# Table of Contents

Executive Summary ........................................................................................................................ v  
Demographic Overview .............................................................................................................. v  
Early Learning ............................................................................................................................ vi  
Education .................................................................................................................................... vi  
Employment .............................................................................................................................. vii  
Income Management and Self Sufficiency .............................................................................. viii  
Housing .................................................................................................................................... viii  
Nutrition ..................................................................................................................................... ix  
Health ......................................................................................................................................... ix  
Safety ........................................................................................................................................... x  
Emergency Services .................................................................................................................... x  
Services for Seniors .................................................................................................................... xi  
Services for Youth ...................................................................................................................... xi  
Introduction..................................................................................................................................... 1  
Data Sources and Methodologies ............................................................................................... 3  
Stakeholder Engagement ............................................................................................................. 5  
Demographic Overview ................................................................................................................ 10  
Highlights .................................................................................................................................. 10  
Data and Indicators ..................................................................................................................... 11  
Community Perspectives ........................................................................................................... 21  
Domain 1: Early Learning ............................................................................................................ 25  
Highlights .................................................................................................................................. 25  
Data and Indicators ..................................................................................................................... 26  
Community Perspectives ........................................................................................................... 32  
Domain 2: Education .................................................................................................................... 34  
Highlights .................................................................................................................................. 34  
Data and Indicators ..................................................................................................................... 35
Community Perspectives ........................................................................................................... 98
Domain 11: Services for Youth .......................................................................................... 100
  Highlights .................................................................................................................... 100
  Data and Indicators .................................................................................................... 101
  Community Perspectives ............................................................................................ 102
List of Appendices

Appendix A  Census and Caseload Data Allocation Methodology
Appendix B  Additional Information Relating to Demographics
Appendix C  Additional Information Relating to Education
Appendix D  Additional Information Relating to Employment
Appendix E  Additional Information Relating to Housing
Appendix F  Additional Information Relating to Safety
Appendix G  Additional Information Relating to State and Federal Assistance Caseloads
Appendix H  Head Start Delegate Agency Service Area Demographics and Maps
Appendix I  Additional Information Relating to Community Surveys
Appendix J  Additional Information Relating to Health
Appendix K  Maps
Executive Summary

The City of Phoenix Human Services Department (HSD) has completed the 2019 Community Assessment in accordance with federal Head Start and Community Services Block Grant requirements. The 2019 Community Assessment documents the characteristics of individuals and families served by HSD programs, the needs of the City’s diverse residents and communities, and potential service gaps. The report and accompanying appendices provide HSD and City leaders with current information from published sources as well as input from service users and other stakeholders to inform strategic planning.

The report is organized around 11 primary domains and a demographic overview section that discuss specific topics relevant to HSD’s client population and service planning. Each section includes an overview with key results, identified needs, a detailed analysis of data and topic related indicators, and a summary of the opinions and perspectives of community residents, providers, and partners gathered through surveys and focus groups. An overview of each section is provided below.

Demographic Overview

This section provides information about the City’s residents, the population distribution by age, race ethnicity, household income, poverty status, and educational attainment.

Since the 2016 Community Assessment, the City regained its ranking as the fifth most populous city in the United States. The growth in population is likely to place additional demands on HSD services. The growth in certain populations will influence the types of services that are needed and how these services are delivered. For example, individuals of Hispanic descent represent the fastest growing racial or ethnic group in the City, and this population is more likely to live in non-English-speaking households.

The City’s strong economy helped to reduce the City’s poverty rate by two percentage points compared to the 2016 Community Assessment, while increasing the median household income from $46,881 to $52,080. However, one-in-five residents continue to live below the federal poverty level.

Transportation is a key need for many low-income individuals. A lack of transportation can represent a barrier to accessing better quality schools, higher paying jobs, healthcare appointments and other community supports, and nutritious food outlets.
Early Learning

This section describes preschool enrollment rates across the City, the Early Head Start and Head Start eligible population, the availability of licensed child care options, and programs that assist families to access child care.

There are a number of programs that assist families to access early learning and child care programs, but many of these programs have limited reach. This challenge was evident in the 2019 Resident and Client Community Survey administered as part of the assessment: nearly a quarter of the respondents reported that they struggle with accessing child care.

HSD has funding to support enrollment of less than a quarter of the City’s eligible child population for Head Start and less than five percent of children eligible for Early Head Start. Those families who do participate in the Early Head Start and Head Start programs report a high level of satisfaction with the quality of instruction received, quality of child care offered, and convenience of location.

In addition to Early Head Start and Head Start, the City is home to more than 335 licensed child care providers within the Head Start service area with capacity for more than 37,000 children. However, the affordability of such programs is a barrier for many families, and public assistance for child care programs, including the Department of Economic Security’s child care subsidy and First Things First Quality First Scholarship program provided funding to fewer than 5,300 children under five years of age in 2018. This represents a significant gap in early learning for children in Phoenix, especially considering only 32.7 percent of three and four-year olds in Phoenix attend preschool, significantly lagging the 47.5 percent preschool enrollment rate nationwide. Participants in the Head Start and Early Head Start focus groups indicated child care was among their greatest needs, and generally agreed that fewer full-time slots were preferable over more part-time slots, as this enabled greater flexibility for parents to work while their child attended the programs.

Education

This section describes the availability and quality of public district and charter schools in the City, including district and village level details regarding AzMERIT proficiency as well as information regarding the availability and cost of post-secondary education for Phoenix residents.

The 270 district schools and 165 charter schools located in the City serve more than 250,000 students. The proportion of children attending charter schools increased since the 2016 Community Assessment. In the 2017-18 school year, 63 percent of charter schools received a school letter grade of ‘A’ or ‘B’, compared to 47 percent of district schools. Children with a disability, a need for financial assistance through the free and reduced price lunch program, and
children who are English Language Learners are more likely to attend a district school than a charter school to obtain these crucial supports.

There are significant differences in the proficiency levels achieved by students attending different school districts. For example, while more than half of all students attending Kyrene and Madison Elementary school districts achieved proficiency in both English Language Arts and math, fewer than 20 percent of the students attending the Isaac and Murphy Elementary school districts achieved proficiency in these subjects in the 2017-18 school year.

While educational attainment is directly correlated with higher levels of income and reduced unemployment, both keys to greater levels of self-sufficiency, nearly half of the State’s 2017 graduating cohort did not enroll in a two or four-year college following graduation, which substantially lags the national college enrollment rate of nearly 70 percent.

**Employment**

This section highlights unemployment rates since 2010, job growth in the City by major industry, projected job growth through 2026, and some of the public and community job placement services available to job seeking residents, including the City’s youth.

The City’s unemployment rate continues to improve since exceeding nine percent in 2010 and has remained at 4.2 percent in recent months. Since 2015, the City added nearly 200,000 jobs, and is projected to add more than 150,000 jobs by 2026. The largest numeric growth in jobs by industry was in the education and health services industry followed by professional and business services.

Despite the growing Phoenix economy and the availability of public employment assistance programs like ARIZONA@WORK and community providers like Goodwill of Central Arizona and Chicanos por la Causa, nearly 10 percent of the residents surveyed as part of the assessment indicated employment assistance and job training were services they desired but had difficulty accessing. Among the primary barriers to employment cited by survey participants was transportation and child care.

Participants in the 2019 Provider and Partner Survey identified the availability of job training and wrap-around employment services among the most effective programs to help low-income individuals break free of poverty.
Income Management and Self Sufficiency

This section includes an overview of household incomes of City residents, an overview of the living wage estimates for City residents of various household compositions, and public assistance programs that provide cash and non-cash assistance to individuals and families.

Since the 2016 Community Assessment, there has been a four-percentage point decrease in the number of households living in the bottom three income brackets and an equal increase in the number of households in the top three brackets. Despite these gains, many families continue to earn a wage that is below the cost of living in Phoenix. Programs such as cash assistance, Social Security, Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), Low Income Home Energy Assistance Program (LIHEAP), and rental assistance represent important supports for many Phoenix families that struggle to acquire their basic necessities, including housing, food, and transportation. However, due to funding and/or eligibility limitations many of these programs have limited reach to those in need. For example the City of Phoenix’s LIHEAP funding can only address less 3 percent of the eligible population.

Housing

This section discusses changes in the affordability of housing in the City, including changes in housing sales volumes and prices, changes in the fair market value of rents in the City since the 2016 Community Assessment, and trends in evictions.

