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ABSTRACT

The Children's Action Alliance (CAA) is a private nonprofit organization working on behalf of Arizona children. The CAA and other groups sponsor the Arizona Children's Campaign, whose goal is to influence public policy in such a way that the quality of children's lives will be improved as a result. This synopsis of CAA reports of the last several years integrates contributions of many groups. Actions that citizens can take to help children are suggested. Issues relating to children in Arizona are discussed, and the state's responses to the issues are described. For each issue, proposals for action by elected officials are offered. The issues concern: (1) maternal and child health care, including prenatal care, health insurance, and immunization; (2) early care and education; (3) abused and neglected children; (4) homelessness and housing; and (5) poverty. A list of 23 references is provided. (BC)

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# A Platform for Arizona's Children

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Arizona Children's Campaign

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# INTRODUCTION

## **The Children's Action Alliance**

The Children's Action Alliance (CAA) is the largest Arizona private non-profit organization working exclusively on behalf of children. Supported by foundation and corporate grants and by individual donations, CAA exists to provide a strong and effective voice for the children of Arizona, who cannot vote, lobby, or speak out for themselves. Our goal is to bring about greater statewide understanding of the needs of children and to encourage investment in children before they get sick, are abused, drop out of school, or get into trouble.

## **The Arizona Children's Campaign**

The Arizona Children's Campaign, a project of CAA, is a comprehensive multi-year effort sponsored by the Children's Action Alliance, the Arizona Community Foundation, and the Washington D.C.-based Children's Defense Fund. The campaign was launched in June 1990 as part of CAA's strategic plan to make children's problems and needs the subject of intense thought, debate, and action by all policy and decision makers, the news media, and the public.

Our goal is to influence public policies and budget decisions to improve the quality of life of our state children.

To accomplish the goals of the campaign, three interactive mini-campaigns are being implemented: the public campaign—to alert the public to the critical nature of children's issues; the supporters campaign—to mobilize supporters to act on behalf of public policy changes that favor children; and the policy and lawmakers' campaign—to educate decision makers about the reasons for investing now in Arizona's children and families.

## **"A Platform for Arizona's Children"**

This publication is the synopsis of the reports published by CAA over the last few years and integrates the contributions of over 100 organizations, government agencies, and individuals serving children. The issues addressed were chosen because we believe they offer the most opportunity for significant change for children.

The issues were chosen because we recognize that babies whose mothers receive inadequate prenatal care often face serious, recurring medical problems. Children who are not sufficiently immunized confront unnecessary health risks. Four-year-olds who cannot attend preschool lag behind classmates from the first day of kindergarten. Children living without homes often will suffer irreparable physical and psychological harm. And poverty denies opportunity and creates problems that do not disappear.

"A Platform for Arizona's Children" marks the beginning of the Arizona Children's Campaign. Children cannot vote. We hope that the platform will provide a useful source of information for Arizona's citizens to express their views about Arizona's future.

## ACTIONS YOU CAN TAKE TO HELP ARIZONA'S CHILDREN

- ✓ Become a Friend of the Arizona Children's Campaign. Your membership provides vital support for our efforts to continually expand the number of voices for children.
- ✓ Write or call your elected officials. Use "A Platform for Arizona's Children" as one source of information to express your view. Legislators won't know how constituents feel unless they hear from them.
- ✓ Write a letter to the editor of your local newspaper. It is likely your letter will be printed, and the editorial page where it will appear is one of the most read sections of the newspaper.
- ✓ Call radio talk shows. Express your concern for our lack of support for children's issues. Talk about "A Platform for Arizona's Children."
- ✓ Organize a committee to host a non-partisan candidates' forum or town meeting. Invite your U.S. Representatives, state legislators, school board members, county commissioners, or city council members to discuss the impact of these issues in your local community.
- ✓ REGISTER AND VOTE. This is the most fundamental way to influence public policy.
- ✓ Distribute "A Platform for Arizona's Children" to your friends, neighbors, co-workers and at school and church.
- ✓ Participate in or start a local group of concerned citizens to work with the Arizona Children's Campaign. You will be promoting increased citizen involvement and improved public policy on behalf of children.
- ✓ Become a precinct committeeperson or deputy registrar for your political party. Get "A Platform for Arizona's Children" incorporated into the party's platform.

