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NEEDS AND ASSETS REPORT 2010

LA PAZ/MOHAVE

Regional Partnership Council

Regional Partnership Council

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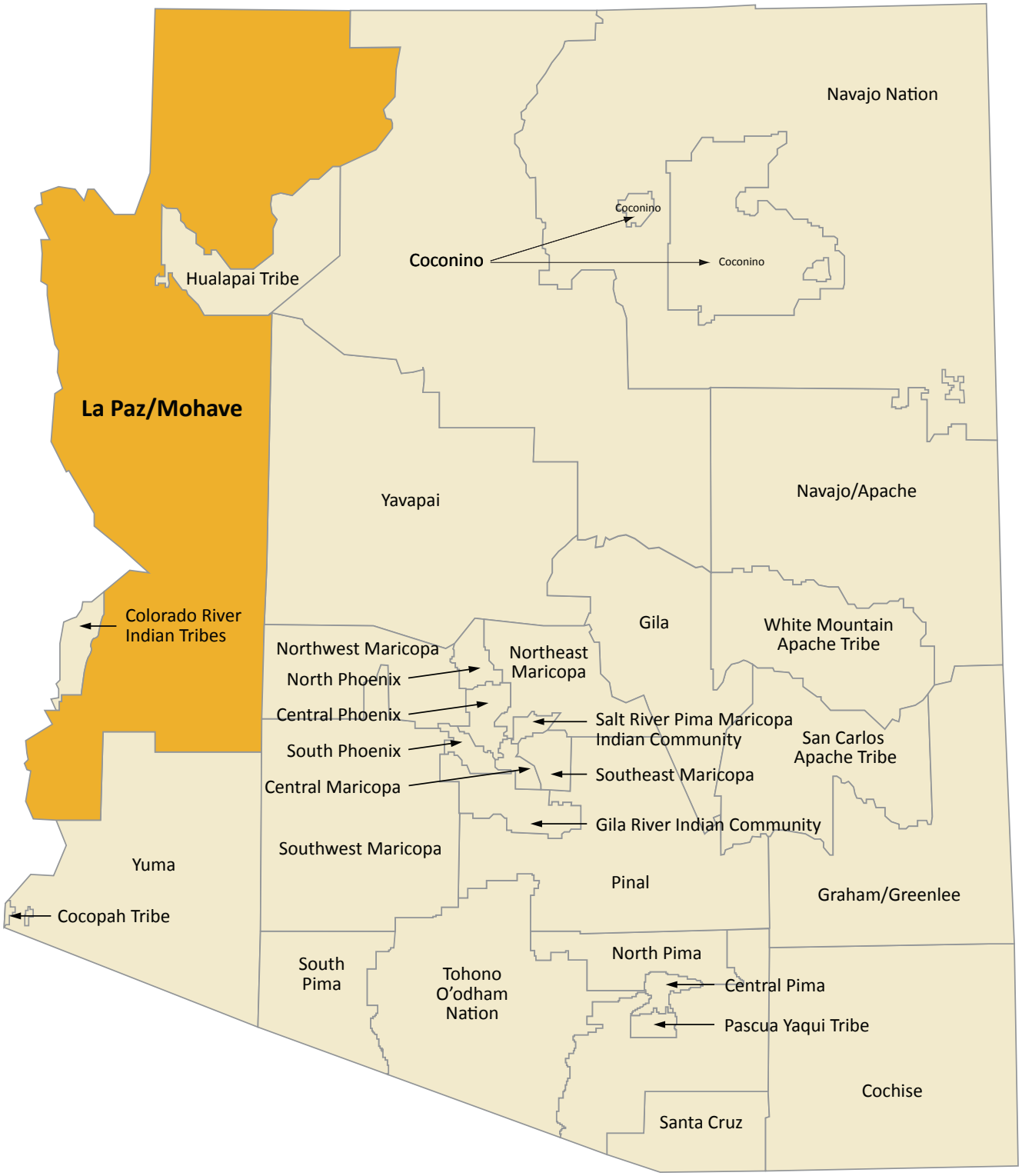
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Message from the Chair

Message from the Chair

The 2010 La Paz/Mohave Regional Needs and Assets Report is the second in a series of assessments conducted every two years for the First Things First La Paz/Mohave Regional Partnership Council. The assessment provides a snapshot of the current status of children and families in the La Paz/Mohave Region. It is a collection of useful data and community information that will be used to help determine how best to invest resources to improve the lives of young children and families in the region.

The La Paz/Mohave Regional Partnership Council takes great pride in the progress made over the past two years. Together with our community partners, we are delivering on our promise to build a solid foundation for young children and their families. Strong relationships with partners throughout the region have allowed us to expand access to quality early learning settings, provide preventive health screenings to children who would not otherwise have them, and visit isolated and vulnerable families in their homes to support them in promoting their child's optimal development and health. In the process, we've touched the lives of many young children, families and early childhood professionals.

The La Paz/Mohave Regional Partnership Council would like to thank our Needs and Assets vendor, the University of Arizona Evaluation Research and Development Unit, for their knowledge, expertise and thoughtful analysis of the La Paz/Mohave region. This report provides substantial information not previously available in the region. It will guide our own decision-making and benefit child-serving organizations region-wide.

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

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

Thank you for your continued support.

Sincerely,

William Allsbrooks, Chair

La Paz/Mohave Regional Partnership Council

Introductory Summary and Acknowledgments

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

This Needs and Assets Report for the La Paz/ Mohave Geographic Region provides a clear statistical analysis and helps us in understanding the assets, needs, and gaps for young children and points to ways in which children and families can be supported.

The First Things First La Paz/Mohave Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. A strong focus in the La Paz/Mohave Region in the past year was working with stakeholders through-out the large region to further develop and refine the strategies required to reach our common goals. Great progress has been made in building the partnerships and relationships necessary to implement programs across the key focus areas of early learning, health and family support to meet the varying needs of young children and families. This report provides data that will aid the Council's ongoing strategic planning and help to build a comprehensive statewide early childhood system.

Acknowledgments:

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

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

Our gratitude is also given to 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. In addition, our grantees: Child and Family Resources, Social Services Interagency Council of Lake Havasu, Mohave County Department of Public Health, Arizona's Children Association, Yuma Community Food Bank, Salvation Army Kingman Corps, Kingman Area Food Bank, the Learning Center for Families, the Association for Supportive Child Care, Milemarkers Therapy, River Cities Community Clinic, Mohave County Superior Court, Littlefield Unified School District, Topock Elementary School District, E.Q. Scholars Inc., Mohave Valley Elementary School, and the Fort Mojave Indian Tribe, are our partners and allies in advancing the early childhood movement in La Paz and Mohave Counties and we are honored to work alongside them. We'd also like to thank all the individuals throughout the region who took the time to talk and meet with us to provide information for the 2010 Needs and Assets Report. This input was invaluable to understanding the needs and assets of young children and their families throughout the La Paz/Mohave region.

Executive Summary

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

The La Paz/Mohave Region had a population of about 175,000 residents in 2009, including nearly 16,000 children under the age of six. This represents an increase of over 35 percent from the 2000 estimate of nearly 12,000 young children in the Region. In addition, an increasing proportion of the residents in the Region are children under six (from 7% of the population in 2000 to 9% in 2009). Although the rate of population growth in the Region overall is similar to that in the rest of the state, there is great diversity in the rate of growth across communities. Most of the growth has occurred in the larger communities in Mohave County; the population in La Paz County has remained essentially unchanged. The Region also has a substantial population of migrant and seasonal farmworkers, particularly in La Paz County, including an estimated 300 children under six.

Although only about 11 percent of the population across the Region identifies as Hispanic, and only one percent as American Indian, there is great variability in ethnic diversity in communities, especially among the population of young children. For instance, about 40 percent of the population on the Fort Mojave Indian Reservation report being American Indian, and 81 percent of the children enrolled in elementary school in Wenden are reported as Hispanic.

The La Paz/Mohave Region lags behind the state in the educational attainment of its adults. Fewer have high school diplomas (or GEDs), and substantially fewer have college educations, limiting employment opportunities for many in the Region. Approximately one in every seven of the Region's residents lives in poverty, as do approximately one in every four of the Region's children under six. Poverty estimates from 2000 and 2008 show that the percentage of young children living in poverty has increased slightly for Mohave County from 24 to 26 percent, and more for La Paz County from 31 to 44 percent.

There is capacity for only about one in four of the Region's children in its 95 licensed or certified childcare providers in the Region, and there has been a sharp decrease (81%) in the number of children from low-income families supported by the Early Childhood Block Grant program in the Region. Parents across the Region reported concerns about the affordability and quality of child care options, also citing trouble with transportation and the limited hours of care available. Because of these concerns, and also because of a value-based preference for home care in some instances, many families report that their children are cared for by family and friends. The Region's Head Start and Early Head Start programs are seen as important assets in the communities served by them, as is the Fort Mojave Indian Tribe Child Care Center. Public schools are also often seen as valuable community assets, offering information and referral to other services and agencies.

Living in "small, safe communities" was cited as one of the best aspects of parenting in the Region. Although parents report several advantages to living in small communities in the Region, such as being connected to other residents, and having smaller class sizes in schools, many also report a lack of activities for young children in their communities, especially places for children to interact and play during the heat of the summer. Statewide funding cuts to the Division of Children, Youth and Families has led to reduced staffing, reduction in preventative and family support services, and decreases

in the amount of in-home services provided, which has been noted with concern by parents and key informants involved in the child welfare system in the Region. Both providers and parents cited an insufficient number of foster placements available, particularly in La Paz County, as well as a lack of group homes or emergency shelters for families who are in crisis. However, the Fort Mojave Indian Tribe is implementing an innovative domestic violence program that includes many culturally appropriate services.

Access to health care is problematic for the La Paz/Mohave Region, with all but the area around Lake Havasu City being designated as Arizona Medically Underserved Areas. The larger communities are served by hospitals and community health clinics, and local health clinics provide services in outlying communities. All of these are seen as important resources in their communities. However, there are few pediatricians, even in the larger communities, and no pediatric specialists. Prenatal care is often not as widespread as it should be, particularly in more outlying areas. The infant mortality rate is higher in many of the Region's communities than in the state as a whole, as is the rate of teen-age births. Nearly one out of four of the Region's residents are enrolled in the Arizona Health Care Cost Containment System (AHCCCS, Arizona's Medicaid) and about 15 percent of children in the area lack health insurance. Given the increasing unemployment rates in the Region, these percentages are likely to grow.

Data from the Region suggest that very young children may not be being screened and evaluated for services consistent with the likely rate of developmental delay in the area. Even when delay is diagnosed, parents and other key informants in the Region identified a lack of available therapeutic services for children with special health care needs. The lack of access to care is a combination of an absence of providers, the need to travel long distances to obtain services, and the untenable cost of services. Key informants cited difficulty in hiring therapists for open positions, and parents cited failure to meet severe deficit criteria to qualify for covered services. The low population density in the area, and the generally low wage structure and educational attainment in the Region, are serious barriers to recruiting and retaining highly skilled and in-demand medical and developmental specialists. The limited infrastructure for general medical care in the more remote areas is another substantial hurdle. In addition, there are few appropriate special educational placements for very young children, and limited staff with expertise in special education.

Although the challenges to providing comprehensive, high quality early childhood development and health services across this large, diverse Region are many, there are substantial assets in the region, as well, including close-knit social networks of local advocates who are interested in young children's issues. Leveraging these community networks to identify resources, integrate services, and communicate with families has been and will continue to be a goal of the La Paz/Mohave Regional Partnership Council and their partners in the Region as they strive to improve the health, well-being and educational readiness of the young children in their area.

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

The information included in this report was obtained from publicly available sources, data obtained from various state agencies by First Things First and findings from qualitative data collection that was conducted specifically for this report. Because there is great variability among the different population centers in the region and data are not always available at that local level, the La Paz/Mohave Regional Partnership Council (RPC) was interested in obtaining more detailed information about the smaller, rural communities in the region. The RPC was also interested in learning about the needs of and resources to specific sub-groups of population such as foster parents and parents of children with special needs. Qualitative methods were deemed the most appropriate way to gather information for these purposes. Key informant interviews with knowledgeable individuals and interviews with parents of children aged 0-5 years throughout the Region were undertaken to uncover from parent and community members' perspectives, what the assets and needs were for young children in the Region. Appendices S to U provide more detailed information about the qualitative data collection methods, instruments and location of data collection sites.

General Population Trends

Geographically, the La Paz/Mohave Region consists of the two counties of La Paz and Mohave, excluding three reservation areas (Colorado River Indian Tribes, Hualapai, and Kaibab), but including the Arizona portion of the Fort Mojave Indian Tribe reservation (First Things First, 2010a). The Colorado River Indian Tribes and the Hualapai Tribe have each formed a Regional Partnership Council to administer their First Things First programs. The Fort Mojave reservation is part of the La Paz/Mohave Region, and the Kaibab reservation is part of the Coconino Region. The map below (Figure 1) shows the geographical area covered by the La Paz/Mohave Region.

Figure 1. Geographical area of the La Paz/Mohave Region

La Paz/Mohave Region

0 20 40 60 80 100 Miles

According to US Census data (U.S. Census Bureau, 2000a), the La Paz/Mohave Region had a total population of 165,739 in the year 2000 (the most recent year for which detailed population data are available), of whom 11,736 were children under the age of six. Table 1 lists the 2000 populations for both counties, and for the portions of each reservation which lie in one of the two counties.

Table 1. Population by area in the La Paz/Mohave Regional Partnership Council

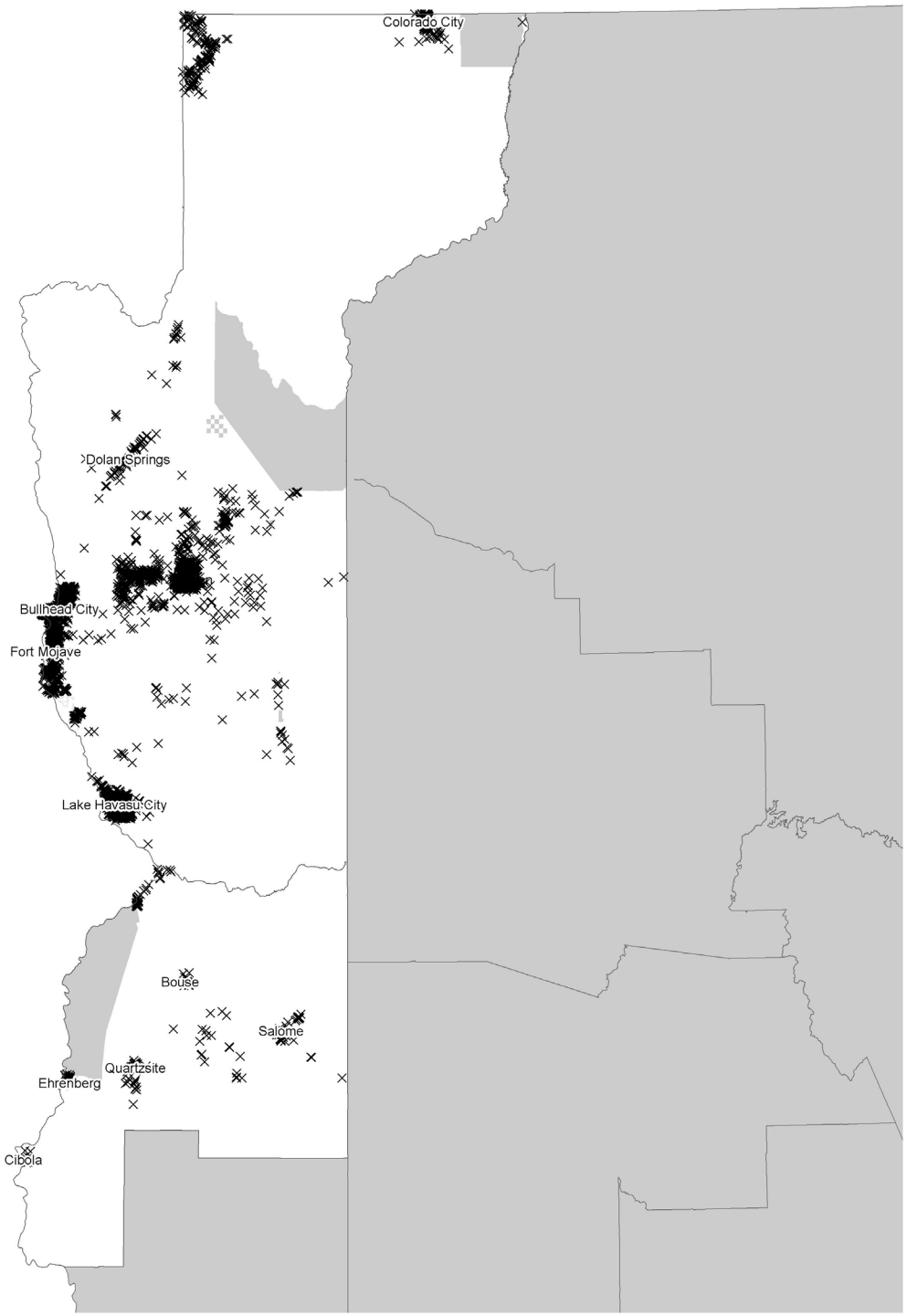
	TOTAL POPULATION	CHILDREN 0 TO 5 YEARS OLD	NUMBER OF HOUSEHOLDS
Arizona	5,130,632	459,141	1,901,327
La Paz County	19,715	1,195	8,362
Colorado River Indian Tribes (La Paz part)	7,466	720	2,425
Mohave County	155,032	11,454	62,809
Fort Mojave Reservation (Mohave part)	773	87	244
Hualapai Reservation (Mohave part)	1,351	157	350
Kaibab Reservation (Mohave part)	191	36	64
La Paz County minus CRIT	12,249	475	5,937
Mohave County minus Hualapai and Kaibab	153,490	11,261	62,395
LA PAZ/MOHAVE REGION	**165,739**	**11,736**	**68,332**

Source: US Census Bureau, 2000a, Tables P14 and P15

Almost all of the children in Mohave County are included in the La Paz/Mohave Region. Only about two percent of the children under six in Mohave County are on the three reservations not included in this Region. In contrast, about 60 percent of the young children in La Paz County live within the Colorado River Indian Tribe Region. Therefore, whereas county-level estimates may be appropriate to use for the Mohave portion of the La Paz/Mohave Region when reservation-specific data are not available, the La Paz portion should, when possible, be adjusted down by Colorado River Indian Tribes (CRIT) numbers.

Figure 2 shows the geographical distribution of children under six in the two counties, according to the 2000 U. S. Census. A dot on the map represents one child. The dots do not pinpoint each child's location, but are placed generally in each census block in which a young child was living in 2000.

Figure 2. Geographic distribution of children under six according to the 2000 Census (by census block)



La Paz/Mohave Region

The Census Bureau produces annual estimates of population in each of the nine years between censuses. The estimates for 2009 were recently released, and are summarized in the table below (U.S. Census Bureau, 2009). Although these between-census estimates are informative, they are much less detailed than the decennial census data; they cover total populations only. Therefore, we will need to continue to rely on 2000 estimates for detailed estimates throughout the report.

Table 2. Comparison of 2000 and 2009 U.S. Census estimates

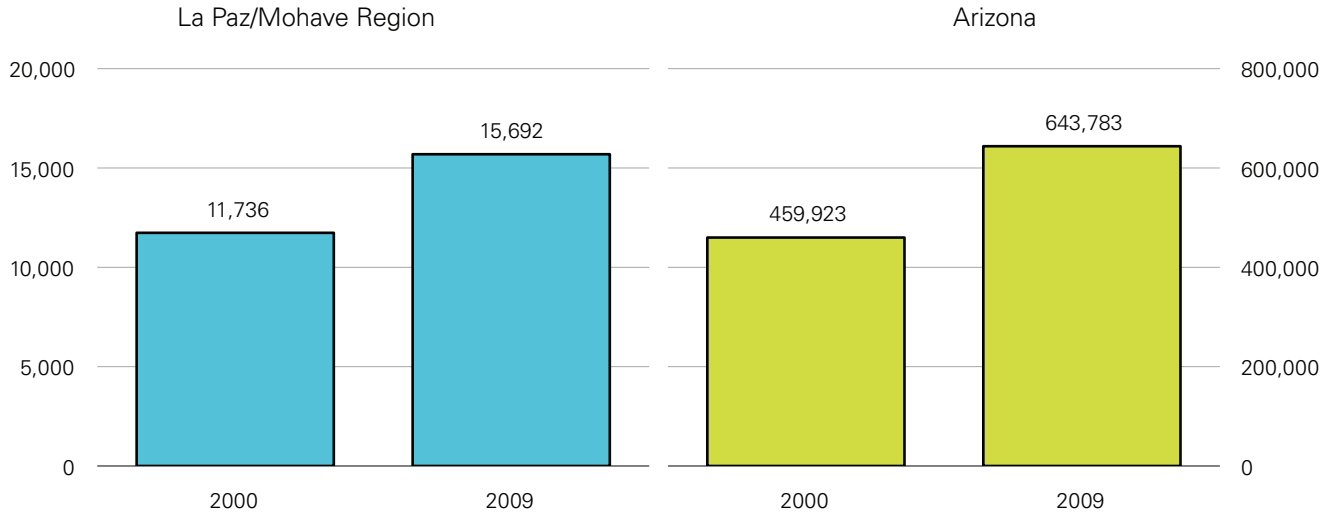
GEOGRAPHIC AREA	CENSUS 2000 (APRIL 2000)	POPULATION ESTIMATES (JULY 2009)	ESTIMATED POPULATION CHANGE
Arizona	5,130,632	6,595,778	29%
La Paz County	19,715	20,012	2%
Quartzsite	3,354	3,466	3%
Parker	3,140	3,120	-1%
remainder of La Paz	13,221	13,426	2%
Mohave County	155,032	194,825	26%
Lake Havasu City	41,938	55,657	33%
Bullhead City	33,769	40,747	21%
Kingman	20,069	27,521	37%
Colorado City	3,334	4,668	40%
remainder of Mohave	55,922	66,232	18%

Source: US Census, 2000a (Table P1) & US Census, 2009 Population Estimates (Table T1)
Note: A 2009 estimate for the La Paz/Mohave Region cannot be calculated because there are no estimates of the population on reservations in 2009.

Population increases in Mohave (ranging from an 18% to a 40% increase) tended to parallel that seen in the state as a whole which had a 29% increase, whereas the population in La Paz County has not changed much since 2000. Within Mohave County, Lake Havasu City, Kingman and Colorado City appear to have grown at an even greater rate than the state as a whole whereas the more rural areas have had a slower growth rate.

An increasing proportion of the residents in the Region are children under the age of six. In 2000, there were 11,736 children ages birth through five in the La Paz/Mohave Region, representing 7 percent of the total population. In 2009, there were estimated to be 15,692 children ages birth through five in the Region (First Things First, 2010b), representing 9 percent of the population (**see Figure 3**).

Figure 3. Increases in the number of children 0 to 5 in the La Paz/Mohave Region, and in the state.



Source: First Things First, 2010b

The number of children in the Region has increased 34% from 2000 to 2009. This rate is slightly lower than the 40% increase in the state as a whole.

As the population has grown, there are increasing numbers of young children in need of services and developmental opportunities in the Region. Although much of the growth has occurred in the relatively densely populated areas of the Region, these communities are dispersed throughout a wide geographical area. Although there has been less overall growth in the outlying areas, there has been substantial growth from 2000 to 2009 in the total number of people living outside of the largest towns.

The total number of families in the Region increased by about 20 percent between 2000 and 2006-2008, from 46,613 to 56,124 [1]. Assuming that the proportion of those families that included a child or children 0-5 was similar to that in 2000 (8%), approximately 4490 of those families included a child under 6.

Additional Population Characteristics

In the La Paz/Mohave Region, according to 2000 Census data, about 86 percent of the children under six years old were living with at least one parent (U.S. Census Bureau, 2000b). Most of the rest (12%) were living with relatives other than their parents (such as grandparents, uncles, or aunts). Only 2 percent were living with unrelated persons. The distribution is almost identical to that of the state as a whole. Some individual places in the region had higher or lower fractions of young children living with parents. Notably, in Colorado City, 94 percent of young children were living with one or both parents. In the Fort Mojave reservation, only 75 percent were doing so.

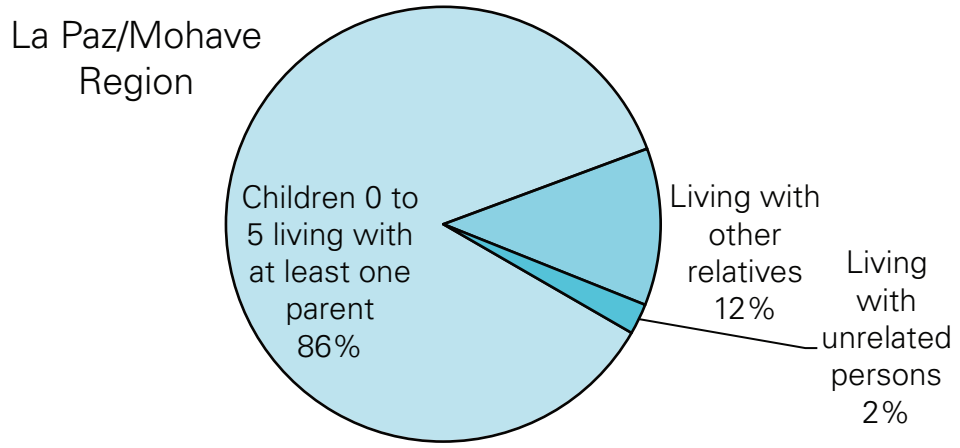
1 These estimates are based on combining county-level family household estimates from the Mohave and La Paz County fact sheets Selected Social Characteristics in the United States: 2006-2008, based on the American Community Survey accessed at factfinder.census.gov on 11 August 2010

Table 3. Relationship to head of household for children 0 to 5 years of age

	POPULATION 0 TO 5	CHILDREN 0 TO 5 LIVING WITH AT LEAST ONE PARENT		CHILDREN 0 TO 5 LIVING WITH OTHER RELATIVES (NOT PARENTS)		CHILDREN 0 TO 5 LIVING WITH UNRELATED PERSONS	
Arizona	459,141	391,021	85%	59,688	13%	7,789	2%
La Paz County	1,195	987	83%	183	15%	25	2%
CRIT (La Paz part)	720	584	81%	122	17%	14	2%
Mohave County	11,454	9,840	86%	1,345	12%	264	2%
Fort Mojave Reservation (Mohave part)	87	65	75%	21	24%	1	1%
Hualapai Reservation (Mohave part)	157	121	77%	30	19%	6	4%
Kaibab Reservation (Mohave part)	36	31	86%	4	11%	1	3%
La Paz minus CRIT	475	403	85%	61	13%	11	2%
Mohave minus Hualapai and Kaibab	11,261	9,688	86%	1,311	12%	257	2%
LA PAZ/MOHAVE REGION	**11,736**	**10,091**	**86%**	**1,372**	**12%**	**268**	**2%**

Source: US Census Bureau, 2000b, Table P29

Figure 4. Relationship to head of household for children 0 to 5 in the La Paz/Mohave Region.



Source: U.S. Census Bureau, 2000b

Although US Census data do not contain information on the numbers of families headed by grandparents, the American Community Survey allows for the development of some rough estimates (U.S. Census Bureau, American Community Survey, 2006-2008). Based on those data, we would estimate that about 150 families in the Region include grandparents who are responsible for their grandchildren under the age of 5 (140 from Mohave County, and 10 grandparents from La Paz). This represents roughly four percent of the estimated number of families with children 0-5 years of age in the Region. Based on the data contained in Figure 4 above, it may be up to two to three times that number.

Overall, eighty-five percent of the people living the Region identified themselves as White, not Hispanic (U.S. Census Bureau, 2000c). Of the rest, most (11%) identified as Hispanic or Latino (of any race). Very few (less than one percent) identified as American Indian, Black, Asian, or both White and American Indian.

However, there was great variation among some of the communities in the Region in terms of ethnic breakdown. School enrollment data can provide an interesting snapshot of the differences in ethnic

breakdown among the youngest segment of the population in the Region. For instance, in La Paz County, where 64 percent of the total population identifies as White, the Salome Elementary School reports that 62 percent of the students enrolled are Hispanic, and only 36 percent are White. At the Wenden Elementary School an even higher proportion of the students are Hispanic (81%), with only 13 percent of the student population reported as White. In contrast, the Bouse Elementary School reports that 81 percent of its students identify as White, 15 percent as Hispanic, and four percent as African American. All of these schools are located in what's known in the County as the 'outlying communities,' which are 35 miles or less apart from each other.

Table 4. Racial and ethnic breakdown of the La Paz/Mohave Region population

	TOTAL POPULATION	HISPANIC OR LATINO	NOT HISPANIC OR LATINO				
			WHITE	AMERICAN INDIAN	BLACK OR AFRICAN AMERICAN	ASIAN	WHITE AND AMERICAN INDIAN
Arizona	5,130,632	25%	64%	5%	3%	2%	0%
La Paz County	19,715	22%	64%	11%	1%	0%	1%
Colorado River Reservation (La Paz part)	7,466	38%	32%	26%	1%	0%	1%
Mohave County	155,032	11%	84%	2%	1%	1%	1%
Fort Mojave Reservation (Mohave part)	773	26%	34%	38%	0%	1%	1%
Hualapai Reservation (Mohave part)	1,351	5%	5%	90%	0%	0%	0%
Kaibab Reservation (Mohave part)	191	10%	21%	63%	0%	0%	3%
La Paz County minus Colorado River Reservation	12,249	13%	83%	2%	1%	0%	1%
Mohave County minus Hualapai and Kaibab	153,490	11%	85%	1%	1%	1%	1%
LA PAZ/MOHAVE REGION	**165,739**	**11%**	**85%**	**1%**	**1%**	**1%**	**1%**

Source: US Census Bureau, 2000c, Table P4

The Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona (Larson, 2008) attempts to estimate the population of migrant and seasonal farmworkers [2] in Arizona based on data from a variety of sources. The estimates from this report are shown in **Table 5**. Although La Paz County has a much smaller population than Mohave County (**Table 1**) its population of migrant and seasonal farmworkers is substantially larger, with 2,732 estimated migrant and seasonal farmworkers in La Paz County and only 171 in Mohave County **(Table 5**). In fact, La Paz County has the fourth largest population of migrant and seasonal farmworkers in the state (after Yuma, Maricopa, and Pinal counties). This reflects the importance of agriculture as one of the main economic activities in the county (Arizona Department of Commerce, 2009a). In addition, based on the data available, there are an estimated 1,035 migrant and seasonal farmworkers in the Colorado River Indian Tribes Region, with an estimated 167 children 0 to 5 years of age in these households. Although the U.S. census attempts to count all persons, it is not clear whether the entire migrant and seasonal farmworkers population can be assumed to be included in census estimates. Nevertheless, note that for Mohave County the estimate of children 0 to 5 associated with migrant and seasonal farmworkers

2 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).

households is small (28; **Table 5)** compared to 11,454 children 0 to 5 in Mohave County as a whole (Table 1). Whereas, in La Paz County the number of children 0 to 5 in migrant and seasonal farmworkers families is large (442; **Table 5**) compared to 1,195 children 0 to 5 in La Paz County as a whole (**Table 1**).

Table 5. Estimated number of migrant and seasonal farmworkers, their families, and children 0 to 5 years of age in La Paz and Mohave counties

	MIGRANT AND SEASONAL FARMWORKERS (MSFW)	NON-FARMWORKERS IN THESE HOUSEHOLDS	TOTAL NUMBER IN MSFW HOUSEHOLDS	ESTIMATED NUMBER OF CHILDREN 0 TO 5 IN MSFW HOUSEHOLDS
La Paz & Mohave counties	2,903	2,485	5,388	470
La Paz County	2,732	2,339	5,071	442
Mohave County	171	146	317	28
Colorado River Indian Tribes	1,035	886	1,921	167

Source: Larson, A.C. (2008) Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona

Results from interviews with parents and key informants in the Region indicate that there is a lack of services for the children of Spanish-speaking Hispanic and farmworker families, especially in the outlying communities in La Paz County and in communities such as Littlefield/Beaver Dam in Mohave County.