From 2010 to 2018, median sales prices steadily increased from $84,900 to $221,000. While the increased median sales price demonstrates a strong recovery for the Phoenix housing market, it has exacerbated the issue of affordable housing for low-income Phoenix residents. In addition, since 2010, the current fair market rent for a two-bedroom home in Phoenix has risen by 16.7 percent. The Phoenix area’s current rental housing supply has only 21 affordable units for every 100 low-income households.

As rents in the City continue to rise, the risk of eviction also rises. In both 2017 and 2018, more than 22,000 Phoenix individuals and families received eviction notices, representing nearly four percent of the total number of Phoenix households. The risk of evictions in the City threatens the housing stability of those affected, and as recently as 2017, Phoenix was ranked second among major U.S. metropolitan areas in the highest number of apartment evictions.

The City’s Housing Department provides critical supports to thousands of individuals and families in the City, with nearly 5,000 City-owned units of public and affordable housing and almost 6,700 housing choice vouchers to assist low income residents. However, as of December 2018, there were more than 5,200 individuals on waiting lists for the City’s housing choice vouchers.
Nearly one-in-five residents participating in the 2019 Resident and Client Community Survey conducted as part of this assessment identified affordable housing among the greatest challenges they face, while participants in the family services centers focus group indicated they had difficulty affording housing costs in the previous year.

**Nutrition**

This section discusses the various public and community programs in place to reduce hunger and improve nutrition, including free and reduced price meals for students, SNAP, WIC, the home delivered meals program, and food banks and pantries located across the City.

Nearly a third of Phoenix residents live more than a mile from nutritious outlets. Additionally, although food insecurity rates are not measured at the city level, more than one-in-eight residents across Maricopa County were considered food insecure in the most recently published data. Lack of access to sufficient and nutritious food contributes to hunger for some, and promotes obesity for others when their primary foods are non-nutritious. Food assistance programs, therefore, remain critical to the City’s low-income individuals and families.

Almost 70 percent of students attending a district school in Phoenix received a free or reduced price lunch in the 2017-18 school year, while nearly a third of all households in the Alhambra, Central City, Estrella, Maryvale, and South Mountain planning villages receive SNAP benefits. The City is also home to 40 foods banks, food pantries, soup kitchens, and emergency food box distributors, which is an important asset to the City’s residents considering 25 percent of the participants in the survey conducted as part of the assessment utilized such services in the prior year.

Residents participating in the 2019 Resident and Client Community Survey who receive home delivered meals through HSD provided high ratings for the quality of the service and professionalism of staff, while participants in the senior centers focus group cited the meals served at senior centers among the top reasons they attend.

**Health**

This section describes health insurance rates in the City, the type and availability of healthcare providers in the City, birth and maternity statistics of Phoenix mothers and their newborns, statistics related to the primary causes of death of Phoenix residents, and other health-related data.

The percentage of Phoenix residents with health insurance has improved from 82 percent in 2014 to 87 percent in 2017, while almost 95 percent of the City’s children have health insurance. The City is home to 29 hospitals, 350 assisted living centers, and 169 residential behavioral health centers. However, ten of the City’s planning villages are designated by the Arizona Department
of Health Service (ADHS) as medically underserved areas meaning the area has some combination of too few primary care providers, a high infant mortality rate, high poverty, or a high elderly population.

Mental and behavioral health supports are as important as physical healthcare for low-income individuals, especially because rates of mental illness are highest among adults living below the federal poverty level. However, the State ranked below average for mental health supports for adults, and 42nd among all states for mental health supports for children. Unsheltered homeless populations in the City and across Maricopa County cite substance abuse and mental health issues as the primary barriers to holding a job or living in stable housing.

Safety

This section discusses crime related statistics and changes in crime rates since the 2016 Community Assessment, as well as data regarding the City’s police and fire services, staffing, and call types and volumes in the previous year.

Property crime rates in the City decreased by nearly 30 percent in the past decade, although the City ranks third highest in property crime rates across the 10 largest U.S. cities. Violent crime reached a 10-year high in the City in 2017. Residents participating in the 2019 Resident and Client Community Survey identified drug use as the greatest challenge and property crime as the second greatest challenge in their neighborhoods, while fewer than 12 percent identified a positive police presence among the strengths of their neighborhoods.

Emergency Services

This section discusses emergency assistance available to Phoenix residents, including the City’s Low Income Home Energy Assistance Program (LIHEAP), utility assistance, CSBG case management services, and homeless services available to homeless and transient populations living in Phoenix.

The City maintains strong partnerships with community and faith-based organizations to assist individuals and families facing emergencies, such as utility shut-off or evictions. Presently, LIHEAP funding serves less than 3 percent of the eligible population. Additionally, as noted in the Housing Domain, in both 2017 and 2018, more than 22,000 Phoenix individuals and families received eviction notices, representing nearly four percent of the total number of Phoenix households. As recently as 2017, Phoenix was ranked second among major U.S. metropolitan areas in apartment evictions. Participants in the family services centers focus group identified rental and utility assistance offered through family services centers among the top services to help them meet their basic needs.
According to the 2018 point-in-time homeless street count, there were over 2,500 homeless individuals living in Phoenix and other areas of Maricopa County, continuing a multi-year increase in the number of unsheltered individuals with a nearly 150 percent increase since 2014.

**Services for Seniors**

This section describes the demographics of Phoenix residents older than 60 and select supports available to this group through HSD senior centers, income supports available through Social Security, and services available through the Area Agency on Aging.

As a group, older individuals are more affluent than other age groups. The poverty rate of seniors is 12.2 percent, which is significantly less than the City’s overall 21.0 percent poverty rate. Income supports for older residents in the City include Social Security, which more than 130,000 retirees in the City received in 2017. Almost 4 percent of Phoenix residents age 65 and older have a disability, with the greatest share of disabilities attributed to an ambulatory difficulty.

Residents that attend the City’s senior centers report a high degree of satisfaction with the hours, professionalism of staff, and quality of programs and activities. Seniors who participated in the senior center focus group conducted as part of this assessment felt that the program provided balance to their lives while providing important opportunities for socialization, but expressed a need for improved afternoon programming and more opportunities for exercise activities, including better exercise equipment and amenities.

**Services for Youth**

This section describes the various community amenities available to the City’s youth and their families as well as select services available to youth, including those offered by the City and other community partners.

The City offers a host of opportunities for the City’s youth to access recreational, athletic, artistic, and educational pursuits outside of school hours, including more than 40 Phoenix afterschool center sites, 181 parks, 29 pools, seven museums, and five sports complexes. Non-profit and charitable organizations such as the YMCA and Boys and Girls Club offer additional services to the City’s youth, including sports and recreation, job training, and other structured activities. Residents participating in the survey conducted as part of this assessment reported a lack of after school activities as the third greatest challenge facing their neighborhoods, while participants receiving Early Head Start and Head Start services ranked a lack of after school activities the greatest and second greatest challenges, respectively.
Introduction

The City of Phoenix’s Human Services Department (HSD) provides a comprehensive array of services to help City residents meet emergency, short-term, and long-term needs and to reach their highest level of self-sufficiency. Programs include early childhood education, emergency assistance, employment services (including career counseling and job placement services), services for older adults, services for crime victims, services for individuals experiencing homelessness, and community and faith-based initiatives.

Some of these programs are funded at least in part by federal funds, including Head Start and the Community Services Block Grant (CSBG). Both of these grants require grantees to conduct periodic community assessments.

Specifically, the law establishing the Community Services Block Grant requires (emphasis added):

an assurance that the State will secure from each eligible entity in the State, as a condition to receipt of funding by the entity through a community services block grant made under this chapter for a program, a community action plan (which shall be submitted to the Secretary, at the request of the Secretary, with the State plan) that includes a community-needs assessment for the community served, which may be coordinated with community-needs assessments conducted for other programs;¹

Related federal guidance requires assessments to be conducted every three years, the collection of current data related to poverty, and the compilation of information collected directly from low-income individuals.² The assessment is expected to support agencies’ work to further the program’s three national goals:

1. Individuals and families with low incomes are stable and achieve economic security
2. Communities where people with low incomes live are healthy and offer economic opportunity
3. People with low incomes are engaged and active in building opportunities in communities

Federal Head Start regulations require grantees to conduct assessments that describe community strengths, needs, and resources and include, at a minimum:³

---

¹ 42 United States Code § 9908(b)(11).
³ 45 CFR 1302.11
(1) The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:

   (a) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));

   (b) Children in foster care; and

   (c) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;

(2) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;

(3) Typical work, school, and training schedules of parents with eligible children;

(4) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;

(5) Resources that are available in the community to address the needs of eligible children and their families; and,

(6) A program must annually review and update the community assessment to reflect any significant changes including increased availability of publicly-funded pre-kindergarten-(including an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered for a full school day), rates of family and child homelessness, and significant shifts in community demographics and resources.