CALL THE CHILDREN'S ACTION ALLIANCE  
AT (602) 266-0707  
TO BECOME A PART OF THIS IMPORTANT WORK.

**It  
is time.  
Vote  
children.**

Arizona Children's Campaign  
Sponsored by Children's Action Alliance  
Arizona Commission on Children's Issues  
Children's Defense Fund

# MATERNAL & CHILD HEALTH

**"We have a choice between placing babies in the arms of their mothers, or in the arms of technology. Just \$400 in prenatal care could make the difference between a healthy baby, and a baby who might need \$400,000 throughout life to overcome difficulties and disabilities that could have been avoided."**  
— National Commission to Prevent Infant Mortality

Good health is essential to children's development and achievement. Good health care begins before a child's birth with comprehensive prenatal care and continues throughout childhood and adolescence. No child should go without health care because a family cannot afford it. No pregnant woman should be denied prenatal care or adequate nutrition because she does not have enough money to pay for it.

By any measure, Arizona's progress in improving child health has lagged.

**Inadequate Early Prenatal Care:** Arizona ranks 45<sup>th</sup> out of the 50 states in provision of early prenatal care and 47<sup>th</sup> because of the number of women receiving care late in pregnancy or not at all.<sup>2</sup> Compared to the child of a woman receiving five or more prenatal visits, the child of a woman who receives no prenatal care is more than twice as likely to have a low birth weight. And the death rate for low birth weight babies is 20 times higher than the death rate for normal birth weight babies. Furthermore, Arizona is going in the wrong direction. In 1984, 85 women per 1000 had inadequate prenatal care. By 1988, that number increased to 99 per 1000.<sup>3</sup>

**Too Many Uninsured:** One in eight Arizona children cannot get essential health care when needed. The cost of care is a barrier, and problems that can be prevented go untreated. Thirteen percent of Arizona's children have no insurance. Nearly half of all uninsured children have never seen a physician. The number of parents covered by health insurance by their employers is declining.<sup>4</sup>

**Children Left Vulnerable to Diseases:** The inadequate vaccination rate is contributing to the current measles outbreak, which in 1989 reached epidemic proportions with 222 cases reported.<sup>5</sup> Nine percent of Arizona's children have not been immunized against measles. Five percent have not been immunized against polio. Arizona has a higher rate of pertussis (whooping cough) than any other state in the nation.<sup>5</sup>

## We Know How to Protect Children's Health

**Prenatal Care:** Providing prenatal care makes good fiscal sense. A normal pregnancy and birth will cost approximately \$5,000, whereas a high-risk pregnancy with a low birthweight baby can cost \$30,000 or more. Improving the use of prenatal services saves from \$2 to \$10 for every dollar spent.<sup>6</sup> The issue is quite simple...pay now or pay more later.

**Nutrition:** The supplemental food program for Women, Infants, and Children (WIC) provides nutritious food and nutrition education to low-income families, especially pregnant women and young children. WIC also refers participants to health services for prenatal and well baby care and immunizations.

**Childhood Immunization:** Each dollar spent to immunize a child can save more than \$10 by reducing childhood illness and death.<sup>2</sup>

**Preventive Pediatric Care:** Children who receive ongoing preventive pediatric care have been found to have fewer health and developmental problems. For children eligible for Arizona Health Care Cost Containment System (AHCCCS), the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program provides medical, vision, hearing, dental, and mental health screening as well as referrals for care.

