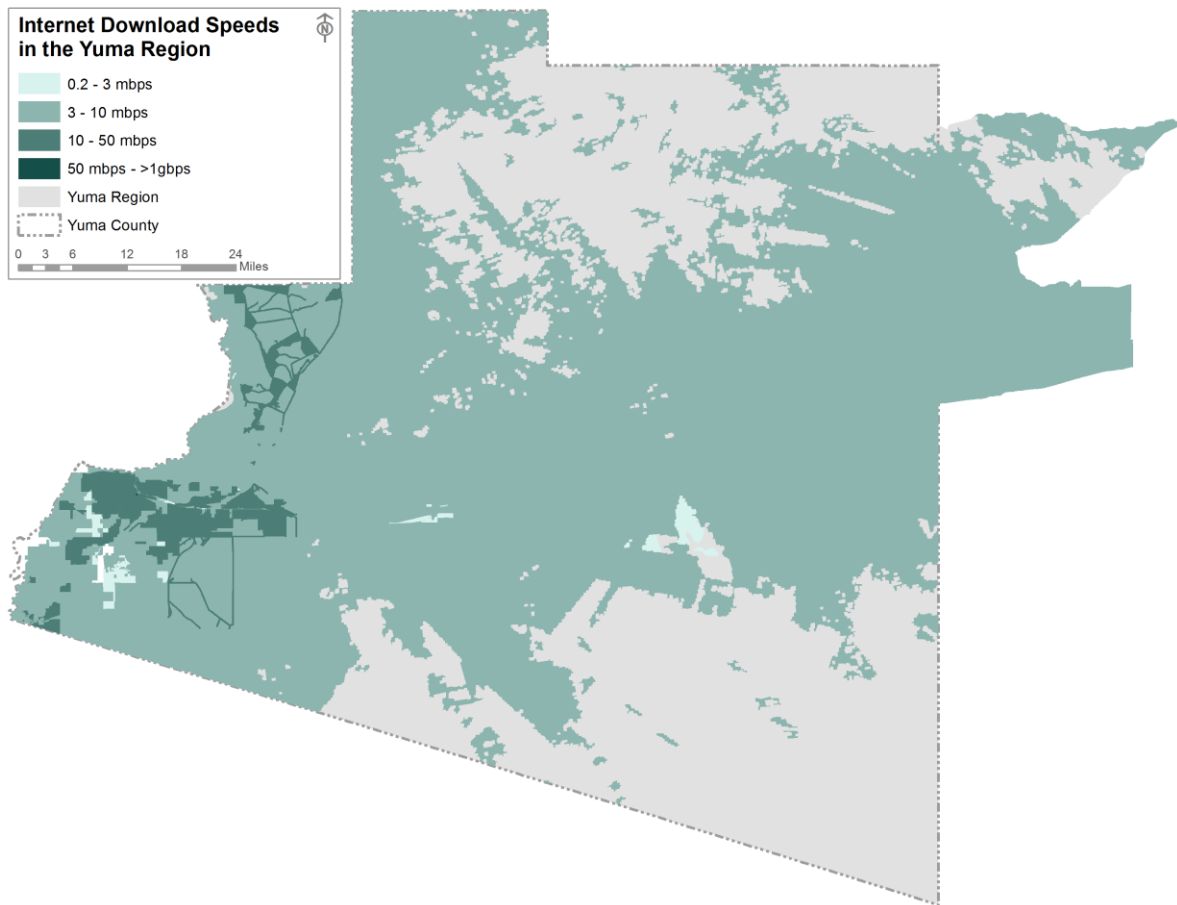
Internet use and availability were even more limited in the region. Many families in the Eastern and Southern areas did not have internet access, and several communities only had internet access available at the library or at schools. In the Eastern area where the public library was often at the school, families would need to go there for the only internet access in the area. The only use of the internet as a strategy to reach families mentioned by informants was their possible viewing of organizations' websites. Respondents also discussed how it was more common for the children in families, rather than the parents or caretakers, to know how to use the internet, especially in Hispanic families.

Key informants were also asked to judge whether families in the region had adequate access to technology resources to include those as strategies to reach families of young children. More than half felt the receptivity and access issues made both a questionable strategy, however, others felt that cell phones may be an option, and others felt that free internet access at libraries may make the use of internet resources an option. One organization in the Southern area was specifically looking at the feasibility of using the internet as a tool to reach the families with whom they work, but had not yet determined if this was a viable strategy. Key informants in the Central area were more likely to agree that families had adequate technology resources to use technology as a strategy to reach families. One informant also offered that this strategy may be a way to better reach those not already engaged in resources who are already targeted by programs because of identified needs. To reach a broader population, social media could be used in a number of ways to reach out to families and enhance learning for young children such as tips for young moms or on-line support and resource groups.