Although the exact number is unknown, both key informants and community members indicated that many of the Hispanic residents in these communities are undocumented and there is a lot of fear about a possible encounter with immigration authorities that might end in their deportation. One mother recounted her difficulties accessing health care for her children due to her fear of driving and being stopped by immigration authorities. It is clear that this fear is one of the main challenges faced by this particular population. It defines a lot of their daily activities (e.g. from their routes to work, the time they spend out in the street, their willingness to talk to "strangers") and their attitude towards government services (even to services for their U.S. citizen children who would otherwise qualify for them). This area used to be considered 'safe' but recently there has been an increased presence (more raids, daily rounds) by immigration authorities. Recent legislation enacted in Arizona (SB1070) is likely to heighten the fear, isolation and vulnerability experienced by the immigrant residents in the area.

Economic Circumstances

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. In the 2000 census, the percentage of people living in poverty was about the same in Mohave County as in the state as a whole (14%; **Table 6**) (U.S. Census Bureau, 2000d). In La Paz County (excluding the Colorado River Indian Tribes), however, 18 percent of the population was living in poverty. We see the same pattern for the population of children under the age of six. More than one-quarter of the La Paz children were in poverty in 2000.

Table 6. Estimates of persons living below the U.S. Census poverty threshold level

	ESTIMATED PERSONS OF ALL AGES LIVING IN POVERTY		ESTIMATED CHILDREN 0 TO 5 LIVING IN POVERTY	
Arizona	698,669	14%	94,187	21%
La Paz County	3,798	20%	350	31%
CRIT (La Paz part)	1,590	22%	234	33%
Mohave County	21,252	14%	2,701	24%
Fort Mojave Reservation (Mohave part)	133	18%	29	35%
Hualapai Reservation (Mohave part)	462	36%	58	38%
Kaibab Reservation (Mohave part)	75	32%	34	69%
La Paz minus CRIT	2,208	18%	116	27%
Mohave minus Hualapai and Kaibab	20,715	14%	2,609	24%
LA PAZ/MOHAVE REGION	**22,923**	**14%**	**2,725**	**24%**

Source: US Census Bureau, 2000d, Table P87

In years between decennial census, the Census Bureau provides estimates of poverty and median income as Small Area Income and Poverty Estimates (SAIPE). (Unfortunately, there are no separate estimates made for reservation lands, so we will discuss the entire population of the two counties.) The SAIPEs for 2008 are shown in **Table 7** (U.S. Census Bureau, Small Area Estimates Branch, 2008a). Compared to the 2000 estimates (**Table 6)** the percentage of young children living in poverty has increased slightly for the state from 21% to 23%, for Mohave County from 24% to 26% and for La Paz County from 31% to 44%. The median household income rate in La Paz County is lower than that of Mohave County, and this income rate puts La Paz County in the lowest 20% of counties nationwide in terms of median household income.[3] In contrast, Mohave County's higher income rate puts it in the middle 20% of counties nationwide in terms of median household income.

Table 7. 2008 Small Area Income and Poverty Estimates (SAIPE)

	MEDIAN HOUSEHOLD INCOME	ESTIMATED PERSONS (ALL AGES) LIVING IN POVERTY		ESTIMATED YOUNG CHILDREN (0 TO 4) LIVING IN POVERTY	
Arizona	$51,009	935,247	15%	116,264	23%
La Paz County	$32,973	5,162	26%	477	44%
Mohave County	$38,641	32,438	17%	3,171	26%

Source: US Census Bureau, Small Area Estimates Branch, 2008a

3 Data assembled by Robert Benincasa and Nelson Hsu of National Public Radio from US Bureau of Labor Statistics and Nielson Claritas. Available at: http://www.npr.org/templates/story/story.php?storyId=111494514&sc=nl&cc=bh-20090807 Accessed July 22, 2010.

Economic data concur that incomes in La Paz and Mohave counties are lower than those in the rest of the state; the state median household income in 2008 was $51,009 compared to $38,641 for Mohave County and $32, 973 for La Paz County. The median hourly wage in La Paz was $10.79; in Mohave County, it was $13.34 (Arizona Department of Commerce, 2009b).

Poverty estimates for school-aged children (5 to 17) by school district are also available from the 2008 SAIPE (U.S. Census Bureau, Small Area Estimates Branch, 2008b). As can be seen in **Table 8**, poverty rates vary greatly throughout the Region. Wenden, Bouse, and Colorado City school districts have especially high poverty rates (61%, 47%, and 42% of school-aged children living on incomes below the poverty threshold, respectively). The Lake Havasu and Mohave Valley districts have the lowest rates of poverty; still, even there nearly one in every five school-aged children are living in poverty.

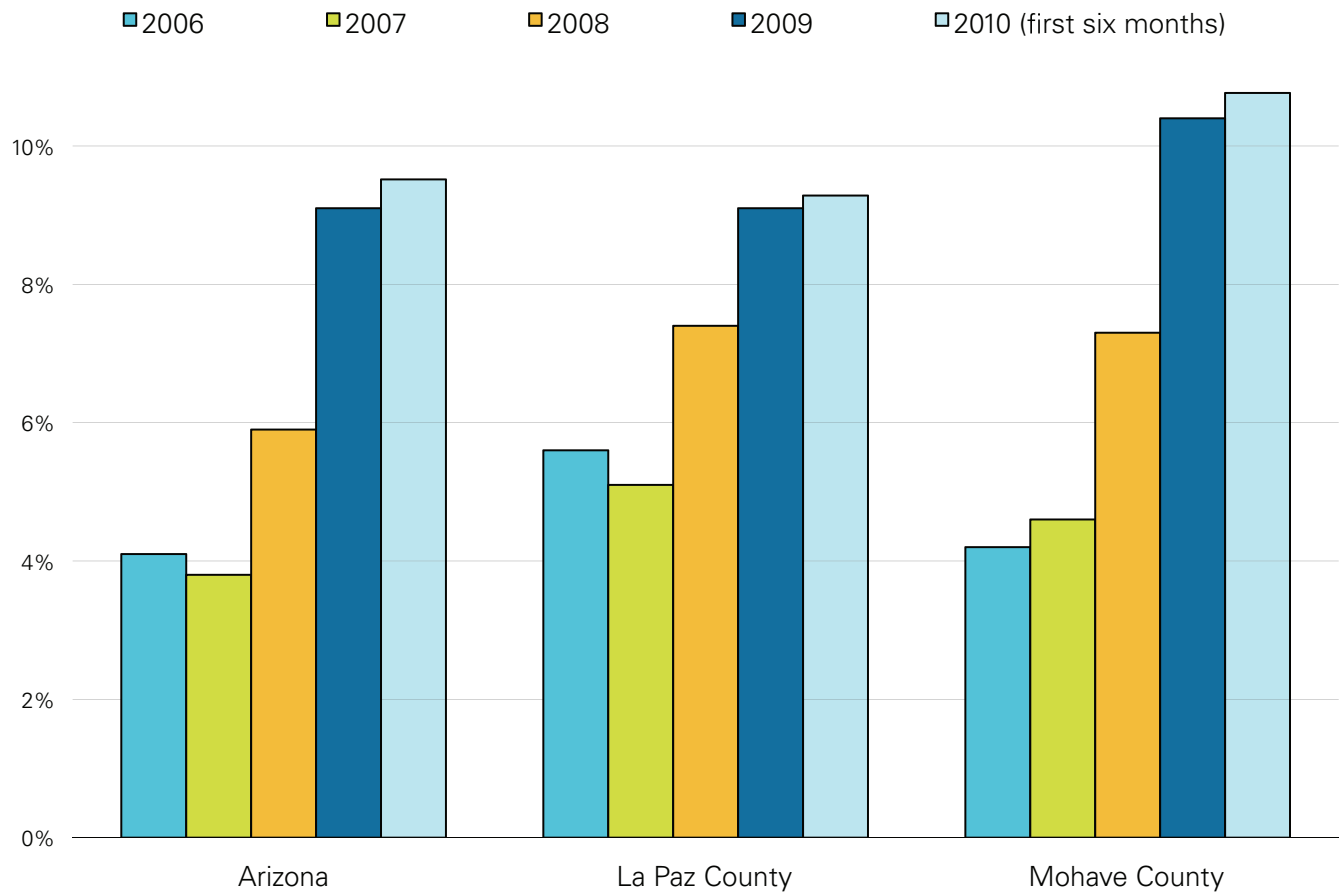
Table 8. 2008 Small Area Income and Poverty Estimates for school-aged children by school district

SCHOOL DISTRICT	ESTIMATED 2008 POPULATION (ALL AGES)	ESTIMATED NUMBER OF SCHOOL CHILDREN (5 TO 17)	ESTIMATED SCHOOL CHILDREN (5 TO 17) LIVING IN POVERTY	
Wenden Elementary District	649	82	50	61%
Bouse Elementary District	843	32	15	47%
Colorado City Unified	5,323	1,902	798	42%
Salome Consolidated Elem. District	2,074	162	62	38%
Topock Elementary District	2,845	209	74	35%
Yucca Elementary District	452	34	12	35%
Parker Unified	10,984	1,697	592	35%
Bullhead City School District	43,046	4,824	1,329	28%
Quartzsite Elementary District	5,536	288	74	26%
Owens-Whitney Elem. District	690	86	22	26%
Littlefield Unified	2,005	333	73	22%
Kingman Unified	61,993	10,090	2,092	21%
Hackberry School District	1,515	197	37	19%
Mohave Valley Elem. District	20,104	2,479	447	18%
Lake Havasu Unified	56,427	7,586	1,346	18%

Source: US Census Bureau, Small Area Estimates Branch, 2008b

The unemployment rates in the two counties are not much different from that of the whole state. According to the federal Bureau of Labor Statistics, in June of 2010, La Paz County's rate was identical to that of the state as a whole (9.7% for each), and Mohave County's rate (10.7%) was only slightly higher (Arizona Department of Commerce, Research Administration, CES/LAUS Unit 2010). **Figure 5** shows the change in unemployment over time. Since 2006, the annual unemployment rate in Mohave County rose at a higher rate (156%) than the state as a whole (132%). However, although unemployment in La Paz County also increased during this period, it only went up by half the state's rate (66%).

Figure 5. Annual unemployment rates for the state, and La Paz and Mohave counties



Source: Arizona Department of Commerce, Research Administration, CES/LAUS Unit, 2010

In contrast to its higher median household income, the home foreclosure rate in Mohave County is 12 times that seen in La Paz County. In May 2010, the home foreclosure rate for Mohave County was 1 foreclosure for every 190 homes in the county.[4] For La Paz County, the foreclosure rate was 1 for every 2,241 homes. La Paz County's rate is in the mid-range of foreclosure rates across the country, and is the third-best rate across Arizona counties (behind Apache and Greenlee counties).

Public assistance programs in Arizona include Temporary Assistance for Needy Families (TANF) (which provides cash assistance to eligible families) and the Supplemental Nutrition Assistance Program (SNAP) (formerly, food stamps) (Arizona Department of Economic Security, 2010). Table 9 gives a summary of enrollment in these programs for La Paz and Mohave counties and the state as a whole. In the entire state of Arizona, the number of children under six receiving TANF benefits increased 14 percent (20,867 to 23,866) from January 2007 to January 2010. This may be related to TANF guidelines implemented statewide in 2007 that expanded eligibility for this short-term assistance as a "diversion" program away from longer-term assistance (Administration for Children and Families, Office of Planning, Research and Evaluation, 2008). In La Paz and Mohave counties, however, the number decreased over the same period. In La Paz, 20 percent fewer (117 to 94) children were receiving TANF than three years earlier. In Mohave County, there was an 8 percent decrease (676 to 620). State budget cuts that reduced TANF cash grants to over 38,500 families statewide may have contributed the reduction in the Region.

4 Data assembled by Robert Benincasa and Nelson Hsu of National Public Radio from Realty Trac, Inc.; and Nielson Claritas. Available at: http://www.npr.org/templates/story/story.php?storyId=111494514&sc=nl&cc=bh-20090807 Accessed July 22, 2010.

Table 9. Children (Age 0-5) Receiving Public Assistance

	JANUARY 2007	JUNE 2007	JANUARY 2009	JUNE 2009	JANUARY 2010
TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)					
Arizona	20,867	19,646	24,273	23,746	23,866
La Paz County	117	104	117	96	94
Mohave County	676	654	777	669	620
SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)					
Arizona	134,697	139,170	179,831	199,367	215,837
La Paz County	606	596	676	715	734
Mohave County	4,362	4,538	5,823	6,174	6,736

Source: Arizona Department of Economic Security, 2007, 2009

Comparisons of TANF data with census data by zip code tabulation area (ZCTA; **Table A2 in Appendix A)** suggest that, in almost all of the well-populated parts of the Region, the percentage of children receiving TANF is close to, but less than, 10 percent. Across the counties, the percent of children in La Paz County on TANF is approximately twice the percent in Mohave County (8% versus 5%; **Table A2**). Key informant interviews suggested that part of the explanation for this high enrollment level in La Paz County was a public health nurse in Parker who is a strong advocate for families, and encourages uptake of this resource.

A clear exception to the general pattern seen in Mohave County is the Colorado City area. There, almost no children under six received TANF. The maximum caseload there in the five months for which data are available was five children. This is consistent with qualitative data gathered from that area, indicating that parents report a reluctance to apply for state or federal assistance (see *Early Care and Education, Additional Qualitative Findings, Culture of Self-Reliance,* below).

The number of young children in Arizona receiving SNAP assistance was 60 percent higher in January 2010 than it was three years earlier (Arizona Department of Economic Security, 2007, 2009). The rate of increase for Mohave County was comparable (54 percent; 4,362 to 6,736). La Paz County, however, saw a much lower rate of increase, only 21 percent (606 to 734). The percent of children under six years of age receiving SNAP is higher in La Paz County (59%) than Mohave County (43%) and both counties have higher rates than seen in the state as a whole (34%; **Table A2)**.

Educational Indicators

Levels of education tend to be lower in La Paz and Mohave counties than in the state as a whole **(Table 10**). High school drop-out rates are 60 to 80 percent higher in La Paz and Mohave counties, respectively, than the state as a whole (U.S. Census Bureau, 2000f), and these counties have less than half the state's rate of college-educated adults (U.S. Census Bureau, 2000e). This lower level of educational attainment in the Region is linked with its higher poverty levels. In the state as a whole, the poverty rate among those with a college degree is 4 percent, compared to three times that rate (12%) for high school graduates, and six times that rate (25%) for adults without a high school education (U.S. Census, n.d.). It is also likely to affect employment opportunities for residents, and to have implications for the ability of employers to attract sufficient numbers of qualified staff.

Dropping out of school is also associated with a number of social and health problems that can go on to affect not only those adolescents but the next generation, including substance abuse and unintended pregnancy (Centers for Disease Control and Prevention & Health Resources and Services Administration, 2010a). Rates of babies born in 2008 to mothers without a high-school education in the Region were similar to the state as a whole (Arizona Department of Health Statistics, Vital Statistics, 2008). The La Paz County rate was just less than the rate for the state, but Mohave County had a higher rate, with nearly 30 percent of babies born to mothers without a high-school education.

Table 10. Educational indicators

	ARIZONA	LA PAZ COUNTY	MOHAVE COUNTY	SOURCE
School drop-out rate (grades 7 through 12)	4%	6%	7%	U.S. Census Bureau, 2000f
Adults (25 and older) without high school diploma or GED	16%	24%	19%	U.S. Census Bureau, American Community Survey, 2006-2008
Adults (25 and older) with bachelor's degree or more	25%	7%	11%	U.S. Census Bureau, American Community Survey, 2006-2008
Infants born to mothers with less than 12 years education	26%	24%	29%	ADHS Vital Statistics, 2008

The in-school performance of current students in the public elementary schools in the Region are measured by the Arizona Instrument to Measure Standards (AIMS) [5] and the Terra Nova standardized achievement tests.[6] The AIMS is used to track how well students are performing compared to state standards, and the TerraNova is used to compare students to their peers nationwide. Students in grades 2 and 9 take the TerraNova by itself, and students in grades 3 through 8 take a combination of the AIMS and TerraNova. Students must pass the grade 10 AIMS exam in order to graduate from high school.

In math, reading and writing, third-graders in La Paz County perform slightly more poorly on the AIMS when compared to children in the state as a whole, with 62 percent meeting or exceeding the standard in math, versus 71 percent in the state; 64 percent meeting or exceeding the standard in reading, versus 69 percent in the state;, and 66 percent meeting or exceeding the standard in

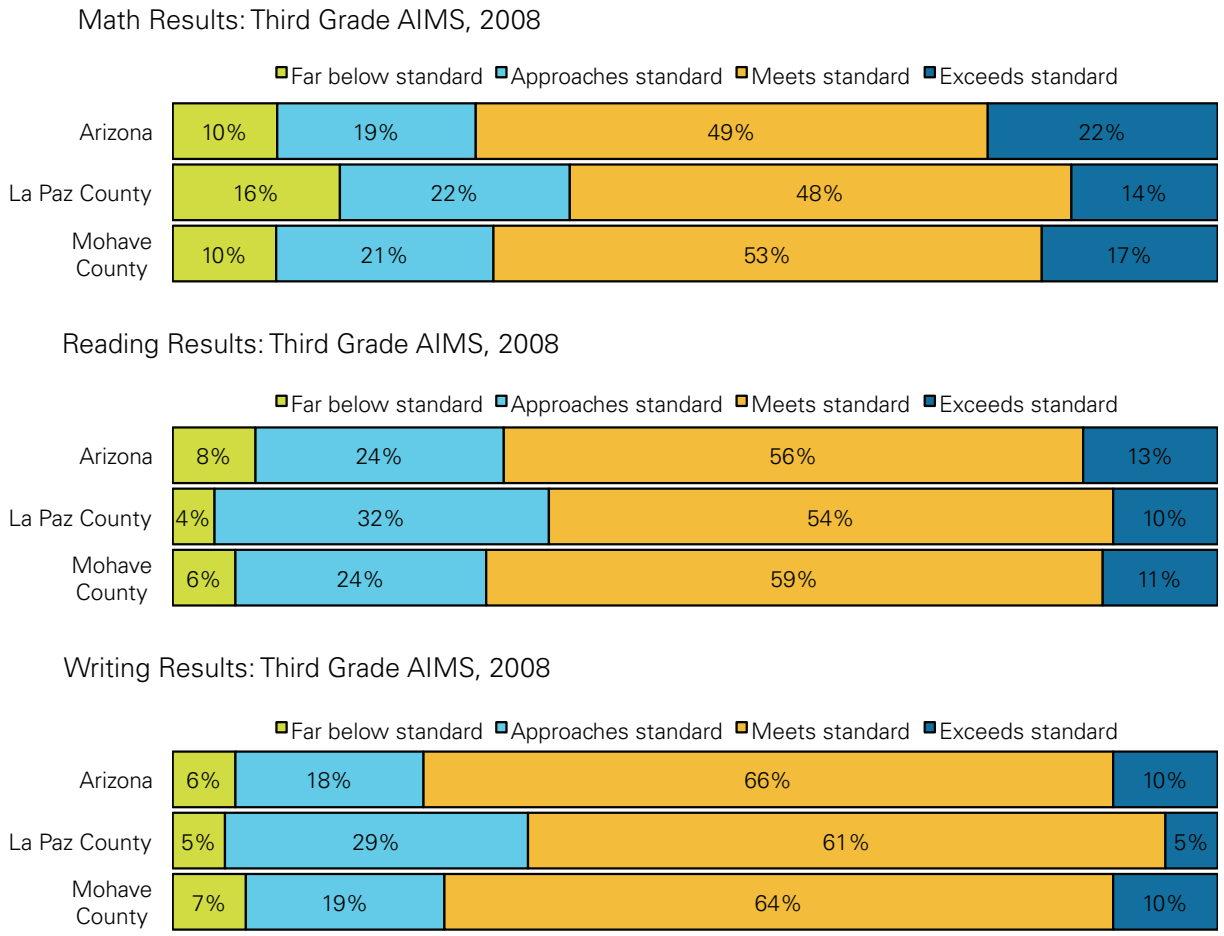
5 For more information on the AIMS test see the Arizona Department of Education's website: http://www.ade.state.az.us/aims/students.asp

6 The Terra Nova test is a McGraw Hill product. For more information see their site: http://www.ctb.com/ctb.com/control/productFamilyViewAction?productFamilyId=449&p=products.

writing, versus 76 percent in the state (Arizona Department of Education, 2010a and 2010b). In only one case, however does the percentage of students falling into the "far below standard" category exceed that of the state as a whole; in math, 16% La Paz County third graders fall "far below standard," compared to 10% Arizona-wide. For reading, four percent of La Paz County students fall into the "far below standard" category, compared to eight percent of students across the state, and for writing, five percent of La Paz County students fall into the "far below standard" category compared to six percent of students across Arizona.

Students in Mohave County fair better in terms of meeting and exceeding standards across all three subjects. In reading, Mohave County students slightly outperform students across the state with 70 percent meeting and exceeding standards, compared to 69 percent of Arizona students. The percent of students meeting and exceeding standards in math and writing in Mohave County are similar to the state, with 70 percent of Mohave County students and 71 percent of students across Arizona meeting or exceeding expectations in math, and 74 percent of Mohave County students meeting or exceeding expectations in reading compared to 76 percent of students across the state. (**See Figure 6**).

Figure 6. 2008 Results of the Arizona Instrument to Measure Standards (AIMS) Test



Source: Arizona Department of Education, 2010b

The results of the Terra Nova tests mirror the AIMS for Mohave County students with 2nd and 3rd graders performing similarly to students across the state in Terra Nova tests of math, reading and language. **(Figure 7**; Arizona Department of Education, 2010b). La Paz County 2nd graders, tested similarly to 2nd graders across the state in math and reading, and La Paz County 2nd graders ranked higher than average in their language skills compared to the state. However, third-graders in La Paz County scored slightly lower on the Terra Nova math and language tests compared to the state, and much lower on the test of reading.

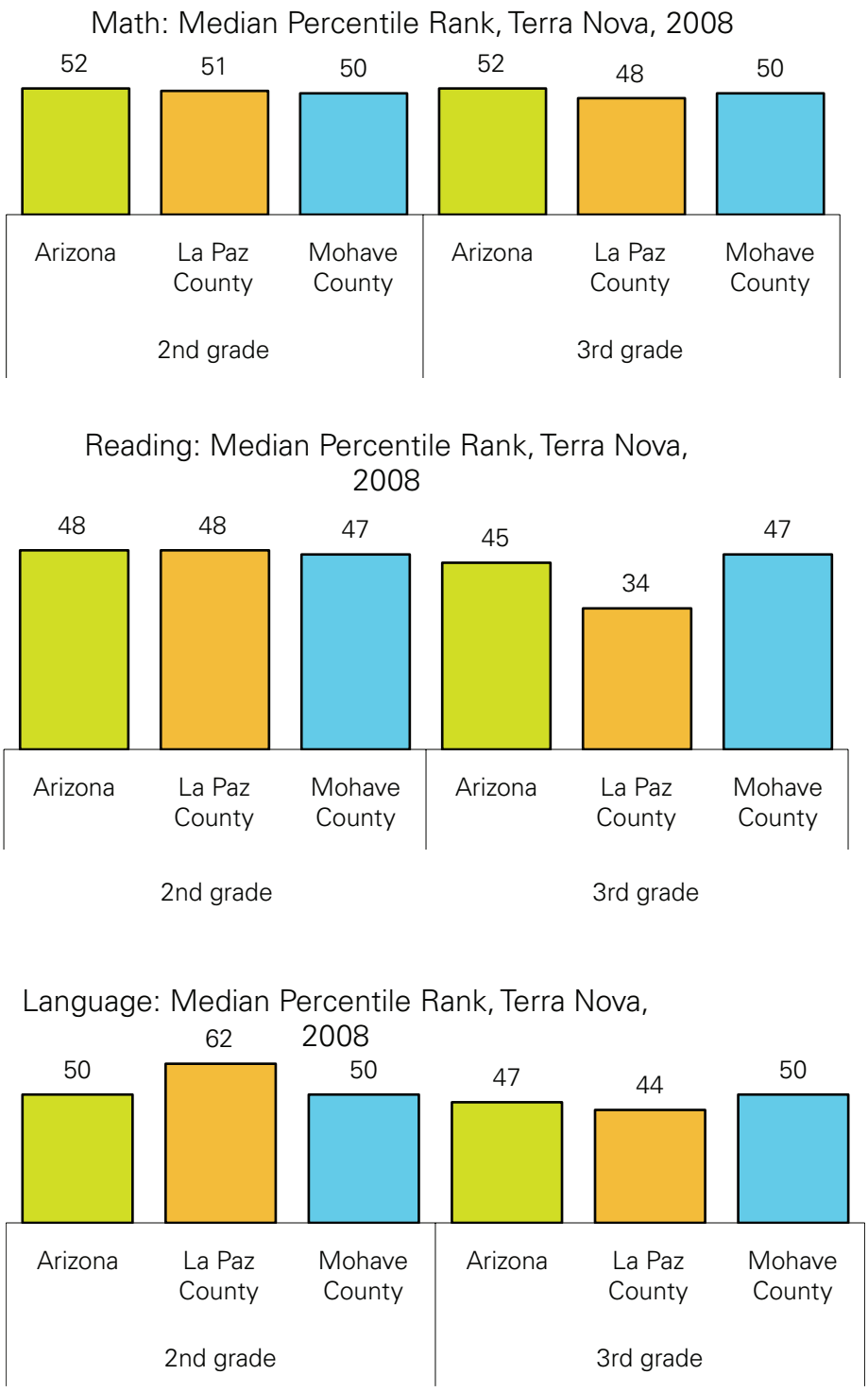
Overall, it appears that, by second grade, young children in Mohave County show similar test results to students in the state on average. The pattern in La Paz County is less clear, with tests beginning in 3rd grade showing poorer results than students in the state.

It should be kept in mind that Arizona students as a whole consistently perform under the national average on standardized tests. Fourth graders in Arizona are in the lowest 20 percent of the nation in both reading and math achievement as assessed by the National Assessment of Educational Progress. In fact, in the 2009 assessment, three quarters of Arizona fourth graders fall below Proficient (solid academic performance) and nearly half (44%) fall below the Basic (partial mastery) level of competency in reading. Therefore, even though La Paz/Mohave Region elementary students may reflect the statewide pattern, there is still cause to promote increasing literacy and math achievement among young learners in the La Paz/Mohave Region.

More detail on the AIMS and Terra Nova test results are found in **Appendices B** and **C**, respectively.

7 http://nationsreportcard.gov/reading_2009/state_g4.asp

Figure 7. 2008 Results of the Terra Nova Tests



Source: Arizona Department of Education, 2010b

The Early Childhood System: Detailed Descriptions of Assets and Needs

Early Care and Education

In the La Paz/Mohave Region, there are 95 regulated child care providers, according to the Arizona Child Care Resource and Referral (CCR&R) report of April 2010 (Arizona Child Care Resource and Referral Northern Arizona 2010; Arizona Child Care Resource and Referral Southern Arizona 2010). The total licensed capacity was 4,236 children. Not all providers have the actual capacity to care for as many children as their license allows. Detailed data on each provider are found in **Appendix D.**

There were 57 licensed centers, 16 group homes, 13 family care homes, and 9 Head Start centers. Of these, 70 had contracted with the Department of Economic Security (DES). Thirty-eight participated in the Child and Adult Care Food Program (CACFP), sponsored by the Department of Agriculture. Three centers were accredited by the National Accreditation Commission for Early Care and Education Programs (NAC); three others were accredited by the National Association for the Education of Young Children (NAEYC).

Quality First

Quality First, a First Things First program, is a statewide quality improvement and rating system for providers of center- or home-based early care and education, with a goal to help parents identify quality care settings for their children. Quality First provides financial and technical support for child care centers and homes 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, and financial incentives to assist in making improvements. In the La Paz/Mohave Region, 11 centers and one home were enrolled in the Quality First program as of June 2010. There are currently 18 slots available in the Quality First program, with five other applicants currently in the enrollment process and one slot waiting to be re-filled after a home site closure.

Head Start

Head Start is a comprehensive early childhood education program for children pre-school age whose families meet income eligibility criteria.[8] The program addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The Western Arizona Council of Governments (WACOG) administers the Head Start centers in Mohave, La Paz, and Yuma counties. According to the WACOG website,[9] there are (or were) 19 sites, ten in Yuma County, one in La Paz County (Ehrenberg), and eight in

8 Eligibility criteria for the Head Start program include: being a resident of the state of Arizona, being a parent of primary caregiver primary caregiver responsible for a child who is too young for public school. Household's annual income before taxes must not exceed $10,830 for one person living in the household; $14,570 for two; $18,310 for three; $22,050 for four; $25,790 for five; $29,530 for six; $33,270 for seven; $37,010 for eight; and $40,750 if more than eight people live in the household. For larger households, $3,740 should be added for each additional person in the home. Some State residents who do not meet these criteria may still qualify if: they are a U.S. national, citizen or permanent resident whose income is low or very low, they are under-employed, unemployed or about to become unemployed, facing pregnancy, less than 19 years of age, or the parent or primary caregiver for children under the age of 19 years. (http://www.govbenefits.gov)

9 Retrieved July, 2010, from Western Arizona Council of Governments (WACOG) website: www.wacog.com.

Mohave County (four in Kingman, and one each in Bullhead City, Golden Valley, Mohave Valley, and Lake Havasu).

In program year 2008, the average class size was 20 children, with approximately one staff member for every eight children (Head Start Program Information Report, 2007-2008).

The Parker area in La Paz County is also served by the Colorado River Indian Tribes (CRIT) Head Start program. This is a tribally-operated center open to both tribal and non-tribal members. The CRIT Head Start primarily serves children ages three and four from the First Things First Colorado River Indian Tribes Region, but children who live in the town of Parker, which is also part of the La Paz/ Mohave Region, are enrolled in this program as well.

In addition, The Learning Center for Families, a private non-profit organization provides Early Head Start services to low income pregnant women and families with children birth to three in the diverse area comprised by the communities in the northwest corner of the state (Colorado City, Centennial Park, Beaver Dam, Littlefield, Desert Springs and Scenic). Services include weekly home visits and a parent leadership program.

Interviews with parents and key informants indicated that all of the Head Start and Early Head Start centers in the region are considered very valuable resources that give access to a variety of early education and health care services for low income families (see "Head Start Program" in the *Early Care and Education Additional Qualitative Findings section*.)

Early Childhood Block Grant

Many school districts and charter schools in Arizona participate in the Early Childhood Block Grant (ECBG) Program. Through this program, schools receive funds to help finance preschool for children who qualify for free or reduced lunches and private providers can contract with school districts and charter schools to provide preschool to qualified children. The number of ECBG programs has declined sharply since 2008, likely due to decreased funding by the state (**Table 11**; Arizona Department of Education: Student Services, 2008, 2010).[10] In 2008, there were seven schools, serving 203 students. By 2010, there were only four participating schools, serving only 39 students in the Kingman and Wenden districts.

