FIRST THINGS FIRST

Gila Region

2022

NEEDS AND ASSETS REPORT

GILA
REGIONAL PARTNERSHIP COUNCIL
2022
NEEDS AND ASSETS
REPORT

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INTRODUCTION

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

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

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

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

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

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

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EXECUTIVE SUMMARY

The First Things First Gila Region is defined as Gila County, not including the lands belonging to the San Carlos Apache Tribe and the White Mountain Apache Tribe, which are their own First Things First regions. The Gila Region's population is located in the small towns of Globe, Miami, Payson, Star Valley, Pine/Strawberry and Hayden/Winkelman, the unincorporated areas of Tonto Basin and Young, and a number of rural unincorporated communities. The Gila Region also includes the lands belonging to the Tonto Apache Tribe. This report does not contain data specific to the Tonto Apache Tribe because permissions have not been granted for inclusion of their data in this reporting cycle.

Population Characteristics. According to the 2010 U.S. Census, the Gila Region had a population of 46,631, of whom 2,688 were children under the age of 6. Nine percent of the households in the Gila Region included at least one young child, a notably lower proportion than the 16% of households statewide. Households with young children varied by subregion, ranging from a high of 13% in the South subregion to a low of 5% in the Central subregion. Nearly half (49%) of young children in the Gila Region live in the South subregion, and the majority of the remainder live in the North subregion (43%).

Young children in the region are more racially and ethnically diverse than the overall population, with a larger proportion of young children in the region identifying as Hispanic or Latino (39%) and two or more races (8%) compared to the overall population in the region (21% and 3%, respectively). About 10% of individuals across the Gila Region speak Spanish at home; the majority of these people also report that they speak English "very well," meaning they are proficiently bilingual or multilingual. A smaller proportion of individuals in the region are considered "limited-English-speaking" compared to the state overall.

Nearly half (47%) of children under 6 in the Gila Region live with a single parent, and the majority of the rest (44%) live with two married parents. Far fewer live with relatives other than parents (6%), or in the household of an unrelated person (3%). In the Central and South subregions specifically, more than half of children live with a single parent (58% and 56%, respectively). In contrast to other subregions, nearly one-third of young children (32%) in the Central subregion live with non-relatives.

About 17% of young children in the Gila Region live in their grandparent's household; some of these are multi-generational households in which the child and the parent(s) are living with the grandparents and some of these are households in which the grandparent is raising the child. An estimated 493 grandparents in the Gila Region are responsible for raising one or more grandchildren (up to age 17) who live with them, and a third of these grandparents (33%) do not have the child's parent(s) living in the household.

Economic Circumstances. The median family income for Gila County is estimated to be $51,400, which is notably less than the statewide median of $70,200. The median income for single-parent households with children in Gila County is notably lower, just $35,300 for single-male-headed families and $26,200 for single-female-headed families. These median household incomes are also far below the

self-sufficiency standard for a single-parent household with one infant and one preschooler in the county ($56,230), suggesting that many of the families in the county earn less than the amount estimated to be necessary to fully support themselves.

Economic security varies across communities in the Gila Region. The American Community Survey (ACS) estimates that about 16% of the region's population—and 35% of its children under age 6—live below the poverty level. In 2019, the poverty threshold for a family of two adults and two children was $25,750 per year. Overall, use of social safety net programs was declining or remained relatively stagnant in the region prior to the pandemic. For example, the number of children participating in the Supplemental Nutrition Assistance Program (SNAP) has decreased each year since SFY2017, and the number of women and children participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) declined as well. The numbers of families and children participating in the Temporary Assistance for Needy Families (TANF) program was relatively consistent each year, but the numbers increased with the economic crisis of 2020, likely in part due to policy changes as well as increased need. In spite of overall declining participation, nearly half (46%) of young children in the region participated in SNAP in 2020.

Food insecurity is a particular problem for low-income children. With schools closed, children lost access to free and reduced-price lunches provided in school. In addition to local efforts in the region to deliver meals to low-income students, the Pandemic Electronic Benefits Transfer program (P-EBT) was an effort to fill in the gap. In the Gila Region in May of 2021, 2,896 children received P-EBT benefits, of whom 190 were children under 6. While important, this program failed to reach many families with children who should have been eligible. The Summer Food Service Program (SFSP), also operating under a new set of rules during the pandemic, was expanded to help fill the void left by the loss of meals served through the National School Lunch Program, serving 316,655 meals in Gila County in 2019-20.

Pre-pandemic, unemployment rates in Gila County had been on a steady decline since the end of the Great Recession in 2009. In the last few months before the pandemic began, the monthly unemployment rate in Gila County was between 5 and 6%. In April of 2020, however, the unemployment rate leapt up to 12.8% in the county. Data from late 2020 show monthly rates ranging from 6 to 7%, remaining higher than pre-pandemic levels.

Housing and homelessness have been identified as critical issues in the Gila Region. An estimated 25% of households in the Gila Region are considered housing-cost burdened, living in housing that costs 30% or more of their income. This housing-cost burden is especially true among renters (34%), but still an issue for over a fifth (22%) of homeowners as well. While access to affordable and quality housing is an issue across the region, it is particularly challenging in the North subregion, where more than half of the region’s households are located. Just before the pandemic, in October 2019, 3% of students enrolled in public and charter schools in the Gila Region were experiencing homelessness.

Most homes have some means of access the internet. In the Gila Region, 72% of households are able to access the internet, though access is lowest in the Hayden-Winkelman (55%) and South (61%) subregions.

Educational Indicators. In the Gila Region, during the 2019-20 school year, enrollment in public and charter schools for kindergarten through 3rd grade was approximately 400-450 students per grade. Prior to the pandemic, in the 2018-19 school year, chronic absence rates were more than double the rates seen statewide, with more than one-fifth of students considered chronically absent across the region. When the region's 3rd grade students took the AzMERIT assessments in the 2018-19 school year, 36% received passing scores in English Language Arts (ELA) and 34% received passing scores in Math. This puts Gila Region students behind those statewide (46% and 51%, respectively).

Overall graduation rates increased slightly between 2017 and 2019 in the Gila Region. The four- and five-year graduation rates in the region in 2019 (78% and 82%) were similar to Arizona as a whole (79% and 83%), although variability did exist across districts and schools within the region.

Among the adult population of the region, 88% have a high-school education or more. In the North subregion, the vast majority of adults (92%) have at least a high-school education, while over a fifth of adults (22%) in the Hayden-Winkelman subregion did not complete high school. Of babies born in 2019 in the Gila Region, 82% were to mothers with a high-school education or more.

Early Learning. The Gila Region is home to 20 registered early care and education providers—a mix of child care centers, Head Start programs, public-school based programs, and home-based care—enough to care for up to 732 children if functioning at full capacity. This available capacity is far below the estimated 1,497 young children with all parents in the labor force that likely need some form of child care in the region. The lack of available and affordable child care has been identified as a critical issue, particularly given the recent closures of multiple Head Start and private child care locations in the region and surrounding communities that families relied upon. Exacerbating this further, in December 2020 nearly half (49%) of the registered providers in the Gila Region were not open due to the COVID-19 pandemic. Given the limited availability of registered providers in the region, many families rely upon informal child care arrangements, frequently sought through social media groups.

Child care is expensive. A family with one preschooler and one infant in the Gila Region can expect to pay about $1,290 per month for a certified group home or $1,010 for a certified family home provider. This is a significant amount, given the median monthly rent in Gila County of $816. Department of Economic Security (DES) subsidies are one critical resource for offsetting families' child care costs, and the suspension of the waitlist in 2019 led to a notable increase in utilization of subsidies in the Gila Region in 2020, despite pandemic-related closures. Child care fees are likely to rise in the near future, partly because the pandemic has increased operating costs and led to staffing shortages. In response, some relief funds have been provided through the DES COVID-19 grant program. The state has also increased the funds available for DES's child care subsidies.

In Arizona, children with special needs can receive services through the Arizona Early Intervention Program (AzEIP), the Division of Developmental Disabilities (DDD), the Arizona Department of Education's Early Childhood Special Education Program, and Head Start. The number of children referred to and found eligible for these services in the region has remained low in recent years, which means there are likely many families of children who could benefit from early intervention services who are not receiving them and likely need additional support and education. This is further highlighted by

the number of kindergarten to 3rd grade students enrolled in special education (e.g., 253 total K-3 students in the 2019-20 school year), which is much larger than the number of young children being served by early intervention services in the region (e.g., 33 total children ages 0-2 served in state fiscal year 2020). In addition, given shortages of service providers and the challenges of offering services remotely, families of children with special needs have faced particularly large challenges during the pandemic.

Child Health. Access to health care is a critical part of optimal child development. In the Gila Region, it is estimated that 6% of young children and 10% of the general population do not have health insurance coverage. AHCCCS and the Indian Health Service cover close to two-thirds of the births in the region, a larger proportion than seen statewide. In 2019, there were 336 births in the Gila Region. Of these babies born, nearly one in six (16.4%) were to mothers who used tobacco during pregnancy, an alarming percentage compared to the state (4.3%) and the Healthy People 2020 target of just 1.4%. While the region exceeded the Healthy People 2020 target for low-birth-weight babies (9.2% vs. 7.8%) in 2019, it nearly met the Healthy People 2020 target for preterm births (9.5% vs. 9.4%).

Children in child care settings and kindergarteners are required to have certain vaccinations. In the 2019-20 school year, children in child care in the Gila Region only met the Healthy People 2020 target for MMR, and kindergarteners did not meet any of the Healthy People 2020 targets for vaccination rates. Immunization exemptions were on the rise prior to the pandemic for both children in child care and kindergarteners in the Gila Region, following the increasing trend seen across the state. Exemptions were most common in the North subregion, where 7.2% of children in child care and 7.4% of kindergarteners received exemptions from all required vaccines in the 2019-20 school year.

Between 2016 and 2020, there were 1,459 non-fatal emergency department visits, and 15 non-fatal inpatient hospitalizations for unintentional injuries in the Gila Region among children aged birth to 4. The most common reason for non-fatal emergency departments visits was falls, accounting for 42% of emergency department visits.

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

National data suggest that alcohol and other substance use increased substantially during the early weeks of the pandemic. However, in Gila County, the number of non-fatal overdoses involving opioids or opiates was already on a steady rise, increasing six-fold between 2017 and 2020 and rising to a high of 36 overdoses in 2020. Between 2017 and 2020, there were a total of 24 deaths with opiates or opioids noted as a contributing factor and 146 newborns hospitalized because of maternal drug use during pregnancy in the Gila Region.

In situations where the harm in remaining with their family is determined to be too great to a child, they may be removed from their home, either temporarily or permanently. In the Gila Region, DCS removed a total of 33 children from their homes between 2019 and 2020. A critical resource for children who

have experienced abuse or neglect in the Gila Region is CASA of Gila County. In November 2021, CASA of Gila County noted that there were 57 children under age 3 in open dependency cases in the county, only 10 of whom had been assigned a CASA.

ABOUT THIS REPORT

The data in this report come from a variety of sources including federal and state agencies and local agencies or service providers. Federal government sources include publicly available data from the 2010 Census and the 2015-2019 American Community Survey (ACS) 5-Year Estimates. Because the 2010 Census is now a decade old, it is used minimally in this report.[i] For example, children who were under 6 years old in 2010 are now between 11 and 16 years old. The Census Bureau expects to release detailed tables from the 2020 Census later in 2022.[1] Data in this report from the ACS summarize the responses from samples of residents taken between 2015 and 2019, which is notably before the COVID-19 pandemic began. Because these estimates are based on samples rather than the full population, ACS data should not be considered exact. Estimates for smaller geographies, such as subregions, are less accurate than estimates for larger geographies, such as the county or state, because they are based on smaller sample sizes. Estimates which are based on very few respondents (fewer than 50) will not be included in the data tables in this report. In the Gila Region, the Central and Hayden-Winkelman sub-regions have particularly small sample sizes (250 respondents or less). Due to these small sample sizes, detailed data for some sub-populations, including children birth to 5, preschool-aged children, and grandparents cannot be reported on reliably. Tables and figures where sample size limitations prevent the reporting of reliable estimates will show 'N/A' in the sub-region row and have a table note explaining that data were not available due to small sample sizes.

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

Additionally, this report includes local quantitative and qualitative data collected from Pinal-Gila Community Child Services (PGCCS), Gila County Community Action Program (CAP), and Court Appointed Special Advocates for Children (CASA) of Gila County. Regional Partnership Council members and other local stakeholders participated in a facilitated data discussion on November 3, 2021, which allowed them to share their local knowledge and perspective in interpreting the data collected. Perspectives and feedback from participating session members are included as key informant

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

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

- Access to high quality early care and education
- Children with special needs
- Economics, including poverty, housing and homelessness

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

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

THE GILA REGION

The First Things First regional boundaries were initially established in 2007, creating 31 regions which were designed to: (a) reflect the view of families in terms of where they access services; (b) coincide with existing boundaries or service areas of organizations providing early childhood services; (c) maximize the ability to collaborate with service systems and local governments, and facilitate the ability to convene a Regional Partnership Council; and (d) allow for the collection of demographic and indicator data. The regional boundaries are reviewed every two years. In fiscal year 2015, the boundaries were modified using census blocks, creating 28 regions. This report uses the 2015 definition of the regional boundaries.

The First Things First Gila Region is defined as Gila County, not including the lands belonging to the San Carlos Apache Tribe and the White Mountain Apache Tribe, which are their own First Things First regions. The Gila Region's population is located in the small towns of Globe, Miami, Payson, Star Valley, Pine/Strawberry and Hayden/Winkelman, the unincorporated areas of Tonto Basin and Young, and a number of rural unincorporated communities. The Gila Region also includes the lands belonging to the Tonto Apache Tribe. This report does not contain data specific to the Tonto Apache Tribe because permissions have not been granted for inclusion of their data in this reporting cycle. The Tonto Apache Tribe is located adjacent to the city of Payson. Figure 1 shows the geographical area covered by the Gila Region.

Brief interviews were conducted with parents and grandparents of young children in the region. Those interviewed were asked to talk about the best things about raising young kids in their communities. The most common asset mentioned was the small-town, community-centered feel of their communities. "Everybody knows everybody" was a common refrain, accompanied by the idea that the closeness of the community allows for increased support and interaction between community members. Many mentioned that their extended families live in the same city or close by, particularly in Globe, so that available family support was an asset. Many mentioned the quiet, slower pace of their cities as assets compared to living in more urban areas nearby, and the greater sense of safety this brought. Also mentioned was the proximity to outdoor recreational activities and a closeness to nature. Good weather was also discussed as one of the things families liked best about living in the region.

Because communities may vary in terms of needs and assets, the Gila Regional Partnership Council requested that data be analyzed and reported at a sub-regional level in order to provide a more complete picture of the region. Dividing the region into sub-regions helps the Council target strategies to use resources effectively and efficiently. Four sub-regions within the Gila Region were identified by the Regional Partnership Council and Director as focus areas. Figure 1 shows the subregions in the Gila Region.

The **North** sub-region is defined as six census tracts (1, 2, 3.01, 3.02, 4 and 5) in the northern most part of Gila County, north of Hellsgate Wilderness Area. This sub-region includes the towns of Payson and Star Valley and the Census Designated Places (CDPs) of Strawberry, Pine, Geronimo Estates, Washington Park, Whispering Pines, Beaver Valley, Freedom Acres, Flowing Springs, East Verde

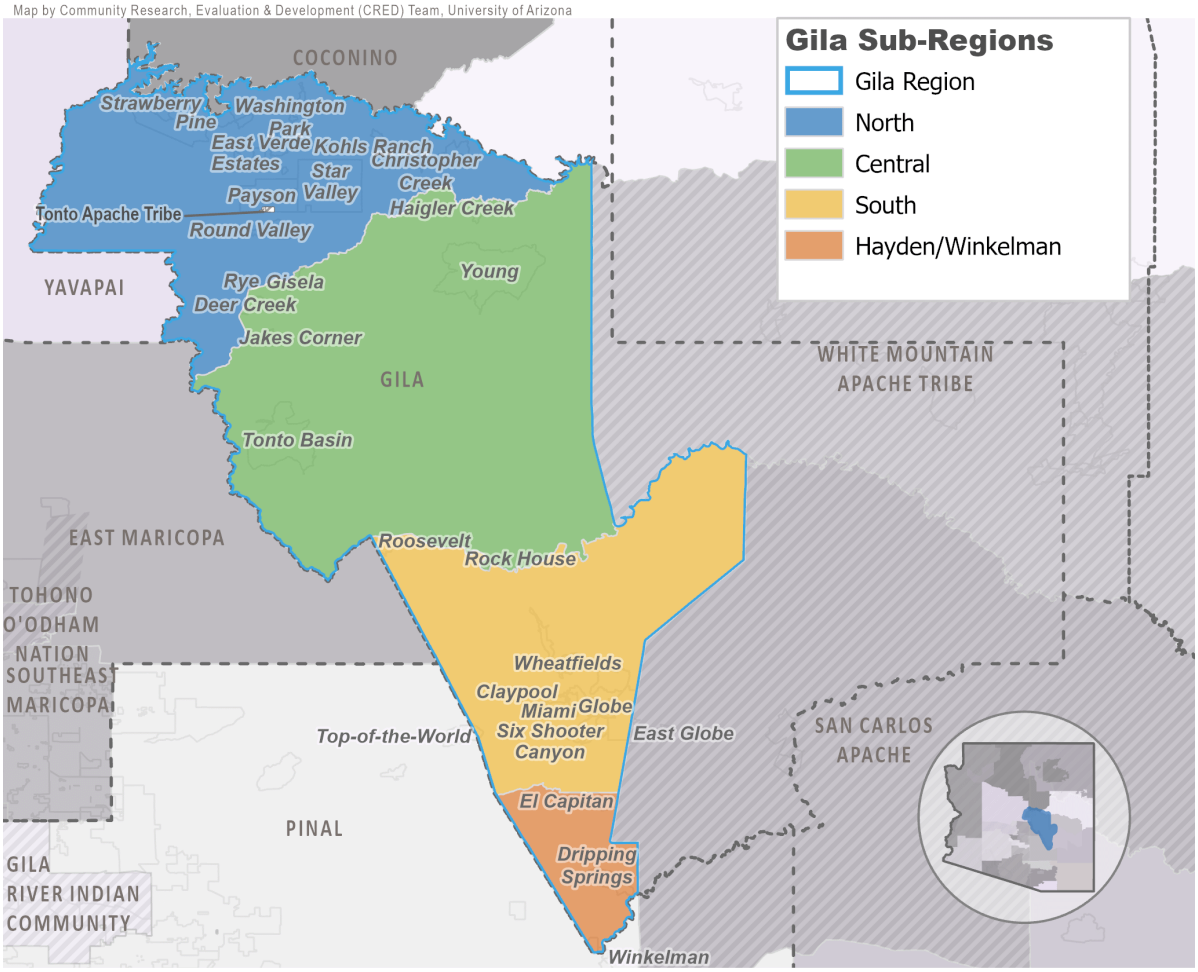
Estates, Mesa de Caballo, Oxbow Estates, Round Valley, Rye, Mead Ranch, Tonto Village, Kohls Ranch, Bear Flat, Christopher Creek and Hunter Creek. The North sub-region is the most populous area in the region in terms of overall population.

The **Central** sub-region is defined as two census tracts (6 and 7) in the central portion of Gila County above Lake Roosevelt, excluding the White Mountain Apache Tribe reservation. This sub-region includes the CDPs of Tonto Basin, Young, Jakes Corner, Deer Creek, Gisela and Haigler Creek.

The **South** sub-region is defined as five census tracts (8, 9, 10, 11 and 12) in the south-central portion of Gila County, south of Lake Roosevelt and excluding the San Carlos Apache reservation. This sub-region includes the city of Globe, the town of Miami, and the CDPs of Claypool, Central Heights-Midland City, Copper Hill, Pinal, Icehouse Canyon, Six Shooter Canyon, Wheatfields and Roosevelt, as well as the portion of Top-of-the-World CDP within Gila County. The South sub-region is home to the largest number of young children in the region.

The **Hayden-Winkelman** community is defined as one census tract (13) in the southern most portion of Gila County, south of the Pinal Mountains. This sub-region includes the town of Hayden and the portion of the town of Winkelman in Gila County, as well as the CDPs of Dripping Springs and El Capitan. This sub-region is the least populous area in the region in terms of both overall population and the population of young children.

Figure 1. The First Things First Gila Region and its subregions



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

POPULATION CHARACTERISTICS

POPULATION CHARACTERISTICS

Why It Matters

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

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

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

What the Data Tell Us

Population, race and ethnicity

According to the 2010 U.S. Census, the Gila Region had a population of 46,631, of whom 2,688 were children under the age of 6 (Table 1). Nine percent of the households in the Gila Region included at least one young child, a notably lower proportion than the 16% of households statewide. Households with young children varied by subregion, ranging from a high of 13% in the South subregion to a low of 5% in the Central subregion. Nearly half (49%) of young children in the Gila Region live in the South

subregion, and the majority of the remainder of young children live in the North subregion (43%) (Figure 2).

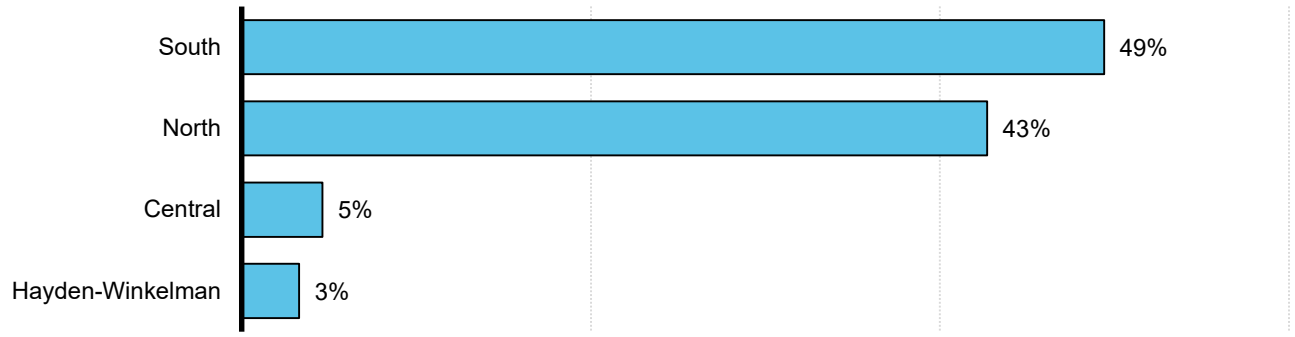
Table 1. Population and households in the 2010 U.S. Census

Geography	Total population	Population (ages 0-5)	Total number of households	Number and percent of households with one or more children (ages 0-5)	
Gila Region	**46,631**	**2,688**	**20,317**	**1,910**	**9%**
North	23,807	1,148	10,876	829	8%
Central	3,350	124	1,684	83	5%
South	18,134	1,328	7,253	938	13%
Hayden-Winkelman	1,340	88	504	60	12%
Gila County	53,597	3,657	22,000	2,488	11%
Arizona	6,392,017	546,609	2,380,990	384,441	16%
United States	308,745,538	24,258,220	116,716,292	17,613,638	15%

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

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

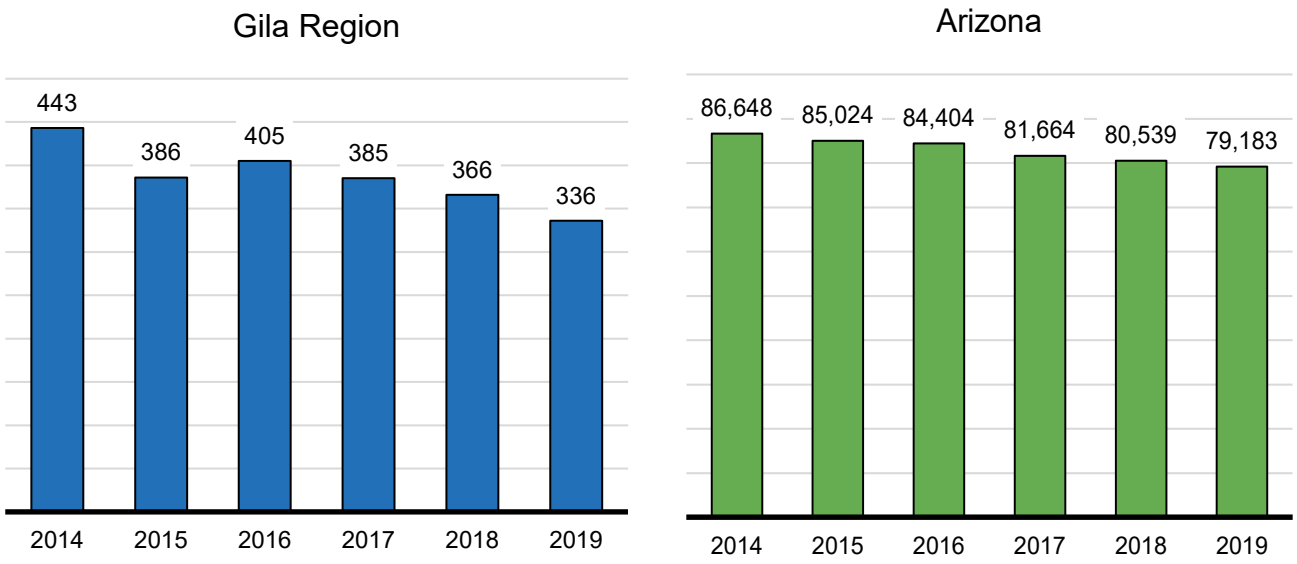
Figure 2. Share of children ages birth to 5 by sub-region, 2010 U.S. Census



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

Over the past six years, annual births in the region ranged from a high of 443 in 2014 to a low of 336 in 2019 (Figure 3). Births in the region have shown a relatively consistent decline each year, aligning with trends at the state level, where about 2% fewer babies were born each year compared to the previous year. This decrease in natality in Arizona mirrors a trend in the U.S., where between 1% and 2% fewer babies were born each year in the same time period.[25]

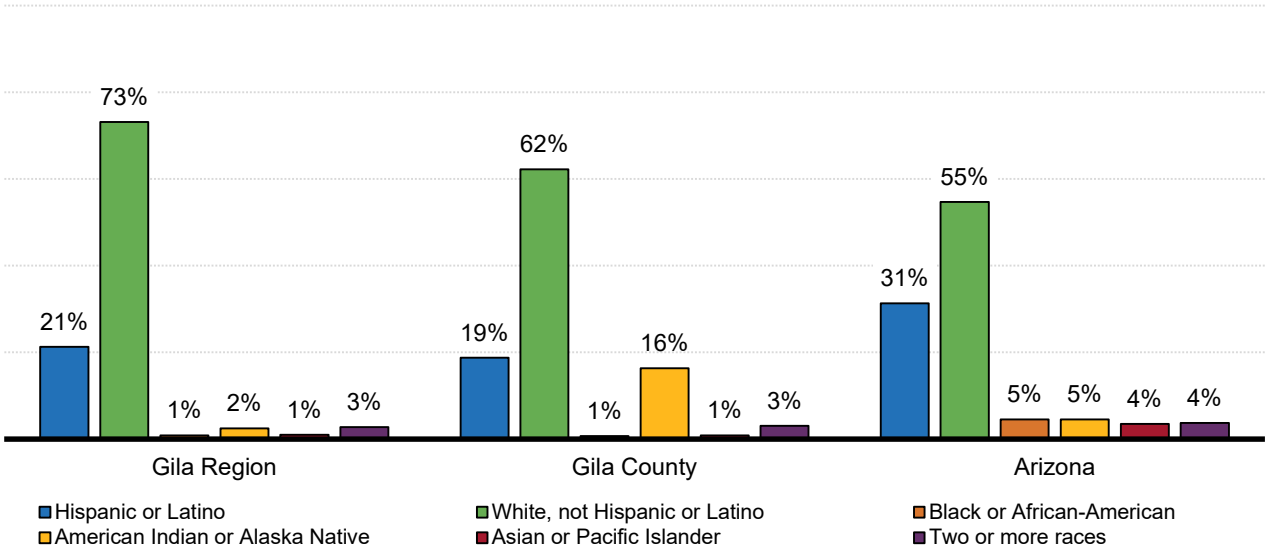
Figure 3. Number of babies born, 2014 to 2019



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

According to the American Community Survey (ACS) five-year averages, a smaller proportion of the overall population in the Gila Region is Hispanic or Latino (21%) compared to the state (31%), a similar trend seen for the population identifying as Black or African American, American Indian or Alaska Native, Asian or Pacific Islander or two or more races (Figure 4). However, when viewed at the subregion level, both the Hayden-Winkelman (68%) and South (42%) subregions have a notably higher proportion of the overall population that is Hispanic or Latino compared to the region and state (Figure 5). Given that the COVID-19 pandemic disproportionately impacted Hispanic, Black and American Indian communities,[26,27] these subregional differences are useful for informing opportunities for targeted pandemic relief supports.

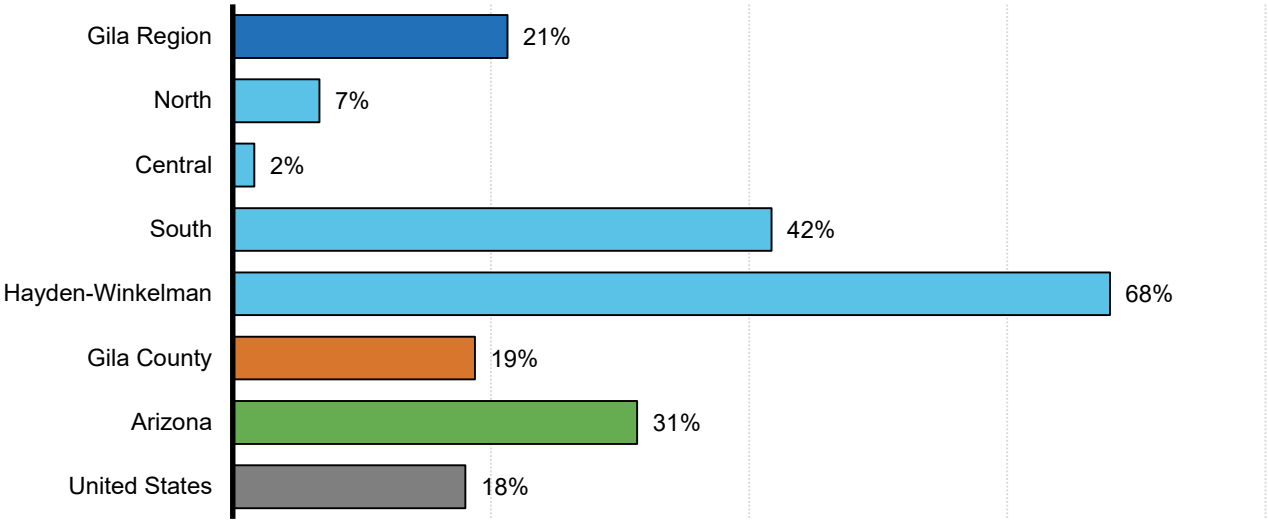
Figure 4. Race and ethnicity of the population of all ages, 2015-2019 ACS



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

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

Figure 5. Percent of population of all ages who are Hispanic or Latino, 2015-2019 ACS

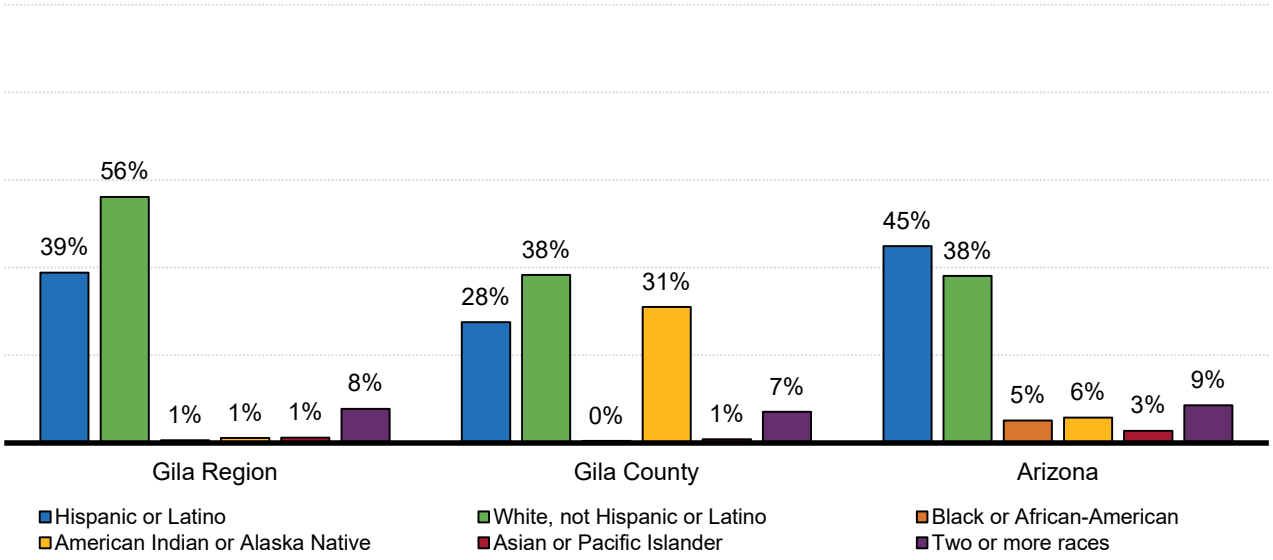


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i

A larger proportion of young children in the region are Hispanic or Latino (39%) compared to the overall population in the region (21%), more closely mirroring the proportion of Hispanic or Latino

young children in the state (45%) (Figure 6). More young children also identify as two or more races in the region compared to the overall population (8% vs. 3%). As with the all-age population, the South (61%) subregion has a notably higher proportion of young children identifying as Hispanic or Latino compared to the region and state (Figure 7).

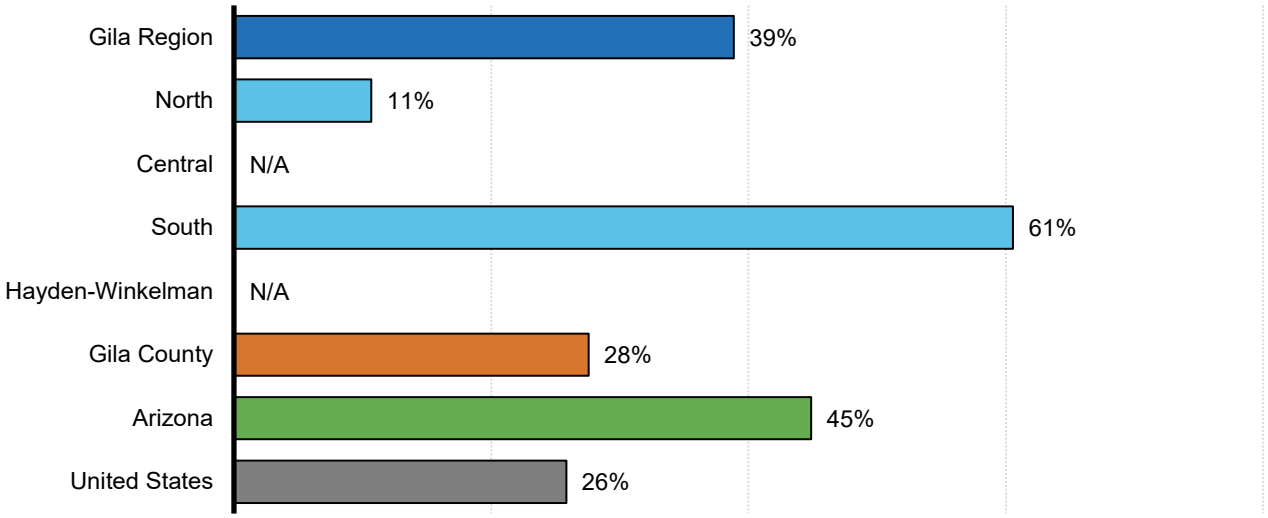
Figure 6. Race and ethnicity for children birth to 4, 2015-2019 ACS



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

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

Figure 7. Share of children birth to 4 who are Hispanic or Latino, 2015-2019 ACS

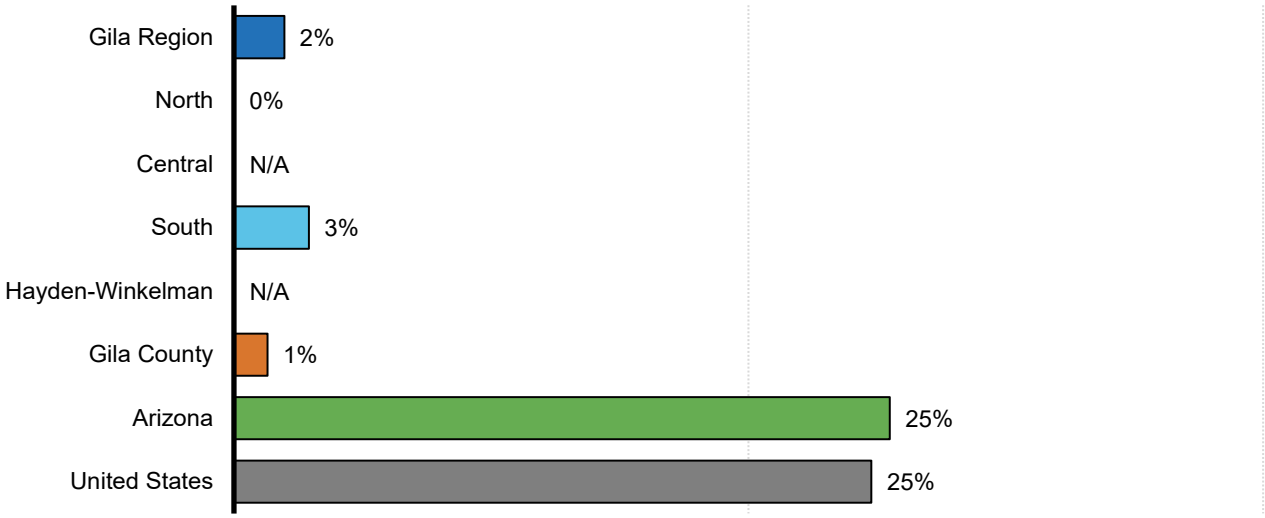


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B01001, B01001b, B01001c, B01001d, B01001e, B01001g, B01001h, & B01001i. Reliable estimates were not available for the Central and Hayden-Winkelman sub-regions due to sample size limitations.

Immigrant families and language use

A growing number of children nationwide live in a family where one or both of their parents is foreign-born.[28] Statewide, this is true for about a quarter (25%) of children (Figure 8). In the Gila Region, in contrast, only 2% of children under 6 years old live with one or two parents who were foreign-born. Despite the fact that the vast majority of these young children are citizens,[29] changes in national immigration policy have led some immigrant families to avoid using social services for which they and their children are legally qualified due to fear of deportation or risking their legal status in the country.[30,31,32] This can put immigrant families at risk of reduced access to medical care and increased food insecurity, which can lead to long-term impacts on health and educational attainment, as well as community-level economic impacts.[33,34,35,36] In addition, during the COVID-19 pandemic, immigrants have been more likely to work in frontline positions and experience job loss, increasing their risk of COVID-19 exposure and creating additional barriers to testing and treatment with the loss of employer-sponsored health insurance.[37]

Figure 8. Children ages birth to 5 living with parents who are foreign-born, 2015-2019 ACS

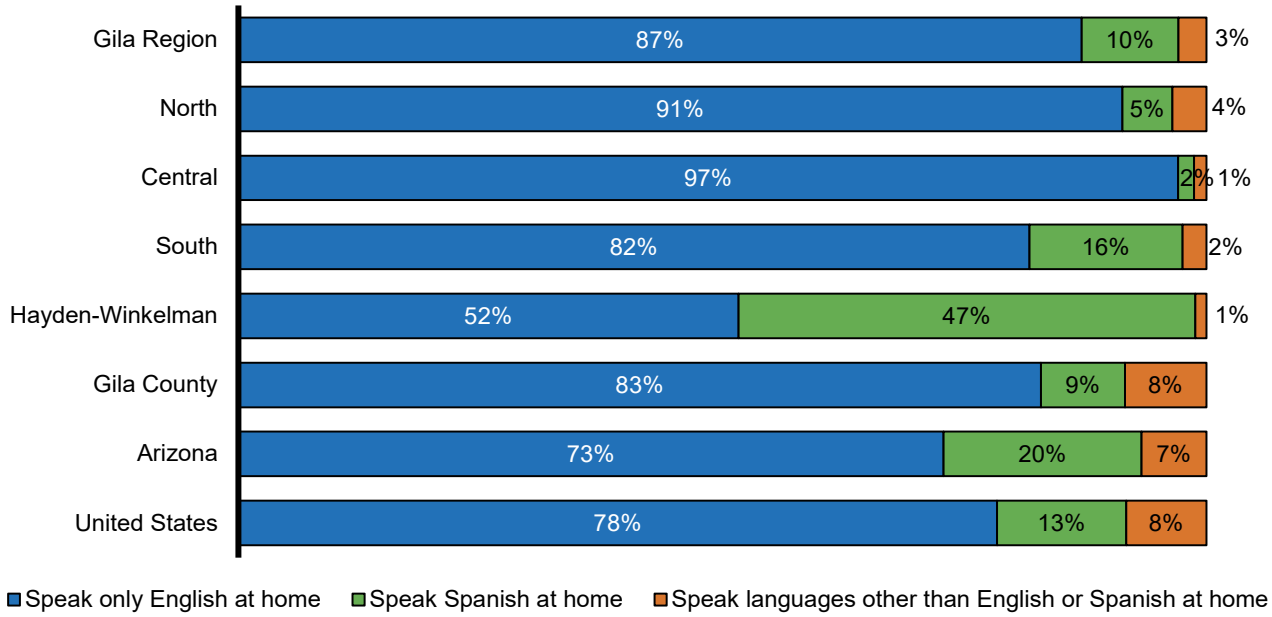


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B05009

Note: The term "parent" here includes stepparents. Reliable estimates were not available for the Central and Hayden-Winkelman sub-regions due to sample size limitations.

Households with multiple languages spoken pose a unique balance of benefits for child learning and barriers to caregiver engagement (e.g., when interacting with schools or health care providers).[38] The ACS estimates that 87% of region residents speak only English at home and 10% speak Spanish at home (Figure 9). The remaining 3% speak other languages, of which American Indian languages are the most common. Nearly half (47%) of Hayden-Winkelman subregion residents and about one in six (16%) South subregion residents speak Spanish at home.

Figure 9. Language spoken at home (by persons ages 5 and older), 2015-2019 ACS



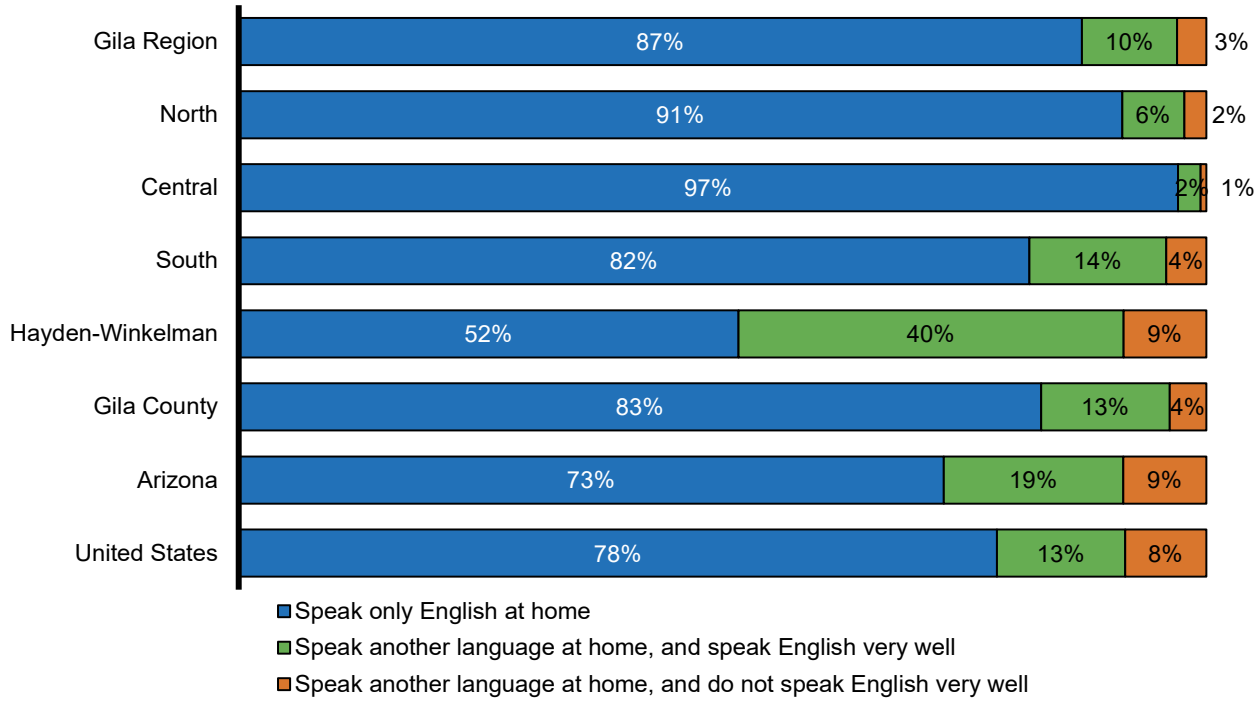
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

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

A majority of residents who speak a language other than English at home report that they speak English "very well,"[ii] meaning they are proficiently bilingual or multilingual. This is the case for 10% of individuals ages 5 and older in the region and 40% in the Hayden-Winkelman subregion (Figure 10). Young children can benefit from this exposure to multiple languages; mastery of more than one language is an asset in school readiness and academic achievement and offers cognitive and social-emotional benefits in early school and throughout their lifetime.[39,40,41,42] Acknowledging and valuing linguistic heritage and recognizing needs for resources and services in languages other than English remain important considerations for organizations and agencies across Arizona.

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

Figure 10. English-language proficiency (for persons ages 5 and older), 2015-2019 ACS

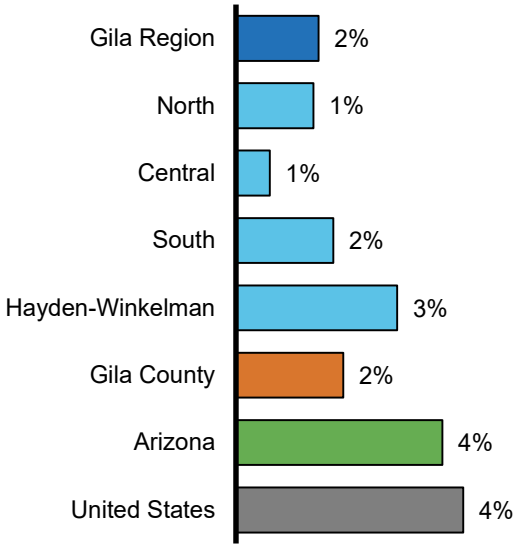


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table C16001

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

In addition to those who are multi-lingual, about 2% of Gila Region households are considered "limited-English-speaking," meaning no one over the age of 13 considers themselves as speaking English "very well" (Figure 11). Parents and caregivers with limited English proficiency may experience barriers to accessing health care and social services, as well as barriers to engaging in important interactions at their children's schools; these barriers can affect a family's ability to promote positive child development. The availability of bi- or multi-lingual staff and resources can help support these families.[43,44]

Figure 11. Share of households that are limited-English-speaking, 2015-2019 ACS



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

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

Schools dedicate resources and programming for students who do not speak English as their first language and need additional support to become proficient in English. These students are identified via caregiver report on a home language survey, and subsequently by a sub-proficient score on the Arizona English Language Learner Assessment (AZELLA).[45] In the Gila Region, 2% of students are classified as English Language Learners, compared to 11% statewide (Table 2 and Figure 12).

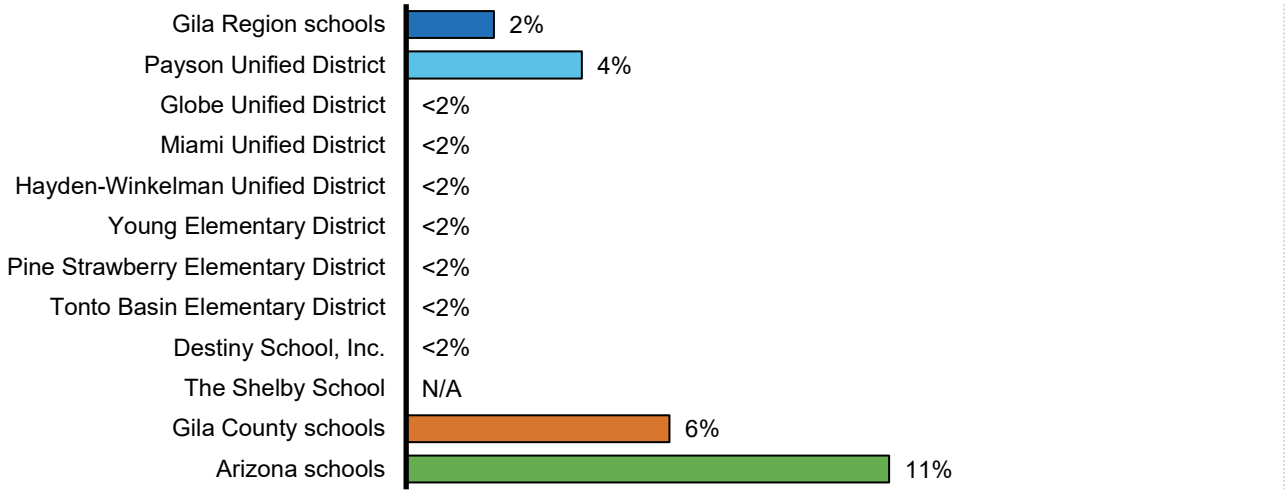
Table 2. Percent of kindergarten to 3rd grade students who were English Language Learners, 2017-18 to 2019-20

Geography	Percent of K-3 Students who were English Language Learners, 2017-18	Percent of K-3 Students who were English Language Learners, 2018-19	Percent of K-3 Students who were English Language Learners, 2019-20
Gila Region schools	**<2%**	**2%**	**2%**
Gila County schools	2%	2%	6%
Arizona schools	11%	11%	11%

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

Note: English Language Learners are students who do not score 'proficient' in the English language on the Arizona English Language Learner Assessment and thus eligible for additional supportive services for English language acquisition. The Shelby School closed in 2019.