## WHAT CAN OUR ELECTED OFFICIALS DO?

- ✓ Increase the availability of early prenatal care to all women, in particular to teens, and to homeless, minority, and needy mothers in both urban and rural areas of the state.<sup>7</sup> Priority recommendations are to:
  - Expand eligibility for prenatal care through AHCCCS, under the Supplemental Omnibus Reconciliation Act (SOBRA), to pregnant women at or below 185% of the federal poverty level.<sup>7</sup>
  - Expand programs such as "promotora" which use peer counseling and lay educators to reach minority and low-income women.<sup>7</sup>
  - Provide comprehensive obstetrical services within community-based health delivery centers.<sup>7</sup>
  - Increase availability of health professionals to rural and underserved areas through preceptorships.<sup>7</sup>
  - Continue to fund TEEN EXPRESS, which provides prenatal care for pregnant teens. Support a community-based outreach program to prevent teen pregnancy.<sup>7</sup>
- ✓ Create incentives for insurance companies and health care providers to offer defined minimal levels of preventive health services.
- ✓ Expand eligibility for AHCCCS, by expanding Aid to Families with Dependent Children (AFDC) eligibility to families at or below 100% of the federal poverty level.
- ✓ Simplify AHCCCS enrollment policies so that all members of a family can be served through a single health care plan and site. Provide outreach and transportation to these sites to increase the effectiveness of health care programs through continuity of care by health care providers with whom families have established trusting relationships.
- ✓ Develop innovative programs which enable small businesses and other employers to provide comprehensive, affordable health care insurance to employees.
- ✓ Create, and allow individuals to participate in state-sponsored quality health care programs for catastrophic or serious chronic illness.
- ✓ Establish, and fund through state revenues, a required school nurse student ratio in public schools. Use the school as a base for neighborhood health centers to provide screening, and primary and preventive services to children enrolled in school, as well as to other children in the community.<sup>4</sup>
- ✓ Appropriate funds to collect data and develop programs addressing the long-term needs of infants born addicted to, or affected by, substances used during pregnancy.
- ✓ Establish a state fund to supplement federal funding for WIC, so that 100% rather than 34%<sup>5</sup> of eligible pregnant women and young children in Arizona are served by this successful, effective program.

# EARLY CARE AND EDUCATION

**"Unless society intervenes early in the lives of children in need, the nation will be forced to confront an expanding pool of young people who are equipped neither to learn nor to work."<sup>9</sup>**

**- Committee for Economic Development**

## Arizonans Need Quality, Available, and Affordable Child Care

Arizona is experiencing an unprecedented need for child care services. Currently, 45% of Arizona mothers with children under age six are employed outside the home.<sup>10</sup> By 1995, two-thirds of all preschool children and three-quarters of all school age children will have mothers in the labor force.<sup>2</sup>

Quality early care and education programs provide young children with a solid foundation for later success in school. However, finding quality and affordable child care, especially care for infants and toddlers, children with special needs, and school age children before and after school, is difficult. Many parents simply cannot afford it. The average annual cost of center care for one child in Arizona is almost \$3,500.<sup>11</sup> Thousands of families are forced to leave their children alone, in low quality programs, or in unregulated care.

For families who can afford child care, the quality of available care leaves much to be desired. Children's development suffers when the adults they depend on frequently change, and child care teachers are leaving their jobs at an alarming rate. In a recent national study, the annual turnover rate in Phoenix was 64%, compared with 42% in the rest of the country.<sup>12</sup> High staff turnover is primarily fueled by poor compensation. Full-time center teachers generally earn less than \$10,000 per year.<sup>12</sup>

A quality program is determined not only by consistency of teachers but by other factors such as training of the teachers and the number of children in a group. Teachers trained in early childhood education and child development help children learn to cooperate, solve problems, and use language better than teachers without such training. Furthermore, small group sizes are essential for adequate adult supervision and positive adult child interaction. Arizona has no formal training requirements for child care teachers. Arizona has no regulations limiting the number of children in a group. Arizona child care regulations are minimal and rank in the bottom third nationally.<sup>10</sup>

While Arizona is a culturally diverse state, few early childhood programs are culturally and linguistically sensitive. Research confirms that children have increased self esteem and benefit academically when their language and culture is incorporated into the curriculum.<sup>13</sup>

## **Early Care and Education for Low-Income Children**

Early education programs for low-income children, such as Head Start, have proven to be cost-effective ways to help children achieve academically and become productive citizens. Every dollar invested in quality early education programs saves society \$6 in remedial education costs, welfare payments, and prison expenses.<sup>14</sup>

Arizona ranks 50<sup>th</sup> among the states in the number of eligible children participating in Head Start.<sup>10</sup> Less than one in five low-income preschool children in Arizona will have the opportunity to experience a quality early childhood program through Head Start.

Like other early childhood programs, the quality of Head Start is being jeopardized by low staff wages and high staff turnover. Additionally, Head Start caseworkers are overloaded with increased numbers of families with multiple needs and problems.