(7) A program must consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources, including private pay, in addition to the program’s eligible funded enrollment. A program must not enroll children from diverse economic backgrounds if it would result in a program serving less than its eligible funded enrollment.

The regulation further requires that Head Start grantees use this information to help determine program objectives, services, recruitment areas, and priorities.

This assessment has been conducted to comply with the above requirements. In addition to meeting federal requirements, undertaking a regular assessment of the community affords HSD the opportunity to understand the needs of the individuals and families it serves, to identify the strengths of its programs as well as potential gaps, and to support strategic planning and allocation of resources.
The community assessment process provides an ongoing feedback loop to inform HSD leaders as to changes in community make-up, strengths, and needs to ensure services and resources are allocated effectively and efficiently. The diagram in Figure 1 illustrates the community assessment cycle.4

**Figure 1: Community Assessment and Strategic Planning Cycle**

HSD has adopted multiple strategies for planning, implementing, and evaluating progress toward its goals. Among these strategies are measures to promote linkages to job training and other employment and educational resources for low-income households, development of performance-based measures to promote effective program management, and engaging faith and community-based organizations by promoting awareness of social services issues and developing their ability to actively respond to these needs.5

**Data Sources and Methodologies**

A variety of data sources have been incorporated in the assessment including:

- Census data

---


In order to compile the most current demographic data, this report relies on the Census Bureau’s five-year American Community Survey (ACS) estimates for the period of 2013 through 2017, unless otherwise noted. The ACS is an ongoing survey that collects information from approximately one percent of American households each year and uses this sample to develop full population estimates. The five-year ACS data produced a Phoenix population estimate of 1,597,866, which is about 1.7 percent less than the Census Bureau’s official 2017 estimate of 1,626,078. Detailed information regarding the ACS tables used and methodologies employed is provided in Appendix A.

Phoenix is a large and diverse city. Data is therefore presented in terms of individual areas of the City whenever possible. Specifically, this assessment relies on the City’s 15 planning villages to summarize data available at either the census tract or zip code level. Figure 2 illustrates the village boundaries and Appendix A includes discussion of the methodology used to apportion data across the villages. Additionally, data relevant to the Early Head Start and Head Start programs is presented according to the programs’ specific service areas.

In order to provide a thorough overview of the public assistance programs available to low-income individuals and families and of how demand for these programs has changed in recent

---

years, the assessment gathered enrollment data from a number of government agencies, including:

- City of Phoenix’s Human Services and Housing Departments
- Arizona Departments of Child Safety (DCS), Economic Security (DES), Education (ADE), and Health Services (ADHS), and the Arizona Early Childhood Development and Health Board (First Things First)
- Federal Social Security Administration and Department of Housing and Urban Development

**Stakeholder Engagement**

Input received directly from City residents, HSD clients, City partners, and service providers through two community surveys and a series of focus groups provided firsthand information regarding the strengths and needs of the City’s neighborhoods and residents.

The 2019 Resident and Client Community Survey sought to gauge respondents’ opinions regarding their communities’ strengths and challenges, the types of services they need and use, and their satisfaction with HSD services specifically. The surveys were made available in written form and online in English and Spanish at Head Start delegate agency sites, senior centers, and family services centers. A combined 1,899 client surveys (1,545 English and 354 Spanish) were completed. As illustrated in Figure 3, the majority of responses among those who reported receiving HSD services were provided by recipients of Head Start, senior center, or home delivered meals services.7

---

7 Although 1,899 surveys were completed, the count of responses by program exceeds this total because some individuals receive more than one service.
Respondents reported the top three strengths in their neighborhoods and communities as well as the top three challenges they face as illustrated in Figure 4.

Residents and clients place a high value on City services and more than a quarter of all respondents felt housing and transportation were strengths of their communities. The greatest reported challenges are drug use (selected by 377 respondents), property crimes (267), and a lack of after school activities (239). There were important differences in opinions across the client
groups. For example, while public transportation was ranked the third greatest strength by all respondents, it was ranked seventh by senior center respondents and first by family services center respondents.

The 2019 Provider and Partner Survey was available in English and Spanish, and was administered electronically to HSD partners and service providers. A total of 83 responses were received (82 English and 1 Spanish) from a variety of community providers and partners, including local businesses and community partners (19), education stakeholders, including Head Start and Early Head Start (18), government representatives (10), program volunteers (7), healthcare industry representatives (4), and other stakeholders (25). Figure 5 illustrates the top three neighborhood strengths and challenges reported by the partners and providers responding to the survey.8

As the figure indicates, respondents to the 2019 Provider and Partner Survey diverged in their opinions when compared to responding residents and clients in several ways. For example, while residents and clients identified affordable housing as a strength of their neighborhood, partners and providers identified a lack of affordable housing as a challenge. Both residents and partners identified City services as a strength, and drug use as the greatest challenge.

---

8 The English survey instruments and detailed tabulations of survey responses are included in Appendix I.
To gain additional input from clients, residents, HSD partners, HSD staff, and other stakeholders, a series of six focus groups were facilitated in January 2019. The purpose of each focus group, number of participants, and discussion topics are described in Figure 6.

<table>
<thead>
<tr>
<th>Focus Group</th>
<th>Participants</th>
<th>Discussion Topics</th>
</tr>
</thead>
</table>
| Family Services Centers               | 6            | • Most effective services in meeting basic needs  
|                                      |              | • Service gaps  
|                                      |              | • Primary reasons individuals and families remain in poverty  |
| Community Partners                    | 9            | • Primary barriers for individuals in breaking free of poverty  
|                                      |              | • Most effective services in assisting individuals to break free from poverty  
|                                      |              | • Strategies for reducing poverty in the City  |
| HSD Staff                             | 11           | • Measures of success for HSD programs and services  
|                                      |              | • Primary barriers clients face in achieving self-sufficiency  
|                                      |              | • Existing community partnerships to offset program gaps  |
| Early Head Start (EHS)/Head Start (HS)* | 5 (EHS)/10 (HS) | • Definition of school readiness  
|                                      |              | • Goals and objectives while attending EHS/HS  
|                                      |              | • Barriers to accessing healthcare  
|                                      |              | • Other forms of childcare utilized by families  |
| Senior Centers                        | 11           | • Quality of senior center programming  
|                                      |              | • Frequency of attendance  
|                                      |              | • Potential improvements to senior center sites and services  |

*Focus group questions for EHS and HS were the same.

Feedback from Head Start and Early Head Start, senior center, and family services center clients regarding HSD program services was positive. Participants agreed that the City was a center of diversity, cultural celebration, and an enjoyable place to live and raise families. Participants from Head Start and Early Head Start focus groups reported that the respective programs provide a rich educational and social experience for their children. Participants from the senior center focus group indicated that among the primary reasons they regularly attend a senior center was the life balance the centers provide, the sense of community they promote, and the opportunities for socialization. Participants from the family services center focus group appreciate the quality of case management and the resources and referrals provided.
HSD clients participating in the focus groups generally reported needs in the following areas:

- Additional resources and information regarding the array of services and supports available through the City and community partners, as well as additional assistance in navigating the systems
- Fewer hurdles to accessing basic supports, such as free or subsidized bus passes
- Financial literacy resources for lower-income families

Feedback received from HSD and partner and provider focus groups included:

- Services need to be provided in the most effective manner based on the needs of the clients served; for example, seniors have general preferences toward face-to-face case management while younger clients may be amenable to internet-based solutions
- Eligibility for income-based services may, in some cases, be too restrictive; for example, income requirements based solely on gross income do not recognize actual income after expenses, which may leave clients unable to access the basic supports they need
- Wraparound services and cross-service coordination are generally seen as the most effective way to serve low-income clients and to help them break free of the poverty cycle; however, the current system of supports is not particularly well-coordinated and wraparound service delivery, although present, can be improved

Insights gained from the community surveys and the focus groups were informative in the assessment of community needs and assets and are discussed throughout this report.
Demographic Overview

Planning and monitoring the effectiveness of HSD services requires an understanding of the community being served. The demographics of the City’s residents influence what types of services are needed (for example, programming for infants and toddlers will differ from programming for seniors), where the services are located, and how services are delivered (for example, ensuring that services are culturally appropriate).