10 The Pew Center for the States, Votes Count: Legislative Action on Pre-K Fiscal Year 2010, http://www.pewce nteronthestates.org/uploadedFiles/Votes_Count_2009.pdf

Table 11. Early Childhood Block Grant Programs

			2008			2010		
SITE	SCHOOL DISTRICT	TYPE	ECBG STUDENTS	HOURS PER DAY	DAYS PER WEEK	ECBG STUDENTS	HOURS PER DAY	DAYS PER WEEK
Coyote Canyon School	Bullhead City SD	Public School	20	Four or less	5			
Montessori School House	Bullhead City SD	Private Provider	5	Four or less	5			
New Day School	Bullhead City SD	Private Provider	5	Four or less	5			
Little Eagle Preschool	Kingman Unified SD	Private Provider	18	Four or less	5	7	Four or less	5
Manzanita Elementary	Kingman Unified SD	Public School	18	Four or less	4	14	Four or less	4
Smoketree Elementary	Lake Havasu Unified SD	Public School	125	Four or less	5			
Wenden Elementary	Wenden Elementary SD	Public School	12	More than four	5	16	Four or less	4
The Gingerbread House	Kingman Unified SD	Private Provider				2	Four or less	4
LA PAZ/MOHAVE REGION TOTAL			**203**			**39**	**81%**	
ARIZONA TOTAL			**5,366**			**4,328**		

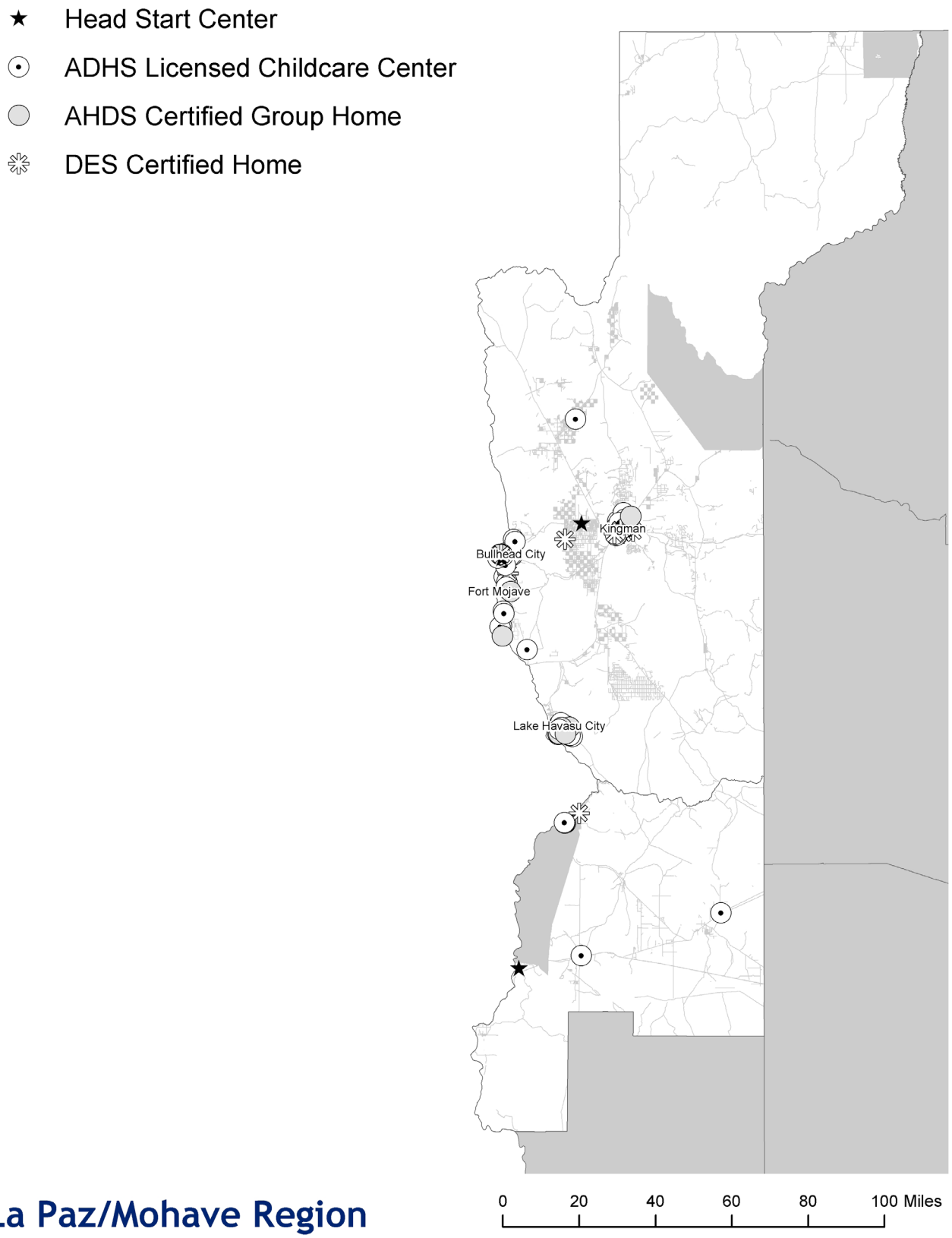
Source: Arizona Department of Education: Student Services (2008, 2010).Maps

The decrease in the number of preschool programs in the Region is troubling when examined in relation to the increase in population in the Region that is occurring **(Table 2**). Results from qualitative interviews with parents and providers, discussed in more detail in subsequent pages also highlight this concern, as well as other challenges around early child care (e.g. the need for better quality care, yet more affordable options; the lack of awareness among parents of the importance of early childhood education).

The maps below (**Figures 8 through 11**) show how child-care providers are distributed throughout the Region. The first map shows the entire Regional Partnership Council Region. The following three maps zoom in on Kingman, Bullhead City, and Lake Havasu City, because these are the areas of greatest density of providers. Different types of symbols are used to represent Head Start centers, licensed childcare centers, certified group homes, and certified homes for family care.

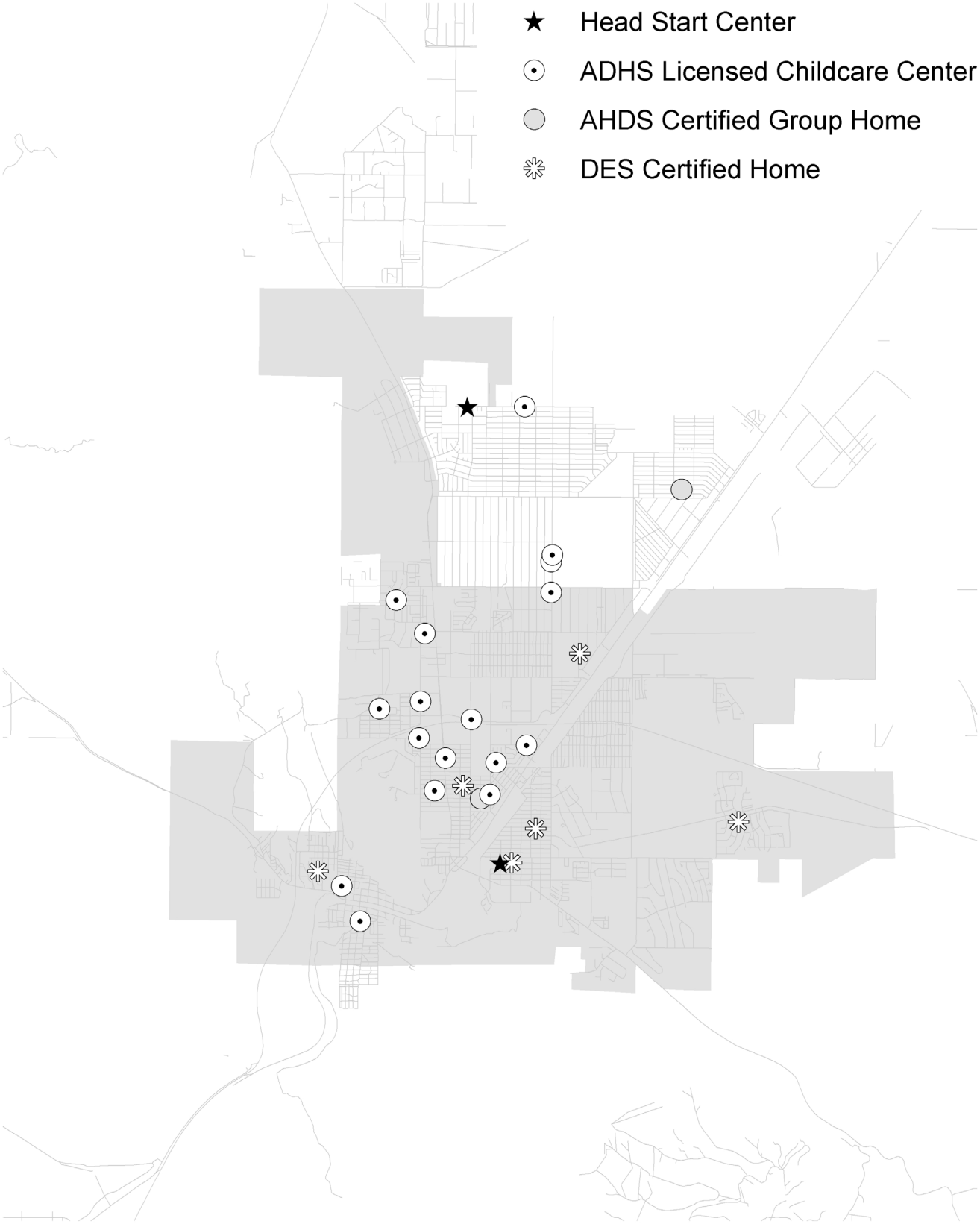
The maps are based on address information supplied by the Arizona Child Care Resource and Referral (CCR&R) Program, which is a statewide program funded by the Department of Economic Security that helps families find child care, and provides information about trainings and resources for child-care providers. A few of the addresses may correspond to administrative centers, rather than to locations where care is actually provided (Arizona Child Care Resource and Referral Northern Arizona 2010; Arizona Child Care Resource and Referral Southern Arizona 2010).

Figure 8. Childcare Providers in the La Paz/Mohave Region



La Paz/Mohave Region

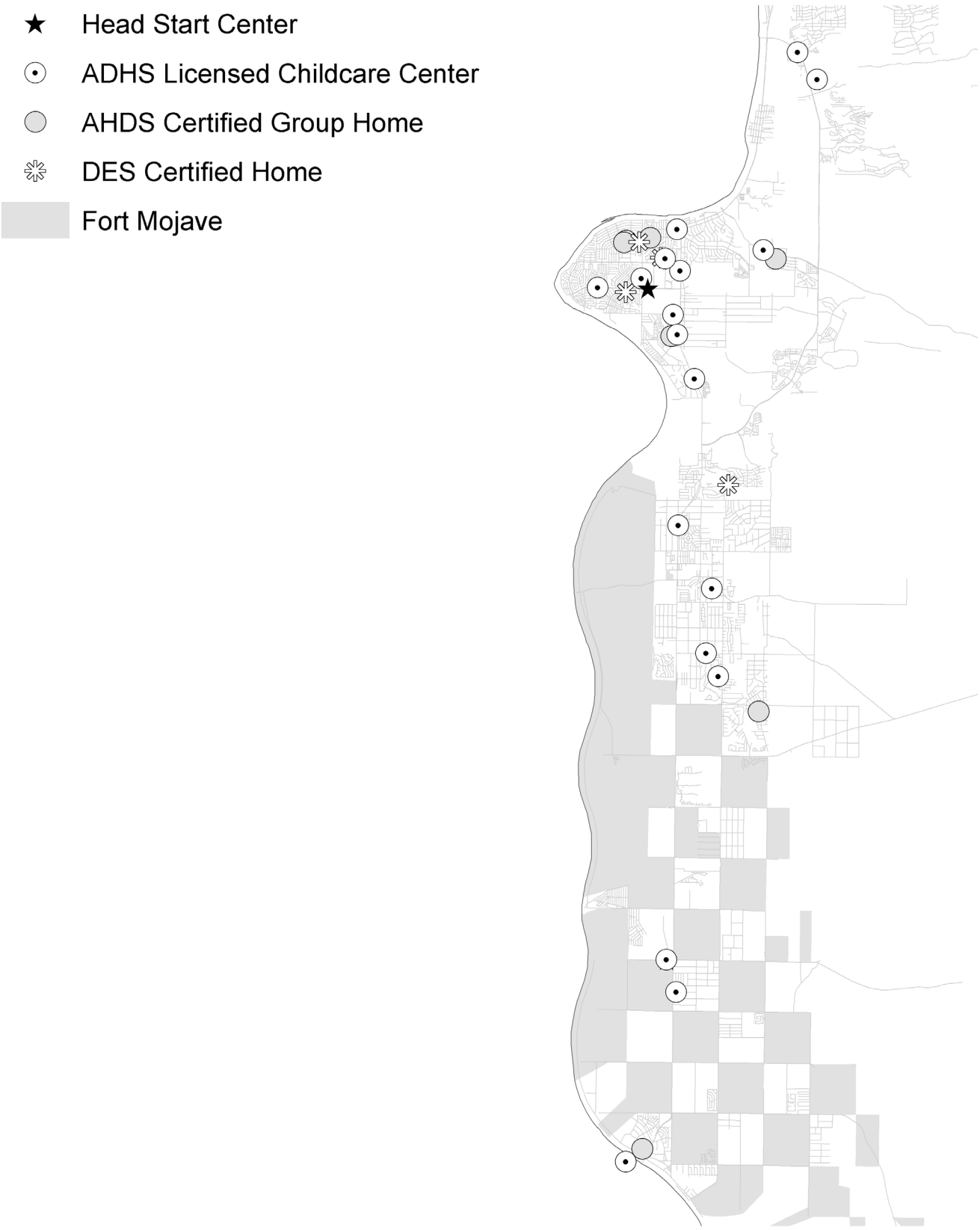
Figure 9. Kingman Childcare Providers



La Paz/Mohave Region

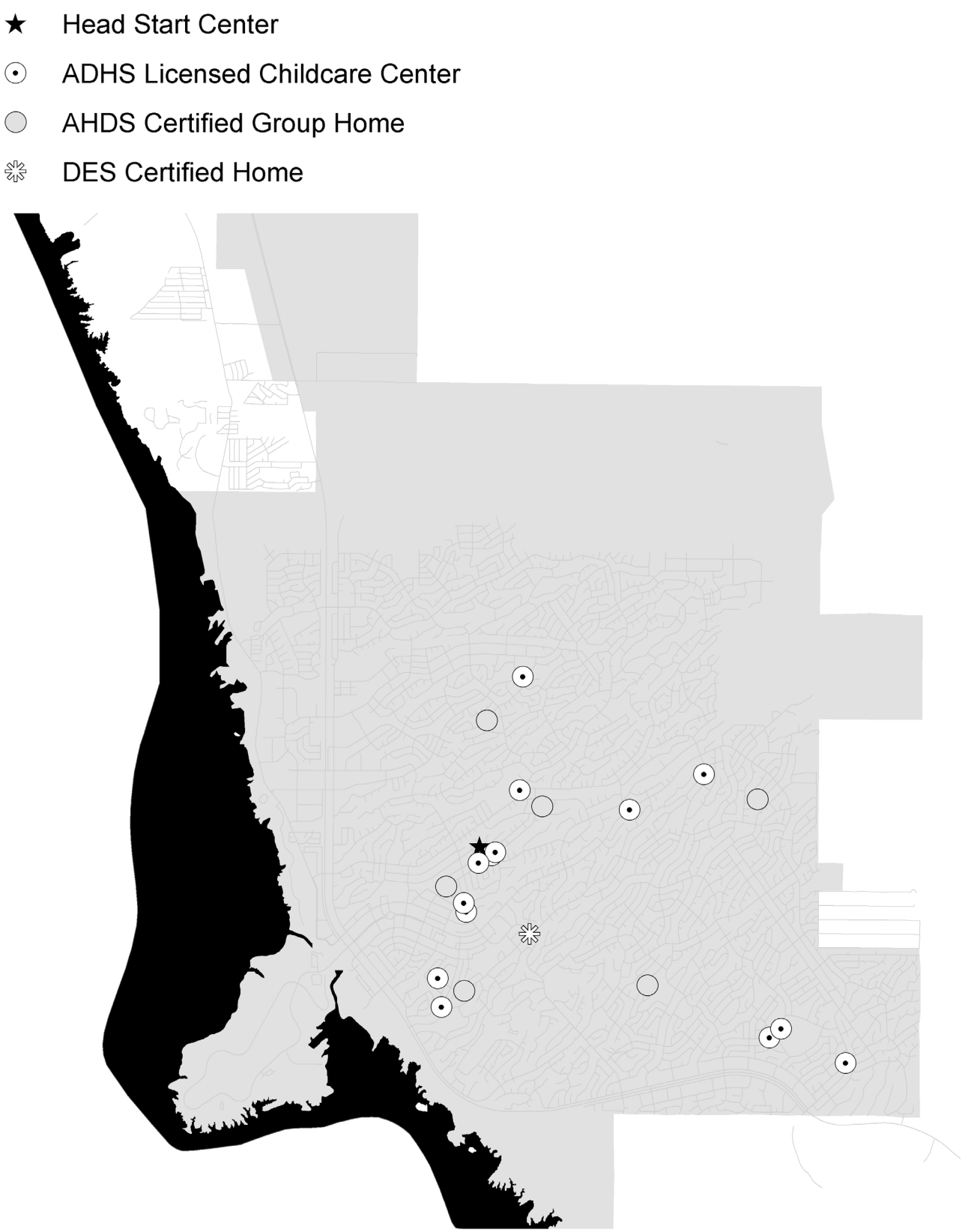
0 1 2 3 4 5 Miles

Figure 10. Bullhead City, Fort Mojave, and Mohave Valley Childcare Providers



La Paz/Mohave Region

Figure 11. Lake Havasu City Childcare Providers



La Paz/Mohave Region

In La Paz County, each smaller city has its own school district (e.g., Wenden, Salome, Bouse, etc.). Because each Arizona school district is mandated to provide a special-needs preschool, this means a special-needs preschool in each town. These preschools also provide a certain number of slots for "typical" children, who pay tuition. In contrast, in Mohave County the Kingman school district serves many smaller outlying cities such as Dolan Springs and Golden Valley. Here children from the smaller communities must travel to Kingman to attend the preschools that serve special-needs children. The fact that the outlying communities in La Paz County each have their own school district makes these school districts a big (but also the only) resource for parents of children with special needs. However, schools can be limited in what they can do for children with special needs based on whether the children is on, or qualifies for AHCCCS. There is not much help available if children do not qualify, and this is especially challenging for families with children who might be undocumented and therefore not qualify for AHCCCS.

While speaking with parents throughout La Paz and Mohave counties, we learned that concerns with both the quality and affordability of child care led many parents in the Region to leave their children with family members. Subsidies from the Department of Economic Security (DES) are available for "Non-certified Relative Providers" or non-parent relatives of the eligible child. These subsidies are available to relatives who meet certain conditions, including willingness to be fingerprinted. With an estimated 15,000 families on the DES childcare subsidy waiting list by summer 2010, [11] promoting DES childcare subsidies may not be the most timely way to increase the number of young children in childcare. However, for those families with a household income at or below 100% of the Federal Poverty Level (who are given first priority on the waiting list), publicizing use of this subsidy for family based care may be useful. The lack of quality, affordable child care slots could in part be addressed by utilizing other types of subsidized care such as this, particularly if more funding is made available for these subsidies.

The commonness and importance of family members providing care for young children at home is also recognized through the Association for Supportive Child Care's (ASCC) Kith and Kin Project. Kith and kin child care is care provided by family (kin) and friends (kith). The goal of the ASCC Program is to improve the quality of care provided by kith and kin child care providers, who are for the most part, unregulated and untrained. This program is partially funded by First Things First, and while not currently working with families in La Paz or Mohave counties, could be a valuable resource, particularly if combined with the provision of subsidies to these kith and kin child care providers.

Additional Qualitative Findings

Assets

School systems – Most parents and key informants agree that the Region has a very good school system. In La Paz County parents like the small class sizes and the fact that their children receive more personalized attention. We also heard testimonies of school officials going out of their way to help children and parents, doing things such as helping parents identify and make contact with needed services. Parents also felt there were good counselors at schools. Concerns were stated, however, that recent budget cuts were affecting classes in terms of fewer aides in classes, and that future cuts would make the situation worse.

11 Arizona Child Care Association, June 1, 2010, "Over 13,000 children denied by "waiting" list", http://azcca.org/over-13000-children-denied-by-waiting-list

Head Start/Early Head Start Programs – Parents and key informants in La Paz County made very positive remarks about the quality and types of services provided by the Colorado River Indian Tribes (CRIT) Head Start Program, a major resource for families in the Parker area and surroundings. Parents indicated being very much satisfied not only with the services provided to children, but also with those provided to the parents themselves. The Western Arizona Council of Governments (WACOG) Head Start Programs were also seen as a valuable resource to parents in many communities throughout the Region. One foster father in Mohave County indicated that he noticed how children coming out of the local Head Start program were receiving the kind of early education that was necessary to prepare them well for entering Kindergarten. This father was in the process of finding out how he could find placement for his child at that Head Start Program, which he felt was providing better early education than the fee-for-service childcare facility he was utilizing for his foster child. Similarly, interviewed mothers in Colorado City/Centennial Park and Littlefield/Beaver Dam pointed out that the Early Head Start program provided by The Learning Center for Families had been a valuable resource, and services were provided in a way that was respectful of their specific social and cultural backgrounds (e.g. services were available in Spanish for women who were not fully fluent in English).

These Head Start/Early Head Start Programs are limited, however, in how many children they can accommodate. For those who do not make the cutoff or do not qualify other options can be limited.

Fort Mojave Indian Tribe – Key informants and the parents interviewed considered the tribal child care center as a valuable asset. In addition, the health clinic and library, both located near the child care center, are also viewed as assets, providing quality, convenient services to support families

Access to Quality Program - The Association for Supportive Child Care Access to Quality Program, funded by First Things First, provides planning, access and quality grants to expand access to quality early care and education in the Region.

Challenges and Needs

Affordable, timely, quality, and accessible child care – Affordable, good quality child care and preschool was cited as a huge need in the Region. Affordable child care and more preschool slots for typical children were common sentiments voiced by many parents throughout all communities polled. In Mohave County, more slots for both typical and special needs children in Kingman and surrounding communities was a common theme. There is only one school district in that area. Therefore only a single preschool is mandated. Since it serves such a large area, most of the preschool slots are reserved for special needs children.

Quality, affordable educational settings for young children was consistently cited as a large need. Concerns were expressed by both parents and key informants about the questionable quality of the few places available in some of the smaller communities. A very large proportion of the parents interviewed did not have their children in child care because of cost or quality concerns. Two mother's stories echoed this common sentiment about affordability of available child care. One stated, "I'd like to have my kids in daycare, but this costs $400 a month and I make $800 per month. With two kids I'd be spending all my money on daycare." Another mother from Fort Mojave (city, not tribe) stated that she makes $7 per hour and works four hours a day. Her child care costs $25 per day leaving her $3 per day for living expenses. Because this is unfeasible to sustain she has different family members watch her child. Another mother cited that both quality and cost concerns kept her from having her daughter in child care even though, "I'd prefer to have her in daycare – this allows her to interact with other kids and would prepare her for preschool and later school." But because she could not find a child care setting within her budget that she felt was of good quality, she chose instead to stay home with her daughter. Another parent in Parker stated, "I'm on the waiting list for DES subsidy, but I don't like the available child care centers." Still another family in Beaver Dam stated that they

chose to stay home with their children but this was because there was no child care available, "If it was here and affordable, that would be great and we would use it." This sentiment was also echoed in small communities in La Paz County such as Bouse, Wenden and Salome, where parents would take advantage of a child care setting if one existed.

The concern about quality child care was especially common among parents of special needs children who stated they either could not find a child care center that would accommodate their child, or that they were uncomfortable leaving their child in care because of medical issues. Therefore, many choose to stay home with their child. The concerns raised by parents of both special need and typical children in multiple communities regarding the quality of existing child care centers included safety, cleanliness, high child-to-staff ratios and the level of training/education of staff.

Another concern cited by several parents was the lack of child care centers that were open 24 hours. One mother in Bullhead City stated that there was only one child care center open 24 hours a day and it was not affordable for her family. She and her husband worked swing shift until 11pm. Her mother currently looks after her daughter, but this grandmother is moving and this mom was concerned about how she was going to find affordable, timely care for her child.

Parents in communities in La Paz and Mohave County also cited a lack of transportation to child care and preschool as a barrier. For example, parents stated that the schools in their communities had preschool programs but no funding for transportation. If parents did not have a car or were working when children needed to be dropped off or picked up, they were unable to let their children attend these programs. One parent said that she very occasionally walked the four miles with her child to preschool but it was often just too far and too hot to do.

Early childhood education not considered a priority - Key informants felt there is a lack of recognition of the importance of early childhood education opportunities for children and of the incidence of developmental delays in children. Because many parents care for their children at home or in other home care settings due to cost and in some cases quality concerns, they often are not in environments that emphasize early learning. Key informants noted that school readiness was low, and because only a small portion of young children are in out-of-home child care, early screening and intervention was not as likely to happen as if children were in preschool.

Culture of self-reliance – The concepts of "individual rights," reluctance to use government resources, and mistrust of "outsiders" are all part of the culture of self-reliance in this area. There is also a sense of being undervalued. As one resident of La Paz County pointed out in reference to the little help his community obtained after a recent flood: "People forget us out here. No one thinks about us. After the flood, even FEMA didn't come out."

Because of this, decisions regarding the placement of children in quality early childcare facilities are not always just an issue of cost. One parent echoed a common theme heard from many parents about the priority they place on taking care of their children themselves, "We prefer to be at home – my husband and I work separate shifts so that someone can always be at home with the kids." A father in Beaver Dam stated that, "My wife stays home and I work so that we can take care of the kids at home." Although he stated his preference for caring for children in the home he also felt that this may not be the case for everyone, "We wouldn't use child care if it was available here, but I think others in the community would." Because many parents value staying home with their own young children, they reported looking for more opportunities for interacting with other children and parents, e.g., Mommy and Me-type classes or recreation.

Several parents in these smaller communities also mentioned that they had thought about opening up their own child care center but were unsure how to proceed or were concerned that parents in the community could not afford to send their children to child care. Empowering these motivated

parents might be a key in providing acceptable child care services in these smaller communities. There is also the need to develop relationships within community to build trust. As one parent stated, "What is the cost of asking for help? Will it cost me the security of my family or my right to make decisions about my family?" All of this points to the need to build on existing community resources, including training residents, utilizing community advocates, and supporting and expanding existing familiar resources in the community.

Language barriers among the Hispanic/Farmworker population – In some communities with a large Hispanic/Farmworker population, language is a barrier for parent participation in the education of their children. Some schools in these areas lack the staff to assist with translation for those parents who are monolingual Spanish speakers. Even when school officials make every attempt to involve these parents in the school activities, budget constrains often affect their ability to provide the additional assistance that these families might require. As a result, parents may be discouraged from attending school's events or meetings because they are unable to understand what is being discussed or to contribute in any manner.

Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. The Compensation and Credentials Survey is a statewide survey to assess the education and pay of the early care and education workforce in Arizona (Children's Action Alliance, 2008). Results from the 2007 survey show that across the state of Arizona, 27 percent of employers required at least some college for Teachers and 12 percent required the same for Assistant Teachers. The percentage of employers across the state requiring this level of education from Teachers had decreased over the previous 10 years, from a high of 39% in 2009. The median salary for Assistant Teachers was $9.00 per hour and the median salary for Teachers was $9.75 per hour in 2007, and these wages for early care and education workers across the state increased little over a 10 year period.

For the Western Arizona Council of Governments (WACOG) Head Start programs, 74% of classroom teachers had a degree in ECE or a related field (Head Start Program Information Report, 2007-2008). (Unfortunately, we cannot separate the Yuma programs from the La Paz/Mohave programs in this Head Start program data.) This percentage is only slightly lower than the statewide average for Head Start programs of 77%. In addition, 15% of the assistant teachers in WACOG Head Start programs had an ECE or related degree. Of the educational staff in WACOG Head Start programs who did not have an ECE or related degree, half were working toward the degree. This can be compared to teachers of all types across the state (not limited to Head Start teachers) in 2007 where only 55% of teachers had at least a Child Development Associate (CDA) or higher degree, while 24% of Assistant Teachers did (Children's Action Alliance, 2008).

According to the Head Start Program Information Report 2007-2008 the average salary for a bachelors-level Head Start teacher in the WACOG region (Yuma, La Paz and Mohave counties) was approximately $21,900 per year. Statewide, the annual salary average was higher at $27,300. The teacher turnover rate was considerably lower in the WACOG region (11% per year) than in the state as a whole (23%). About one-third of all staff are current or former Head Start parents.

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, directors and 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, a certificates of completion in Early Childhood Education or their AA degree. A Bachelors Degree model of the TEACH program is also currently being developed.

As of June 2010, there were 24 child care professionals in the La Paz/Mohave Region who had received TEACH scholarships to take coursework leading to an associate's degree. Statewide, 474 scholarships have been awarded.

Availability of certification, credentialing or degree programs

On March 26, 2009 the Arizona Western College (AWC) inaugurated two new facilities for the Parker Learning Center and the Quartzsite Learning center. Through these facilities, AWC offers an AA degree in Elementary Education and Secondary Education, an Associate of Applied Sciences (AAS) degree in Child Development and a Certificate in Early Childhood Education. These degrees can be completed in a combination of live and online classes, and represent an expansion in the opportunities for professional development offered in La Paz County, especially in Quartzsite, where the AWC's offerings had been limited to personal interest classes geared mostly towards the elderly population.

Mohave Community College (MCC) offers Associate of Arts degrees with emphasis in Early Childhood Education and in Elementary Education. In addition, MCC recently added nine one-hour classes to prepare providers for the national CDA certification exam. These courses will be offered beginning Fall (August) 2010.

The Northern Arizona University's Extended Campuses system in Bullhead City, Kingman and Lake Havasu offers a variety of degrees in Early Childhood and Elementary Education.

Table 12. Available certification, credentialing or degree programs

SCHOOL	LOCATION	DEGREE OR CERTIFICATE
Arizona Western College	Parker Learning Center	Associate of Arts in Elementary Education
		Associate of Arts in Secondary Education
		Certificate in Early Childhood Education
		Associate of Applied Sciences in Child Development
Mohave Community College	Kingman	Associate of Arts with emphasis in Early Childhood Education, or in Elementary Education
Northern Arizona University	Bullhead City, Kingman, Lake Havasu, and online	Masters of Education in Early Childhood Education
Northern Arizona University	Online	Bachelors of Applied Science in Early Childhood Education

The Mohave County Superior Court Infant Toddler Mental Health Team also provides trainings on child welfare issues, including the importance of attachment, for both parents and professionals who interact with small children (e.g., attorneys, CPS workers, mental health providers, public health workers, etc). Although these trainings have and will take place primarily in Mohave County, they were seen as a positive occurrence to the key informants who were aware of them.

The Association of Supportive Child Care Professional Development Program, funded by First Things First, also provides quality community based professional development opportunities in La Paz and Mohave counties for providers serving children aged birth to five. These trainings are offered locally in Bullhead City, Lake Havasu, Kingman and Parker. The trainings occur in one of three tier levels with a series of workshops and networking meetings for 1) those with general knowledge, 2) those with a CDA or AA degree in Early Childhood Education, or 3) for Directors or Director Designees. Incentives are offered to participants to complete the series.

Despite all of the opportunities mentioned above, almost all key informants interviewed noted a lack of available trainings to learn more about child development, child care, and child welfare issues.

Those trainings that interviewees were aware of often took place in Phoenix, or less frequently in Bullhead City or Kingman. Almost all key informant interviewees cited a desire to attend trainings that would expand their knowledge base on a number of early childhood issues. This desire echoes that earlier heard by both parents and key informants, the need for more educated and qualified child care staff to care for young children in the Region.

Interviews with parents in the Region revealed that parents have a desire for more available childcare options in DES-certified child care settings, or in settings with staff who were able to provide more early learning opportunities, rather than simply babysitting children. Even among some parents who choose to keep their children in home-based settings, there was a desire that this care involved more learning opportunities for their children. Key informants interviewed mentioned that child care workers and child welfare (CPS) workers only needed a high school diploma to be aids, and as budgets shrank, these workers were more likely to care for and interact with children. More highly skilled, highly trained workers were seen as needed.

Supporting Families

Across the board, both parents and key informants seem to agree that living in a 'small community' is one of the best aspects of parenting in cities and towns in La Paz and Mohave counties. Families in the La Pa Paz/Mohave Region cited many advantages of living in a small community, including a sense of safety. As one parent said, "In bigger places, there's more trouble kids can get into." Knowing your neighbors and other people in town means, "People look after each other's children."

At the same time, parents expressed frustration that there is very limited infrastructure and activities available in these small communities for young children. Parents mentioned the lack of parks, places for children to go, and places for families to spend time together, especially in summer. Often parents feel like these communities are simply not child-friendly places. The majority of parents wanted more activities for young children, in particular air-conditioned, indoor or shaded activities in the summer months. In the outlying communities in La Paz County there is virtually no place for children to go play. In Parker, the two local fast food establishments with air-conditioned play areas were often cited as the only place for children to play in the summer. Even in Parker, Kingman and Bullhead City, where there are more public parks and resources such as libraries, parents complained of a lack of "things to do with little children" both educational and simply recreational. In Kingman and Bullhead City, many families also wanted increased opportunities for parents/grandparents and young children to interact with other parents/grandparents and young children. Several suggestions were made for Mommy and Me/Daddy and Me/Grandma or Grandpa and Me groups, and other recreation opportunities for young children, play groups, etc. Child care was reported as too expensive by some, and not in line with family values of staying home with children by others, and a need for other means of giving children socialization and education opportunities before they start kindergarten was desired.

Although many parents stated a need for more social and recreational opportunities for their young children, other parents and key informants noted that organized activities or services when provided (e.g. at community centers, libraries) are sometimes seen as "child drop off," rather than a place where parents could be involved with their children while they are there. Many key informants cited a need for greater resources to improve parents' understanding of the importance of children's early years to their future growth and development, and of the parents' role in supporting that. Parenting classes or any kind of training for parents was identified as a big need by key informants, as was a lack of awareness among parents of the importance of early childhood education, or of effects that neglect and other types of abuse have in children's future lives. According to key informants, this includes raising awareness of the effects of drug and alcohol use (e.g., fetal alcohol syndrome,

secondhand smoke effects).