Figure 12. Percent of kindergarten to 3rd grade students who were English Language Learners, 2019-20



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

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

Family and household composition

Nearly half (47%) of children under 6 in the Gila Region live with a single parent, and the majority of the rest (44%) live with two married parents (or a parent and a stepparent) (Table 3). Far fewer live with relatives other than parents (such as grandparents, uncles and aunts; 6%), or in the household of an unrelated person (such as a foster parent; 3%). The region has higher proportions of children living with a single parent or with relatives other than parents compared to Arizona as a whole (37% and 3%, respectively). In the Central and South subregions specifically, more than half of children live with a single parent (58% and 56%, respectively). In contrast to other subregions, nearly one-third of young children (32%) in the Central subregion live with non-relatives (Figure 13).

With the move to remote learning during the pandemic, parents and caregivers took on the challenging role of assisting with children's online learning. The burden was particularly taxing for single-parent households, with more than three-quarters (78%) of single parents surveyed nationally managing children's online learning. Single-parent households were more likely to experience unemployment, food insecurity, difficulty paying for housing and utilities and heightened behavioral difficulties in children during the pandemic.[46,47,48] Single-parent households were also more likely to rely upon grandparents to take on primary caregiving (37%) and support of children's remote learning (20%) compared to the overall population (26% and 11%, respectively).[49] With nearly half of young children in the Gila Region living with a single parent, these families have likely faced these added demands.

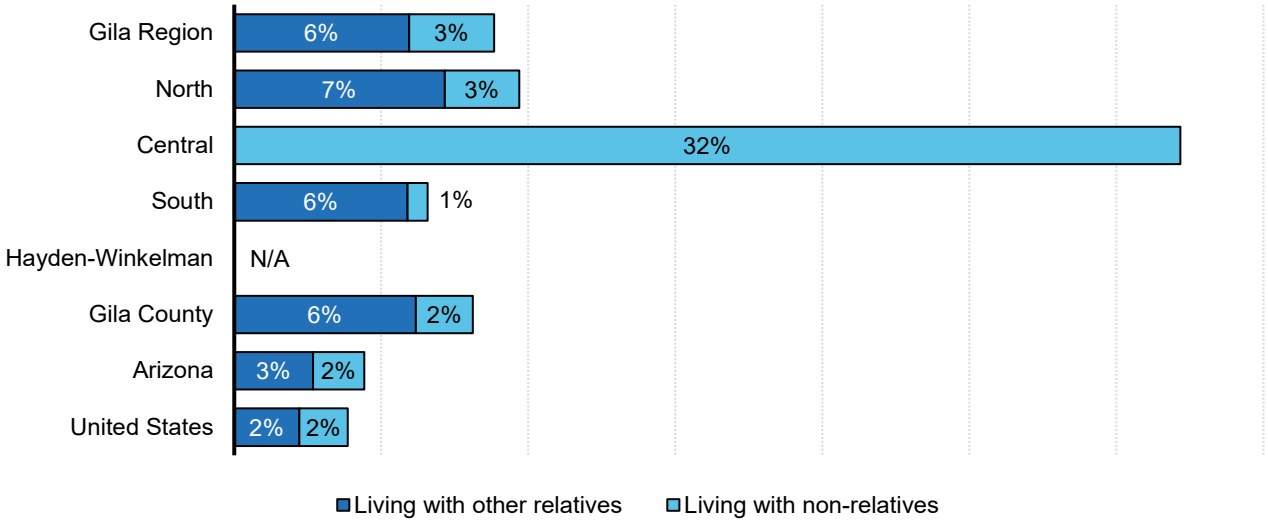
Table 3. Living arrangements for children ages birth to 5, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living in households	Living with two married parents	Living with one parent	Living not with parents but with other relatives	Living with non-relatives
Gila Region	**2,353**	**44%**	**47%**	**6%**	**3%**
North	866	58%	32%	7%	3%
Central	115	10%	58%	0%	32%
South	1,322	37%	56%	6%	1%
Hayden-Winkelman	N/A	N/A	N/A	N/A	N/A
Gila County	3,509	39%	53%	6%	2%
Arizona	517,483	59%	37%	3%	2%
United States	23,640,563	63%	33%	2%	2%

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

Note: The four percentages in each row should sum to 100% but may not because of rounding. The term "parent" here includes stepparents. Reliable estimates were not available for the Hayden-Winkelman sub-region due to sample size limitations. Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category).

Figure 13. Share of children ages birth to 5 living with someone other than their parents, 2015-2019 ACS

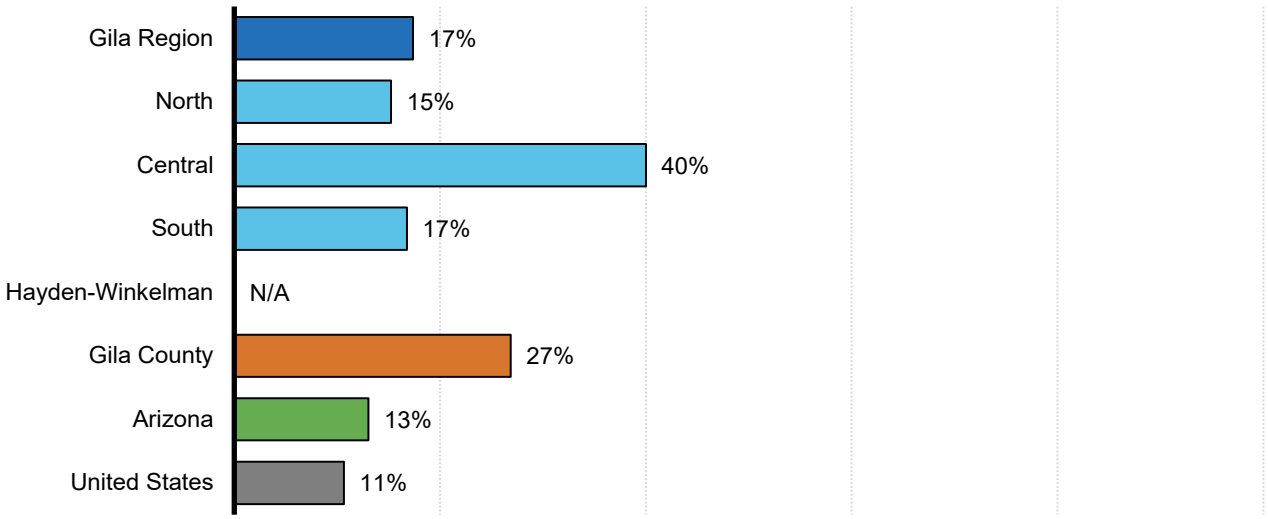


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Tables B05009, B09001, & B17001. Reliable estimates were not available for the Hayden-Winkelman sub-region due to sample size limitations.

The ACS estimates that 17% of young children in the Gila Region live in their grandparent's household, compared to 13% across Arizona (Figure 14). While most subregions mirror the overall region, in the Central subregion 40% of young children live in their grandparent's household. Note that the grandparent may or may not be responsible for raising the child, and that the child's parent(s) may or may not also be living in the household.

Understanding the circumstances of grandparents living with their grandchildren is critical to providing services in a way that will meet the unique needs of grandparent-led families. Although multigenerational households can enhance family bonds and provide additional financial and caregiving resources, children's risk of living in poverty is higher when with grandparents and grandparents often encounter multiple barriers when accessing public assistance as caregivers and face unique psychological and physical stressors. [50,51,52,53] Grandparents who care for their grandchildren may require targeted outreach and information about resources, support services, benefits and policies available to aid in their caregiving role.[54]

Figure 14. Grandchildren ages birth to 5 living in a grandparent's household, 2015-2019 ACS



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

Note: This table includes all children (under 6 years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child's parent lives in the same household. Reliable estimates were not available for the Hayden-Winkelman sub-region due to sample size limitations

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

kinship-care may also face special needs as a result of trauma and could benefit from additional support and assistance to help them adjust and to ensure they have a stable and nurturing home environment.[55]

According to ACS data, grandparents are considered responsible for their grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household. An estimated 493 grandparents in the Gila Region are responsible for raising one or more grandchildren (up to age 17) who live with them (Table 4). A third of these grandparents (33%) do not have the child's parent(s) living in the household. Furthermore, two-thirds (65%) of these grandparents are female, two-thirds (65%) are in their sixties or older, 22% are living in poverty, and 3% are not proficient English speakers. Children's risk of living in poverty is higher when living with grandparents. Grandparents also often encounter multiple barriers when accessing public assistance as caregivers and face unique psychological and physical stressors.

Table 4. Selected characteristics of grandparents who are responsible for one or more grandchildren under 18 in their households, 2015-2019 ACS

Geography	Estimated number of grandparents who live with and are responsible for grandchildren under 18 years old	Percent of these grandparents who:				
		Are female	Are 60 years old or older	Have an income below the poverty level	Do not speak English very well	Do not have the child's parents in the household
Gila Region	**493**	**65%**	**65%**	**22%**	**3%**	**33%**
North	117	54%	80%	3%	0%	18%
Central	N/A	N/A	N/A	N/A	N/A	N/A
South	307	69%	50%	30%	0%	42%
Hayden-Winkelman	N/A	N/A	N/A	N/A	N/A	N/A
Gila County	792	68%	58%	32%	11%	30%
Arizona	64,841	62%	42%	22%	21%	31%
United States	2,465,864	63%	44%	19%	14%	36%

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

Note: Grandparents are considered responsible for their grandchild or grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household. Reliable estimates were not available for the Central and Hayden-Winkelman sub-regions due to sample size limitations.

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

ECONOMIC CIRCUMSTANCES

ECONOMIC CIRCUMSTANCES

Why it Matters

Poor economic conditions are a threat to child well-being across a range of indicators including academic achievement, physical health and mental health.[56] Poverty can affect the way children grow and develop, even including changes to their brains.[57,58] As such, children in impoverished homes are at a greater risk of problems that include being born at a low birth weight, lower school achievement and poor health.[59,60,61,62,63,64,65] They are also more likely to remain poor later in life, passing along these challenges to future generations.[66,67] On the other hand, children raised in families with higher incomes tend to do better in a variety of ways across their lives. This includes being less likely to have health problems like depression and diabetes and more likely to finish high school and earn higher wages.[68,69,70,71]

Economic resources are important for meeting basic needs, like providing nutrition. Food security, defined by the U.S. Department of Agriculture (USDA) as "access at all times to enough food for an active, healthy life for all household members"[72] is linked with many aspects of child well-being, and yet households with young children experience food insecurity at nearly twice the rate (15.3%) of households with no children (8.8%).[73] Safety-net programs aim to minimize the impacts of poverty on child and family well-being.[74,75,76] These programs include:

- The Supplemental Nutrition Assistance Program (SNAP; also referred to as "nutrition assistance" and "food stamps"),[77]
- The Special Supplemental Nutrition Program for Women, Infants and Children (WIC),[78]
- The National School Lunch Program[79] and Summer Food Service Program,[80]
- Temporary Assistance for Needy Families (TANF),[81]
- KidsCare (the state children's health insurance program),[82]
- Child care assistance[83] and
- Housing support.[84]

Other factors related to economic stability include employment and housing.[85] Unemployment (and underemployment) [iii] can limit access to resources like health insurance – typically provided by employers – that support children's health and well-being. Unemployment can also contribute to family stress, conflict, homelessness and child abuse.[86,87] Similarly, housing instability can harm the physical, social-emotional and cognitive development of young children.[88] High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines

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

in mental health and homelessness.[89,90] This high relative cost leaves inadequate funds for other necessities, such as food and utilities.[91]

What the Data Tell Us

Income and poverty

The median family income for Gila County is estimated to be $51,400 (Figure 15), which means that half of the county's families have incomes lower than that amount and the other half have incomes above it. This includes all families of at least two people, whether or not they have children. For families who have at least one child (up to 17 years old), the median income is higher than that of all families, likely because many such families are dual-income families. The median income for married couples with children in Gila County is $71,900 for married couples, compared to $35,300 for single-male-headed families and $26,200 for single-female-headed families. Given the large proportion of young children living in a single-parent household in the region noted previously (Table 3), the reality that single-parent homes make half (or less) that of dual-income homes points to a sizable population in the region that may be facing significant financial challenges.

The COVID-19 pandemic had a sudden and dramatic impact on income for many families nationwide. In Arizona, typically at least half of surveyed adults reported that someone in their household had lost employment income, with one week spiking up to two-thirds of respondents. Arizona generally mirrors the trends seen nationwide.[92]

Figure 15. Median family income for families with children ages birth to 17, 2015-2019 ACS

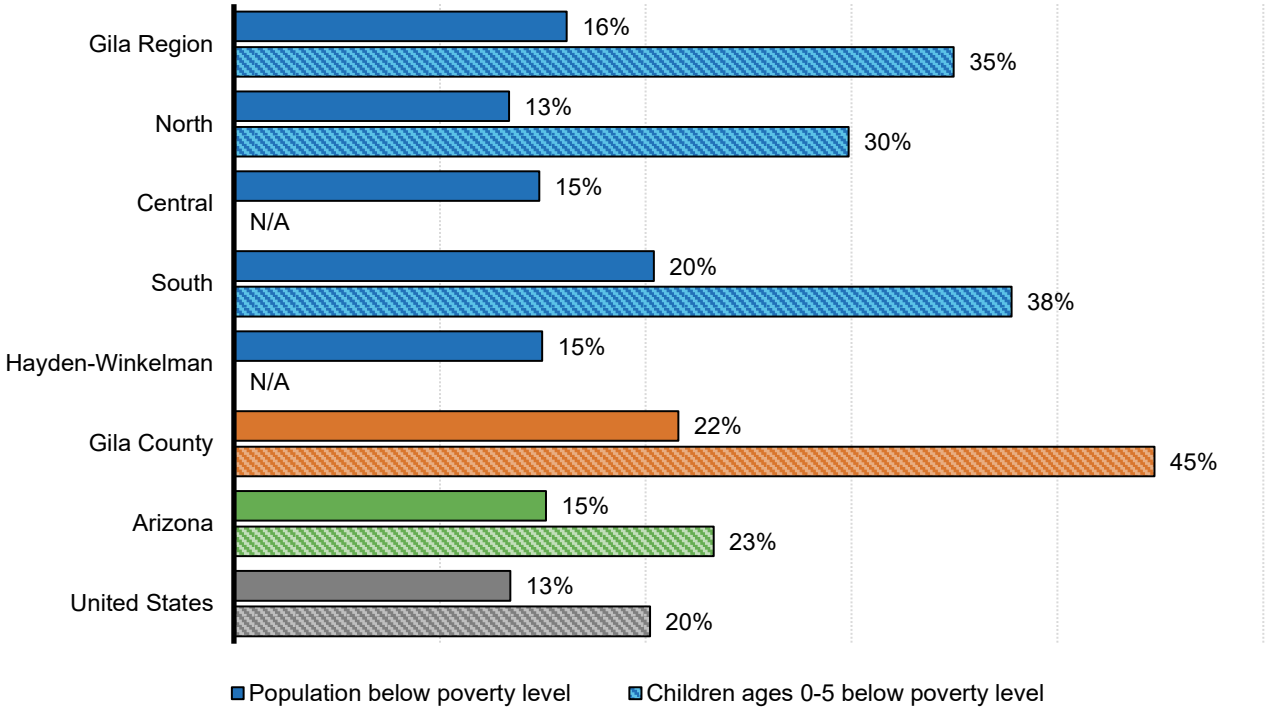
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126

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

In Arizona, the rate of poverty in the population is estimated to be 15%, or about one out of every seven persons (Figure 16). Among young children, the rate is higher; nearly one out of every four children under the age of 6 (23%) live in families with incomes below the poverty level. In both cases, Gila Region residents are more likely to live in poverty than others statewide, with more than one in three young children in the region living in poverty (35%). Key informants spoke of high rates of childhood poverty in the Hayden-Winkelman subregion, though this was not captured in data collected by the American Community Survey due to sample size limitations.

Geographic differences in childhood poverty across the region are visualized in Figure 17, showing high concentrations of poverty in the central and northwest portions of the region. Note that these rates represent averages over the five years spanning 2015 to 2019; data reflecting the COVID-19 pandemic era and its effects on poverty in the region are not yet available.

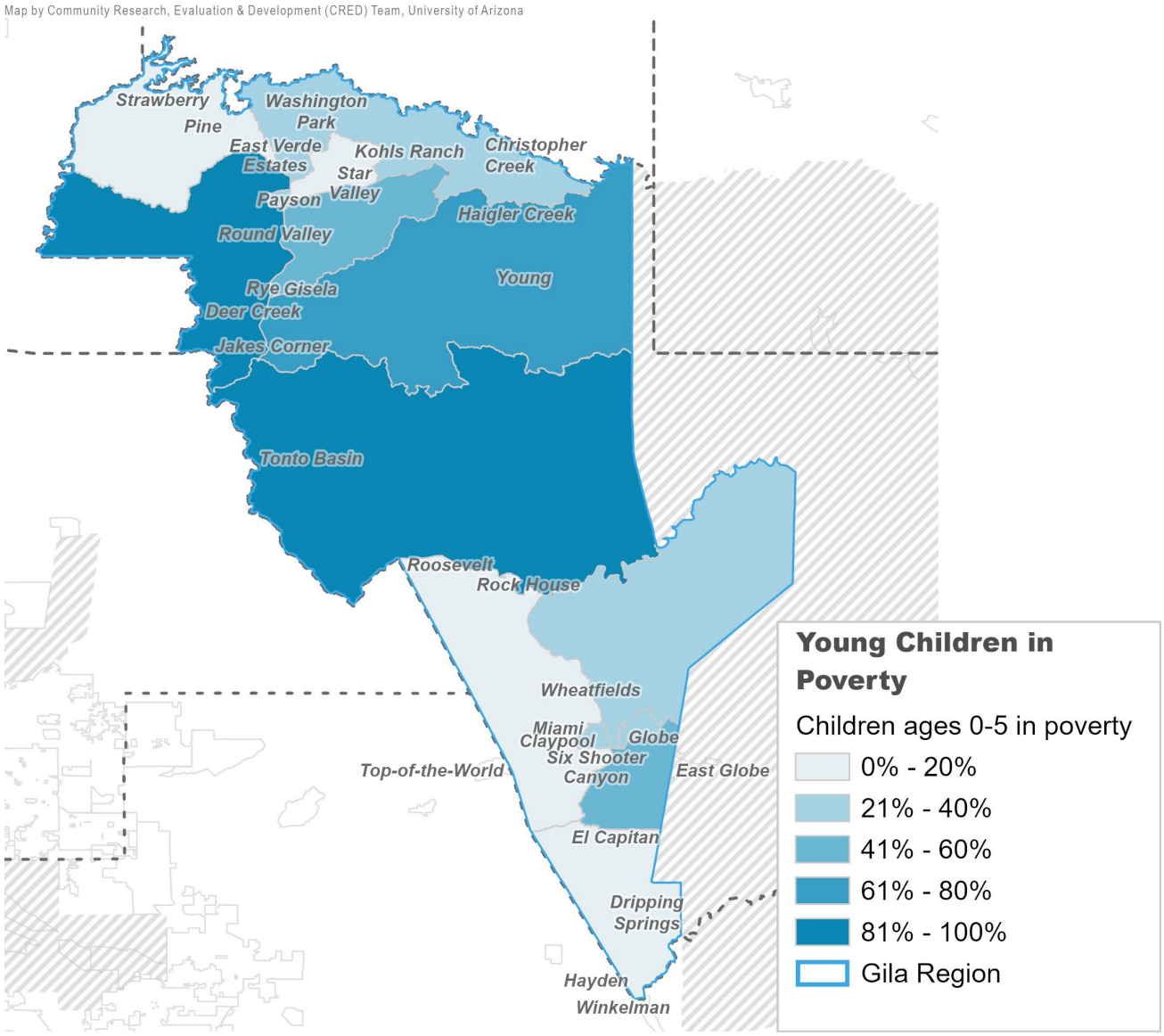
Figure 16. Rates of poverty for persons of all ages and for children ages birth to 5, 2015-2019 ACS



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

Note: This graph includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2019, the poverty threshold for a family of two adults and two children was $25,926; for a single parent with one child, it was $17,622. Reliable estimates for poverty rates for young children were not available for the Central and Hayden-Winkelman sub-regions due to sample size limitations.

Figure 17. Map of poverty rates for children ages birth to 5 in the Gila Region



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

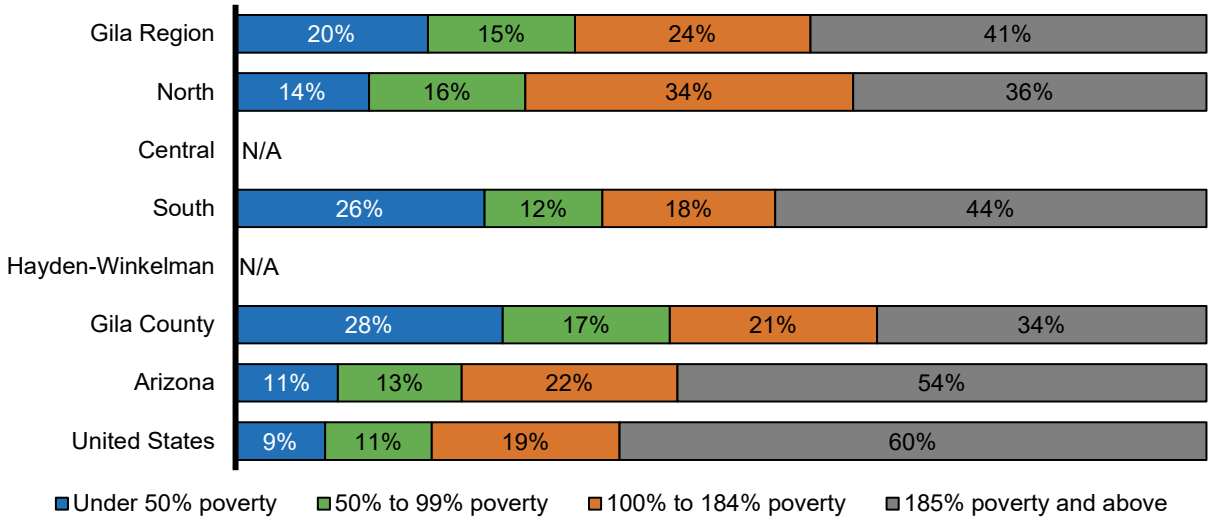
More than half (59%) of young children in the Gila Region live in households with incomes under 185% of the poverty level, a commonly used threshold for safety net benefits such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and reduced-price school meals (Figure 18). While the South subregion has the lowest proportion living below the 185% threshold (56%), this equates to a total of 730 young children potentially eligible for safety net benefits.

It is important to note that the number of families and young children who live in poverty according to official definitions like this one far underestimates the number of children in families who struggle to make ends meet. As a benchmark, the Federal Poverty Guideline – the criterion used for establishing

eligibility for some safety net programs – for a family of four was $25,750 in 2019 and $26,200 in 2020.[93,94] However, the federal poverty guideline definition of poverty was developed in the 1950s and is based on the assumption that basic nutrition accounts for one-third of family spending; it is widely considered to be much less than what a family actually needs to earn for financial stability. The "self-sufficiency standard" attempts to estimate how much families need to earn to fully support themselves, accounting for differences in costs of housing, transportation, child care and other budget items across places.[95] The 2021 self-sufficiency standards for a family comprised of two parents, one infant and one preschooler in Gila County is $63,629, higher than the median income for the county ($51,400).[96] For a single-parent household with one infant and one preschooler in Gila County, the self-sufficiency standard is $56,230, again notably higher than the median household income for single-male-headed families ($35,300) and single-female-headed families ($26,200) in the county. Given that half of families earn less than the median income, this suggests that many families in the county are likely to be struggling to fully support themselves.

The gap between the thresholds of low income needed to qualify for public supports and the substantial income needed to actually support a family can also lead to a "benefits cliff"[97] for low-income families. This problematic phenomenon occurs when a low-income earner gets a boost in earnings – either through a raise, working additional hours or other means – that makes them ineligible for programs, like SNAP, WIC or subsidized health insurance that they previously qualified for, even if the additional earnings cannot make up the difference in the family budget. Thus, many families who may not technically be living in poverty or be considered low-income may still face substantial economic hardship.

Figure 18. Children ages birth to 5 living at selected poverty thresholds, 2015-2019 ACS

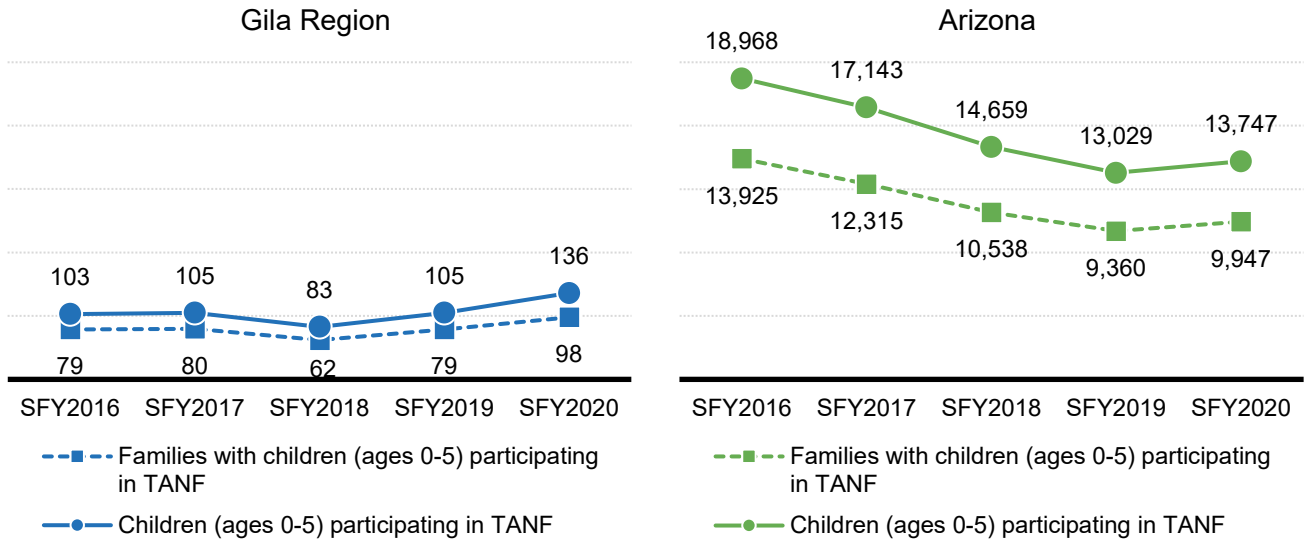


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B17024

Note: The four percentages in each row should sum to 100% but may not because of rounding. In 2019, the poverty threshold for a family of two adults and two children was $25,926; for a single parent with one child, it was $17,622. The 185% thresholds are $47,963 and $32,600, respectively. Reliable estimates for poverty rates for young children were not available for the Central and Hayden-Winkelman sub-regions due to sample size limitations.

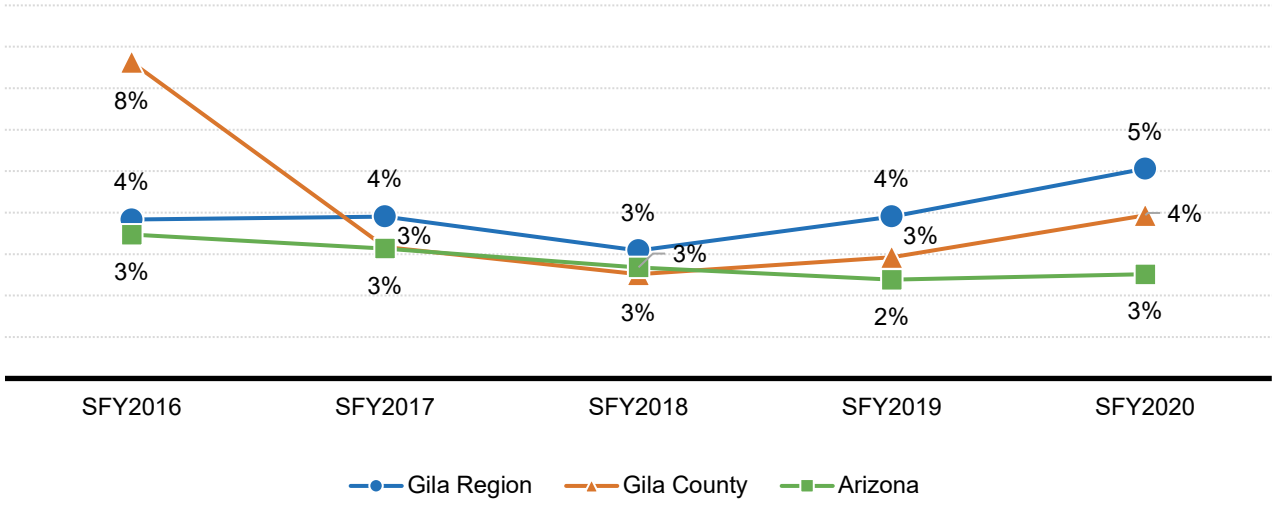
Public assistance programs are one way of counteracting the effects of poverty and providing supports to children and families in need. The Temporary Assistance for Needy Families (TANF) Cash Assistance program provides temporary cash benefits and supportive services to children and families. Eligibility is based on citizenship or qualified resident status, Arizona residency and limits on resources and monthly income. The number of young children supported by TANF and the number of households with children under 6 receiving TANF has been increasing in the Gila Region in recent years, contrasting a declining trend seen across the state (Figure 19). In state fiscal year 2020 (SFY2020), 5% of children under 6 in the region participated in TANF, compared to 3% statewide (Figure 20).

Figure 19. Number of children ages birth to 5 and households with children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020



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

Figure 20. Estimated percent of children ages birth to 5 participating in TANF, state fiscal years 2016 to 2020



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

The immediate, widespread economic hardship induced by the pandemic resulted in shifts in existing cash assistance programs and the development of additional economic supports. For example, between February and July 2020, the number of families using TANF rose 35%. During the state of emergency

order, Arizona suspended the TANF work requirement[98] and lifetime eligibility limit of 12 months,[99] which had been the shortest in the nation,[100] thereby allowing more families to tap into these emergency funds.

To combat this widespread economic hardship brought on by the COVID-19 pandemic, the federal government issued three Economic Impact Payments to eligible individuals in 2020 and 2021. These funds were available to U.S. citizens or lawful permanent residents whose adjusted gross incomes were no more than $75,000 for single adults, $112,500 for heads of household, and $150,000 for married couples filing jointly.[101] Eligible families received: $1,200 per adult and $500 per child in April 2020, $600 per family member in December 2020/January 2021 and $1,400 per person in March 2021.[102]

While these payments were a financial boon for many families, immigrant families were excluded from the first round of payments under the CARES Act. Families in which at least one parent filed using an individual Taxpayer Identification Number (ITIN) (as a resident or nonresident immigrant) instead of a social security number (SSN) were originally excluded from the payments. This includes the families of 104,000 Arizona children who were ineligible for the first round of stimulus payments.[103] Although a subsequent bill allowed for retroactive payments if one parent had an SSN, these had to be claimed through 2020 tax returns.[104,105] For the second round of payments, filers using ITINs were ineligible, but their spouses and children were eligible if the spouse used an SSN. Children who only have parents with ITINs received none of the emergency support, regardless of economic need.

In March 2021, the American Rescue Plan was passed, including an expansion of the child tax credit. Previously, families earning sufficient income were given a $2,000 credit for children under 17. In the new plan, eligible families receive a credit of $3,600 for each child under age 6 and $3,000 for each child aged 6-17. Under this plan, these funds are available to more low-income families and began being disbursed through monthly payments in July 2021.[106] It is estimated that this funding will enhance the economic resources for 1.5 million Arizonan children overall.[107] Although many family advocates champion making the expansion permanent, at the time of this report, the expansion was only enacted for 2021.[108]

Food insecurity

Many families struggle with consistent access to "enough food for an active, healthy life," a problem known as food insecurity.[109] This limited or uncertain availability of food is negatively associated with many markers of health and well-being for children, including heightened risks for developmental delays[110] and being obese.[111] To help reduce food insecurity, there are a variety of federally-funded programs including the Supplemental Nutrition Assistance Program (SNAP),[112] the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),[113] the National School Lunch Program,[114] the School Breakfast Program,[115] the Summer Food Service Program,[116] and the Child and Adult Care Food Program (CACFP).[117] However, only about 58% of food insecure households nationwide report participating in federally-funded nutrition assistance programs.[118]

An additional food resource in the Gila Region is the Emergency Food Assistance Program (TEFAP) which helps supplement the diets of low-income individuals by providing them with emergency food

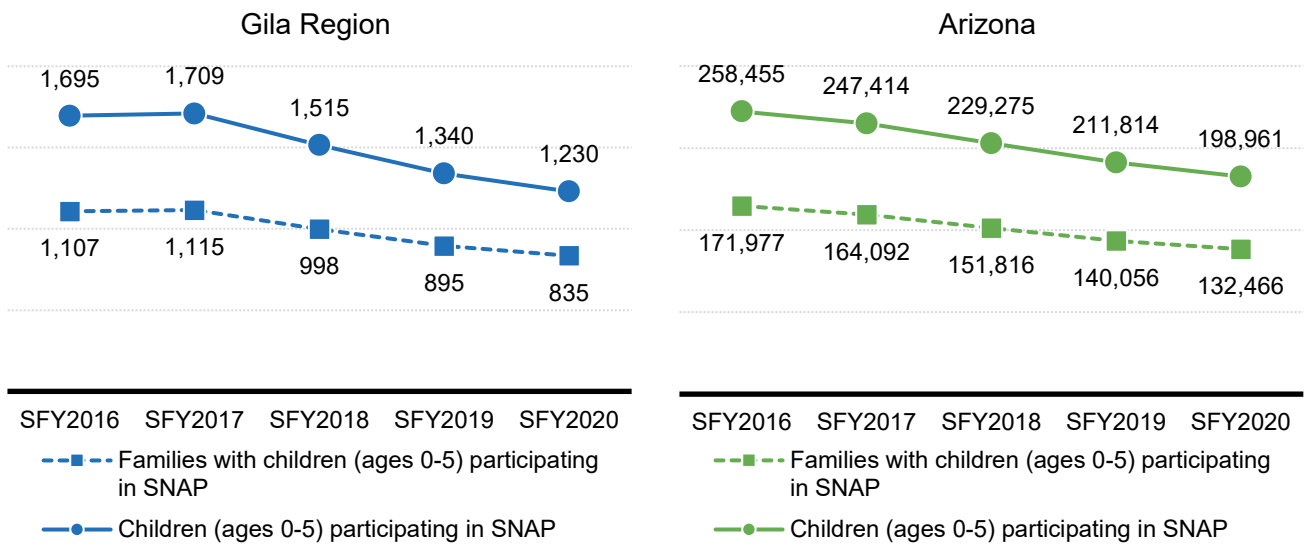
and nutrition assistance at no cost. TEFAP foods are distributed as Emergency Food Packages and in meals served at Congregate Feeding Sites (Soup Kitchens). There are 5 TEFAP sites in the Gila Region.[119]

Administered by the Arizona Department of Economic Security and also referred to as "Nutrition Assistance" and "food stamps," SNAP has been shown to help reduce hunger and improve access to healthier food.[120] SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional funds available to access food from SNAP can help make a meaningful difference. For example, for a three-person family with one person who earns a minimum wage, SNAP benefits can boost take-home income by 10-20%.[121] However, even among those accessing SNAP benefits, nearly half of households in poverty still struggle with food security.[122]

Additionally, in 2019, the Department of Homeland Security broadened the types of public benefits that would deem green card or visa applications ineligible on "public charge grounds."[123] The 2019 expanded definition of "public charge" included utilization of Medicaid, public housing and SNAP benefits as part of public charge determination. Though the 2019 Public Charge Final Rule is no longer in effect as of March 2021,[124] its chilling effect may have lasting impacts on immigrant families accessing supports they are legally entitled to.

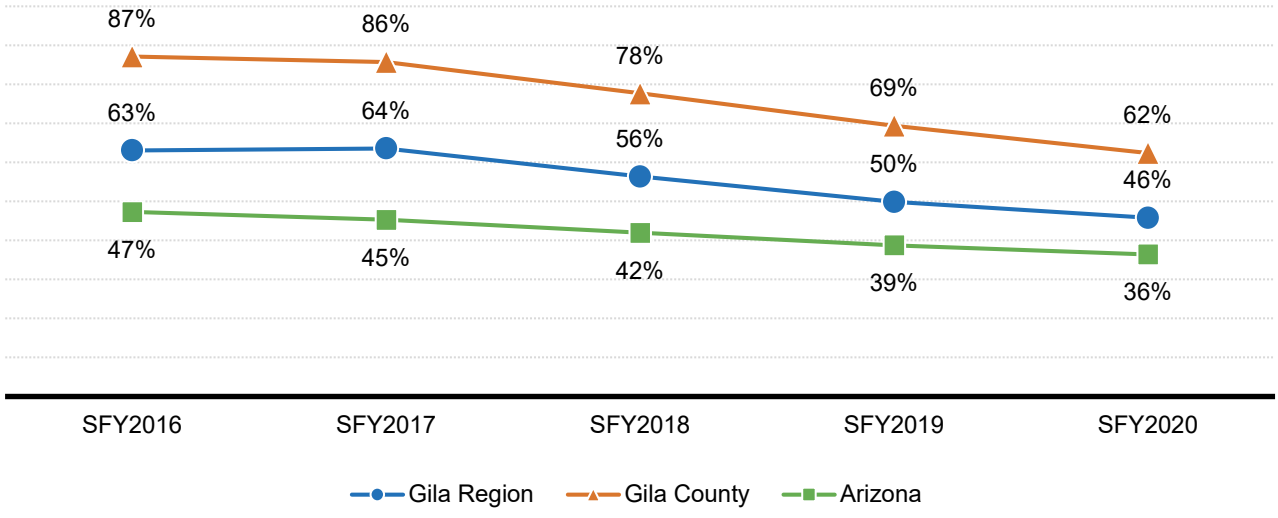
In the years prior to the pandemic, the proportion of families with young children who participated in SNAP steadily declined across the Gila Region and the state (Figure 21). This decline likely reflected the continuing economic recovery from the Great Recession.[125] Despite the proportion of young children who received SNAP benefits declining between SFY2016 and SFY2020, nearly half (46%) of all children ages birth to 5 in the Gila Region received SNAP benefits, underscoring how important this support is for childhood food security in the region (Figure 22).

Figure 21. Number of children ages birth to 5 and households with children birth to 5 participating in SNAP, state fiscal years 2016 to 2020



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

Figure 22. Estimated percent of children ages birth to 5 participating in SNAP, state fiscal years 2016 to 2020



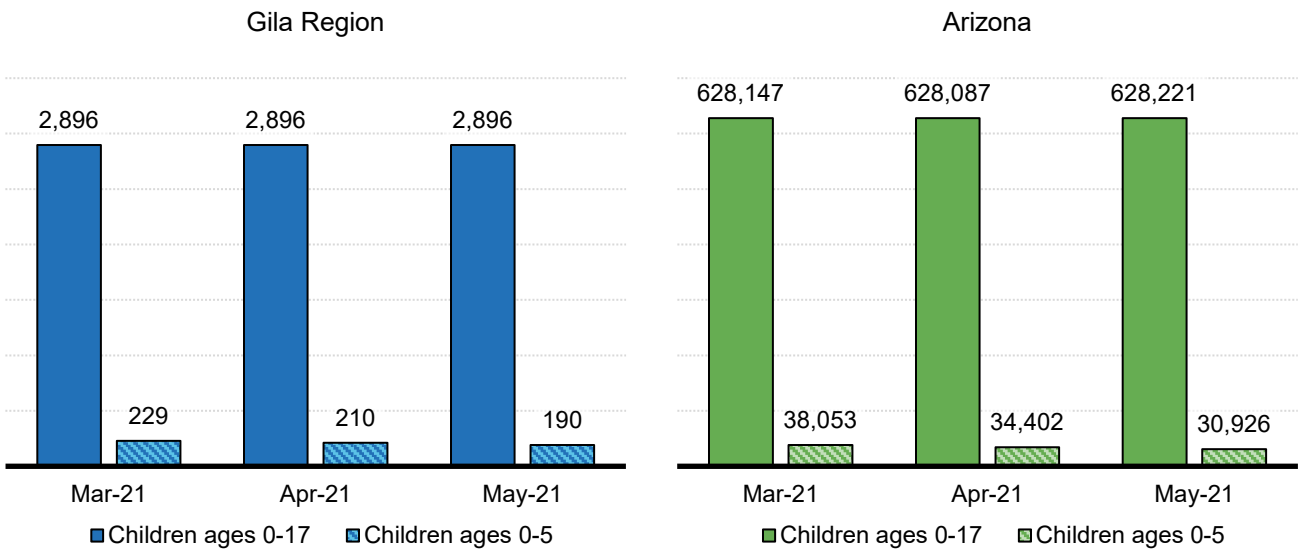
Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14 & P20.

The Pandemic Electronic Benefit Transfer Program (P-EBT), a collaboration between the Arizona Department of Education, the Arizona Department of Economic Security and the USDA Food and

Nutrition Service, was established to offset the loss of meals normally received for free at schools or child care settings. Eligible families included those participating in SNAP with a child under age 6 and those with a child who received free or reduced-price school lunch. Over 520,200 children were eligible for the program in Arizona, which ended on September 24, 2021.

The majority of the children who received Pandemic EBT in the Gila Region were above the age of 5, even though children aged 5 and under who were receiving SNAP were eligible to receive P-EBT. For example, in March 2021, only 229 of the 2,896 children aged birth to 17 receiving P-EBT were under 6 years of age; similar patterns were seen statewide (Figure 23). In contrast, in 2020, 1,230 children under the age of 6 were participating in SNAP in the region (Figure 21), suggesting only about one in five eligible young children were enrolled in Pandemic EBT. In addition, while receipt of P-EBT remained nearly constant across all children aged birth to 17, receipt for children aged birth to 5 decreased between March and May 2021 in the region (Figure 23). In the Gila Region, meals were also delivered directly to low-income students during the pandemic, which may have offset some of the impacts of the limited participation in P-EBT.[126]

Figure 23. Children ages birth to 17 and birth to 5 receiving Pandemic EBT, March to May 2021



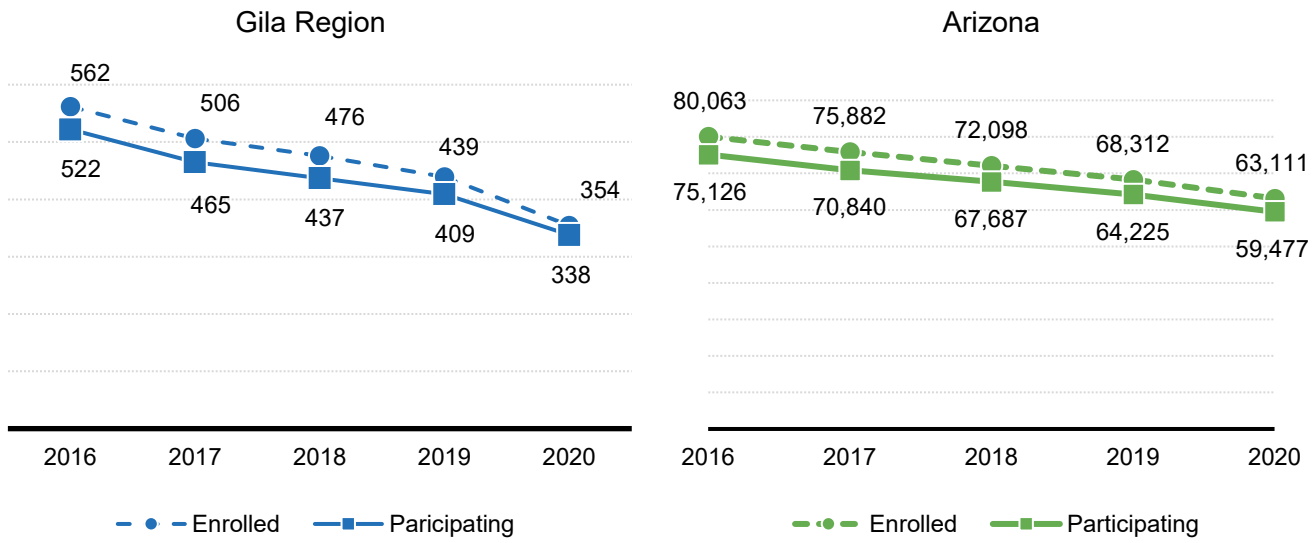
Sources: Arizona Department of Economic Security (2021). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

An additional resource to address food insecurity is the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) administered by the Arizona Department of Health Services. WIC serves pregnant, postpartum and breastfeeding women, as well as infants and young children (under the age of 5) who are economically disadvantaged (i.e., family incomes at or below 185% of the federal poverty level). The program offers funds for nutritious food, breastfeeding and nutrition education, and referrals to health and social services.[127] Participation in WIC has been shown to be associated with

healthier births, lower infant mortality, improved nutrition, decreased food insecurity, improved access to health care and improved cognitive development and academic achievement for children.[128]

The number of women enrolled and participating in WIC declined in the region and across the state between 2016 and 2020 (Figure 24). In spite of these declines, participation rates among enrolled women in the region have remained high, with 95% of women enrolled in WIC receiving benefits in 2020 (Figure 25).

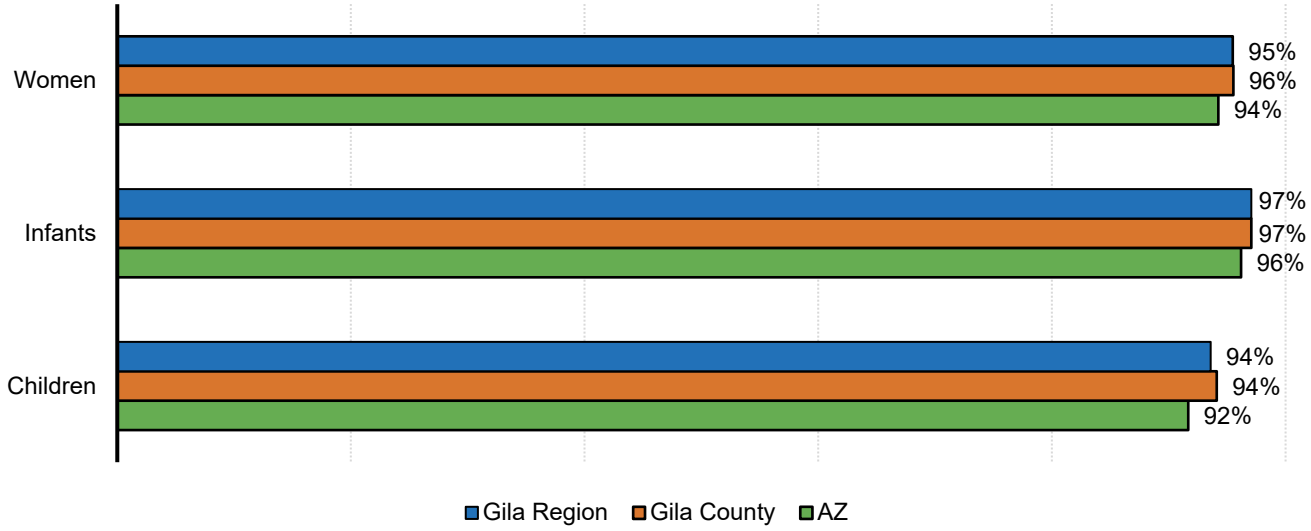
Figure 24. Women enrolled and women participating in WIC, 2016 to 2020



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

Note: Women enrolled or participating in WIC include both pregnant and breastfeeding women. Women are counted as 'participating' if they received benefits during the time period in question.