Highlights

Key Results and Figures

- **Phoenix is among the largest cities in the nation.** Phoenix gained more than 86,000 residents, regaining its ranking as the fifth most populous city in the United States.

- **Employment rates are increasing.** The percentage of residents aged 16 and older who are employed increased from 59.3 percent to 61.6 percent.

- **Poverty rates are decreasing.** The percentage of households living in poverty decreased from 19.0 percent to 17.4 percent; individuals living in poverty decreased at nearly the same rate, from 23.2 percent to 21.0 percent.

- **Increases in household income assist families in meeting their basic needs.** The median household income in the City increased 11 percent, from $46,881 to $52,080.

- **Phoenix is growing more diverse.** The Hispanic population grew 11 percent, and now comprises 42.3 percent of the City’s population, while nearly 57 percent of children under five years of age are of Hispanic descent.

Needs and Gaps

- **Phoenix is one of the fastest growing cities in the country.** Population projections indicate the City will grow by a quarter-million residents by 2030, which will increase service demands for HSD.

- **One-in-five residents live in poverty.** The City’s poverty rate has declined in recent years, but 21 percent of residents – including a third of children – are living in poverty.

- **One-in-four households are non-English-speaking.** The City will need to address linguistically isolated households as the Hispanic population is the fastest growing racial or ethnic group and a substantial proportion of this population do not speak English; the

---

percentage of households that sometimes or always speak Spanish at home grew from 25.9 percent in 2014 to 27.0 percent in 2017.

- *Transportation is critical.* Access to reliable transportation is a barrier for some Phoenix residents, as a lack of transportation reduces access to quality schools, nutritious food outlets, higher-paying jobs, and healthcare; presently, there is not a dedicated benefit to assist low-income individuals and families with discounted or free bus passes on a continuous basis, which is a need for many low-income residents in the City.

**Data and Indicators**

In 2017, Phoenix was home to nearly 1.6 million residents,\(^\text{10}\) making it the fifth-most populous city in the country. Phoenix added more than 24,000 residents between July 1, 2016 and July 1, 2017, the second-highest numeric increase in population across all U.S. cities behind San Antonio.\(^\text{11}\) The Maricopa Association of Governments (MAG) estimates that Phoenix will grow by nearly 1.5 percent annually through 2030.\(^\text{12}\) At this rate, the City would grow to 1.9 million residents by 2030. Figure 7 illustrates the projected population growth for each planning village from 2020 to 2030. As the figure illustrates, three villages – Desert View, Alhambra and Encanto – are each expected to add more than 30,000 residents.

In 2017, there were 552,178 households in the City. In Census parlance, each household has a single ‘householder’ who

---


\(^\text{12}\) Compounded growth rate for Phoenix census tracts. Unpublished data provided by the Maricopa Association of Governments.
is the person, or one of the people, in whose name the home is owned or rented. A family household is defined as one in which at least one member of the household is related to the householder by birth, marriage, or adoption. About 63.8 percent of total Phoenix households, or 352,024, are considered family households. Of these, 231,433 are led by a married couple, representing 41.9 percent of all households. Of the remaining family households, more than twice as many are led by a female (82,686) than a male (37,905). In comparison, non-family households are slightly more likely to be led by a male (102,705) than a female (97,449).

Figure 8 provides the age distribution within the City and the State. Compared to Arizona overall, Phoenix has a larger proportion of children and working-age adults (25 through 64 years-old) and a smaller proportion of seniors. In total, there are 426,329 children under 18 living in Phoenix, including nearly 120,000 children under five, and 161,470 seniors 65 years and older.

**Figure 8: Comparison of the Age Distribution of Residents in Phoenix and Arizona**

<table>
<thead>
<tr>
<th></th>
<th>Phoenix</th>
<th>Arizona</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>26.7%</td>
<td>23.8%</td>
</tr>
<tr>
<td>18-24</td>
<td>10.0%</td>
<td>9.9%</td>
</tr>
<tr>
<td>25-64</td>
<td>53.2%</td>
<td>50.1%</td>
</tr>
<tr>
<td>65+</td>
<td>10.1%</td>
<td>16.2%</td>
</tr>
</tbody>
</table>

---

0-17 | 18-24 | 25-64 | 65+
--- | --- | --- | ---
There are significant differences in the age distribution across Phoenix neighborhoods. For example, more than a third of all residents in the Estrella, Laveen, and Maryvale planning villages are children, while the Paradise Valley, Desert View, North Mountain and Rio Vista planning villages are home to the largest proportions of adults aged 65 and older. Figure 9 provides the total number of residents by village and the distribution by age grouping.

<table>
<thead>
<tr>
<th>Village</th>
<th>Residents</th>
<th>0-17</th>
<th>18-24</th>
<th>25-64</th>
<th>65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahwatukee Foothills</td>
<td>81,454</td>
<td>23.3%</td>
<td>7.7%</td>
<td>58.4%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Alhambra</td>
<td>137,691</td>
<td>28.3%</td>
<td>11.2%</td>
<td>50.1%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Camelback East</td>
<td>143,920</td>
<td>21.4%</td>
<td>9.4%</td>
<td>57.2%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Central City</td>
<td>57,569</td>
<td>27.1%</td>
<td>13.3%</td>
<td>51.4%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Deer Valley</td>
<td>179,683</td>
<td>23.4%</td>
<td>8.8%</td>
<td>56.6%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Desert View</td>
<td>55,901</td>
<td>25.8%</td>
<td>4.9%</td>
<td>55.3%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Encanto</td>
<td>56,713</td>
<td>20.2%</td>
<td>8.5%</td>
<td>61.2%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Estrella</td>
<td>92,593</td>
<td>33.3%</td>
<td>12.0%</td>
<td>50.2%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Laveen</td>
<td>59,517</td>
<td>33.9%</td>
<td>8.6%</td>
<td>51.4%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Maryvale</td>
<td>236,578</td>
<td>34.4%</td>
<td>13.2%</td>
<td>46.5%</td>
<td>5.8%</td>
</tr>
<tr>
<td>North Gateway</td>
<td>19,964</td>
<td>26.7%</td>
<td>5.4%</td>
<td>57.7%</td>
<td>10.1%</td>
</tr>
<tr>
<td>North Mountain</td>
<td>170,001</td>
<td>23.8%</td>
<td>10.0%</td>
<td>53.7%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Paradise Valley</td>
<td>176,400</td>
<td>20.9%</td>
<td>7.8%</td>
<td>55.9%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Rio Vista</td>
<td>5,898</td>
<td>21.9%</td>
<td>7.1%</td>
<td>58.3%</td>
<td>12.7%</td>
</tr>
<tr>
<td>South Mountain</td>
<td>123,986</td>
<td>30.4%</td>
<td>11.3%</td>
<td>50.2%</td>
<td>8.1%</td>
</tr>
</tbody>
</table>
Phoenix is more racially diverse than the State as a whole. As illustrated in Figure 10, Arizona residents who are white/Caucasian represent more than 55.0 percent of the State, and only 43.7 percent of the City, while residents of Hispanic descent represent 30.9 percent of the State and 42.3 percent of the City.

Since 2014, the proportion of the City’s population that is of Hispanic descent grew 11 percent, compared to an overall growth rate of only 5.7 percent. This trend is likely to continue, as individuals of Hispanic descent account for more than 56.6 percent of the City’s children under five years old compared to only 35.2 percent of the City’s residents over 60 years of age.

Phoenix’s racial diversity is evident in the primary language spoken in City households. More than one-third of Phoenix households (192,900) primarily speak a language other than English. Most of these households (149,168) primarily speak Spanish. In three villages – Maryvale, Estrella, and Central City – more than half of the households primarily speak a language other than English. Households are considered ‘linguistically isolated’ if no one in the household over the age of 14 is reported as speaking English ‘very well’. In Phoenix, 35,567 households (6.4 percent of all households), are linguistically isolated, with most primarily speaking Spanish. The number of linguistically isolated households decreased since the 2016 Community Assessment, from 7.3 percent of all Phoenix households to 6.4 percent.