According to the Arizona Government Information Technology Agency, the median advertised download speed for internet in Yuma County and the Central area is 25-50 mbps. For the Southern area, this decreases to 10-25 mpbs, and in the Eastern area further to 6-10 mbps. Figure 51 illustrates the level of internet connectivity available in the region. As can be seen in the map, only a small portion of the region has access to higher broadband internet download

speeds. The portion of the region colored gray is only served by satellite internet, which is expensive and unreliable. According to the National Broadband Plan, a plan of the Federal Communications Commission, a goal for the year 2020 is that “at least 100 million U.S. homes should have affordable access to actual download speeds of at least 100 megabits per second and actual upload speeds of at least 50 megabits per second.”²⁰⁶ As can be seen in the map, the region is far removed from this target. The initial target for national broadband availability from the Federal Communications Commission is that every household and business location in America should have access to affordable broadband service with actual download speeds of at least four mbps.²⁰⁷ Again, only a portion of the region would meet this current target, and the affordability of internet services was another barrier cited by key informants to families in the region having internet access.

Figure 51: Internet Download Speeds in the Yuma Region



Arizona State Land Department (2014). *Broadband Footprints, Cable Broadband Service Areas, Maximum Download Speed, Mobile Wireless Broadband Service Areas, Provider Count, Satellite Broadband Service, T1 Broadband Service Areas [Shapefiles]*. Retrieved from <https://azgeo.az.gov/AZGEO/catalog>

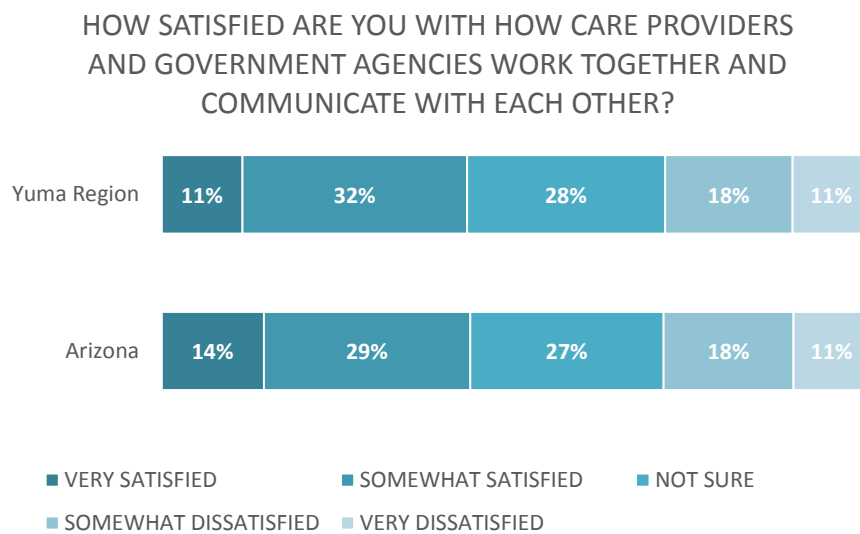
²⁰⁶ http://www.broadband.gov/plan/2-goals-for-a-high-performance-america/#_edn3

²⁰⁷ <http://www.broadband.gov/plan/8-availability/>

System Coordination

One item from the First Things First Family and Community survey (FCS) (First Things First, 2012) directly addresses the issue of perceived early childhood system coordination. The figure below shows similar levels of satisfaction with coordination and communication among providers in the region, compared to the state. Respondents in both the region and the state were more likely to indicate dissatisfaction (46% and 45% respectively) than satisfaction (43% and 43% respectively) with how care providers and government agencies work together and communicate.

Figure 52: Family & Community Survey 2012: Satisfaction with coordination and communication



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

Findings from Key Informant Interviews

Key informants were asked to discuss whether the existing services for young children and their families in the region coordinated well together, and whether there were existing barriers to coordination. Most informants from the three regional areas felt that there was good coordination between organizations providing services to young children. Respondents gave examples of successful collaborations between social and health services organizations, between school districts and non-profits and service organizations, and discussed how coordination had been improving in the region in recent years. A few respondents discussed how competition for funding sometimes impacted this positive communication, and others talked about the effect that loss of funding and programs had on coordination, bringing it to an end, at least temporarily while a new provider got up to speed.

Based on responses from families in the region to the Family and Community Survey item above, there may be a level of disconnect between how organizations view their level of

coordination, and how this trickles down to families. A number of informants talked about the need to consolidate overlapping services, and to get information on services and resources out to the public in a more systematic way. Some talked about the need to streamline application processes for resources like public assistance where families can spend a full day waiting in line, which may affect the perception of these resources. In addition, the lack of affordable quality early care and learning options may affect the perception of coordination.