Figure 25. WIC participation rates by category, 2020



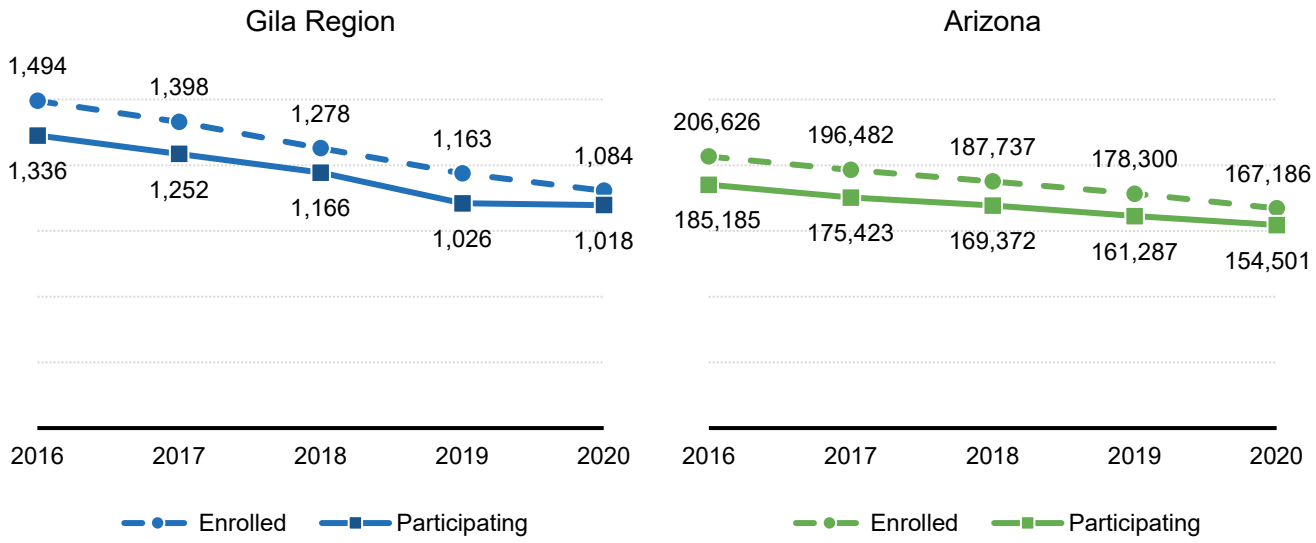
Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: Individuals are counted as 'participating' if they received benefits during the time period in question.

Similar to declines in WIC enrollment and participation among women, the number of children aged birth to 4 enrolled and participating in WIC steadily declined between 2016 and 2020 in the Gila Region and across the state (Figure 26). Participation among enrolled children also remained fairly steady, with 94% of enrolled children aged birth to 4 receiving benefits in 2020. Participation rates for infants were slightly higher, with 97% of infants enrolled in WIC receiving benefits in 2020 (Figure 25).

It should be noted that while the available safety-net programs are important for families, not all key costs are covered. For families of young children in particular, the fact that SNAP and WIC funds cannot be used to purchase diapers can present a major financial burden.[129]

Figure 26. Children ages birth to 4 enrolled and participating in WIC, 2016 to 2020

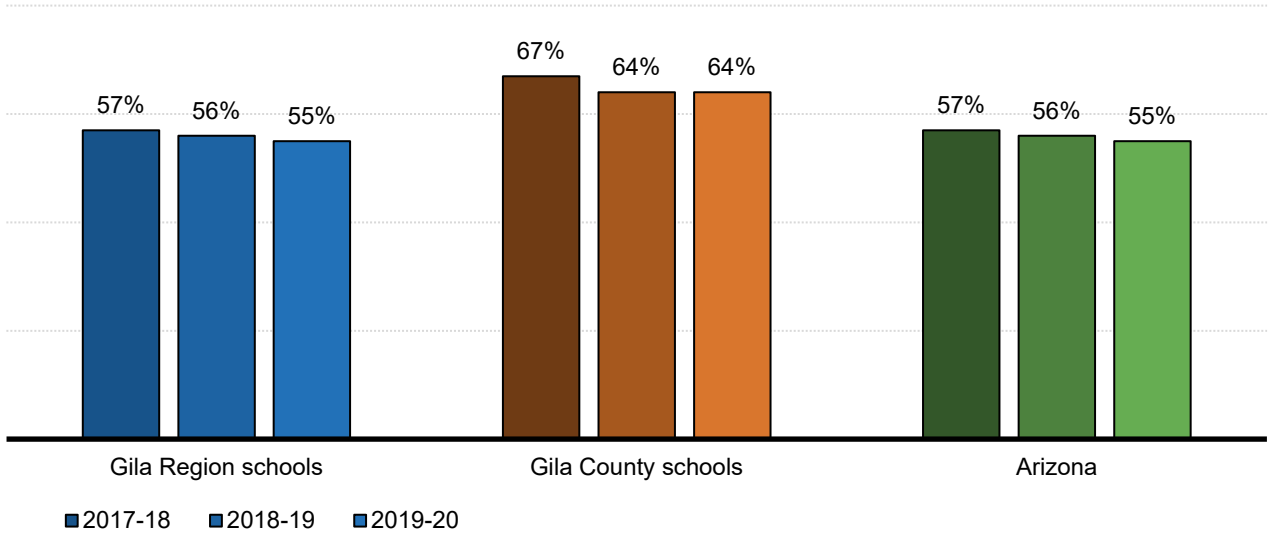


Source: Arizona Department of Health Services (2021). [WIC Dataset]. Unpublished data.

Note: Children are counted as 'participating' if they received benefits during the time period in question.

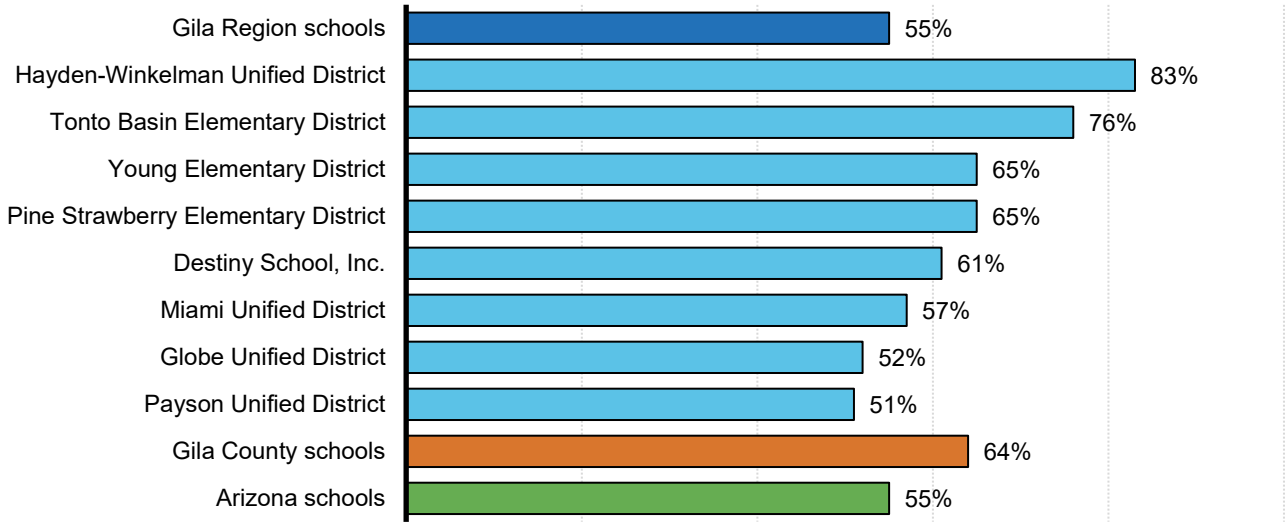
Schools play an important role in the nutrition assistance system, especially for children who are food insecure. Administered by the Arizona Department of Education, the National School Lunch Program (NSLP) provides free and reduced-price meals at school for students whose family incomes are at or less than 130% of the federal poverty level for free lunch, and 185% of the federal poverty level for reduced-price lunch. Just over half (55%) of students in the Gila Region were eligible for free or reduced-price lunch in recent years (Figure 27), comparable to students statewide. Some school districts in the region have a larger proportion of students qualifying, including Hayden-Winkelman Unified District (83%) and Tonto Basin Elementary District (76%) (Figure 28). District schools must participate in the NSLP, but charter and private schools choose whether to participate. Given the administrative burdens of participation, there are likely many private and charter schools that choose to not participate in NSLP even if they have some students who would be eligible. Despite this, Destiny School, Inc., a charter school in the region, had a higher participation rate in 2019-20 than the region overall (61%).

Figure 27. Free and reduced-price lunch eligibility, 2017-18 to 2019-20



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

Figure 28. Free and reduced-price lunch eligibility, 2019-20



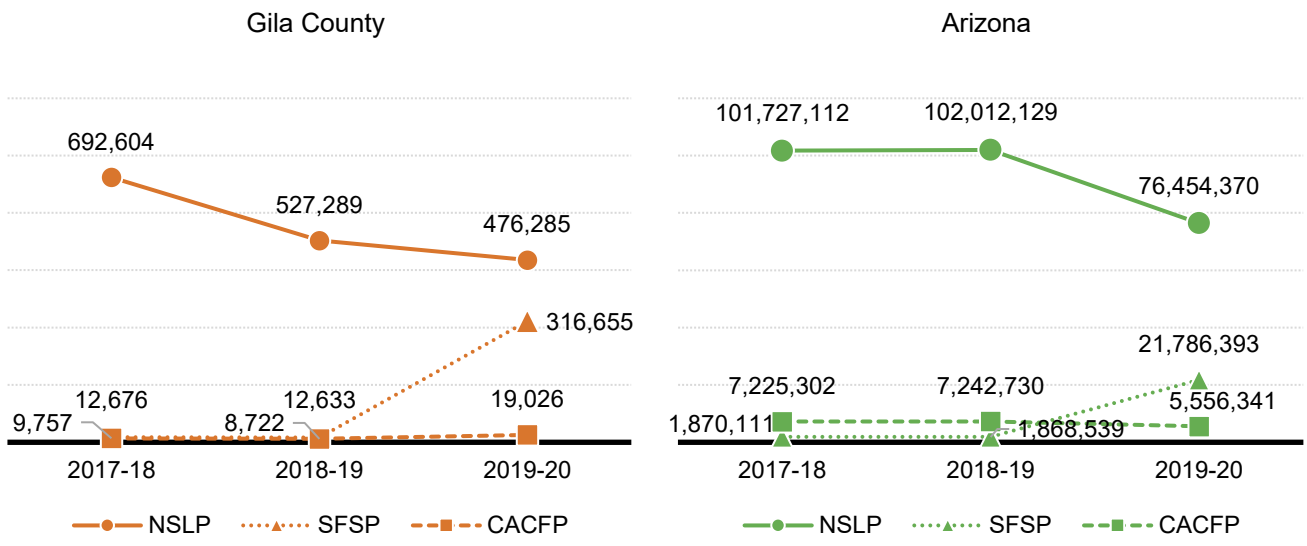
Source: Arizona Department of Education (2021). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

In addition to the National School Lunch Program, the Arizona Department of Education supports two other programs addressing children's food security. Funded by the United States Department of Agriculture (USDA), the Child and Adult Care Food Program (CACFP)[130] gives reimbursements to participating child care centers, preschools, emergency centers, and after school programs for nutritious

meals and snacks served to eligible children. Providers must complete a renewal each year. Eligible providers include non-profit centers and for-profit child care centers serving at least 25% free or reduced-price participants.[131] Also funded by the USDA, the Summer Food Service Program (SFSP)[132] works to keep all children through age 18 fed when school is out of session by providing free meals (breakfast, lunch, supper) and snacks at community sites. The SFSP program unites community sponsors like camps, faith-based organizations and schools with sites like parks, libraries, community centers and apartment complexes in high-need areas to distribute food.[133]

Figure 29 shows varying trends across school nutrition programs with decreases overall in NSLP lunches served between 2017-18 and 2019-20, and an overall increase in lunches served through the SFSP. Decreases in the NSLP were likely due to closures of child care centers and schools in the spring of 2020 due to the COVID-19 pandemic. In contrast, the USDA approved year-round operation of SFSP during the pandemic with no free or reduced-price lunch eligibility criteria applied, allowing more children to receive food during quarantines. Unlike other areas of the state that saw declining participation in CACFP in the 2019-20 school year linked to the pandemic, Gila County saw lunches served more than double from the previous school year. This increase can be explained by the inclusion of data from Head Starts, Early Head Starts, and child care centers overseen by the San Carlos Apache Tribe, which began participating in CACFP at this time.

Figure 29. Trends in lunches served through school nutrition programs, 2017-18 to 2019-20



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

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

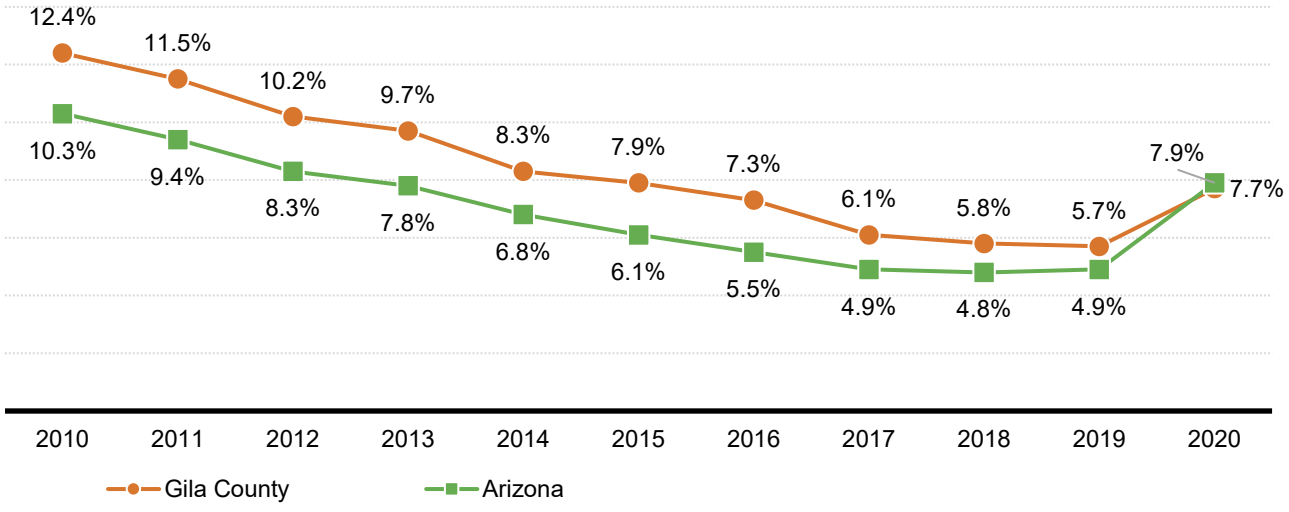
Employment

Unemployment and underemployment can affect a family's ability to meet the expenses of daily living, as well as their access to resources needed to support their children's well-being and healthy development. A parent's job loss can affect children's school performance, leading to poorer attendance, lower test scores, and higher risk of grade repetition, suspension or expulsion.[134] Unemployment can also put families at greater risk for stress, family conflict and homelessness. [135]

The unemployment rate is the ratio of the number of persons who are unemployed and looking for work to the total number of persons in the civilian labor force. Note that unemployment rates do not include persons who have dropped out of the labor force entirely, including those who wanted to but could not find suitable work and so have stopped looking for employment.[136]

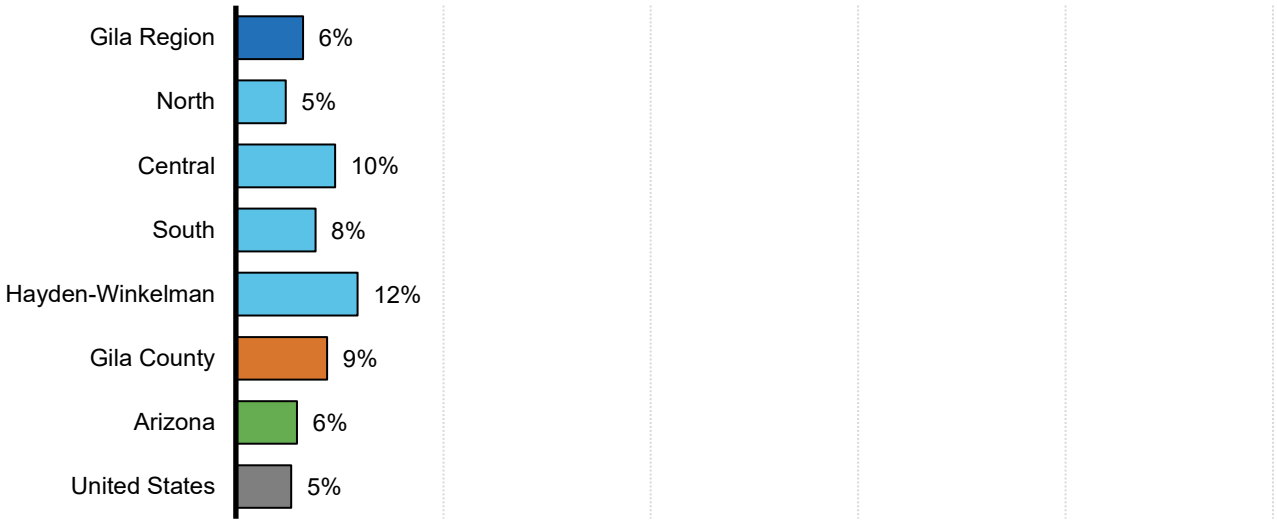
Pre-pandemic, nationwide unemployment rates had been on a steady decline since the end of the Great Recession in 2009. In the last year prior to the pandemic, 2019, the unemployment rate in Gila County was 5.7% compared to 4.9% statewide (Figure 30). Pre-pandemic unemployment rates in the region varied, with the highest rates seen in the Hayden-Winkelman (12%) and Central (10%) subregions (Figure 31). Nationally, in 2020, the unemployment rate more than doubled (from 3.7% to 8.1%) as a result of the pandemic. While unemployment rates were consistently higher in Gila County prior to the pandemic, they reflected statewide rates in 2020 (7.7% and 7.9%, respectively) (Figure 30).

Figure 30. Average annual unemployment rates (not seasonally adjusted), 2010 to 2020



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

Figure 31. Unemployment rates for the adult population (ages 16 and older), 2015-2019 ACS

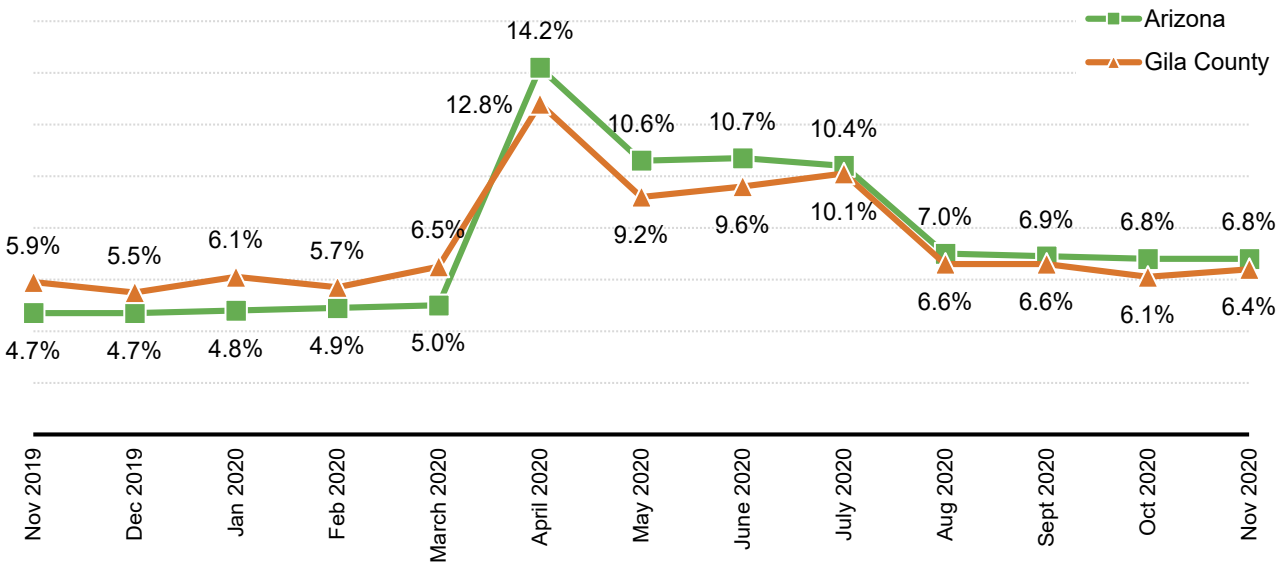


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23025

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

The effect of the pandemic on unemployment rates is highlighted in monthly rates shown in Figure 32. Unemployment rates in the county and across the state peaked in April 2020, remained well above pre-pandemic rates through July 2020 and then decreased by the fall of 2020. While statewide unemployment rates remained above pre-pandemic levels in fall 2020, Gila County experienced unemployment rates more comparable to those seen pre-pandemic during this time.

Figure 32. Monthly unemployment rates (seasonally adjusted), 2019 to 2021



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

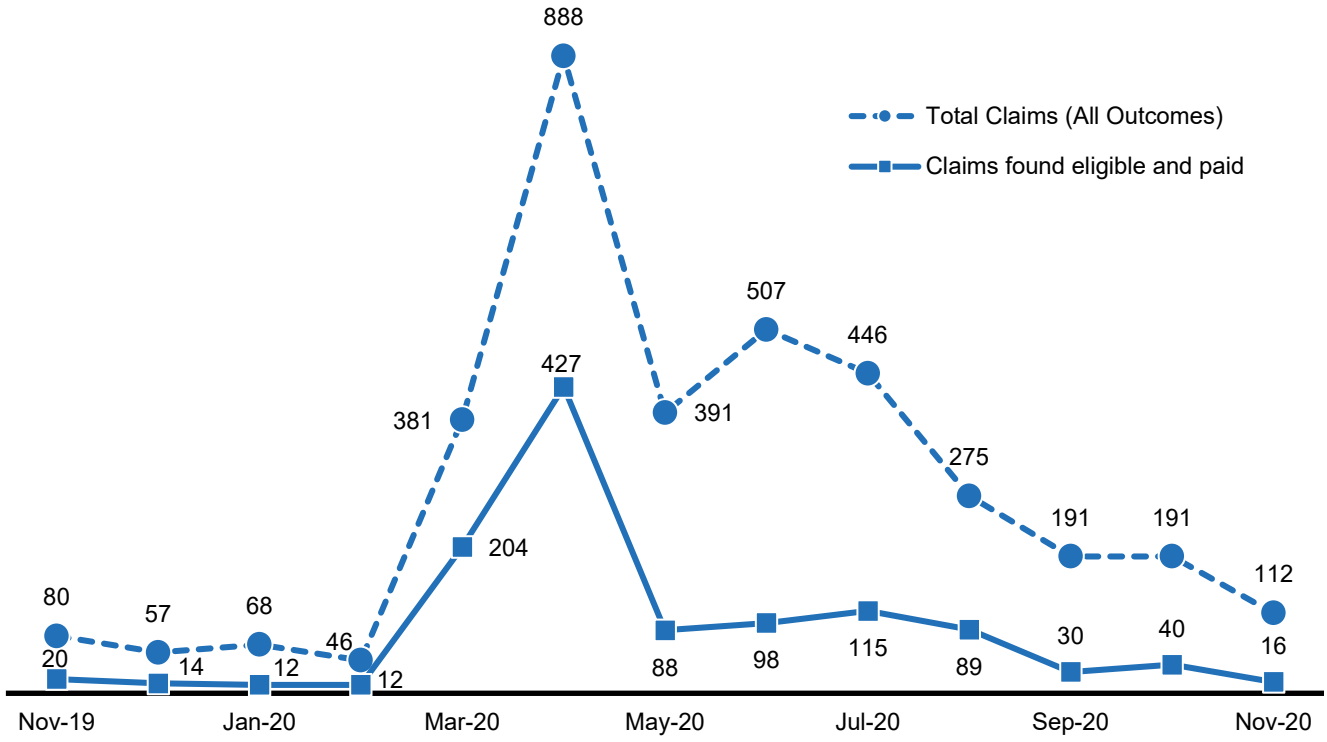
Note: 'Seasonal adjustment' refers to a statistical technique that tries to remove the influence of predictable seasonal patterns on employment rates (such as harvest schedules or major holidays).

Statewide, unemployment insurance claims peaked at 262,523 the week of May 16, 2020. This is over twice the number of claims at the peak of the Great Recession in 2009.[137] In March 2020, the Pandemic Unemployment Assistance (PUA) program temporarily expanded unemployment insurance eligibility to categories of workers who were not previously eligible for unemployment, including self-employed workers, freelancers, independent contractors and part-time workers. The Pandemic Emergency Unemployment Assistance (PEUC) program extended benefits for those who had already used the 26 weeks of benefits usually allowed in Arizona.[138] In addition to expanded eligibility, federal provisions granted unemployed workers nationwide supplemental funds during the pandemic - $600 additional per week through July 31, 2020, and $300 additional per week through September 5, 2021.[139]

The impact of these programs in the Gila Region can be seen in Figure 33, where the number of unemployment claims jumped substantially, from 46 in February 2020, to 888 in April 2020. The proportion of unemployment claims found eligible and paid was also highest (54%) when claims were at their highest levels in April 2020.

In May 2021, the governor announced that supplemental unemployment funding would end early in Arizona, on July 10, 2021, and instead launched Arizona's Back to Work Program which offered financial incentives for returning to work ($2000 for full-time, $1000 for part-time for eligible workers) as well as scholarships for community colleges.[140,141]

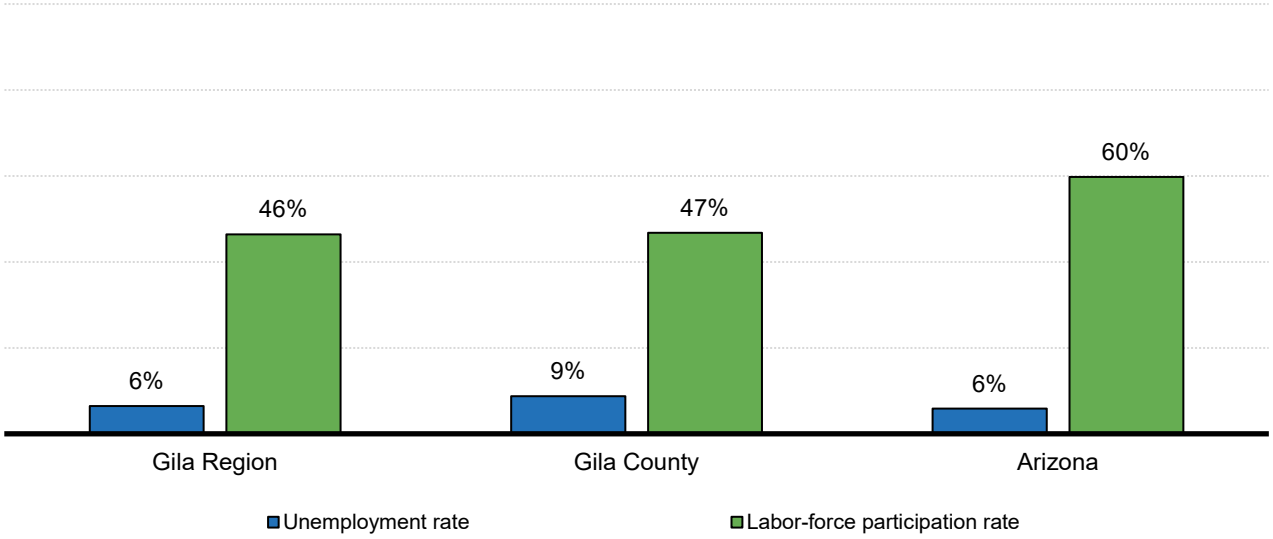
Figure 33. Monthly unemployment claims in the Gila Region, Nov 2019 to Nov 2020



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

An additional metric of employment is the labor-force participation rate. This rate is the fraction of the population who are in the labor force, whether employed or unemployed. The American Community Survey estimates that the average labor-force participation rate for Arizona over the five years from 2015 to 2019 is 60%, and 46% in the Gila Region (Figure 34). In other words, just under half of the adult population in the Gila Region is in the labor force (either working or looking for work) and half is not (which includes students, retirees, stay-at-home parents and others).

Figure 34. Unemployment and labor-force participation for the adult population (ages 16 and older), 2015-2019 ACS



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

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

About 70% of young children in the Gila Region live in households where all present parents are in the workforce (that is, are employed, or actively seeking paying work) (Table 5). This includes children in households with a single-parent in the labor force (48%) and two-parent households where both parents work (22%). In other words, the majority of Gila Region households with young children likely require some form of child care. This need appears to be especially high in the South subregion, where 74% of young children live in a household where all present parents are in the labor force, impacting about 920 total children. Yet, the Center for American Progress estimates that 48% of Arizonans live in a “child care desert,” defined as an area where there are at least three times as many children as there are child care slots, meaning that the absence of accessible, affordable child care may be a barrier to employment.[142] In Arizona, the majority of rural families (67%), low-income families (59%) and Hispanic/Latino families (55%) live in a child care desert, making them disproportionately impacted by barriers to child care and therefore barriers to employment.[143] This is slightly worse than in the U.S. as a whole, where 60% of rural families and 55% of low-income families live in child care deserts.

Given the pre-pandemic need for child care and the already limited availability of child care in the state, the closure of many child care centers and schools due to the COVID-19 pandemic had substantial effects on the ability of parents to work. According to the U.S. Census Bureau’s Household Pulse survey, during the pandemic, about one in five non-working adults in households with children reported that their main reason for not working was because of children not in school or child care. In Arizona, the share of non-working adults with children who reported that lack of care was the primary reason for

not working ranged from 8 to 40% depending on the survey week. For the majority (16 of 27) of weeks of the Household Pulse, caring for children not in school or daycare was the number one reason given why non-retired adults were not working in Arizona. This suggests that access to child care is essential for parents and other caregivers in Arizona to access employment opportunities.

During the pandemic (through September 2021), DES offered the Essential Workers' Scholarship Program which offered essential workers child care scholarships that could be used for children through age 12.[144] Arizona's Back To Work Program, announced in May 2021, could provide eligible parents returning to work between June and September 2021 with funding assistance for three months of child care.

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

Geography	Estimated number of children (birth to 5 years old) living with parent(s)	Living with two married parents, both in the labor force	Living with two married parents, one in the labor force and one not	Living with two married parents, neither in the labor force	Living with one parent, in the labor force	Living with one parent, not in the labor force
Gila Region	**2,145**	**22%**	**27%**	**0%**	**48%**	**4%**
North	782	30%	34%	0%	33%	3%
Central	N/A	N/A	N/A	N/A	N/A	N/A
South	1,235	17%	23%	0%	58%	2%
Hayden-Winkelman	N/A	N/A	N/A	N/A	N/A	N/A
Gila County	3,224	21%	20%	1%	45%	13%
Arizona	494,590	32%	28%	1%	29%	9%
United States	22,727,705	39%	25%	1%	27%	7%

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

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

Housing instability

Examining indicators related to housing quality, costs and availability can reveal additional factors affecting the health and well-being of young children and their families in a region. Housing challenges such as issues paying rent or mortgage, overcrowded living conditions, unstable housing arrangements, and homelessness can have harmful effects on the physical, social-emotional and cognitive development of young children.[145]

The most recent data available on housing affordability predates the COVID-19 pandemic. Housing has traditionally been deemed affordable if it costs less than 30% of annual household income.[146] According to the ACS, of the estimated 20,071 households in the Gila Region, one in four (25%) are housing-cost burdened, i.e., spending more than 30% of their household income on housing (Table 6). Those renting are even more likely to be housing-cost burdened, with 34% of renter-occupied housing units in the region costing more than 30% of household income compared to only 22% of homeowners. Looking across subregions, housing-cost burden is highest in the North subregion (30%), where more than half of the region's households are located. Figure 35 shows that this cost burden seen in the North subregion is highest in Payson and Star Valley. Interestingly, housing stock in the Hayden-Winkelman subregion is notably more affordable for owner-occupied units (10%) while conversely least affordable for renter-occupied units (42%). This amount of income spent on housing leaves less available for food, utilities, early education programs and other supports that help young children thrive. Additionally, high housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines in mental health and homelessness.[147,148]

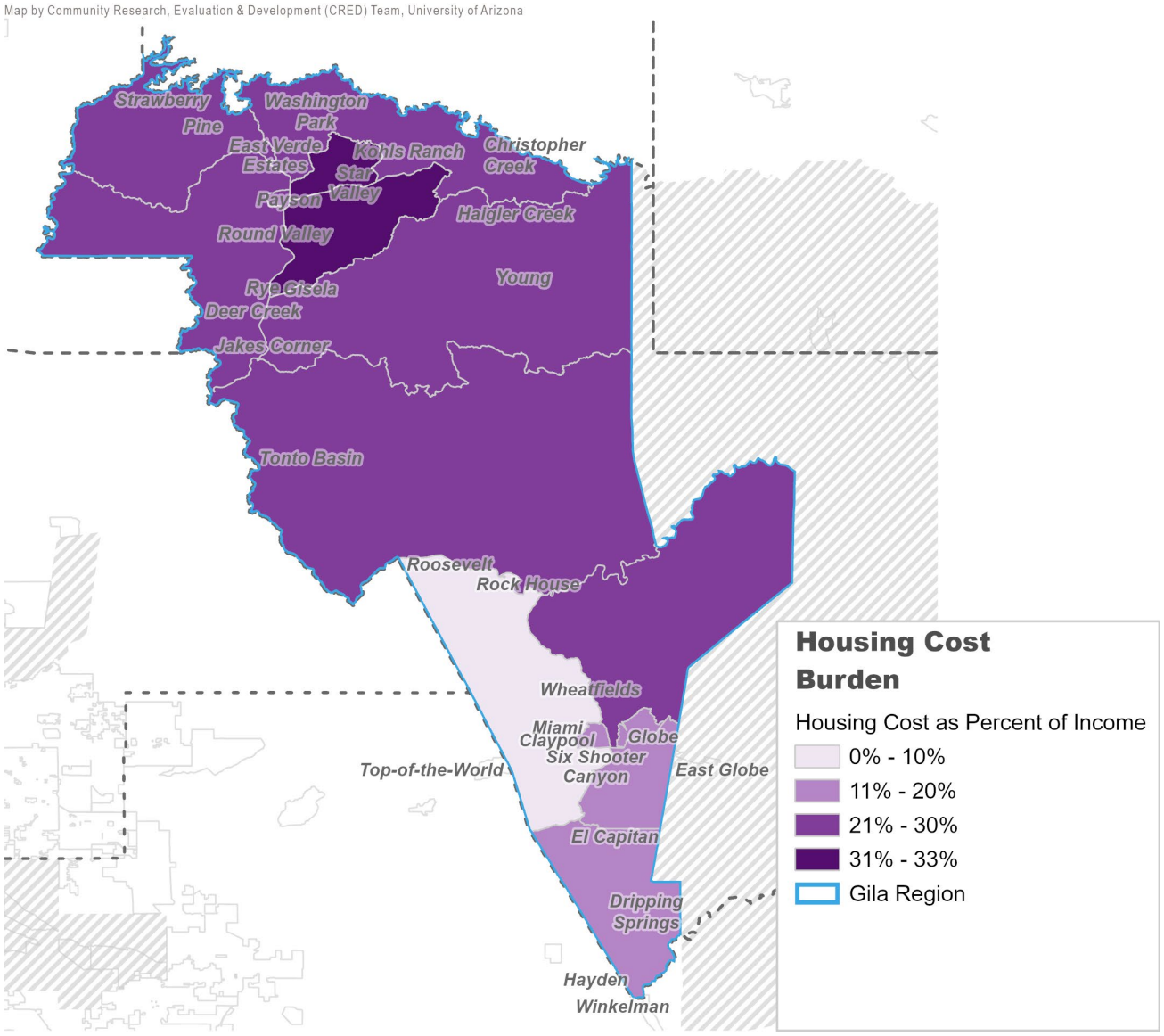
Table 6. Housing-cost burden for all households, and for owners and renters separately, 2015-2019 ACS

Geography	Estimated number of households	Housing costs 30 percent or more of household income	Estimated number of owner-occupied housing units	Housing costs 30 percent or more of household income	Estimated number of renter-occupied housing units	Housing costs 30 percent or more of household income
Gila Region	**20,071**	**25%**	**15,412**	**22%**	**4,659**	**34%**
North	10,812	30%	8,687	29%	2,125	33%
Central	1,689	21%	1,361	19%	328	29%
South	7,121	19%	5,007	13%	2,114	34%
Hayden-Winkelman	449	16%	357	10%	92	42%
Gila County	21,945	24%	16,581	21%	5,364	31%
Arizona	2,571,268	30%	1,656,756	22%	914,512	45%
United States	120,756,048	31%	77,274,381	22%	43,481,667	46%

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

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

Figure 35. Map of housing costs relative to income in the Gila Region



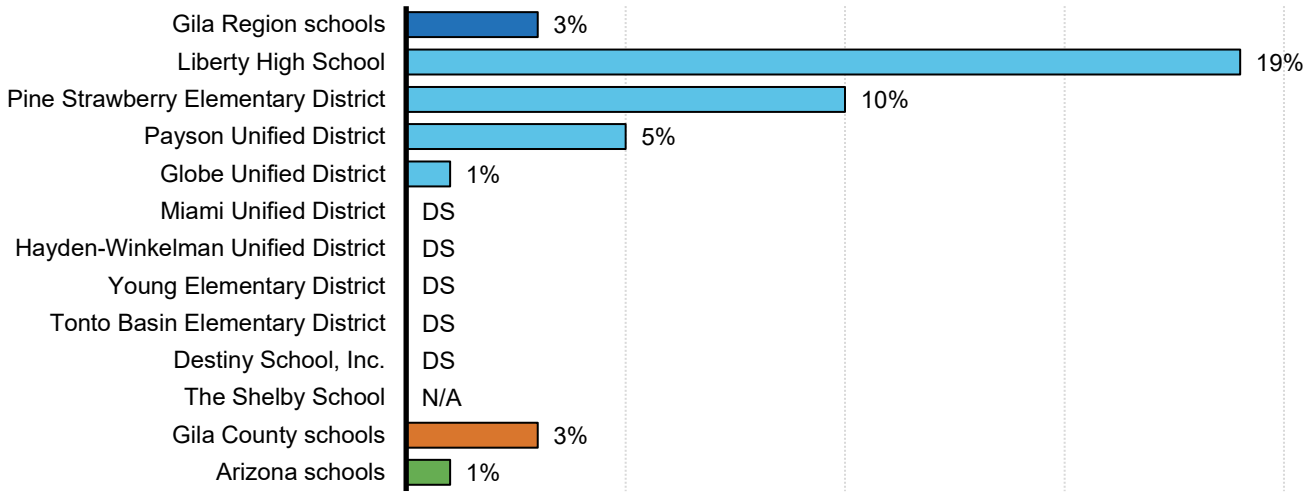
Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B25106

Key informants discussed many complex factors that have resulted in the lack of affordable housing in the Gila Region. Much of the available housing is aging and land-locked by federally owned land, which means it includes old homes with outdated infrastructure (e.g., cesspools) that is expensive to replace and modernize as well as limited land to build new affordable housing. Housing costs are also influenced by mining and tourism. Mine employees and vacation homeowners reportedly buy or rent a significant amount of the available housing, which results in an increase in housing costs in the region and thus limited housing options for lower-income families.

In 2018, the Gila County Community Action Program (CAP) conducted a community needs assessment of Gila County which included both a survey and focus groups.[149] The lack of quality, affordable and safe housing was a major theme across both the survey and focus group results. Nearly one-quarter (23%) of survey respondents listed home repairs as a top need of their household and almost half (46%) of respondents noted cost of living as a barrier to their ability to fulfill their basic needs. Focus group participants in Globe, Payson and Hayden all noted housing and homelessness as key issues in their communities. In Payson, participants shared that it is challenging to build low-income housing because of the high cost of land and the limited low-income housing that is available has long waiting lists. Participants in Payson and Hayden also noted the prevalence of families living in multigenerational households or 'doubling up' in order to afford housing costs.

While pre-pandemic housing cost burdens were already high enough to cause concern in some counties in Arizona, the economic disruptions of the COVID-19 pandemic, including losses of household employment income reported by approximately half of adults in the state, led to housing instability for some families as they struggled to make housing payments. Just before the pandemic, in October 2019, 3% of students enrolled in public and charter schools in the Gila Region were experiencing homelessness (Figure 36). This includes children living in shelters, cars, transitional housing, campgrounds, motels and trailer parks, as well as children who are living 'doubled up' with another family due to loss of housing or economic hardship.

Figure 36. Students (all grades) experiencing homelessness enrolled in public and charter schools, 2019-20



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

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

Although data on this for 2020 and 2021 are not yet available, the economic upheaval brought on by the pandemic could raise that number. In an effort to mitigate housing disruptions, there have been multiple federal efforts to prevent eviction or foreclosure and ease housing instability among households in the U.S. throughout the pandemic. Eviction moratoriums and mortgage forbearance programs for federally-backed mortgages aimed to prevent families from losing their homes during the pandemic, and the Emergency Rental Assistance Program aimed to distribute funds for rental and utility payments to households at risk of eviction.[150] The American Rescue Plan provided additional assistance for both homeowners and renters with the aim of preventing eviction and foreclosure.[151] However, local housing agencies have struggled to implement many of these programs, and shifting funding requirements or stringent reimbursement policies have hampered efforts to get funds to households who need them.[152] The end of the federal eviction moratorium issued by the Centers for Disease Control and Prevention means that effective administration of housing aid is all the more important for protecting families from eviction and foreclosure.[153]

Information access through computers and internet

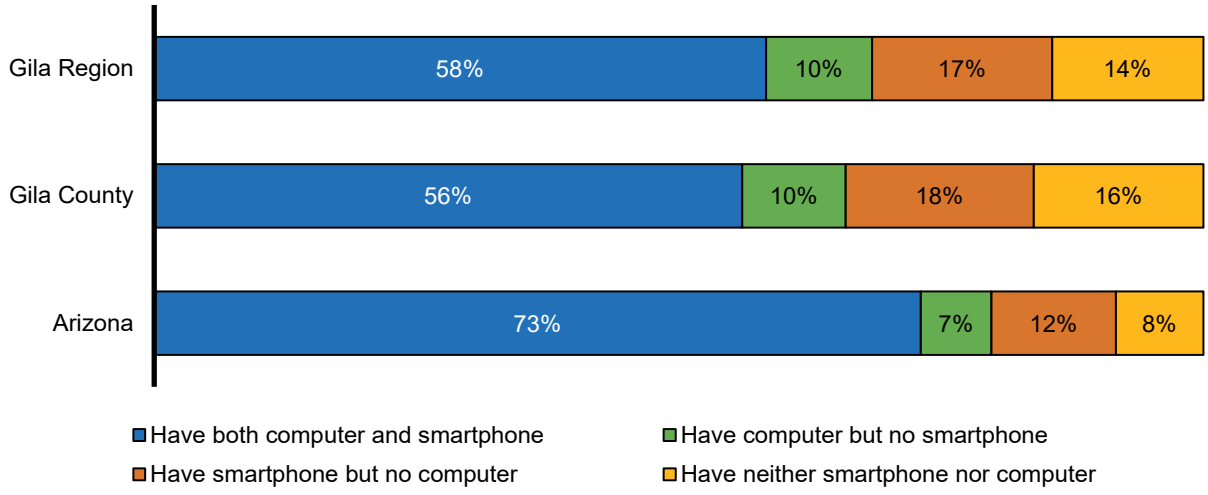
One increasingly critical need for modern homes is a reliable means of internet access. Families often rely on communication and information technologies to access information, connect socially, pursue education and apply for employment opportunities. During the pandemic, a reliable internet connection was essential for a successful transition to remote work for many. Parents are also more likely to turn to online resources, rather than in-person resources, for information about obtaining health care and sensitive parenting topics including bonding, separation anxiety and managing parenting challenges.[154] The term "digital divide" refers to disparities in communication and information technologies,[155] and the lack of sustained access to information and communication technologies in low-income communities is associated with economic and social inequality.[156] Low-income households may experience regular disruptions to this increasingly important service when they can't pay bills, repair or update equipment, or access public locations that may offer connectivity (e.g., computers at local libraries).[157]

Americans are increasingly reliant on smartphones as their sole source of internet access. Particularly for individuals who are younger, lower-income and non-White, broadband service at home is less common and smartphone-only internet use is more common.[158]

Just 58% of households in the Gila Region have both a computer and a smartphone in their home, compared to 73% of households statewide (Figure 37). An estimated 10% have a computer but no smartphone, 17% have a smartphone but no computer, and the remaining 14% have neither. At the subregional level, issues of access are more pronounced. One in five households in the Central, South and Hayden-Winkelman subregions lacks a smartphone or a computer, suggesting they have no access to the internet while at home (Figure 38). Thus, despite trends toward online communications and social media announcements, it is important for state and local agencies to recognize that there are disparities in internet access and ensure that families can be reached and can obtain information about services through other means, including telephone or mail.

Furthermore, in many rural areas, even those families with internet access and a computer may find connectivity frustratingly slow or inconsistent.[159] Households in rural areas typically experience more limited coverage from mobile networks and slower-speed internet services, as well as limited internet provider options which can result in higher monthly costs.[160,161,162,163] This gap in the ability to connect will likely continue to be an issue in rural areas unless concerted efforts are made to improve access.

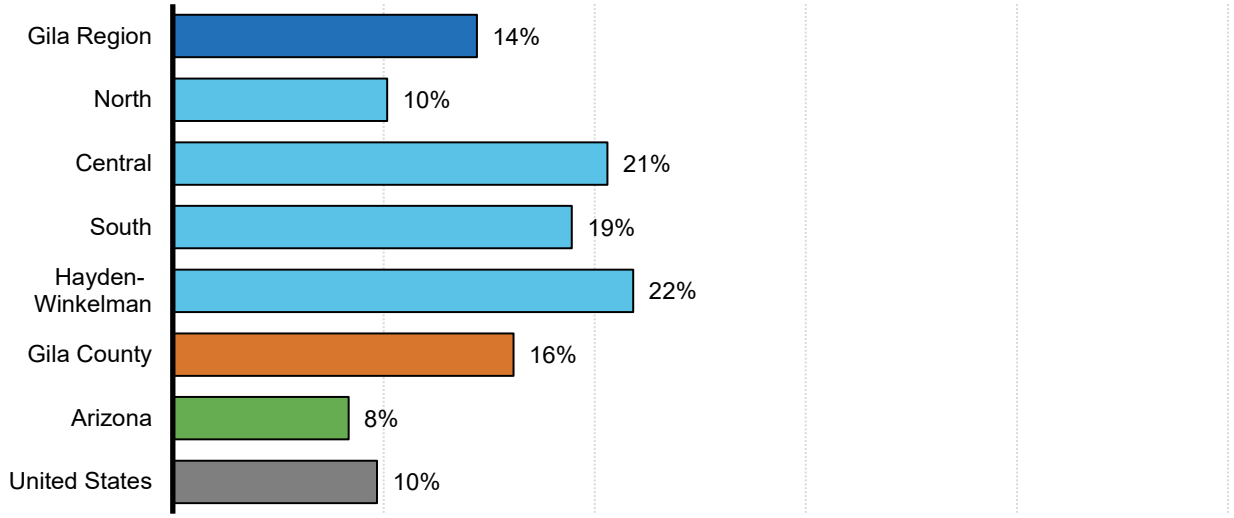
Figure 37. Households with and without computers and smartphones, 2015-2019 ACS



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

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

Figure 38. Percent of household with neither a smartphone nor a computer, 2015-2019 ACS

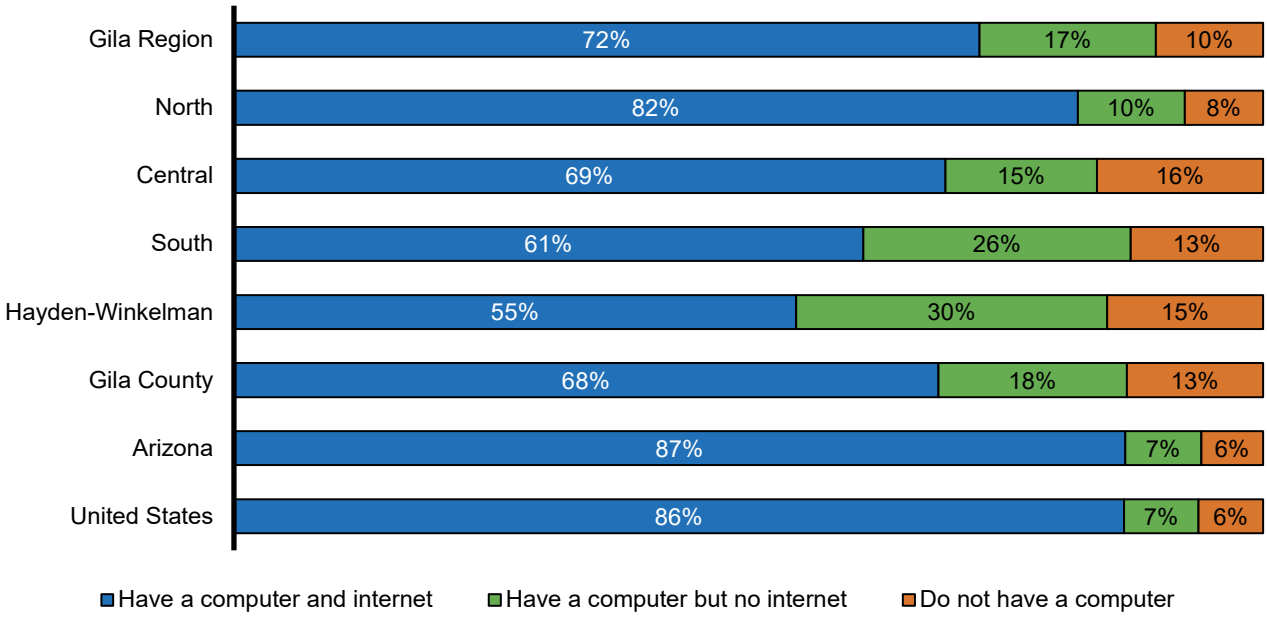


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B28010

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

Looking at individuals rather than households, the majority of Gila Region residents have access to a computer and internet (72%) (Figure 39). About 17% have a computer but no internet connection and about 10% have no computer. As with household connectivity, individuals in the Hayden-Winkelman (55%), South (61%) and Central (69%) subregions lag behind the North subregion (82%), state (86%), and nation (86%) in terms of access to computers and internet access.