More than one-in-eight Phoenix residents are not United States citizens (the Census does not ask whether non-citizens have legal status) compared to about one-in-twelve statewide. In the Alhambra, Central City, Estrella, Maryvale, and South Mountain villages, more than 15 percent of residents are non-citizens. The number of non-citizens in Phoenix declined by almost 2,700 (1.3 percent) since the 2016 Community Assessment.
Figure 11 compares the educational levels of Phoenix residents over the age of 25 years to the statewide numbers for the same age group. The City’s educational attainment levels improved slightly since the 2016 Community Assessment, although results continue to trail the State as whole. For example, 28.1 percent of residents 25 years of age and older have a bachelor’s degree or higher, compared to 26.7 percent in the 2016 report. The statewide college graduate rate is slightly higher, at 28.6 percent. The number of adults without a high school diploma or general equivalency diploma decreased to 18.7 percent from 19.0 percent in the 2016 report. This percentage continues to be significantly higher than the statewide total of 13.3 percent.

A greater proportion of Phoenix’s population of residents 16 years of age and older have jobs than the State overall, likely due to the City’s younger population and relative concentration of job opportunities compared to the rest of the State. Of Phoenix residents who are 16 years of age or older, 61.6 percent are employed, compared to 55.4 percent statewide. These ratios represent increases from the 2016 Community Assessment, when 59.3 percent of Phoenix residents and 54.1 percent of Arizonans in this age group were employed. In the Ahwatukee Foothills, Camelback East, Deer Valley, Desert View, and North Gateway planning villages, more than 65 percent of residents 16 years and older are employed. By comparison, fewer than half of the residents older than 16 years in Rio Vista are employed due to the relatively high proportion of residents in the village who are 65 or older.

The annual median income of Phoenix households is $52,080, which is 2.7 percent less than the $53,510 statewide median. However, the City’s median income represents an 11 percent increase from the 2016 Community Assessment, which was $46,881. Figure 12 notes the percentage and number of households at various income ranges for both Phoenix and the State.

---

14 Based on American Community Survey 2010-2014 estimates.
Incomes vary widely across the City. Although households earning less than $15,000 annually represent only 12.4 percent of all Phoenix households, they comprise more than 30 percent of Central City households. At the other end of the spectrum, more than 52 percent of Desert View households earn more than $100,000 annually.

The rate of residents living in poverty across the City improved markedly since the 2016 Community Assessment. Of the City’s 1,597,866 residents, 21.0 percent (336,294) are living in poverty, a decrease of 2.2 percentage points compared to the 23.2 percent poverty rate reported in 2016. As Figure 13 illustrates, five of the City’s 15 planning villages have rates of poverty exceeding 25 percent, including Alhambra, Central City, Estrella, Maryvale, and South Mountain. However, since the 2016 Community Assessment, only two villages (Laveen and Rio Vista) have seen increases in the overall percentage of residents living in poverty, while the rest have decreased.

### Figure 12: Household Income Ranges for Phoenix and Arizona

<table>
<thead>
<tr>
<th>Range</th>
<th>Phoenix</th>
<th>Arizona</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;$15,000</td>
<td>123,305</td>
<td>556,760</td>
</tr>
<tr>
<td>$15,000 - $24,999</td>
<td>63,291</td>
<td>303,811</td>
</tr>
<tr>
<td>$25,000 - $34,999</td>
<td>102,337</td>
<td>462,612</td>
</tr>
<tr>
<td>$35,000 - $49,999</td>
<td>80,140</td>
<td>351,779</td>
</tr>
<tr>
<td>$50,000 - $74,999</td>
<td>57,204</td>
<td>254,978</td>
</tr>
<tr>
<td>$75,000 - $99,999</td>
<td>68,700</td>
<td>297,060</td>
</tr>
</tbody>
</table>
**Figure 13: Percent of Residents Living in Poverty by Village**

<table>
<thead>
<tr>
<th>Village</th>
<th>Total Residents</th>
<th>Total in Poverty</th>
<th>Pct. in Poverty</th>
<th>Pct. in Poverty – 2016 Report</th>
<th>Pov. Rate Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahwatukee Foothills</td>
<td>81,454</td>
<td>3,937</td>
<td>4.8%</td>
<td>5.9%</td>
<td>▼</td>
</tr>
<tr>
<td>Alhambra</td>
<td>137,691</td>
<td>42,587</td>
<td>30.9%</td>
<td>34.5%</td>
<td>▼</td>
</tr>
<tr>
<td>Camelback East</td>
<td>143,920</td>
<td>27,809</td>
<td>19.3%</td>
<td>21.7%</td>
<td>▼</td>
</tr>
<tr>
<td>Central City</td>
<td>57,569</td>
<td>25,147</td>
<td>43.7%</td>
<td>49.0%</td>
<td>▼</td>
</tr>
<tr>
<td>Deer Valley</td>
<td>179,683</td>
<td>19,907</td>
<td>11.1%</td>
<td>11.3%</td>
<td>▼</td>
</tr>
<tr>
<td>Desert View</td>
<td>55,901</td>
<td>2,545</td>
<td>4.6%</td>
<td>5.9%</td>
<td>▼</td>
</tr>
<tr>
<td>Encanto</td>
<td>56,713</td>
<td>13,526</td>
<td>23.8%</td>
<td>28.9%</td>
<td>▼</td>
</tr>
<tr>
<td>Estrella</td>
<td>92,593</td>
<td>25,030</td>
<td>27.0%</td>
<td>30.0%</td>
<td>▼</td>
</tr>
<tr>
<td>Laveen</td>
<td>59,517</td>
<td>9,920</td>
<td>16.7%</td>
<td>14.9%</td>
<td>▲</td>
</tr>
<tr>
<td>Maryvale</td>
<td>236,578</td>
<td>74,130</td>
<td>31.3%</td>
<td>35.3%</td>
<td>▼</td>
</tr>
<tr>
<td>North Gateway</td>
<td>19,964</td>
<td>905</td>
<td>4.5%</td>
<td>5.2%</td>
<td>▼</td>
</tr>
<tr>
<td>North Mountain</td>
<td>170,001</td>
<td>36,519</td>
<td>21.5%</td>
<td>21.8%</td>
<td>▼</td>
</tr>
<tr>
<td>Paradise Valley</td>
<td>176,400</td>
<td>20,234</td>
<td>11.5%</td>
<td>13.2%</td>
<td>▼</td>
</tr>
<tr>
<td>Rio Vista</td>
<td>5,898</td>
<td>565</td>
<td>9.6%</td>
<td>6.8%</td>
<td>▲</td>
</tr>
<tr>
<td>South Mountain</td>
<td>123,986</td>
<td>33,535</td>
<td>27.0%</td>
<td>30.9%</td>
<td>▼</td>
</tr>
</tbody>
</table>

Poverty is inversely proportional to age; that is, poverty decreases as age increases. Children are significantly more likely to live at or below the federal poverty level than adults or seniors, with children under five years of age experiencing the highest poverty rates of all age groups. Figure 14 illustrates the rate of poverty among various age groups. As the chart demonstrates, almost one-in-three young children in Phoenix live in poverty, and they are two-and-a-half times more likely to live in poverty than individuals over 55 years of age. Like the overall poverty rate, the rate for young children has improved in recent years, declining to 32.1 percent compared to 35.7 percent in the 2016 Community Assessment.

**Figure 14: Phoenix Poverty Rates by Age Group**
As shown in Figure 15, household composition is a strong predictor of poverty. Households headed by unmarried females are far more likely to be living in poverty than any other household type. Almost one-in-three of such households are in poverty. In comparison, only 9.6 percent of homes headed by a married couple live in poverty.

There are also significant differences in poverty rates across racial and ethnic groups as depicted in Figure 16. Poverty rates for the American Indian, Hispanic, and Black populations exceed 25 percent, compared to 10.4 percent for the Asian population and 11.7 percent for the White population. Also, the poverty rate for non-citizens is 33.0 percent which is substantially higher than the 19.2 percent rate for citizens.