In the outlying areas of the region, coordination and the work of engaged individuals are key to providing services for young children. For example, in the Eastern area, school districts work with organizations such as the Yuma Food Bank, the Assistance League, and Sunset Community Health Center to provide food, clothing and health resources to children in the community. In these communities, the school is often the hub for the only available resources without the need for families to travel, which is a barrier to many without reliable transportation. In most cases these efforts are spearheaded by passionate individuals who are driven to assist the young children and families in the region. Supplementing these individuals' efforts with resources and funding to create Family Resource Centers at these schools may be a way to further improve coordination and collaboration. Space exists at these schools to house weekly or monthly visits from DES, WIC, behavioral health providers, speech and physical therapists and other needed resources, that otherwise would only be available in the city of Yuma and adjacent communities.

The Build Initiative

The BUILD Initiative²⁰⁸ is a nationwide effort that helps states create comprehensive early childhood systems with programs, services and policies that address children's physical health, mental health and nutrition, early care and education, family support, and early intervention. Arizona is one of 10 BUILD state partners, which receive funding and technical support to develop or improve early childhood services, programs and systems, and identify and assess measurable outcomes of this work. In Arizona, the BUILD Arizona Steering Committee is working to identify priorities across five workgroups; Communications, Early Learning, Professional Development, Health and Early Grade Success.²⁰⁹ This work to date has resulted in the Build Arizona: Strategic Blueprint²¹⁰, which outlines suggested key priorities for the early childhood system in Arizona for 2013-2016. These priorities are listed below.

Under *Policy Research and Development*:

- Expand access to high quality, voluntary preschool for three and four year olds;

²⁰⁸ <http://www.buildinitiative.org/Home.aspx>

²⁰⁹ <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

²¹⁰ <http://buildaz.files.wordpress.com/2013/10/build-arizona-blueprint.pdf>

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

Under *Coordination and Convening Leadership/Support*:

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

Under *System Enhancement/Alignment*:

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

First Things First Capacity Building Initiative

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

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

Summary and Conclusion

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

It is clear that the region has substantial strengths. We base this conclusion on the quantitative data reported here, as well as the qualitative data gathered through interviews with key informants in the region. These strengths include: availability of mobile and promotora-based health care services in some areas of the region, the Yuma First Smiles program which provides free preventive dental services and education to thousands of children in the region, relatively low smoking rates during pregnancy, an extensive library system that provides many resources to young children and their families, and quality home visiting programs for both typical and special needs children. A table containing a full summary of these and other regional assets can be found in **Appendix 1**.

However, there continue to be challenges to fully serving the needs of families with young children throughout the region. It is particularly important to recognize that there is considerable variability in the needs of families across the region. Although the Central area of the region is more likely to have resources and opportunities for young children and their families, there are continuing needs across all three areas of the Yuma Region. These areas run the risk of being overlooked for services if only region or county-level “averages” are examined. A table containing a full summary of identified regional challenges can be found in **Appendix 2**. Many of these have been recognized as ongoing issues by the Yuma Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region.

- **A need for affordable, high quality and accessible child care** – The capacity of early care and education slots available compared to the number of young children in the region, the length of wait lists for Head Start and Migrant Head Start programs, and insight provided by key informants, all point to a shortage of affordable and accessible early care and learning opportunities in the region. Quality First and Pre-Kindergarten Scholarships will continue to be funded in order to address the need for affordable early childhood education, as will Quality First Coaching to continue to improve the quality of early care and education in the region. The preference for kith and kin care in some areas of the region has been acknowledged and is being addressed by early education providers and through funding of the Family, Friend and Neighbor strategy of the Yuma Regional Partnership Council, which provides education and resources to kith and kin caregivers.
- **The need for additional resources for children with special needs** – Cited as the largest health care need of young children by key informants, along with the whole of the region being designated as a Mental Health Health Professional shortage area, points to

the need for additional resources for children with developmental, behavioral and physical health care needs. Early intervention can also decrease the need for special education services once children reach school age. The Yuma Regional Partnership Council has recognized this need and is investing in the Inclusion of Children with Special Needs, the Family Support – Children with Special Needs, the Mental Health Consultation, and the Recruitment – Stipends/Loan Forgiveness strategies. These strategies aim to support the growth of early care and health care professionals' ability to serve children with special needs, as well as providing additional opportunities for these children to access early learning and support services.