Increasing the availability of services may not be enough for parents to take advantage of such services if increased availability is not accompanied by promoting an enhanced relevance of early childhood issues. This lack of relevance and awareness has been seen with low attendance at educational opportunities such as reading nights, developmental screening opportunities, etc. As a result, opportunities may "dissolve" because they are not taken advantage of (e.g. developmental screening services might be funded and available, yet few people may actually show up the day of the screenings; a library in a small community may open or expand its hours of operation to be available at more convenient times, but even with these accommodations there is very limited attendance.) The lower rates of educational attainment in the county (see Educational Indicators, above), and the accompanying lower adult literacy, compounds the challenge of getting appropriate information into the hands of parents.

Informants also noted that it was hard to get families into classes and services particularly in the smaller communities in La Paz County, partly because "it seems like these smaller communities have been left out in the past so we have to build that trust." Some communities, such as the Fort Mojave Indian Tribe, are currently offering culturally-relevant parent education seminars on a number of issues important to children's healthy development. In others, there are already a number of local community members who have a personal interest in children's issues and who are already doing 'something' on their own (e.g. 'Bible school lady' at a church in Wenden, a mother who does home care and open play nights at her house in Bouse; people in Salome with the Centennial Park community center trying to start programs for children; a Dolan Springs business owner and mother who is coordinating activities with the school). One resident stated that they needed to "fertilize community change by creating a liaison between businesses in the community and the school." Having active, motivated members in a community is a key aspect to supporting families. Leveraging these known and trusted community resources can be a key to accomplishing change needed to improve young children's lives.

Home Visitation Programs

Programs that work one-on-one with families can provide more tailored educational efforts. Home visitation programs offer a variety of family-focused services to pregnant mothers and families with new babies and 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, safe home environments, and access to services. Some programs provide services specifically targeted to fathers and other men involved with young children. First Things First-funded home visitation programs in the Region include Healthy Families (provided through both Interagency Council and Child and Family Resources) and Bright Start (provided by the Arizona's Children Association) and a new family support program being provided in partnership with First Things First and the Fort Mojave Indian Tribe. Currently, over 300 families in the Region are served through these agencies, supported by First Things First funding (First Things First, 2010c).

Child Abuse and Neglect

The Arizona Department of Economic Security's Division of Children Youth and Families is the state-administrated child welfare services agency that oversees Child Protective Services (CPS), the state program mandated for the protection of children alleged to be abused and neglected. This program receives, screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and

risk factors.

The tables below show the reports received of alleged abuse and neglect in the Region. Data for the Fort Mojave Indian Tribe is reported and recorded differently that that in the rest of the Region. Where categories overlap, e.g., type of abuse reported, data for Fort Mojave Indian Tribe is included.

The types and prevalence of child welfare reports in La Paz and Mohave counties are similar to that seen in the state as a whole (Arizona Department of Economic Security, Division of Children, Youth and Families, 2009). As can be seen in Table 13, there is an almost identical mix of risk level and type of maltreatment as seen across the state, and the proportion of children placed in out-of-home care is also similar. The number of child welfare reports per person living in La Paz and Mohave counties (i.e., the frequency of the reports) is also similar to the state as a whole. The 80 reports received in La Paz County represent just under half a percent of the population (0.4%) of the county, the 1,138 reports in Mohave County represent just over half a percent of the population in that county (0.7%), and the 33,228 reports statewide represent one half of one percent of the population of the state as a whole.

Table 13. Number of Child Welfare Reports (All Ages) Received and Assigned

		RISK LEVEL				TYPE OF MALTREATMENT				REPORTS WITH A CHILD PLACED IN OUT-OF-HOME CARE
	TOTAL	HIGH	MODERATE	LOW	POTENTIAL	EMOTIONAL ABUSE	NEGLECT	PHYSICAL ABUSE	SEXUAL ABUSE	
Arizona	**33,228**	14%	30%	43%	13%	1%	59%	34%	6%	3,548
La Paz County	**80**	14%	30%	44%	13%	3%	59%	35%	4%	8
Mohave County	**1,138**	13%	33%	45%	9%	1%	62%	32%	5%	93
La Paz+ Mohave	**1,218**	13%	33%	45%	10%	1%	61%	32%	5%	101
Ft Mojave Indian Tribe	**57**	N/A	N/A	N/A	N/A	N/A	79%	16%	5%	N/A

Source for all but Fort Mojave Indian Tribe: Arizona Dept of Economic Security, Division of Children, Youth and Families, 2009
Source for Fort Mojave Indian Tribe: BIA, Western Regional Office, Child Abuse and Neglect Report-P.L. 99-570, Fiscal Year 2008/2009.

Data on the number of children removed throughout the Region is also available by zip code (Arizona Department of Economic Security, Division of Children, Youth and Families, 2009). Differences can be seen in the number of removals by zip codes across reporting year, however these changes don't appear to reveal a consistent pattern. For a number of cities, some zip codes with a single city had fewer removals, while others had a higher number of removals, from one reporting year to the next.

Table 14. Number of Children Removed

GEOGRAPHY		CHILDREN REMOVED IN SFY 2007	CHILDREN REMOVED IN SFY 2009
Arizona		7,462	8,002
La Paz-Mohave		180	152
Parker	85344	9	2
Ehrenberg	85334	2	2
Quartzsite	85346	0	1
Salome	85348	0	2
Wenden	85357	0	2
Colorado City	86021	0	3
Kingman	86401	35	10
Kingman	86402	0	1
Lake Havasu City	86403	18	9
Lake Havasu City	86404	5	11
Lake Havasu City	86406	9	12
Kingman	86409	34	47
Kingman	86411	0	1
Golden Valley	86413	14	10
Fort Mohave	86426	8	2
Bullhead City	86429	8	4
Littlefield	86432	1	0
Topock	86436	1	1
Mohave Valley	86440	4	1
Bullhead City	86442	32	31

Source: Arizona Dept of Economic Security, Division of Children, Youth and Families, 2009

Child welfare numbers are difficult to interpret across years because they depend on many factors, including the availability of trained staff to investigate allegations of abuse and neglect, the services available to maintain children safely in their home, and the availability of out-of-home placements. The 2009 semi-annual report on child welfare in Arizona, acknowledged that overall funding cuts to the Division of Children, Youth and Families has led to reduced staffing, reduction in preventative and family support services, and decreases in the amount of in-home services provided (Arizona Department of Economic Security, Division of Children, Youth and Families, 2009).

Interviews with both foster parents and key informants indicate that foster families in the Region, a lynchpin in the child welfare system, are being severely affected by funding cuts. Specific resources that were being cut or were seen as lacking by foster parents and key informants included insufficient clothing allowances, overarching cuts in reimbursement of child-related expenses and insufficient transportation support. Other common concerns expressed by foster parents included frustration when dealing with agencies that serve foster children, difficulty getting appointments with providers serving foster children, and insufficient respite care. They reported that experienced foster care parents and licensing agencies are a very important resource by providing younger or less experienced families with practical advice and suggestions for better navigating the child welfare system. This network of foster families has become especially relevant as other resources for foster parents have been impacted by budget cuts.

The child welfare budget cuts have also had an impact on the retention of qualified staff (Arizona Department of Economic Security, Division of Children, Youth and Families, 2009). In 2008, the state CPS district containing the La Paz/Mohave Region, District 4 (which also contains Yuma County), had the lowest rate of CPS Specialist retention in the state, with only 51 percent of filled positions being retained over a year (compared to a statewide rate of 67% and a high of 78% in another rural district, District 3, Coconino/Apache/Navajo/Yavapai). District 4 also had the second lowest rate of filled positions, 72 percent, compared to a statewide rate of 80 percent and a high among the rural districts of 79 percent (District 5, Gila/Pinal) (Arizona Department of Economic Security, Division of Children, Youth and Families, 2010).

Key informants and parents from the child welfare system in the Region noted that they have seen that the decrease in funding has had a strong impact on caseworkers. As one foster mother in La Paz County indicated; "One of the big problems with the budget cuts is that caseworkers are spread so thin that they can't spend the amount of time they need in either the foster home or with the cases. I've seen this get worse lately." This overload has resulted in insufficient communication with families and the perception among foster families that many cases are not being handled properly. There was a general sense that the child welfare system was overburdened leading to children being left in dangerous situations.

Both providers and parents cited an insufficient number of foster placements available, particularly in La Paz County, as well as a lack of group homes or emergency shelters. Interviewees indicated a lack of support for parents wishing to become foster parents was one barrier; for instance potential foster parents must take a 12-week training that commonly necessitated extensive travel to attend the training. Also, foster parents mentioned experiencing a general sense of isolation. They indicated that they receive little help in getting to know other foster parents in their area. This is unfortunate, because, as mentioned above, having access to a network of foster parents was seen as one of the most important resources available to younger or less experienced foster families, and could help mitigate some of the challenges experienced by foster parents such as limited respite care, and access to goods such as clothing for the children, diapers, formula, etc.

Domestic Violence Prevention and Education

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual, and stalking abuse by their partners, children can get caught in the cross fire in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety (e.g., Evans, Davies, & DiLillo, 2008). Therefore, promoting a safe home environment is key to providing a healthy start for young children.

The Rural Safe Home Network operates domestic violence hot lines, and provides domestic violence victims and their children with temporary, emergency safe shelter, peer counseling, case management, and advocacy. Two of the shelters in the Region, in Parker and in Lake Havasu City, supported by the network.

In the La Paz/Mohave Region, a total of 556 adults and children received services, with children representing 47 percent of those served, which is the same proportion seen in the state as a whole. The 2009 Arizona Department of Economic Security annual survey of violence shelters in the state found that the primary needs were for more emergency shelter beds, transitional housing and stable, affordable housing. Primary victim and family supports needed were for transportation, child care and legal assistance (Arizona Department of Economic Security, 2009).

Table 15. Domestic Violence Shelter Fund Report (July 2008 to June 2009)

	POPULATION SERVED			UNITS OF SERVICES PROVIDED			
	TOTAL SERVED	ADULTS	CHILDREN	BED NIGHTS	AVERAGE LENGTH OF STAY (DAYS)	HOURS OF SUPPORT SERVICES	HOTLINE AND I&R* CALLS
Arizona	11,209	5,943	5,266	373,601	33	175,393	22,358
La Paz/Mohave	556	367	189	15,711	31	6,984	585
Colorado River Regional Crisis Shelter	91	55	36	3,008	33	3,721	67
Kingman Aid to Abused People	203	137	66	4,016	20	1,656	278
Sally's Place - S. S. Interagency Council Lake Havasu City	115	74	41	5,532	48	856	132
WestCare Arizona Safe House	147	101	46	3,155	21	751	108

* I&R=Information & Referral
Source: Arizona Department of Economic Security, 2009

Recognizing that violence against women can have a profound effect on families, the Fort Mojave Indian Tribe, with funding from the U.S. Department of Justice, Office on Violence Against Women, is in year two of a three year program that seeks to reduce domestic violence in families in their communities. Initial work within the community found that women were reluctant to seek services outside of the community, including utilizing domestic violence shelters. Therefore, this program aims to support women within their community by:

1) Increasing tribal capacity to respond to domestic violence/dating violence, sexual assault, and stalking crimes against Indian women,

2) Strengthening tribal justice interventions including tribal law enforcement, prosecution, courts, probation, and correctional facilities

3) Enhancing services to Indian women victimized by domestic violence/dating violence, sexual assault, and stalking,

4) Working in cooperation with the community to develop education and prevention strategies directed toward issues of domestic violence/dating violence and stalking programs and to address the needs of children exposed to domestic violence, and

5) Providing transitional housing for victims of domestic violence/dating violence, sexual assault, or stalking, including rental or utilities payments assistance and assistance with to locate and secure permanent housing and integrate into a community.

As part of this program, victims of violence receive legal advocacy, victim advocacy, counseling services, crisis intervention and transportation services, in addition to monetary assistance in relocating to a safe environment. Between the period of July 2008 and June 2010, services were provided to 133 victims of violence or stalking, and 57 children also received services. This program also covers the cost of a hotline to field crisis or information and referral calls and during this same period 3,861 calls were received (U.S. Department of Justice, Office on Violence Against Women, 2008-2010 unpublished data).

Family and Community Survey

The First Things First Family and Community Survey fielded in 2008, was a telephone survey of about 5,200 respondents, the majority of whom were parents of children under six residing throughout the State of Arizona (First Things First, 2009). Their responses provide insight into parents' knowledge of early childhood, their behavior related to child development, their perception of the coordination of the early childhood system, and their support for early childhood as a movement. The Family and Community survey included several questions relevant to family support. On question 19, concerning sources of support, La Paz/Mohave respondents more frequently said they relied on spouses, mothers, and spouses' mother (compared to the state as a whole). La Paz/Mohave respondents less frequently said they relied on pediatricians, nurses, and friends and neighbors as sources of support. (A table of complete responses can be found in **Appendix E**)

Additional Qualitative Findings

Assets

"Small, safe community" –In La Paz County, parents from Parker, the largest city in the county, also considered Parker a "small place." Some of the advantages of living in a small community listed by participants included being able to let your children play outside; knowing your neighbors and other people in the town, "knowing everyone" (which means "people look after each other's children"); "everyone relates to each other, local people help each other;" "less crime, drugs and gang activity than in bigger places, quietness;" and "Not so big, not so much drama." A small community also means small class sizes in school and therefore more personalized attention for children and parents. Parents report that these advantages make it easier to raise children in these areas. These close-knit social networks could be leveraged in spreading the word about available services and programs.

Challenges and Needs

Grandparents parenting their grandchildren – This appears to be prevalent (both formally and informally) in both the La Paz and Mohave County communities visited. As noted in *Additional Population Characteristics*, above, we estimate that between four and twelve percent of families with young children in the Region include grandparents who are responsible for the grandchildren. In communities where parents and key informants mentioned drug use (and in particular methamphetamine use) as a large concern, they often stated that grandparents are frequently found to be raising their grandchildren. In Dolan Springs, an interviewee stated that "parents just disappear because of drugs" and the ones left to look after the children are the grandparents. Older people on fixed incomes have financial challenges raising young children, as well as limited physical abilities (e.g., we came across grandparents with canes and heard of a grandparent on dialysis who had just received custody of her four grandchildren). These children are often not sent to child care, because the grandparents have limited funds and are home themselves. As a result, these children may be missing out on early childhood educational opportunities. These grandparents could benefit from help with legal processes involved with custody in order to qualify for benefits (e.g. eligibility for healthcare). Specific services for the special needs of grandparents could be made available, such as assistance with transportation and with cleaning, for those who are physically limited, and with finding and participating in events for young children to socialize, because it would be less typical that this would happen in the course of caregivers' normal socializing as it might with young families.

Health

Access to Care

Families throughout the La Paz /Mohave Region face several challenges to receiving adequate health care for their children. 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. These Primary Care Areas are geographically based areas in which most residents seek primary medical care within the same places.[12] 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; areas designated as rural are those with 44 people or fewer per square mile, and frontier areas are those with 3 people or fewer per square mile (Arizona Department of Health Services, Bureau of Health Systems Development, 2010). This allows for comparison of the Primary Care Areas in the Region to other sparsely populated portions of the state. Areas including Tribal nations are given their own designation (Indian).

There are 10 Primary Care Areas within the Region; seven in Mohave County and three in La Paz:

Mohave County

- Littlefield (frontier)
- Dolan Springs (frontier)
- Bullhead City (rural)
- Fort Mojave Indian Tribe (Indian)
- Fort Mohave (rural)
- Kingman (rural)
- Lake Havasu city (rural)

La Paz County

- Parker (rural)
- Salome (frontier)
- Quartzsite (frontier)

The communities included within each area of the Region are listed in **Appendix F.**

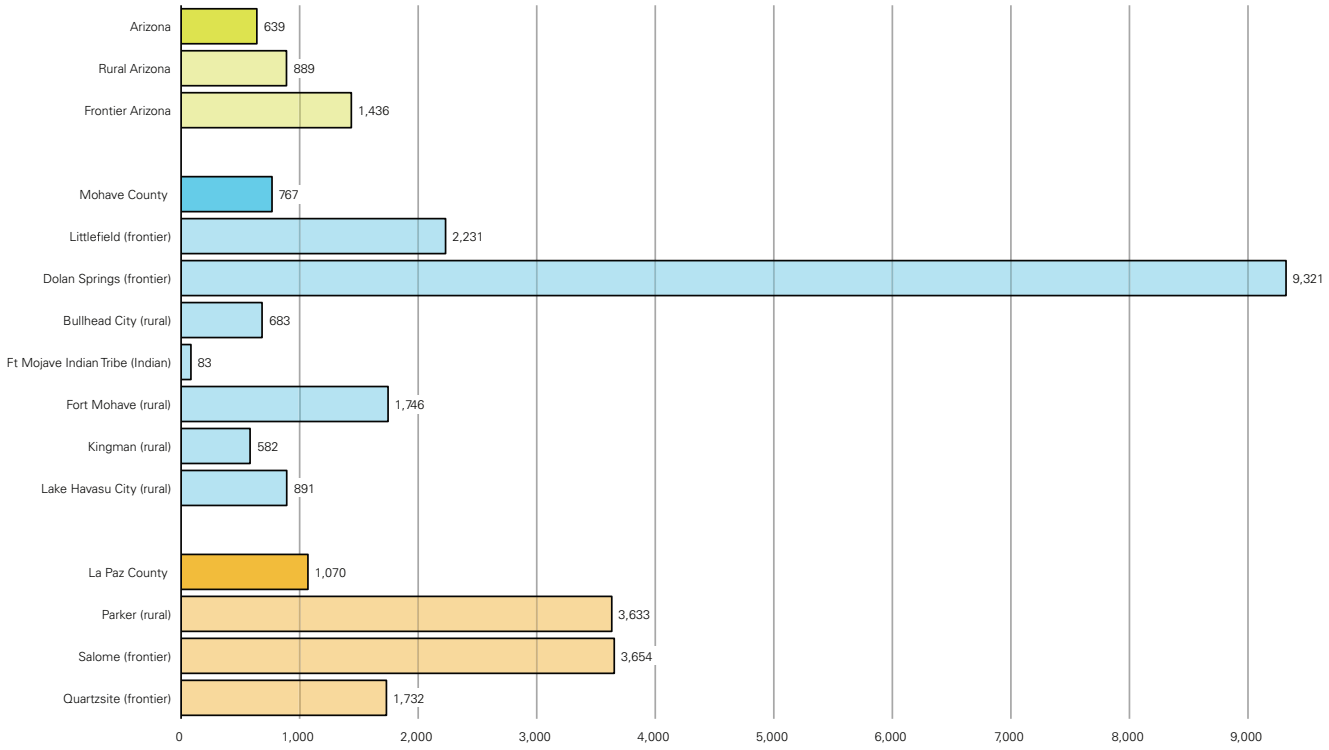
Each Primary Care Area is given a score based on 14 weighted items including points given for ambulatory sensitive conditions, provider to population ratio, transportation score, percentage of population below poverty, percentage of uninsured births, low birth weight births, prenatal care, percentage of deaths before the U.S. birth life expectancy, infant mortality rate, and percent minorities, elderly and unemployed. Based on their scores on these indicators, all but one of the 10 Primary Care Areas in the region (Lake Havasu City) are designated as Medically Underserved. In addition, all of La Paz County, as well as the Dolan Springs and Littlefield areas are designated as dental health professional shortage areas. [13]

12 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

13 ADHS, Bureau of Health Systems Development, Arizona Dental HPSA Designations, April 2009

One clear indicator of the lack of general healthcare infrastructure within many of the more outlying areas of the Region is the ratio of population to primary care providers in the various Primary Care Areas (see **Figure 12**). [14] Access to primary care providers is even more challenging in La Paz County, and in the Dolan Springs and Littlefield Primary Care Areas, than in similarly sparsely populated areas of the state. The density of providers available within the Fort Mojave Indian Tribe Primary Care Area is an asset to that community within the Region.

Figure 12. Ratio of Population to Primary Care Providers



Source: Arizona Department of Health Services, February 2010

This scarcity of providers was often noted by the families and key informants whose input provided the basis for the qualitative findings for this report (see **Qualitative Findings**, below). There are six hospitals serving the Region, four in Mohave County (in Bullhead City, Fort Mohave, Kingman, and Lake Havasu City) and two in La Paz County. Both of the La Paz hospitals are located in Parker; one of them is an IHS hospital serving the American Indian community in the area. The Fort Mojave Indian Health Service also offers medical and behavioral health services to American Indians in facilities located in Mohave County.

The La Paz Regional Hospital has three affiliated clinics in Salome, Quartzsite and Bouse that serve the outlying communities in that county. Care is only offered two days a week in Bouse. The Salome clinic is the only clinic in the area serving infants and providing prenatal care up to 28 weeks. After 28 weeks, the Nurse Practitioner and staff coordinate the transfer of care to providers associated with hospitals in Maricopa County in preparation for delivery (see *Pregnancies and Births*, below for more details on prenatal care in the region).

14 Primary care providers were considered to be active providers in Family Practice, General Practice, Gynecology, Internal Medicine, Obstetrics and Gynecology, Obstetrics, Pediatrics (MD's) physicians, all active Osteopathic Physicians (DO's), Nurse Practitioners (NP's) and Physician Assistants (PA's) working in Primary Care (includes federal doctors) in 2009.

The River Cities Community Clinic, located in Bullhead City, is the only clinic in the Region that is a member of the Arizona Association of Community Health Centers. Its mission is to provide high quality care regardless of cost and provides services on a sliding fee scale, as well as a lay worker health program offering services to communities in Mohave County. In addition, each Mohave County site visited for qualitative data gathering had a small clinic open at least two days a week, often affiliated with the local Fire Department. These clinics are able to handle minor issues, but parents have to travel to larger communities for issues that required urgent care or more intensive services (see more details under *Qualitative results***,** below).

Even in the larger communities in the Region, pediatric care coverage is sparse. This is consistent with the fact that Arizona as a whole has only slightly over half the number of pediatricians per 10,000 children (5) as the country as a whole (8), and that 90 percent of those are located in Maricopa (68%) and Pima (22%) counties (Arizona Department of Health Services, 2010). This means that families in the Region often have to travel quite some distance to receive care for their children. For instance, the only pediatrician practicing in La Paz County is affiliated with the Indian Health Services hospital, though family practice physicians and nurse practitioners provide care for children, as well. Families needing pediatric specialists and sub-specialists generally must travel to the Phoenix area, or to facilities in California, Nevada or Utah for care (see *Children with Special Health Care Needs*, below).

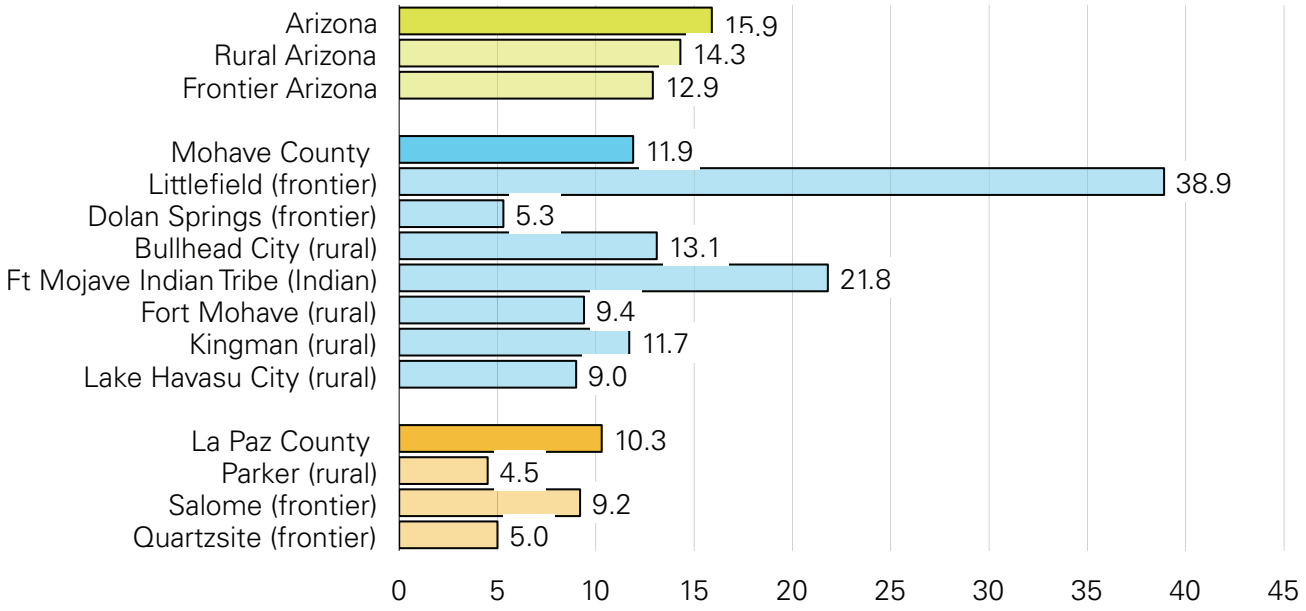
Pregnancies and Births

According to the Arizona Department of Health (ADHS) Vital Statistics, for the calendar year 2008, there were a total of 2,547 live births to women who were residents of La Paz (246) or Mohave (2,301) counties (Arizona Department of Health Services, Vital Statistics, 2008). Statewide, there were 99,215 live births that year. The women in La Paz and Mohave counties who gave birth in 2008 were somewhat younger than mothers in the rest of the state. About half were under 24. In the state as a whole, only 40 percent were under 24.

Because the Region communities tend to be relatively sparsely populated, data from any one year for rare occurrences (such as births) tend to be unreliable because of small sample sizes. Therefore, the data illustrated below are an average of the rates across a number of years (1999-2008). For comparison, they include the state average, as well as the averages for other less populated areas of the state (see definitions of frontier and rural designations). These data are based on the Primary Care Areas, described above.

The birth rates in the two counties that make up the Region are, overall, lower than the state as a whole, but the variability across the communities that make up the Region is substantial, as Figure 13 shows. The Littlefield PCA rate is three times the rate seen in other Frontier Primary Care Areas across the state. This is consistent with the high general population growth rate seen in that area (see **Table 2**). The Fort Mojave Indian Tribe Primary Care Area also has a high birth rate, about twice the Mohave county rate. These are areas where there may be particular high relative demand for services for young children.

Figure 13. Birth Rate per 1000 residents

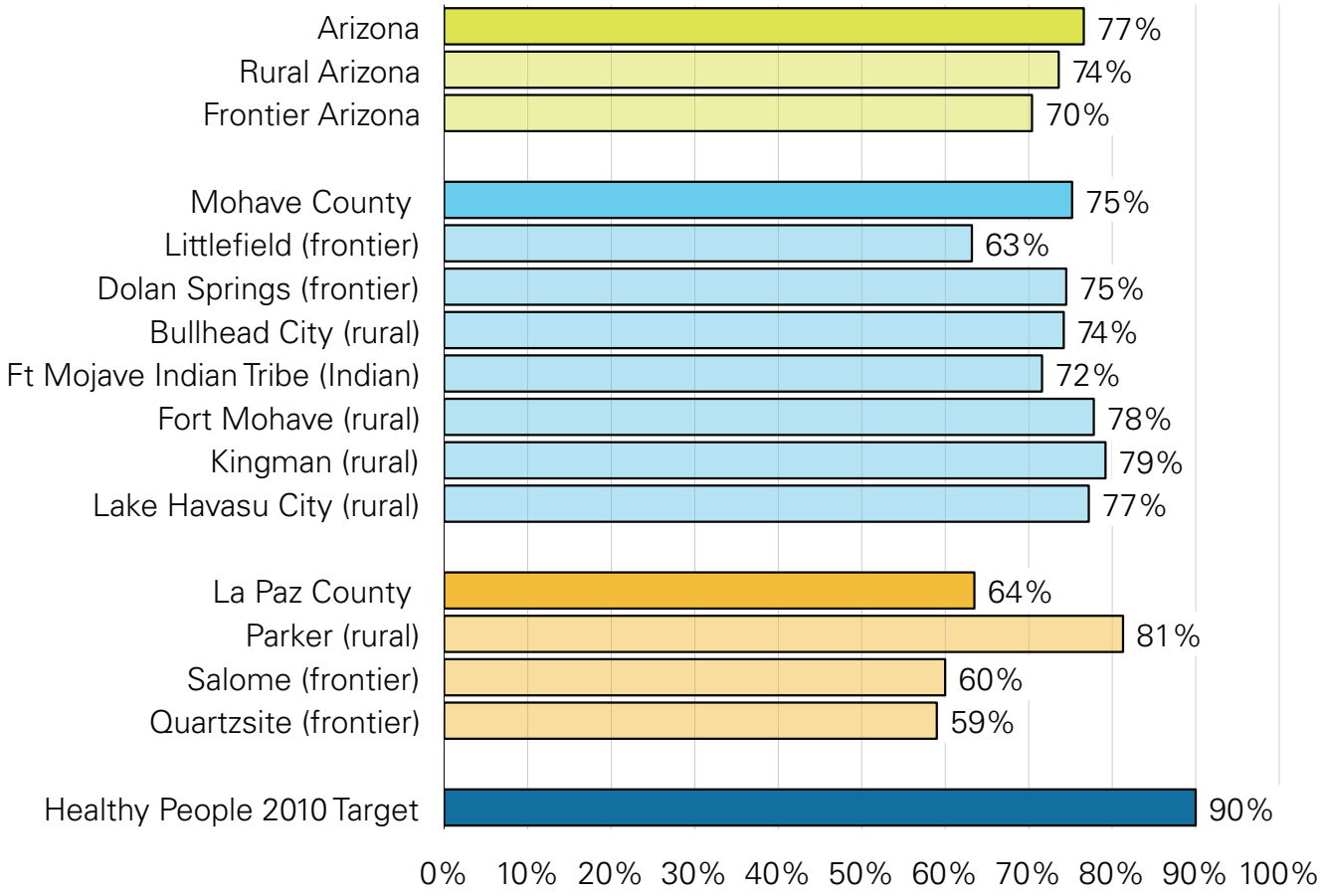


Source: Arizona Department of Health Services, February 2010

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 (Centers for Disease Control and Prevention & Health Resources and Services Administration, 2010b). Care should ideally begin in the first trimester, and the American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven or fewer prenatal care visits are considered an "inadequate" number (ACOG, 2002). **Figures 14** and **15** illustrate the variability in prenatal care across the Region.

Expectant mothers in Mohave County receive first trimester care at a rate slightly higher than those in other sparsely populated areas of the state, with the exception of women in the Littlefield PCA, whose rates are much lower. Women in the Fort Mojave Indian Tribe PCA have a slightly lower rate than other women in rural areas. Expectant mothers in La Paz County face particular challenges in receiving comprehensive prenatal care because of the lack of any obstetric providers, including midwives, in the county. Although there is a nurse practitioner available for prenatal care at the Salome clinic, qualitative data indicated that, due to demand for the multiple services provided in the clinic, it was sometimes difficult to get an appointment and be seen in a timely manner, and a number of women reported a preference for receiving prenatal care from the provider who would ultimately deliver her baby. In order to receive this continuity of service, women must travel outside of the county. This is generally easier for women in the Parker PCA, who have closer access to providers in Lake Havasu City (still 31 to 40 minutes away), which may account for their higher rates of early care than other areas of La Paz (though not why they would be higher than those in Lake Havasu City itself).