There is a predictable correlation between educational attainment and poverty, as shown in Figure 17. More than one-third of residents who have not completed high school live in poverty. Each successive level of educational attainment significantly reduces the likelihood of living in poverty, with just over five percent of college graduates living in poverty.

Access to reliable transportation is an important asset to City residents of all demographic backgrounds. Lack of access to a personal vehicle or a strong public transportation infrastructure
adds to the burdens many low-income individuals already face, and may contribute to perpetuating short and long-term poverty for some. For example, a lack of access to reliable transportation:

- Limits the options families have for school choice\(^\text{15}\)
- Prevents individuals and families from accessing nutritious food outlets, especially those living in areas classified as ‘food deserts’\(^\text{16}\)
- Narrows the market of available employment options\(^\text{17}\)
- Compromises access to healthcare and other community and social services, potentially leading to poorer management of chronic illness, poorer health outcomes, and limited access to needed social services\(^\text{18}\)

Figure 18 details the percentage of residents 16 and older that lack access to a personal vehicle as well as the proportion of residents 16 and older in each planning village that utilize public transportation for work.\(^\text{19}\)

---


As the figure illustrates, at least five percent of the residents 16 and older in the Alhambra, Camelback East, Central City, Encanto, and South Mountain planning villages live in a household without a vehicle. Sufficient access to public transit routes is a critical need for individuals without access to a vehicle. Not surprisingly, residents in villages with higher rates of households lacking a vehicle utilize public transportation for commuting to work at the highest rates. Even in these villages, however, only a small proportion of residents use public transportation.

The modest use of public transportation may be due to the City’s relatively limited infrastructure. According to AllTransit’s Performance Score, which considers transit connectivity, access to land area and jobs, and frequency of services, Phoenix ranked 19th out of 31 municipalities with at least 500,000 residents. The Transit Score produced by Walk Score, which measures locations based on how convenient they are to public transportation considering distance, service level, and mode (e.g., rail, bus, etc.), gives Phoenix a score of 36 out of 100, and identifies Phoenix as a “car-dependent city.”

---

Individuals who rely on public transportation are at least somewhat restricted in their access to community resources, including jobs, healthcare and community services, higher-quality schools, and nutritious food outlets compared to residents with a personal vehicle. Additionally, public transportation users endure longer transportation times to access the same destinations as those with a personal vehicle. The added commute times for residents utilizing public transportation reduces the time they could spend in other activities, such as working, seeking additional training and education, attending after school activities, and spending time with family. Commute times for individuals utilizing public transportation to get to work are, on average, nearly twice as long as commute times for individuals utilizing a personal vehicle.\(^{22}\)

The cost of public transportation is a barrier for some low-income residents. Participants in the family services centers focus group identified transportation assistance, such as free bus passes, among the services they had received that best helped them meet their basic daily needs. Similarly, participants in the community partners focus group identified transportation assistance among the most effective services in assisting low income individuals to find work, stay employed, and advance their careers. However, while the City offers a number of subsidized public transportation options for seniors and people with disabilities and the City’s public transit provider, Valley Metro, offers free or reduced fares to seniors, people with disabilities, and children, there is no discount available to low-income adults.\(^{23}\) The City and various partners may offer incidental assistance for free or reduced-fare bus passes, but there is no dedicated benefit or single administrator of such a benefit.

**Community Perspectives**

There are notable differences in the opinions Phoenix residents have about the greatest strengths and challenges facing their neighborhoods when viewed by race and ethnicity. Figures 19 and 20 illustrate the top three strengths and top three challenges participants in the 2019 Resident and Client Community Survey reported by race and ethnicity. As the figures illustrate, Asian residents were the only racial/ethnic class to identify a lack of transportation and violent crime among the three greatest challenges, while residents of Hispanic descent were the only group to identify good schools among the greatest strengths of their neighborhoods.\(^{24}\)

---


23 Programs and local community providers may offer free or reduced price bus passes to individuals in their case management portfolio, but this is considered an incidental benefit rather than a defined benefit through a single administering entity.

24 Although residents were asked to report the top three strengths and top three weaknesses, in some cases there were equal response counts within a given category resulting in a ‘tie’. As such, the chart displays the top three strengths and challenges by race/ethnicity including instances where there were ties, resulting in counts of greater than three.
### Figure 19: Greatest Strengths Reported by Residents in the 2019 Resident and Client Community Survey, by Race/ Ethnicity

<table>
<thead>
<tr>
<th>Greatest Strengths</th>
<th>Asian</th>
<th>Hispanic</th>
<th>White</th>
<th>Black/ African American</th>
<th>Native American</th>
<th>Other</th>
<th>Mixed/Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable housing</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City services (such as parks and libraries)</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Strong families</td>
<td></td>
<td>●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Help is available when needed</td>
<td></td>
<td>●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighbors care about each other</td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Positive police presence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good schools</td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Public transportation</td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Medical, dental and/or mental health services</td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College/ trade school options</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong cultural ties</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good jobs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to employment services and resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighbors care about each other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious communities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Figure 20: Greatest Challenges Reported by Residents in the 2019 Resident and Client Community Survey, by Race/ Ethnicity

<table>
<thead>
<tr>
<th>Greatest Challenges</th>
<th>Asian</th>
<th>Hispanic</th>
<th>White</th>
<th>Black/African American</th>
<th>Native American</th>
<th>Other</th>
<th>Mixed/Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of after school activities</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug use</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of good jobs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>No affordable housing</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Not enough police presence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Properties in poor condition/ neighborhood blight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Property crimes (such as theft)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Residents do not work together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Lack of transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Violent crimes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough community resources or activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School dropouts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juvenile crime/ gangs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of access to employment/ job resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of parent involvement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of good schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of accessible medical, dental and/ or mental health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 21 lists the top three most frequently cited needs by race/ ethnicity, illustrating some similarities and differences across racial/ ethnic groups. For example, all racial and ethnic groups identified dental care among their greatest needs, while only the Hispanic population identified English instruction among their greatest needs.

---

25 Participants in the survey were not limited to three selections, so the results represent the three most-frequently cited needs reported by residents. In some cases, the number of responses by need were equal, resulting in a ‘tie’ which will result in more than three selections for some races/ ethnicities. Options that did not fall into the top three selections for any of the racial/ ethnic groups are excluded from the table.
### Figure 21: Most Frequently Cited Needs in the 2019 Resident and Client Community Survey, by Race/ Ethnicity

<table>
<thead>
<tr>
<th>Most Frequently Cited Needs</th>
<th>Asian</th>
<th>Hispanic</th>
<th>White</th>
<th>Black/African American</th>
<th>Native American</th>
<th>Other</th>
<th>Mixed/Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child care</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental care</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English instruction</td>
<td></td>
<td>●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utility assistance</td>
<td></td>
<td>●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home repair</td>
<td></td>
<td>●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Rental/mortgage assistance</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Food assistance</td>
<td></td>
<td>●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Employment assistance/job training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Literacy services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless shelter services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior centers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance abuse/mental health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic violence services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human trafficking services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior/Adult Day Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal assistance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care/health insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent living aid (homemaker assistance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refugee services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crime victim services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full day Head Start</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Half day Head Start</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Preparation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Domain 1: Early Learning

Among the many factors leading to the intergenerational poverty – that is, children living in poverty becoming adults living in poverty – is the access young children have to high-quality early learning opportunities before they start kindergarten. According to the Institute for Research on Poverty, “children from low socioeconomic status families are behind even before they start school,” while the Urban Institute reiterates existing research that finds “children who are born poor and are persistently poor are significantly more likely to be poor as adults, drop out of high school, have teen premarital births, and have patchy employment records than those not poor at birth.” Although young children living in poverty benefit the most from quality early care and education, large numbers go unserved due to limitations in funding for programs such as Early Head Start, Head Start, and child care subsidies. The availability and accessibility of high-quality early learning opportunities is therefore a particularly important consideration when planning and coordinating services for young children.

Highlights

Key Results and Figures

- **Head Start and Early Head Start are important assets to young children.** High-quality early learning programs offered through the City and partnering Early Head Start, Head Start, and child care providers are critical assets to young children and their families in achieving school readiness.

- **Parents rate the quality of Head Start and Early Head Start services favorably.** Participants in the 2019 Resident and Client Community Survey rated the quality of instruction their children received through Early Head Start and Head Start as a 4.7 on a 5.0 scale.