- **The need for additional resources for young children and families facing food insecurity** - Yuma County has the highest percentage of children facing food insecurity, and the second-highest percentage of all residents facing food insecurity of all the counties in Arizona. The Yuma Regional Partnership Council has recognized this need and invests in the Food Security strategy in the region, which seeks to help improve the health and nutrition of young children and their families.
- **A need for additional early literacy activities in certain areas of the region** – Although AIMS passing rates in the region overall are close to those in the state as a whole, children in some parts of the region are passing the test at much lower rates. Providing greater opportunities for early literacy in these communities will help ensure that children do not lag behind by the time they reach 3rd grade. Reach Out and Read Yuma County, supported by the Yuma Regional Partnership Council, is helping to address this need by working with doctors to prescribe books and encourage families to read together during well-child visits.

A table of Yuma Regional Partnership Council funded strategies for fiscal year 2015 is provided in **Appendix 3**.

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

- **The considerable variability in early prenatal care** – The Yuma Region shows low percentages relative to state averages and the Healthy People 2020 target, with five of the nine regional PCA's near or below 50 percent of births with early prenatal care. Key informants also voiced inadequate prenatal care as a key concern in the region. Parent education around the importance of early prenatal care could be addressed through existing regional strategies such as Home Visitation, Parent Outreach and Awareness and Parent Education Community-based Training. Another potential strategy, the Prenatal Outreach strategy, could support outreach and education to pregnant women and their families and link pregnant women to sources of prenatal care.

- **The high number of birth to teen mothers** – The percentage of births to teen mothers in the region exceeds that of the state, and the small decrease the region experienced between 2009 and 2011 stalled in 2012. Key informants also commonly discussed the need to focus efforts on reducing teen pregnancy in the region, particularly in the Southern area of the region.
- **Many families and children are uninsured** – The population of adults and young children without health insurance is higher in the region than in the state. This high uninsured rate could be a contributor to lower levels of early prenatal care in the region, as well as family’s inability to pay for services for their children with special needs.
- **An examination of disconnect between providers’ and families perception of service coordination in the region** – Key informants judged service coordination among providers serving young children and their families more positively than did families in the region. There may be a need to improve the ways in which information on programs and services are relayed to the public, and streamline application and referral systems. Increasing the availability of services for young children and their families may also be a way to address this disconnect. The development of Family Resource Centers, particularly in the Eastern area of the region, may be another strategy to improve service coordination for families.

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

Appendix 1. Table of Regional Assets

<i>First Things Yuma Regional Assets</i>
The region is comprised of many close-knit, supportive communities.
A number of community health worker/educator based programs provide resources and referrals to families living in the Southern and Eastern areas of the region.
Over a third of young children in the region are benefitting from WIC participation.
Mobile health and dental services are available to children in the Eastern area of the region.
The J-1 Visa Waiver program has been a successful recruitment tool to increase the number of pediatric health care professionals in the Yuma Region.
Improved service coordination between early care and education providers, home visitation programs and AzEIP has enhanced the screening and referral process for children from birth to three years of age in the region in recent years.
The Yuma First Smiles Program provides free preventive dental services and education to thousands of young children in the region.
A variety of homelessness services are available in the region, and the number of children under the age of six served through those services has increased between 2011 and 2014.
Quality home visitation programs for both typical and special needs children are available in the region.
The region has an extensive library system, providing valuable services and resources to families in most communities in the region.

Appendix 2. Table of Regional Challenges

First Things First Yuma Regional Challenges

The region has a lack of developmental specialists including speech, physical and occupational therapist trained and willing to work with young children.

There is also a need for behavioral health professionals trained and willing to work with young children.

A high percentage of the population in the region does not have a high school diploma or GED; over a quarter of the region as a whole, and over half of those residing in the Southern area of the region.

There is considerable variability in the percentage of women receiving early prenatal care, with lower percentages in the Southern and Eastern areas, and portions of the Central area of the region.

There has been a substantial increase in the number of young children removed from their homes by CPS in recent years.

There is a need to increase family recreation activities, and opportunities for families to engage in fun activities together, particularly in the summer months.

There is a need for more affordable and reliable cell phone and internet access in the region.

There is a need for additional resources for families dealing with issues of domestic violence.

Yuma County has the highest percentage of children facing food insecurity, and the second-highest percentage of all residents facing food insecurity of all the counties in Arizona

High numbers of children and families in the region are uninsured.

Families in the region are more likely to indicate dissatisfaction than satisfaction with how care providers and government agencies work together and communicate.