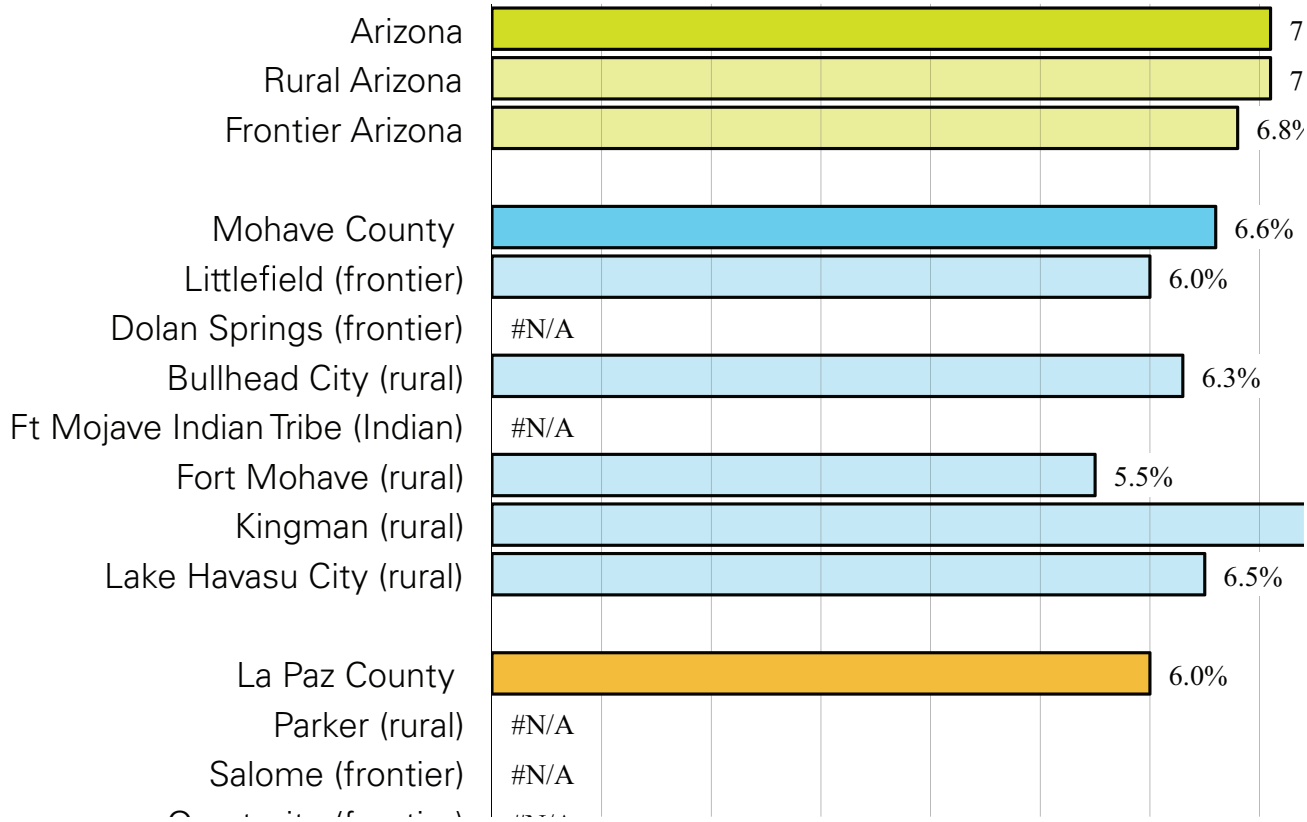
Figure 14. Average (1999-2008) Percent of Births with Prenatal Care Begun First Trimester



Source: Arizona Department of Health Services, February 2010

The Healthy People 2010 Maximum shown in Figure 15 is based on the Adequacy of Prenatal Care Utilization Index (APNCU) that compares actual prenatal use to the recommended number of visits based on the month of initiation of care and the length of the pregnancy. The target is 90 percent of visits to be in the adequate or adequate plus range, so that only 10 percent of pregnancies are in the intermediate to inadequate range. Ideally, many fewer than 10 percent would fall into the inadequate range alone, but no specific target is provided. The ADHS PCA Statistical Profile indicator rates available and presented here, however, are for four or fewer prenatal care visits per 1000 births, which would fall into the inadequate range. Therefore, although the Mohave PCAs do not exceed the maximum of 10 percent line indicated, the actual cap should probably be much lower, so that Bullhead City should be considered a target for improving the adequacy of prenatal visits, at least. With as much as twice the rate of inadequate care as is found in other sparsely populated areas in Arizona, it is clear that expectant mothers throughout the La Paz communities are in need of increased prenatal care, which can help reduce poor birth outcomes and better prepare infants for a healthy start in life.

Figure 15. Average (1999-2008) Percent of Births with Fewer Than Five Prenatal Care Visits



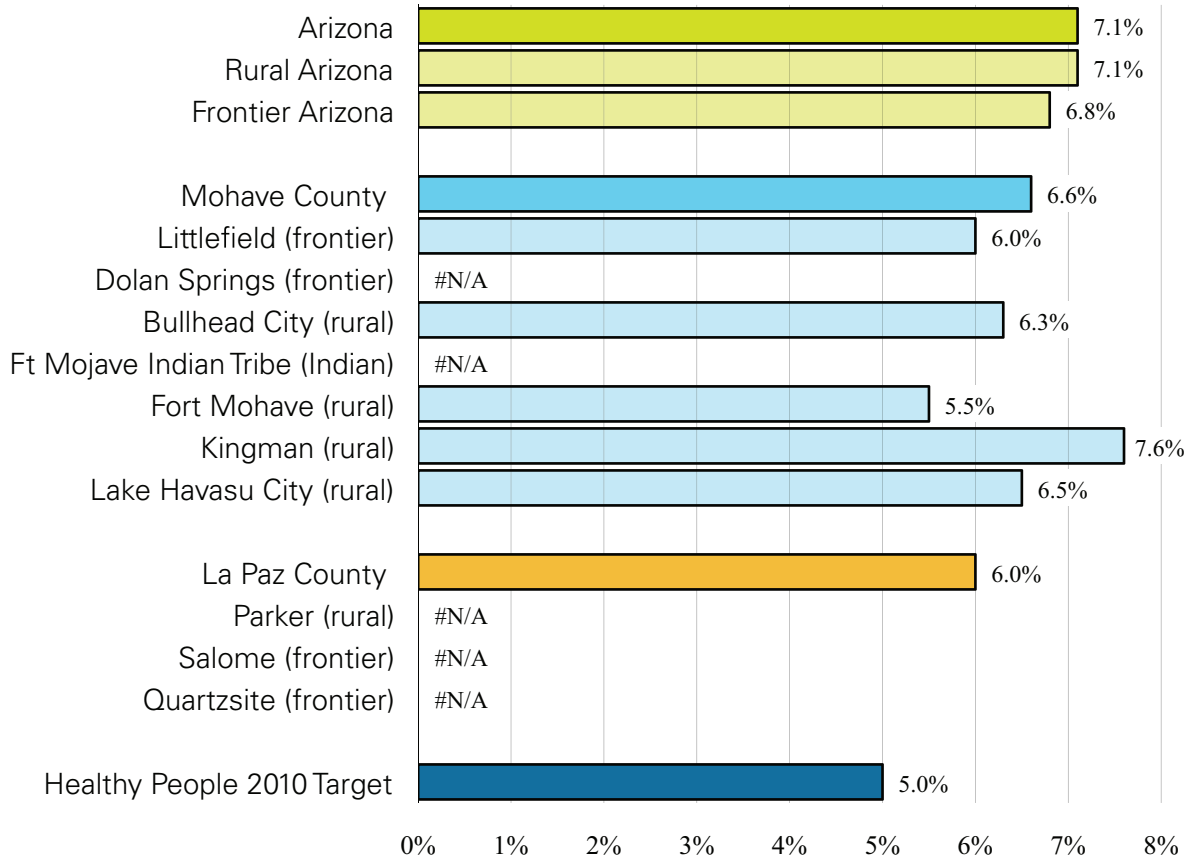
Source: Arizona Department of Health Services, February 2010

In the state in 2008, about 32 percent of the live births were to women who had been diagnosed with some sort of medical risk factor during pregnancy, such as anemia, diabetes, or eclampsia (Arizona Department of Health Services, Vital Statistics, 2008). In La Paz and Mohave counties, the rates of women giving birth having been diagnosed with such risk factors were much lower, 18 percent and 16 percent, respectively. Part of this difference could be attributed to having received less prenatal care, however, and so having less opportunity to have problems diagnosed. There was a similar pattern in the percentages of mothers experiencing labor and delivery complications: 27 percent statewide, but only 20 percent in Mohave and 14 percent in La Paz. However, 23 percent of the La Paz births in 2008 involved "abnormal conditions of the newborn" (such as assisted ventilation). Statewide, only 7 percent of births that year were in that category.

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. Although low birth rates in the Region are higher than the Healthy People 2010 target, La Paz/Mohave communities are closer to the target than the state as a whole, with the notable exception of the Kingman PCA; a higher proportion of infants born there have low birth weight compared to the state as a whole.

Smoking accounts for a large percentage of low birth weight births in the US (Arizona Department of Health Services, Vital Statistics, 2008), and may contribute to the rates seen in Kingman. The rate of smoking during pregnancy in Mohave County (12%) is the highest in the state, nearly two and a half times the state rate (5%) and four times the rate in La Paz County (3%) (Arizona Department of Health Services, Vital Statistics, 2008). Smoking prevention and cessation efforts with pregnant women in Mohave could contribute to reducing low birth weight births in the Region.

Figure 16. Average (1999-2008) Percent of Low Birth Weight (5 lbs, 8 oz or less) Births



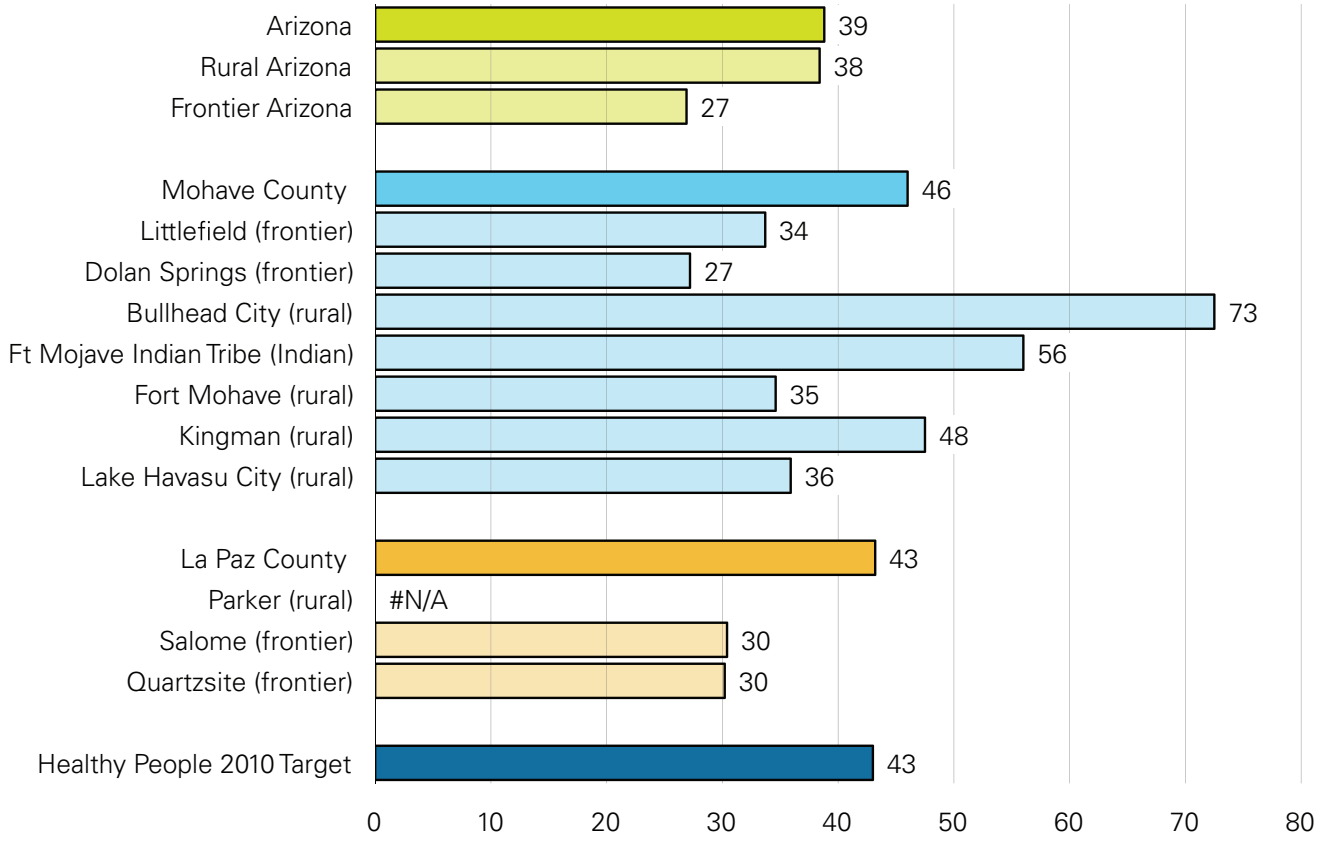
Source: Arizona Department of Health Services, February 2010

Another factor related to low birth weight is birth to a teenage mother, particularly for teenage mothers under 18 years of age. Teenage parenthood is associated with a number of other negative outcomes for infants, including neonatal death, sudden infant death syndrome, child abuse and neglect, as well as putting infants at risk for behavioral and educational problems later (Office of Population Affairs, Department of Health and Human Services, 2010). In addition, teenaged mothers are less likely to get or stay married, 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.

Arizona as a whole has met the Healthy People 2010 target of no more than 43 births per 1000 teenage females, with a 15-17 year birth rate of 30.3 as of 2008 (Arizona Department of Health Services, 2010). It is important to note, however, that Arizona ranks fifth highest nationally for teen births (Guttmacher Institute, 2010), with a birthrate 23 percent higher than the most recent national estimates (22.2/1000 females 15-17). Teen pregnancy and teen birth continues to be a statewide issue.

The Healthy People target is for births to 15-17 year olds, whereas the numbers available for the Region PCAs include births to 14, 18 and 19 year olds; therefore, for purposes of looking more closely at the Region, the appropriate comparison here is to the numbers for the state rather than to the target. The two counties as a whole exceed the state rate, and although there is some variability across the counties, in general, communities in the region have high teen birth rates, particularly Bullhead City, Kingman and Fort Mojave Indian Tribe PCAs.

Figure 17. Average (1999-2008) Number of Teen Births per 100 Females 14-19 years old



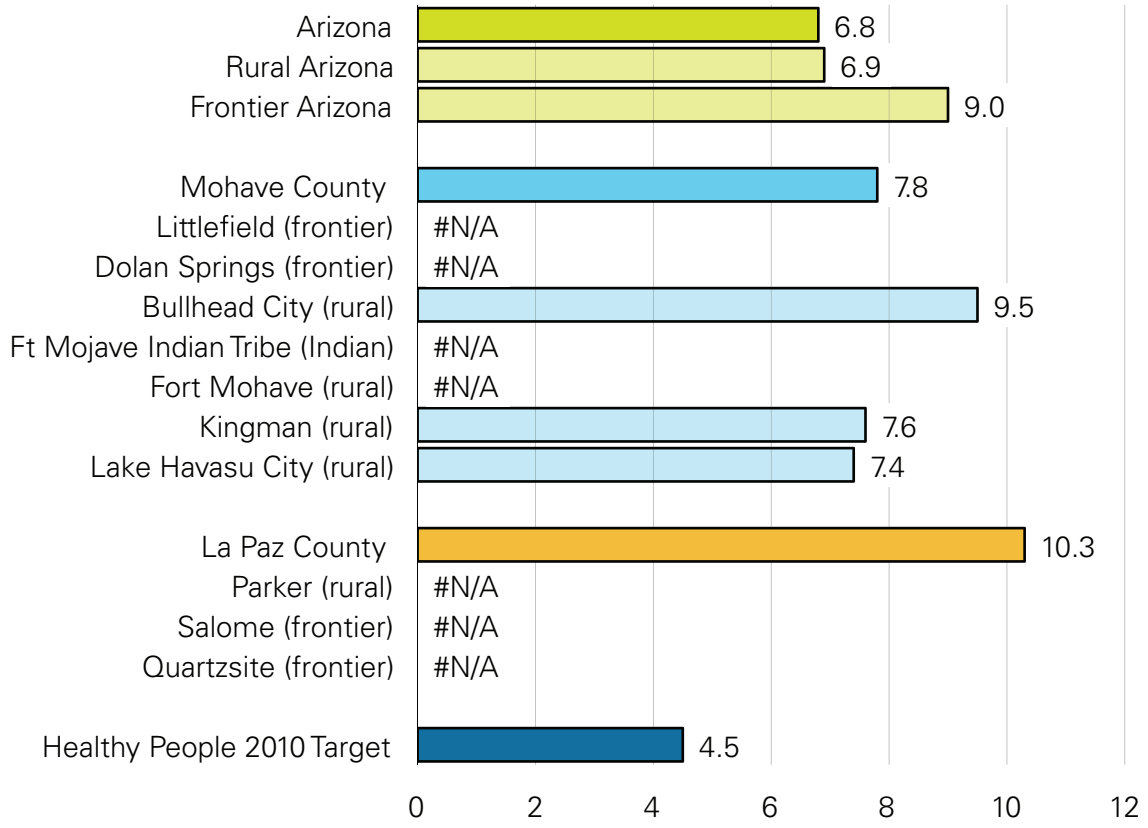
Source: Arizona Department of Health Services, February 2010

Because teen parenthood for young teens has so many far-reaching consequences for mother and baby alike, these rates indicate that teen parenthood prevention education and services for teen parents may be important strategies to consider to improve the well-being of young children in those areas. These needs were recognized by key informants in the Bullhead City area who mentioned the challenges teen parents face in accessing medical and behavioral health care and their need for education on developmental milestones.

Also, although the rates for Littlefield, Dolan Springs Salome and Quartzsite PCAs are lower than the state as a whole, they are higher than those in other comparably sparsely populated PCAs in Arizona, and so these may be areas where interventions could be useful. Although no rate was provided for Parker PCA, the high county rate, along with lower rates for the county PCAs reported, suggests that the rate is likely to be high there, as well. In 2008, 12 percent of all live births in the state were to women under 20. In Mohave that rate was 14%, and in La Paz it was 16%.

One of the consequences that has been linked to high teen birth rates, among other factors, is high infant mortality. Indeed, the rates found in the Region should be cause for concern. The rates in the Region are higher than rates in other sparsely populated areas of Arizona, and are over one and a half to twice the Healthy People 2010 target of 4.5 infants per 1,000 live births (see **Figure 18)**. In Arizona as a whole, there are a higher percentage of postnatal (greater than 28 days, but less than a year) deaths among women residing in rural areas compared to urban areas, perhaps because of disparities in health care access for critically ill infants (Arizona Department of Health Services, 2010). This is consistent with the concerns expressed by parents in La Paz County who reported the need for transportation, often by helicopter, of critically ill children because of the lack of urgent care for young children in the region.

Figure 18. Average (1999-2008) Infant Mortality Rate per 1,000 Live Births

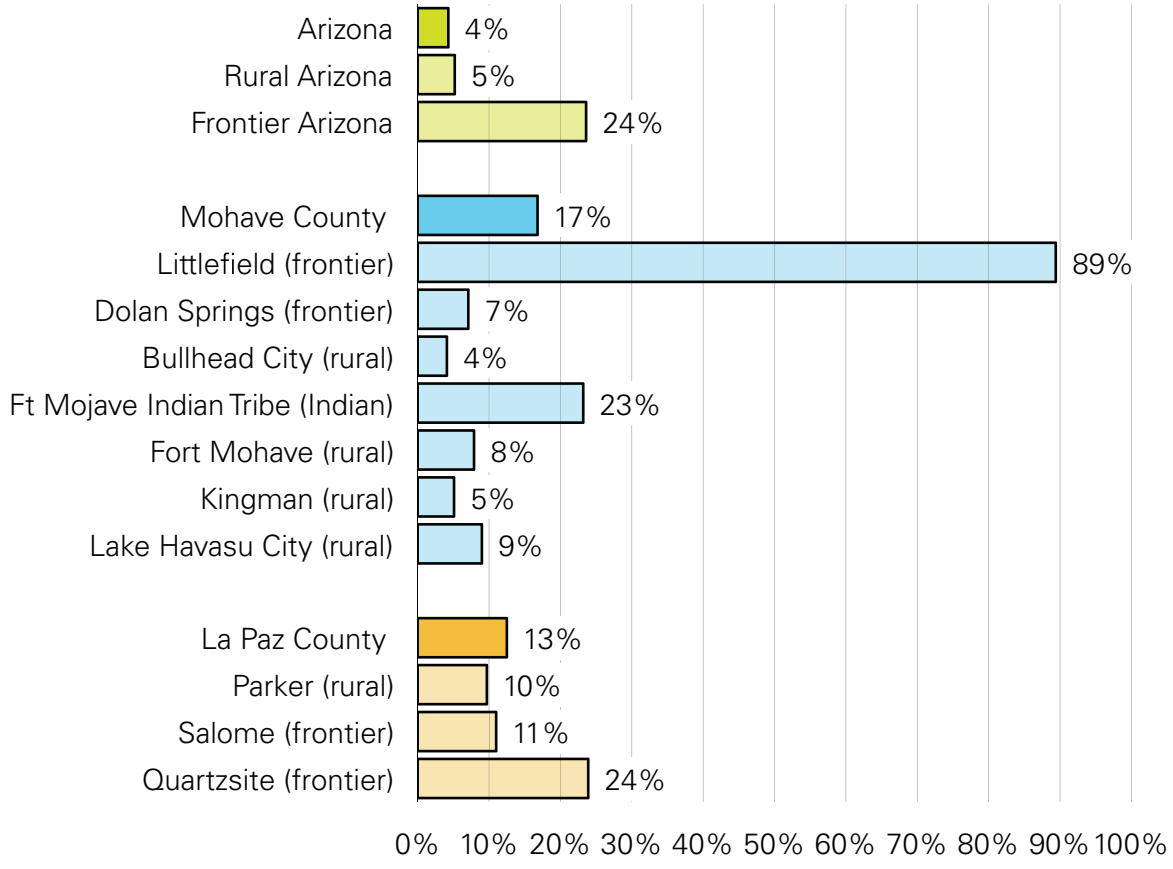


Source: Arizona Department of Health Services, February 2010

Statewide, just over half of the mothers (54%) used AHCCCS or IHS to pay the birth expenses in 2008. Among the La Paz mothers, 73 percent used AHCCCS or IHS. (Note that the La Paz figures include residents of the Colorado Indian Reservation, who may have been more likely to use the IHS benefit.) In Mohave County, 60 percent of births were covered by AHCCCS or IHS (Arizona Department of Health Services, Vital Statistics, 2008). This is a reflection of the high poverty rates in the Region.

There was substantial variation in the number of uninsured births (defined as self pay or 'unknown' payee in the Vital Statistics birth record) in the Region as can be seen in Figure 19. Based on information from families and key informants in the area, the astoundingly high rate of uninsured births in the Littlefield area may be a combination of the large population of undocumented families working in the area during the construction boom of the early to mid-2000s who were ineligible for public assistance, and of the families in the Colorado City area who reported a reluctance to enroll in many public assistant programs (see *Early Care and Education, Additional Qualitative Findings, Culture of Self-Reliance* below). It may also reflect the lack of accessible Arizona facilities for an out-of-home birth in the area. Expectant mothers who are transferred to facilities out-of-state (which are closer than the nearest in-state facility), would not be covered by AHCCCS.

Figure 19. Average (1999-2008) Percent of Uninsured Births



Source: Arizona Department of Health Services, February 2010

Additional detail on pregnancy and birth in the state and Mohave and La Paz counties can be found in **Appendices G** through **I.**

AHCCCS Insurance 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 up to 100% of the Federal Poverty Level or FPL) and the Title XXI program (KidsCare) (Arizona State Legislature, Joint Legislative Budget Committee, 2010). As of July 2009, half (49%) of AHCCCS enrollees were children under 18 years of age (Arizona Health Care Cost Containment System, 2010a). Enrollment by county was not available for AHCCCS as a whole before June 2009.

A higher percent of La Paz and Mohave counties' population were enrolled in AHCCCS than what was seen in the state as a whole (Arizona Health Care Cost Containment System, 2010b) **(Table 16**). However, when the number of persons at or below the U.S. Census Bureau's Poverty Threshold Level is compared to AHCCCS enrollment by county and for the state, the pattern changes (**Table 6**).[15 16] That is, AHCCCS enrollment in La Paz County is less than, and in Mohave County is higher than, the state as a whole when compared to those below the US Census poverty threshold. Although the percent of the total population enrolled in AHCCCS is similar between La Paz and Mohave counties, the percent living below the poverty threshold is substantially higher in La Paz County (26% versus 17% in Mohave). Therefore, if equal proportions of those in poverty were enrolled in AHCCCS, the enrollment in La Paz should be higher than what is seen. This suggests that there may be a greater proportion of families in La Paz who are eligible for AHCCCS based on income, but who are not enrolled, either because they do not know they are eligible, or because they are covered by IHS, or because they are ineligible for other reasons (e.g., based on immigration status).

AHCCCS enrollment for the state as a whole continues to rise. From June 2009 to June 2010 it increased 8.5 percent, reflecting the economic challenges faced by families throughout the state.

Table 16. Enrollment in AHCCCS, including KidsCare

	ARIZONA	LA PAZ COUNTY	MOHAVE COUNTY
Number of persons enrolled June 2009	1,255,363	4,835	46,326
Percent of population enrolled June 2009	19%	24%	24%
Ratio of number enrolled June 2009 to number in poverty*	1.3	0.9	1.4
Number of persons enrolled June 2010	1,362,585	N/A	N/A

* Based on 2008 poverty percentages from U.S. Census applied to 2009 population estimates.
Source: Arizona Health Care Cost Containment System (2010b)

15 Note that since the number of enrollees and the number of persons below the poverty threshold come from two different sources we cannot say what percent of those below the poverty threshold were enrolled in AHCCCS. However, it is still relevant to compare the relative size of these two populations given that AHCCCS eligibility is in large part determined by household income.

16 There are several possible reasons why the ratio of Arizonans in poverty to Arizonans enrolled in AHCCCS is greater than 1.0. First, the definitions of the FPL and the poverty thresholds used in the U.S.Census data are similar but not identical.(For one explanation of the difference see: http://www.irp.wisc.edu/faqs/faq1.htm#whatis.). Second, poverty threshold data were not available for 2009 and AHCCCS enrollment data were not available by county for 2008, so yearly updates of the poverty threshold and FPL definitions may have had an effect. Third, although Arizonans with household income at or below 100% of the Federal Poverty Level (FPL) are generally eligible for AHCCCS, certain AHCCCS programs have higher income thresholds for enrollment—e.g., children less than 1 year of age are eligible up to 140% FPL (Arizona Health Care Cost Containment System, 2010a).

Arizona's state Children's Health Insurance Program (SCHIP) is called KidsCare. It offers free or affordable health insurance for children 18 years of age or younger who do not qualify for employer-based health coverage or for Medicaid through Title XIX.

Table 17 shows the enrollment in KidsCare by county in the Region and for the state as a whole in June 2008 (Arizona Health Care Cost Containment System, 2010c). Just over a quarter (26%) of these children are under 6 years of age. These enrollment numbers are also shown as a percent of total children in each area and as a ratio of enrollment to total children living below the U.S. Census poverty level (**Table 6**).[17] As can be seen, when compared to the number of children in poverty, KidsCare enrollment in La Paz and Mohave counties is lower than seen in the state as a whole.

Table 17. Enrollment in Arizona's KidsCare Program

	ARIZONA	LA PAZ COUNTY	MOHAVE COUNTY
Number of children enrolled June 2008	65,833	190	1,556
Percent of children enrolled June 2008	4%	5%	4%
Ratio of children enrolled June 2008 to those in poverty	0.19	0.14	0.15
Number of children enrolled June 2010	32,220	99	786

Source: Arizona Health Care Cost Containment System, 2010c.

Mid-2008 was when KidsCare enrollment reached its peak. Between June 2008 and June 2010 enrollment dropped by approximately half. This substantial drop seems to be due to two main reasons: an increase in premiums charged for KidsCare that went into effect in May 2009 and a subsequent enrollment cap put in place January 2010 due to lack of funding for the program[18]. In addition, on September 30, 2009, the KidsCare Parents program was eliminated, which had provided low-cost health care to approximately 10,000 parents of KidsCare-eligible children across the state.

The state budget passed in March of 2010 directed AHCCCS to eliminate the KidsCare program beginning June 15, 2010. However, the Patient Protection and Affordable Care Act (also known as Health Care Reform), signed by President Obama on March 23, 2010, contained a provision that required maintenance of effort. This effectively required the state to restore the KidsCare program, at a minimum with a freeze on new enrollment, and maintain the Medicaid program at the level that was in effect at the time that the Act was signed. On April 29, 2010, the Arizona Legislature restored the matching funds for KidsCare with a freeze on new enrollment (Arizona Department of Health Services, 2010).

This severe cut-back in funding for the children of the working poor and their parents is likely to have a large impact on the ability of families in the Region to access health care. According to U.S. Census 2006 estimates, La Paz and Mohave counties were similar to Arizona as a whole in that about 15 percent of all children (ages 0 to 18) did not have health insurance (U.S. Census Bureau, Small Area Estimates Branch, 2006; detailed data in **Appendix L)**. This rate may well increase with these new restrictions on accessing publicly-subsidized insurance. In fact, a recent study based on Arizona Health Survey data showed that in Arizona as a whole, households with children were 60 percent more likely than households without children to report medical debt—either problems paying medical

17 Again, note that since the number of KidsCare enrollees and the number of children below the poverty threshold come from two different sources we cannot say what percent of those below the poverty threshold were enrolled in the KidsCare portion of AHCCCS. However, it is still relevant to compare the relative size of these two populations given that KidsCare eligibility is to some extent determined by household income—i.e., children must come from households with incomes less than 200% FPL.

18 AHCCCS, Arizona KidsCare (CHIP) State Plan Amendments, http://azahcccs.gov/reporting/PoliciesPlans/KidsCarePlanAmendments.aspx

bills or current paying off medical bills (Herman, 2010).[19] Adding to the possibility of families in the Region incurring medical debt is that those enrolled in AHCCCS in the western or northern edges of the Region often face the challenge that the nearest birth, specialty pediatric care or urgent care provider is in another state, and therefore is not easily covered by AHCCCS.

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. The National Survey on Children with Special Health Care Needs estimated that 7.9 percent of children from birth to 5 in Arizona have special health care needs, defined broadly as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally" (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2008).

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), who also provide services or make referrals to other appropriate agencies (e.g. for Department of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50 percent of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an Individualized Family Service Plan, 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 or 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 Region has two AzEIP service providers: Milemarkers Therapy serves communities in La Paz and southern Mohave County, and the Learning Center for Families serves the area north of the Grand Canyon, including the Littlefield and Colorado City communities.

Children over age three with developmental delays are supported by the public schools in their home district who are responsible for "finding" and evaluating eligible children, and for arranging appropriate classes and therapies. If the school, parents or other provider feel that the child is delayed sufficiently to qualify for Department of Developmental Disabilities, a referral can be made. See *Early Care and Education,* above, for more information on special education in the schools in the Region.

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19 The 2008 Arizona Health Survey (AHS) had only 66 adult respondents from Mohave County and 4 from La Paz County. Of these only 15 respondents in Mohave County and 1 respondent in La Paz County report having children in the home. (The child's version of the survey was restricted to Maricopa County.) This is far too small a sample from which to make Region-level estimates about health insurance coverage, or any of the other topics covered by the AHS.

Data from the Region suggest that very young children may not be being screened and evaluated for services consistent with the likely rate of delay in the area. The AzEIP Public Report for the 2008-2009 fiscal year showed that the Mohave and La Paz area did not meet the state target (based on other state and national benchmarks) of assuring that at least 1.80 percent of infants and children aged 0-3 years of age in the area had an Individualized Family Service Plan (IFSP) in place (Arizona Department of Economic Security, Arizona Early Intervention Program, 2010). The Mohave-La Paz program had an actual rate of 1.30 percent, somewhat higher than Yuma County's rate of 1.11 percent, and lower than Maricopa's 1.58 percent. (The rest of the state met or exceeded the 1.80 percent target.) In addition, the Mohave-La Paz program had the lowest rate of IFSPs for infants 0-1 years, at only 0.30 percent, substantially lower than the state target of 0.74 percent of infants. (Only Maricopa and Yuma counties reported rates under 0.50 percent.)

These low rates for AzEIP participation are echoed by data from the Department of Developmental Disabilities (DDD) for La Paz and Mohave counties. In 2007, 44 infants and children under three years of age, and 52 children aged three to six, were receiving services from DDD. In 2009, this number decreased to 27 infants (a 39% decrease) and very young children, and 39 children from three to six (a 25% decrease). In contrast, the DDD caseload across the entire state increased by about five percent for both age groups from 2007 to 2009 (Arizona Department of Economic security, 2007, 2009).