Figure 39. Persons of all ages in households with and without computers and internet connectivity, 2015-2019 ACS



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

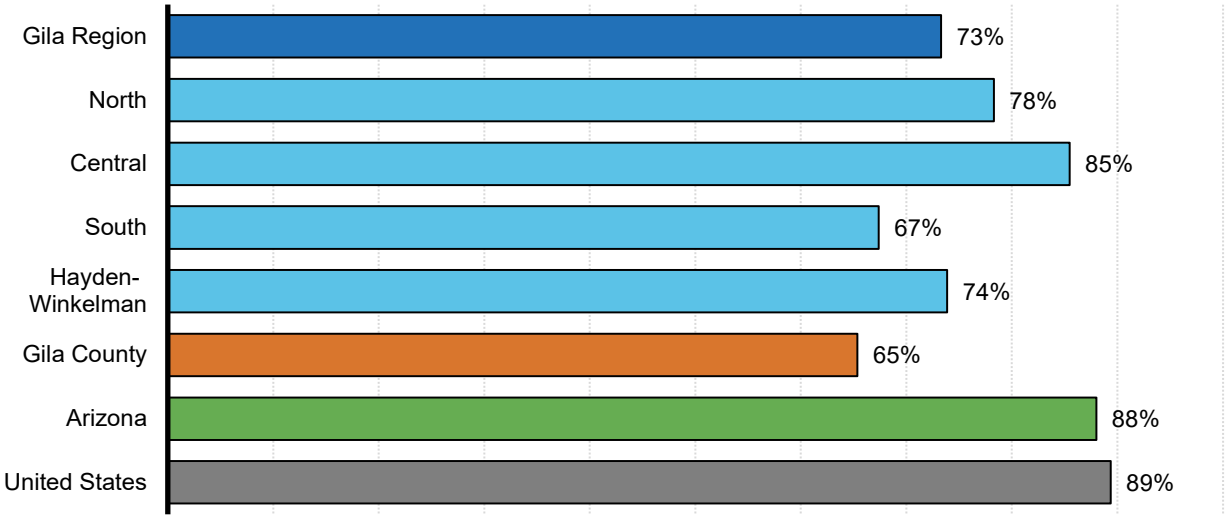
Note: The three percentages in each row should sum to 100% but may not because of rounding.

Computers and internet access are increasingly important for children in completing school assignments and projects, particularly during the later years of primary education and beyond.[164] Statewide, 88% of children birth to 17 have access to a computer and internet at home; this is true for 73% of children in the Gila Region (Figure 40).

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

One silver-lining to the pandemic is the allocation of CARES Act and American Rescue Plan dollars for expanding rural broadband access, which may help shrink the digital divide.[165] Still, access to internet and computing devices was not evenly distributed across all communities—rural, low-income, and Native, Black and Hispanic students disproportionately faced access issues.[166] Even as schools return to in-person learning, investments in closing the digital divide remain essential to ensuring equity in outcomes for all students.

Figure 40. Percent of children ages birth to 17 in household with a computer and internet connectivity, 2015-2019 ACS



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

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

EDUCATIONAL INDICATORS

EDUCATIONAL INDICATORS

Why it Matters

A community's K-12 education system can support positive outcomes for children and their families, as well as the economic well-being of the entire community. Individuals with higher levels of education are less likely to live in poverty and tend to live longer and healthier lives.[167] Graduating from high school, in particular, is associated with better health and financial stability, lower risk for incarceration and better socio-emotional outcomes compared to dropping out of high school.[168,169] Parents with more education are also more likely to have children with positive outcomes related to school readiness and educational achievement, with children of parents who have at least a high school diploma or GED scoring higher in reading, math and science in their first four years of school.[170,171] The educational achievement of adults within a region speaks to the assets and challenges of a community's workforce, including those that are working with or on behalf of young children and their families.

High-quality early learning experiences lay a foundation for children's learning in kindergarten, early elementary school and beyond.[172] Participation in high-quality early education has been linked to better school performance in elementary and high school.[173] Reading skills in 3rd grade, specifically, are an important predictor of later academic learning and success measured in standardized tests. Students who are at or above grade-level reading in 3rd grade are more likely to graduate high school and attend college.[174] Given these intergenerational impacts of educational attainment and the cascading effect of early education on later academic achievement and success in adulthood, it is critical to provide substantial support for early education and promote policies and programs that encourage the persistence and success of Arizona's children.

What the Data Tell Us

School attendance and absenteeism

In the 2019-20 school year, a reported 1,984 children were enrolled in preschool through 3rd grade in Gila Region public and charter schools, including 195 preschool students (Table 7). Grades K through 3 averaged about 450 students per grade in the region.

Table 7. Kindergarten to 3rd grade students enrolled in public and charter schools, 2019-20

Geography	Preschool	Kindergarten	1st Grade	2nd Grade	3rd Grade
Gila Region schools	**195**	**446**	**460**	**461**	**422**
Globe Unified District	64	115	102	124	114
Payson Unified District	48	171	184	169	137
Miami Unified District	51	68	69	85	90
Hayden-Winkelman Unified District	20	26	31	19	17
Young Elementary District	DS	DS	DS	DS	DS
Pine Strawberry Elementary District	DS	DS	15	DS	DS
Tonto Basin Elementary District	N/A	DS	DS	DS	12
Destiny School, Inc.	N/A	43	48	44	41
Gila County schools	211	583	559	587	541
Arizona schools	21,867	81,606	82,386	82,305	83,003

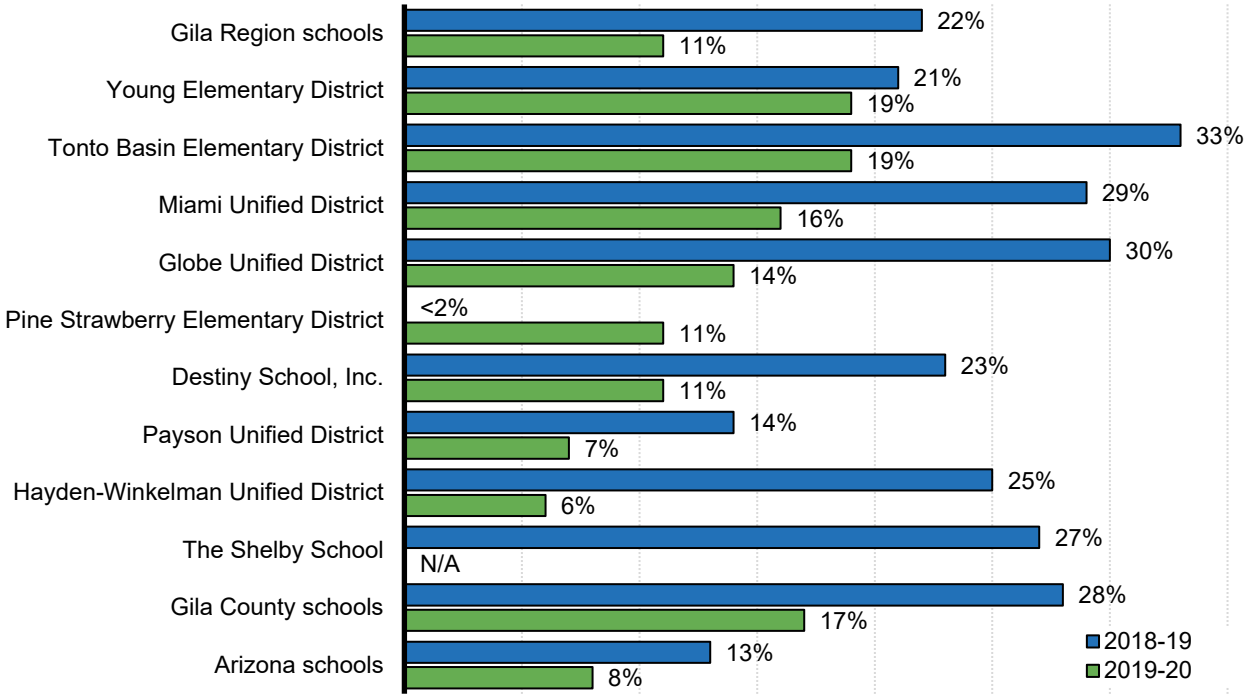
Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

School attendance and academic engagement early in life can significantly impact the direction of a child's schooling. Chronic absenteeism is defined as missing more than 10% of the school days within a school year (including for reasons of chronic illness), and it affects even the youngest children, with more than 10% of U.S. kindergarteners and first graders considered chronically absent.[175] Chronic absences in children enrolled in kindergarten through 3rd grade in the Gila Region in the 2018-19 school year (22%) were higher than seen across the state (13%), with substantial variability across school districts (Figure 41). In the 2019-20 school year, chronic absences dropped everywhere – all subregions, the region overall, and the state overall, with Pine Strawberry Elementary District being the one exception (<2% in 2018-19, 11% in 2019-20). The sharp drops in chronic absenteeism are likely driven by changes due to the pandemic, including changes in how attendance was tracked by schools in the spring of 2020.

Looking to the 2018-19 year as the last "normal" school year, there are several districts where between a quarter and a third of students were chronically absent. These districts include Tonto Basin Elementary District (33%), Globe Unified District (30%), Miami Unified District (29%), The Shelby School (27%), and Hayden-Winkelman Unified District (25%). Poor school attendance can cause children to fall behind academically, leading to lower proficiency in reading and math and increased risk of not being promoted to the next grade.[176] Chronic absenteeism also negatively impacts the development of key social-emotional skills, including self-management, self-efficacy and social awareness.[177] Consistent

school attendance is particularly important for children from economically disadvantaged backgrounds, the group of children most at risk for chronic absenteeism.[178,179]

Figure 41. Chronic absenteeism rates, 2018-19 to 2019-20



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

Note: Students are considered chronically absent if they miss more than 10 percent of the school days in a school year. This table includes children who are absent due to chronic illness. Please note that school closures and transitions to distance learning substantially affected how attendance was tracked by schools in the spring of 2020. The Shelby School closed in 2019.

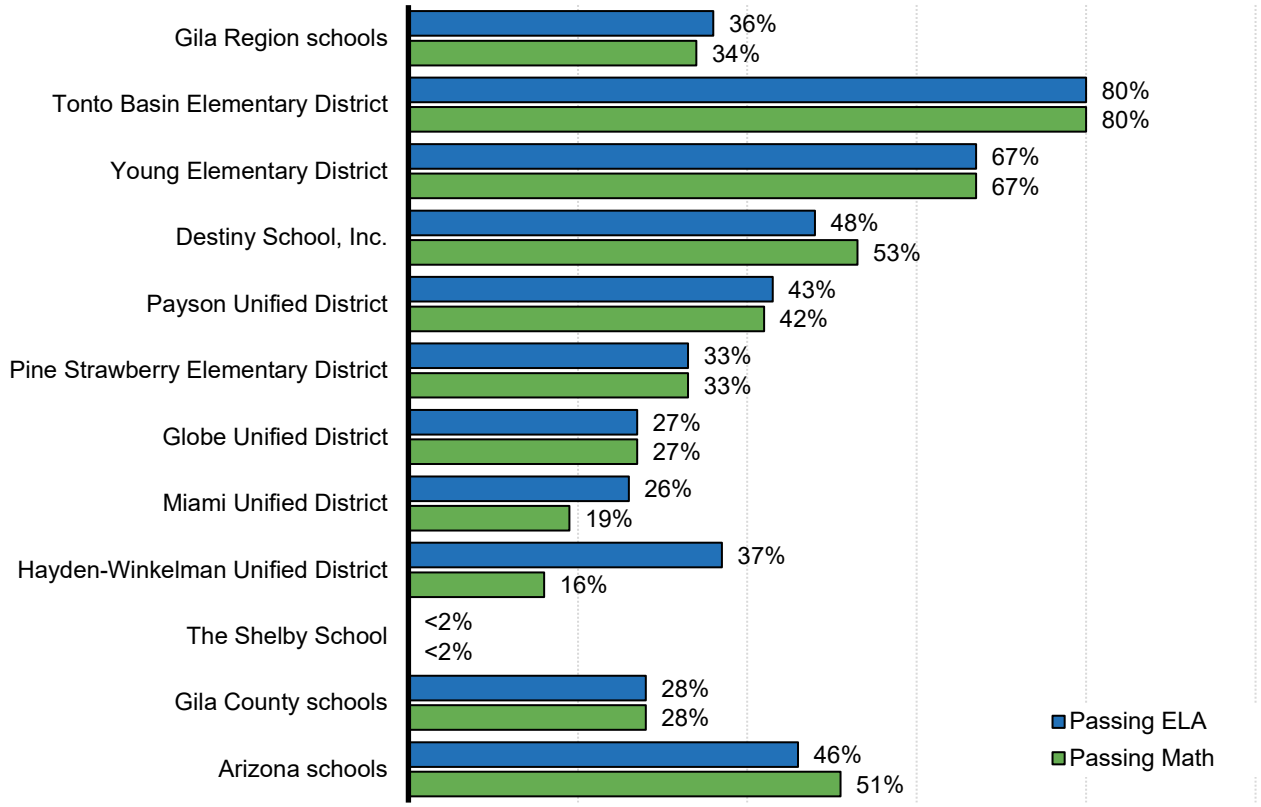
Achievement on standardized testing

A child's 3rd grade reading skills have been identified as a critical indicator of future academic success.[180] Students who are at or above grade level reading in 3rd grade are more likely to go on to graduate high school and attend college.[181] The link between poor reading skills and risk of dropping out of high school is even stronger for children living in poverty. More than a quarter (26%) of children who were living in poverty and not reading proficiently in 3rd grade did not finish high school. This is more than six times the high school dropout rate of proficient readers.[182]

As of 2019, the statewide assessment tool for English language arts (ELA), including reading and writing, is Arizona's Statewide Achievement Assessment for English Language Arts and Math

(AzM2).[iv,183,184] In March 2020, Arizona cancelled statewide AzM2 testing and other statewide assessments for the 2019-20 school year.[185] Thus, the most recent data available is from the 2018-19 school year, when the AzMERIT assessment was administered. In the 2018-19 school year, only 36% of Gila Region students achieved passing scores on the 3rd grade ELA assessment, which was lower than across Arizona as a whole (46%) (Figure 42). This was an improvement over the 2017-18 school year (32%), though the region has seen fluctuation in passing rates over the last four years (Figure 43). Variation also was present across school districts in the region, with the Tonto Basin Elementary District having a large majority of their 3rd graders passing the ELA assessment (80%) (Figure 42).

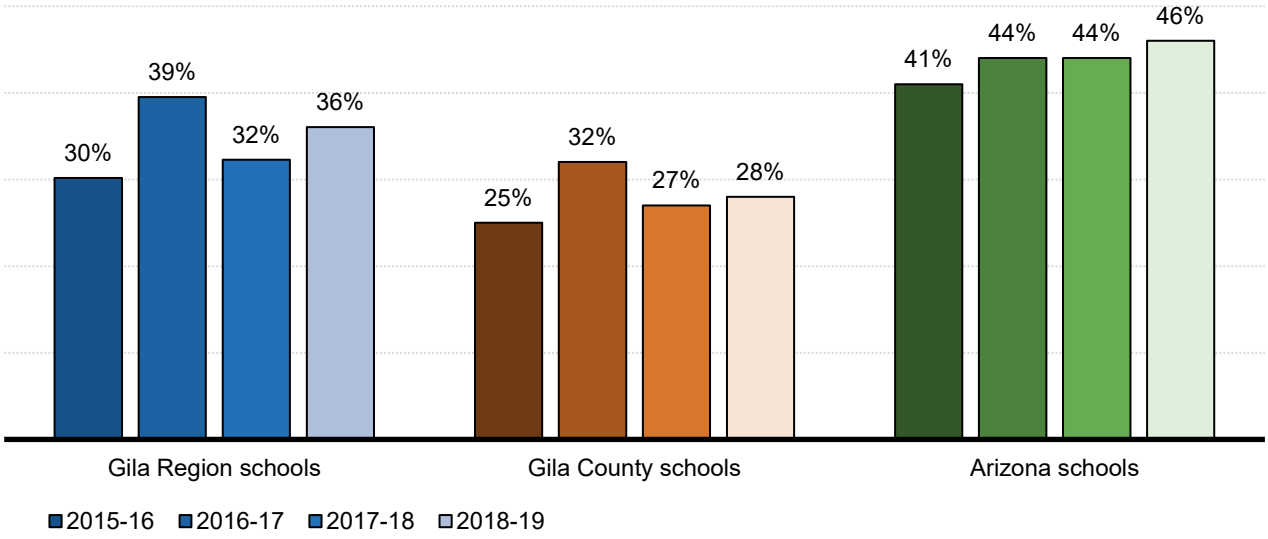
Figure 42. Passing rates for 3rd grade AzMERIT assessments, 2018-19



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

[iv] *AzMERIT was renamed to AzM2 during the 2019-2020 school year. In 2022, AzM2 will be replaced by AASA (Arizona's Academic Standards Assessment).*

Figure 43. Trends in passing rates for AzMERIT 3rd grade English Language Arts, 2015-16 to 2018-19



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

In 2010, the Arizona legislature, recognizing the importance of early identification and targeted intervention for struggling readers, enacted *Move on When Reading* legislation. AzMERIT scores are used to determine promotion from the 3rd grade in accordance with the *Move on When Reading* policy. *Move on When Reading* legislation states that a student shall not be promoted to fourth grade if their reading score falls far below the third-grade level, as established by the State Board of Education.[186] Exceptions exist for students identified with or being evaluated for learning disabilities and/or reading impairments, English language learners, and those who have demonstrated reading proficiency on alternate forms of assessment approved by the State Board of Education. Students who tested in the far below range can also be promoted to 4th grade if they complete summer school and then demonstrate reading at a proficient level.

In the Gila Region in 2018-19, half (50%) of 3rd grade students scored in the "falls far below" range on the ELA assessment, suggesting that many struggle with basic literacy (Table 8). It is important to note that the ELA scores in the table below include a writing and language section in addition to the reading score, but only the reading score is used for the *Move on When Reading* policy. Thus, some of those testing in the "falls far below" category here may still surpass the reading cut score. While Table 8 suggests high rates of students who struggle with English and language arts skills, only a tiny fraction (less than 1%) of students statewide are typically retained because of the *Move on When Reading* policy.[187]

Table 8. AzMERIT assessment results: 3rd Grade English Language Arts, 2018-19

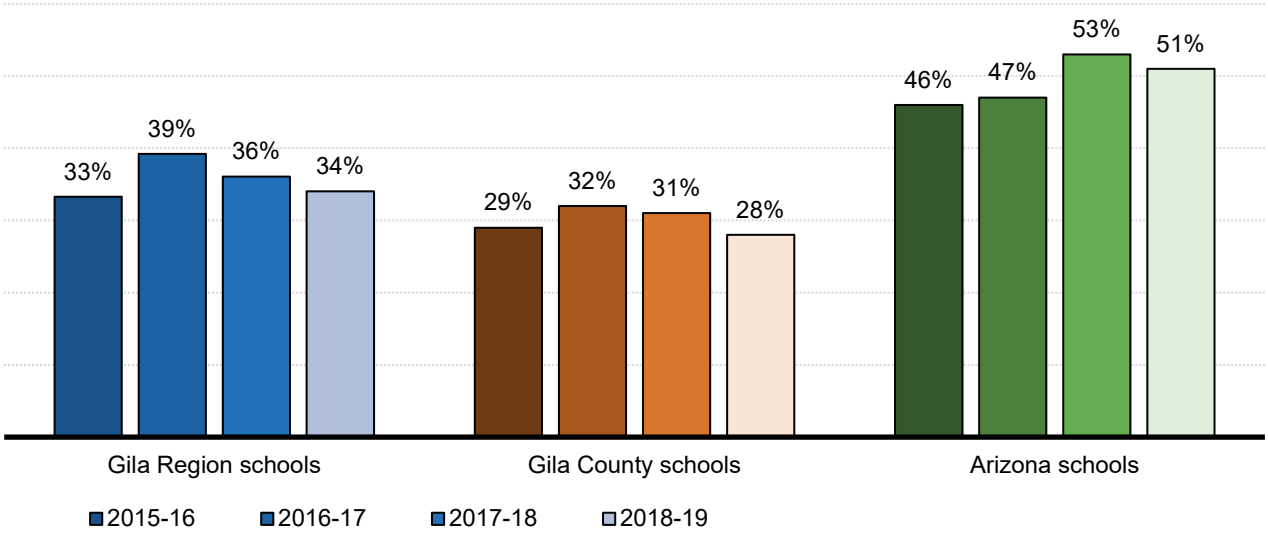
Geography	Students Tested	Falls Far Below	Approaches	Meets	Exceeds	Passing
Gila Region schools	**430**	**50%**	**14%**	**27%**	**10%**	**36%**
Globe Unified District	DS	63%	10%	21%	6%	27%
Payson Unified District	DS	44%	13%	27%	16%	43%
Miami Unified District	DS	63%	10%	24%	3%	26%
Hayden-Winkelman Unified District	DS	42%	21%	37%	<2%	37%
Young Elementary District	DS	33%	<2%	67%	<2%	67%
Pine Strawberry Elementary District	DS	28%	39%	33%	<2%	33%
Tonto Basin Elementary District	DS	20%	<2%	60%	20%	80%
Destiny School, Inc.	DS	33%	20%	33%	15%	48%
The Shelby School	DS	75%	25%	<2%	<2%	<2%
Gila County schools	581	60%	12%	21%	7%	28%
Arizona schools	82,653	40%	14%	32%	14%	46%

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

Note: The Shelby School closed in 2019.

Performance on the math test was slightly lower than ELA performance, with 34% of Gila Region 3rd grade students achieving passing scores in the 2018-19 school year, lower than the passing rate across the state (51%) (Figure 44). Math passing rates have also been steadily declining in recent years, peaking at 39% in the 2016-17 school year. Again, variation in passing rates was present across districts in the region, although in most districts more students passed ELA than math (Figure 42). As with the ELA assessment, Tonto Basin Elementary District had the highest percentage of 3rd graders passing the math assessment (80%) (Table 9). Three districts had fewer than 1 in 5 3rd grade students passing the math assessment: The Shelby School (<2%), Hayden-Winkelman Unified District (16%) and Miami Unified District (19%).

Figure 44. Trends in passing rates for AzMERIT 3rd grade Math, 2015-16 to 2018-19



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

Table 9. AzMERIT assessment results: 3rd Grade Math, 2018-19

Geography	Students Tested	Falls Far Below	Approaches	Meets	Exceeds	Passing
Gila Region schools	**432**	**34%**	**32%**	**25%**	**9%**	**34%**
Globe Unified District	DS	44%	28%	24%	4%	27%
Payson Unified District	DS	28%	30%	28%	14%	42%
Miami Unified District	DS	45%	36%	14%	4%	19%
Hayden-Winkelman Unified District	DS	42%	42%	11%	5%	16%
Young Elementary District	DS	<2%	33%	67%	<2%	67%
Pine Strawberry Elementary District	DS	28%	39%	28%	6%	33%
Tonto Basin Elementary District	DS	<2%	20%	60%	20%	80%
Destiny School, Inc.	DS	15%	33%	38%	15%	53%
The Shelby School	DS	50%	50%	<2%	<2%	<2%
Gila County schools	584	42%	30%	21%	7%	28%
Arizona schools	83,042	23%	26%	33%	18%	51%

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

Note: The Shelby School closed in 2019.

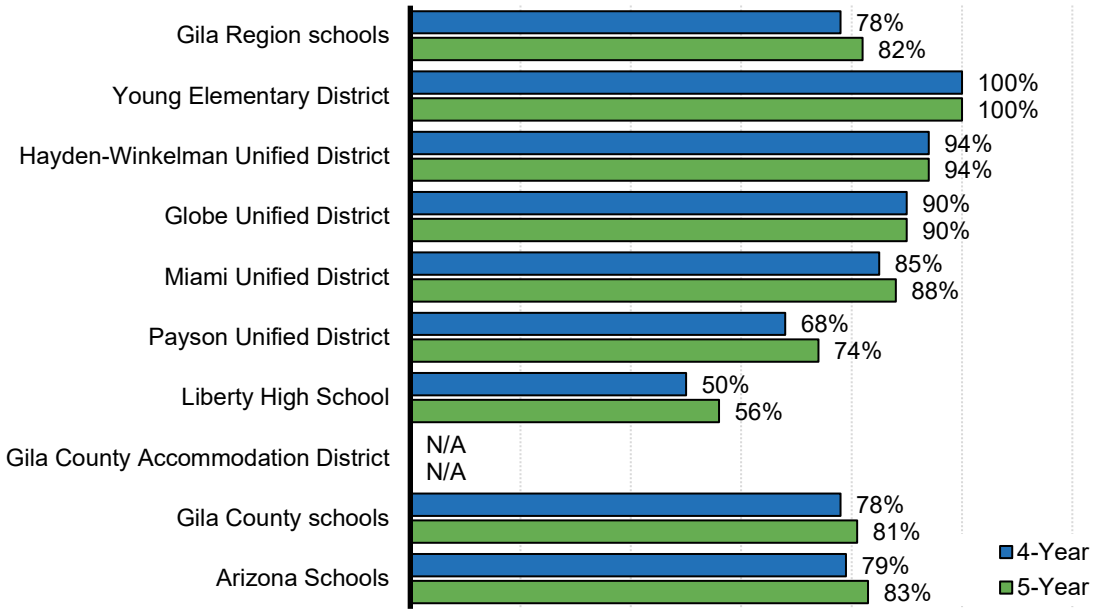
Graduation rates and adult educational attainment

Understanding current high school graduation and dropout rates within the state provides insight into the assets and challenges faced by a community and its future workforce. Adults who graduated from high school have better health and financial stability, lower risk for incarceration and better socio-emotional outcomes compared to adults who dropped out of high school.[188,189] Increasingly, a high-school education is necessary for employment in the U.S., with nearly two-thirds of all jobs in 2020 requiring more than a high-school education.[190] Adults with lower educational attainment also tended to experience more economic challenges during the pandemic, with adults with less than a high school diploma experiencing more than twice the unemployment rate of adults with a bachelor's degree or higher.[191]

The four and five-year graduation rates in the Gila Region in 2019 (78% and 82%) were comparable to Arizona as whole (79% and 83%), although variability did exist across districts and schools within the region (Figure 45). These overall graduation rates increased slightly between 2017 and 2019 in the Gila Region (Figure 46). The high school drop-out rate in the Gila Region has steadily declined since the

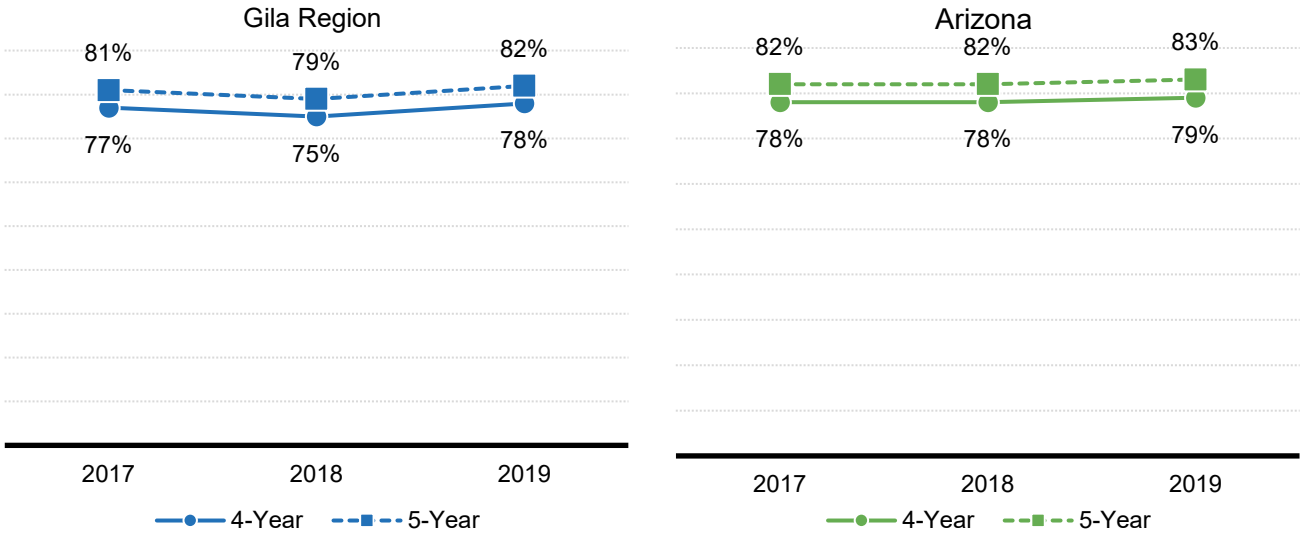
2016-17 school year, dropping to just 2% in the 2019-20 school year and following the declining trends seen statewide (Figure 47).

Figure 45. 4-year and 5-year graduation rates, 2019



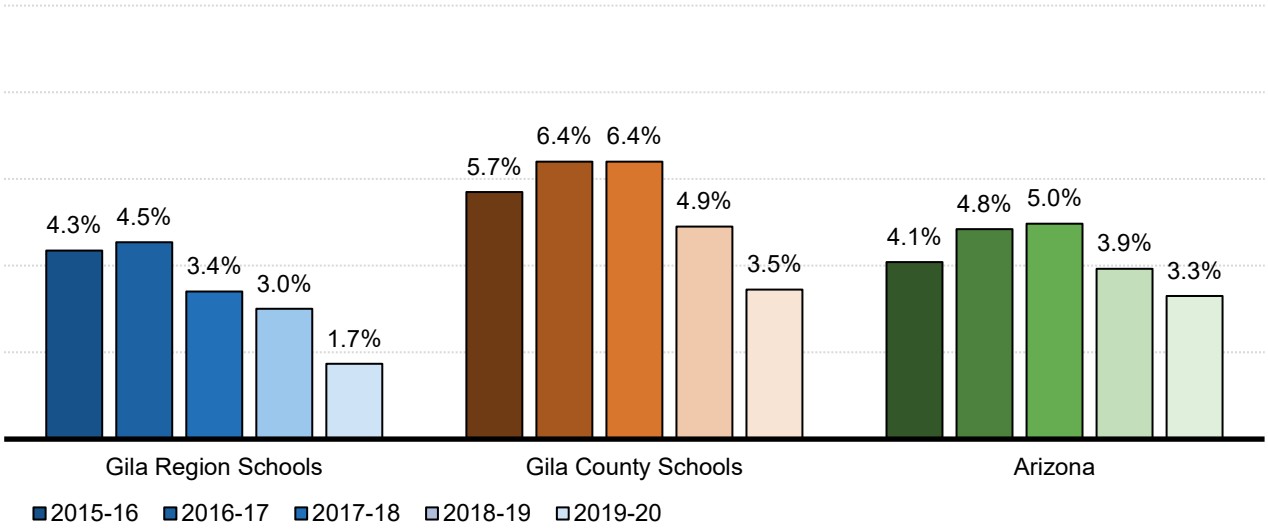
Source: Arizona Department of Education (2021). [Graduation Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Figure 46. Trends in 4-year and 5-year graduation rates, 2017 to 2019



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

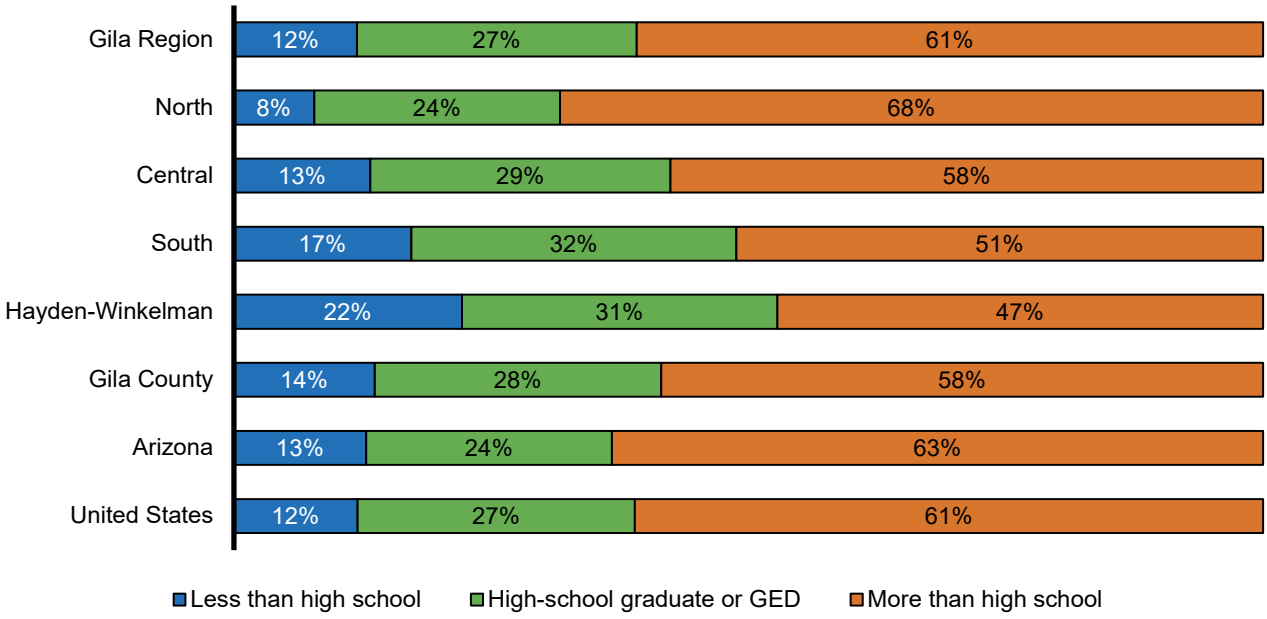
Figure 47. Trends in 7th to 12th grade dropout rates, 2015-16 to 2019-20



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

According to the American Community Survey, an estimated 12% of Gila Region adults (ages 25 and older) have less than a high-school education. An additional 27% have a high-school diploma or a GED equivalent. The remaining 61% have at least some education beyond the high-school level. The Gila Region as a whole has a similar proportion (88%) of adults aged 25 and older with at least a high-school education compared to the state (87%) and nation (88%) (Figure 48). In the North subregion, the vast majority of adults (92%) have at least a high-school education. In contrast, in the Hayden-Winkelman subregion, over a fifth of adults (22%) did not complete high school, along with 17% of adults in the South subregion. These areas may especially benefit from programs that aim to simultaneously serve both young children and their parents. Such *two-generation programs* are designed to provide family-centered supports to low-income parents and their young children by providing access to education and workforce development for parents and high-quality early education for young children.[192,193] Providing resources and programming to support parental and youth education can help grow the human capital of both.[194,195]

Figure 48. Level of education for the adult population (ages 25 and older)



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

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

Parental educational attainment has been shown to influence child educational outcomes.[196] Education is also a key mechanism for upward mobility; parents with higher educational levels typically secure higher incomes to support their families.[197] Higher maternal education, in particular, is linked to both cognitive and socio-emotional development as well as general health in young children.[198] Slightly more than half of babies in the region in 2019 (52%) were born to mothers who had more than a high-school education, less than across the state (57%) (Table 10). About one in six (16-17%) babies were born to mothers who lacked a high-school education.

Table 10. Level of education for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother had less than a high-school education	Mother finished high school or had GED	Mother had more than a high-school education
Gila Region	**2018**	**366**	**[19% to 20%]**	**32%**	**47%**
	2019	**336**	**[16% to 17%]**	**30%**	**52%**
Gila County	2018	497	26%	33%	41%
	2019	473	21%	34%	44%
ARIZONA	2018	80,539	17%	26%	57%
	2019	79,183	16%	27%	57%

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

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

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

EARLY LEARNING

EARLY LEARNING

Why it Matters

Early childhood is an exciting time of rapid physical, cognitive and social-emotional development. The experiences young children have during these early years are critical for healthy brain development and set the stage for lifelong learning and well-being.[199,200] Just as rich, stimulating environments can promote development, early negative experiences can have lasting effects. For example, gaps in language development between children from disadvantaged backgrounds and their more advantaged peers can be seen by two and a half years of age;[201] those disparities that persist until kindergarten tend to predict later academic problems.[202]

Quality early care and education can positively influence children's overall development.[203,204] This is particularly true for children in poverty.[205] Access to quality child care and classroom environments can provide enriching experiences children might not have access to at home. Children who attend high-quality preschool programs repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems and are more likely to graduate from high school.[206] Furthermore, early childhood programs help identify children with special needs and can provide targeted interventions that may reduce their risk of developmental delays and prevent preschool expulsion.[207, 208] Children with special health care needs may particularly benefit from high quality teacher-child interactions in classrooms,[209,210] as they are more likely to experience more adverse childhood experiences than typically developing children,[211] and are at an increased risk for maltreatment and neglect.[212,213]

A statewide early care and education system that is accessible, affordable and high-quality is essential for the social and economic health of Arizona. Not only does access to affordable, quality child care make a positive difference for children's health and development, it also allows parents to keep steady jobs and support their families.[214] Investment in programs for young children leads to increased education and employment, reduced crime and better overall health.[215,216] The investment in early childhood is also potentially one of the most productive investments a community can make, with experts estimating that society gets back about $8.60 for every $1 spent on early learning programs.[217]

What the Data Tell Us

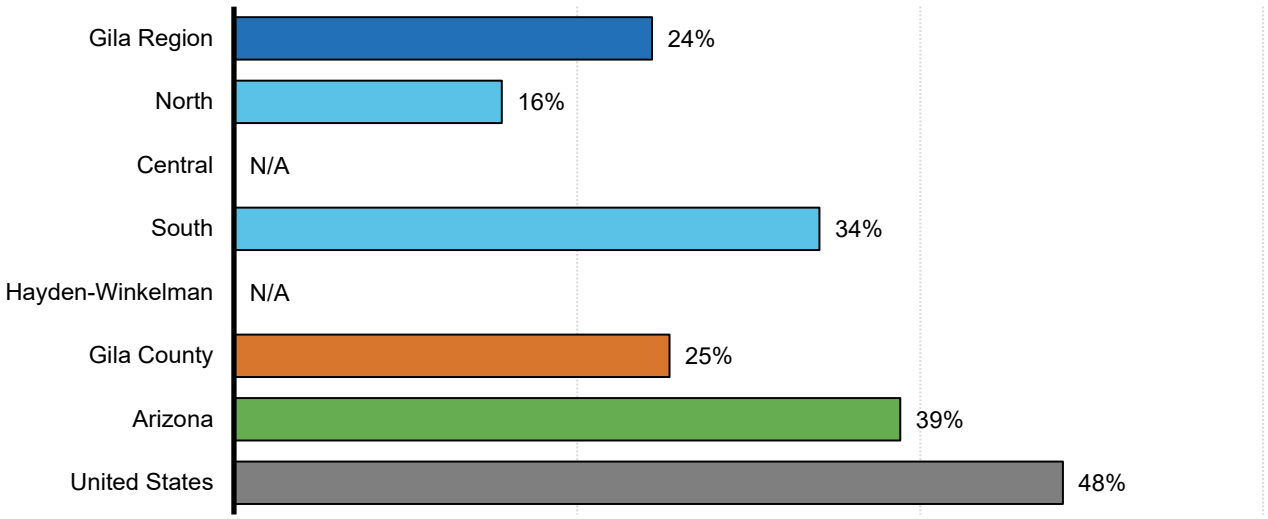
Early care and education enrollment

American Community Survey (ACS) data indicate that about 24% of the Gila Region's estimated 2,688 3- and 4-year-old children[v] were enrolled in some type of school, such as nursery school, preschool or

[v] *The ACS does not report enrollment estimates for children younger than 3.*

kindergarten. This is lower than Arizona overall (39%) and the nation, where nearly half of children (48%) are in preschool (Figure 49).

Figure 49. School enrollment for children ages 3 to 4, 2015-2019 ACS



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

Note: In this table, "school" may include nursery school, preschool, or kindergarten. Reliable estimates were not available for the Central and Hayden-Winkelman sub-regions due to sample size limitations.

Though high-quality early care and education can promote development, families often face barriers in accessing these opportunities for their children. Families in both urban and rural areas of Arizona face a gap between the number of young children and the availability of licensed child care, and this gap is larger in rural parts of the state.[218,219,220,221] As of 2019, Arizona needed an additional 76,740 licensed or registered early care and education slots to provide spaces for all young children in working families according to analyses by the Bipartisan Policy Center.[222] This highlights the need for additional, high-quality, affordable early care and education providers in Arizona.

In the Gila Region, there are 20 registered child care providers approved to serve up to 732 children (Table 11).[vi] Approximate provider locations are illustrated in Figure 50. The majority of child care slots are provided by public schools (n=327) and child care centers (n=287), with a smaller number of slots provided by the two Head Start programs in the region (n=88) and home-based providers (n=30). The majority of child care slots in the North subregion are provided by child care centers (228 of 325 total slots), while the South subregion has a larger proportion provided by public schools (160 of 327 total

[vi] *Please note that these data were compiled by merging four different licensing and enrollment datasets from ADHS, DES, FTF, and Pinal-Gila Community Child Services Head Start program. For a table highlighting only those registered with DES, please see the additional tables in Appendix 1.*

slots). In both the Central and Hayden-Winkelman subregions, the only registered child care providers are public schools. It is important to note that this data includes the Safe Haven Child Development Center in Payson, located in the North subregion and with a capacity of 59 children, which key informants identified as having since closed. This center accounted for more than a quarter of the child care center capacity in the subregion, so its closure will likely have a critical impact on child care access in the North subregion.

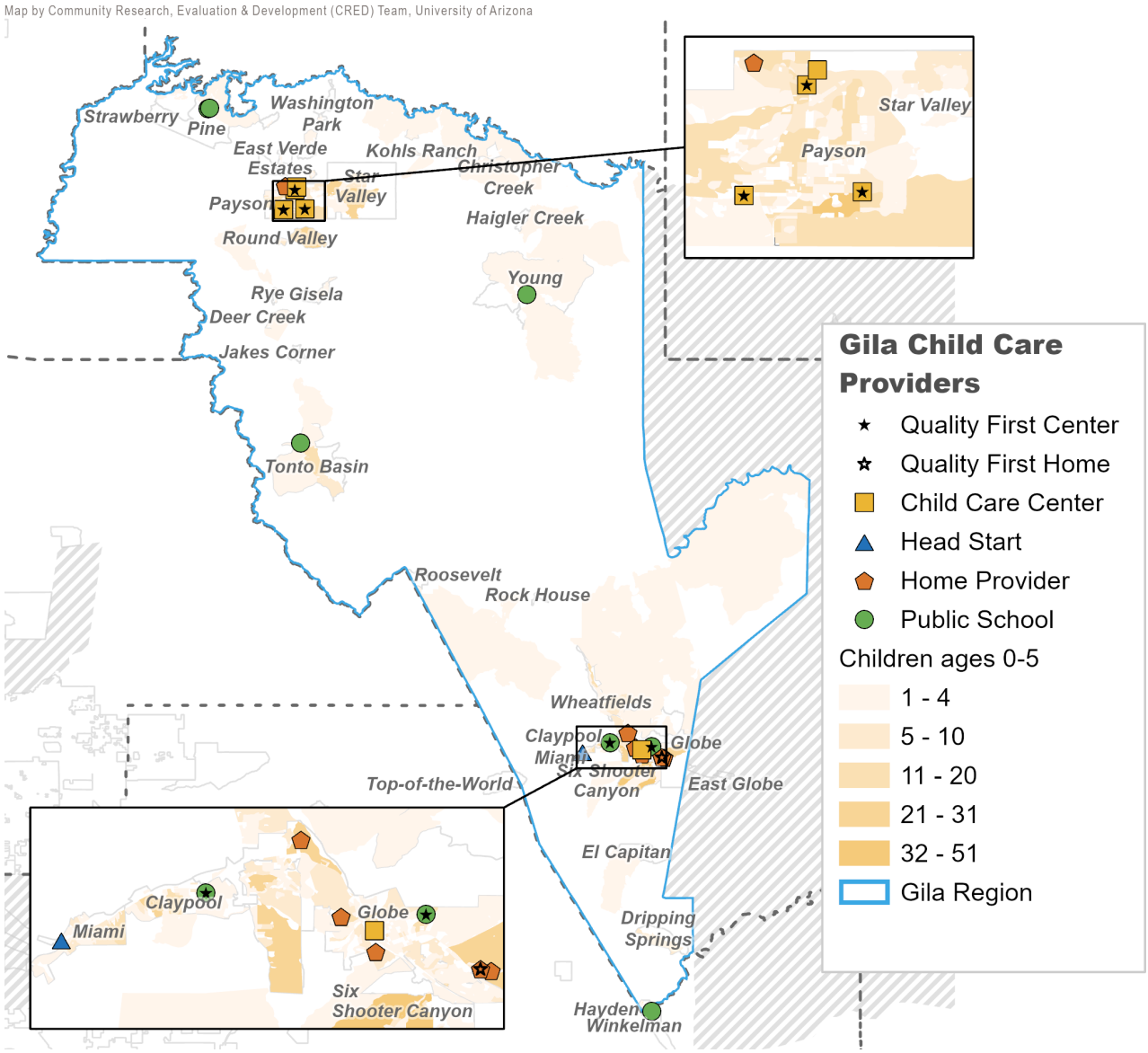
Table 11. Estimated number and capacity of early care & education providers, 2020-2021

	Total ECE Providers		Child care centers		Head Start		Public schools		Home providers	
Geography	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
Gila Region	20	732	5	287	2	88	7	327	6	30
North	7	325	4	228	0	0	2	87	1	10
Central	2	20	0	0	0	0	2	20	0	0
South	10	327	1	59	2	88	2	160	5	20
Hayden-Winkelman	1	60	0	0	0	0	1	60	0	0
Gila County	28	1,295	8	467	5	461	7	327	7	40
Arizona	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

Note: This table was compiled by merging four different licensing and enrollment datasets from ADHS, DES, FTF, and Pinal-Gila Community Child Services Head Start program. We removed all duplicate programs (based on name, phone number, and address) as well as program that only serve children ages 5-12, as these are typically before- & after-school programs that only serve school-age children. Head Start & Early Head Start programs are counted separately.

Figure 50. Map of early care and education providers in the Gila Region



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

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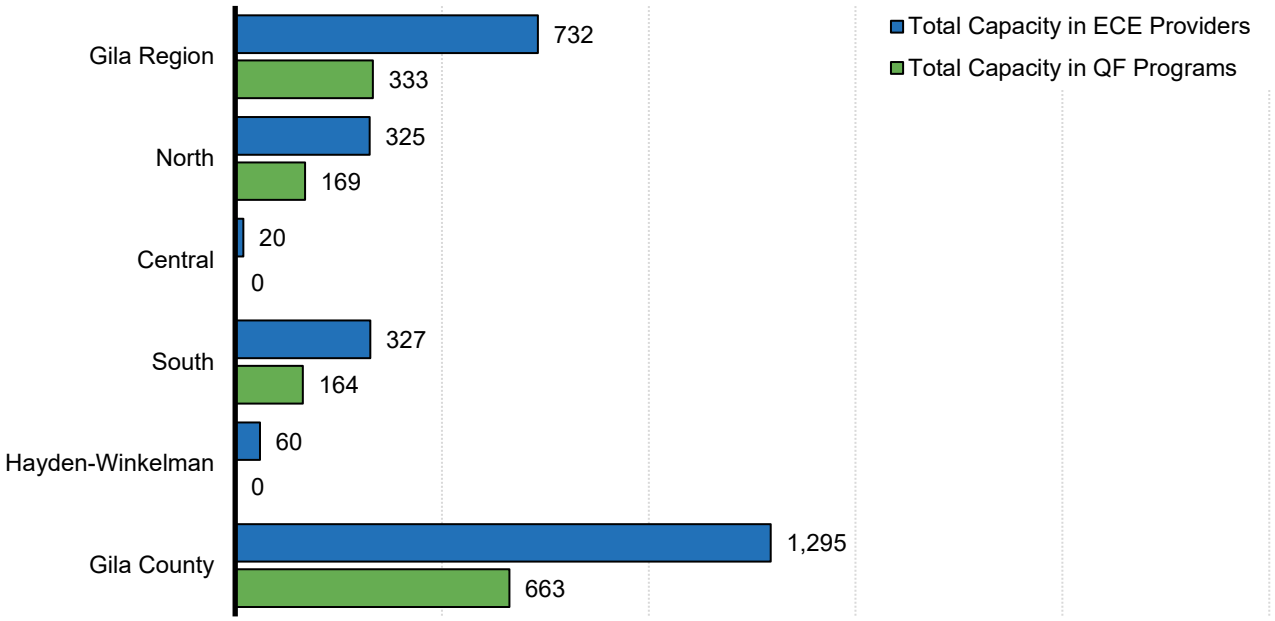
Of the 732 available child care slots in the Gila Region about 45% are in Quality First providers (Figure 51). In the two subregions with Quality First providers, North and South, just over half of capacity in each subregion is provided by Quality First providers (52% and 50%, respectively).