Appendix 3. Table of Regional Strategies, FY 2015

Yuma Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	Strategy	Strategy Description
Quality and Access	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.
	Kindergarten Transition	
	Inclusion of Children with Special Needs	Provides consultation and training to child care providers about how to best meet the needs of children with special needs in their early care and education settings. Promotes the inclusion of special needs children in early education activities.
	Family, Friends, and Neighbors	Supports provided to family, friend and neighbor caregivers include training and financial resources. Improves the quality of care and education that children receive in unregulated child care homes.
	Expansion: Increase slots and/or capital	Recruits new or existing providers to begin to serve or expand services. May assist with planning, licensing or certification process for new centers or homes, or provide support to a provider to improve the quality of facility or programs. Increases the number of child care providers who are state/tribal licensed or certified, and strengthens the skills of caregivers in those settings who are working with children birth to 5 years old.
	Quality First Scholarships	Provides scholarships to children to attend quality early care and education programs. Helps low-income families afford a better educational beginning for their children. Provides scholarships to quality preschool programs in a variety of settings to allow programs to serve more children. Increases the number of 3- and 4-year olds enrolled in high quality preschool programs that prepare them to succeed in kindergarten and beyond.
Professional Development	Community-Based Professional Development Early Care and Education Professionals	Provides quality education and training in community settings to early care and education professionals. Improves the professional skills of those providing care and education to children 5 and younger.

Yuma Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015

Goal Area	Strategy	Strategy Description
	Scholarship TEACH	Improves the professional skills of those providing care and education to children 5 and younger. Provides scholarships for higher education and credentialing to early care and education teachers.
	Scholarships non-TEACH	Improves the professional skills of those providing care and education to children 5 and younger. Provides scholarships for higher education and credentialing to early care and education teachers.
Family Support	Family Support-Children with Special Needs	Provides coaching, group activities and services to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential. Improves the education and health of children with special needs who don't qualify for publicly funded early intervention programs. Conducts developmental, hearing, and vision screenings.
	Reach Out and Read	Trains pediatric practices to engage parents and young children in early literacy activities; provides books to pediatricians or their staff to distribute to families with young children. Expands children's access to reading by promoting child literacy as a part of pediatric primary care
	Parent Outreach and Awareness	Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness. Improves child development by educating parents and connecting them to resources and activities that promote healthy growth and school readiness.
	Parent Education Community-Based Training	Strengthens families with young children by providing voluntary classes in community-based settings. Provides classes on parenting, child development and problem-solving skills.
	Food Security	Distribute food boxes and basic necessity items to families in need of assistance who have children birth to 5 years old. Improves the health and nutrition of children 5 and younger and their families.
	Home Visitation	Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connect families to resources to support their child's health and early learning. Gives young children stronger, more supportive relationships with their parents through in-home services on a

Yuma Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015

Goal Area	Strategy	Strategy Description
		variety of topics, including parenting skills, early childhood development, literacy, etc. Connects parents with community resources to help them better support their child’s health and early learning. Conducts developmental, hearing, and vision screenings.
Health / Mental Health	Oral Health	Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one. Decreases preventable oral health problems in young children.
	Mental Health Consultation	Provides mental health consultation to teachers and caregivers, and tuition reimbursement to support professional development to increase capacity of workforce. Helps child care staff and early childhood programs to support the social-emotional development of young children.
	Child Care Health Consultation	Provides qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care. Improves the health and safety of children in a variety of child care settings.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.
Community Outreach	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.
	Media	Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site
	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.

Appendix 4. Data Collection Instruments

Yuma RPC Key Informant Interview

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

First I'd like to collect some information about you and the role you have with kids aged birth thru 5 years and their families.

Interviewee Name: _____

Ask if unknown: May I ask your occupation?

Occupation: _____

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

Interviewee Organization and location: _____

Ask if unknown: What services are provided to children under six by you/your organization?

What communities does your organization serve?_____

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

Interviewee Other Organization and location: _____

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

Interviewer: _____ **Interview date:** _____

Interview language: Spanish English

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

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

Next I'm going to begin with general questions about kids aged birth to 5 in your community and then move to questions about specific services. If you don't feel comfortable or don't have enough information to answer any of these questions, please let me know and I'll move on to the next question.

1. Based on your work with families, what are the things that work well in your community for kids aged birth-5? What strengths can you identify in your community? **OR** What opportunities do you think are available for families with children birth-5?
2. What do you think are the biggest challenges that parents of children birth-5 in your community are facing? What do you think are the biggest needs?
3. Where do parents/families of kids birth-5 in your community go for support?
 - a. What types of parent education services are available in your community? How often are these types of services used, and which are used most often?
 - b. How would you rate the quality of these parent education services?
 - c. Are these services easily accessible to families with children birth-5? If not, what are the barriers to access?
 - d. How about programs for families facing food insecurity? Are parents aware of and using these services? Why or why not?
4. For **child care/day care/early education**: What types of childcare are available in your community? (*types; family/friends, day care centers, home based day care*) Which of these types of childcare is used most often? Are there waitlists for these services?
 - a. How would you rate the quality of these services?
 - b. Please discuss the costs of these services? Do you think they are affordable? Are some types of care more affordable than others? Does this impact quality?
 - c. Are these programs easily accessible to families with children birth-5? If not, what are the barriers to access?
 - d. To what extent do these programs integrate early learning opportunities?
 - e. Do you think that there is sufficient training/education of early child care teachers and workers in your community? Are you aware of training opportunities? If yes, please describe.
5. For **children's health**: Where do kids birth-5 receive health care in your community? What type of care is available in your community? (pediatric/dental/vision/emergency)
 - a. What do you think of the quality of health services for kids birth-5 in your community?
 - b. Are these services easily accessible to families with children birth-5? If not, what are the barriers to access? Do people in the community have to travel to get healthcare for their kids aged birth-5?
 - c. Are there health care services that are not available in your community that you think are needed?