These data suggesting that services are not reaching Region children in need were supported by interviews with key informants who cited a number of challenges in providing screening for young children in the area. They noted that a large percentage of young children in the Region are not in formal child care situations, giving less opportunity for delays to be noticed by trained professionals. In addition, they felt that parents in the Region may be less aware of appropriate development, and so may not recognize the signs of delay in their children. Finally, when screenings are held at community settings and events, there is often a very low turnout, perhaps because of a lack of awareness of the importance of early screening and intervention, or a wariness in some communities about "outsiders," or, most likely, some combination of those factors. A notable exception mentioned by informants are the health and developmental screenings held at the Colorado River Indian Tribes Head Start program four times a year. These are open to the entire community in the area and are well attended by residents of Parker and surrounding areas.

However, even when children are identified and evaluated, parents of special needs children and providers serving children with special needs cited a lack of available resources such as occupational, physical and speech therapy, particularly resources that do not require extensive travel. The lack of pediatric psychiatrists and mental health specialists was also noted as a substantial challenge to providing comprehensive care for young children with special needs. These challenges are, unfortunately, not unusual for rural areas. There is a shortage of pediatric physical, speech, and occupational therapists throughout the state; the 2005-2006 National Survey on Children with Special Health Care Needs estimated that about one in four of these children in Arizona had an unmet need for pediatric physical, speech, and occupational therapy (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2008). These unmet needs are likely to be higher in the rural areas covered by the La Paz/Mohave Region. Analyses have also suggested that there are only two areas in Arizona that have a population of young children large enough to support pediatric subspecialty practices (estimated to be between 100,000 to 200,000 children per specialist): Pima and Maricopa counties (Arizona Department of Health Services, 2010). This results in a concentration of specialty care in these areas, and a challenge for providing subspecialty care across the rest of the state.

Providers and parents alike talked about the severity of disability required to qualify for state services. Those children who are not as severely disabled do not qualify or "fall through the cracks" and parents often can not afford to pay for therapy, even when insured. Parents spoke of private

insurance often not covering the therapies needed for their children. The 2005-2006 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 (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2008). The cost of care is likely to 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 will be charged for 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, will have fees (Arizona Department of Economic Resources, 2010b). The families of AHCCCS-enrolled children will not be required to pay the fees.

The lack of support services for parents including respite service, education about how to best address their child's disability, and transportation were also cited as issues common to families with special needs children. These issues may be more easily addressed than the problems with infrastructure for specialty care in sparsely populated areas. Families also expressed concern and frustration over the lack of childcare that can accommodate children with special health care needs (see *Early Care and Education, Additional Qualitative Findings,* above)

Asthma

One asset of La Paz and Mohave counties is that it seems that the prevalence of asthma in resident children aged 5 and below (as evidenced by Arizona hospital admissions for asthma; Arizona Department of Health Services, 2009) is less than half that seen in the rest of the state (a rate of 212 per 100,000 versus a rate of 454 per 100,000 for the state as a whole). It is interesting to note that after the statewide smoking ban was implemented May 1, 2007, the asthma admission rate for La Paz and Mohave counties decreased even more, especially relative to the rest of the state. This is due to the fact that in contrast to most of the state, these counties had no previous smoking bans in place. Therefore, their residents experienced the full impact of the statewide ban on secondhand smoke exposure. In fact, a recent study estimated that hospital admissions for asthma were reduced an average of 22 percent in counties with no previous smoking bans (Herman and Walsh, 2010).

Table 18. Hospital Admissions for Asthma in Children Less than 6 Years of Age

	NUMBER OF ADMISSIONS		AVERAGE ANNUAL RATE PER 100,000	
	ARIZONA	LA PAZ AND MOHAVE COUNTIES	ARIZONA	LA PAZ AND MOHAVE COUNTIES
January 2004 to April 2007 (before statewide smoking ban)	5,603	82	454	212
May 2007 to May 2008 (after statewide smoking ban)	1,615	11	402	87

Source: Arizona Department of Health Services (2009).

Immunizations

Data from the Arizona Department of Health Services show that, in 2008, almost all kindergarteners in La Paz County (98.8%) had their required course of immunizations (Arizona Department of Health Services, Vital Statistics, 2008). In Mohave County, 94.1% were properly immunized, which is slightly less than the state average of 96.3%.

Family and Community Survey

Compared with the state as a whole, the La Paz/Mohave parents reported more positive responses on all five medical questions in the First Things First Family and Community Survey (First Things First, 2009). They more frequently agreed with the statements about having regular visits with doctors and dentists, and with the statement about the medical provider helping them make healthy decisions. In addition, they more frequently reported that their child's health was excellent or very good, and less frequently reported having to travel more than 20 miles for dental care. See **Appendix J** for a table of complete results.

It should be noted that these results run counter to some of the data regarding the scarcity of primary care providers, and with the lower rates of prenatal care, seen in many Primary Care Areas in the Region. It also contradicts many of the results from interviews with service providers and parents in the Region (see below). Although the raw data for respondents from the Region were unavailable, a review of the demographics of those who responded to the Family and Community Survey statewide show higher income and higher education attainment in the sample than is representative of the Region. It may be that respondents to the survey came from some of the better-served areas of the Region, and so, although the results reflect some of the assets of these areas of the Region, they may under-represent families from more challenged portions.

Additional data on health in the state and in La Paz and Mohave counties can be found in **Appendix K.** More detail on health Insurance Coverage Status is provided in **Appendix L**. In addition, the Robert Wood Johnson Foundation has collected a variety of health data for each county in the state (Forum One Communications, 2010a, 2010b). A summary of those data are given in **Appendix M**.

Additional Qualitative Findings

Assets

Local clinics – In addition to hospitals in the larger communities of La Paz and Mohave counties, smaller clinics offer needed services, though sometimes on a very limited basis. These clinics are seen to be a valuable resource in outlying areas of both La Paz and Mohave counties. This is particularly true in Colorado City where these clinics are seen to be preferable to traveling large distances to receive care from unfamiliar providers.

Challenges and Needs

Very limited infrastructure for general medical care – Local clinics are seen as a good resource for general medical care, but they are not often staffed with pediatricians, nor do they tend to have pharmacy services available. This requires parents to travel sometimes considerable distances for even routine care for their children, and definitely for specialty or urgent care (see below). Those interviewed pointed out that this affects not only initial care seeking, but impedes ongoing compliance with treatment recommendations.

Language barriers are often a problem for those who are monolingual Spanish speakers. For instance, the staff at the local clinic in Salome, near a high population of migrant farmworkers in Wenden, do not speak Spanish and the clinic asks non-English speakers to bring an interpreter with them to their appointments if they will need it. Spanish-speaking parents in the outlying parts of La Paz indicated that, among other reasons, the need of an interpreter motivates them to go instead to other clinics which are further away, such as the Clinica Adelante health center in Wickenburg (Maricopa County).

Lack of medical/developmental specialists – There is very limited availability of specialists in all

areas visited, even in the larger communities. For example, not a single obstetrician is available in all of La Paz County, requiring parents to travel out of the county to give birth outside of the home. Issues of how to draw and keep medical/developmental specialists looms large throughout the Region. Serious health issues require travel to Phoenix, Flagstaff, or Las Vegas for medical treatment by specialists. Las Vegas is only available for those not covered through AHCCCS. Throughout the Region, lacks of pediatric mental health specialists and psychiatrists, and physical, occupational, and speech therapists were cited as substantial issues both by key informants and parents. One mom in Bullhead City told a common story, that her daughter was in need of speech therapy but the closest provider was in Kingman, and with other children at home, the travel time makes getting her daughter this care impossible.

This lack of pediatric medical and developmental specialists was heard particularly strongly from parents of children with special healthcare needs. One mother of a daughter with Down's syndrome in Kingman stated that there was a large need for a "better selection and variety of doctors close by – we now go to Phoenix or Las Vegas to see a specialist." Another mom stated that even though Las Vegas is closer and requires less travel time and time off work, she is forced to travel to Phoenix for her child's care because AHCCCS would not cover the providers available out-of-state in Las Vegas.

Other parents echoed this sentiment and added that when their child needs to be admitted to a hospital for medical concerns they must be flown to Phoenix (or Las Vegas, if not AHCCCS insured), which creates the added difficulty of how to return home after the child is discharged. Those who are able to make the drive for emergency or specialty pediatric care incur associated time and financial costs, and several stated that expected reimbursements from AHCCCS for transportation expenses have never arrived.

Public Awareness and Collaboration

The primary quantitative data source for Public Awareness in the Region is the First Things First Family and Community survey (FCS) (First Things First, 2009). Compared to the statewide findings, respondents in La Paz and Mohave counties more often agreed that frequent changes in childcare providers were detrimental to an infant's development.

Table 19. FCS: Impact of Frequent Changes in Childcare Providers

How do frequent changes in childcare providers impact an infant's development?

	FREQUENT CHANGES ARE POSITIVE	FREQUENT CHANGES HAVE NO IMPACT	FREQUENT CHANGES ARE NEGATIVE	NOT SURE
Arizona	9%	9%	74%	8%
La Paz/Mohave	6%	6%	80%	7%

Source: First Things First, 2008. La Paz/Mohave Regional Profile Data; Results of Family and Community Survey, Unpublished Data

On the FCS questions concerning parents' understanding of early childhood, La Paz/Mohave parents were generally more frequently in agreement that infants and young children are affected by the environment in which they are raised. La Paz/Mohave parents also more frequently reported that they expected young children to be capable of behaviors such as sitting quietly and sharing toys (see **Appendix N** for a table of complete responses).

Additional Qualitative Findings

Challenges and Needs

Lack of visibility/knowledge of First Things First - There is very limited knowledge of First Things First in both La Paz and Mohave counties. From the hundreds of interviewees we talked to (and especially among parents) only a handful had even heard about First Things First. Most of those aware of the organization were receiving services from an agency funded by First Things First.

By the time this report was being finalized, First Things First was in the process of hiring a Parent Awareness and Community Outreach Liaison to work in La Paz and Mohave counties. The Parent Awareness and Outreach Liaison will be responsible for executing targeted educational outreach strategies regarding First Things First within La Paz and Mohave counties, including: meetings, presentations, public speaking, events, media outreach, e-activity, and other outreach strategies as determined. These strategies are targeted toward parents, caregivers, civic-minded individuals, business and community leaders and elected officials. The presence of the new Community Outreach Liaison will likely improve the visibility of First Things First in the Region.

Limited awareness/knowledge of existing resources – Across all three sub-regions (La Paz County, Mohave County and the Fort Mojave Indian Tribe), key informants and parents cited a lack of awareness of existing programs by parents in their areas. Several cited that even when resources do exist, few are aware of them, nor how to access these resources. A number of key informants suggested greater publicizing of resources through resource manuals or guides. Others suggested a "one-stop shop setting" where parents could go to learn about available resources. Many parents noted that word of mouth or the internet were their key sources of information, not organizations or agencies. Key informants also cited a desire for a one-stop shop or annual (or more frequent) community forums where agency-to-agency communication and interaction can occur. This would allow the agencies themselves to also be aware of all the resources available to serve parents and young children in their communities.

System Coordination

The First Things First Family and Community survey contains several questions which measured parents' perceptions of local resources, and how well they perceived them to work together (First Things First, 2009). Compared to statewide respondents, the La Paz/Mohave parents were generally less satisfied with the quality and availability of services for their children. Location of services seemed to be a particular problem. Please see **Appendix O** for a table of complete responses.

Summary and Conclusion

This Needs and Assets Report is the second biennial assessment of early education and health services in the First Things First La Paz/Mohave Region. It is the first that has devoted a large effort to speaking with parents of young children and those who serve these children, to understand the needs and assets of communities throughout the Region from their perspective.

Through both quantitative data assembled, and through these conversations with providers and parents, it is clear that the Region has substantial strengths. These include a concentration of health and social services available in larger communities in the Region, and a network of local clinics and community health clinics in smaller communities; Head Start and Early Head Start programs that provide high quality care and early education opportunities for young children and access to support and education for their parents; school districts in small communities that serve as resources for the identification of and referral to services; and a number of culturally appropriate services to support families, including an innovative domestic violence program, offered by the Fort Mojave Indian Tribe. A table containing a full summary of identified Regional assets can be found in **Appendix P.**

However, there continue to be substantial challenges to fully serving the needs of young children throughout the Region. Many of these have been recognized as ongoing issues by the La Paz/Mohave Regional Council and are being addressed by current FTF-supported strategies in the Region. Some of these needs, and the strategies proposed to deal with them, are highlighted below. A table of La Paz/Mohave Regional Partnership Council First Things First planned strategies for fiscal year 2011 is provided in **Appendix Q.**

- **A lack of affordable, high quality and accessible child care** – Three strategies in the Region are focusing on this crucial area. One strategy will provide planning, start-up and quality improvement grants to allow new child care centers to open and existing centers and homes to expand enrollment in quality and regulated settings. Another will fund an additional 10 Quality First sites in the region. Child care health consultation will provide expert advice training and information on best practices related to child health and safety to child care providers.

- **A lack of well-qualified early childhood education staff and limited opportunities for continuing education and training in more rural areas** – An additional 20 T.E.A.C.H. scholarships will be provided, and community-based training to support professional development in early childhood education will facilitate the completion of educational milestones.

- **Insufficient early educational settings** – A need for increased availability of places for both special needs and typical children in preschool settings was a recurrent theme when talking with parents in both La Paz and Mohave counties. Tuition vouchers will be provided to increase pre-kindergarten slots in public school district programs where known shortages exist.

- **Inadequate prenatal care, low birth weight and high infant mortality** – Preventative health outreach and screening will attempt to increase children's access to preventative health services, including prenatal care, well-child checks, developmental screening and oral health.

- **Under-identifying children with developmental delays** – Preventative health outreach and screening (above) may identify more at-risk infants and young children. Providing tuition reimbursement to increase the number of mental health professionals with expertise in infant and toddler mental health.

- **A need to raise the awareness of the importance of early childhood and a parent's role in supporting health and development** – Family support programs will be supported, enhanced and implemented to provide parents and caregivers access to high quality information, resources and social support. In addition, a cross-regional communications campaign is being developed to expand public awareness of, and the financial and political support for, early childhood development and health.

- **Budget cuts in the child welfare system have severely affected available resources** – Court teams for maltreated infants and toddlers will provide specialized training and technical assistance on infant and toddler mental health to early intervention and behavioral health providers, child welfare professionals, dependency court judges, CPS workers, probation officers, CASAs, and other health and mental health providers serving children birth through five.

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

- **Increased availability and access to services for children with special health care needs** – Time and again key informants and parents cited a lack of available therapeutic services for their children with special needs, either because of an absence of providers, because of the need to travel long distances to obtain services, or because of the untenable cost of services. Key informants cited difficulty in hiring therapists for open positions, and parents cited failure to meet severe deficit criteria to qualify for DDD-covered services. The low population density in the area, and the generally low wage structure and educational attainment in the Region, are serious barriers to recruiting and retaining highly skilled and in-demand medical and developmental specialists. The limited infrastructure for general medical care in the more remote areas is another substantial hurdle.

In addition, there are few appropriate special educational placements for very young children, and limited staff with expertise in special education. A certification course in early childhood special education is available at Northern Arizona University, and there was interest by stakeholders in Kingman in the possibility of providing the course at their NAU satellite campus.

- **Improved coordination and communication of services** – In addition to an overarching goal of better quality of services, be they child care, health care or support services, a common theme that arose throughout the qualitative work was the need for better coordination of services and communication of services from both a parent's and a provider's perspective. Parents frequently reported that they didn't know where they needed to go for services, and key informants who were often provider's themselves often had trouble locating personnel or services for their clients. Published materials, community forums or meetings, or "one-stop shops" were recommended as ways to better communicate the breadth of services available throughout the Region to both service providers and parents. There is an opportunity to leverage the sense that "everyone knows each other" in smaller communities. These close-knit social networks can be leveraged to spread the word about services and programs available. Recruiting and training local members of the community ("Promotora-like") into programs, perhaps providing them with a stipend to help raise awareness of early childhood issues, services and programs could be beneficial, especially in communities that are more resistant to 'outsiders'.

- **Age appropriate infrastructure and activities for young children and their families** – Very little was available in any of the communities in the way of a community center or other focused, easily accessible place for socialization and recreation with younger children. Particularly desired are activities such as mommy and me; daddy and me; grandma and me; grandpa and me. Head Start also sounds as though it serves as a hub for families enrolled

there, with referrals to other services, resources and information. This would be a good model for what might be made available through parks and recreation or through partnerships with other agencies.

- **Promote and facilitate networking opportunities among foster parents**– The creation of a listserve, and/or a newsletter could greatly benefit foster parents. These resources would help locate other parents in their area, provide and easier way to get information on activities for children in general and for children with special needs that might be going on. Interviewed parents seemed to be well aware of the fact that it would be too difficulty in the current times to get any additional help from state agencies involved in the child welfare system. Promoting the creation of alternative ways of supporting themselves in their role as foster parents (such as networking with other foster parents) seems a viable palliative solution (at least to some extent) to budget deficits.

- **Outreach in communities with large Hispanic population** - Proper outreach and collaboration with local institutions (e.g. schools) that people are familiar with or where stakeholders see themselves as advocates of this population would be important. There is a lot of distrust among this population due to the perception of a current anti-immigrant climate and recent legislation. Providing Spanish-speaking liaisons in schools with a large population of Hispanic children whose parents are monolingual Spanish-speakers would promote better parent involvement in early education.

It will take a continued concerted effort involving collaboration and cooperation among First Things First and other state agencies, The La Paz/Mohave Regional Partnership Council and staff, state and regional providers of services to young children, parents and caregivers of young children, and other interested community stakeholders in the Region to successfully address the needs outlined in this report. Doing so, however, will continue to strengthen the "small, safe communities" that draw families to the Region.

Appendix A. Data by Zip Code Tabulation Area (ZCTA)

Table A1. Household head for families with children 0 to 5 years of age: percent (number)

	TOTAL NUMBER OF FAMILIES	PERCENT OF FAMILIES WITH OWN CHILDREN 0 TO 5 YEARS OF AGE	HOUSEHOLD HEAD STATUS OF FAMILIES WITH OWN CHILDREN 0 TO 5 YEARS OF AGE		
			MARRIED COUPLES	SINGLE FATHERS	SINGLE MOTHERS
Kingman 86401	10,679	9% (992)	65% (645)	14% (141)	21% (206)
Bullhead City 86442	7,804	10% (759)	58% (437)	17% (126)	26% (196)
Lake Havasu City 86406	5,682	6% (357)	73% (261)	13% (45)	14% (51)
Lake Havasu City 86403	3,785	7% (280)	63% (176)	13% (37)	24% (67)
Lake Havasu City 86404	4,107	6% (266)	68% (180)	14% (38)	18% (48)
Parker 85344	2,780	8% (235)	56% (132)	21% (50)	23% (53)
Fort Mohave 86426	2,589	8% (200)	68% (135)	13% (26)	20% (39)
Golden Valley 86413	2,175	5% (104)	62% (64)	13% (14)	25% (26)
Mohave Valley 86440	1,876	8% (148)	61% (90)	16% (23)	24% (35)
Bullhead City 86429	1,361	9% (126)	52% (66)	19% (24)	29% (36)
Colorado City 86021	530	25% (131)	92% (120)	5% (7)	3% (4)
Quartzsite 85346	1,379	1% (19)	63% (12)	11% (2)	26% (5)
Dolan Springs 86441	661	4% (26)	62% (16)	31% (8)	8% (2)
Salome 85348	675	4% (25)	76% (19)	16% (4)	8% (2)
Topock 86436	542	3% (15)	60% (9)	20% (3)	20% (3)
Littlefield 86432	286	13% (37)	81% (30)	14% (5)	5% (2)
Ehrenberg 85334	267	10% (28)	57% (16)	25% (7)	18% (5)
Meadview 86444	289	2% (5)	80% (4)	20% (1)	0% (0)
Bouse 85325	277	1% (4)	100% (4)	0% (0)	0% (0)
Wenden 85357	106	6% (6)	83% (5)	0% (0)	17% (1)
Kingman 86431	99	0% (0)	0% (0)	0% (0)	0% (0)
Wikieup 85360	86	6% (5)	60% (3)	40% (2)	0% (0)
Bullhead City 86438	80	4% (3)	33% (1)	33% (1)	33% (1)
Cibola 85328	41	2% (1)	100% (1)	0% (0)	0% (0)
Bullhead City 86433	38	5% (2)	100% (2)	0% (0)	0% (0)
Bullhead City 86430	18	0% (0)	0% (0)	0% (0)	0% (0)
Kingman 86437	8	13% (1)	0% (0)	100% (1)	0% (0)
853XX remainder	143	7% (10)	70% (7)	30% (3)	0% (0)
864XX remainder	71	10% (7)	86% (6)	0% (0)	14% (1)
Colorado River Reservation (AZ part)	-1,821	10% (-182)	55% (-101)	19% (-35)	25% (-46)
La Paz/Mohave Region	46,613	8% (3,610)	65% (2,340)	15% (533)	20% (737)

Source: U.S. Census Bureau, 2000a. http://factfinder.census.gov.

Table A2. Enrollment in Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP) for children 0 to 5 years of age by zip code area

	TANF FOR CHILDREN 0 TO 5 YEARS OF AGE					SNAP FOR CHILDREN 0 TO 5 YEARS OF AGE				
	JAN 2007	JUN 2007	JAN 2009	JUN 2009	JAN 2010	JAN 2007	JUN 2007	JAN 2009	JUN 2009	JAN 2010
Bouse 85325	5	4	-	3	2	13	14	10	18	19
Cibola 85328	1	1	-	-	-	3	4	-	1	1
Ehrenberg 85334	12	14	6	10	10	47	42	36	43	43
Parker 85344	72	69	76	58	69	389	386	467	478	482
Quartzsite 85346	10	6	6	6	5	35	36	35	36	37
Salome 85348	4	3	8	7	4	23	24	33	37	40
Wenden 85357	2	3	8	7	1	17	21	41	47	43
Quartzsite 85359	1	1	-	-	-	5	4	2	4	7
Wikieup 85360	3	2	-	-	1	7	5	2	3	6
Poston, 85371	10	3	13	5	3	72	65	52	51	62
Colorado City 86021	1	4	5	-	1	521	513	620	724	885
Kingman 86401	79	82	85	79	101	468	486	626	654	740
Kingman 86402	-	-	-	-	-	2	-	-	-	-
Lake Havasu City 86403	43	48	51	52	44	342	376	450	464	515
Lake Havasu City 86404	33	29	37	31	30	207	188	290	296	341
Lake Havasu City 86405	-	-	-	-	-	2	-	-	-	4
Lake Havasu City 86406	33	34	42	41	43	220	213	313	369	449
Kingman 86409	127	143	184	160	102	628	752	954	973	962
Golden Valley 86413	50	49	45	29	34	187	199	261	257	282
Fort Mohave 86426	28	31	43	24	19	218	222	272	308	347
Bullhead City 86427	-	-	-	1	-	-	-	-	2	-
Bullhead City 86429	19	12	21	16	20	88	97	220	223	204
Bullhead City 86430	-	-	-	-	-	-	1	-	-	-
Kingman 86431	2	2	1	3	3	6	5	9	9	11
Littlefield 86432	8	6	10	15	11	62	56	91	115	127
Bullhead City 86433	-	-	-	-	-	1	5	4	3	3
Topock 86436	4	5	1	2	3	22	35	34	31	40
Kingman 86437	1	-	-	-	1	1	1	-	-	1
Bullhead City 86438	1	-	3	3	5	11	12	15	16	18
Bullhead City 86439	1	-	1	-	-	1	2	1	-	1
Mohave Valley 86440	25	27	26	28	25	132	138	209	232	224
Dolan Springs 86441	16	15	9	12	11	44	45	51	42	50
Bullhead City 86442	159	139	196	149	154	1,068	1,079	1,282	1,344	1,405
Meadview 86444	4	-	2	6	-	4	4	9	14	11
Kingman 86445	-	-	-	-	-	-	-	1	1	4
ARIZONA	**20,867**	**19,646**	**24,273**	**23,746**	**23,866**	**134,697**	**139,170**	**179,831**	**199,367**	**215,837**
LA PAZ COUNTY	**117**	**104**	**117**	**96**	**94**	**606**	**596**	**676**	**715**	**734**
MOHAVE COUNTY	**676**	**654**	**777**	**669**	**620**	**4,362**	**4,538**	**5,823**	**6,174**	**6,736**

Source: Arizona Department of Economic Security, 2010

Appendix B. AIMS Test Results, 2008

SUBJECT	YEAR	COUNTY	GRADE	FAR BELOW STANDARD	APPROACHES STANDARD	MEETS STANDARD	EXCEEDS STANDARD	MEAN SCALE SCORE	NUMBER TESTED
Math	2007	Arizona	3	10%	18%	53%	19%	450	81,744
		La Paz County	3	13%	19%	58%	11%	441	198
		Mohave County	3	12%	19%	55%	14%	444	2,132
	2008	Arizona	3	10%	19%	49%	22%	451	83,493
		La Paz County	3	16%	22%	48%	14%	439	185
		Mohave County	3	10%	21%	53%	17%	446	2,085
Reading	2007	Arizona	3	7%	24%	57%	12%	455	81,442
		La Paz County	3	7%	28%	56%	9%	447	198
		Mohave County	3	6%	26%	59%	9%	453	2,128
	2008	Arizona	3	8%	24%	56%	13%	457	83,498
		La Paz County	3	4%	32%	54%	10%	450	185
		Mohave County	3	6%	24%	59%	11%	457	2,085
Writing	2007	Arizona	3	6%	14%	65%	16%	463	81,660
		La Paz County	3	6%	21%	66%	7%	443	197
		Mohave County	3	7%	16%	66%	12%	453	2,128
	2008	Arizona	3	6%	18%	66%	10%	445	83,386
		La Paz County	3	5%	29%	61%	5%	430	183
		Mohave County	3	7%	19%	64%	10%	443	2,087

Source: Arizona Department of Education, 2010b

Appendix C. TerraNova Test Results, 2007-2008

YEAR	GRADE	COUNTY	NUMBER TESTED	MEDIAN PERCENTILE RANK MATH	MEDIAN PERCENTILE RANK READING	MEDIAN PERCENTILE RANK LANGUAGE
2007	2nd grade	Arizona	81,413	52	47	48
		La Paz County	189	43	43	55
		Mohave County	2,014	51	49	50
	3rd grade	Arizona	81,632	50	45	44
		La Paz County	198	47	35	42
		Mohave County	2,123	45	46	46
2008	2nd grade	Arizona	82,790	52	48	50
		La Paz County	184	51	48	62
		Mohave County	2,019	50	47	50
	3rd grade	Arizona	82,891	52	45	47
		La Paz County	184	48	34	44
		Mohave County	2,072	50	47	50

Source: Arizona Department of Education, 2010b

Appendix D. Child Care Provider Data

Table D1. Child care provider characteristics

	PROVIDER	CAP	ACCR	TYPE	AGES	DES	CACFP	TR	DAYS	24 HOUR	CITY
1	Above and Beyond Childcare	30		ADHS LC	2 to 12	Y	N	N	MTWTF	N	Kingman
2	Bottles 2 Buses	59		ADHS LC	2 to 12	Y	N	N	MTWTFS	N	Kingman
3	Bright Beginnings Academy I	56		ADHS LC	1 to 12	Y	Y	N	MTWTF	N	Mohave Valley
4	Bright Beginnings Academy II	45		ADHS LC	1 to 12	Y	N	N	MTWTFSS	N	Mohave Valley
5	Bright Beginnings Academy III	63		ADHS LC	0 to 12	Y	Y	N	MTWTFSS	Y	Bullhead City
6	Calvary Christian Academy	44		ADHS LC	3 to 5	N	N	N	MTWTF	N	Lake Havasu City
7	Canyon Christian Preschool	42		ADHS LC	2 to 12	Y	N	N	MTWTF	N	Kingman
8	Crumb Crushers	70		ADHS LC	1 to 12	Y	N	N	MTWTF	N	Kingman
9	Fort Mohave Child Care Center	75		ADHS LC	0 to 12	Y	N	Y	MTWTF	N	Needles, CA
10	Fundamental's Parkway Child Care	178		ADHS LC	0 to 12	Y	N	N	MTWTFS	N	Bullhead City
11	Grace Lutheran Preschool	48		ADHS LC	3 to 5	N	N	N	MTWTF	N	Kingman
12	Grace Neal Preschool and Learning	150		ADHS LC	0 to 12	Y	Y	N	MTWTF	N	Kingman
13	Guiding Light Christian Education	65		ADHS LC	3 to 12	Y	N	N	MTWTF	N	Lake Havasu City
14	Happy Trails Educational Child Care	73		ADHS LC	1 to 12	Y	Y	N	MTWTFSS	N	Bullhead City
15	Havasu Christian Preschool	49		ADHS LC	1 to 5	Y	N	N	MTWTF	N	Lake Havasu City
16	Hilltop Learning Center	40		ADHS LC	3 to 5	Y	N	N	MTWTF	N	Lake Havasu City
17	Kiddie Korral East	76		ADHS LC	0 to 12	Y	N	N	MTWTF	N	Kingman
18	Kiddie Korral Hilltop	109		ADHS LC	0 to 12	Y	Y	N	MTWTFS	N	Kingman
19	Kiddie Korral Northern	82		ADHS LC	0 to 12	Y	Y	N	MTWTF	N	Kingman
20	Kingman Academy of Learning Charter	34		ADHS LC	3 to 5	N	N	N	MTWT	N	Kingman
21	Kingman High Little School	61		ADHS LC	0 to 5	Y	N	N	MTWTF	N	Kingman
22	Lake Havasu Reverse Mainstream	72		ADHS LC	3 to 5	N	N	N	MTWT	N	Lake Havasu City
23	Lil' Darlin's	34		ADHS LC	1 to 12	Y	N	N	MTWTF	N	Bullhead City
24	Li'l Rustler's Outpost Learning Center	54		ADHS LC	0 to 12	Y	N	N	MTWTFSS	N	Bullhead City
25	Lily Pad Day Care Center	45		ADHS LC	1 to 12	Y	Y	N	MTWTFSS	N	Kingman
26	Little Digits Daycare and Preschool	86		ADHS LC	0 to 12	Y	Y	N	MTWTFS	N	Bullhead City
27	Little Dust Devils	57		ADHS LC	0 to 12	Y	N	N	MTWTF	N	Bullhead City
28	Little Eagle Preschool & Childcare	145	NAC	ADHS LC	0 to 12	Y	Y	N	MTWTF	N	Kingman
29	Little Knights Preschool	25		ADHS LC	3 to 5	N	N	N	TuW	N	Lake Havasu City

	PROVIDER	CAP	ACCR	TYPE	AGES	DES	CACFP	TR	DAYS	24 HOUR	CITY
30	Little Lambs Preschool	65		ADHS LC	3 to 5	N	N	N	MTWTF	N	Fort Mohave
31	Little Lambs Preschool & Daycare	96		ADHS LC	0 to 12	Y	Y	N	MTWTF	N	Lake Havasu City
32	Little Minnows Learning Center	95	NAC	ADHS LC	0 to 12	Y	N	N	MTWTF	N	Kingman
33	Little People's Day Care	45		ADHS LC	1 to 12	Y	N	N	MTWTF	N	Lake Havasu City
34	Little Prints Preschool	107		ADHS LC	0 to 12	Y	Y	N	MTWTF	N	Bullhead City
35	Little Scholars Preschool	25		ADHS LC	3 to 5	Y	N	N	MTWT	N	Quartzsite
36	Little Scooters Preschool	105		ADHS LC	1 to 12	Y	Y	N	MTWTFSS	N	Fort Mohave
37	London Bridge Day Care & Preschool	101		ADHS LC	2 to 5	Y	Y	N	MTWTF	N	Lake Havasu City
38	Manzanita Preschool-North	30		ADHS LC	3 to 12	N	N	N	MTWT	N	Kingman
39	Mohave Valley Elementary- Preschool	60		ADHS LC	3 to 12	N	N	N	MTWTF	N	Mohave Valley
40	Montessori School House	81	AMS	ADHS LC	1 to 12	Y	N	N	MTWTF	N	Bullhead City
41	Mount Tipton Preschool	30		ADHS LC	3 to 5	N	N	N	MTWT	N	Dolan Springs
42	Ms Buni's Gingerbread House PLLC	56		ADHS LC	2 to 12	Y	N	N	MTWTF	N	Parker
43	Ms. Annie's Daycare	25		ADHS LC	2 to 12	Y	Y	N	MTWTF	N	Kingman
44	New Day School (Sotol)	95		ADHS LC	2 to 12	Y	N	N	MTWTF	N	Lake Havasu City
45	New Day School Bullhead	113		ADHS LC	2 to 12	Y	N	N	MTWTF	N	Bullhead City
46	New Day School Fort Mohave	113		ADHS LC	1 to 5	Y	N	N	MTWTF	N	Fort Mohave
47	New Day School North	52		ADHS LC	1 to 12	Y	N	N	MTWTF	N	Lake Havasu City
48	New Day School South	113		ADHS LC	1 to 12	Y	N	N	MTWTF	N	Lake Havasu City
49	Our Lady of the Lake Preschool	40		ADHS LC	3 to 5	Y	N	N	MTWTF	N	Lake Havasu City
50	Rockin' Horse Ranch Preschool	67		ADHS LC	0 to 12	Y	N	N	MTWTF	N	Lake Havasu City
51	The Gingerbread House	76		ADHS LC	0 to 12	Y	Y	N	MTWTFS	N	Kingman
52	Tiny T Bird Child Center	56		ADHS LC	0 to 5	Y	N	N	MTWTF	N	Bullhead City
53	Topock Elementary School Preschool	36		ADHS LC	4 to 5	N	N	N	MTWTF	N	Topock
54	Tree Of Life Christian Preschool	10		ADHS LC	3 to 5	N	N	N	MTWTF	N	Parker
55	Wee Care Day Care & Preschool	37		ADHS LC	1 to 12	N	N	N	MTWTF	N	Parker
56	Wenden Elementary Preschool	16		ADHS LC	4 to 5	N	N	N	MTWT	N	Wenden
57	Young Scholars Academy	144		ADHS LC	4 to 12	Y	N	N	MTWTF	N	Bullhead City
58	Head-Start Brian Meyers	20		HSC	3 to 5	N	N	N	MTWT	N	Kingman
59	Golden Valley Head Start	0		HSC	3 to 5	N	N	N	MTWT	N	Kingman
60	Bullhead City Head Start	0		HSC	3 to 5	N	N	N	MTWT	N	Bullhead City
61	Ehrenberg Head-Start	20		HSC	3 to 5	N	Y	N	MTWT	N	Ehrenberg
62	Lake Havasu City Head-Start	35	NAEYC	HSC	3 to 5	N	N	N	MTWT	N	Lake Havasu City