Figure 51. Estimated number and capacity of early care & education providers, 2020-2021

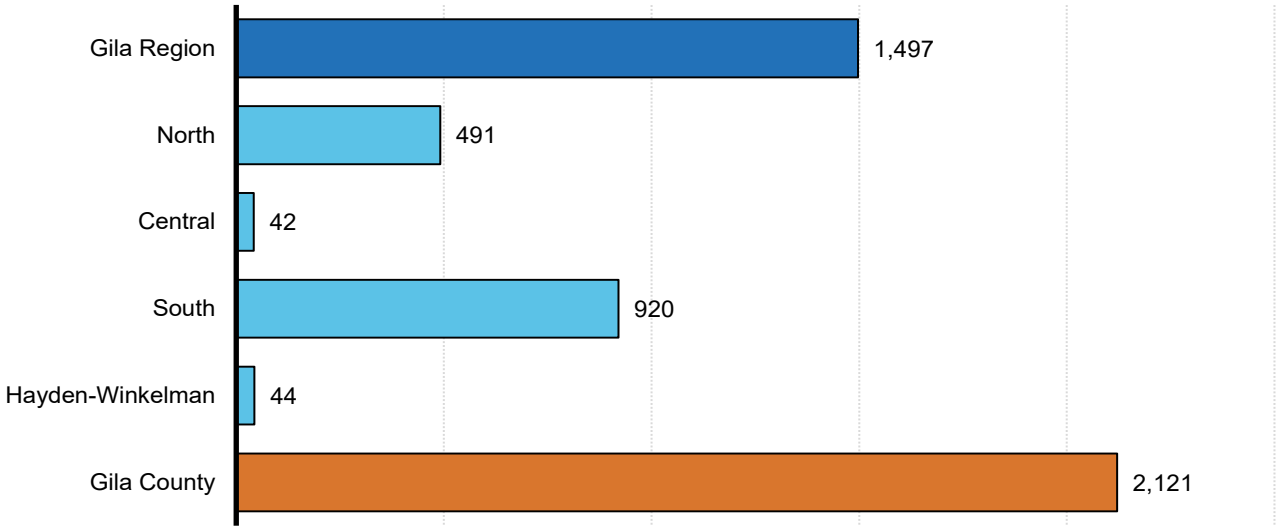


Source: Arizona Department of Economic Security (2021). Child Care Administration [Dataset]. Data received by request. Arizona Department of Health Services (2021). Child Care Licensing [Dataset]. Data received by request. First Things First (2021). Quality First Data Center [Dataset]. Pinal-Gila Community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

Note: This figure was compiled by merging four different licensing and enrollment datasets from ADHS, DES, FTF, and Pinal-Gila Community Child Services Head Start program. We removed all duplicate programs (based on name, phone number, and address) as well as program that only serve children ages 5-12, as these are typically before- & after-school programs that only serve school-age children. Head Start & Early Head Start programs are counted separately.

An estimated 1,497 young children in the Gila Region live in a home where all present parents are in the workforce (that is, are employed, or actively seeking paying work), meaning they likely need some form of child care (Figure 52). Given the region's child care capacity of just 732 slots, including only 333 Quality First slots, this likely leaves a large number of families without an available, quality child care option. The lack of affordable child care was noted as a critical need in Gila County in the Community Action Program community needs assessment, with focus group respondents noting both the limited child care options and the high cost of care that is inaccessible for low-income families.[223] Key informants shared that unregulated care is a common alternative in the region, particularly in the North subregion, which likely meets some of the additional need. Facebook was also identified as a key resource for finding child care in Globe, with daily posts on the Globe Miami Garage Sale Facebook page requesting child care services.

Figure 52. Children ages birth to 5 with all parents in the labor force, 2015-2019 ACS

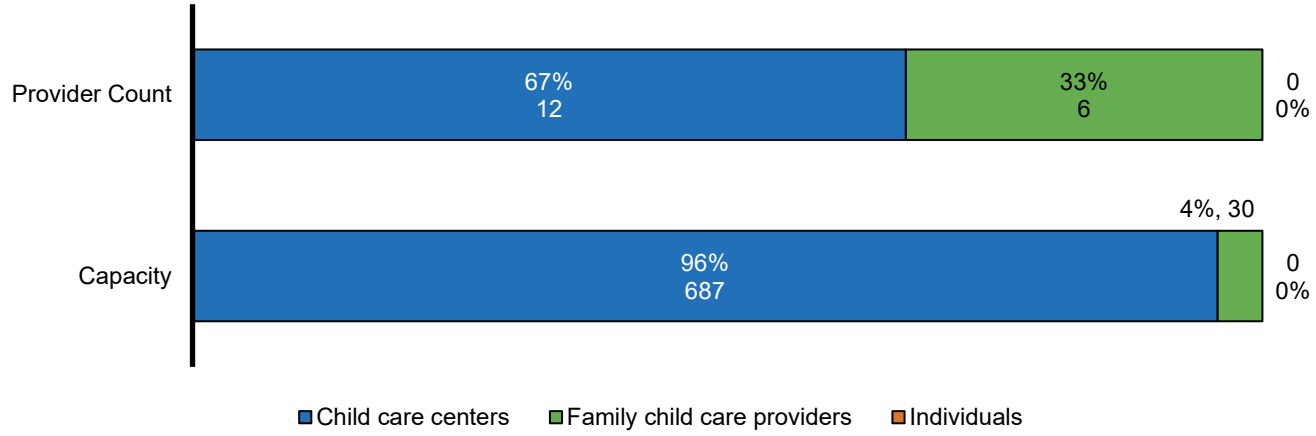


Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B23008

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The term "parent" here includes stepparents. The five percentages in each row should sum to 100% but may not because of rounding.

The Child Care Resource & Referral (CCR&R) Guide is a resource for families to locate available child care providers. Providers listed with CCR&R are licensed, certified, regulated or registered through the Arizona Department of Economic Security (DES), Arizona Department of Health Services (ADHS), Arizona Department of Education (ADE), CCR&R, or a Military or Tribal Authority. The 18 CCR&R providers in the Gila Region have a capacity to serve 717 children, either through child care centers (12 sites, capacity to serve 687) or family child care providers (6 sites, capacity to serve 30) (Figure 53). Child care centers represent 67% of CCR&R providers in the region, but 96% of the available child care capacity.

Figure 53. Number and capacity of providers listed in the Child Care Resource & Referral guide in the Gila Region by type



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

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

Providers are considered quality educational environments by DES if they are accredited by a national organization, such as the Association for Early Learning Leaders or the National Association for the Education of Young Children (NAEYC),[224] or if they receive a Quality First 3-star rating or higher (see below). Just one provider in the Gila Region, located in the South subregion and with a capacity of four children, was nationally accredited in December 2020 (Table 12).

Table 12. Number and licensed capacity of accredited child care providers, December 2020

Geography	Number of accredited providers	Percent of providers who are accredited	Capacity in accredited providers	Percent of provider capacity which is with accredited providers
Gila Region	1	6%	4	1%
North	0	0%	0	0%
Central	0	0%	0	0%
South	1	11%	4	1%
Hayden-Winkelman	0	0%	0	0%
Gila County	1	5%	4	0%
Arizona	233	9%	24,824	12%

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

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

The COVID-19 pandemic made child care even less accessible for many families. Many child care centers and homes closed in the early days of the pandemic due to concerns about safety of children, staff and families.[225,226] The pandemic's effect on out-of-home child care arrangements heightened stress for families and widened pre-existing inequities in work, income and well-being. In the summer of 2020 about half of families with young children (47%) in a nationally representative survey reported that they lost their pre-pandemic child care arrangements, and the majority of parents and caregivers surveyed (70%) were worried about returning to prior arrangements.[227]

During the month of December 2020, more than one quarter (28%) of the regulated early care providers in the Gila Region that were listed in the CCR&R guide were closed (Table 13). These providers accounted for half (49%) of the known care capacity in the region. This included the closure of the only provider listed in the CCR&R guide for the Hayden-Winkelman subregion, with a capacity of 60, as well as three providers in the South subregion that provided the majority (74%) of the subregion's capacity. Key informants shared that employers of essential workers in the region reached out directly to FTF staff for assistance in identifying child care resources. Some employers in the region even offered to subsidize salaries of child care workers to allow for extended child care hours, but unfortunately the provider staffing shortages experienced during the pandemic hindered their ability to utilize these proposed additional funds.

Table 13. Number and capacity of regulated early care and educational providers by operational status in December 2020

	All providers		Providers closed		Providers open		Percent of providers closed	
Geography	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
Gila Region	18	717	5	349	13	368	28%	49%
North	7	338	1	59	6	279	14%	17%
Central	1	10	0	0	1	10	0%	0%
South	9	309	3	230	6	79	33%	74%
Hayden-Winkelman	1	60	1	60	0	0	100%	100%
Gila County	19	950	6	582	13	368	32%	61%
Arizona	2,527	202,364	937	72,089	1,590	130,275	37%	36%

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

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

Head Start

Head Start is a comprehensive early childhood education program for children whose families meet Department of Health and Human Services income eligibility guidelines. The program offers a broad range of individualized services in the areas of education and child development, special education, health services, nutrition and parent/family development. Preschool-aged children are served through Head Start programs, and infants and toddlers are served through Early Head Start.

In the Gila Region, Pinal-Gila Community Child Services (PGCCS) currently operates one Head Start site, Miami Head Start, which runs an Early Head Start program in addition to traditional Head Start. PGCCS previously operated two additional Head Start locations in the region – Payson Head Start and Globe Head Start – but, according to key informants, closed them in recent years for financial reasons, which has resulted in a lack of Head Start services in northern Gila County. PGCCS also closed the Superior Head Start location at the same time as the Globe closure. Though Superior Head Start was located in Pinal County, it was commonly utilized by families in the Gila Region. Mammoth Early Head Start, located in Pinal County, remains a key resource for families of infants and toddlers in the Hayden-Winkelman subregion.

Head Start slots, also known as *funded enrollment*, represents a program's capacity to serve children at a point in time.[228] PGCCS programs had a funded enrollment of 52 slots in the Gila Region in 2019-20 (Figure 54). Of the funded slots in traditional Head Start, all 34 slots were part-day. Additionally, 18 slots existed for Early Head Start programs, the majority of which were provided in home-based centers

(Table 14). *Cumulative enrollment* encompasses the total number of individuals that Head Start programs serve across the program year and can surpass funded enrollment due to families staying part of a year and then being replaced by a new family. PGCCS programs had a cumulative enrollment of 66 in the Gila Region in 2019-20; details by program are available in Appendix 1.

Figure 54. Funded enrollment in Miami Head Start programs by type, 2019-20

Source: Pinal-Gila Community Child Services (2021). Head Start Program Data [Dataset]. Data received by request.

Table 14. Funded enrollment in Miami Head Start programs by type, 2019-20

Center Name	Expanded Day	Part Day	Early Head Start	Center-based Enrollment	Home-based Enrollment
Gila Region Total	**0**	**34**	**18**	**42**	**10**
Miami Head Start	0	34	N/A	34	N/A
Miami Early Head Start	N/A	N/A	18	<10	10

Source: Pinal-Gila Community Child Services (2021). Head Start Program Data [Dataset]. Data received by request.

Note: "Expanded Day" refers to lengthening the hours of services that Head Start offers individual children and their families, with the goal of increasing children's learning and developmental outcomes by providing more hours of high-quality learning experiences. Longer hours also support families who are working or in school to pursue self-sufficiency while their children are in safe and nurturing early learning environments.

Quality First

Beyond the basic goal of being a safe place for children, there are a number of different ways for a child care program to enrich a child's experience. Quality standards help ensure these early environments support positive outcomes for children's well-being, academic achievement and success later in life.[229] Quality First is Arizona's Quality Rating and Improvement System (QRIS) for early child care and preschool providers.[230] The Quality First program describes quality settings as those that include teachers and staff who know how to work with young children and offer hands-on activities, create learning environments that nurture the development of every child and foster positive, consistent relationships and interactions that give children the individual attention they need.[231] A Quality First star rating represents where along the continuum of quality (1 to 5 stars) a program was rated and how they are implementing early childhood best practices. Through Quality First, child care health consultants also help provide health and safety guidance to providers.[232]

In 2020, the Gila Region had six providers in the Quality First System, five of which (83%) achieved a 3-star rating or higher, indicating that they meet quality standards (Table 15). The five 3-star or higher rated programs served 202 children (Table 16), a small fraction of the 2,688 young children in the region (see Table 1). Quality First also offers scholarships; 61 children were served through these scholarships in state fiscal year 2020.

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

Table 15. Quality First programs, state fiscal year 2020

Geography	Child care providers served	Child care providers with a 3-5 star rating	Percent of child care providers with a 3-5 star rating
Gila Region	**6**	**5**	**83%**
Gila County	N/A	N/A	N/A
Arizona	1,045	824	79%

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

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

Geography	Children enrolled at a Quality First provider site	Children enrolled at a Quality First provider site with a 3-5 star rating	Percent of children in a quality-level setting (3-5 Stars)
Gila Region	**231**	**202**	**87%**
Gila County	N/A	N/A	N/A
Arizona	60,927	45,822	75%

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

Early care and education affordability

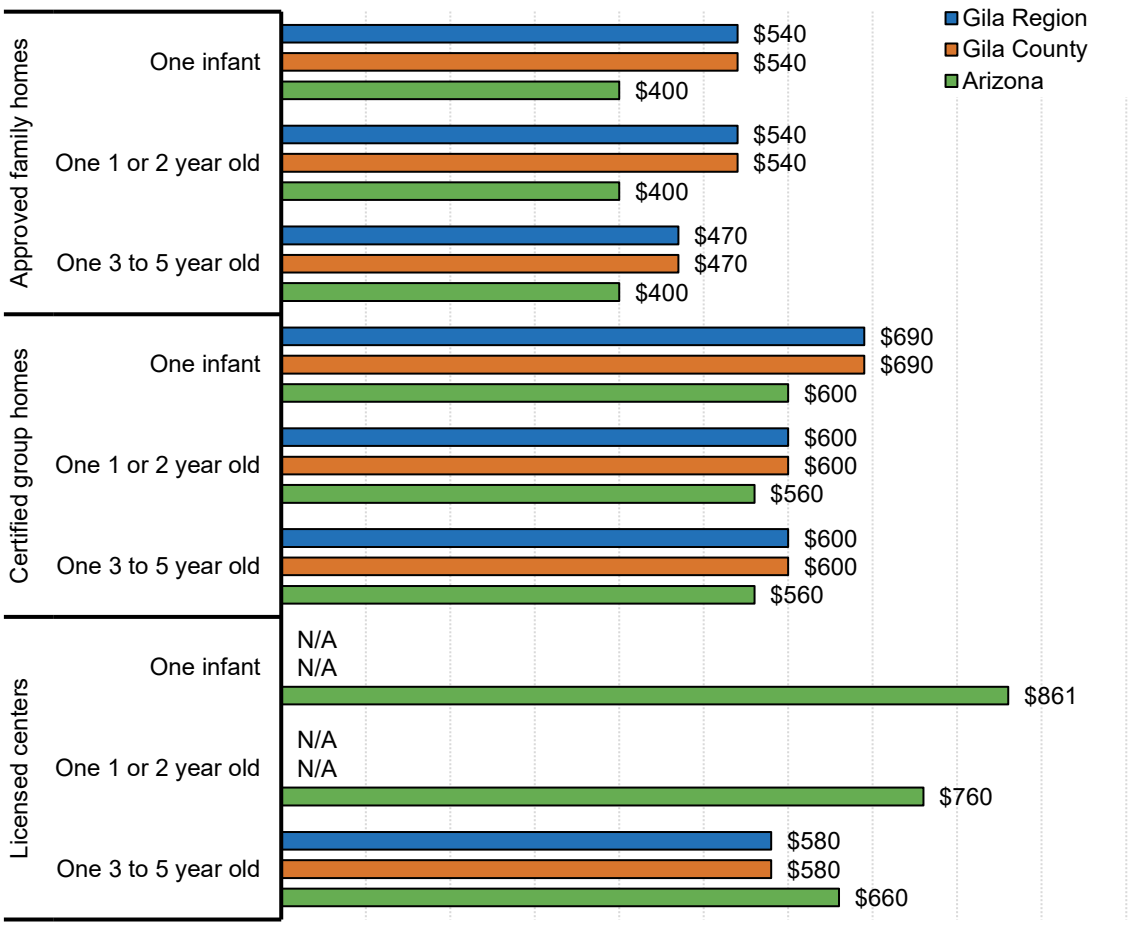
In addition to issues of availability, the high cost of early care and education can place formalized care out of reach of many families. The average annual cost of full-time center-based care for a young child in Arizona is nearly equal to the cost of one year at a public college.[233,234]

The average monthly cost of child care in Arizona varies based on the type of provider and age of the child, with licensed child care centers often having the highest rates across all age groups. Without accounting for possible discounts for families with multiple children at the same center, a family with one preschooler and one infant in the Gila Region can expect to pay about $1,290 per month for a certified group home or $1,010 for a certified family home provider (Figure 55). As a point of comparison, the median rent in Gila County is $816,[235] meaning that formal child care arrangements may easily exceed what many families pay per month on housing. This can create financial challenges that are further compounded for families with multiple children under the age of 5.[vii,236,237] A married family with two children living at the poverty line in Arizona, for example, would need to pay over 77% of their household income for center-based care if charged these rates. [238,239]

The cost of child care varies by the type of care and the age of the child receiving care. Care is typically more expensive for infants because the lower teacher-to-child ratio needed for infant care often necessitates a higher cost of care. In 2018, in both approved family home providers and certified group homes in the Gila Region, the median cost of full-time care across all age groups was higher relative to the cost of similar care across the state (Figure 55). For example, residents in the region paid $140 more per month for an infant in an approved family home provider and $90 more per month for an infant in a certified group home. Given that the median family income for families with children in Gila County ($51,400) is lower than that across the state ($70,200) (see Figure 15), this higher monthly cost of child care is likely to create additional financial strain for these families.

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

Figure 55. Median monthly charge for full-time child care, 2018

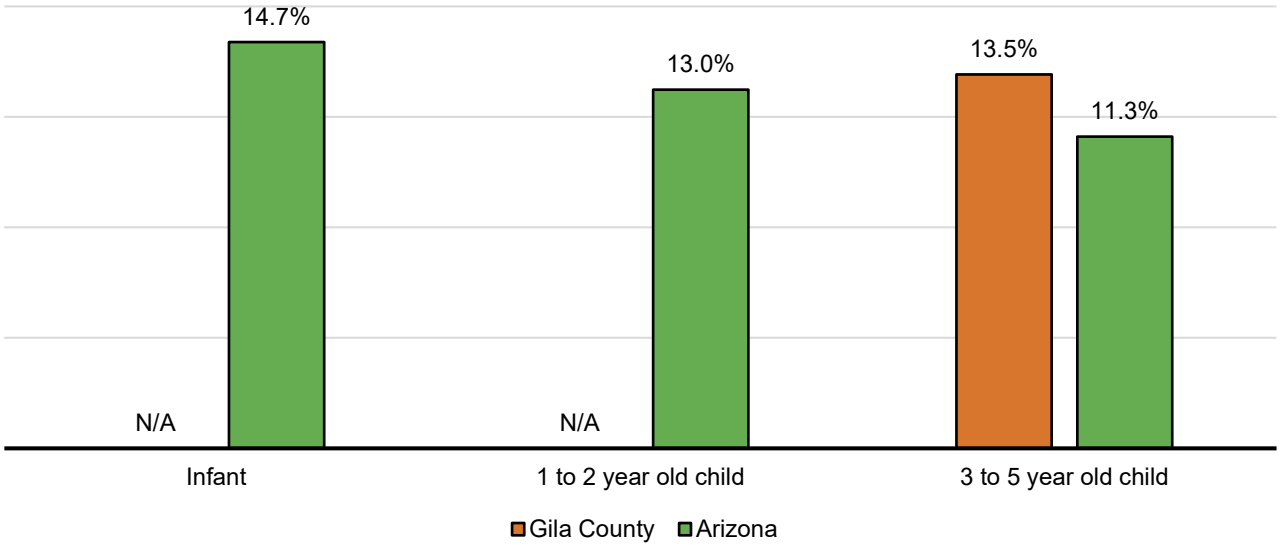


Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: Median monthly charges are calculated by multiplying the daily median cost of care by 20 to approximate a full month of care. N/A indicates that there were not sufficient providers fitting a particular category who responded to the market rate survey to allow calculation of median costs.

For preschool age children specifically, families in Gila County pay 13.5% of their income for center-based child care compared to the 11.3% paid by parents statewide (Figure 56). Child care is therefore a substantial cost for families, especially for families with multiple young children needing care. The United States Department of Health and Human Services recommends that parents spend no more than 10% of their family income on child care to avoid being overburdened.[240] Furthermore, these proportions were calculated based on the median income for all families. Single parent homes, particularly those with a single-female householder, have a much lower median income (see Figure 15), resulting in a higher proportion of their income being spent on child care.

Figure 56. Cost of center-based child care for one child as a percent of income, 2018

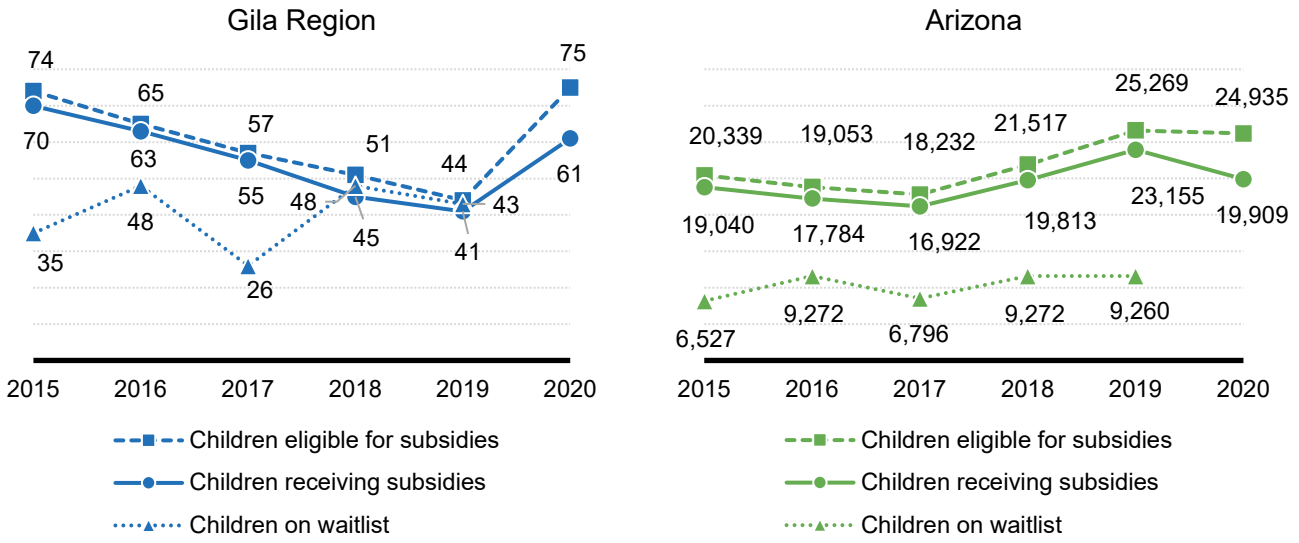


Source: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data.

Note: Annual costs of care are calculated by multiplying the median daily cost of care by 240 to approximate a full year of care. N/A indicates that there were not sufficient center-based providers serving infants or toddlers who responded to the market rate survey to allow calculation of median costs.

Child care subsidies provided by government agencies can help to offset families' child care costs, reducing financial barriers to accessing child care and ensuring parents can remain employed and provide for their family's needs.[241] The number of children birth to 5 years eligible for DES child care subsidies in the Gila Region was decreasing steadily from 2015 (n=74) to 2019 (n=44) (Figure 57). This declining trend changed in 2020, likely due to the suspension of the DES child care subsidy waitlist in June 2019. Prior to that, there had been dozens of young children in the region who were interested in the subsidy program but unable to promptly access that source of support. The suspension meant that for the first time since the start of the waitlist in 2009 during the Great Recession, all children who qualify for subsidies were able to receive them, assuming that they are able to find a provider.[242] This was due to $56 million in additional federal funds from the Child Care and Development Fund (CCDF) that was authorized by the Arizona State Legislature. The funding increase has also allowed DES to increase provider reimbursement rates, which may make it easier for families to use their child care subsidies.[243] Presumably as a result of the pandemic when many parents and caregivers ceased out-of-home care for their children,[244] the number of children in the region who actually utilized their subsidies in 2020 did not as closely mirror the number of children eligible for subsidies, as was seen in previous years. In a nationally representative survey in the summer of 2020, about half of families with young children (47%) reported that they lost their pre-pandemic child care arrangements, and the majority of parents and caregivers surveyed (70%) were worried about returning to prior arrangements.[245]

Figure 57. Children eligible for, receiving, and on waitlist for DES child care subsidies, 2015 to 2020



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

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

The Department of Child Safety (DCS) has a special arrangement with DES to prioritize child care subsidies to DCS-involved families. This partnership aims to help protect children from abuse and neglect by reducing caregiver stress and providing opportunities for children to interact with adults outside of the family who could help alert DCS to potential concerns.[246] The number of DCS-involved children receiving DES child care subsidies in the region showed a similar decline before 2019 to that seen in non-DCS children, from 54 children in 2015 to 20 children in 2018, rebounding slightly in 2019 and 2020 (Table 17). In contrast, the proportion of eligible DCS-involved children actually receiving subsidies has fluctuated during this time, dropping to just 51% in 2020, likely related to the pandemic. These children are in especially fragile families, where the stress of the pandemic coupled with the lack of outside support during mass quarantines could leave them particularly vulnerable. Nationwide, during the pandemic, reports of child maltreatment dropped – even as severity appeared to increase –as children were isolated at home, away from mandated reporters.[247,248] In the wake of the pandemic, additional efforts to support DCS-involved families may be warranted.

Table 17. DCS-involved children receiving DES child care subsidies, 2015 to 2020

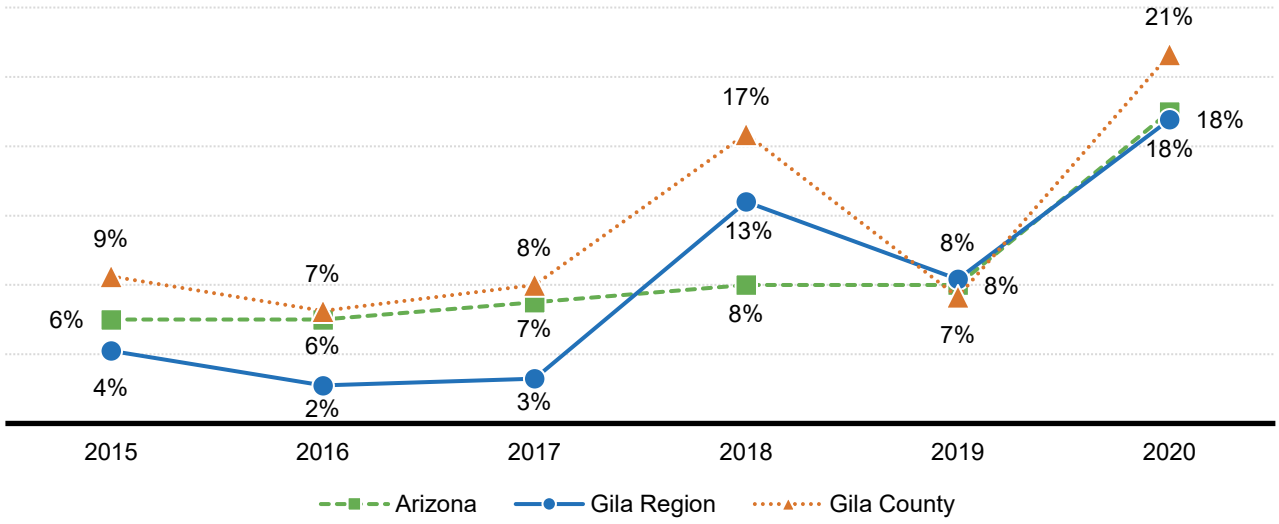
	Number of DCS children receiving subsidy						Percent of DCS eligible children receiving subsidy					
Geography	2015	2016	2017	2018	2019	2020	2015	2016	2017	2018	2019	2020
Gila Region	**54**	**54**	**33**	**20**	**34**	**32**	**87%**	**93%**	**85%**	**69%**	**74%**	**51%**
North	29	[1-9]	[1-9]	10	0	0	83%	N/A	N/A	67%	N/A	N/A
Central	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A
South	[16-24]	36	18	10	24	[23-31]	N/A	103%	95%	N/A	71%	N/A
Hayden-Winkelman	[1-9]	[1-9]	[1-9]	0	10	[1-9]	N/A	N/A	N/A	N/A	83%	N/A
Gila County	54	54	33	21	37	34	87%	86%	85%	70%	76%	52%
Arizona	13,098	13,352	12,201	12,219	11,808	7,137	91%	89%	88%	82%	82%	59%

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

Note: In the South region in 2016, more DCS-involved children received subsidies than were initially counted as eligible. All DCS-involved children are automatically eligible for subsidies, so this may simply reflect a change in address mid-year or other geocoding related anomalies.

Eligible families may not use child care subsidies for a number of reasons, including limited knowledge about how to navigate the system, an inability to afford child care even with the subsidy or a lack of providers within their area who will take subsidy payments.[249,250] The percentage of families in the region who applied and were found eligible for DES child care subsidies but did not utilize them remained low from 2015 (4%) to 2017 (3%), later increasing and peaking in 2020 (18%), another reflection of the pandemic's effect on child care arrangements (Figure 58).

Figure 58. Eligible families not using DES child care subsidies, 2015 to 2020



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

Young children with special needs

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities and some tribal communities. The U.S. Department of Health and Human Services defines children with special health care needs as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."[251]

Children with special health care needs may particularly benefit from high quality teacher-child interactions in classrooms,[252,253] as they are more likely to experience more adverse childhood experiences than typically developing children,[254] and are at an increased risk for maltreatment and neglect.[255,256] Adverse Childhood Experiences (ACEs) [viii] include childhood experiences of abuse, neglect, and other forms of potential trauma. Nearly one in five children in the state of Arizona have special health care needs (17.6%), and according to a public survey of families conducted by the Arizona Department of Health Services, lack of child care is a major barrier for these families when trying to access services.[257]

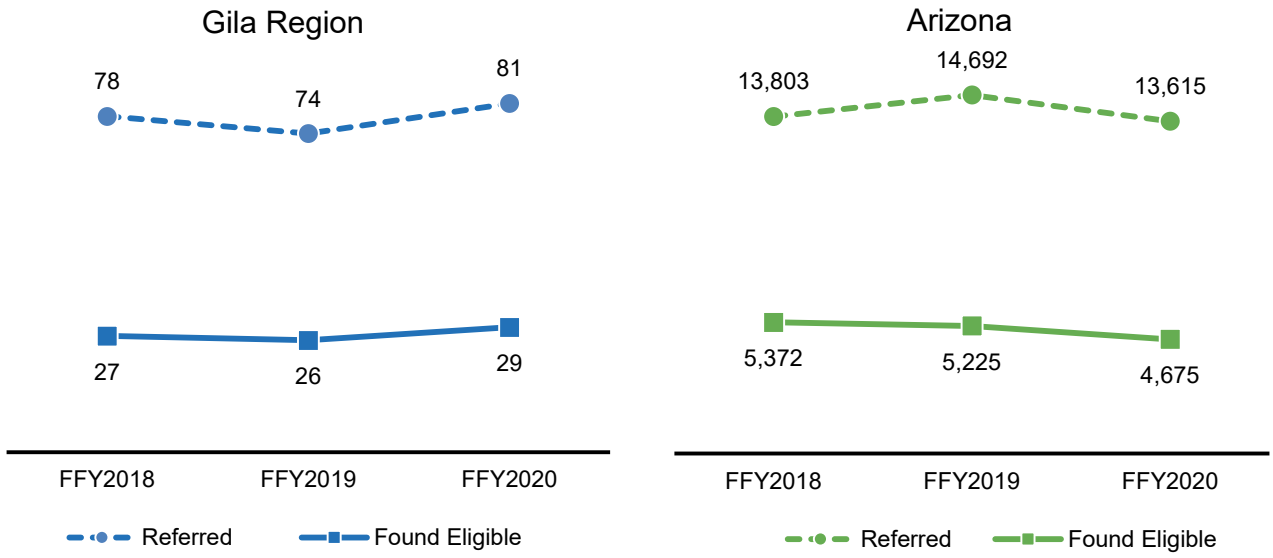
Timely and appropriate developmental screenings can help to identify children who may have special needs. By identifying these children early, intervention can help young children with, or at risk for,

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

developmental delays to improve language, cognitive and socio-emotional development.[258,259] It also reduces educational costs by decreasing the need for special education.[260] In Arizona, services available to families with children with special needs include those provided through the Arizona Early Intervention Program (AzEIP),[261] the Division of Developmental Disabilities (DDD),[262] and the Arizona Department of Education Early Childhood Special Education Program.[263]

The Arizona Early Intervention Program (AzEIP)[264] is an interagency system of services and supports for families of young children (birth to 2) with disabilities or developmental delays in Arizona. The number of young children referred to AzEIP in the Gila Region has remained relatively consistent since 2018, though only about 35% of children referred were ultimately found eligible for services each year (Figure 59). The proportion of children referred and found eligible in the region was comparable to that seen statewide.

Figure 59. Children ages birth to 2 referred to and found eligible for AzEIP, federal fiscal years 2018 to 2020



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

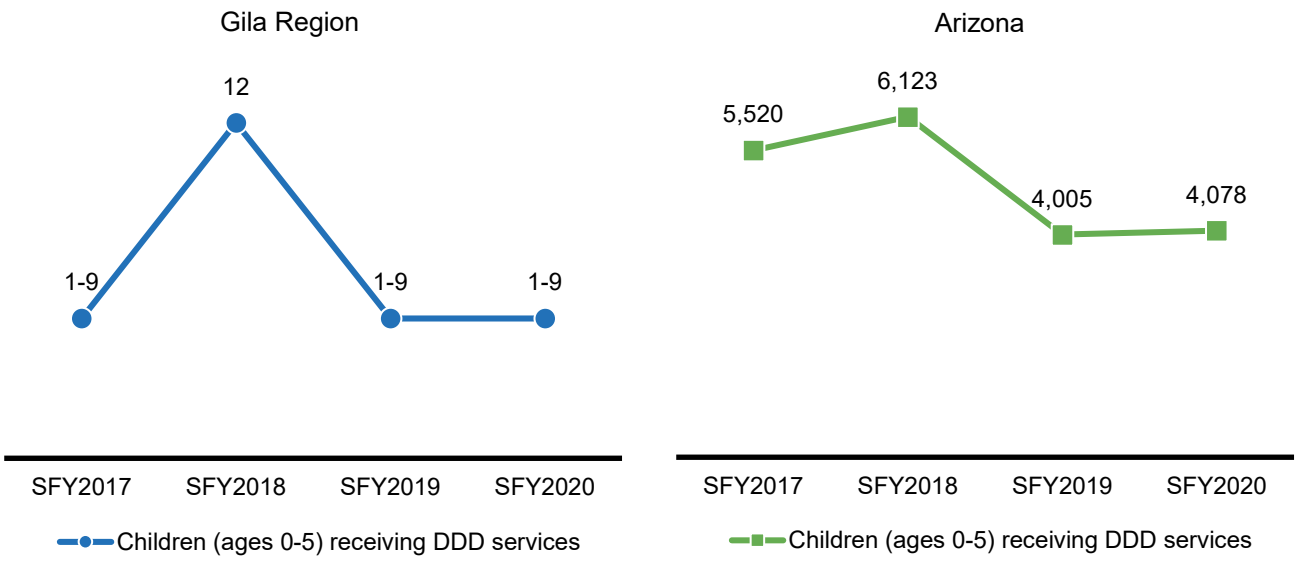
Note: These data reflect the Oct 1 snapshot of AzEIP services, not a cumulative total throughout the year.

AzEIP may refer families to the Division of Developmental Disabilities (DDD) if the child has or is at risk for developing a qualifying disability, including cerebral palsy, epilepsy, autism spectrum disorder or an intellectual or cognitive disability.[265] DDD can provide services to individuals with qualifying disabilities through adulthood. Recent years have seen a very small number of young children receiving DDD services across the Gila Region (Figure 60).

Qualifying children may receive services from both AzEIP and DDD, a number which can be used to estimate the total number of young children receiving early intervention services in a region. A 2008 study using nationally representative data estimates that approximately 13% of children ages birth to 2 in the U.S. have developmental delays that could benefit from early intervention services, but only about

3% of children actually receive services.[266] In the Gila Region, just 1.2% of children birth to 2 years[ix] were receiving services from AzEIP and/or DDD in 2020, which is lower than the proportion statewide (2.1%) (Figure 61). These data suggest that there are likely many children in the Gila Region who would benefit from early intervention services but are not receiving them and highlight the reality that Arizona has been among the bottom five states nationally in terms of young children receiving early intervention services.[267] Key informants shared that there are efforts across the region to identify young children with special needs, including providing hearing and vision screenings. As with Head Start services, it is also likely that families with young children with special needs in Hayden-Winkelman are seeking services in Pinal County, which are geographically closer than services available in Gila County.

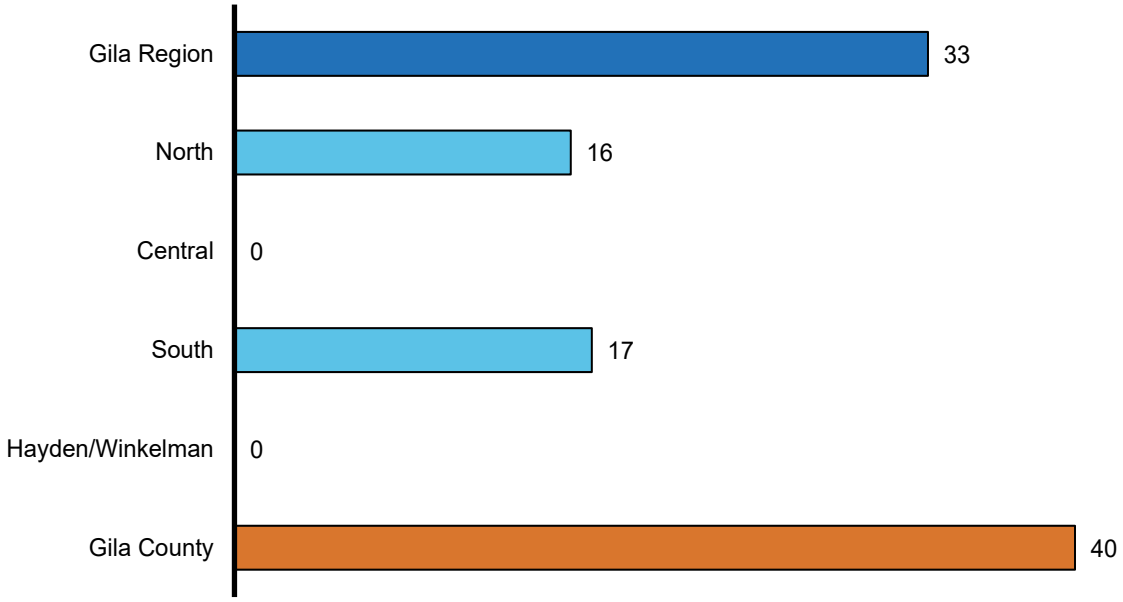
Figure 60. Number of children (ages 0-5) receiving DDD services, state fiscal years 2017 to 2020



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

[ix] *These estimates rely on 2010 Census data, so in areas with large growth in the population of families with young children in the last decade, these percentages would be an underestimate.*

Figure 61. Number of children (ages 0-2) receiving AzEIP or DDD services, state fiscal year 2020

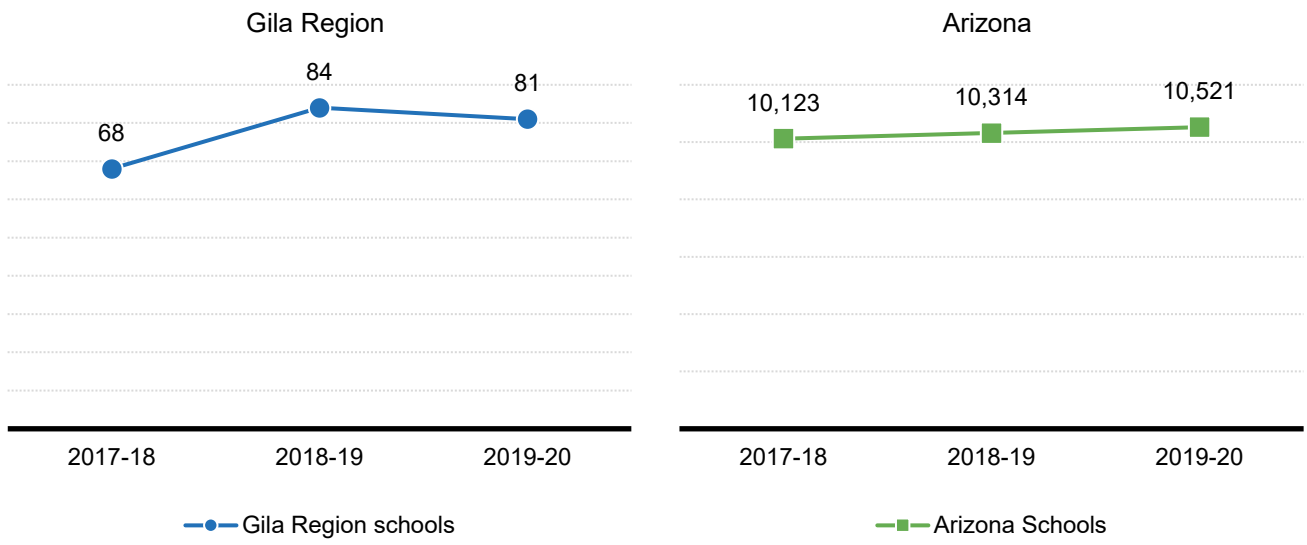


Sources: Arizona Department of Economic Security (2021). [Arizona Early Intervention Program dataset]. Unpublished data.

As a child with special needs approaches age 3, they transition from receiving services through AzEIP to receiving services from their local education authority (LEA). Data from the Arizona Department of Education show that the number of young children (ages 3 to 5) with special needs receiving services from LEAs in the Gila Region increased from 68 in 2017-18 to 81 in 2019-20 (Figure 62), with the majority of these young children receiving services in Payson Unified District (Table 18).

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities and some tribal communities. Adding to the existing challenges in serving these students, pandemic-related school closures further impacted children with special needs. In-person services for children through LEAs were disrupted and required transitions to remote modalities.[268] Young children with special needs may need additional supports to compensate for the challenges faced during the pandemic.

Figure 62. Trends in preschoolers with disabilities served by Local Education Authorities (LEAs), 2017-18 to 2019-20



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

Table 18. Preschoolers with disabilities receiving services through Local Education Authorities, 2017-18 to 2019-20

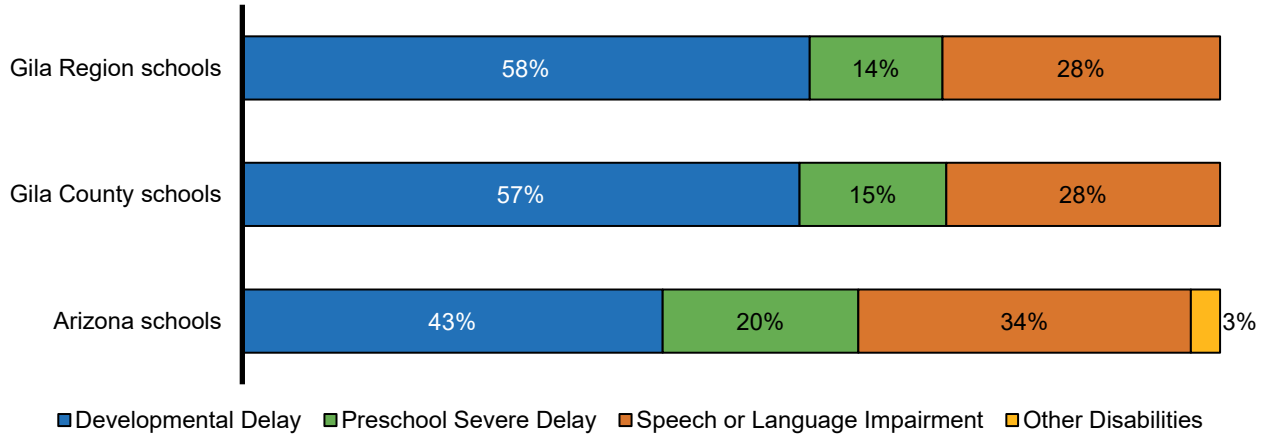
Geography	Preschoolers enrolled in special education, 2017-18	Preschoolers enrolled in special education, 2018-19	Preschoolers enrolled in special education, 2019-20
Gila Region schools	**68**	**84**	**81**
Globe Unified District	DS	DS	17
Payson Unified District	39	57	44
Miami Unified District	DS	14	DS
Hayden-Winkelman Unified District	DS	DS	DS
Young Elementary District	DS	DS	DS
Pine Strawberry Elementary District	DS	DS	DS
Tonto Basin Elementary District	DS	DS	DS
Gila County schools	102	105	97
Arizona schools	10,123	10,314	10,521

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

Among children who are in special education programs in public preschools in the Gila Region, 58% of children have a developmental delay, 28% have a speech or language impairment and 14% have a "preschool severe delay" (Figure 63). The preschool severe delay category is defined by Arizona as a very low score on assessments of in one or more of these areas: cognitive development, physical development, communication development, social or emotional development or adaptive development.[269]

Prevalence of different disabilities varies across the region, with a larger proportion of children with a developmental delay in the Payson Unified District (66%) and a larger proportion with a speech or language impairment in the Globe Unified District (47%) (Table 19). Head Start programs also serve young children with special needs. Among the children with disabilities served by Miami Head Start during the 2019-20 school year, 90% had developmental delays and 10% had speech impairments.[270]

Figure 63. Preschoolers with disabilities receiving services through Local Education Authorities (LEAs) by type of disability, 2019-20



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

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

Geography	Number of preschoolers enrolled	Developmental Delay	Preschool Severe Delay	Speech or Language Impairment	Other Disabilities
Gila Region schools	**81**	**58%**	**14%**	**28%**	**<2%**
Globe Unified District	17	41%	12%	47%	<2%
Payson Unified District	44	66%	11%	23%	<2%
Miami Unified District	DS	63%	13%	25%	<2%
Hayden-Winkelman Unified District	DS	>98%	<2%	<2%	<2%
Young Elementary District	DS	<2%	>98%	<2%	<2%
Pine Strawberry Elementary District	DS	<2%	<2%	>98%	<2%
Tonto Basin Elementary District	DS	N/A	N/A	N/A	N/A
Gila County schools	97	57%	15%	28%	<2%
Arizona schools	10,521	43%	20%	34%	3%

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

For older children in the region (enrolled in kindergarten through 3rd grade), the number of children enrolled in special education services in public or charter schools increased from 234 students in 2017-18 to 253 students in 2019-20 (Table 20). This is more than seven times the number of children birth to 2 in the region being served by early intervention services (33 served by AzEIP and DDD in 2020). Even accounting for the wider age range served in elementary school, there are relatively more students being served through schools than early intervention programs. It may be that children with delays are being identified and diagnosed when they are older, potentially missing the opportunity for earlier intervention which can be more effective and less costly.