6. For **Special Needs**: Are there sufficient services for children aged birth-5 with special needs in your community? Special needs include physical, developmental and mental health needs.
 - a. **SN**: Are the services available reaching those who need them? If not, what are the barriers that prevent their use? How much of an issue is cost? How could these be overcome?
 - b. **SN**: Is there public awareness of these services?
 - c. **SN**: What additional services or resources are needed in your community for children aged birth -5 with special needs?

7. For the Child Welfare System (**CWS**): What are the **strengths of the current child welfare system** in your community for kids aged birth-5 and their families?
 - a. **CWS**: What are some **challenges** to meeting the needs of kids birth-5 in the child welfare system?
 - b. **CWS**: What resources are lacking in the current child welfare system in your community for kids aged birth-5 and their families? (Are there shelters, group homes, foster parents, appropriate follow-up on reports?)
 - c. **CWS**: How would you rate the level of coordination of services in the child welfare system for kids aged birth-5 and their families in your community?

8. Thinking of all the existing services for children 0-5 in your community, do you think that the services currently available coordinate well together? If not, what are barriers to service coordination? How could these be overcome?

9. There may be potential opportunities to partner or leverage resources in your community. What opportunities are there to partner with other entities to attract new services to the area and/or better leverage existing resources? *Probe*: What agencies or organizations do you currently collaborate with?

Now I have a few questions about the use of technology of families with young kids in your community.

10. Do the families of young kids you work with in your community have cell phones?
All/Most/Some/None

11. Do you think most of the families you work with have basic cell phones for communicating or have “smart phones” so that they can access the internet, apps and other features?
 - Mostly for communicating
 - Mostly for accessing internet, apps, etc.
 - Both equally

- Don't know
- Refused

12. How is cell phone reception in your community?

Great/Good/Ok/Poor/Non-existent

13. Do you use cell phones as part of your work to communicate with families in your community, either thru texting, email, apps, or by voice?

Yes/No/Don't know/Please explain

14. Do the families of young kids you work with in your community use the internet, at least occasionally?

Yes/No/Don't know

15. How is internet connectivity (speed and consistency of connection) in your community?

Great/Good/Ok/Poor/Non-existent

16. Do you use the internet as part of your work to communicate with families in your area, either thru email, by posting notices on web pages, etc.?

Yes/No/Don't know/Please explain

17. Overall, do you think families of young children in your community have adequate access to technology resources, such as cell phones and the internet, to include those as strategies to reach families of kids aged birth to five?

Yes/No/Don't know/Please explain

Now, I just have one more question before we end.

18. Please name the three most important things that would improve the lives of kids birth - 5 and their families in your community?

19. Those are all the questions I have for you. Would you like to add anything about the needs of children aged birth -5 and their families before we end?

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

Appendix 5. Data Sources

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Strategic Planning



Yuma Regional Partnership Council

Strategic Planning for SFY16-18

Regional Priorities, Selected FTF Indicators and Priority Roles, and Strategies to Achieve Outcomes