## WHAT CAN OUR ELECTED OFFICIALS DO?

- ✓ Assist low- to moderate- income families to pay for child care:
  - Extend eligibility for the DES child care subsidy to families earning 100%, rather than 65%, of the state median income.<sup>15</sup>
  - Establish a state income tax credit (refundable) for child care for families whose income falls below the level required to file.
- ✓ Improve the quality of early care and education programs:
  - Revise child care regulations to require that teachers have, at a minimum, a Child Development Associate (CDA) credential, or an associate degree in Early Childhood Education/Child Development.
  - Incorporate children's culture and language in early care and education programs.
- ✓ Increase the availability of early care and education programs:
  - Provide state revolving loans/grants to cover start-up and expansion costs.
  - Promote use of public schools for before and after school care.
  - Provide state funds to increase the number of eligible children participating in Head Start and improve the quality of programs.
- ✓ Fund a resource and referral system to help parents find child care that meets their needs.<sup>15</sup>
- ✓ Identify one agency to coordinate, fund, and monitor all child care programs and assume responsibility for planning and policy development.



## ABUSED & NEGLECTED CHILDREN

Today, 60 Arizona children will be abused or neglected. Some will be beaten to death, or die from other maltreatment or neglect. For over 20,000<sup>16</sup> children in Arizona each year, bruises, broken bones, and shattered memories are the legacy from what should have been a happy childhood.

Children need to grow up in permanent, secure homes and communities that foster a sense of belonging, confidence, and success. They need to have a sense of the future and what it can offer them, and to grow up with strong mental and emotional health. Children with special physical, developmental, or emotional needs require extra support.

Children often end up as they do because their families, communities, and the public systems charged with caring for them have failed to protect, support, and serve them adequately in earlier years. Runaway youths, teens with alcohol and drug problems, and youths adjudicated as delinquents often have histories of abuse or neglect.<sup>17</sup> An estimated 30% of individuals who were physically abused become abusive parents themselves.<sup>17</sup>

Increasing poverty, the swelling numbers of homeless families, and proliferating substance abuse are among the family stresses and problems which have contributed to a dramatic increase in the numbers and needs of abused and neglected children.<sup>2</sup>

**Prevention Works:** Early intervention is more effective than later treatment. It also prevents the physical and psychological trauma which a family suffers when abuse and neglect occur and reduces the need for extensive and more intrusive child welfare services. Failure to provide coordinated prevention and early intervention programs will have far reaching, long-range social and economic implications.<sup>2</sup>

### Arizona's Response to Its Abused and Neglected Children

The child welfare system in Arizona is designed to protect children who have experienced abuse and neglect. Services include child protective services, foster care, and adoption. These services are offered to strengthen families; to enable children to remain safe in the home; to temporarily remove a child who is imminently at risk from parental custody; or, in cases of severe risk to a child, to pursue termination of parental rights and assure the child permanency in a substitute family.<sup>18</sup>

A dramatic increase in Arizona's child abuse and neglect reports has outpaced funding. The result is woefully inadequate funding to hire the required investigative and supportive staff. In the last three years the number of child abuse and neglect reports has increased by over 36%, while staff to investigate and provide services to these families has increased by only five percent.<sup>16</sup>

In 1989 there were 21,833 reports of child abuse or neglect made to Child Protective Services.<sup>16</sup>

Only 85% of the reports to Child Protective Services are investigated. In 1989, that translated into 3000 to 5,000 reports not being investigated; or 3,000 to 5,000 possible child victims.<sup>16</sup>

## WHAT CAN OUR ELECTED OFFICIALS DO?

- ✓ Conduct a comprehensive review of Arizona's child welfare, juvenile justice, and children's mental health systems to determine how the infrastructure might be changed to move the focus from rescue and legal sanction to prevention and cost avoidance. The long-term goal should be to develop an integrated system with the capacity to assess, mobilize, and utilize all of the various resources required to meet the multiple needs of vulnerable children, adolescents, and families.<sup>18</sup>
- ✓ Focus on prevention. Make comprehensive child welfare services available to families on a voluntary basis. Include parenting skills, child care, counseling, assistance in finding housing, home-based services, independent living skills programs, foster care, and adoption.<sup>18</sup>
- ✓ Provide adequate funds to investigate 100% of all child abuse and neglect reports determined appropriate for investigation. Provide adequate funds for case management and support services.<sup>18</sup>
- ✓ Fund the 275 staff positions requested in the DES 1992-93 budget, to begin to meet the needs of Arizona's child welfare system.<sup>18</sup>
- ✓ Appropriate sufficient funds to pay the actual cost of foster and residential care.
- ✓ Fund, and act on the results of, a comprehensive review of qualifications, salary levels, recruitment, retention, and training of child protective services workers.<sup>18</sup>
- ✓ Create a joint standing committee on children, youth, and families to develop an integrated, coordinated, and rational policy direction for children and family services.<sup>18</sup>