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

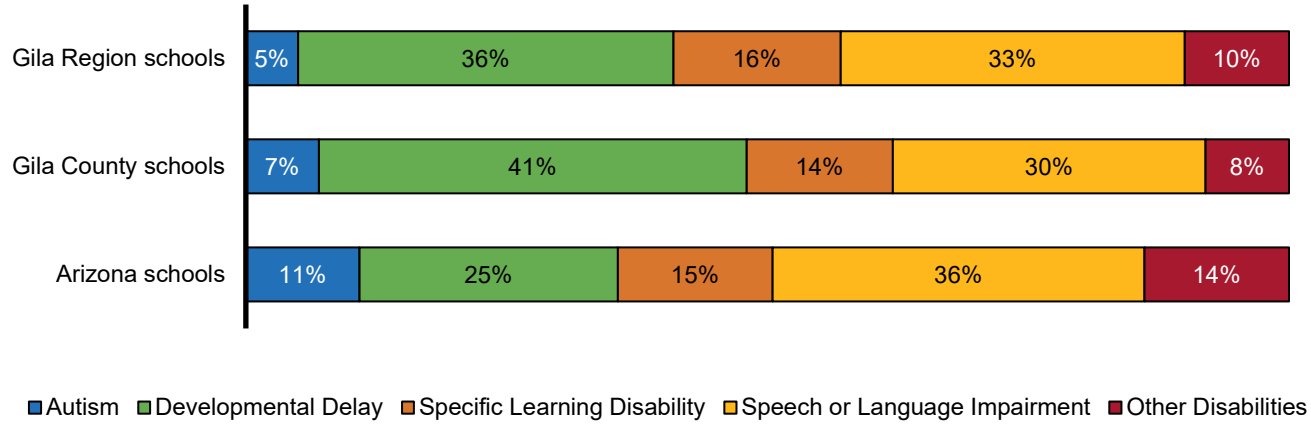
Geography	K-3 students enrolled in special education, 2017-18	K-3 students enrolled in special education, 2018-19	K-3 students enrolled in special education, 2019-20
Gila Region schools	**234**	**230**	**253**
Globe Unified District	[64-73]	[62-72]	43
Payson Unified District	68	62	89
Miami Unified District	22	20	25
Hayden-Winkelman Unified District	DS	DS	DS
Young Elementary District	DS	DS	DS
Pine Strawberry Elementary District	DS	DS	DS
Tonto Basin Elementary District	DS	DS	DS
Destiny School, Inc.	[17-27]	[13-23]	DS
Gila County schools	334	333	348
Arizona schools	36,807	38,115	39,071

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

Of those kindergarten through 3rd grade students enrolled in special education in public and charter schools in the Gila Region, most have a primary disability of developmental delay (36%) or speech or language impairment (33%) (Figure 64). Less often these children have a primary disability of specific learning disability (16%), other disability (10%) or autism (5%). Students' primary disability in the region is more commonly developmental delay and less commonly autism compared to students across the state (25% and 11%, respectively), though in Miami Unified District 17% of students had a primary disability of autism (Table 21).

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

Figure 64. Kindergarten to 3rd grade students enrolled in special education in public and charter schools by primary disability, 2019-20



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

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

Geography	Number of K-3 students enrolled	Autism	Developmental delay	Specific learning disability	Speech or language impairment	Other disabilities
Gila Region schools	**253**	**5%**	**36%**	**16%**	**33%**	**10%**
Globe Unified District	DS	5%	45%	10%	28%	10%
Payson Unified District	DS	4%	33%	20%	34%	20%
Miami Unified District	DS	17%	45%	14%	17%	14%
Hayden-Winkelman Unified District	DS	<2%	33%	33%	<2%	33%
Young Elementary District	DS	<2%	25%	<2%	75%	<2%
Pine Strawberry Elementary District	DS	<2%	29%	14%	57%	14%
Tonto Basin Elementary District	DS	<2%	40%	<2%	40%	<2%
Destiny School, Inc.	DS	<2%	17%	8%	67%	8%
Gila County schools	348	7%	41%	14%	30%	8%
Arizona schools	39,071	11%	25%	15%	36%	14%

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

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

CHILD HEALTH

CHILD HEALTH

Why it Matters

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

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

What the Data Tell Us

Access to care

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

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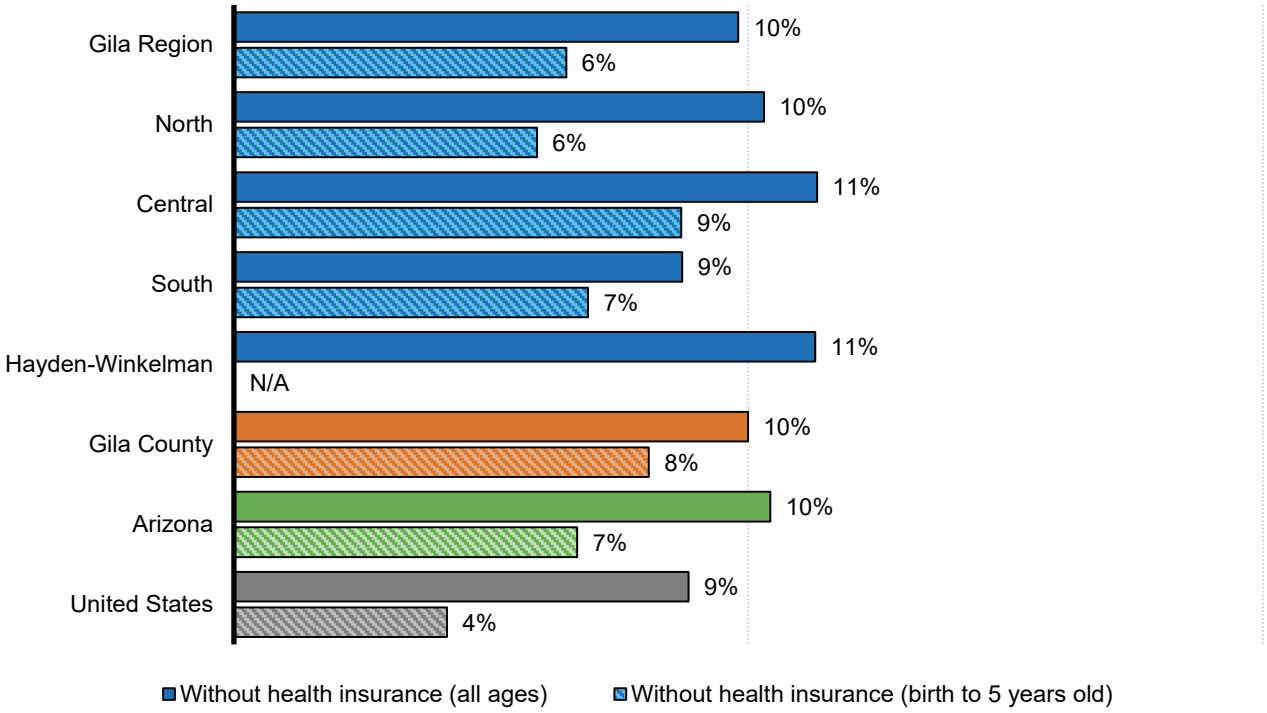
[x] *Data included in this report are presented alongside Healthy People 2020 benchmarks because data are available through 2019. However, new Healthy People 2030 benchmarks have now been released and are noted where appropriate. For more information about Healthy People 2030 visit https://health.gov/healthypeople*

According to American Community Survey (ACS) data averaged over the five years from 2015 to 2019, an estimated 10% of the overall population lacks health insurance coverage in both the Gila Region and the state (Figure 65). Coverage is slightly higher for young children under 6, with only 6% of young children in the region uninsured, similar to the state (7%), but higher than across the U.S. as a whole (4%). Note that the American Community Survey considers persons who are covered by the Indian Health Service (IHS) uninsured.[289]

Federal relief efforts during the pandemic have included expansion of subsidies for health insurance purchased on Affordable Care Act marketplaces as well as special and expanded enrollment periods for insurance through these marketplaces.[290] These efforts helped prevent losses of insurance for many Americans despite the enormous number of jobs lost and may make health insurance more accessible for families in Arizona.[291]

Figure 65. Health insurance coverage, 2015-2019 ACS



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

Note: This table excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau. A reliable estimate of uninsured young children was not available for the Hayden-Winkelman sub-region due to sample size limitations

Prenatal care

Consistent and accessible health care during and after pregnancy is critical for supporting pregnant mothers and young children. Prenatal care, starting early in pregnancy and continuing at regular

intervals to delivery, can improve health outcomes for mothers and infants and reduces the risk of prenatal smoking, pregnancy complications, prematurity and maternal and infant mortality.[292,293,294,295]

In 2019, there were 336 births in the Gila Region (Table 22). Among these births, 69.6% were to mothers who began prenatal care in their first trimester, which is slightly better than the state overall (68.9%), but well below the Healthy People 2020 target of 84.8%. While statewide there has been a steady rise in births to mothers with inadequate prenatal care in recent years, trends in the region have fluctuated, dropping to 1% of births to mothers with no prenatal care and 7% with fewer than five prenatal visits in 2019 (Figure 66). Given the impacts of inadequate prenatal care on birth outcomes, targeted efforts to engage more women in early and adequate prenatal care could help improve the health of mothers and babies.

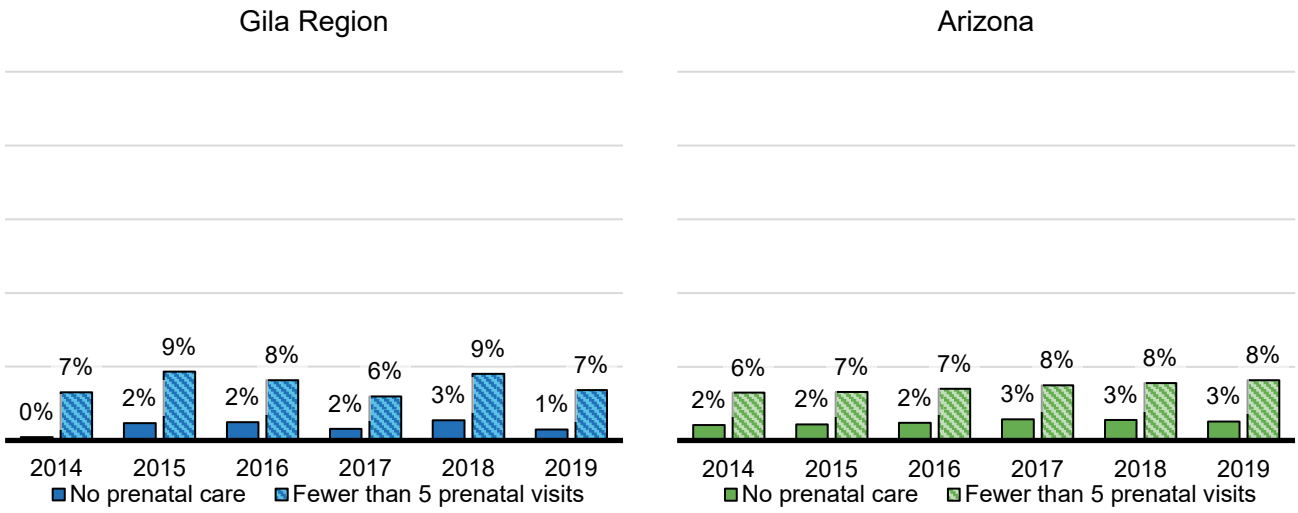
Table 22. Prenatal care for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother had no prenatal care	Mother had fewer than five prenatal visits	Mother began prenatal care in the first trimester
Gila Region	**2018**	**366**	**3%**	**9%**	**69.7%**
	2019	**336**	**1%**	**7%**	**69.6%**
Gila County	2018	497	4%	15%	62.0%
	2019	473	4%	16%	64.1%
Arizona	2018	80,539	3%	8%	68.8%
	2019	79,183	3%	8%	68.9%
Healthy People 2020 Target					84.8%

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

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

Figure 66. Births to mothers with inadequate prenatal care, 2014 to 2019



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

Note: Mothers of twins are counted twice in these figures

Maternal characteristics

A mother's health status before, during and after pregnancy influences her child's health. Given that nearly two-thirds (64%) of births in the Gila Region were to mothers who used AHCCCS or Indian Health Service (IHS) to cover their birthing costs (Table 23), access to preconception and prenatal care provided through these programs is critical to safe guarding the health of young children and their mothers.

Certain maternal characteristics can increase the risk of poor health outcomes for both mothers and their babies. Pregnancy during the teen years is associated with a number of health concerns for children, including neonatal death, sudden infant death syndrome and child abuse and neglect.[296] In 2019, 9% of births in the Gila Region were to mothers in their teens, almost double the proportion of births to teen mothers statewide during that time (5%) (Table 23).

Maternal obesity is associated with increased risk of birth complications and neonatal and infant mortality.[297,298] In addition to health implications early in life, babies of mothers who are obese are at an increased risk for chronic conditions in childhood and adulthood, including asthma, diabetes and heart disease.[299] In terms of specific health risks, 4% of births in the region were to mothers with gestational diabetes and 28% to mothers with pre-pregnancy obesity. This is a smaller proportion of births to mothers with these characteristics compared to births in the state overall (9% and 30%, respectively).

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

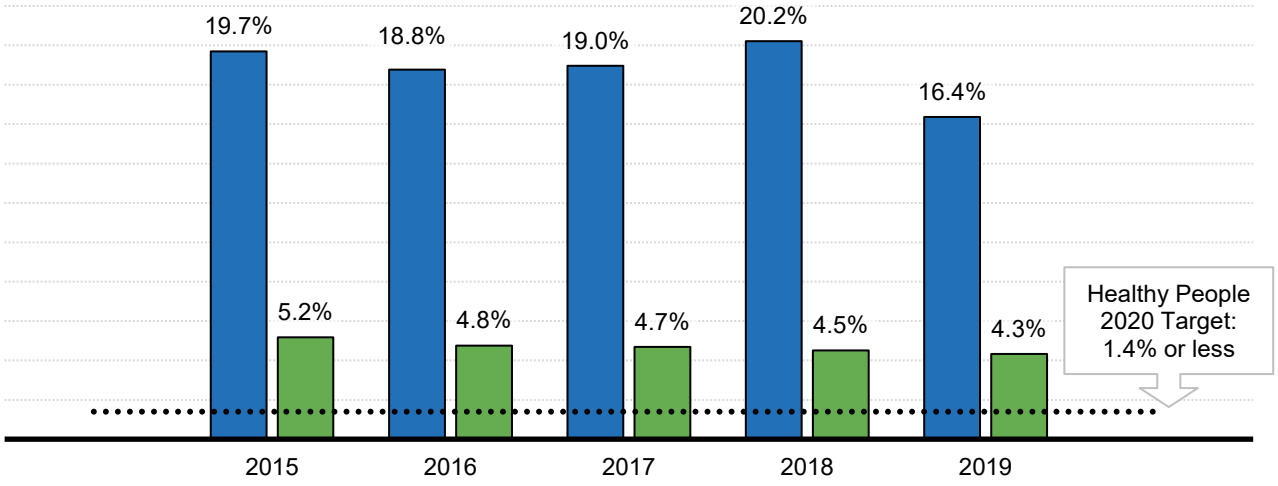
Geography	Calendar year	Number of births	Mother was younger than 18	Mother was younger than 20	Birth was covered by IHS or AHCCCS	Mother had gestational diabetes	Mother had pre-pregnancy obesity	Mother used tobacco during pregnancy
Gila Region	**2018**	**366**	**3%**	**10%**	**64%**	**4%**	**25%**	**20.2%**
	2019	**336**	**2%**	**9%**	**60%**	**4%**	**28%**	**16.4%**
Gila County	2018	497	3%	11%	72%	6%	29%	16.5%
	2019	473	4%	10%	70%	5%	33%	12.7%
Arizona	2018	80,539	2%	6%	51%	8%	29%	4.5%
	2019	79,183	1%	5%	50%	9%	30%	4.3%
Healthy People 2020 Target								1.4%

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

Note: Mothers of twins are counted twice in the age, payor, and tobacco columns of this table. Smoking data captured by the Vital Statistics system only reflects cigarette use. The Healthy People 2030 target for maternal use of tobacco during pregnancy was increased to 4.3% of females giving birth reporting smoking during pregnancy, or alternatively 95.7% of females reporting abstaining from smoking during pregnancy.

The one area in which the region looked notably different from Arizona overall was in the proportion of mothers who reported using tobacco while pregnant. A mother's use of substances, such as drugs and alcohol, has implications for her baby. Babies born to mothers who smoke are more likely to be born early (pre-term), have low birth weight, die from sudden infant death syndrome (SIDS), and have weaker lungs than babies born to mothers who do not smoke.[300,301] In the Gila Region, 16.4% of births in 2019 were to mothers who used tobacco during pregnancy, compared to 4.3% statewide (Figure 67). This is far above the Healthy People 2020 target of no more than 1.4% of births to mothers using tobacco during pregnancy. Tobacco use during pregnancy has also remained high in the region in recent years, peaking at 20.2% of births in 2018. Quality preconception counseling and early-onset prenatal care can help reduce this and other risks for poor prenatal and postnatal outcomes by providing information, conducting screenings and supporting an expectant mother's health and nutrition.[302]

Figure 67. Births to mothers who used tobacco during pregnancy, 2015 to 2019



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

Note: Mothers of twins are counted twice in this figure. Smoking data captured by the Vital Statistics system only reflect cigarette use. The Healthy People 2030 target for maternal use of tobacco during pregnancy was increased to 4.3% of females giving birth reporting smoking during pregnancy, or alternatively 95.7% of females reporting abstaining from smoking during pregnancy.

Birth outcomes

Preterm birth, birth at less than 37 weeks of gestation, is associated with higher infant and child mortality and often results in longer hospitalization, increased health care costs and longer-term impacts such as physical and developmental impairments.[303,304] Babies born at a low birth weight (less than 5 pounds, 8 ounces) are at increased risk of infant mortality and longer-term health problems such as diabetes, hypertension and cardiac disease.[305,306] In the Gila Region in 2019, 9.2% of babies were born at low birth weight and 9.5% were preterm (Table 24). Prior to 2019, both low birth weight and preterm births were steadily increasing in the region, peaking in 2018 (12.6% and 13.1%, respectively; Figure 68 and Figure 69). While the region still exceeded the Healthy People 2020 target for low-birth-weight babies (7.8%) in 2019, it nearly met the Healthy People 2020 target for preterm births (9.4%).

Newborns are admitted into neonatal intensive care units (NICUs) for numerous reasons that can vary across medical providers and have implications for the short and long-term health of babies and families.[307] NICU stays can take a large emotional and financial toll on families, especially families living far from the hospital. However, although NICU admissions may be an indicator of important health concerns in newborns, including low birth weight, they can also be a site of family-based interventions that can positively impact infant development and parent-child relationships.[308] The Gila Region saw 7% of new babies admitted to the NICU, slightly lower than the proportion statewide (Table 24).

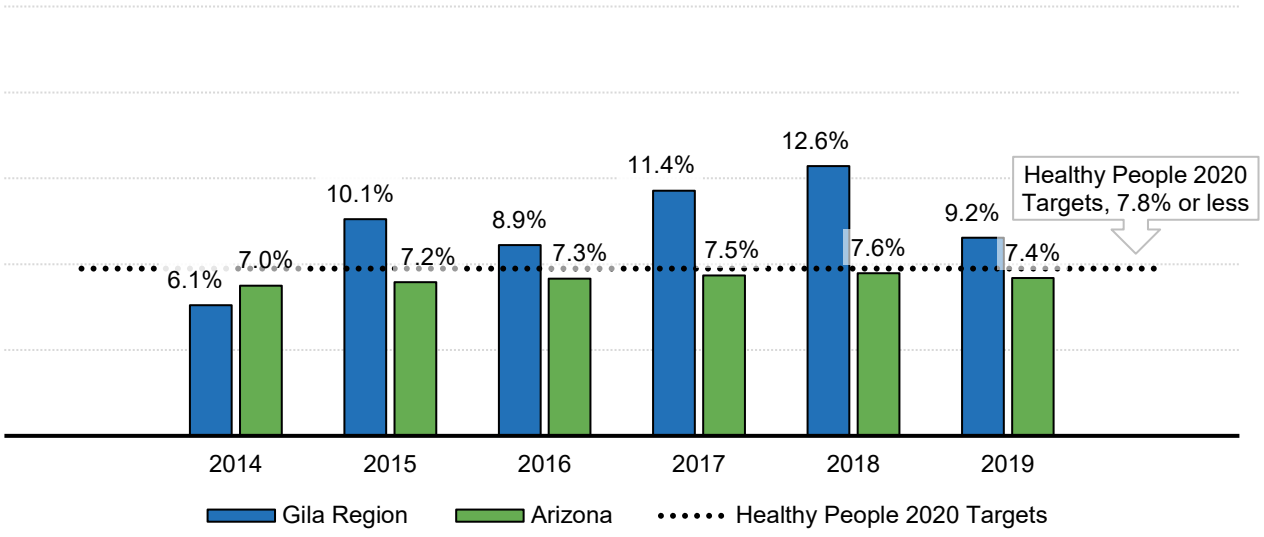
Table 24. Selected birth outcomes, 2018 to 2019

Geography	Calendar year	Number of births	Baby weighed less than 2500 grams	Baby was preterm (less than 37 weeks)	Baby was admitted to a NICU
Gila Region	**2018**	**366**	**12.6%**	**13.1%**	**7%**
	2019	**336**	**9.2%**	**9.5%**	**7%**
Gila County	2018	497	11.3%	13.5%	7%
	2019	473	10.4%	12.5%	6%
Arizona	2018	80,539	7.6%	9.5%	8%
	2019	79,183	7.4%	9.3%	8%
Healthy People 2020 Targets			7.8%	9.4%	

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

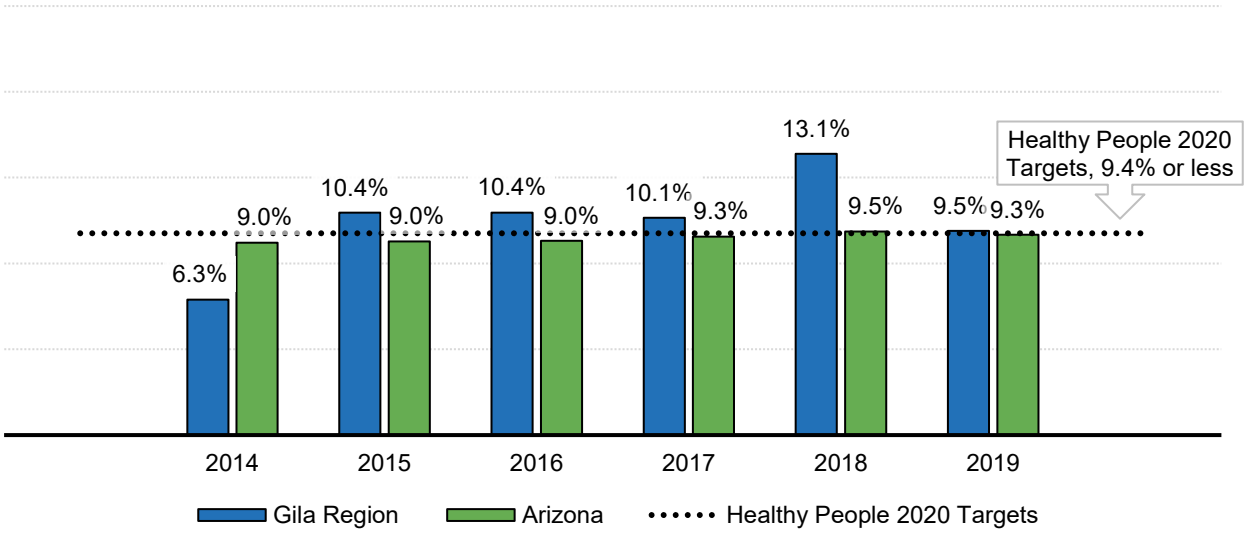
Note: The Healthy People 2030 target for preterm births remains 9.4% or fewer of live births.

Figure 68. Low birthweight births (less than 2,500 grams), 2014 to 2019



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

Figure 69. Preterm births (less than 37 weeks gestation), 2014 to 2019



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

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

A mother's use of substances such as drugs and alcohol also has implications for her baby. Opiate use during pregnancy, either illegal or prescribed, has been associated with neonatal abstinence syndrome (NAS), a group of conditions that causes infants exposed to these substances in the womb to be born exhibiting withdrawal symptoms.[309] This can create longer hospital stays, increase health care costs and increase complications for infants born with NAS. Infants exposed to cannabis (marijuana) in utero often have lower birth weights and are more likely to be placed in neonatal intensive care compared to infants whose mothers had not used the drug during pregnancy.[310] In the Gila Region, there were 146 newborns hospitalized because of maternal drug use during pregnancy between 2016 and 2020, with an average stay of 4.4 days in the hospital (Table 25).

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

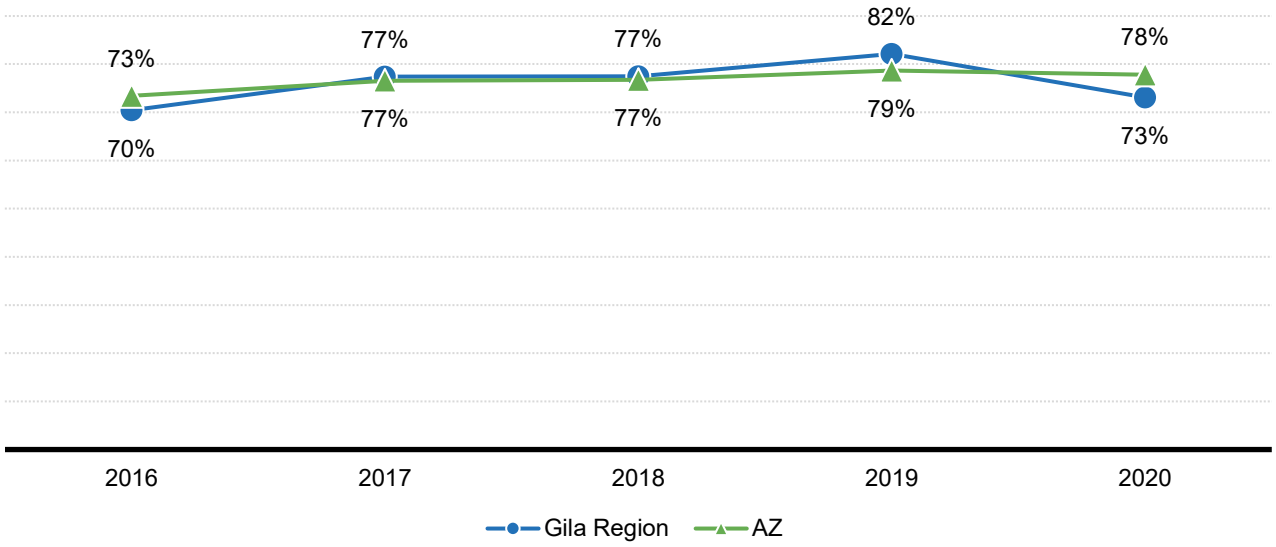
Geography	Newborns hospitalized	Average length of stay (days)
Gila Region	**146**	**4.4**
Gila County	241	4.2
Arizona	11,027	6.0

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

Nutrition and weight status

After birth, a number of factors have been associated with improved health outcomes for infants and young children. One factor is breastfeeding, which has been shown to reduce the risk of ear, respiratory and gastrointestinal infections, SIDS, overweight, and type 2 diabetes.[311] The American Academy of Pediatrics recommends exclusive breastfeeding for about six months, and as new foods are introduced continuing to breastfeed for one year or longer.[312] The percent of WIC-enrolled infants ever breastfed in the Gila Region increased by 12% in the three years before the pandemic, peaking at 83% in 2019 (Figure 70). In 2020, breastfeeding rates in the region dropped below those seen statewide (78%) to 73%. This reversal in breastfeeding trends in the region is likely explained in part by the overall decrease in enrollment in WIC during this time caused by the COVID-19 pandemic, which led to the cancellation of in-person appointments to ensure the safety of clients and staff.

Figure 70. Percent of WIC-enrolled infants ever breastfed, 2016 to 2020



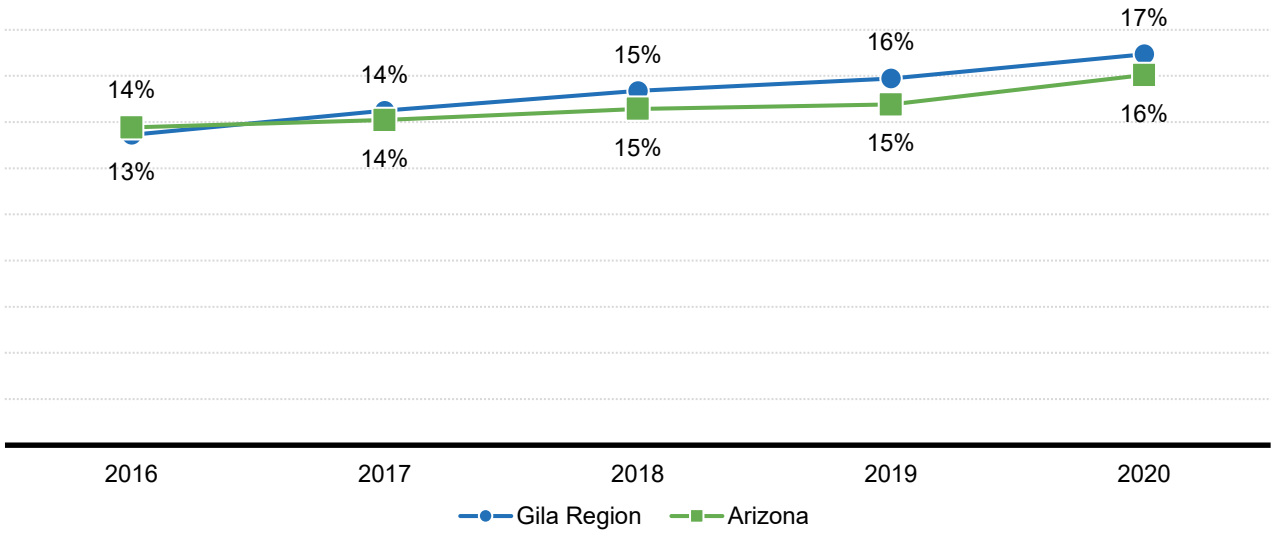
Source: Arizona Department of Health Services (2021). [WIC dataset]. Unpublished data.

A child's weight status can have long-term impacts on health and well-being. Nationwide, an estimated 19% of children (ages 2-19) are obese and 4% are underweight, numbers that have both increased in recent years.[313,314] Obesity can have negative consequences on physical, social and psychological well-being that begin in childhood and continue into and throughout adulthood.[315] Higher birth weight and higher infancy weight, as well as lower-socioeconomic status and low-quality mother-child relationships, have all been shown to be related to higher childhood weight and increased risk for obesity and metabolic syndrome (which is linked to an increase risk of heart disease, stroke and diabetes).[316, 317] Child underweight, or low weight-for-age, can be caused by chronic undernutrition or infectious disease and can lead to long-term impacts on cognitive and physical development.[318]

In 2020, 17% of WIC-enrolled children aged 2-4 in the Gila Region were classified as obese, and the obesity rate in this population appears to be on a gradual upward trend in both the region and statewide

(Figure 71). The 2020 data should be considered lightly, however, because far fewer children had known weight status in 2020, likely due to fewer health visits during the pandemic.

Figure 71. Obesity rates for WIC-enrolled children ages 2-4, 2016 to 2020



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

Note: The number of children for whom weight status was determined in 2020 dropped substantially, so changes in the obesity rate in 2020 may be more reflective of interruptions in WIC-related health visits rather than actual increase in the obesity rate.

Oral health

Oral health and good oral hygiene practices are important to children's overall health. Tooth decay and early childhood cavities can have short- and long-term consequences including pain, poor appetite, disturbed sleep, lost school days and reduced ability to learn and concentrate.[319] A national study showed that low-income children were more likely than higher-income children to have untreated cavities.[320] Despite high percentages of young Arizona children who have preventative dental care visits (68.4%) compared to the national average (57.8%), there is a relatively high percentage who have had decayed teeth or cavities (11.1%) compared to those across the nation overall (7.7%).[321] Low-income children in Arizona, specifically, are more likely to have untreated cavities and less likely to have had an annual dental visit than their higher-income peers.[322] The Gila Region funds local partners to provide oral health education, screenings and fluoride varnish applications by a trained oral health care professional, and works with local dental providers to increase children's access to preventive dental care. In FY2020, 208 children in the Gila Region received a screening to detect tooth decay.[323]

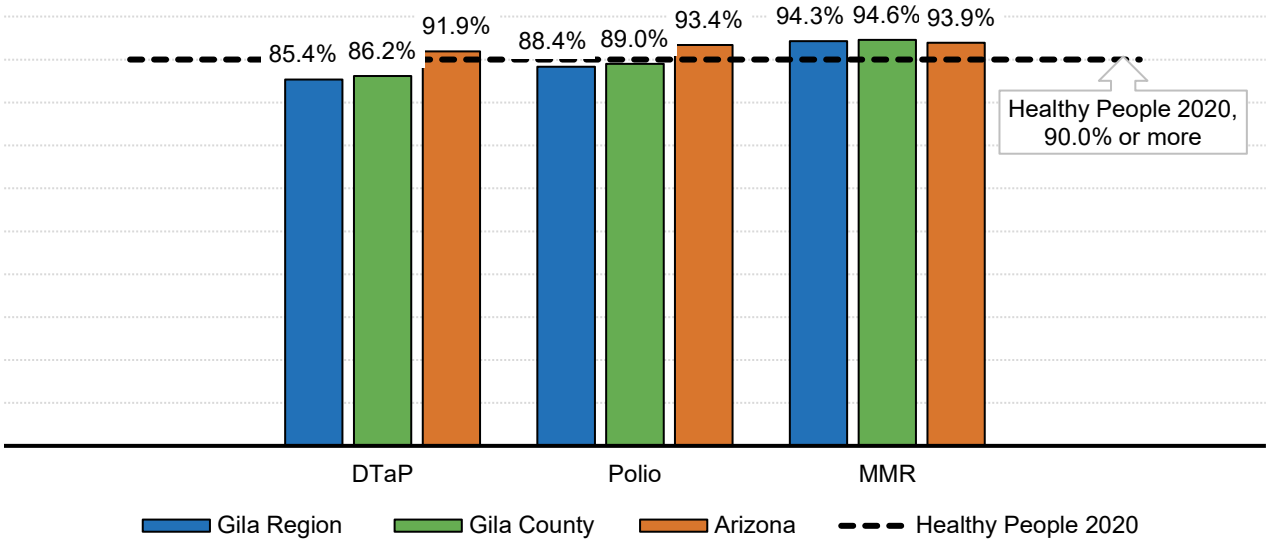
Immunizations and infectious disease

In order to attend licensed child care programs and schools, children must obtain all required vaccinations or obtain an official exemption, which can be requested based on a specific medical

condition or based on personal or religious beliefs.[324] Vaccination against preventable diseases protects children and the surrounding community from illness and potentially death.[325]

In the 2019-20 school year, the state as a whole met all Healthy People 2020 targets for child care immunizations, with at least 90% vaccinated for DTaP (91.9%), polio (93.4%), and MMR (93.9%) (Figure 72). While children in child care in the Gila Region met the Healthy People 2020 target for MMR (94.3%), they did not meet targets for DTaP (85.4%) or polio (88.4%). Looking by subregion, the North subregion similarly only met the target for MMR (91.5%), while both the South and Hayden-Winkelman subregions met all Healthy People 2020 targets (Table 26). Given that these rates only reflect those children in child care, where vaccination is required, the proportion of all young children who have completed these vaccine series in the region is likely lower. If that is the case, the rates for the entire population of children in these areas may be lower than Healthy People 2020 goals.

Figure 72. Children in child care with selected required immunizations, 2019-20



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

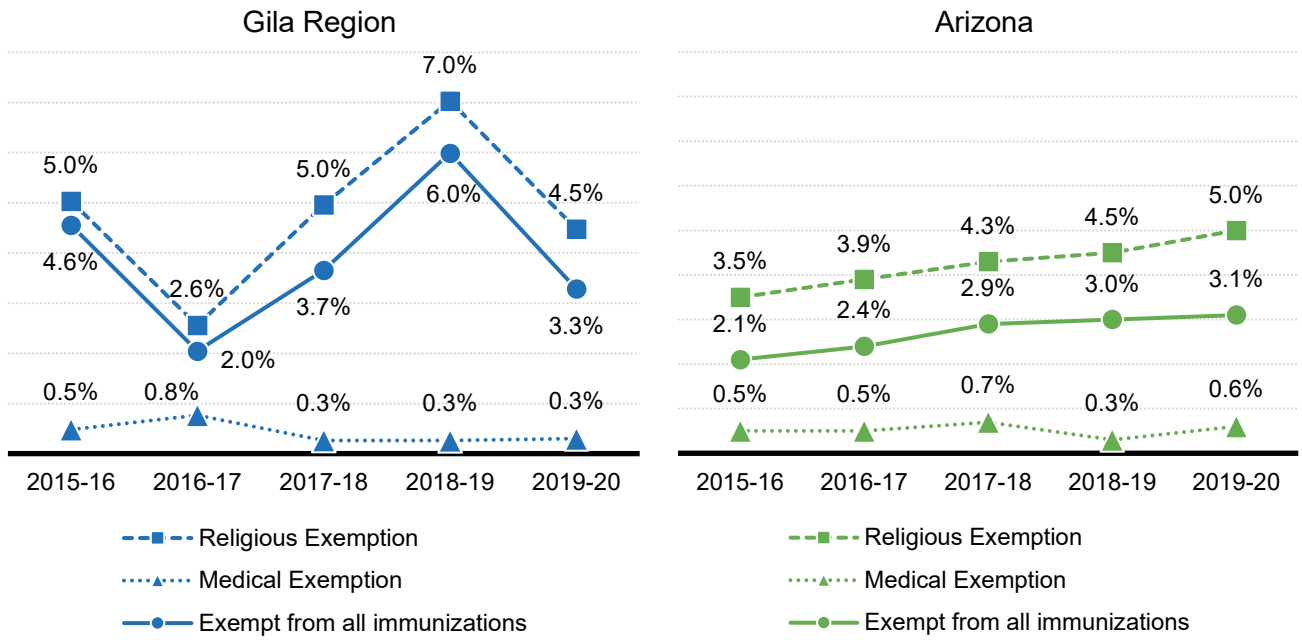
Table 26. Children in child care with selected required immunizations, 2019-20

Geography	Number enrolled	DTaP	Polio	MMR	Religious exemption	Medical exemption	Exempt from every required vaccine
Gila Region	**335**	**85.4%**	**88.4%**	**94.3%**	**4.5%**	**0.3%**	**3.3%**
North	153	79.1%	81.7%	91.5%	9.8%	0.0%	7.2%
Central	N/A	N/A	N/A	N/A	N/A	N/A	N/A
South	163	90.2%	93.9%	96.3%	0.0%	0.6%	0.0%
Hayden-Winkelman	19	94.7%	94.7%	100.0%	0.0%	0.0%	0.0%
Gila County	354	86.2%	89.0%	94.6%	4.2%	0.3%	3.1%
Arizona	83,851	91.9%	93.4%	93.9%	5.0%	0.6%	3.1%
Healthy People 2020 Targets		90.0%	90.0%	90.0%			

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

Both religious exemptions and exemptions from all immunizations for children in child care in the Gila Region were trending upward in the years prior to the pandemic, following the increasing trend seen across the state (Figure 73). Exemption rates in the Gila Region peaked in the 2018-19 school year, with 7% of children in child care receiving a religious exemption and 6% receiving an exemption from all immunizations, rates higher than those seen statewide (4.5% and 3%, respectively). In contrast, medical exemptions have remained low, with just 0.3% of children in the region receiving a medical exemption in each of the past three school years.

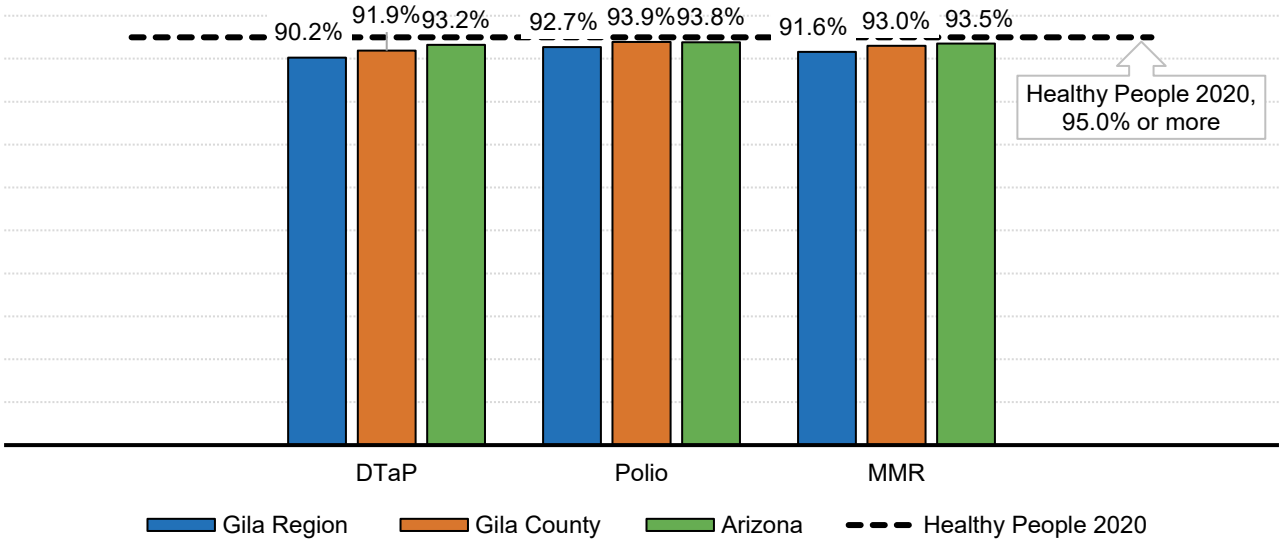
Figure 73. Child care immunization exemption rates, 2015-16 to 2019-20



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

To enroll a child in kindergarten, whether in a district, charter, private or parochial school, Arizona law requires that parents provide proof of certain required immunizations. While children in kindergarten in the Gila Region had higher rates of vaccination for DTaP (90.2%) and polio (92.7%), kindergarteners in the region had a lower vaccination rate for MMR (93.5%) (Figure 74). These rates were all lower than those seen across the state and none of these rates met the Healthy People target of 95% of kindergarteners vaccinated.

Figure 74. Kindergarteners with selected required immunizations, 2019-20



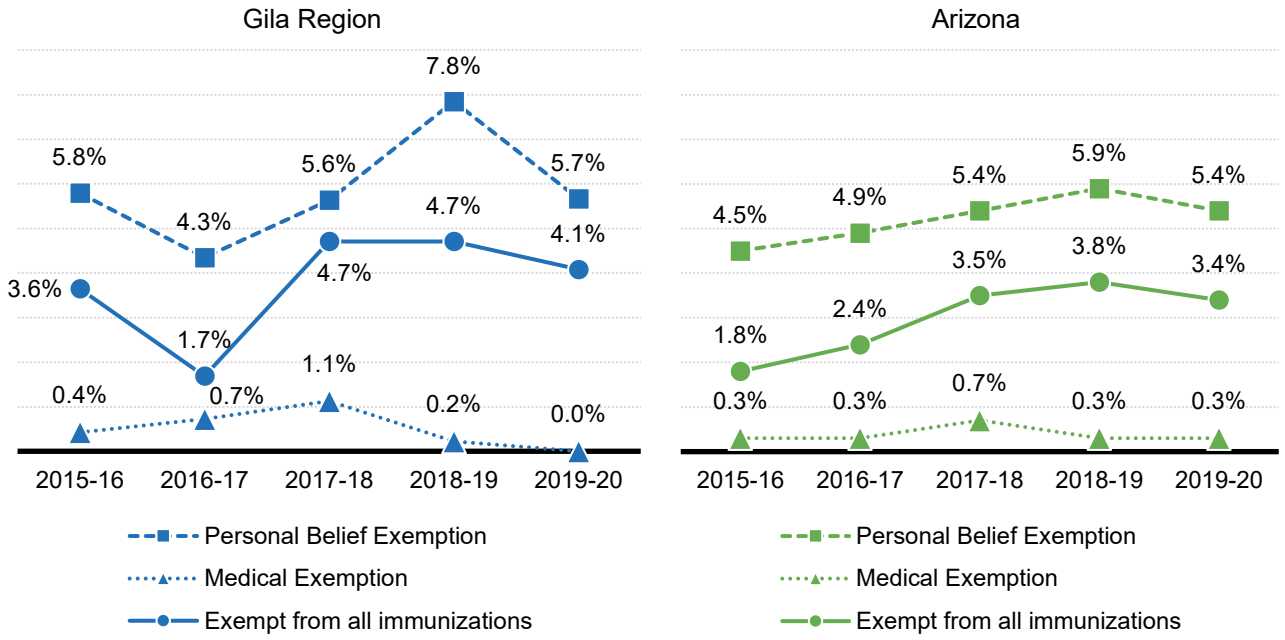
Source: Arizona Department of Health Services (2021). Kindergarten Immunization Coverage, 2019-2020 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2020). Kindergarten Immunization Coverage by County,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

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

As with child care, parents can request exemptions from vaccinations for children in kindergarten. Trends in kindergarten exemptions in the Gila Region followed the same trend as child care exemptions, with both personal belief exemptions and exemptions from all immunizations increasing over time and peaking in the 2018-19 school year (7.8% and 4.7%, respectively) (Figure 75). Exemptions varied by subregion. The Hayden-Winkelman subregion had 100% vaccine compliance for the three major series among its small population of kindergarteners in the 2019-20 school year, and the South subregion met the Healthy People 2020 target for polio (95.0%) (Table 27). Conversely, one in ten (10.1%) kindergarteners in the North subregion received a personal belief exemption and 7.4% were exempt from all immunizations in 2019-20.

These trends in vaccine exemptions are worrisome because in order to assure community immunity of preventable infectious diseases, which helps to protect unvaccinated children and adults, vaccination rates need to remain high.[326] For measles, for example, between 90 and 95% of children need to be vaccinated in order to prevent the disease spreading if one child becomes infected.[327]

Figure 75. Kindergarten immunization exemption rates, 2015-16 to 2019-20



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

Table 27. Kindergarteners with selected required immunizations, 2019-20

Geography	Number enrolled	DTaP	Polio	MMR	Personal belief exemption	Medical exemption	Exempt from every required vaccine
Gila Region	**441**	**90.2%**	**92.7%**	**91.6%**	**5.7%**	**0.0%**	**4.1%**
North	189	86.8%	88.4%	91.0%	10.1%	0.0%	7.4%
Central	0	N/A	N/A	N/A	N/A	N/A	N/A
South	224	92.0%	95.5%	91.1%	2.7%	0.0%	1.8%
Hayden-Winkelman	28	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%
Gila County	604	91.9%	93.9%	93.0%	4.1%	0.0%	3.0%
Arizona	82,358	93.2%	93.8%	93.5%	5.4%	0.3%	3.4%
Healthy People 2020 Targets		95.0%	95.0%	95.0%			

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

Note: The Healthy People 2030 target for immunization rates of children in kindergarten for the MMR vaccine remains 95%.

Illness, injury and mortality

Unintentional injuries are the leading cause of death for children in Arizona and nationwide.[328,329] It is estimated that as many as 90% of unintentional injury-related deaths could be preventable through better safety practices, such as use of proper child restraints (i.e., car seats) in vehicles and supervision of children around water, including pools.[330] Research has shown that children in rural areas are at higher risk of unintentional injuries than those who live in more urban areas, as are children in Native communities, suggesting that injury prevention is an especially salient need in these areas.[331,332]

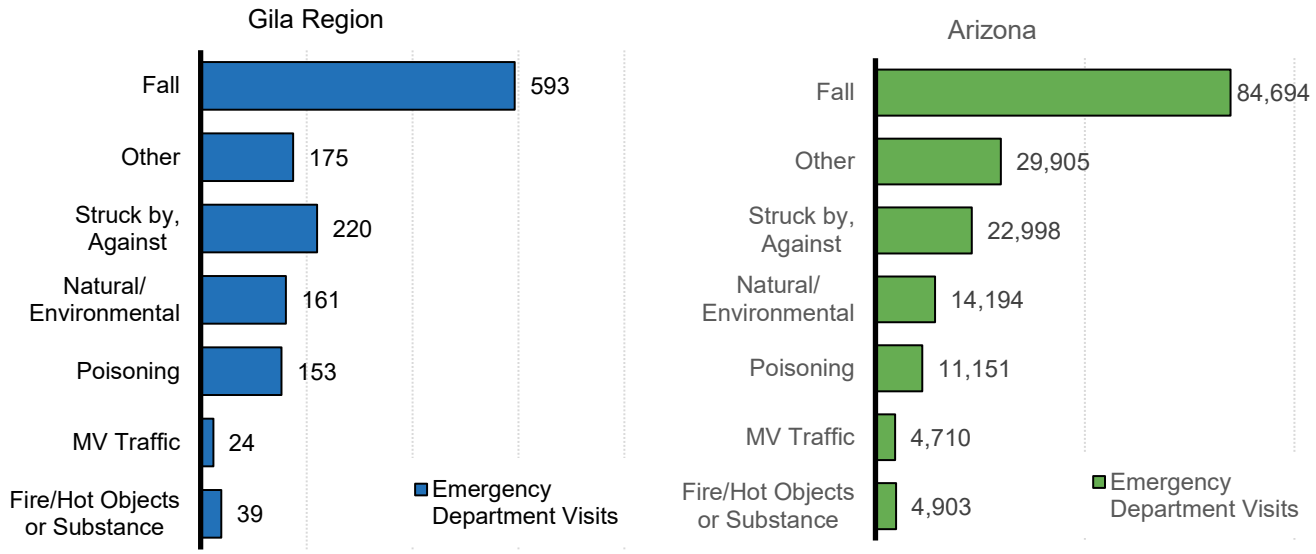
Between 2016 and 2020, there were 1,459 non-fatal emergency department visits, and 15 non-fatal inpatient hospitalizations for unintentional injuries in the Gila Region among children aged birth to 4 (Table 28). The most common reason for non-fatal emergency departments visits was falls, accounting for 41% of emergency department visits (Figure 76). The pattern of emergency department visit causes in the region closely resembled the same pattern seen statewide.