Regional Priority to be addressed	School Readiness Indicators Correlated to the needs and priority roles	FTF Priority Roles in the Early Childhood System	SFY 2013-2015 Strategies
<p>School Readiness – Limited pre-school opportunities, parents need education about preparing children for school</p> <p>Children w/Disabilities – lack of therapy services, early identification of special needs</p> <p>Access to affordable Quality Child Care – High Unemployment/ Poverty rates, more/Family, Friend and Neighbor Care</p> <p>Parent’s awareness of the needs of young children.</p>	<p>#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical</p> <p>#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars</p> <p>#/% of children receiving well child visits</p> <p>#/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)</p> <p>#/% of children age 5 with untreated tooth decay</p> <p>% of families who report they are competent and confident about their ability to support their child’s safety, health and well being</p>	<p>Quality, Access, and Affordability of Regulated Early Care and Education Settings – Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive and affordable early care and education programs.</p> <p>Access to Quality Health Care Coverage and Services – Collaborate with partners to increase access to high quality care services (including oral health and mental health) and affordable health care coverage for young children and their families</p> <p>Professional Development System – Convene partners, provide leadership, and provide funding for the development and enhancement of an early childhood professional development system that addresses availability, accessibility, affordability, quality, and articulation.</p> <p>Supports and services for families – Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families.</p>	<p>Quality First (including CCHC, TEACH and Scholarships)</p> <p>Scholarship-non TEACH</p> <p>Inclusion of Children with Special Need</p> <p>Family Support–Children with Special Needs</p> <p>Recruitment Stipends/Loan Forgiveness (SFY13, SFY14)</p> <p>Community Based Professional Development Early Care and Education Professionals</p> <p>Oral Health</p> <p>Family, Friends and Neighbors</p> <p>Mental Health Consultation</p> <p>Home Visitation</p> <p>Parent Outreach and Awareness</p> <p>Food Security</p> <p>Parent Education Community Based Training</p> <p>Expansion: Increase slots and/or capitol expense</p> <p>Reach Out and Read</p> <p>Needs and Assets (SFY14)</p> <p>Community Awareness</p> <p>Community Outreach</p> <p>Media</p> <p>Statewide Evaluation</p>

Common Vision #1

Yuma Children Ready To Succeed In Their Academic Career

Key Words/Phrases: School Readiness, Executive Function, Quality, Access, Professional Development, Collaboration, Early Literacy

Aligned to:

Regional Priority:

School Readiness – Limited pre-school opportunities, parents need education about preparing children for school

Access to affordable Quality Child Care – High Unemployment/ Poverty rates, more/Family, Friend and Neighbor Care

School Readiness Indicator:

#/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical

#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars

FTF Priority Roles:

Quality, Access, and Affordability of Regulated Early Care and Education Settings – Convene partners, provide leadership, and provide funding for increased availability of and access to high quality, regulated, culturally responsive and affordable early care and education programs.

Professional Development System – Convene partners, provide leadership, and provide funding for the development and enhancement of an early childhood professional development system that addresses availability, accessibility, affordability, quality, and articulation.

Common Vision #2

Goal: Healthy Children

Key Words/Phrases: BMI, Maternal Health, Oral Health, Health Insurance, Special Needs, Collaboration, Early Literacy

Aligned to:

Regional Priority:

Children w/Disabilities – lack of therapy services, early identification of special needs

Parent's awareness of the needs of young children

School Readiness Indicator:

#/% of children receiving well child visits

#/% of children ages 2-5 at a healthy weight (Body Mass Index-BMI)

#/% of children age 5 with untreated tooth decay

% of families who report they are competent and confident about their ability to support their child's safety, health and well being

#/% of children with special needs/rights enrolled in an inclusive early care and education program with a Quality First rating of 3-5 stars

FTF Priority Roles:

Access to Quality Health Care Coverage and Services – Collaborate with partners to increase access to high quality care services (including oral health and mental health) and affordable health care coverage for young children and their families

Supports and services for families – Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families.

Common Vision #3

Strong Families

Key Words/Phrases: Family Support, Resource Guide, Referral Form, Collaboration, Early Literacy

Aligned to:

Regional Priority:

Parent's awareness of the needs of young children

School Readiness – Limited pre-school opportunities, parents need education about preparing children for school

School Readiness Indicator:

% of families who report they are competent and confident about their ability to support their child's safety, health and well being

FTF Priority Roles:

Supports and services for families – Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families.

Next Steps

- Starting our Strategic Planning Process
- Listen to our community: Include community voice in our strategic planning process.
- Needs and Assets: include the report in our strategic planning process.
- Wait for Allocation of Funds From State Board

Foundation: Collective Impact!

Review Strategic Planning

- **Key Components**
 - Imagined future: What does 2020 look like?
 - Our Vision (Big Picture)
 - Default Future (If we don't have a strategic plan)
 - Identify Assets
 - Build Goals
 - Identify Challenges
 - Create Actions

Strategic Planning Framework



- Needs & Assets Reports
- SFY13-15 Strategic Direction & Implementation
- Data & Discussion from Benchmarking
- Reports/Data from partners
- Visioning/Big Picture
- System building levers: quality, partnerships, infrastructure & capacity, scope & scale
- Engagement of partners

- Define areas of need
- Prioritize— where should we focus our efforts

- Alignment of needs with SRI and benchmarks
- Alignment of needs to FTF priority roles

- Determine approaches to take (funded/unfunded) to address the prioritized needs and advance the early childhood system in the region

- Set three year budget based on approaches
- Implementation plans for unfunded approaches— system building efforts





FIRST THINGS FIRST

Ready for School. Set for Life.