	PROVIDER	CAP	ACCR	TYPE	AGES	DES	CACFP	TR	DAYS	24 HOUR	CITY
63	Kingman North Head-Start	20	NAEYC	HSC	3 to 5	N	N	N	MTWT	N	Kingman
64	Mohave Valley Head-Start	64		HSC	3 to 5	N	N	N	MTWTF	N	Mohave Valley
65	Cerbat Head-Start	25	NAEYC	HSC	3 to 5	N	N	N	MTWT	N	Kingman
66	Hubbs House -Head Start	20		HSC	3 to 5	N	N	N	MTWT	N	Kingman
67	A Brighter Day Nursery and Preschool	10		ADHS CGH	0 to 12	Y	Y	N	MTWTF	N	Lake Havasu City
68	Alexandria's Play Palace Group Home	10		ADHS CGH	0 to 12	Y	Y	N	MTWTFSS	Y	Bullhead City
69	Blakeman's Group Home	10		ADHS CGH	0 to 12	Y	Y	N	MTWTF	N	Mohave Valley
70	Childhood Care Center	5		ADHS CGH	0 to 12	Y	Y	N	MTWTFSS	N	Bullhead City
71	Colorado River Child Care Grp	10		ADHS CGH	0 to 12	Y	N	N	MTWTFSS	Y	Bullhead City
72	Dotti's Guardian Angel Day Care	10		ADHS CGH	0 to 12	Y	Y	N	MTWTF	N	Lake Havasu City
73	Drop Off Daycare Group Home	10		ADHS CGH	0 to 12	N	N	N	MTWTF	N	Lake Havasu City
74	Giggles and Scribbles	10		ADHS CGH	0 to 12	Y	N	N	MTWTF	N	Lake Havasu City
75	Lil Angels Day Care Group Home	10	NAC	ADHS CGH	0 to 12	Y	Y	N	MTWTFS	Y	Kingman
76	Linda Marken's Childcare Group Home	10		ADHS CGH	0 to 12	Y	Y	N	MTWTFSS	N	Fort Mohave
77	Nelly's Nursery and Daycare Group	10		ADHS CGH	0 to 12	Y	Y	N	MTWTF	N	Lake Havasu City
78	Nikki Knee's Child Care	10		ADHS CGH	0 to 12	Y	Y	N	MTWTFS	Y	Kingman
79	Playtime Childcare Group Home	10		ADHS CGH	0 to 12	Y	Y	N	MTWTFS	N	Lake Havasu City
80	Shels Playpen Group Home	10		ADHS CGH	0 to 12	Y	Y	N	MTWTFSS	Y	Bullhead City
81	Sonlight Center Group Home	10		ADHS CGH	0 to 12	Y	Y	N	MTWTFSS	Y	Bullhead City
82	Yoney Childcare Group Home	10		ADHS CGH	0 to 12	Y	N	N	MTWTFSS	N	Needles, CA
83	Depoy Family Child Care	4		DES CFC	0 to 12	Y	Y	N	MTWTF	N	Kingman
84	Escutia Family Child Care	4		DES CFC	under 1	Y	N	N	MTWTF	N	Kingman
85	Garcia Family Child Care	4		DES CFC	0 to 12	Y	Y	N	MTWTFS	N	Kingman
86	Good Shephard Daycare	4		DES CFC	1 to 12	Y	Y	N	MTWTF	N	Lake Havasu City
87	Morales Family Child Care	4		DES CFC	0 to 5	Y	Y	N	MTWTFS	Y	Parker
88	Nana Lulu's Day Care	4		DES CFC	0 and up	Y	Y	N	MTWTFSS	N	Bullhead City
89	Nelson Family Child Care	4		DES CFC	0 to 5	Y	Y	N	MTWTF	N	Kingman
90	Pitter Patter Family Child Care	4		DES CFC	0 to 12	Y	N	N	MTWTF	N	Bullhead City
91	Shannon's Daycare	4		DES CFC	0 to 12	Y	Y	N	MTWTFSS	Y	Bullhead City
92	Solis Family Child Care	4		DES CFC	0 to 12	Y	Y	N	MTWTFSS	N	Bullhead City
93	Toddlers Ink	4		DES CFC	0 to 12	Y	Y	N	MTWTFS	Y	Kingman
94	Tot's-n-Spot's	4		DES CFC	under 1	Y	Y	N	MTWTF	N	Golden Valley
95	Weaver Family Child Care	4		DES CFC	0 to 12	Y	Y	N	MTWTF	N	Kingman

CAP = Capacity

ACCR = Accreditation

DES = Has contract with DES

ADHS LC = ADHS Licensed Center

HSC = Head Start Center

ADHS CGH = ADHS Certified Group Home

DES CFC = DES Certified Family Child Care

CACFP = CACFP Program

TR = Tribal Regulated

Source: Arizona Child Care Resource and Referral Northern Arizona 2010; Arizona Child Care Resource and Referral Southern Arizona 2010

Table D2. Child care provider addresses as mapped

	PROVIDER	ADDRESS (AS MAPPED)	CITY (AS MAPPED)	ZIP CODE (AS MAPPED)
1	Above and Beyond Childcare	2902 Stockton Hill Rd	Kingman	86401
2	Bottles 2 Buses	3975 N Bank St	Kingman	86401
3	Bright Beginnings Academy I	Desoto Drive & Magellan Dr	Mohave Valley	86440
4	Bright Beginnings Academy II	1895 Lakeside Dr	Bullhead City	86442
5	Bright Beginnings Academy III	1373 Baseline Rd	Bullhead City	86442
6	Calvary Christian Academy	1605Mcculloch Blvd S	Lake Havasu City	86406
7	Canyon Christian Preschool	3270 N Harvard St	Kingman	86401
8	Crumb Crushers	135 E Oak St	Kingman	86401
9	Fort Mohave Child Care Center	500 Merriman St	Needles	92363
10	Fundamental's Parkway Child Care	Airpark Drive	Bullhead City	86429
11	Grace Lutheran Preschool	2101 Harrison St	Kingman	86401
12	Grace Neal Preschool and Learning	1730 Kino Ave	Kingman	86401
13	Guiding Light Christian Education	220 Mescal Ln	Lake Havasu City	86403
14	Happy Trails Educational Child Ca	1685 Trane Rd	Bullhead City	86442
15	Havasu Christian Preschool	341 Mulberry Ave	Lake Havasu City	86403
16	Hilltop Learning Center	3180 Mcculloch Blvd N	Lake Havasu City	86403
17	Kiddie Korral East	2815 Van Marter Dr	Kingman	86401
18	Kiddie Korral Hilltop	2815 Van Marter Dr	Kingman	86401
19	Kiddie Korral Northern	2815 Van Marter Dr	Kingman	86401
20	Kingman Academy of Learning Chart	3400 North Burbank St	Kingman	86401
21	Kingman High Little School	4182 N Bank St	Kingman	86401
22	Lake Havasu Reverse Mainstream Pr	2395 N Smoketree Ave	Lake Havasu City	86403
23	Lil' Darlin's	1450 Newberry Dr	Bullhead City	86442
24	Li'l Rustler's Outpost Learning C	2150 Silver Creek Rd	Bullhead City	86442
25	Lily Pad Day Care Center	1099 Sunrise Ave	Kingman	86401
26	Little Digits Daycare and Prescho	3040 Highway 95	Bullhead City	86442
27	Little Dust Devils	2251 Highway 95	Bullhead City	86442
28	Little Eagle Preschool & Childcar	1475 Gordon Dr	Kingman	86401
29	Little Knights Preschool	2675Palo Verde Blvd S	Lake Havasu City	86403
30	Little Lambs Preschool	Panadero Rd & La Riqueza Rd	Fort Mohave	86426
31	Little Lambs Preschool & Daycare	113 N Acoma Blvd	Lake Havasu City	86403
32	Little Minnows Learning Center	3348 Western Ave	Kingman	86401
33	Little People's Day Care	2419 N Smoketree Ave	Lake Havasu City	86403
34	Little Prints Preschool	527 Marina Blvd	Bullhead City	86442
35	Little Scholars Preschool	Plymouth Ave	Quartzsite	85359
36	Little Scooters Preschool	1961 Desert Greens Ln	Fort Mohave	86426
37	London Bridge Day Care & Preschoo	3598 S Jamaica Blvd	Lake Havasu City	86406
38	Manzanita Preschool-North	2901 Detroit Ave	Kingman	86401
39	Mohave Valley Elementary- Prescho	1419 Willow Dr	Mohave Valley	86440
40	Montessori School House - Zubrick	Bullhead Pkwy	Bullhead City	86429
41	Mount Tipton Preschool	Pierce Ferry Rd & 13th St	Kingman	86441
42	Ms Buni's Gingerbread House PLLC	1005 S Mohave Ave	Parker	85344
43	Ms. Annie's Daycare	1816 Golden Gate Ave	Kingman	86401

	PROVIDER	ADDRESS (AS MAPPED)	CITY (AS MAPPED)	ZIP CODE (AS MAPPED)
44	New Day School (Sotol)	2200 Sotol Lane	Lake Havasu City	86403
45	New Day School Bullhead	1380 Riverview Dr	Bullhead City	86442
46	New Day School Fort Mohave	1837 Joy Ln	Fort Mohave	86426
47	New Day School North	2915 Havasupai Blvd	Lake Havasu City	86404
48	New Day School South	3438 Oro Grande Blvd	Lake Havasu City	86406
49	Our Lady of the Lake Preschool	1975 Daytona Ave	Lake Havasu City	86403
50	Rockin' Horse Ranch Preschool	3415 Oro Grande Blvd	Lake Havasu City	86406
51	The Gingerbread House	4145 N Bank St	Kingman	86401
52	Tiny T Bird Child Center	2251 Highway 95	Bullhead City	86442
53	Topock Elementary School Preschoo	5083 Tule Dr	Topock	86436
54	Tree Of Life Christian Preschool	1321 S Mohave Ave	Parker	85344
55	Wee Care Day Care & Preschool	1013 W Arizona Ave	Parker	85344
56	Wenden Elementary Preschool	71001 Santa Fe Ave	Wenden	85357
57	Young Scholars Academy	1501 Valencia Rd	Fort Mohave	86426
58	Head-Start Brian Meyers	601 Van Buren St	Kingman	86401
59	GOLDEN VALLEY HEAD START	3404 Santa Maria Rd	Kingman	86413
60	BULLHEAD CITY HEAD START	1055 Marina Blvd	Bullhead City	86442
61	WACOG - Ehrenberg Head-Start	49241 Poston Hwy	Ehrenberg	85334
62	WACOG - Lake Havasu City Head-Sta	2385 N Pima Dr	Lake Havasu City	86403
63	WACOG Kingman North Head-Start	1971 Jagerson Ave	Kingman	86401
64	WACOG -Mohave Valley Head-Start	1425Willow Dr	Mohave Valley	86440
65	WACOG Cerbat Head-Start	2689 Jagerson Ave	Kingman	86401
66	Hubbs House -Head Start	421 Golconda Ave	Kingman	86401
67	A Brighter Day Nursery and Presch	2990 Pony Dr	Lake Havasu City	86406
68	Alexandria's Play Palace Group Ho	1092 Ramar Rd	Bullhead City	86442
69	Blakeman's Group Home	1286 Vacation Dr	Mohave Valley	86440
70	Childhood Care Center	2332 Hummingbird Ln	Bullhead City	86442
71	Colorado River Child Care IGrp	803 Holly St	Bullhead City	86442
72	Dotti's Guardian Angel Day Care G	2140 Smoketree Ave N	Lake Havasu City	86403
73	Drop Off Daycare Group Home	3813 Northstar Dr	Lake Havasu City	86406
74	Giggles and Scribbles	2760 Shasta Ln	Lake Havasu City	86403
75	Lil Angels Day Care Group Home	3795 Neal Ave	Kingman	86401
76	Linda Marken's Child Care Group H	2417 Midgo Dr	Fort Mohave	86426
77	Nelly's Nursery and Daycare Group	256 Cypress Dr	Lake Havasu City	86406
78	Nikki Knee's Child Care	2007 Los Angeles St	Kingman	86401
79	Playtime Childcare Group Home	2625 Cliffwood Plaza	Lake Havasu City	86403
80	Shelsplaypen Group Home	2612 Calle de Mercado	Bullhead City	86442
81	Sonlight Center Group Home	826 Citrus St	Bullhead City	86442
82	Yoney Childcare Group Home	173 Victory Dr	Needles	92363
83	Depoy Family Child Care	502 Gold St	Kingman	86401
84	Escutia Family Child Care	2742 Chambers Ave	Kingman	86401
85	Garcia Family Child Care	3664 N Rainbow Dr	Kingman	86401
86	Good Shephard Daycare	2510 Daytona Ave	Lake Havasu City	86403
87	Morales Family Child Care	31560 Marine Dr	Parker	85344
88	Nana Lulu's Day Care	1190 Gemstone Ave	Bullhead City	86442

	PROVIDER	ADDRESS (AS MAPPED)	CITY (AS MAPPED)	ZIP CODE (AS MAPPED)
89	Nelson Family Child Care	2507 Georgia Ave	Kingman	86401
90	Pitter Patter Family Child Care	2033 E Corwin Rd	Bullhead City	86442
91	Shannon's Daycare	2060 Panorama Dr	Bullhead City	86442
92	Solis Family Child Care	971 Holly St	Bullhead City	86442
93	Toddlers Ink	2020 Club Ave	Kingman	86401
94	Tot's-n-Spot's	7873 Unkar Dr	Golden Valley	86413
95	Weaver Family Child Care	Rawhide Dr & Louise Ave	Kingman	

Source: Arizona Child Care resource and Referral Northern Arizona, 2010; Arizona Child Care Resource and Referral Southern Arizona, 2010.

Appendix E. Family and Community Survey: Family Support

		FREQUENTLY	OCCASIONALLY (ONCE IN A WHILE)	NEVER	NOT SURE
How frequently do you rely on your spouse?	Arizona	79%	14%	7%	0%
	La Paz/Mohave	91%	6%	3%	1%
How frequently do you rely on your mother?	Arizona	63%	25%	12%	0%
	La Paz/Mohave	80%	13%	7%	0%
How frequently do you rely on your spouse's mother?	Arizona	38%	34%	28%	1%
	La Paz/Mohave	61%	23%	14%	1%
How frequently do you rely on books?	Arizona	38%	50%	12%	0%
	La Paz/Mohave	55%	35%	9%	0%
How frequently do you rely on the child's doctor/pediatrician?	Arizona	52%	43%	4%	0%
	La Paz/Mohave	37%	59%	3%	1%
How frequently do you rely on your father?	Arizona	25%	34%	40%	1%
	La Paz/Mohave	16%	23%	61%	0%
How frequently do you rely on religious leaders such as priests and rabbis?	Arizona	15%	37%	48%	0%
	La Paz/Mohave	15%	52%	32%	1%
How frequently do you rely on nurses that you could telephone for advice?	Arizona	20%	42%	38%	0%
	La Paz/Mohave	13%	24%	62%	1%
How frequently do you rely on parenting magazines?	Arizona	20%	53%	26%	0%
	La Paz/Mohave	13%	70%	18%	0%
How frequently do you rely on childcare providers?	Arizona	18%	41%	40%	0%
	La Paz/Mohave	11%	21%	68%	0%
How frequently do you rely on friends and neighbors?	Arizona	23%	56%	21%	0%
	La Paz/Mohave	11%	34%	54%	1%
How frequently do you rely on news reports (TV, newspaper, radio, magazines)?	Arizona	9%	54%	37%	0%
	La Paz/Mohave	10%	32%	58%	0%
How frequently do you rely on your spouse's father?	Arizona	12%	30%	56%	1%
	La Paz/Mohave	7%	54%	38%	1%

Appendix F. Communities Represented in Primary Care Area Statistical Profiles

Communities Represented in Primary Care Area Statistical Profiles

Mohave County

Littlefield Primary Care Area:

Beaver Dam,	Honeymoon Trail	Oak Grove
Colorado City	Hualpais Village	Rock Crossing
Cane Beds	Littlefield	Tuweep
Esplins Corral	Mt. Trumbull	Wolf Hole

Dolan Springs Primary Care Area:

Antares	Grasshopper Junction	Ray Place
Archibald Corral	Hualapai Valley Joshua Trees	Santa Claus
Bonelli Landing	Katherine	South Cove
Cyclopic	Lake Mohave Resort	Stockton
Cerbat	Meadview	Temple Bar Marina
Chloride	Mineral Park	Truxton, White Hills
Dolan Springs	Mohave Crossing	Willow Beach
Fry Mine	Patterson Corral	
Gold Chain Mine	Pearce Ferry	

Bullhead City Primary Care Area:

Bullhead City	Riviera

Fort Mojave Indian Tribe Primary Care Area:

Beals Crossing	Fort Mojave Indian Reservation	Mojave City
Fort Mohave	Hardyville	

Fort Mohave Primary Care Area:

Catfish Paradise	Mohave Valley	Topock
Golden Shores		

Kingman Primary Care Area:

Athos	Gordon Canyon	Powell
Alamo Crossing	Greenwood	Priceless Mine
American Mine	Greenwood Peak	Pyramid Rock
Aquarius Cliffs	Griffith	Raster Wash
Artillery Mountains	Hackberry	Red Canyon
Artillery Peak	Harris	Rohr Ranch
Berry	Haviland	Signal
Black Canyon	Hilltop	Signal Canyon
Black Diamond Mine	Hopewell Ranch	Signal Mountain
Burro Cliffs	Kaiser Spring Canyon	Six Mile Crossing
Burro Mine,	Kingman	Snow Mountain
Blue Rock	Leivas Ranch	Uslm
Cedar	Loves Camp	Virginia City
Chalk Spring Canyon	Loves Mine	Wagon Bow Ranch
Cherokee	Lower Simmons Peak	Wagon Canyon
Devils Canyon	Madril Ranch	Walapai
Drake	McConnico	Warm Spring Canyon
Farrel Mountain	Neale Mesa	White Rock
Franconia	Neeye Mine	Wikieup
Golden Valley	Oatman	Yucca
Goldroad	Pony Mesa	

Lake Havasu City Primary Care Area:

Lake Havasu City

La Paz County

Parker Primary Care Area:

Parker Strip	Planet	Swansea
Cienega Springs		

Salome Primary Care Area:

Salome	Hope	Vicksburg
Browns Crossing	Love	Wall
Bush Pit	McVay	Wenden
Centennial	Salome	
Harcuvar	Utting	

Quartzsite Primary Care Area:

Quartzsite	Cibola	Quartzsite
Adobe Lake	Ehrenberg	Vicksburg Junction
Bouse	Nornmel Place	
Brenda	Plomosa	

Source: Arizona Department of Health Services, Arizona Primary Care Area Statistical Profiles, http://www.azdhs.gov/hsd/profiles/profiles1.htm

Appendix G. County Profiles, 2008

FOCUS AREAS AND SELECTED OBJECTIVES (IN PARENTHESES ARE HEALTHY PEOPLE 2010 OBJECTIVE NUMBERS)	HEALTHY PEOPLE 2010 TARGET	ARIZONA	LA PAZ COUNTY	MOHAVE COUNTY
6B-1. MATERNAL, INFANT AND CHILD HEALTH				
Reduce fetal deaths at 20 or more weeks of gestation (HP16-1a)	4.1	5.5	8.1	3.9
Reduce fetal and infant deaths during perinatal period (HP16-1b)	4.5	6.4	12.1	3.9
Reduce infant deaths (HP16-1c)	6.0	6.3	12.2	3.5
Reduce neonatal deaths (HP16-1d)	2.9	4.2	8.1	3.0
Reduce postneonatal deaths (HP16-1e)	1.2	2.1	4.1	0.4
Increase the proportion of pregnant women who receive prenatal care in the first trimester (HP16-6a)	0.9	79.4	75.2	79.1
Reduce low birth weight (LBW) (HP16-10a)	0.1	7.1	6.5	6.1
Reduce very low birth weight (VLBW) (HP16-10b)	0.0	1.2	2.4	0.7
Reduce preterm births (HP16-11a)	0.1	10.2	9.3	9.2
Increase abstinence from cigarette smoking among pregnant women (HP16-17c)	1.0	95.1	97.2	88.0
6B-2. RESPONSIBLE SEXUAL BEHAVIORS				
Reduce pregnancies among adolescent females aged 15 to 17 years (HP9-7)	25.0	34.6	44.2	24.3
6B-4. INJURY AND VIOLENCE				
Reduce firearm-related deaths (HP15-3)	4.1	13.5	7.0	18.0
Reduce deaths caused by unintentional injuries (HP15-13)	17.5	44.7	88.7	47.2
Reduce deaths caused by motor vehicle crashes (HP15-15)	16.0	13.6	48.0	17.3
Reduce deaths from falls (HP15-27)	3.0	10.8	6.9	8.7

Reduce homicides (HP15-32)	5.0	7.1	15.8	6.7
Reduce the suicide rate (HP18-1)	10.0	14.8	7.0	24.7

Source: Arizona Department of Health Services, Vital Statistics, 2008

Appendix H. Mortality by Age Groups, 2008

	ARIZONA	LA PAZ	MOHAVE
ALL DEATHS OF RESIDENTS	**45,128**	**200**	**2,461**
Deaths of infants, under one year old	625	3	8
Less than one day	241	2	4
1 to 365 days	384	1	4
Deaths of children, 1 to 14 years old	262	1	6
1 to 4 years	128	-	2
5 to 9 years	66	-	3
10 to 14 years	68	1	1
LEADING CAUSES OF INFANT DEATH, 2008	**ARIZONA**	**LA PAZ**	**MOHAVE**
TOTAL, ALL CAUSES	**625**	**3**	**8**
Certain conditions originating in the perinatal period	307	1	4
Congenital malformations	148	1	3
Sudden infant death syndrome	43	1	-
Accident (unintentional injury)	25	-	-
LEADING CAUSES OF DEATH AMONG CHILDREN (1 TO 14), 2008	**ARIZONA**	**LA PAZ**	**MOHAVE**
TOTAL, ALL CAUSES	**262**	**1**	**6**
Accident (unintentional injury)	83	-	2
Malignant neoplasms	30	-	-
Congenital malformations	22	-	-
Assault (homicide)	14	-	2

Source: Arizona Department of Health Services, Vital Statistics, 2008.

Appendix I. Medical and Other Risk Factors, 2008

	ARIZONA	LA PAZ	MOHAVE
TOTAL LIVE BIRTHS	**99,215**	**246**	**2,301**
Births with medical risk factors	31,841	45	360
MEDICAL RISK FACTORS (MAY REPORT MORE THAN ONE)			
Anemia	3,918	7	19
Diabetes	3,861	9	28
Pregnancy associated hypertension	3,502	2	23
Hydramnios	1,138	1	2
Genital herpes	1,008	2	10
Chronic hypertension	769	2	5
Lung disease	743	-	2
Eclampsia	724	3	8
Previous SGA infant	702	1	24
Uterine bleeding	454	-	18
Previous infant 4000+g	428	1	17
Renal disease	232	1	5
Cardiac disease	218	-	3
Incompetent cervix	177	-	2
RH sensitization	145	-	1
Hemoglobinopathy	14	-	1
Other risk factors	21,712	31	261
SUBSTANCE USE			
Nonsmoker and nondrinker	94,017	238	2,022
Smoker, nondrinker	4,664	7	266
Drinker, nonsmoker	339	1	3
Smoker and drinker	195	-	10

RATES OF OCCURRENCE FOR SELECTED CHARACTERISTICS OF NEWBORNS AND MOTHERS GIVING BIRTH, 2008	ARIZONA	LA PAZ	MOHAVE
Women receiving prenatal care in the first trimester	79%	75%	79%
Public sources of payment for birth (AHCCCS or IHS)	54%	73%	60%
Births to unmarried mothers	45%	57%	51%
Births with medical risk factors reported	32%	18%	16%
Primary and repeat cesarean deliveries	28%	27%	25%
Births with complications of labor and/or delivery reported	27%	14%	20%
Preterm births (gestational age <37 weeks)	10%	9%	9%
Low birthweight births (<2,500 grams)	7%	7%	6%
Births with abnormal conditions reported	7%	23%	8%
Infants admitted to newborn intensive care units	6%	4%	3%
Tobacco use during pregnancy	5%	3%	12%
Alcohol use during pregnancy	1%	0%	1%
Very low birthweight births (<1,500 grams)	1%	2%	1%
Births with congenital anomalies reported	1%	0%	1%
Alcohol use during pregnancy	1%	0%	1%

	ARIZONA	LA PAZ	MOHAVE
BIRTHS BY MOTHER'S RACE/ETHNICITY, 2008	**ARIZONA**	**LA PAZ**	**MOHAVE**
TOTAL LIVE BIRTHS	**99,215**	**246**	**2,301**
Hispanic or Latino	42,639	73	468
White non-Hispanic	41,925	123	1,668
American Indian or Alaska Native	6,362	45	88
Black or African American	4,301	2	29
Asian or Pacific Islander	3,425	2	23
Other or unknown	563	1	25
BIRTHS BY MOTHER'S AGE GROUP, 2008	**ARIZONA**	**LA PAZ**	**MOHAVE**
Under 15	161	-	-
15 to 17	4,151	16	93
18 to 19	7,849	24	238
20 to 24	26,111	85	782
25 to 29	28,139	70	651
30 to 34	20,648	31	321
35 to 39	10,019	14	178
40 to 44	1,999	6	37
45 or older	133	-	1
Mothers younger than 20	12%	16%	14%
Mothers younger than 25	39%	51%	48%
Approximate average age of mothers	27	25	26
PERINATAL DEATHS AND MORTALITY RATES, 2008	**ARIZONA**	**LA PAZ**	**MOHAVE**
TOTAL LIVE BIRTHS	**99,215**	**246**	**2,301**
Reportable spontaneous fetal losses, 28 weeks or later	293	1	4
Live births plus fetal losses	99,508	247	2,305
Infant deaths of less than 7 days	339	2	5
TOTAL PERINATAL DEATHS (COUNT)	**632**	**3**	**9**
TOTAL PERINATAL DEATHS (RATE PER THOUSAND BIRTHS PLUS LOSSES)	**6.4**	**12.1**	**3.9**

Source: Arizona Department of Health Services, Vital Statistics, 2008.

Appendix J. Family and Community Survey: Medical Questions

My child/children age 5 and under have regular visits at the same doctor's office.

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NOT SURE
Arizona	88%	5%	3%	3%	1%
La Paz/Mohave	93%	1%	4%	2%	0%

Compared with other children age 5 and under, would you say that your child's health is...

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	DON'T KNOW/ REFUSED
Arizona	67%	24%	8%	1%	0%	0%
La Paz/Mohave	77%	14%	7%	1%	1%	0%

My regular medical provider knows my family well and helps us make healthy decisions.

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NOT SURE
Arizona	71%	16%	6%	6%	2%
La Paz/Mohave	84%	8%	5%	3%	1%

My child/children age 5 and under have regular visits with the same dental provider.

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE	NOT SURE
Arizona	62%	9%	6%	13%	10%
La Paz/Mohave	75%	7%	1%	10%	7%

How many miles do you have to go to get dental care for your children age 5 and under?