Table 28. Non-fatal hospitalizations and emergency department visits due to unintentional injuries for children ages birth to 4, 2016-2020 combined

Geography	Non-fatal inpatient hospitalizations for unintentional injuries	Non-fatal emergency department visits for unintentional injuries
Gila Region	**15**	**1,459**
Gila County	27	1,531
Arizona	2,890	181,0135

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

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



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

Infant mortality describes the number of deaths of children under 1 year of age relative to live births. Arizona ranks in the middle of U.S. states in terms of infant mortality, with the 20th lowest infant mortality rate nationwide in 2019.[333] The most common causes of infant mortality in Arizona and the U.S. are congenital abnormalities, low birthweight and preterm birth, with a smaller proportion related to maternal pregnancy complications, sudden infant death syndrome (SIDS) and unintentional injuries.[334,335]

In the Gila Region, fewer than six young children (0-4) died in 2018 and 2019 (data on the cause of these deaths was not available) (Table 29).

Table 29. Numbers of deaths and mortality rates for infants, young children ages birth to 4, and all children ages birth to 17, 2018 to 2019

Geography	Calendar year	Number of infant deaths	Infant mortality rate (per 1,000 live births)	Number of young child deaths (ages 0-4)	Young child mortality rate (per 100,000 population)	All child deaths (0-17 years old)	All child mortality rate (per 100,000 population)
Gila Region	**2018**	<6	DS	<6	DS	6	N/A
	2019	<6	DS	<6	DS	<6	N/A
Gila County	2018	<6	DS	<6	DS	12	188.56
	2019	<6	DS	<6	DS	8	92.41
Arizona	2018	447	5.6	562	127.4	824	65.2
	2019	430	5.4	513	117.4	777	61.6
Healthy People 2020 Target			6.0				

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

Note: The Healthy People 2030 target for infant mortality rate was decreased to 5 infant deaths per 1,000 live births.

FAMILY SUPPORT AND LITERACY

FAMILY SUPPORT AND LITERACY

Why it Matters

Responsive relationships and language-rich experiences for young children help build a strong foundation for later success in school and in life. Families and caregivers play a critical role as their child's first and most important teacher. Positive and responsive early relationships and interactions support optimal brain development, academic skills, and literacy during a child's earliest years and lead to better social, physical, academic and economic outcomes later in life. [336,337,338,339,340] Early literacy promotion, through singing, telling stories and reading together, is so central to a child's development that the American Academy of Pediatrics has emphasized it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.[341] Children benefit when their families have the knowledge, resources and support to use positive parenting practices that support their child's healthy development, nutrition, early learning and language acquisition. Specifically, parental knowledge of positive parenting practices and child development is one of five key protective factors that improve child outcomes and reduce the incidence of child abuse and neglect.[xi,342]

Unfortunately, not all children are able to begin their lives in positive, stable, nurturing environments. Adverse childhood experiences (ACEs)[xii] have been associated with developmental disruption, mental illness, drug and alcohol use and overall increased healthcare utilization.[343,344] Arizona is among the top ten states with the highest proportion of children birth to 5 who have experienced at least one ACE, with nearly one in three (31.8%) young children in Arizona having one or more ACEs.[345] Future poor health outcomes are more likely as an individual's ACE score increases.[346] Children in Arizona are nearly twice as likely to have experienced two or more ACEs (15.5%) compared to children across the country (8.6%).[347] Very young children are most at risk for extremely adverse experiences, such as child abuse, neglect and fatalities from abuse and neglect. In 2019, children ages birth to five made up more than half (55%) of child maltreatment victims in Arizona.[348] These children and their families may require specific, targeted resources and interventions in order to reduce harm and prevent future risk.[349]

Alternatively, Positive Childhood Experiences (PCEs), including positive parent-child relationships and feelings of safety and support, have been shown to have similarly cumulative, though positive, long-term impacts on mental and relational health.[350] Strategies for preventing ACEs include: strengthening economic supports for families; promoting social norms that protect against violence and adversity;

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

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

ensuring a strong start for children; enhancing skills to help parents and children handle stress, manage emotions and tackle everyday challenges; connecting youth to caring adults and activities; and intervening to lessen immediate and long-term harms.[351]

What the Data Tell Us

Home visitation

A child's reading skills when entering elementary school have been shown to strongly predict academic performance in later grades, emphasizing the importance of early literacy for future academic success.[352,353] Home-based literacy practices between parents and caregivers and young children, specifically, have been shown to improve children's reading and comprehension, as well as children's motivation to learn.[354,355] However, low-income families may face additional barriers to home-based literacy practices, including limited free time with children, limited access to books at home, and a lack of knowledge of kindergarten readiness.[356] Communities may employ many resources to support families in engaging with their children, including through targeted programs like home visitation programs and "stay and play" programs, or participating in larger initiatives like Read On Arizona or the national "Reach Out & Read" program.[357]

Mental health

Mental health supports, both for children and caregivers, are often needed to address exposure to adverse childhood events. The foundation for sound mental health is built early in life, as early experiences shape the architecture of the developing brain. Sound mental health provides an essential foundation of stability that supports all other aspects of human development—from the formation of friendships and the ability to cope with adversity to the achievement of success in school, work and community life.[358] When young children experience stress and trauma, they often suffer physical, psychological and behavioral consequences and have limited responses available to react to those experiences. Understanding the mental health of mothers is also important for the well-being of Arizona's young children. Mothers dealing with mental health issues, such as depression, may not be able to perform daily caregiving activities, form positive bonds with their children or maintain relationships that serve as family supports.[359] Improving supports available through coordinated, collaborative efforts are key to early identification and intervention with young children and their families.[360,361]

The COVID-19 pandemic has caused heightened stress, anxiety and depression in both children and caregivers. [362] While the average stress level for U.S. adults as a whole was significantly higher than pre-pandemic, according to the *Stress in America*™ survey, conducted annually by the American Psychological Association, a notably larger proportion of adults with children reported high levels of stress during the pandemic compared to adults without children (46% and 28%, respectively).[363] Data from the U.S. Census Bureau's Household Pulse Survey shows that early in the pandemic (April 23-May 5, 2020) the proportion of U.S. adults with symptoms of anxiety disorder nearly tripled compared to pre-pandemic (30.8% and 8.1%, respectively), and a similar trend was seen for adults with symptoms

of depressive disorder (25.3% and 6.5%, respectively).[364] While a larger proportion of Arizona adults reported symptoms of anxiety disorder (32.3%) compared to the U.S. overall (30.8%) early in the pandemic, a smaller proportion reported symptoms of depressive disorder (22.4% compared to 25.3%). Though data from spring 2021 show declines in Arizona adults with anxiety disorder symptoms (25.8%) and depression disorder symptoms (20.4%) over the course of the pandemic, these proportions are still notably higher than those seen pre-pandemic.

The stress and uncertainty of the pandemic led to an increase in overall conflict, spousal conflict and parent-child conflict during the pandemic. Low-income households and households with children with special needs, in particular, reported higher levels of children's emotional difficulties alongside greater anxiety, depression, loneliness and stress among caregivers.[365,366,367] Parents' and caregivers' inability to access early intervention services and well-child visits has not only impacted young children's healthy development, but also limited access to the critical emotional and mental health support caregivers and children receive from medical and social services professionals.[368] Access to family support services will be all the more critical for young children and their families as the pandemic continues.

Substance use disorders

A mother's use of substances such as drugs and alcohol has implications for her baby. Babies born to mothers who smoke are more likely to be born early (pre-term), have low birth weight, die from sudden infant death syndrome (SIDS) and have weaker lungs than babies born to mothers who do not smoke.[369,370] Opiate use during pregnancy, either illegal or prescribed, has been associated with neonatal abstinence syndrome (NAS), a group of conditions that causes infants exposed to these substances in the womb to be born exhibiting withdrawal symptoms.[371] This can create longer hospital stays, increase health care costs and increase complications for infants born with NAS. Infants exposed to cannabis (marijuana) in utero often have lower birth weights and are more likely to be placed in neonatal intensive care compared to infants whose mothers had not used the drug during pregnancy.[372]

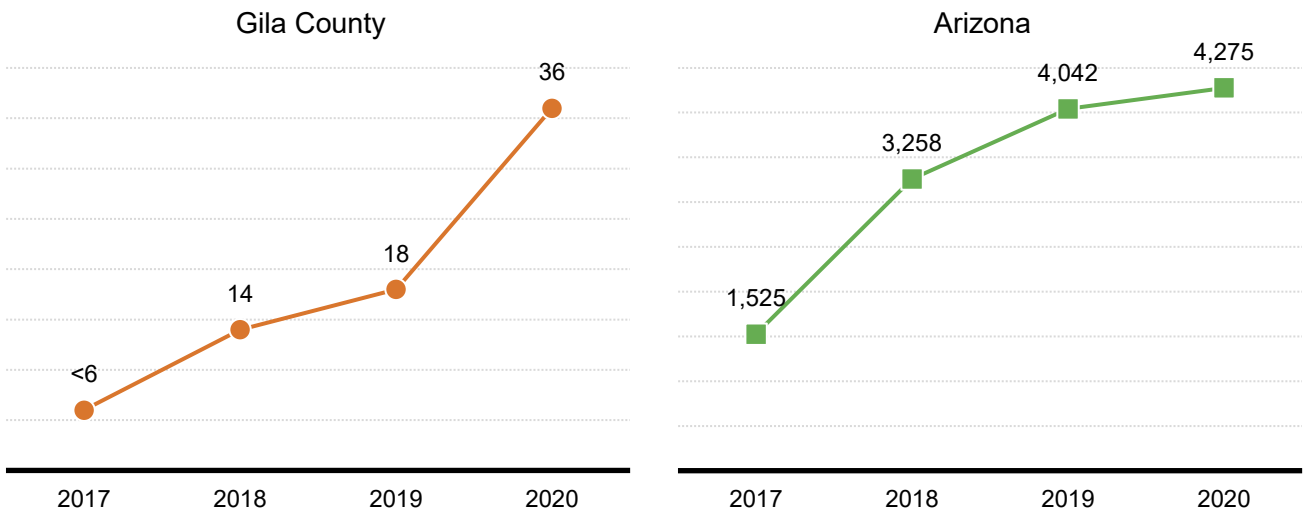
Parental substance abuse also has other impacts on family wellbeing. According to the National Survey of Children's Health, young children in Arizona are more than twice as likely to live with someone with a problem with alcohol or drugs than children in the U.S. as a whole (9.8% compared to 4.5%).[373] Children of parents with substance use disorders are more likely to be neglected or abused and face a higher risk of later mental health and behavioral health issues, including developing substance use disorders themselves.[374,375] Substance abuse treatment and supports for parents and families grappling with these issues can help to ameliorate the short and long-term impacts on young children.[376]

Along with an increase in stress and mental health concerns among adults in the U.S., data from the Census Bureau's Household Pulse Survey show that more than one in 10 adults (12%) reported increases in alcohol consumption or substance use during the pandemic.[377] Drug overdose deaths in the early months of the pandemic, when many states instituted stay at home or lockdown orders, were notably higher than pre-pandemic levels, particularly for synthetic opioids.[378] While drug overdose deaths increased across all racial and ethnic groups during the pandemic, American Indian and Alaska Native, Black and Hispanic individuals showed greater increases compared to White individuals.[379] This

rise in substance use issues coincides with a time when people of color have disproportionately dealt with negative effects of the pandemic, including stress, job loss, illness, and death.

In Gila County, the number of non-fatal overdoses involving opioids or opiates steadily increased between 2017 and 2020, rising to a high of 36 overdoses in 2020 (Figure 77). These rising numbers may reflect both a rise in opioid use, but also a rise in the prevention of opioid-related deaths, thanks to a 2017 public health initiative. In November 2017, the Director of Arizona Department of Health Services (ADHS) issued a standing order allowing any Arizona-licensed pharmacist in any pharmacy to dispense naloxone (which goes by the brand name Narcan) to anyone.[380] Naloxone is a life-saving medication that counters the effects of an opioid overdose. During the same time period, 2017-2020, there were at least 24 deaths with opioids or opiates as a contributing factor in the Gila Region, likely more given that 35% of overdose deaths in the state were missing address information (Table 30). As previously noted in Table 25, there were also 146 newborns hospitalized because of maternal drug use during pregnancy between 2016 and 2020, with an average stay of 4.4 days in the hospital.

Figure 77. Number of non-fatal overdoses with opioids or opiates contributing to the overdose, 2017 to 2020



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

Table 30. Number of deaths with opiates or opioids contributing, 2017 through 2020

Geography	Number of deaths with opiates or opioids contributing, 2017 through 2020
Gila Region	**24**
Gila County	35
Arizona	5,455

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

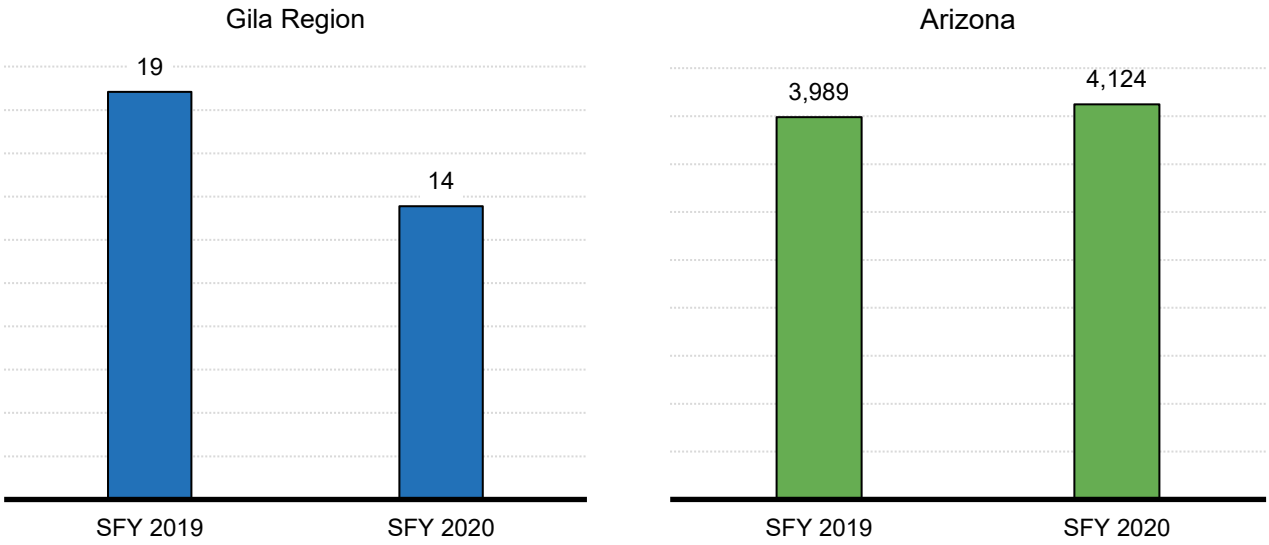
Note: Over a third (35%) of overdose deaths were missing address information, so they could not be accurately assigned to a First Things First region. These deaths are reflected in county numbers.

Child Removals and Foster Care

In situations where the harm in remaining with their family is determined to be too great to a child, they may be removed from their home, either temporarily or permanently. The Arizona Department of Child Safety (DCS) oversees this process. Children involved in foster care systems often have physical and behavioral health issues, in addition to the social-emotional needs brought on by being removed from a parent's care.[381] Foster parents often need education, support and resources to ensure they are able to successfully care for foster children who may have these added health needs. The Family First Prevention Services Act, signed into law on February 9, 2018, includes reform to child welfare policies, as well as federal investments, to keep children safely with their families and avoid the traumatic experience of entering foster care when possible.[382] The Act also aims to ensure children are placed in the least restrictive, most family-like setting appropriate to their special needs when foster care is needed. In Arizona, DCS also led an agency-wide strategic effort to standardize and improve the quality of in-home preservation services, which contributed to improved outcomes for families and stronger relationships between DCS and service providers.[383] In addition, the federal response to the pandemic has included additional funds for child welfare agencies, including nearly $15 million in CARES Act funding for the state of Arizona.[384]

In the Gila Region, DCS removed a total of 33 children from their homes in state fiscal years 2019 (SFY2019) and 2020 (SFY2020), with a decrease in the number of removals from SFY2019 (n=19) to SFY2020 (n=14) (Figure 78). In contrast, across the state, the number of removals increased from SFY2019 (n=3,989) to SFY2020 (n=4,124).

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

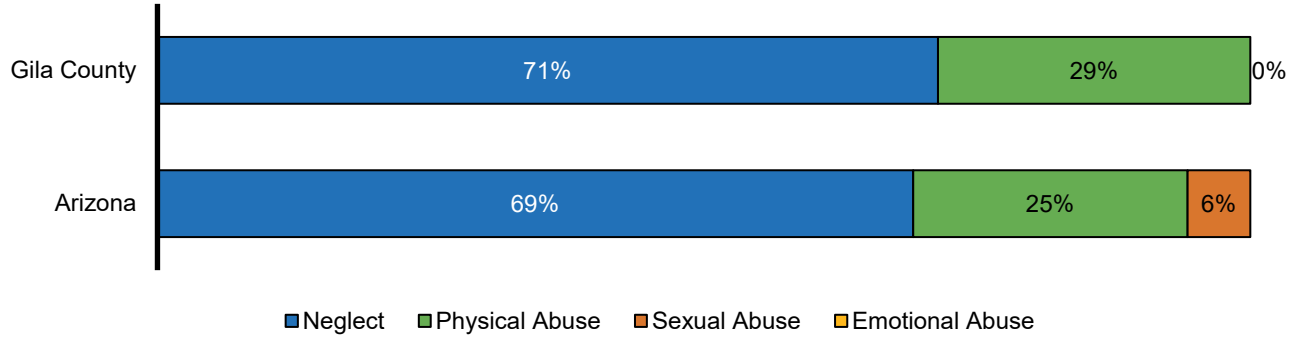


Source: Arizona Department of Child Safety (2021). [Child removal dataset]. Unpublished data.

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

The Arizona Department of Child Safety (DCS) produces a semi-annual report on child welfare services which includes types of maltreatment experienced by children involved with DCS. Of the substantiated maltreatment reports for children aged birth to 17 between June and December 2020, most (71%) in Gila County were due to neglect (Figure 79). This proportion was comparable to the state (69%). The county had a larger proportion of substantiated reports due to physical abuse (29%) compared to the state (25%) and did not have any substantiated reports related to sexual abuse during that time period.

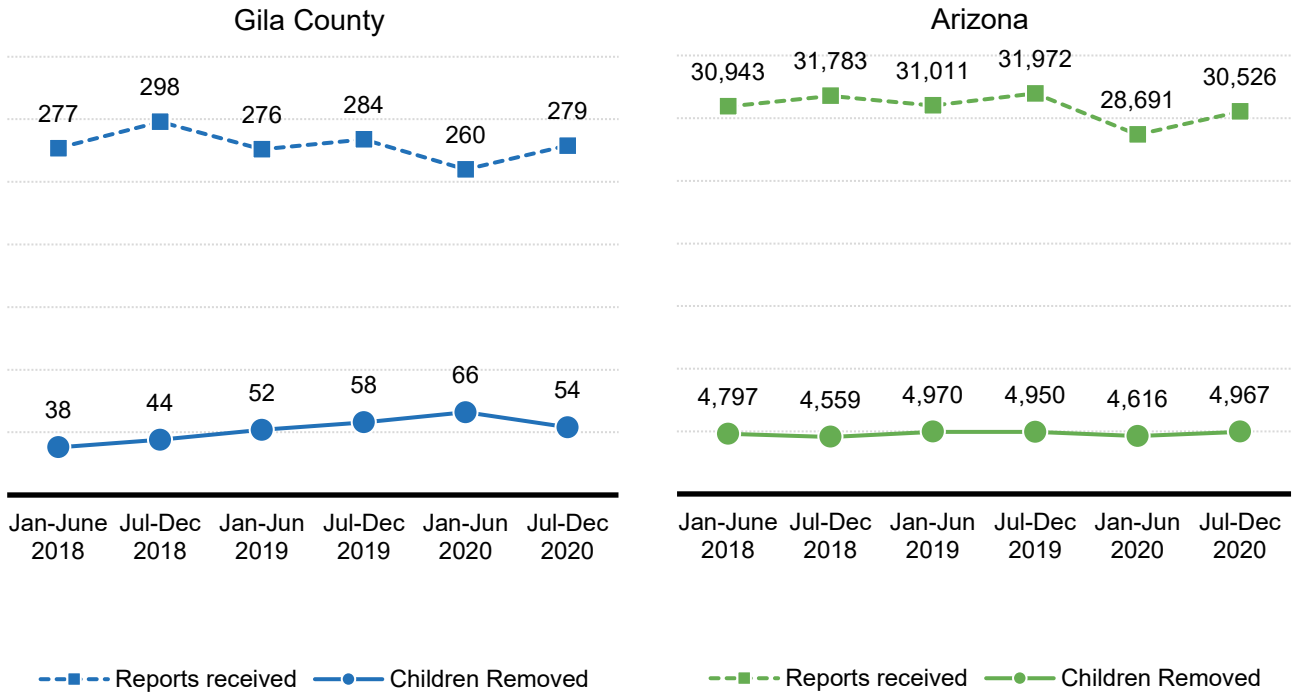
Figure 79. Substantiated maltreatment reports by type for children ages birth to 17, June-Dec 2020



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

Reports of child abuse and neglect follow a seasonal pattern at both the county and state level, with reports dipping in the first six months of the calendar year and rising in the second (Figure 80). While total reports received rose and fell, the number of reports in Gila County that were substantiated and resulted in child removal steadily increased in the two years before the pandemic.

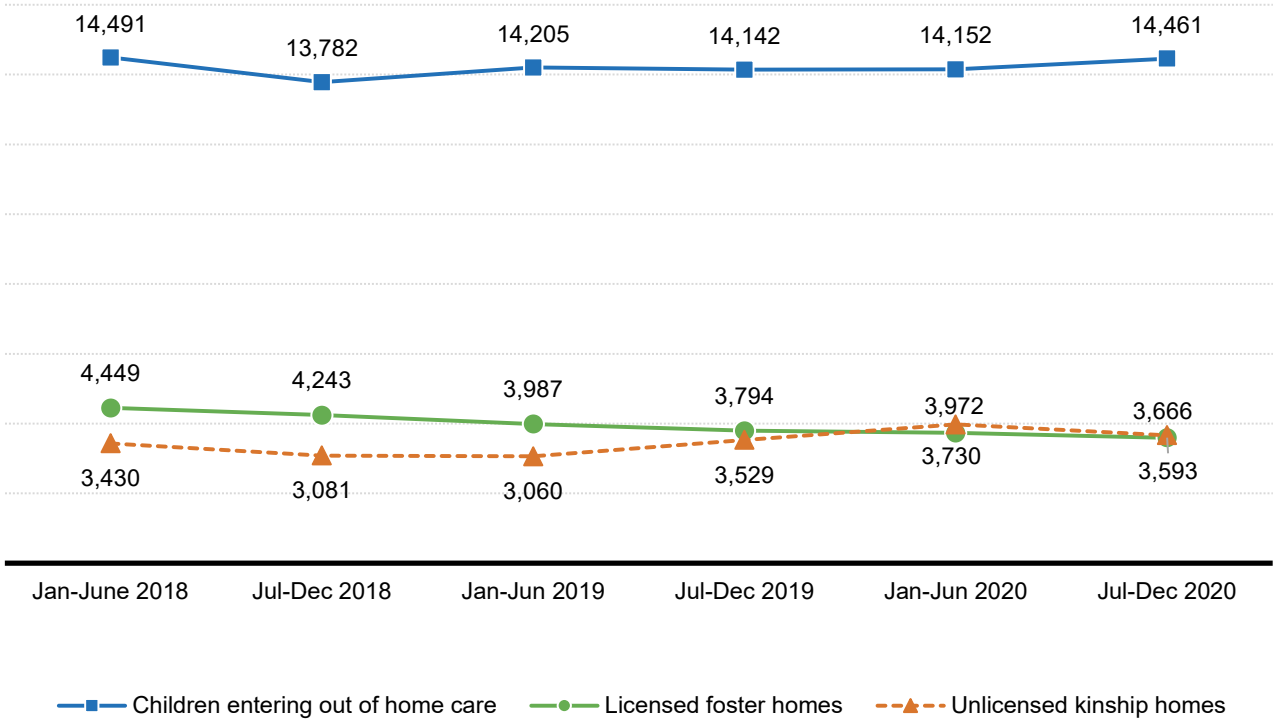
Figure 80. Children ages birth to 17 reported to and removed by DCS, Jan 2018 to Dec 2020



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

Statewide, there is a large gap between the number of children needing out-of-home placements and the number of licensed foster homes and unlicensed kinship homes available (Figure 81). The number of licensed foster homes has been steadily declining since 2018, whereas the number of unlicensed kinship homes appeared to have been on an increasing trend since 2019, until the pandemic. One effect of the Families First Prevention Services Act has been an increased focus on kinship placements, which are placements of children with relatives or close family friends.[385] Research shows that children in kinship care placements have better wellbeing, fewer mental health disorders, fewer behavioral problems, and less placement disruption than children in non-relative foster care.[386] Kinship families may however need additional supports navigating the child welfare system and accessing resources as they support children who may have experienced trauma.[387]

Figure 81. Children ages birth to 17 entering out-of-home care compared to the number of licensed foster homes and unlicensed kinship homes in Arizona, Jan 2018-Dec 2020



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

A critical resource for children who have experienced abuse or neglect in the Gila Region is CASA of Gila County, a program that trains adult volunteers as court-appointed special advocates for children as they navigate legal proceedings, social services, and the foster care system.[388] However, there is a need for more CASA volunteers to support young children who have experienced abuse and neglect in the region. In November 2021, CASA of Gila County noted that there were 84 total open dependency cases in the county, but only 20 assigned a CASA. For young children in particular, there were 57 children under age 3 in open dependency cases, only 10 of which had been assigned a CASA.[389] CASA of Gila County also participates in the All-In Foster Adoption Challenge, an initiative led by the Administration for Children and Families to find permanent homes and families for children in the foster care system.[390] In 2020, Gila County had 21 adoptions, including 11 in Globe and five in Payson.[391]

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

SUMMARY AND CONCLUSIONS

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

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

Population Characteristics

- Residents view the region as community-centered and supportive.
- Communities are ethnically, racially and culturally diverse.
- At least 10% of residents in the region are bilingual or multilingual, including 40% of residents in the Hayden-Winkelman subregion.

Economic Circumstances

- The Summer Food Service Program in Gila County was leveraged to support students during the pandemic, hopefully reducing food insecurity during a difficult time. In school year 2019-20, 316,655 meals were served across the county.
- An additional food resource in the Gila Region is the Emergency Food Assistance Program (TEFAP) which helps supplement the diets of low-income individuals by providing them with emergency food and nutrition assistance at no cost. TEFAP foods are distributed as Emergency Food Packages and in meals served at Congregate Feeding Sites (Soup Kitchens). There are five TEFAP sites in the Gila Region.
- In spite of declining numbers of women, infants and children enrolled in WIC in the region, participation rates among those enrolled have remained high, with 95% of women enrolled in WIC receiving benefits in 2020 and similarly high rates of participation among infants and children.
- Until the pandemic, the unemployment rate in Gila County had been steadily declining over the last decade, suggesting post-Great Recession economic recovery. While the pandemic was a tremendous shock to the labor market, Gila County seems to be recovering at the same rate as the state as whole.

Educational Indicators

- Passing rates for AzMERIT 3rd Grade English Language Arts have increased in recent years in the Gila Region.

- 7th to 12th grade dropout rates have steadily declined for the last four years in the region.
- The large majority (88%) of adults aged 25 and older in the region have at least a high-school education, comparable to the state (87%) and nation (88%).

Early Learning

- With the suspension of the waitlist in 2019, the Gila Region saw an increase in the number of children receiving DES child care subsidies in 2020, despite the impacts of the pandemic.
- In 2020, a total of 202 children in the Gila Region were enrolled in a Quality First provider site and 61 young children received Quality First scholarships.
- The 2022 state fiscal year budget includes $74 million specifically focused on increasing the number of quality child care and preschool settings in Arizona, which could add up to 800 Quality First providers statewide over the next three years.

Child Health

- Compared to children across the U.S., young children in the Gila Region are slightly more likely to have health insurance.
- In 2019, the Gila Region (9.5%) nearly met the Healthy People 2020 target for preterm births (9.4%).
- The percent of WIC-enrolled infants ever breastfed in the Gila Region increased by 12% in the three years before the pandemic, peaking at 83% in 2019.
- The Gila Region funds local partners to provide oral health education, screenings and fluoride varnish applications by a trained oral health care professional, and works with local dental providers to increase children's access to preventive dental care. In FY2020, 208 children in the Gila Region received a screening to detect tooth decay.
- In the 2019-20 school year, children in child care in the Gila Region met the Healthy People 2020 target for MMR vaccination (90%), with 94.3% of children vaccinated.

Family Support and Literacy

- CASA of Gila County trains adult volunteers as court-appointed special advocates for children as they navigate legal proceedings, social services, and the foster care system. In November 2021, CASA of Gila County assigned a CASA to 20 children with an open dependency case in the county. CASA of Gila County also participates in the All-In Foster Adoption Challenge, an initiative led by the Administration for Children and Families to find permanent homes and families for children in the foster care system. In 2020, Gila County had 21 adoptions, including 11 in Globe and five in Payson.

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

- **The need for affordable, high quality and accessible child care** – There are limited options for child care in the region. There are enough registered early care and education slots in the Gila Region to serve 732 children. This available capacity is far below the estimated 1,497 young children with all parents in the labor force that likely need some form of child care in the region. The lack of available and affordable child care has been identified as a critical issue, particularly given the recent closures of multiple Head Start and private child care locations in the region and surrounding communities that families relied upon. Exacerbating this further, in December 2020 nearly half (49%) of the registered providers in the Gila Region were not open due to the COVID-19 pandemic. Employers of essential workers in the region reached out directly to FTF staff for assistance in identifying child care resources during the pandemic. Some employers in the region even offered to subsidize salaries of child care workers to allow for extended child care hours, but unfortunately the provider staffing shortages experienced during the pandemic hindered their ability to utilize these proposed additional funds.

  Child care is also expensive. A family with one preschooler and one infant in the Gila Region can expect to pay about $1,290 per month for a certified group home or $1,010 for a certified family home provider. Given that nearly half of the young children in the region live in a single-parent home, it is important to highlight the particular financial strain this can put on households that may rely upon one income. With a median income of just $26,200 for single-female-headed families in Gila County, these families are potentially paying between 46 and 59% of their income on child care for an infant and a preschooler, depending on the type of provider. This is well beyond the 10% threshold the United States Department of Health and Human Services recommends that parents spend on child care to avoid being overburdened. The limited child care options and the high cost of care that is inaccessible for low-income families were noted as a critical need in Gila County in the Community Action Program community needs assessment. Many families seek out unregulated care as an alternative in the region, particularly in the North subregion, utilizing social media groups to seek child care services.

- **The need for additional supports for young children with special needs** – The number of children referred to and found eligible for early intervention services through AzEIP and DDD in the Gila Region has remained low in recent years, which means there are likely many families of children who could benefit from early intervention services who are not receiving them and likely need additional support and education. A 2008 study using nationally representative data estimates that approximately 13% of children ages birth to 2 in the U.S. have developmental delays that could benefit from early intervention services, but only about 3% of children

nationally actually receive services. In 2020, a total of 33 children (ages birth to 2) were receiving services from AzEIP and/or DDD in the Gila Region. This equates to just 1.2% of all children birth to 2 years in the region receiving early intervention services. This is further highlighted by the number of kindergarten to 3rd grade students enrolled in special education, which is much larger than the number of young children being served by early intervention services in the region. These data suggest that there are likely many children in the Gila Region who would benefit from early intervention services but are not receiving them.

- **Lack of quality, affordable housing and homelessness** -- One in four (25%) households in the Gila Region are housing-cost burdened, i.e., spending more than 30% of their total household income on housing. Those renting are even more likely to be housing-cost burdened, with 34% of renter-occupied housing units in the region costing more than 30% of household income compared to only 22% of homeowners. Looking across subregions, housing-cost burden is highest in the North subregion (30%), where more than half of the region's households are located. This amount of income spent on housing leaves less available for food, utilities, early education programs and other supports that help young children thrive. Additionally, high housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines in mental health and homelessness. Just before the pandemic, in October 2019, 3% of students enrolled in public and charter schools in the Gila Region were experiencing homelessness

  Key informants discussed many complex factors that have resulted in the lack of affordable housing in the Gila Region. Much of the available housing is aging and land-locked by federally-owned land, which means it includes old homes with outdated infrastructure (e.g., cesspools) that is expensive to replace and modernize as well as limited land to build new affordable housing. Housing costs are also influenced by mining and tourism. Mine employees and vacation homeowners reportedly buy or rent a significant amount of the available housing, which results in an increase in housing costs in the region and thus limited housing options for lower-income families.

  The 2018 Gila County Community Action Program (CAP) community needs assessment identified the lack of quality, affordable and safe housing as a major area of community need in the county. Nearly one-quarter (23%) of survey respondents listed home repairs as a top need of their household and almost half (46%) of respondents noted cost of living as a barrier to their ability to fulfill their basic needs. Focus group participants in Globe, Payson and Hayden all noted housing and homelessness as key issues in their communities. In Payson, participants shared that it is challenging to build low-income housing because of the high cost of land and the limited low-income housing that is available has long waiting lists. Participants in Payson and Hayden also noted the prevalence of families living in multigenerational households or 'doubling up' in order to afford housing costs.

Additional regional challenges highlighted in this report include:

Population Characteristics

- Nearly half (47%) of children under 6 in the Gila Region live with a single parent. These households experienced heightened challenges during the pandemic, including unemployment, food insecurity, difficulty paying for housing and utilities and heightened behavioral difficulties in children.
- A third of grandparents (33%) in the region who are responsible for their grandchildren do not have the child's parent(s) living in the household. Children's risk of living in poverty is higher when living with grandparents. Grandparents often encounter multiple barriers when accessing public assistance as caregivers and face unique psychological and physical stressors.

Economic Characteristics

- Gila Region residents are more likely to live in poverty than others statewide, with more than one in three young children in the region living in poverty (35%). Key informants spoke of high rates of childhood poverty in the Hayden-Winkelman subregion, though this was not captured in data collected by the American Community Survey due to sample size limitations.
- The median income for the single-parent households with children in Gila County is just $35,300 for single-male-headed families and $26,200 for single-female-headed families. These median household incomes are far below the self-sufficiency standard for a single-parent household with one infant and one preschooler in the county ($56,230), suggesting that many of the families in the county earn less than the amount estimated to be necessary to fully support themselves.
- Despite the proportion of young children who received SNAP benefits declining between SFY2016 and SFY2020, nearly half (46%) of all children ages birth to 5 in the Gila Region received SNAP benefits in SFY2020, underscoring how important this support is for childhood food security in the region.
- Food security issues were likely exacerbated by the pandemic. The Pandemic Electronic Benefit Transfer Program (P-EBT) was established to offset the loss of meals normally received for free at schools or child care settings. Eligible families included those participating in SNAP with a child under age 6 and those with a child who received free or reduced-price school lunch. In 2020, an estimated 835 children under the age of 6 were participating in SNAP in the region. However, in March 2021, only 229 children under age 6 received P-EBT, and this number shrank in the following months, suggesting that many eligible children did not access this benefit to help ensure access to adequate food during the pandemic. The high proportions of students eligible for free and reduced-price lunches in districts across the region also raises concerns about additional hardships for these children during school closures. While many districts aimed to provide meals even while running classes remotely, including delivering meals directly to low-income students in some areas, families likely faced logistical hurdles to acquiring meals.
- In 2020, the region lost nine straight years of progress as unemployment spiked as a result of the COVID-19 pandemic. The number of unemployment claims jumped substantially, from a pre-pandemic low of 46 in February 2020, to a high of 888 in April 2020. Notably, even as claims

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

- One in five households in the Central, South and Hayden-Winkelman subregions lacks a smartphone or a computer, suggesting they have no access to the internet while at home. Children (ages birth to 17) in the region also have less access to a computer and internet connectivity in the household (73%) compared to children across the state (88%).

Educational Indicators

- Chronic absences in children enrolled in kindergarten through 3rd grade in the Gila Region in the 2018-19 school year (22%) were higher than seen across the state (13%). There were several districts in the region where between a quarter and a third of students were chronically absent, including: Tonto Basin Elementary District (33%), Globe Unified District (30%), Miami Unified District (29%), The Shelby School (27%), and Hayden-Winkelman Unified District (25%).
- In the four years prior to the pandemic, the region consistently lagged behind the state in terms of AzMERIT passing rates in both 3rd Grade English Language Arts and Math.
- The Hayden-Winkelman and South subregions have relatively large populations of adults who have not completed a high school degree (compared to the region, state, and nation). About one in every five (22%) adults in the Hayden-Winkelman subregion lacks a high school diploma or equivalent, along with 17% of adults in the South subregion.

Early Learning

- About 24% of the region's estimated 2,688 3- and 4-year-old children were enrolled in some type of school, such as nursery school, preschool or kindergarten. This is lower than Arizona overall (39%) and the nation, where nearly half of children (48%) are in preschool. High quality early learning experiences can set a child up for success in kindergarten and beyond, and many children in the Gila Region appear to be missing out on this opportunity.
- Safe Haven Child Development Center in Payson, located in the North subregion and with a capacity of 59 children, recently closed. This center accounted for more than a quarter of the child care center capacity in the subregion, so its closure will likely have a critical impact on child care access in the North subregion.
- In recent years, three Head Start programs that families in the Gila Region utilized for early education services closed, including two in Gila County (Payson Head Start and Globe Head Start) and one in Pinal County (Superior Head Start).

Child Health

- The proportion of births to mothers who began prenatal care in their first trimester in the Gila Region (69.6%) is still well below the Healthy People 2020 target (84.8%).
- Tobacco use among expectant mothers in the region is quite high. In the Gila Region, 16.4% of babies born in 2019 had mothers who reported smoking while pregnant. This is almost four times as high as seen across the state (4.3%) and more than 11 times the Healthy People 2020 goal of no more than 1.4%.
- Before 2019, both babies born with low birthweight and preterm births were on the rise in the region, peaking in 2018 at values well above Healthy People 2020 targets. While 2019 saw declines in both, additional efforts are still needed to meet Healthy People 2020 targets.
- In the 2019-20 school year, children in child care in the Gila Region only met the Healthy People 2020 target for MMR, and kindergarteners did not meet any of the Healthy People 2020 targets for vaccination rates. Immunization exemptions were on the rise prior to the pandemic for both children in child care and kindergarteners in the Gila Region, following the increasing trend seen across the state. Exemptions were most common in the North subregion, where 7.2% of children in child care and 7.4% of kindergarteners received exemptions from all required vaccines in the 2019-20 school year. These trends are worrisome because in order to assure community immunity of preventable infectious diseases, which helps to protect unvaccinated children and adults, vaccination rates need to remain high.
- Between 2016 and 2020, there were 1,459 non-fatal emergency department visits, and 15 non-fatal inpatient hospitalizations for unintentional injuries in the Gila Region among children aged birth to 4. The most common reason for non-fatal emergency departments visits was falls, accounting for 42% of emergency department visits.

Family Support and Literacy

- In Gila County, the number of non-fatal overdoses involving opioids or opiates was on a steady increase prior to the pandemic, increasing six-fold between 2017 and 2020 and rising to a high of 36 overdoses in 2020. Between 2017 and 2020, there were a total of 24 deaths with opiates or opioids noted as a contributing factor and 146 newborns hospitalized because of maternal drug use during pregnancy in the Gila Region.
- DCS removed a total of 33 children from their homes in the Gila Region between 2019 and 2020.

These needs are complex issues that have root causes that no single organization can tackle alone. Successfully addressing the needs outlined in this report will require the continued concentrated effort of collaboration among First Things First and other state agencies, the Gila Regional Partnership Council and staff, local providers, and other community stakeholders in the region. Families are drawn to the Gila Region both for the small-town, community-centered feel of their communities. Continued

collaborative efforts have the long-term potential to make these opportunities available to more families across the Gila Region.

APPENDIX 1: ADDITIONAL DATA TABLES

Population Characteristics

Table 31. Number of babies born, 2015 to 2019

Geography	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Gila Region	**443**	**386**	**405**	**385**	**366**	**336**
Gila County	649	580	593	541	497	473
Arizona	86,648	85,024	84,404	81,664	80,539	79,183

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

Table 32. Race and ethnicity of the population of all ages, 2015-2019 ACS

Geography	Estimated population (all ages)	Hispanic or Latino	White, not Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
Gila Region	**45,380**	**21%**	**73%**	**1%**	**2%**	**1%**	**3%**
North	23,521	7%	88%	1%	3%	1%	1%
Central	3,362	2%	95%	1%	2%	0%	1%
South	17,355	42%	52%	1%	2%	1%	5%
Hayden-Winkelman	1,142	68%	30%	0%	0%	0%	5%
Gila County	53,546	19%	62%	1%	16%	1%	3%
Arizona	7,050,299	31%	55%	5%	5%	4%	4%
United States	324,697,795	18%	61%	13%	1%	6%	3%

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

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

Table 33. Race and ethnicity of children birth to 4

Geography	Estimated number of children (birth to 4 years old)	Hispanic or Latino	White, not Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
Gila Region	**1,984**	**39%**	**56%**	**1%**	**1%**	**1%**	**8%**
North	768	11%	85%	2%	3%	0%	0%
Central	N/A	N/A	N/A	N/A	N/A	N/A	N/A
South	1,103	61%	35%	0%	0%	2%	13%
Hayden-Winkelman	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gila County	2,935	28%	38%	0%	31%	1%	7%
Arizona	433,968	45%	38%	5%	6%	3%	9%
United States	19,767,670	26%	50%	14%	1%	5%	8%

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

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

Table 34. Race and ethnicity for the mothers of babies born in 2018 and 2019

Geography	Calendar year	Number of births	Mother was non-Hispanic White	Mother was Hispanic or Latina	Mother was Black or African American	Mother was American Indian or Alaska Native	Mother was Asian or Pacific Islander
Gila Region	**2018**	**366**	**65%**	**29%**	**[0% to 1%]**	**4%**	**[0% to 1%]**
	2019	**336**	**65%**	**27%**	**1%**	**4%**	**2%**
Gila County	2018	497	49%	22%	[0% to 1%]	28%	[0% to 1%]
	2019	473	48%	19%	1%	31%	1%
Arizona	2018	80,539	43%	41%	6%	6%	4%
	2019	79,183	43%	41%	6%	6%	4%

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

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

Table 35. Children ages birth to 5 living with parents who are foreign-born, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living with one or two parents	Number and percent living with one or two foreign-born parents	
Gila Region	**2,145**	**42**	**2%**
North	782	0	0%
Central	N/A	N/A	N/A
South	1,235	36	3%
Hayden-Winkelman	N/A	N/A	N/A
Gila County	3,224	42	1%
Arizona	494,590	126,082	25%
United States	22,727,705	5,631,005	25%

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

Note: The term "parent" here includes stepparents. Reliable estimates were not available for the Central or Hayden-Winkelman sub-regions due to sample size limitations.

Table 36. Migrant students (grades K-12) enrolled in public and charter schools, 2017-18 to 2019-20

	Number of migrant students			Percent of students who were migrant students		
Geography	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Gila Region schools	**DS**	**DS**	**DS**	**DS**	**DS**	**DS**
Gila County schools	DS	DS	DS	DS	DS	DS
Arizona schools	4,023	3,426	4,498	0.4%	0.3%	0.4%

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

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

Table 37. Language spoken at home (by persons ages 5 and older), 2015-2019 ACS

Geography	Estimated population (age 5 and older)	Speak only English at home	Speak Spanish at home	Speak languages other than English or Spanish at home
Gila Region	**43,396**	**87%**	**10%**	**3%**
North	22,753	91%	5%	4%
Central	3,270	97%	2%	1%
South	16,252	82%	16%	2%
Hayden-Winkelman	1,121	52%	47%	1%
Gila County	50,611	83%	9%	8%
Arizona	6,616,331	73%	20%	7%
United States	304,930,125	78%	13%	8%

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

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

Table 38. English-language proficiency (for persons ages 5 and older), 2015-2019 ACS

Geography	Estimated population (age 5 and older)	Speak only English at home	Speak another language at home, and speak English very well	Speak another language at home, and do not speak English very well
Gila Region	**43,396**	**87%**	**10%**	**3%**
North	22,753	91%	6%	2%
Central	3,270	97%	2%	1%
South	16,252	82%	14%	4%
Hayden-Winkelman	1,121	52%	40%	9%
Gila County	50,611	83%	13%	4%
Arizona	6,616,331	73%	19%	9%
United States	304,930,125	78%	13%	8%

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

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

Table 39. Limited-English-speaking households, 2015-2019 ACS

Geography	Estimated number of households	Number and percent of limited-English-speaking households	
Gila Region	**20,071**	**321**	**2%**
North	10,812	162	1%
Central	1,689	11	1%
South	7,121	134	2%
Hayden-Winkelman	449	14	3%
Gila County	21,945	455	2%
Arizona	2,571,268	102,677	4%
United States	120,756,048	5,308,496	4%

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

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

Table 40. Number of English Language Learners enrolled in kindergarten to 3rd grade, 2017-18 to 2019-20

Geography	K-3 English Language Learners, 2017-18	K-3 English Language Learners, 2018-19	K-3 English Language Learners, 2019-20
Gila Region schools	**31**	**36**	**36**
Gila County schools	42	44	134
Arizona schools	37,144	35,025	37,313

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

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

Table 41. Grandchildren ages birth to 5 living in a grandparent's household, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) living in households	Number and percent living in their grandparent's household	
Gila Region	**2,353**	**409**	**17%**
North	866	132	15%
Central	115	46	40%
South	1,322	222	17%
Hayden-Winkelman	N/A	N/A	N/A
Gila County	3,509	943	27%
Arizona	517,483	67,495	13%
United States	23,640,563	2,521,583	11%

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

Note: This table includes all children (under six years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child's parent lives in the same household. Reliable estimates were not available for the Central or Hayden-Winkelman sub-regions due to sample size limitations.

Economic Circumstances

Table 42. Median annual family income, 2015-2019 ACS

Geography	Median annual income for all families	Median annual income for married-couple families with children under 18 years old	Median annual income for single-male-headed families with children under 18 years old	Median annual income for single-female-headed families with children under 18 years old
Gila County	$51,400	$71,900	$35,300	$26,200
Arizona	$70,200	$88,400	$42,900	$30,400
United States	$77,300	$100,000	$45,100	$29,000

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

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

Figure 82. Rates of poverty for persons of all ages and for children ages birth to 5, 2015-2019 ACS

Geography	Estimated population for whom poverty status can be determined (all ages)	Percent of the population below the poverty level	Estimated number of children for whom poverty status can be determined (birth to 5 years old)	Percent of children below the poverty level
Gila Region	**44,495**	**16%**	**2,285**	**35%**
North	23,216	13%	844	30%
Central	3,325	15%	N/A	N/A
South	16,812	20%	1,313	38%
Hayden-Winkelman	1,142	15%	N/A	N/A
Gila County	52,641	22%	3,441	45%
Arizona	6,891,224	15%	508,453	23%
United States	316,715,051	13%	23,253,254	20%

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

Note: This table includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2019, the poverty threshold for a family of two adults and two children was $25,926; for a single parent with one child, it was $17,622. Reliable estimates for poverty rates for young children were not available for the Central or Hayden-Winkelman sub-regions due to sample size limitations.

Table 43. Children ages birth to 5 living at selected poverty thresholds, 2015-2019 ACS

Geography	Estimated number of children (birth to 5 years old) who live with parents or other relatives	Percent of children under 50% of the poverty level	Percent of children between 50% and 99% of the poverty level	Percent of children between 100% and 184% of the poverty level	Percent of children at or above 185% of the poverty level
Gila Region	**2,285**	**20%**	**15%**	**24%**	**41%**
North	844	14%	16%	34%	36%
Central	N/A	N/A	N/A	N/A	N/A
South	1,313	26%	12%	18%	44%
Hayden-Winkelman	N/A	N/A	N/A	N/A	N/A
Gila County	3,441	28%	17%	21%	34%
Arizona	508,453	11%	13%	22%	54%
United States	23,253,254	9%	11%	19%	60%

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

Note: The four percentages in each row should sum to 100%, but may not because of rounding. In 2019, the poverty threshold for a family of two adults and two children was $25,926; for a single parent with one child, it was $17,622. The 185% thresholds are $47,963 and $32,600, respectively. Reliable estimates for poverty rates for young children were not available for the Central or Hayden-Winkelman sub-regions due to sample size limitations.