## HOMELESSNESS & HOUSING

**An average of 1.110 children sleep in shelters in Arizona each night. This number does not include homeless children sleeping on the street, in parked cars, or out in the desert.<sup>19</sup>**

Safe and stable housing should be the cornerstone of every childhood. A clean place to live, with four walls and a roof, should be the right of every American child. A house is more than a physical shelter. It provides an environment for health, growth, emotional development, and academic achievement.

Today, thousands of children have no home at all, and millions live on the verge of homelessness.

### Who Is Homeless in Arizona?

- It is estimated that between 10,000 and 12,000 people are homeless in Arizona on any given day. This estimate is low, based upon studies conducted in 1983-84.<sup>20</sup>
- A total of 8,454 school age children were homeless in Arizona at some point during 1989.<sup>19</sup> It is estimated that an equal number of preschool age children were also homeless in Arizona at some point during 1989.<sup>19</sup>
- In Arizona there are approximately 4,300 youth on their own.<sup>21</sup> These adolescents come from dysfunctional or abusive families and remain homeless due to lack of resources for adolescents.
- Families with children are the fastest growing segment of homeless Americans. Today, families make up more than one-third of the nation's homeless population.<sup>2</sup>

The explosion in homelessness is a result of many simultaneous trends shrinking incomes for many young families, including rising housing costs, a decreasing supply of low-cost housing, and the decline in government housing assistance. Many families are just one crisis away from losing their homes. Other families risk homelessness because they spend most of their income on housing. Almost half of all poor renter households spend 70% of their income on housing.<sup>2</sup>

The federal government has slashed funding for low-income housing by more than 80% since 1980. State and local governments now provide more support for low-income housing but have been unable to make up for the loss in federal dollars.<sup>2</sup>

In 1987, Congress made an attempt to address the problem of homelessness by enacting the Stewart McKinney Homelessness Assistance Act. The McKinney Act encompasses more than a dozen programs intended to meet the shelter and other emergency needs of homeless people.

## **Arizona's Response to Its Homeless Families and Children.**

Arizona has a long way to go to deal with its homeless family problems. Presently the statistics are disheartening:

- Arizona ranks 43<sup>rd</sup> out of the 50 states in having affordable housing.<sup>2</sup>
- Arizona shelters turn away 10 to 15 homeless families a day due to lack of space. Existing programs serve only about 10% of the families needing help.<sup>21</sup>
- Arizona has only 25 beds available on a voluntary basis for homeless youth on their own. That's over 170 kids per bed.<sup>21</sup>
- Two out of five homeless children miss long periods of school, and 43% are not even going to school.<sup>21</sup> Arizona has few school-based programs addressing the special needs of homeless school age children.

Homeless children are at greater risk for experiencing health problems. Yet AHCCCS's stringent plan enrollment rules effectively bar homeless AHCCCS clients from medical care.

Restructure existing programs such as the Jobs Training Partnership Act to assist homeless parents and youth who need job training.

Recognize homeless youth on their own as a serious problem, and appropriate state funds to assist adolescents with shelter programs, independent living skills, medical care, education, job training, employment, medical care, and mental health services.

Revise AHCCCS regulations to permit clients to switch plans easily or use other doctors if their residence changes. Provide outreach and transportation to local human services agencies for referrals to county clinics, DES offices, and AHCCCS eligibility sites.

Provide health care to homeless youth on their own, especially pregnant and parenting youth. Revise AHCCCS policies to permit youth on their own to obtain medical services on their own.

Provide financial incentives to expand and develop school-based programs that assist homeless children to remain in school, such as free meals, bathing facilities, clothing, and supplemental instruction.