Yuma Regional Partnership Council

August 11, 2014

Yuma Early Childhood Collaboration/Strategic Planning Subcommittee Group

Prioritized Needs

Early Learning Group

1. Access
 - Increase # Served
 - Children and Families
2. Quality
 - Professional Development for all directors/leaders, family & community.
Focus on professional development for directors/leaders
3. Accountability
 - Collaboration
 - Leadership Participation

Summary: Getting professional development professionals together so that there is quality sustainable so that children have access and we know they are getting quality programs.



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Family Support Group

1. Parent Education

- Workshops (trainings)
 - Free training Sessions for families
 - Home Visits/Group Trainings
 - Schools/Head Starts
 - Clinics
 - HACY Community Centers
 - Libraries
 - Mobile Resource Unit to reach neighborhoods
 - Literacy Activities (English/Spanish)
- Meetings at schools
 - Topics:
 - Finance
 - Family Planning
 - Health
 - Nutrition
 - Teen Parent Support
 - Communicating with Teens
 - Drug Awareness
 - Technology: Use & Safety
 - Literacy

2. Mental Health

- Drug Awareness
- Death within family
- Post-Partum Depression
 - Affordable Care Act Education & Access
 - Reaching out to entire community
 - Dissemination of information through cell phones i.e.: Daily Texts
 - Legal Services

3. Referral System

- Countywide Services

Summary: One way to reach the most at risk families is providing parent education through home visitation and finding a way to make resources available to families (mobile unit)



FIRST THINGS FIRST

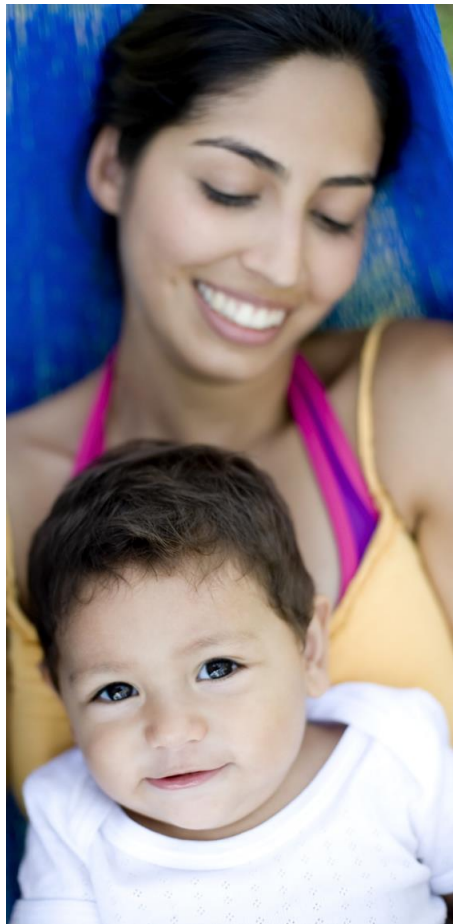
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Health Group

1. Educational System-Hub for Healthier County
2. Farmers Market Educational System/Resources (mobile food unit)
3. Oral Health

Summary: Providing education to have access to healthier options.

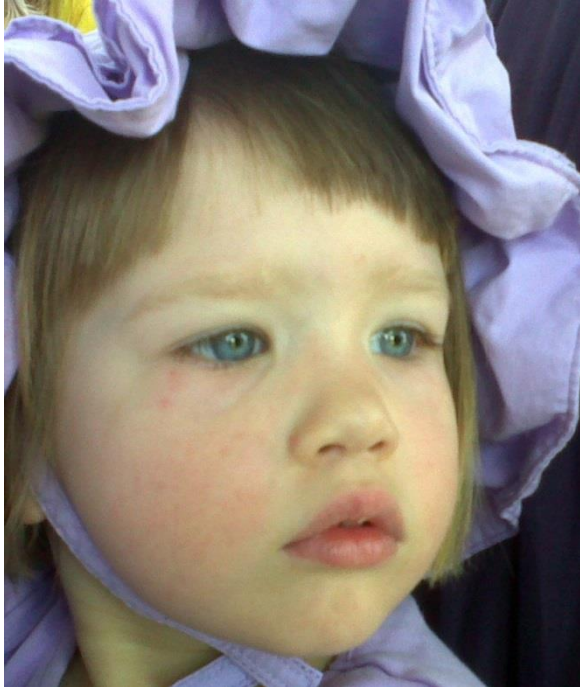


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**REGIONAL IMPLEMENTATION
PLAN
FY2015**

Previous Work



- State Strategic Communications Plan Presentation
- Yuma Regional Implementation Plan



Present Work



- Connections to the Business Community



Next Steps....

- Target Populations
 - Business?
 - Faith Based?
 - Ideas moving Forward?
Example: Connect with Faith Based Preschools





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THANK YOU