Table 44. Families with children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020

Geography	Households with one or more children (ages 0-5)	Number of families with children (ages 0-5) participating in TANF					Percent of households with young children (ages 0-5) participating in TANF in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Gila Region	**1,910**	**79**	**80**	**62**	**79**	**98**	**5%**
North	829	[2-31]	40	[2-10]	36	44	5%
Central	83	0	[2-9]	[2-10]	[1-9]	[2-9]	DS
South	938	46	34	33	[23-38]	44	5%
Hayden-Winkelman	60	[2-31]	[2-9]	[2-10]	[2-19]	[2-9]	DS
Gila County	2,488	221	90	69	81	103	4%
Arizona	384,441	13,925	12,315	10,538	9,360	9,947	3%

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

Table 45. Children ages birth to 5 receiving TANF, state fiscal years 2016 to 2020

Geography	Number of young children (ages 0-5) in the population	Number of young children (ages 0-5) participating in TANF					Percent of young children (ages 0-5) participating in TANF in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Gila Region	**2,688**	**103**	**105**	**83**	**105**	**136**	**5%**
North	1,148	[26-42]	57	36	49	66	DS
Central	124	0	[2-9]	[2-14]	[1-9]	[2-10]	0%
South	1,328	59	42	41	[27-48]	58	4%
Hayden-Winkelman	88	[2-18]	[2-9]	[2-14]	[2-28]	[2-10]	DS
Gila County	3,657	279	116	92	107	144	4%
Arizona	546,609	18,968	17,143	14,659	13,029	13,747	3%

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

Table 46. Families participating in SNAP, state fiscal years 2016 to 2020

Geography	Households with one or more children (ages 0-5)	Number of families participating in SNAP					Percent of households with young children (0-5) participating in SNAP in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Gila Region	**1,910**	**1,107**	**1,115**	**998**	**895**	**835**	**44%**
North	829	460	471	412	359	317	38%
Central	83	35	40	39	43	41	49%
South	938	574	571	513	463	453	48%
Hayden-Winkelman	60	38	33	34	30	24	40%
Gila County	2,488	1,969	1,926	1,752	1,584	1,458	59%
Arizona	384,441	171,977	164,092	151,816	140,056	132,466	34%

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

Table 47. Children participating in SNAP, state fiscal years 2016 to 2020

Geography	Number of young children (ages 0-5) in the population	Number of children (0-5) participating in SNAP					Percent of young children (0-5) participating in SNAP in SFY 2020
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Gila Region	**2,688**	**1,695**	**1,709**	**1,515**	**1,340**	**1,230**	**46%**
North	1,148	677	718	633	544	479	42%
Central	124	58	63	62	69	57	46%
South	1,328	894	879	769	681	664	50%
Hayden-Winkelman	88	66	49	51	46	30	34%
Gila County	3,657	3,186	3,135	2,840	2,537	2,282	62%
Arizona	546,609	258,455	247,414	229,275	211,814	198,961	36%

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

Table 48. Children ages birth to 17 and birth to 5 receiving Pandemic EBT, March to May 2021

Geography	Children ages 0-17 receiving P-EBT			Children ages 0-5 receiving P-EBT		
	March 2021	April 2021	May 2021	March 2021	April 2021	May 2021
Gila Region	2,896	2,896	2,896	229	210	190
Gila County	4,841	4,841	4,841	340	303	265
Arizona	628,147	628,087	628,221	38,053	34,402	30,926

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

Table 49. Women enrolled in WIC, 2016 to 2020

Geography	Enrolled women, 2016	Enrolled women, 2017	Enrolled women, 2018	Enrolled women, 2019	Enrolled women, 2020
Gila Region	**562**	**506**	**476**	**439**	**354**
Gila County	567	505	471	434	357
Arizona	80,063	75,882	72,098	68,312	63,111

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

Note: Enrolled women include both pregnant and breastfeeding women.

Table 50. Women participating in WIC, 2016 to 2020

Geography	Participating women, 2016	Participating women, 2017	Participating women, 2018	Participating women, 2019	Participating women, 2020
Gila Region	**522**	**465**	**437**	**409**	**338**
Gila County	529	464	430	404	341
Arizona	75,126	70,840	67,687	64,225	59,477

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

Note: Participating women include both pregnant and breastfeeding women. Women are counted as 'participating' if they received benefits during the time period in question.

Table 51. Children ages birth to 4 enrolled in WIC, 2016 to 2020

Geography	Enrolled infants and children, 2016	Enrolled infants and children, 2017	Enrolled infants and children, 2018	Enrolled infants and children, 2019	Enrolled infants and children, 2020
Gila Region	**1,494**	**1,398**	**1,278**	**1,163**	**1,084**
Gila County	1,493	1,372	1,267	1,153	1,076
Arizona	206,626	196,482	187,737	178,300	167,186

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

Table 52. Children ages birth to 4 participating in WIC, 2016 to 2020

Geography	Participating infants and children, 2016	Participating infants and children, 2017	Participating infants and children, 2018	Participating infants and children, 2019	Participating infants and children, 2020
Gila Region	**1,336**	**1,252**	**1,166**	**1,026**	**1,018**
Gila County	1,335	1,226	1,146	1,017	1,015
Arizona	185,185	175,423	169,372	161,287	154,501

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

Note: Children are counted as 'participating' if they received benefits during the time period in question.

Table 53. Free and reduced-price lunch eligibility, 2017-18 to 2019-20

Geography	Students eligible for free or reduced-price lunch, 2017-18	Students eligible for free or reduced-price lunch, 2018-19	Students eligible for free or reduced-price lunch 2019-20
Gila Region schools	**57%**	**56%**	**55%**
Globe Unified District	55%	55%	52%
Payson Unified District	51%	50%	51%
Miami Unified District	64%	64%	57%
Hayden-Winkelman Unified District	80%	83%	83%
Young Elementary District	74%	>98%	65%
Pine Strawberry Elementary District	65%	59%	65%
Tonto Basin Elementary District	80%	73%	76%
Destiny School, Inc.	64%	59%	61%
Gila County schools	67%	64%	64%
Arizona schools	57%	56%	55%

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

Table 54. Lunches served through the National School Lunch Program, 2017-18 to 2019-20

	Number of schools			Number of lunches served		
Geography	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Gila Region schools	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Gila County schools	20	20	22	692,604	527,289	476,285
Arizona schools	18,190	18,202	14,767	101,727,112	102,012,129	76,454,370

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

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

Table 55. Lunches served through the Child and Adult Care Feeding Program, 2017-18 to 2019-20

Geography	Number of schools			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Gila Region schools	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Gila County schools	3	3	7	9,757	8,722	19,026
Arizona schools	7,693	7,336	6,305	7,225,302	7,242,730	5,556,341

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

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

Table 56. Lunches served through the Summer Food Service Program, 2017-18 to 2019-20

Geography	Number of schools			Number of lunches served		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Gila Region schools	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Gila County schools	8	9	46	12,676	12,633	316,655
Arizona schools	2,199	1,845	9,136	1,870,111	1,868,539	21,786,393

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

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

Table 57. Unemployment and labor-force participation for the adult population (ages 16 and older), 2015-2019 ACS

Geography	Estimated working-age population (age 16 and older)	Unemployment rate	Labor-force participation rate	Percent of working-age population in the labor force and employed	Percent of working-age population in the labor force but unemployed	Percent of working-age population not in the labor force
Gila Region	**38,630**	**6%**	**46%**	**43%**	**3%**	**54%**
North	20,528	5%	44%	41%	2%	56%
Central	3,067	10%	35%	32%	3%	65%
South	14,051	8%	53%	49%	4%	47%
Hayden-Winkelman	984	12%	49%	44%	6%	51%
Gila County	43,850	9%	47%	43%	4%	53%
Arizona	5,600,921	6%	60%	56%	3%	40%
United States	259,662,880	5%	63%	60%	3%	37%

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

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

Table 58. Monthly unemployment insurance claims, Nov 2019 to Nov 2020

Month	Gila Region			Arizona		
	Total claims (all outcomes)	Claims found eligible and paid	Percent of claims found eligible and paid	Total claims (all outcomes)	Claims found eligible and paid	Percent of claims found eligible and paid
Nov 2019	80	20	25%	7,787	2,275	29%
Dec 2019	57	14	25%	7,906	2,312	29%
Jan 2020	68	12	18%	9,892	2,712	27%
Feb 2020	46	12	26%	7,185	1,919	27%
Mar 2020	381	204	54%	110,129	66,655	61%
Apr 2020	888	427	48%	186,217	93,529	50%
May 2020	391	88	23%	98,786	33,481	34%
Jun 2020	507	98	19%	94,720	30,465	32%
July 2020	446	115	26%	78,744	26,081	33%
Aug 2020	275	89	32%	46,360	16,028	35%
Sept 2020	191	30	16%	39,660	9,464	24%
Oct 2020	191	40	21%	30,032	7,807	26%
Nov 2020	112	16	14%	15,835	1,812	11%

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

Table 59. Students (all grades) experiencing homelessness enrolled in public and charter schools, 2017-18 to 2019-20

Geography	Number of students experiencing homelessness			Percent of students experiencing homelessness		
	2017-18	2018-19	2019-20	2017-18	2018-19	2019-20
Gila Region schools	**536**	**510**	**159**	**9%**	**8%**	**3%**
Globe Unified District	DS	DS	15	DS	DS	1%
Payson Unified District	429	443	113	19%	19%	5%
Miami Unified District	88	21	DS	8%	2%	DS
Hayden-Winkelman Unified District	DS	DS	DS	DS	DS	DS
Young Elementary District	DS	DS	DS	DS	DS	DS
Pine Strawberry Elementary District	DS	14	12	DS	11%	10%
Tonto Basin Elementary District	DS	DS	DS	DS	DS	DS
Liberty High School	13	32	15	18%	41%	19%
Destiny School, Inc.	DS	DS	DS	DS	DS	DS
The Shelby School	DS	DS	N/A	DS	DS	N/A
Gila County schools	544	521	213	7%	7%	3%
Arizona schools	15,923	12,931	11,538	1%	1%	1%

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

Note: The McKinney-Vento Act provides funding and supports to ensure that children and youth experiencing homelessness have access to education. Under the McKinney-Vento Act, children are defined as experiencing homelessness if they lack a "fixed, regular, and adequate nighttime address." This includes children living in shelters, cars, transitional housing, campground, motels, and trailer parks, as well as children who are living 'doubled up' with another family due to loss of housing or economic hardship. More information can be found on the ADE website: https://www.azed.gov/homeless. The Shelby School closed in 2019.

Table 60. Households with and without computers and smartphones, 2015-2019 ACS

Geography	Estimated number of households	Have both computer and smartphone	Have computer but no smartphone	Have smartphone but no computer	Have neither smartphone nor computer
Gila Region	**20,071**	**58%**	**10%**	**17%**	**14%**
North	10,812	62%	13%	15%	10%
Central	1,689	50%	5%	24%	21%
South	7,121	55%	7%	19%	19%
Hayden-Winkelman	449	50%	5%	23%	22%
Gila County	21,945	56%	10%	18%	16%
Arizona	2,571,268	73%	7%	12%	8%
United States	120,756,048	71%	7%	13%	10%

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

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

Table 61. Persons of all ages in households with and without computers and internet connectivity, 2015-2019 ACS

Geography	Estimated number of persons (all ages) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Gila Region	**44,430**	**72%**	**17%**	**10%**
North	23,149	82%	10%	8%
Central	3,333	69%	15%	16%
South	16,806	61%	26%	13%
Hayden-Winkelman	1,142	55%	30%	15%
Gila County	52,594	68%	18%	13%
Arizona	6,892,175	87%	7%	6%
United States	316,606,796	86%	7%	6%

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

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

Table 62. Children ages birth to 17 in households with and without computers and internet connectivity, 2015-2019 ACS

Geography	Estimated number of children (ages 0-17) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Gila Region	**7,535**	**73%**	**22%**	**5%**
North	3,369	78%	16%	6%
Central	365	85%	10%	4%
South	3,625	67%	28%	4%
Hayden-Winkelman	176	74%	24%	2%
Gila County	10,717	65%	24%	11%
Arizona	1,632,019	88%	8%	4%
United States	73,225,376	89%	7%	3%

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

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

Table 63. Persons in households by type of internet access (broadband, cellular, and dial-up), 2015-2019 ACS

Geography	Estimated number of persons (all ages) living in households with computer and internet	With fixed-broadband internet	With cellular-data internet	With only dial-up internet
Gila Region	**32,189**	**87%**	**65%**	**1%**
North	18,982	88%	75%	1%
Central	2,304	86%	52%	0%
South	10,279	86%	50%	0%
Hayden-Winkelman	624	85%	36%	0%
Gila County	35,994	86%	62%	1%
Arizona	5,968,639	87%	82%	0.3%
United States	273,795,622	88%	82%	0.3%

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

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

Educational Indicators

Table 64. Kindergarten to 3rd grade students with chronic absences, 2018-19 to 2019-20

Geography	K-3 students enrolled, 2018-19	K-3 students with chronic absences, 2018-19	Chronic absence rate, 2018-19	K-3 students enrolled, 2019-20	K-3 students with chronic absences, 2019-20	Chronic absence rate, 2019-20
Gila Region schools	**1,743**	**385**	**22%**	**1,789**	**202**	**11%**
Globe Unified District	453	137	30%	455	64	14%
Payson Unified District	607	82	14%	661	49	7%
Miami Unified District	315	90	29%	312	50	16%
Hayden-Winkelman Unified District	87	22	25%	DS	DS	6%
Young Elementary District	DS	DS	21%	DS	DS	19%
Pine Strawberry Elementary District	DS	DS	<2%	DS	DS	11%
Tonto Basin Elementary District	DS	DS	33%	DS	DS	19%
Destiny School, Inc.	172	39	23%	176	19	11%
The Shelby School	DS	DS	27%	N/A	N/A	N/A
Gila County schools	2,280	633	28%	2,270	381	17%
Arizona schools	326,891	43,773	13%	329,300	25,382	8%

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

Note: Students are considered chronically absent if they miss more than 10 percent of the school days in a school year. This table includes children who are absent due to chronic illness. Please note that school closures and transitions to distance learning substantially affected how attendance was tracked by schools in the spring of 2020. The Shelby School closed in 2019.

Table 65. 4-year and 5-year graduation rates, 2019

Geography	4-year senior cohort (2019)	4-year graduates (2019)	4-year graduation rate (2019)	5-year graduates (2019)	5-year graduation rate (2019)
Gila Region schools	**426**	**334**	**78%**	**349**	**82%**
Globe Unified District	137	123	90%	123	90%
Payson Unified District	187	128	68%	139	74%
Miami Unified District	59	50	85%	53	88%
Hayden-Winkelman Unified District	17	16	94%	16	94%
Young Elementary District	DS	DS	100%	DS	100%
Liberty High School	DS	DS	50%	DS	56%
Gila County schools	510	399	78%	415	81%
Arizona schools	86,355	68,393	79%	71,610	83%

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

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

Table 66. Trends in 4-year and 5-year graduation rates, 2017 to 2019

Geography	4-year graduation rates			5-year graduation rates		
	2017	2018	2019	2017	2018	2019
Gila Region schools	**77%**	**75%**	**78%**	**81%**	**79%**	**82%**
Globe Unified District	81%	86%	90%	85%	88%	90%
Payson Unified District	75%	72%	68%	80%	76%	74%
Miami Unified District	85%	71%	85%	87%	75%	88%
Hayden-Winkelman Unified District	94%	86%	94%	94%	91%	94%
Young Elementary District	100%	67%	100%	100%	67%	100%
Liberty High School	39%	53%	50%	50%	63%	56%
Gila County Accommodation District	50%	N/A	N/A	50%	N/A	N/A
Gila County schools	75%	73%	78%	79%	78%	81%
Arizona schools	78%	78%	79%	82%	82%	83%

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

Table 67. 7th to 12th grade dropout rates, 2017-18 to 2019-20

Geography	Dropout rate, 2017-18	Dropout rate, 2018-19	Dropout rate, 2019-20
Gila Region schools	**3%**	**3%**	**2%**
Globe Unified District	4%	4%	3%
Payson Unified District	3%	4%	2%
Miami Unified District	3%	2%	3%
Hayden-Winkelman Unified District	1%	1%	0%
Young Elementary District	0%	0%	0%
Pine Strawberry Elementary District	0%	0%	0%
Tonto Basin Elementary District	0%	0%	5%
Liberty High School	16%	16%	9%
Destiny School, Inc.	3%	3%	0%
The Shelby School	7%	5%	N/A
Gila County schools	2%	3%	2%
Arizona schools	5%	4%	3%

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

Note: Dropouts are defined by ADE as students who were enrolled in school at any time during the school year but were not enrolled at the end of the year and who did not transfer to another school, graduate, or die. Dropout rates are calculated by dividing the number of dropouts by the total enrollment. The Shelby School closed in 2019.

Early Learning

Table 68. School enrollment for children ages 3 to 4, 2015-2019 ACS

Geography	Estimated number of children (3 or 4 years old)	Number and percent enrolled in school	
Gila Region	**792**	**193**	**24%**
North	314	49	16%
Central	N/A	N/A	N/A
South	422	144	34%
Hayden-Winkelman	N/A	N/A	N/A
Gila County	1,253	318	25%
Arizona	183,386	71,233	39%
United States	8,151,928	3,938,693	48%

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

Note: In this table, "school" may include nursery school, preschool, or kindergarten. Reliable estimates were not available for the Central or Hayden-Winkelman sub-regions due to sample size limitations.

Table 69. Number and licensed capacity of licensed or registered child care providers by type, December 2020

	All providers		Nannies or individual providers		Child care centers		Family child care providers	
Geography	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
Gila Region	**18**	**717**	**0**	**0**	**12**	**687**	**6**	**30**
North	7	338	0	0	6	328	1	10
Central	1	10	0	0	1	10	0	0
South	9	309	0	0	4	289	5	20
Hayden-Winkelman	1	60	0	0	1	60	0	0
Gila County	19	950	0	0	13	920	6	30
Arizona	2,521	202,010	26	89	1,909	198,100	586	3,821

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

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

Table 70. Arizona Enrichment Centers and ECE providers who received COVID-19 grants, December 2020

Geography	Arizona Enrichment Centers	Number of children approved for enrollment	Percent of CCRR-listed providers that were Arizona Enrichment Centers	Number of providers enrolled in COVID-19 grant program
Gila Region	**2**	**42**	**11%**	**12**
North	2	42	29%	5
Central	0	0	0%	0
South	0	0	0%	7
Hayden-Winkelman	0	0	0%	0
Gila County	2	42	11%	14
Arizona	480	5,681	19%	1,808

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

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

Table 71. Funded and cumulative enrollment in Miami Head Start programs, 2019-20

Center Name	Funded enrollment	Cumulative enrollment	Waitlist
Gila Region Total	**52**	**66**	**<10**
Miami Head Start	38	42	<10
Miami Early Head Start	18	24	<10

Source: Pinal-Gila Community Child Services (2021). Head Start Program Data [Dataset]. Data received by request.

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

Table 72. Cumulative enrollment in Miami Head Start programs by race or ethnicity, 2020-21

Center Name	Hispanic or Latino Origin	Non-Hispanic or Latino Origin	American Indian or Alaska Native	Asian	Black	Pacific Islander	White	Multi- or bi-racial
Gila Region	31	35	<10	0	<10	<10	55	<10
Miami Head Start	23	19	<10	0	0	<10	36	<10
Miami Early Head Start	<10	16	<10	0	<10	0	19	<10

Source: Pinal-Gila Community Child Services (2021). Head Start Program Data [Dataset]. Data received by request.

Table 73. Number and capacity of Quality First programs, January 2021

	Total programs		2-star programs		3-star programs		4-star programs		5-star programs		Programs not publicly rated	
Geography	No.	Capacity	No.	Capacity	No.	Capacity	No.	Capacity	No.	Capacity	No.	Capacity
Gila Region	6	333	0	0	2	118	2	160	1	4	1	51
North	3	169	0	0	2	118	0	0	0	0	1	51
Central	0	0	0	0	0	0	0	0	0	0	0	0
South	3	164	0	0	0	0	2	160	1	4	0	0
Hayden-Winkelman	0	0	0	0	0	0	0	0	0	0	0	0
Gila County	12	663	2	124	4	254	3	220	1	4	2	61
Arizona	925	84,921	141	15,042	334	31,428	250	22,443	70	4,200	130	11,808

Source: First Things First (2021). Quality First Data Center [Dataset]. Retrieved from https://datacenter.azftf.gov/ in January 2021.

Note: This table reflects a snapshot of the Quality First program in January 2021.

Table 74. Median daily charge for full-time child care, 2018

	Approved family homes			Certified group homes			Licensed centers		
Geography	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old
Gila Region	**$27.00**	**$27.00**	**$23.50**	**$34.50**	**$30.00**	**$30.00**	**N/A**	**N/A**	**$29.00**
Gila County	$27.00	$27.00	$23.50	$34.50	$30.00	$30.00	N/A	N/A	$29.00
Arizona	$20.00	$20.00	$20.00	$30.00	$28.00	$28.00	$43.03	$38.00	$33.00

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

Table 75. Median monthly charge for full-time child care, 2018

Geography	Approved family homes			Certified group homes			Licensed centers		
	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old
Gila Region	**$540**	**$540**	**$470**	**$690**	**$600**	**$600**	**N/A**	**N/A**	**$580**
Gila County	$540	$540	$470	$690	$600	$600	N/A	N/A	$580
Arizona	$400	$400	$400	$600	$560	$560	$861	$760	$660

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

Table 76. Cost of center-based child care as a percentage of income, 2018

Geography	Median family income	Cost for an infant	Cost for a 1 to 2 year old child	Cost for a 3 to 5 year old child
Gila Region	**N/A**	**N/A**	**N/A**	**N/A**
Gila County	$51,400	**N/A**	**N/A**	13.5%
Arizona	$70,200	14.7%	13.0%	11.3%

Sources: Arizona Department of Economic Security (2021). [Child Care Administration dataset]. Unpublished data. & U.S. Census Bureau. (2021). American Community Survey five-year estimates 2015-2019, Table B19126.

Note: Annual costs of care are calculated by multiplying the median daily cost of care by 240 to approximate a full year of care.

Table 77. Children receiving DES child care subsidies, 2015 to 2020

Geography	Number of children receiving subsidy						Percent of eligible children receiving subsidy					
	2015	2016	2017	2018	2019	2020	2015	2016	2017	2018	2019	2020
Gila Region	**74**	**65**	**57**	**51**	**44**	**75**	**95%**	**97%**	**96%**	**88%**	**93%**	**81%**
North	46	25	[20-28]	[14-22]	26	52	91%	96%	DS	DS	92%	81%
Central	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	[1-9]	DS	DS	DS	DS	DS	DS
South	[19-27]	38	28	28	[10-17]	[14-22]	DS	97%	100%	89%	DS	DS
Hayden-Winkelman	0	[1-9]	0	0	0	0	N/A	DS	N/A	N/A	N/A	N/A
Gila County	116	98	79	69	53	83	91%	93%	91%	83%	94%	77%
Arizona	19,040	17,784	16,922	19,813	23,155	19,909	94%	93%	93%	92%	92%	80%

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

Table 78. Eligible families not using DES child care subsidies, 2015 to 2020

Geography	2015	2016	2017	2018	2019	2020
Gila Region	**4%**	**2%**	**3%**	**13%**	**DS**	**18%**
Gila County	9%	7%	8%	17%	DS	21%
Arizona	6%	6%	7%	8%	8%	18%

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

Table 79. Children ages birth to 2 referred to and found eligible for AzEIP, federal fiscal years 2018 to 2020

	Number of children (ages 0-2) referred to AzEIP			Number of children (ages 0-2) eligible for AzEIP			Percent of referrals found eligible		
Geography	FFY 2018	FFY 2019	FFY 2020	FFY 2018	FFY 2019	FFY 2020	FFY 2018	FFY 2019	FFY 2020
Gila Region	**78**	**74**	**81**	**27**	**26**	**29**	**35%**	**35%**	**36%**
North	40	40	43	[1-13]	14	16	DS	35%	37%
Central	[1-9]	[1-9]	[1-9]	[1-13]	[1-9]	0	DS	DS	0%
South	[29-37]	31	34	13	10	[4-12]	DS	32%	DS
Hayden-Winkelman	0	[1-9]	[1-9]	0	[1-9]	[1-9]	0%	DS	DS
Gila County	98	102	96	30	39	32	31%	38%	33%
Arizona	13,803	14,692	13,615	5,372	5,225	4,675	39%	36%	34%

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

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

Table 80. Number of children (ages 0-5) receiving DDD services, state fiscal years 2017 to 2020

Geography	SFY 2017	SFY 2018	SFY 2019	SFY 2020	Percent change from 2017 to 2020
Gila Region	**[1-9]**	**12**	**[1-9]**	**[1-9]**	**N/A**
Gila County	20	25	11	[1-9]	N/A
Arizona	5,520	6,123	4,005	4,078	-26%

Source: Arizona Department of Economic Security (2021). [Division of Developmental Disabilities dataset]. Unpublished data.

Table 81. Numbers of children (ages 0-2) receiving services from AzEIP, DDD, or both; state fiscal years 2019 and 2020

Geography	Children receiving AzEIP or DDD services, SFY 2019	Children receiving AzEIP or DDD services, SFY 2020	Percent change from 2019 to 2020	Population of children (ages 0-2), 2010 Census	Estimated percent of children (ages 0-2) receiving AzEIP or DDD services, SFY 2020
Gila Region	**28**	**33**	**+18%**	**1,370**	**2.4%**
North	15	16	+7%	577	2.8%
Central	[1-9]	0	N/A	59	0.0%
South	10	17	+70%	686	2.5%
Hayden-Winkelman	[1-9]	0	N/A	48	0.0%
Gila County	41	40	-2%	1,891	2.1%
Arizona	6,376	5,721	-10%	270,519	2.1%

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

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

Child Health

Table 82. Health insurance coverage, 2015-2019 ACS

Geography	Estimated civilian non-institutionalized population (all ages)	Without health insurance (all ages)	Estimated number of children (ages 0-5)	Without health insurance (ages 0-5)
Gila Region	**44,631**	**10%**	**2,353**	**6%**
North	23,243	10%	866	6%
Central	3,362	11%	115	9%
South	16,884	9%	1,322	7%
Hayden-Winkelman	1,142	11%	N/A	N/A
Gila County	52,797	10%	3,509	8%
Arizona	6,941,028	10%	517,639	7%
United States	319,706,872	9%	23,653,661	4%

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

Note: This table excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau. Reliable estimates were not available for the Central or Hayden-Winkelman sub-regions due to sample size limitations.

Table 83. Percent of WIC-enrolled infants ever breastfed, 2016 to 2020

Geography	Breastfeeding rate, 2016	Breastfeeding rate, 2017	Breastfeeding rate, 2018	Breastfeeding rate, 2019	Breastfeeding rate, 2020
Gila Region	**71%**	**79%**	**79%**	**83%**	**72%**
Gila County	70%	77%	77%	82%	73%
Arizona	73%	77%	77%	79%	78%

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

Table 84. WIC-enrolled women with pre-pregnancy obesity, 2019 to 2020

Geography	Women for whom pre-pregnancy weight is known, 2019	Women with pre-pregnancy obesity, 2019	Percent with pre-pregnancy obesity, 2019	Women for whom pre-pregnancy weight is known, 2020	Women with pre-pregnancy obesity, 2020	Percent with pre-pregnancy obesity, 2020
Gila Region	**204**	**66**	**32%**	**91**	**34**	**37%**
Gila County	203	68	**33%**	89	32	**36%**
Arizona	32,816	11,893	36%	14,640	5,449	**37%**

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

Table 85. Pre-pregnancy obesity rate for WIC-enrolled women, 2016 to 2020

Geography	Pre-pregnancy obesity rate, 2016	Pre-pregnancy obesity rate, 2017	Pre-pregnancy obesity rate, 2018	Pre-pregnancy obesity rate, 2019	Pre-pregnancy obesity rate, 2020
Gila Region	**33%**	**34%**	**27%**	**32%**	**37%**
Gila County	33%	33%	27%	33%	36%
Arizona	33%	34%	35%	36%	37%

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

Table 86. WIC-enrolled infants ever breastfed, 2020

Geography	Infants for whom breastfeeding status is determined	Infants ever breastfed	Percent of infants ever breastfed
Gila Region	182	165	73%
Gila County	180	165	72%
Arizona	32,545	25,322	78%

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

Table 87. Weight status of WIC-enrolled children ages 2-4, 2020

Geography	Children ages 2-4 with known weight status	Children who are underweight	Percent underweight	Children with obesity	Percent obese
Gila Region	**183**	**<6**	**DS**	**31**	**17%**
Gila County	183	6	3%	31	17%
Arizona	26,929	1,148	4%	4,318	16%

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

Table 88. Children ages 2-4 with obesity 2016 to 2020

	Number of children ages 2-4 with obesity					Percent of children ages 2-4 with obesity				
Geography	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020
Gila Region	83	80	74	75	31	**13%**	**14%**	**15%**	**16%**	**17%**
Gila County	82	77	71	74	31	13%	14%	15%	16%	17%
Arizona	10,870	10,564	10,463	10,085	4,318	14%	14%	15%	15%	16%

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

Table 89. Child care immunization exemption rates, 2015-16 to 2019-20

	Children in child care with religious exemptions					Children in child care exempt from all vaccines				
Geography	2015-16	2016-17	2017-18	2018-19	2019-20	2015-16	2016-17	2017-18	2018-19	2019-20
Gila Region	**5.0%**	**2.6%**	**5.0%**	**7.0%**	**4.5%**	**4.6%**	**2.0%**	**3.7%**	**6.0%**	**3.3%**
North	8.9%	4.0%	11.7%	12.6%	9.8%	7.9%	3.5%	8.0%	10.4%	7.2%
Central	N/A	N/A	0.0%	N/A	N/A	0.0%	N/A	0.0%	N/A	N/A
South	2.0%	1.5%	1.4%	2.0%	0.0%	2.0%	1.0%	1.4%	2.0%	0.0%
Hayden-Winkelman	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	N/A	0.0%
Gila County	4.3%	2.7%	4.7%	6.6%	4.2%	3.4%	2.1%	3.5%	5.6%	3.1%
Arizona	3.5%	3.9%	4.3%	4.5%	5.0%	2.1%	2.4%	2.9%	3.0%	3.1%

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

Table 90. Kindergarten immunization exemption rates, 2015-16 to 2019-20

	Kindergarteners with personal belief exemptions					Kindergarteners exempt from all vaccines				
Geography	2015-16	2016-17	2017-18	2018-19	2019-20	2015-16	2016-17	2017-18	2018-19	2019-20
Gila Region	**5.8%**	**4.3%**	**5.6%**	**7.8%**	**5.7%**	**3.6%**	**1.7%**	**4.7%**	**4.7%**	**4.1%**
North	11.3%	8.7%	9.1%	12.1%	10.1%	7.0%	3.7%	4.4%	5.5%	7.4%
Central	40.0%	0.0%	0.0%	N/A	N/A	40.0%	0.0%	0.0%	N/A	N/A
South	1.6%	1.6%	1.6%	4.5%	2.7%	0.8%	0.4%	0.8%	4.0%	1.8%
Hayden-Winkelman	0.0%	N/A	0.0%	N/A	0.0%	0.0%	N/A	0.0%	N/A	0.0%
Gila County	4.4%	3.2%	4.7%	5.9%	4.1%	2.1%	1.2%	2.2%	3.6%	3.0%
Arizona	4.5%	4.9%	5.4%	5.9%	5.4%	1.8%	2.4%	3.5%	3.8%	3.4%

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

Table 91. Confirmed and probable cases of infectious diseases in children ages birth to 4, 2018 to 2020

Geography	Calendar year	Pertussis (Whooping Cough)	Varicella (Chicken Pox)	Haemophilus influenzae	Meningococcal disease	Mumps	Measles
Gila County	2018	<6	0	<6	0	0	0
	2019	0	<6	0	0	0	0
	2020	0	0	0	0	0	0
Arizona	2018	48	57	30	0	0	0
	2019	92	62	22	0	0	0
	2020	96	22	12	<6	<6	0

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

Table 92. Confirmed and probable cases of infectious diseases in children ages birth to 4, 2017-18 to 2019-20

Geography	Season	Influenza	Respiratory Syncytial Virus (RSV) infection
Gila County	2017-18	83	27
	2018-19	55	56
	2019-20 (preliminary)	75	47
Arizona	2017-18	5,319	4,530
	2018-19	4,603	3,897
	2019-20 (preliminary)	6,612	5,351

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

Table 93. Hospitalizations and emergency room visits due to asthma, 2016-2020 combined

Geography	Number of inpatient asthma hospitalizations for children ages birth to 4 (except newborns)	Number of inpatient asthma hospitalizations for children ages birth to 14 (except newborns)	Average length of stay for asthma hospitalization for children ages birth to 14	Number of emergency department visits for asthma, children ages birth to 14
Gila Region	**<6**	**14**	**1.8**	**201**
Gila County	<6	34	1.7	236
Arizona	2,214	5,672	2.0	41,103

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

Family Support and Literacy

Table 94. Number of children ages birth to 5 removed by DCS, state fiscal years 2019 to 2020

Geography	Children (ages 0-5) removed (SFY 2019)	Children (ages 0-5) removed (SFY 2020)	Children (ages 0-5) removed (SFY2019-2020)	Children (ages 0-5) in the population
Gila Region	**19**	**14**	**32**	**2,688**
North	0%	DS	DS	43%
Central	DS	DS	DS	5%
South	58%	DS	61%	49%
Hayden-Winkelman	DS	DS	DS	3%
Gila County	N/A	N/A	N/A	N/A
Arizona	3,989	4,124	8,113	546,609

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

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

Table 95. Substantiated maltreatment reports by type for children ages birth to 17, June-Dec 2020

Geography	Total substantiated maltreatment reports	Neglect	Physical abuse	Sexual abuse	Emotional abuse
Gila Region	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Gila County	21	71%	29%	0%	0%
Arizona	1,669	69%	25%	6%	0%

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

Table 96. Children ages birth to 17 removed by the Department of Child Services (DCS), June-Dec 2020

Geography	Total reports	Number of children removed	Percent of children removed	Number of children with prior removal in last 24 months	Percent of children with prior removal in last 24 months
Gila Region	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Gila County	279	54	19%	1	2%
Arizona	30,526	4,967	16%	198	4%

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

APPENDIX 2: METHODS AND DATA SOURCES

The data contained in this report come from a variety of sources, including publicly available datasets and data requested from Arizona state agencies. Specific sources and methods used in this report are enumerated below.

U.S. Census and American Community Survey Data. The U.S. Census[392] is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. The 2010 U.S. Census data are available by census block. There are about 115,000 inhabited blocks in Arizona, with an average population of 56 people each. The Census data for the Gila Region presented in this report were calculated by identifying each block in the region and aggregating the data over all of those blocks. The Census Bureau is expected to publish new block-level population estimates and detailed tables later in 2022.

The American Community Survey (ACS)[393] is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. It covers many different topics, including income, language, education, employment, and housing. The ACS data are available by census tract. Arizona is divided into about 1,500 census tracts, with an average of about 4,200 people in each. The ACS data for the Gila Region were calculated by aggregating over the census tracts which are wholly or partially contained in the region. The data from partial census tracts were apportioned according to the percentage of the 2010 Census population in that tract living inside the region. The most recent and most reliable ACS data are averaged over the past five years; those are the data included in this report. They are based on surveys conducted from 2015 to 2019. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates.

Education Data from ADE. Education data from ADE included in this report were obtained through a custom tabulation of unredacted data files conducted by the vendor on a secure ADE computer terminal in the spring of 2021. The vendor worked with the regional director to create a list of all public and charter schools in the region based on the school's physical location within the region as well as local knowledge as to whether any schools located outside the region served a substantial number of children living within the region. This list was used to assign schools and districts to the region as well to aggregate school-level data to the region-level. This methodology differs slightly from the methods that ADE uses to allocate school-level data to counties, so county and region totals may vary in some tables. Data were presented over time where available; however, due to changes in the ADE data system and business rules over the past 3 years, some indicators could not be presented as a time series.

Child Care Capacity Calculations. Overall child care capacity estimates were compiled by merging multiple licensing and enrollment datasets from ADHS, DES, Quality First and local Head Start programs. Duplicate programs were identified and removed based on name, phone number and address. Programs that only serve children ages 5-12 were also removed, as these are typically before- & after-school programs that only serve school-age children. Providers were geocoded using addresses or

coordinates provided in the various datasets to assign them to both regions and sub-regions. The child care capacity estimates are meant to provide a best guess at the supply of child care slots in regulated care providers. These estimates do not reflect the capacity of unlicensed, unregulated or informal child care providers in the region. The estimated supply may also over-estimate availability in regulated care as it did not account for pandemic-related closures, child care providers that operate under licensed capacity by choice, or children who enroll in multiple facilities (e.g., a child who attends part-day Head Start or preschool in the morning and a child care center in the afternoon).

Data Suppression. To protect the confidentiality of program participants, the First Things First (FTF) Data Dissemination and Suppression Guidelines preclude our reporting social service and early education programming data if the count is less than 10 and preclude our reporting data related to health or developmental delay if the count is less than 6. In addition, some data received from state agencies are suppressed according to their own guidelines. The Arizona Department of Health Services (ADHS) does not report counts less than 6; the Arizona Department of Economic Security (DES) does not report counts between 1 and 9; and the Arizona Department of Education (ADE) does not report counts less than 11. Additionally, both ADE and DES require suppression of the second-smallest value or the denominator in tables where a reader might be able to use the numbers provided to calculate a suppressed value. Throughout this report, information which is not available because of suppression guidelines will be indicated by entries of "<6" or "<10" or "<11" for counts, or "DS" (data suppressed) for percentages. Data are sometimes not available for particular regions, either because a particular program did not operate in the region or because data are only available at the county level. Cases where data are not available will be indicated by an entry of "N/A."

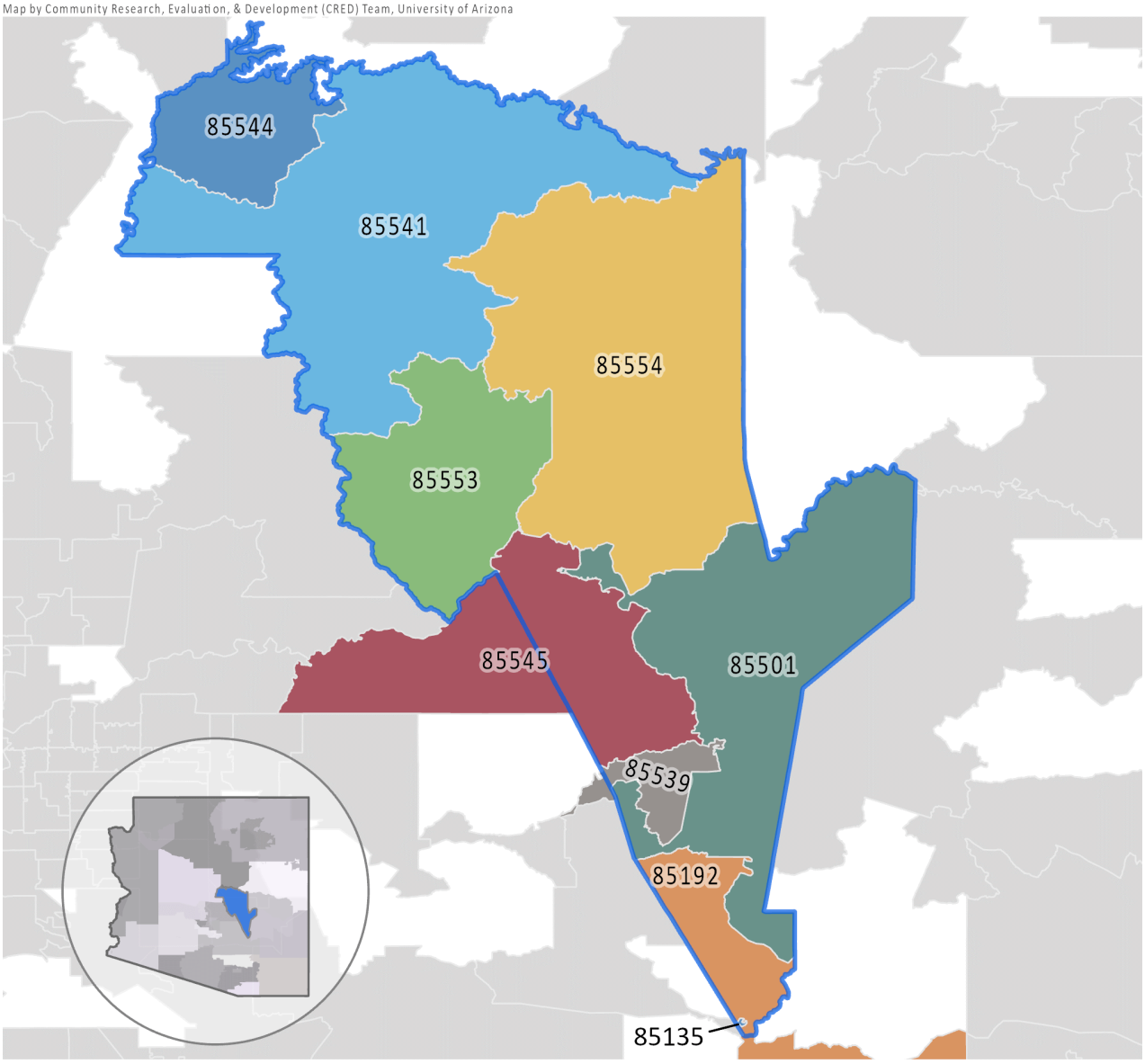
For some data, an exact number was not available because it was the sum of several numbers provided by a state agency, and some numbers were suppressed in accordance with agency guidelines or because the number was suppressed as a second-smallest value that could be used to calculate a suppressed value. In these cases, a range of possible numbers is provided, where the true number lies within that range. For example, for data from the sum of a suppressed number of children enrolled in Child-only TANF and 12 children enrolled in a household with TANF, the entry in the table would read "13 to 21." This is because the suppressed number of children in Child-only TANF is between 1 and 9, so the possible range of values is the sum of the 2 known numbers plus 1 on the lower bound to the sum of the 2 known numbers plus 9 on the upper bound. Ranges that include numbers below the suppression threshold of less than 6 or 10 may still be included if the upper limit of the range is above 6 or 10. Since a range is provided rather than an exact number, the confidentiality of program participants is preserved.

The Report Process. This report was the product of collaboration between the vendor, the regional director, the regional partnership council and the FTF Evaluation team. The vendor worked with the FTF Evaluation team to identify and review indicators for the report and prepare data requests to submit to state agencies. The regional partnership council, regional director, and the vendor worked together to define priority areas, identify local sources of data, and submit local data requests. The vendor worked to process, compile, analyze, and visualize data gathered as well as to review data for quality and accuracy. Following data analysis, visualization, and review, the vendor facilitated a data interpretation

session with the regional director, the regional partnership council, and key stakeholders in the region. This session aimed to allow participants to share their local knowledge and perspectives in interpreting the data collected. The vendor finally synthesized the data, analysis and findings from the data interpretation session in this report, which has been reviewed by the regional director and regional partnership council prior to publication.

APPENDIX 3: ZIP CODES OF THE GILA REGION

Figure 83. Zip Code Tabulation Areas (ZCTAs) in the Gila Region



Source: Custom map by the Community Research, Evaluation, & Development (CRED) Team using shapefiles obtained from First Things First and the U.S. Census Bureau 2019 TIGER/Line Shapefiles (https://www.census.gov/cgi-bin/geo/shapefiles/index.php)

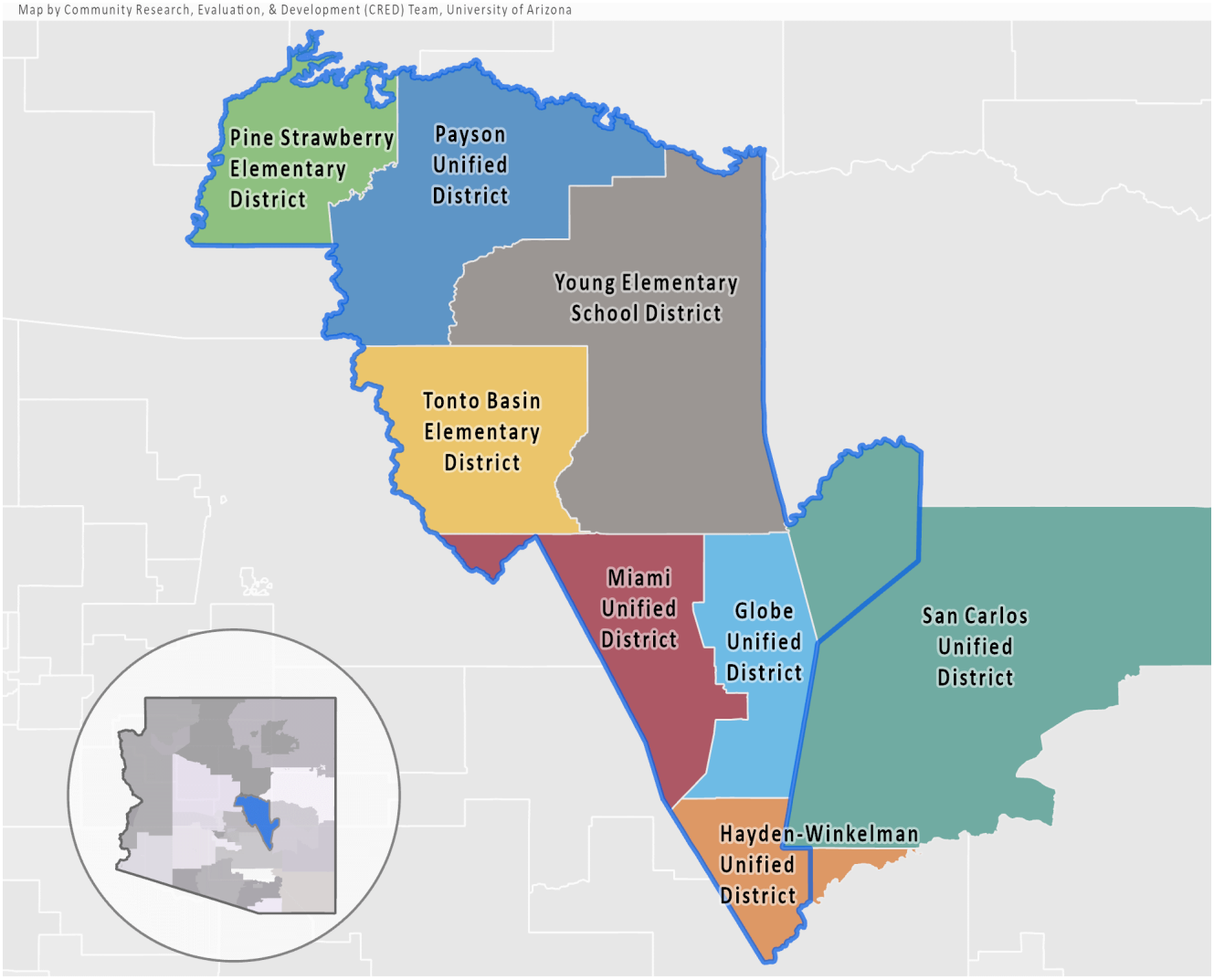
Table 97. Zip Code Tabulation Areas (ZCTAs) in the Gila Region

Zip Code Tabulation Area (ZCTA)	Population (all ages)	Population (ages 0-5)	Total number of households	Households with young children (ages 0-5)	Percent of this ZCTA's total population living in the Gila Region	This ZCTA is shared with
Gila Region	**46,631**	**2,688**	**20,317**	**1,910**	**N/A**	**N/A**
85501	13,345	982	5,221	709	100%	
85541	21,877	1,136	9,847	817	100%	East Maricopa
85545	568	8	307	8	100%	
85553	1,501	39	805	28	100%	
85554	778	29	381	18	100%	
85544	2,949	64	1,496	46	100%	
85539	4,289	342	1,762	224	94.9%	Pinal
85135	630	47	223	30	100%	
85192	694	41	275	30	32.7%	

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

APPENDIX 4: SCHOOL DISTRICTS OF THE GILA REGION

Figure 84. School districts in the Gila Region



Source: Custom map by the Community Research, Evaluation, & Development (CRED) Team using shapefiles obtained from First Things First and the U.S. Census Bureau 2019 TIGER/Line Shapefiles (https://www.census.gov/cgi-bin/geo/shapefiles/index.php)

Table 98. School districts and Local Education Authorities (LEAs) in the Gila Region

Name of district or Local Education Agency (LEA)	Number of schools	Number of students in kindergarten through 3rd grade (2019-20)
Gila Region Schools	**14**	**1,789**
Globe Unified District	3	455
Payson Unified District	6	661
Miami Unified District	5	312
Hayden-Winkelman Unified District	3	DS
Young Elementary District	2	DS
Pine Strawberry Elementary District	1	DS
Tonto Basin Elementary District	1	DS
Destiny School, Inc.	1	176
The Shelby School	Closed in 2019	N/A
Liberty High School	1	N/A
Gila County Accommodation District	2	N/A

Source: Arizona Department of Education. [Enrollment dataset]. Custom tabulation of agency data.

Note: The Payson Center for Student Success has both physical and online campuses, which appear as separate school entities in the ADE database. The Shelby School closed in 2019 but appears in tables with data for the 2018-19 school year and prior

APPENDIX 5: DATA SOURCES

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