Create a state housing authority to increase the availability of quality, low-cost housing; maintain responsibility for the Housing Trust Fund; and develop a low-income housing policy for Arizona.

Ensure that the Office for the Homeless makes homelessness a state priority, guarantees compliance with the McKinney Act, maximizes the potential of federal and private funding to the state, provides state-level policy direction, and promotes joint efforts by state agencies to address the problem.

Work to reinstate federal subsidies for low-income housing, severely cut over the last decade.

# POVERTY

**"When people talk harshly about the poor, when they say, 'Why can't they be like me? We worked hard and made it.' I wonder if they realize they're talking about children?" Jonathan Kozol, author of Rebel and Her Children: Homeless Families in America.**

No child should have to live in poverty, in a neighborhood where it is dangerous to walk to school or play outside. No child should grow up without enough food to eat, without access to a doctor when sick, or without reliable, nurturing child care while parents work. Poor children are more likely to have health problems and inadequate nutrition, lack good preschool programs, and live in substandard or overcrowded housing or become homeless.

## Who Are Arizona's Poor?

- To be considered impoverished, a family of three must earn less than \$10,560 per year.<sup>22</sup>
- Almost half (48%) of all those living in poverty in Arizona are children under the age of six.<sup>8</sup>  
60% of the people served by food banks in Arizona are children.<sup>8</sup>
- One out of every four Arizona children under the age of six, or approximately 136,400 children, lives in poverty.<sup>22</sup>

There's been a shift in the age of the poor in Maricopa county since 1980. The portion of elderly who are poor has gone from 9% to under 5%. In the same period the portion of children who are poor has jumped from 13% to over 22%. Fifty percent of all the poor in Maricopa county are children. Nationally the figure is 39%.<sup>23</sup>

- In 1989, 21% of children in Maricopa County lived in single parent households, up from 14% in 1980. Nearly half (43%) of the county's single parent households have annual incomes of under \$15,000.<sup>23</sup>
- Arizona ranks 32<sup>nd</sup> out of the 50 states for numbers of children in poverty.<sup>2</sup>

Congress's most recent effort to deal with the issue of poverty occurred in 1988, with the passage of the Family Support Act. Major provisions include increased child support enforcement; 12 months continued child care and health care for individuals who formerly became ineligible for Aid to Families with Dependent Children (AFDC) benefits as a result of employment; Job Opportunities and Basic Skills Training Program (JOBS) for welfare recipients; guaranteed availability of child care assistance to JOBS program participants and AFDC recipients who need child care assistance to be able to work; and implementation of the AFDC Unemployed Parent Program.

## **Arizona's Response to Its Poor Families and Children.**

Arizona's response to poor families has been notoriously inadequate:

- Arizona AFDC benefits are so inadequate that they act as an anchor to keep families in poverty rather than as a springboard to bring them out of indigence.
- The maximum AFDC benefit an Arizona family of three can receive is \$293 per month. Yet the average monthly cost for a modest two bedroom apartment in Phoenix is \$554.<sup>21</sup>
- Arizona ranks 35<sup>th</sup> out of the 50 states in public assistance benefits.<sup>21</sup>
- The need for services continues to climb. Between 1989 and 1990, requests for AFDC by Arizona residents increased 19.8%. During this same period, applicants for food stamps jumped by 23.5%, and applicants for general assistance for housing, clothing, and transportation were up 13.4%.<sup>24</sup>

### **RECOMMENDATIONS FOR IMPROVING THE SITUATION**

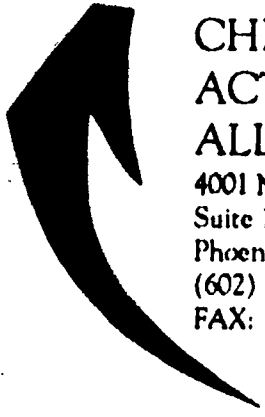
- ✓ Raise the payment standard for AFDC from 33% of the federal poverty level to 100%. Implement a full Unemployed Parent Program.
- ✓ Appropriate additional funds to match federal child care dollars for low-income families through the Family Support Act.<sup>21</sup>
- ✓ Implement the federal government's AFDC-Emergency Assistance and Special Needs Programs.<sup>21</sup>
- ✓ Provide sufficient state funding for the Family Support Act JOBS program.<sup>21</sup>

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