- **Child care assistance funding has improved since 2015.** The Arizona Department of Economic Security’s child care subsidy program is an important form of support to families that qualify. The number of children under six years of age receiving the subsidy in Phoenix increased 10 percent since 2015, while the number of children on a waiting list decreased almost 21 percent.

---


• **Additional programs for child care assistance are also available.** First Things First offers an important supplement to families in need of affordable childcare, offering child care scholarships to low-income families, while working with providers to improve quality through its Quality First program

**Needs and Gaps**

• *Preschool enrollment rates in Phoenix lag the State and the country.* Only 32.7 percent of three- and four-year-old in Phoenix are enrolled in preschool, compared to enrollment rates of 38.1 percent across Arizona and 47.5 percent nationwide

• *Quality child care programs are costly and may be unaffordable to many low-income families.* Lower-income families struggle to afford child care, as the cost of center-based care may represent as much as 55 percent of the total earnings of a family of three living at the poverty level

• *Many low-income families are eligible for child care assistance but funding is inadequate to meet the demand.* There is a significant gap between the number of young children who could benefit from quality early learning programs and supports to help these children access the programs; for example:
  
  o Nearly a quarter of participants in the 2019 Resident and Client Community Survey who received Head Start services indicated that child care was among the services they most needed but could not access

  o The City receives funding to serve only 3.6 percent of eligible infants and toddlers in Early Head Start and less than a quarter of preschool-aged children in Head Start

  o The DES child care subsidy provides slots for only 4,151 children under five in the Head Start delegate area, with a wait list of 689 children as of June 2018, and First Things First funds 1,100 scholarships while there are nearly 30,000 children under five living in poverty in the same coverage area

**Data and Indicators**

Arizona and the City of Phoenix lag the United States in preschool enrollment. Nationally, 47.5 percent of three- and four-year-old children are enrolled in preschool, compared to 38.1 percent statewide and 32.7 percent in the City. Arizona ranks sixth-to-last out of 52 states (including Puerto Rico and Washington DC) for preschool enrollment. Further, a 2018 report published

---


30 Ibid.
by the National Institute for Early Education Research indicated that Arizona was one of four states that saw a reduction in enrollment between 2002 and 2017 for this age group.31

Figure 22 highlights preschool enrollment rates for three- and four-year-old children in Phoenix. Two villages within the City outpace the State and country in preschool enrollment – Desert View and Paradise Valley. Conversely, two villages within the City have preschool enrollment rates that are less than half of the national average – Maryvale and Rio Vista.

The City’s Early Head Start and Head Start programs provide crucial supports to prepare low-income children to succeed in school, but limited funding restricts the reach of these programs.

Early Head Start provides family-centered services for low-income families that are designed to promote the physical, cognitive, social, and emotional development of infants and toddlers while providing parents with goal-oriented programming to enhance their skillsets as parents and move toward greater self-sufficiency.32 HSD has Early Head Start funding for 300 home-based slots and 188 childcare partnership slots, enabling service for only 3.6 percent of eligible infants and toddlers in the service area.

Head Start promotes school readiness through preschool programming designed to offer educational, nutritional, health, social, and other services.33 In the City of Phoenix, responsibility for Head Start services is divided between multiple grantees. HSD

---


covers the largest part of the City and is funded for 2,963 Head Start slots. HSD contracts with nine delegate agencies to deliver the programs. These delegates operate a total of 65 sites. The other Head Start grantees that cover a portion of the City are Maricopa County, Chicanos por la Cause, and Southwest Human Development.

Figure 23 illustrates the ratio of eligible children for Early Head Start and Head Start by delegate agency. Overall, HSD’s funded slots serve only 24.4 percent of the estimated number of low-income three-to-four-year-olds and 3.6 percent of the birth-to-three-year-olds living in the service area.

<table>
<thead>
<tr>
<th>Figure 23: Estimated Eligible Population and Service Levels for Phoenix Early Head Start and Head Start by Delegate Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Alhambra</td>
</tr>
<tr>
<td>Booker T. Washington</td>
</tr>
<tr>
<td>Deer Valley</td>
</tr>
<tr>
<td>Fowler</td>
</tr>
<tr>
<td>Fowler</td>
</tr>
<tr>
<td>GPUL</td>
</tr>
<tr>
<td>Murphy</td>
</tr>
<tr>
<td>Roosevelt</td>
</tr>
<tr>
<td>Washington</td>
</tr>
<tr>
<td>Wilson</td>
</tr>
<tr>
<td>Total – All Phoenix Delegate Agencies</td>
</tr>
<tr>
<td>Early Head Start Service Areas</td>
</tr>
</tbody>
</table>

As the figure illustrates, there is a high degree of variation across Head Start Delegate Agencies in the percentage of eligible children being served. For example, while Murphy and Wilson serve more than 60 percent of the eligible population, the Greater Phoenix Urban League (GPUL) serves only 16 percent of eligible children. In addition to Early Head Start and Head Start programs, there are numerous child care providers located in the delegate agencies’ service areas. The Arizona Department of Health Services (ADHS) is responsible for licensing most child care facilities in the State, including child care centers (facilities providing paid care to five or more children), small group homes (residential locations in which paid care is provided to between five and ten children), and public schools providing child care services, including Head Start providers. As of October 1, 2018, there were a total of 335 ADHS-licensed child care providers with capacity for more than 37,000 children in the area covered by the Head Start delegate agencies, as summarized in Figure 24. Providers in the service area added nearly 2,500 slots since the 2016 Community Assessment, Additionally, families may receive child care

34 Ibid.
from small family homes with four or fewer children that are certified by the Arizona Department of Economic Security (DES) or non-certified relative providers,\(^{36}\) which are not captured in the table.

\[\text{Figure 24: DHS-Licensed Child Care Providers and Capacity by Delegate Agency Service Area}\]

<table>
<thead>
<tr>
<th>Area</th>
<th>Alhambra</th>
<th>Booker T. Washington</th>
<th>Deer Valley</th>
<th>Fowler</th>
<th>Greater Phoenix Urban League (GPUL)</th>
<th>Murphy</th>
<th>Roosevelt</th>
<th>Washington</th>
<th>Wilson</th>
<th>Total Phoenix Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers</td>
<td>7</td>
<td>6</td>
<td>17</td>
<td>8</td>
<td>29</td>
<td>2</td>
<td>11</td>
<td>31</td>
<td>1</td>
<td>112</td>
</tr>
<tr>
<td>Slots</td>
<td>829</td>
<td>1,500</td>
<td>3,158</td>
<td>487</td>
<td>3,814</td>
<td>236</td>
<td>508</td>
<td>4,697</td>
<td>182</td>
<td>15,412</td>
</tr>
<tr>
<td>% Chg. In slot capacity Since 2016</td>
<td>26.4% (0.7%)</td>
<td>(2.1%) (3.8%)</td>
<td>26.9% (4.5%)</td>
<td>(13.6%)</td>
<td>16.4% (2.1%)</td>
<td>10.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providers</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>17</td>
<td>0</td>
<td>16</td>
<td>7</td>
<td>0</td>
<td>47</td>
</tr>
<tr>
<td>Slots</td>
<td>19</td>
<td>6</td>
<td>13</td>
<td>28</td>
<td>169</td>
<td>0</td>
<td>157</td>
<td>62</td>
<td>0</td>
<td>454</td>
</tr>
<tr>
<td>% Chg. In slot capacity Since 2016</td>
<td>81.5% (0.1%)</td>
<td>(56.1%) (3.0%)</td>
<td>(2.5%) (0.0%)</td>
<td>(27.8%)</td>
<td>(25.4%) (60.3%) (17.2%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providers</td>
<td>24</td>
<td>18</td>
<td>45</td>
<td>14</td>
<td>84</td>
<td>7</td>
<td>52</td>
<td>88</td>
<td>2</td>
<td>335</td>
</tr>
<tr>
<td>Slots</td>
<td>2,505</td>
<td>2,718</td>
<td>7,769</td>
<td>978</td>
<td>8,129</td>
<td>601</td>
<td>3,402</td>
<td>10,795</td>
<td>305</td>
<td>37,202</td>
</tr>
<tr>
<td>% Chg. In slot capacity Since 2016</td>
<td>10.3% (0.1%)</td>
<td>4.1% (2.2%)</td>
<td>11.1% (10.9%)</td>
<td>2.2%</td>
<td>9.8% (0.6%)</td>
<td>7.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provider capacity, however, does not guarantee access for low-income families. According to DES’ 2018 Child Care Market Rate Survey, the median daily cost of center-based child care in Maricopa County is $45 for infants; $40 for one- and two-year-olds; and $34 for three-, four-, and five-year-olds.\(^{37}\) Assuming 21.7 weekdays per month, the monthly cost ranges from $737 to $977 per month. For a family of three living at the poverty level ($1,777 per month),\(^{38}\) the cost of center-based child care for a single child ranges from 41 percent to 55 percent of their total earnings. Consequently, low-income families often require assistance in order to access paid child care.