	LESS THAN 5 MILES	5 TO 10 MILES	10 TO 20 MILES	MORE THAN 20 MILES	NONE AVAILABLE
Arizona	40%	24%	13%	13%	10%
La Paz/Mohave	75%	7%	1%	10%	7%

Source: First Things First, 2008. La Paz/Mohave Regional Profile Data; Results of Family and Community Survey, Unpublished Data

Appendix K. Arizona Health Matters

	ARIZONA	LA PAZ	MOHAVE	YEAR	SOURCE
Unemployed Workers in Civilian Labor Force	9.1%	8.5%	10.2%	April 2010	U.S. Bureau of Labor Statistics
Households with Public Assistance	2.9%	3.1%	3.6%	2000	Census
Median Household Income	$51,009	$32,973	$38,641	2008	Census
Per Capita Income	$20,275	$14,916	$16,788	2000	Census
Children Living Below Poverty Level	19.3%	28.8%	21.0%	2000	Census
School Drop-out Rate (Grades 7-12)	3.6%	5.7%	6.5%	2008	ADE
Adults (25 and older) with at least bachelor's degree	23.5%	8.7%	9.9%	2000	Census
Infants born to mothers with less than 12 years education	26.1%	23.6%	29.1%	2008	ADHS Vital Stats
Teen birth rate (live births per 1,000 female teenagers aged 15-19 years)	54.9	74.8	56.9	2008	ADHS Vital Stats
Kindergarteners with required immunizations	96.3%	98.8%	94.1%	2008	ADHS

Source: Arizona Health Matters, http://www.arizonahealthmatters.org/index.php

Appendix L. Health Insurance Coverage Status for Children (ages 0 to 18), 2006

AREA	INCOME	NUMBER OF CHILDREN 0 TO 18	INSURED		UNINSURED	
Arizona	All income levels	1,736,066	1,456,703	84%	279,363	16%
La Paz County	All income levels	3,814	3,268	86%	546	14%
Mohave County	All income levels	44,878	38,008	85%	6,870	15%
Arizona	At or below 200% poverty	796,874	606,704	76%	190,170	24%
La Paz County	At or below 200% poverty	2,510	2,143	85%	367	15%
Mohave County	At or below 200% poverty	25,276	21,169	84%	4,107	16%
Arizona	Above 200% poverty	939,192	849,999	91%	89,193	9%
La Paz County	Above 200% poverty	1,304	1,125	86%	179	14%
Mohave County	Above 200% poverty	19,602	16,839	86%	2,763	14%

Source: U.S. Census Bureau, Small Area Estimates Branch, 2006

Appendix M. Robert Wood Johnson Foundation County Health Rankings

Table M1. Robert Wood Johnson Foundation health data for Arizona and La Paz and Mohave counties

		ARIZONA	LA PAZ	MOHAVE
HEALTH OUTCOMES	Premature death (years of potential life lost before age 75)	7,612	12,847	11,159
	Poor or fair health	16%	23%	21%
	Poor physical health days	3.4	5.7	4.2
	Poor mental health days	3.2	4	3.6
	Low birthweight (under 2,500 gm)	7%	5%	7%
HEALTH BEHAVIORS	Adult smoking	19%	15%	30%
	Adult obesity (BMI 30 or higher)	26%	28%	26%
	Binge drinking	16%	16%	17%
	Motor vehicle crash death rate (per 100,000 population)	20	55	30
	Chlamydia rate (per 100,000 population)	403	202	171
	Teen birth rate (per 1,000 females 15-19)	63	84	72
CLINICAL CARE	Uninsured adults (ages 18-64)	21%	22%	22%
	Primary care provider rate (per 100,000 population)	91	54	52
	Preventable hospital stays (per 1,000 Medicare enrollees)	59	77	74
	Diabetic screening (Medicare enrollees)	74%	56%	79%
	Hospice use (Medicare enrollees)	50%	29%	28%
SOCIAL AND ECONOMIC FACTORS	High school graduation	71%	82%	63%
	College degrees	25%	8%	11%
	Unemployment (ages 16 and older)	6%	7%	7%
	Children in poverty	20%	36%	24%
	Income inequality	45	47	44
	Inadequate social support	20%	20%	25%
	Single-parent households	10%	11%	9%
	Homicide rate	9	-	7
PHYSICAL ENVIRONMENT	Air pollution-particulate matter days	0	0	0
	Air pollution-ozone days	7	1	3
	Access to healthy foods	43%	44%	39%
	Liquor store density (per 10,000 population)	30%	50%	50%

Source: Forum One Communications (2010a, 2010b)

Table M2. Robert Wood Johnson Foundation county health ranking measures and sources

MEASURE	SOURCE
HEALTH OUTCOMES	
Premature death —Years of potential life lost before age 75 (YPLL-75) rate	Vital Statistics, National Center for Health Statistics (NCHS)
Self-reported health—Percent of adults reporting fair or poor health	Behavioral Risk Factor Surveillance System (BRFSS)
Mean physically unhealthy days per month for adults	BRFSS
Mean mentally unhealthy days per month for adults	BRFSS
Percent of live births with low birthweight (under 2500 grams)	Vital Statistics, NCHS
HEALTH FACTORS: HEALTH BEHAVIORS	
Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	BRFSS
Percent of adults that report a BMI ≥ 30	CDC, National Center for Chronic Disease Prevention and Health Promotion
Motor vehicle deaths per 100,000 population (crude rate)	Vital Statistics, NCHS
Percent of adults that report binge drinking in the past 30 days	BRFSS
Chlamydia rate per100,000 population	CDC, National Center for Hepatitis, HIV, STD, and TB Prevention
Teen birth rate per 1,000 female population, ages 15–19	Vital Statistics, NCHS
HEALTH FACTORS: CLINICAL CARE	
Percent of population under age 65 without health insurance	Census, Current Population Survey (CPS)—Small Area Health Insurance Estimates (SAHIE)
Primary care provider rate per 100,000	Health Resources and Services Administration, Area Resource File (ARF)
Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	Medicare claims, Dartmouth Atlas
Percent of diabetic Medicare enrollees that receive HbA1c screening	Medicare claims, Dartmouth Atlas
Percent of chronically ill Medicare enrollees in hospice care in last 6 months of life	Medicare claims, Dartmouth Atlas
HEALTH FACTORS: SOCIAL & ECONOMIC FACTORS	
Averaged freshman graduation rate—Percent of ninth grade cohort that graduates in 4 years	National Center for Education Statistics
Percent of population age 25+ with 4-year college degree or higher	Decennial Census, American Community Survey (ACS)
Percent of population age 16+ unemployed but seeking work	Local Area Unemployment Statistics, Bureau of Labor Statistics
Percent of children in poverty	Census, CPS—Small Area Income and Poverty Estimates (SAIPE)
Gini coefficient of income inequality	Decennial Census
Based on household, not individual, income	ACS
Percent of adults without social or emotional support*	BRFSS
Percent of all households that are single-parent households	Decennial Census, ACS
Violent crime rate per 100,000 population or homicide death rate per 100,000 population (age-adjusted)	Uniform Crime Reporting, FBI, or Vital Statistics, NCHS
HEALTH FACTORS: ENVIRONMENT	
(1) Annual number of unhealthy air quality days due to ozone, and (2) Annual number of unhealthy air quality days due to fine particulate matter	CDC-Environmental Protection Agency (EPA) Collaboration
Percent of zip codes in county without healthy food outlets, including grocery stores with at least 4 employees and produce stands or farmers' markets	Census Zip Code Business Patterns
Liquor store density: Number of liquor stores per 10,000 population	Census County Business Patterns and Census 2006 Population Estimates

Appendix N. Family and Community Survey: Questions concerning parents' understanding of early childhood

When do you think a parent can begin to significantly impact a child's brain development?

	PRENATAL/ FROM BIRTH	UP TO SIX MONTHS	SEVEN MONTHS OR OLDER
Arizona	78%	9%	13%
La Paz/Mohave	91%	5%	5%

At what age do you think an infant or young child begins to really take in and react to the world around them?

	PRENATAL/ FROM BIRTH	UP TO SIX MONTHS	SEVEN MONTHS OR OLDER
Arizona	51%	31%	18%
La Paz/Mohave	73%	16%	10%

Which do you agree with more?

	FIRST YEAR HAS A LITTLE IMPACT ON SCHOOL PERFORMANCE	FIRST YEAR HAS A MAJOR IMPACT ON SCHOOL PERFORMANCE
Arizona	21%	79%
La Paz/Mohave	10%	90%

At what age do you think a baby or young child can begin to sense whether or not his parent is depressed or angry, and can be affected by his parent's mood?

	PRENATAL/ FROM BIRTH	UP TO SIX MONTHS	SEVEN MONTHS OR OLDER
Arizona	57%	17%	27%
La Paz/Mohave	79%	11%	10%

Children's capacity for learning is pretty much set from birth and cannot be greatly increased or decreased by how the parents interact with them.

	DEFINITELY FALSE	PROBABLY FALSE	PROBABLY TRUE	DEFINITELY TRUE
Arizona	78%	11%	4%	7%
La Paz/Mohave	81%	11%	3%	5%

In terms of learning about language, children get an equal benefit from hearing someone talk on TV versus hearing a person in the same room talking to them.

	DEFINITELY FALSE	PROBABLY FALSE	PROBABLY TRUE	DEFINITELY TRUE
Arizona	53%	18%	12%	17%
La Paz/Mohave	76%	10%	7%	7%

Parents' emotional closeness with their baby can strongly influence that child's intellectual development.

	DEFINITELY FALSE	PROBABLY FALSE	PROBABLY TRUE	DEFINITELY TRUE
Arizona	1%	1%	10%	89%
La Paz/Mohave	0%	0%	5%	95%

For a five-year-old, how important do you think playing is for that child's healthy development?

	PLAYING IS CRUCIAL
Arizona	90%
La Paz/Mohave	93%

For a three-year-old, how important do you think playing is for that child's healthy development?

	PLAYING IS CRUCIAL
Arizona	92%
La Paz/Mohave	92%

For a 10-month-old, how important do you think playing is for that child's healthy development?

	PLAYING IS CRUCIAL
Arizona	79%
La Paz/Mohave	82%

If a 12-month-old walks up to the TV and begins to turn the TV on and off repeatedly, the child wants to get her parents' attention?

	VERY LIKELY	SOMEWHAT LIKELY	NOT AT ALL LIKELY
Arizona	54%	32%	14%
La Paz/Mohave	73%	22%	4%

...the child enjoys learning about what happens when buttons are pressed?

	VERY LIKELY	SOMEWHAT LIKELY	NOT AT ALL LIKELY
Arizona	78%	16%	6%
La Paz/Mohave	90%	6%	4%

...the child is angry at her parents for some reason or she is trying to get back at them?

	VERY LIKELY	SOMEWHAT LIKELY	NOT AT ALL LIKELY
Arizona	7%	17%	76%
La Paz/Mohave	12%	18%	70%

In this case of turning the TV on and off, would you say that the child is misbehaving, or not?

	MISBEHAVING	NOT MISBEHAVING
Arizona	8%	92%
La Paz/Mohave	6%	94%

Should a 15-month-old baby be expected to share her toys with other children?

	MISBEHAVING	NOT MISBEHAVING
Arizona	40%	60%
La Paz/Mohave	72%	28%

Should a 3-year-old child be expected to sit quietly for an hour or so?

	MISBEHAVING	NOT MISBEHAVING
Arizona	26%	74%
La Paz/Mohave	59%	41%

Can a six-month-old be spoiled? Or is he too young?

	TOO YOUNG TO SPOIL	NOT TOO YOUNG TO SPOIL
Arizona	36%	64%
La Paz/Mohave	22%	78%

Picking up a three-month-old every time she cries?

	APPROPRIATE	WILL LIKELY SPOIL THE CHILD
Arizona	62%	38%
La Paz/Mohave	76%	24%

Rocking a one-year-old to sleep every night because the child will protest if this is not done?

	APPROPRIATE	WILL LIKELY SPOIL THE CHILD
Arizona	30%	70%
La Paz/Mohave	57%	43%

Letting a two-year-old get down from the dinner table before the rest of the family has finished their meal?

	APPROPRIATE	WILL LIKELY SPOIL THE CHILD
Arizona	58%	42%
La Paz/Mohave	73%	27%

Letting a five-year-old choose what to wear to school every day?

	APPROPRIATE	WILL LIKELY SPOIL THE CHILD
Arizona	77%	23%
La Paz/Mohave	43%	57%

Appendix O. Family and Community Survey: Parent Satisfaction with Services

How satisfied are you with the information and resources available to you about children's development and health?

	VERY DISSATISFIED	SOMEWHAT DISSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED
Arizona	1%	4%	39%	56%
La Paz-Mohave	1%	4%	65%	30%

How satisfied are you with how agencies that serve young children and their families work together and communicate?

	VERY DISSATISFIED	SOMEWHAT DISSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED
Arizona	17%	26%	42%	15%
La Paz-Mohave	61%	11%	20%	7%

It is easy to locate services that I need or want.

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
Arizona	5%	13%	38%	45%
La Paz-Mohave	6%	52%	22%	20%

It is easy to locate services that I need or want.

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
Arizona	5%	13%	38%	45%
La Paz-Mohave	6%	52%	22%	20%

I do not know if I am eligible to receive services.

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
Arizona	43%	18%	22%	18%
La Paz-Mohave	81%	6%	14%	0%

I am asked to fill out paperwork or eligibility forms multiple times.

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
Arizona	20%	19%	31%	31%
La Paz-Mohave	12%	24%	29%	36%

Available services are very good.

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
Arizona	12%	10%	39%	40%
La Paz-Mohave	69%	6%	14%	11%

Available services reflect my cultural values.

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
Arizona	17%	18%	38%	27%
La Paz-Mohave	23%	27%	32%	18%

Service providers do not speak my language or materials are not in my language.

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
Arizona	82%	9%	3%	5%
La Paz-Mohave	89%	7%	2%	2%

Services are not available at times or locations that are convenient.

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
Arizona	32%	23%	28%	17%
La Paz-Mohave	22%	21%	32%	24%

Available services fill some of my needs, but do not meet the needs of my whole family.

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
Arizona	44%	18%	24%	14%
La Paz-Mohave	69%	8%	15%	8%

I cannot find services to prevent problems; I only qualify after problems are severe.

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
Arizona	44%	24%	15%	17%
La Paz-Mohave	25%	36%	6%	32%

Source: First Things First, 2008. La Paz/Mohave Regional Profile Data; Results of Family and Community Survey, Unpublished Data

Appendix P. Table of Regional Assets

First Things First La Paz/Mohave Regional Assets

Hospitals, libraries and local state agency offices in larger communities

School systems

Head Start program

Fort Mojave Indian Tribe Day Care Center, Health Clinic and Library

Training opportunities for service providers and parents in larger communities

Local clinics in outlying communities

Community health clinics

Living in "small, safe communities" one of the best aspects of parenting in the Region

Local advocates interested in young children's issues may be leveraged in smaller communities where resources and personnel are lacking

Appendix Q. Table of Regional Strategies

LA PAZ/MOHAVE REGIONAL PARTNERSHIP COUNCIL FIRST THINGS FIRST PLANNED STRATEGIES FOR FISCAL YEAR 2011
Planning, Access and Quality Improvement Grants: Provide planning, start-up and quality-improvement grants to allow new child care centers to open and existing centers and homes to expand enrollment in quality and regulated settings.
Quality First: Fund an additional 10 Quality First sites in the region.
Pre-Kindergarten Expansion: Provide tuition vouchers to increase pre-kindergarten slots in public school district programs where known shortages exist.
Preventive Health Outreach and Screening: Increase children's access to preventive health services including prenatal care, well-child checks, developmental screenings, and oral health.
Court Teams for Maltreated Infants and Toddlers: Provide specialized training and technical assistance on infant/toddler mental health to early intervention and behavioral health providers, child welfare professionals, dependency court judges, CPS workers, probation officers, CASAs, and other health and mental health providers serving children birth through five.
Infant and Toddler Mental Health: Provide tuition reimbursement to increase the number of mental health professionals with expertise in infant and toddler mental health.
Child Care Health Consultation: Provide expert advice, training and information on best practices related to child health and safety to child care providers.
T.E.A.C.H. Early Childhood Arizona: Expand access to the T.E.A.C.H. program by funding an additional 20 scholarships in the region.
Professional Development in Early Childhood Education: Create stepping-stones to facilitate completion of educational milestones by offering community-based training.
Family Support: Support, enhance and implement family support programs that provide parents and caregivers access to high quality information, resources and social support.
Cross-Regional Communication Campaign: Collaborate with the State Board on a cross-regional communications campaign that will expand public awareness of and financial and political support for early childhood development and health.
Needs and Assets Report: Conduct a regional needs and assets assessment every two years.

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Appendix S. Qualitative Data Collection Methods

Data collection instruments –

The Interview Guide for Key Informants was developed based on input provided by the La Paz/ Mohave Regional Coordinator and Regional Partnership Council members, as well as on literature reviews conducted by the Evaluation, Research and Development Unit (ERDU). The final draft of the Interview Guide was reviewed and approved by the Regional Coordinator.

Initial contacts for key informant interviews were provided by:

1. First Things First (i.e. Regional Coordinator, Regional Manager and Regional Council Members);
2. Contacts made by ERDU's previous work in the region;
3. Windshield survey [20] of communities in La Paz County.

The three versions of the Parent Interview Guide (i.e. parent of typical child, parents of children with special needs, and foster parents) were developed based on information from initial key informant interviews and on literature reviews conducted by ERDU. The original plan intended to conduct focus groups with parents but this method of data collection was deemed logistically too difficult, especially for foster parents and parents of children with special needs. Phone interviews were considered more appropriate for these interview participants. Interviews with parents were conducted in both English and Spanish.

All versions of the data collection instruments are included in **Appendix T.**

Data collection process – La Paz County

Two windshield surveys of Parker and the outlying communities were conducted on 03/29/10 and on 03/30/10.

Phone interviews were conducted with:

1. Key informants- initial interviewees included members of the La Paz/Mohave Regional Partnership Council, as well as with staff from First Things First grantees identified by the Regional Coordinator
2. Parents of typical children, as well as parents of children with special needs and foster parents.

The snowballing technique (obtaining contact information for other potential key informants and parents that could be interviewed by phone from initial interviewees) was utilized contact other potential informants in the county.

20 A windshield survey involves visiting a community to observe and identify salient community features. Its name comes from the fact that it is often conducted by driving around the community.

Qualitative data was also collected through targeted field trips. In some occasions, local contacts and/or key informants organized events specifically for ERDU to talk to parents; other times ERDU staff attended previously organized events where key informants or parents of young children would naturally gather (e.g. reading nights, children's health fairs, parent nights at schools). In La Paz County, there were three field trips for data collection:

1. To the Salome Tri-Valley Medical local clinic on 04/01/10 – Face-to-face interviews were conducted with local key informants

2. To Parker on 04/08/10 - Face-to-face interviews with parents were conducted at the Colorado River Indian Tribes Head Start Program during Health Screening Day, at the McDonalds playground; and the waiting room of the La Paz Regional Hospital.

3. To Wenden and Bouse on 04/22/10. Face-to-face parent passerby interviews were conducted in Wenden at a local outdoors produce stand. Interviews were facilitated by the produce stand workers (who had been previously identified during a windshield survey of the area), who were very familiar with the local residents. Face-to-face parent interviews were conducted in Bouse with of families attending reading night at the local elementary school

Data collection process – Mohave County

The overall data collection process in Mohave county was very similar (and parallel to) that of La Paz County.

Phone interviews were conducted with:

1. Key informants- initial interviewees included members of the La Paz/Mohave Regional Partnership Council, as well as with staff from First Things First grantees identified by the Regional Coordinator

2. Parents of typical children, as well as parents of children with special needs and foster parents.

New contacts were also obtained through snowballing.

Field trips for face-to-face data collection in Mohave County included:

1. To Colorado City on 4/15/10 – A focus group with parents was conducted at the local Vermillion Candy Shop

2. To Littlefield and Beaver Dam on 04/15/10 - Face-to-face parent interviews were conducted at the local elementary school in Littlefield and a single small parent focus group was conducted at Beaver Dam Elementary after Family Literacy Night.

3. To Kingman on 4/17/10 – Child's Face-to-face brief parent interviews were conducted during the Health Fair at Kingman Regional Medical Center. These brief interviews with parents also included parents of children with special needs.

4. To Dolan Springs on 4/21/10 – Face-to-face interviews were conducted with parents at Mt. Tipton Elementary. Face-to-Face key informant interviews were conducted with school and pre-school staff.

5. To Bullhead City on 4/22/10 – Face-to-face interviews were conducted with parents at the Mountain View Elementary school during Family Literacy Night.

Data collection process – Fort Mojave Indian Tribe

ERDU obtained tribal approval from the Fort Mojave Indian Tribe for collection and inclusion of tribal data in this Needs and Assets Report. All data collection activities took place after tribal approval was granted.

Phone interviews were conducted with:

1. Key informants – Potential interviewee names were provided by the Regional Coordinator and the RPC tribal representative member.

2. With parents

One field trip for face-to-face data collection was undertaken on 4/22/10. A key informant in the Tribe organized an event specifically for ERDU to conduct interviews with parents and other key informants. Face-to-face interviews were conducted with parents at the Fort Mojave Library.

A map showing the number and location of key informant and parent interviews is included in **Appendix U.**

Appendix T. Qualitative Data Collection Tools

La Paz/Mohave Region Key Informant Interviews

Interviewer Script: *We are collaborating with the First Things First La Paz/Mohave Regional Partnership Council to produce their 2010 Needs and Assets Report. As part of our effort to better understand the needs and assets of children aged 0-5 and their families in La Paz and Mohave counties, 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 between 15 and 30 minutes to complete. Is now a good time to complete the phone interview? If not, when would be a good day and time to conduct the interview?____*

First I'd like to collect some information about you and the role you have with kids aged 0-5 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 0-5 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 the needs of kids aged 0-5 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. What are the things in your community that support parents? (*things: services, resources, people, activities/events, etc*)

2. What do you think are the biggest needs for parents of children 0-5 in your community?

3. Do think that there are sufficient services for children aged 0-5 in your community? Yes/No/ Can you please tell my why you say Yes (or no)

4. Where do parents/families of kids 0-5 go for support?

    a. Are there programs available for parents of kids aged 0-5 who want to learn how to be better parents?

    b. Are there programs available for families in crisis? Are parents aware of these services?

5. What additional services or resources do you think are needed in your community for children aged 0-5 years?

6. 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?

    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. To what extent do these programs integrate early learning opportunities?

7. Do you think that there is sufficient training/education of early child care teachers and workers in your community? What types of training are you aware of?

8. For children's health: Where do kids 0-5 receive health care in your community? What type of care is available in your community? (*pediatric/dental/vision/emergency/special needs)*

    a. What do you think of the quality of health services for kids 0-5 in your community?

    b. Do people in the community have to travel to get healthcare for their kids aged 0-5?

9. How familiar are you with the needs of or resources available for children aged 0-5 with **special needs** in your community? **(If informant is not knowledgeable about topic skip to 10)**

    a. **SN**: Are there sufficient services for children aged 0-5 with special needs in your community?

    b. **SN:** For children aged 0-5 with special physical needs?

    c. **SN:** For children aged 0-5 with special developmental needs?

    d. **SN:** For children aged 0-5 with special mental health needs?

e. **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?

f. **SN:** What additional services or resources are needed in your community for children aged 0-5 with special needs?

End special needs questions

10. Are there sufficient services for children aged 0-5 with **mental health** needs (social, emotional and cognitive development)?

11. How familiar are you with the needs of or resources available for children 0-5 and their families involved in the **child welfare system**, e.g., CPS, foster care? **(If informant is not knowledgeable about topic skip to 11)**

    a. **CWS:** What are the strengths of the current child welfare system in your community for kids aged 0-5 and their families?

    b. **CWS:** What are some challenges to meeting the needs of kids 0-5 in the child welfare system?

    c. **CWS:** What resources are lacking in the current child welfare system in your community for kids aged 0-5 and their families? (are there shelters, group homes, foster parents, appropriate follow-up on reports?)

    d. **CWS:** How important is it that those working in the child welfare system (e.g., foster care, CPS) understand the importance of attachment and bonding in promoting a child's social, emotional and cognitive development? Is there sufficient opportunity for training in this area?

    e. **CWS:** How would you rate the level of coordination of services in the child welfare system for kids aged 0-5 and their families in your community?

    f. If not mentioned: The state has identified challenges – see DES report. Is that an issue in your community? Any suggestions for addressing this?

End Child Welfare System questions

12. Thinking of all the existing services for children 0-5 in your community, do you think the services currently available are 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?

13. A survey of parents' in your Region indicates that parents have been dissatisfied with the collaboration and communication among agencies that provide services for children aged 0-5. Can you talk about why you think that might be?

    a. What recommendations would you have to improve inter-agency communication and collaboration?

14. This survey also indicates that parents of kids aged 0-5 have difficulty in finding appropriate services in some areas in your Region. Do you think this is an issue in your community? If so, how do you think this could be improved?

15. What data sources, if any, do you use to track what is going on in your community with regard to early childhood needs and assets?

16. Please name the three most important things that should happen to improve the lives of kids 0-5 and their families in your community?

17. What are the things that work well in you community for kids aged 0-5? What strengths can you can identify in your community? What opportunities do you think are available for families with children 0-5?

18. Of these things that work well, what could be leveraged to provide information, resources and/or support to kids aged 0-5 and their families?

19. Those are all the questions I have for you. Would you like to add anything about the needs and strengths in your community for kids aged 0-5 and their families before we end?

20. Do you know of anyone else in your community who it is important we talk to about these topics?

21. We plan on visiting your community to speak with parents to get their perspectives. Where are the places in your community where we would be able to talk to parents about the needs and assets of kids 0-5? Are there any events happening in the next month which parents of kids 0-5 will be attending? Spanish speaking parents?

Thank you very much for taking the time to participate in this interview. The information you provided and your time are really appreciated.

La Paz/Mohave Region Parent Interview Guide

If unknown: In what community do you live? _____

If unknown: # kids under 6: _____

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.)

Now I'm going to some questions about your needs and resources available to you. 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) What do you like best about raising young children in this area (your town, your community)?

2) What are the hardest things about raising young children in this area?

3) Do you have child care? If **yes**: What do you like best about your current child care? What would you change about it? What sorts of things do children do there that helps prepare them for school? Is your child care affordable? Is it convenient to get there? Do the hrs work with your schedule?

If **no**: Is that your preference? Probes: choose to stay home with child, availability, cost, travel, quality. Have you or other family members had to change or decrease hours at work OR quit your job due to caring for your child?

4) What early learning opportunities are there for your child available in your community (such as story times and reading programs, recreation classes, play groups, summer programs)?

5) Where do you as a parent of a young child go for information and support? Are there classes or other resources available for you to become a better parent of a young child? What classes have you attended; what resources have you used? Do these require travel? Costs related to child care, etc?

6) Do you have health care available for your child close by? If **yes**, tell us about the quality of your child's healthcare? What would you change about it, if you could? Is it affordable? If **no**, where do you go for health care?

7) What do you think are the two most important things that should happen to improve the lives of kids 0-5 and their families in your community?

8) That's the last question I have for you. Is there anything you'd like to add before we end?

La Paz/Mohave Region

Parents of Children with Special Needs Interview Guide

Interviewer Script: *Hi, My name is ___ and I work with the Evaluation, Research and Development Unit at the University of Arizona. _____ gave me your name and number as someone who might be willing to talk about their experience as a parent to a child aged 0-5 with special needs. Would you be willing to participate in a 15 to 30 minute telephone interview? To give you a little more background, we are collaborating with the First Things First La Paz/Mohave Regional Partnership Council to produce their 2010 Needs and Assets Report. As part of our effort to better understand the needs and assets of children with special needs aged 0-5 and their families in La Paz and Mohave counties, we're inviting you to participate in a brief interview. All the information you provide will be kept confidential. Is now a good time to complete the phone interview? If not, when would be a good day and time to conduct the interview?_____*

First I'd like to collect some information about you.

Interviewee Name: _____

If unknown: In what community do you live? _____

If unknown: # of special needs kids you care for and types of need; physical, developmental, mental/behavioral: _____

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.)

Now I'm going to some questions about your needs and resources available to you. 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) What do you like best about raising young children in this area (your town, your community) (your child with special needs)?

2) What are the hardest things about raising a child with special needs in this area? What would help?

3) What resources do you need to support your child that you don't have access to?

4) Do you have child care? If **yes**: What do you like best about your current child care? What would you change about it? What sorts of things do children do there that helps prepare them for school? Is your child care affordable? Is it convenient to get there? Do the hrs work with your schedule?

   If **no**: Is that your preference? Probes: choose to stay home with child, availability, cost,

travel, quality. Have you or other family members had to change or decrease hours at work OR quit your job due to caring for your child?

5) Have you or other family members changed or decreased hours at work OR quit your job due to caring for your child's special needs?

6) What early learning opportunities are there for your child available in your community (such as story times and reading programs, recreation classes, play groups, summer programs)?

7) Where do you as a parent of a young child with special needs go for information and support? Are there classes or other resources available for you to become a better parent of a young child? What classes have you attended; what resources have you used? Do these require travel? Costs related to child care, etc?

8) Do you have health care available for your child close by? If yes, are you satisfied with the quality of your child's healthcare? Is it affordable?

9) How would you rate the collaboration and communication between agencies providing services for your child with special needs? How could this be improved? Have you noticed any changes in services or the amount of services during the current economic recession?

10) What do you think are the two most important things that should happen in your community to improve the lives of young children with special needs?

11) If you could suggest changes in the current services and support available to you as a parent of a child with special needs, what changes would you suggest?

12) That's the last question I have for you. Is there anything you'd like to add 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.

La Paz/Mohave Region Foster Parent Interview Guide

Interviewer Script: *Hi, My name is ___ and I work with the Evaluation, Research and Development Unit at the University of Arizona. _____ _ gave me your name and number as someone who might be willing to talk about their experience as a parent to a foster child aged 0-5. Would you be willing to participate in a 15 to 30 minute telephone interview? To give you a little more background, we are collaborating with the First Things First La Paz/Mohave Regional Partnership Council to produce their 2010 Needs and Assets Report. As part of our effort to better understand the needs and assets of foster children aged 0-5 and their families in La Paz and Mohave counties, we're inviting you to participate in a brief interview. All the information you provide will be kept confidential. Is now a good time to complete the phone interview? If not, when would be a good day and time to conduct the interview?_____*

First I'd like to collect some information about you.

Interviewee Name: _____

If unknown: In what community do you live? _____

If unknown: # of foster kids you care for and (if applicable) types of special needs; physical, developmental, mental/behavioral: _____

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.)

Now I'm going to some questions about your needs and resources available to you. 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) Who and what in your community supports your family and your foster child/children?

2) What is the most stressful thing for you as a parent of a foster child? What would help?

3) What resources do you need to support your foster child that you don't have access to?

4) Do you have child care? If **yes**, what do you think about the quality of you current child care situation? What do you like best about your current child care? What do you like least? Is it affordable? Do you have to travel? Do the hrs work with your schedule? If **no**, could you talk about why? Probes: choose to stay home with child, availability, cost, travel, quality.

5) Are your foster child's/children's mental health needs being met? If not, what resources, services or support are needed?

6) Where do you as a foster parent go for support? Are there classes or resources available for you to become a better foster parent? What classes have you attended; what resources have

you used? Do these require travel? Costs related to child care, etc? Where do you as a foster family go for support?

7) How would you rate the collaboration and communication between agencies providing services for your foster child/children? How could this be improved? Have you noticed any changes in services or the amount of services during the current economic recession?

8) What are some of the strengths of the current foster care system in your community?

9) What are some of the challenges/problems of the current foster care system in your community?

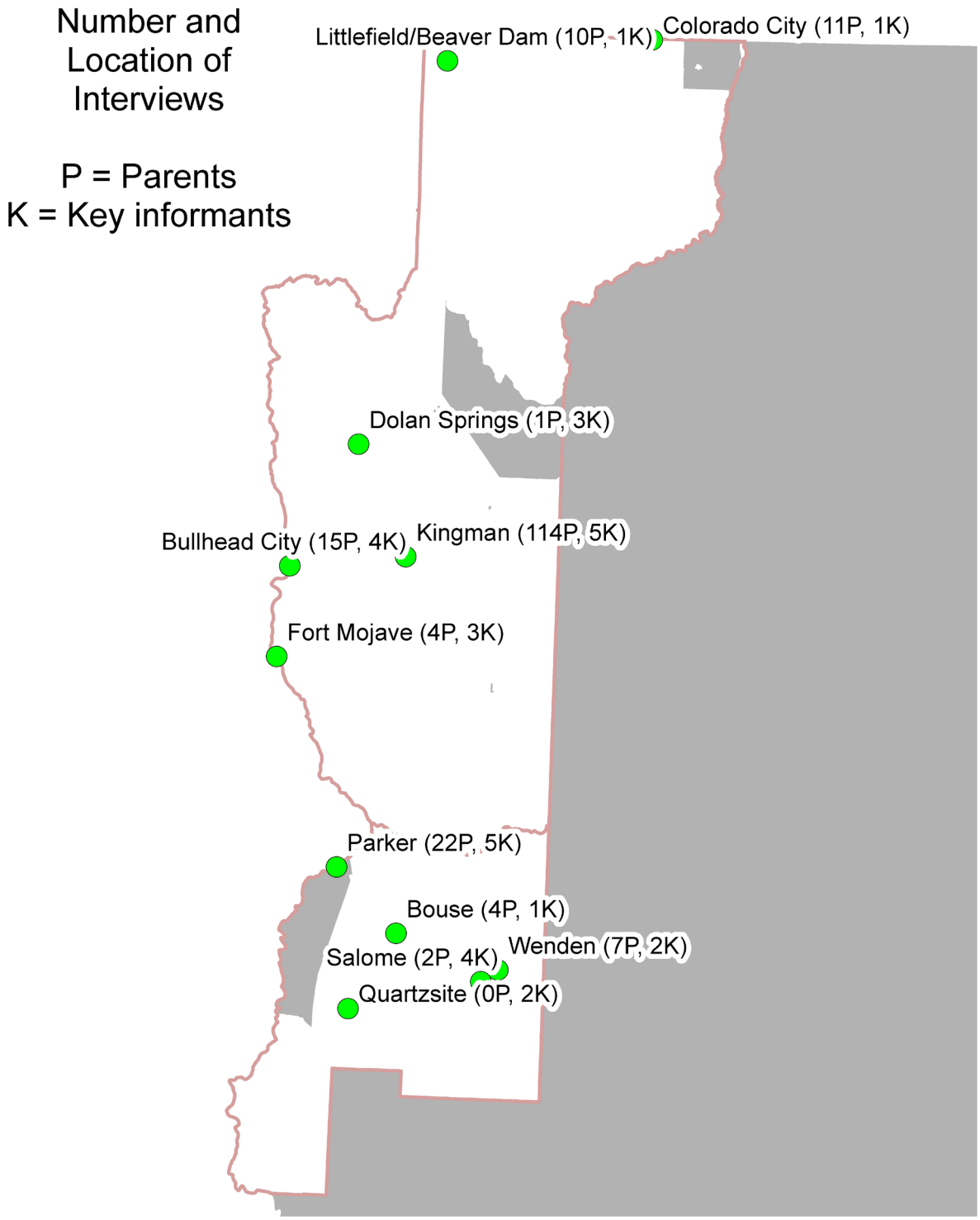
10) If you could suggest changes in the current services and support available to you as a foster parent to a young child, what changes would you suggest?

11) *(If not mentioned in previous responses)* What are the barriers to becoming a foster parent? Compensation? Training required?

12) That's the last question I have for you. Is there anything you'd like to add about being a foster parent of a young child 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 U. Map with Number and Location of Parents and Key Informant Interviews conducted for Qualitative Data Gathering



La Paz/Mohave Region