---


The primary child care assistance program in Arizona is the subsidy program administered by the Arizona Department of Economic Security. The program provides subsidies for children up to twelve years of age to attend child care. Eligibility for the subsidy includes families receiving cash assistance when child care is necessary to support their job development efforts, families transitioning from cash assistance to employment, low-income working families earning up to 165 percent of the federal poverty level, and families involved with the Department of Child Safety (DCS). The subsidies are intended to remove the lack of child care as a barrier to employment and, except for DCS-involved families, recipients must be employed or looking for work while receiving cash assistance.

Funding for the DES child care program has been significantly reduced in recent years, falling from $155 million in fiscal year 2008 to $98.4 million in fiscal year 2019, although the fiscal year 2020 Executive Budget recommends an additional appropriation of $44.8 million to fund increases in the child care subsidy rates and reduce subsidy waitlists. As a result of these funding cuts, the statewide number of children receiving assistance has declined 43.2 percent, from 54,343 to 31,842, between July 2008 and June 2018. Additionally, a waiting list has been in effect at various times since February 2009. As of June 30, 2018, there were 5,011 children on the waiting list Statewide. However, it is believed this number is an underestimate because the waiting list has been in effect in most months over the past ten years, likely discouraging some eligible families from applying. Additionally, families on the waiting list must periodically reapply, but there is little incentive to do so when they are not receiving assistance, so many do not reapply and are removed from the list.

Figure 25 compares the number of children under six years of age receiving DES subsidies and the number on the waiting list in each of the delegate agencies’ service areas from 2015 to 2018.

---


41 Unpublished data provided by the Arizona Department of Economic Security, Child Care Administration.

42 Ibid.
As shown in the table, the Greater Phoenix Urban League service area has the greatest number of young children receiving child care subsidies, followed by Washington and Roosevelt. The table also shows there were 689 young children on the waiting list for subsidy assistance.

First Things First (FTF) was created by Proposition 203, a citizen initiative approved by voters in November 2006. The proposition also created a new 80-cent per pack of cigarettes tax to fund the agency. FTF funds a variety of early childhood development and health programs for Arizona children through five years of age intended to ensure they begin school healthy and ready to succeed. Through its Quality First program, FTF partners with child care and preschool providers across Arizona to improve the quality of early learning. Participation is voluntary, but providers that choose to participate are provided with access to additional funding for educational materials, financial support for teachers and caregivers for continuing education in early childhood development, and access to specialized support. Quality First providers also undergo an assessment that considers, among other factors, staff qualifications, learning environments, and group sizes, and are awarded a star rating based on the assessment.43

Additionally, FTF funds scholarships for low-income families to attend Quality First providers. Quality First scholarships are based on family income levels and are generally made available to parents who are working, looking for work, or improving work skills through training or education.44 Figure 26 details the number of Quality First providers in the City’s Head Start

---

service area (including 17 home-based and 142 center-based providers), their ratings, reported enrollment, and the number of scholarship slots available as of October 2018.

<table>
<thead>
<tr>
<th>Figure 26: FTF Quality First Providers, Enrollments, Scholarships, and Ratings (as of October 2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Providers</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td><strong>Enrolled</strong></td>
</tr>
<tr>
<td><strong>Scholarships</strong></td>
</tr>
<tr>
<td><strong>Ratings</strong></td>
</tr>
<tr>
<td>1 Star</td>
</tr>
<tr>
<td>2 Star</td>
</tr>
<tr>
<td>3 Star</td>
</tr>
<tr>
<td>4 Star</td>
</tr>
<tr>
<td>5 Star</td>
</tr>
</tbody>
</table>

Despite the number of early learning and child care programs – Early Head Start, Head Start, child care subsidies, and Quality First scholarships – they are only able to meet a fraction of the need within the City.

**Community Perspectives**

Given the limited availability of supports for lower-income families, it is not surprising that many Phoenix families struggle to access quality child care. Nearly a quarter (24 percent) of the residents participating in the 2019 Resident and Client Community Survey and receiving Head Start services indicated that child care was among the services they most needed but could not access.

Participants in the family services centers, Head Start, and Early Head Start focus groups similarly indicated that child care was among their greatest needs, while access to affordable child care was among the top-cited barriers to finding a good job. Participants also generally agreed that they would prefer to see a consolidation of part-time slots into full-time slots to maximize the benefit to their children while enabling parents to work.
Those that are able to participate in the Early Head Start and Head Start programs report high degrees of satisfaction across multiple domains as illustrated in Figure 27.

<table>
<thead>
<tr>
<th></th>
<th>EHS – In Home Services</th>
<th>EHS – Child Care</th>
<th>Head Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenience of Socialization</td>
<td>4.7</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Convenience of Location</td>
<td>4.7</td>
<td>4.6</td>
<td>4.7</td>
</tr>
<tr>
<td>Hours of Operation</td>
<td>4.7</td>
<td>4.4</td>
<td>4.6</td>
</tr>
<tr>
<td>Quality of instruction</td>
<td>4.7</td>
<td>N/A</td>
<td>4.7</td>
</tr>
<tr>
<td>Availability and quality of classroom services</td>
<td>N/A</td>
<td>N/A</td>
<td>4.7</td>
</tr>
<tr>
<td>Availability and quality of other support services</td>
<td>4.7</td>
<td>4.5</td>
<td>4.6</td>
</tr>
<tr>
<td>Quality of child care</td>
<td>N/A</td>
<td>4.6</td>
<td>N/A</td>
</tr>
<tr>
<td>Availability and quality of child care services</td>
<td>N/A</td>
<td>4.6</td>
<td>N/A</td>
</tr>
</tbody>
</table>

On a five-point scale with five representing the highest level of satisfaction, no rating item scored below a 4.5 indicating that parents greatly value the programs.
Domain 2: Education

The economic value of increased levels of educational attainment is clear: income levels increase significantly as educational attainment levels rise, while unemployment rates decrease.\footnote{United States Bureau of Labor Statistics. (March 2016). Education Matters. Retrieved from https://www.bls.gov/careeroutlook/2016/data-on-display/education-matters.html.} Individuals with a four-year degree earn a median wage that is nearly twice the amount of the median wage earned by individuals with only a high school diploma.\footnote{Arizona Board of Regents. (September 2017). 2017 Annual Report on Wages Earned by Arizona University System Graduates. Retrieved from https://www.azregents.edu/sites/default/files/public/2017%20Wages%20of%20Graduates.pdf.} Additionally, educational attainment is often predictive of lifelong poverty, and the intergenerational transmission of poverty. Children who are living with a parent who has not completed high school are more likely to repeat a grade, experience low educational achievement, and to drop out of high school – factors which significantly increase the risk that the child will live in poverty as an adult.\footnote{National Center for Education Statistics. (May 2017). The Condition of Education – Risk Factors and Academic Outcomes in Kindergarten Through Third Grade. Retrieved from https://nces.ed.gov/programs/coe/indicator_tgd.asp.}

Highlights

Key Results and Figures

- The City has a variety of district and charter school options, promoting school choice. Arizona’s open enrollment and school choice policies ensuring that students and families have a variety of educational options; the City is home to 270 district schools serving more than 213,000 students and 165 public charter schools serving more than 55,000 students.

- Charter school enrollments are on the rise. Since the 2016 Community Assessment, the proportion of students enrolled in a charter school in Phoenix compared to a district school increased from 16.6 percent to 20.7 percent.

- Charter schools generally outperform district schools. Charter schools in Phoenix are more likely to receive a school letter grade of ‘A’ or ‘B’ (63 percent compared to 47 percent of district schools in the City), while district schools are more likely to enroll students with special needs, English language learners, and students in need of financial assistance to access a free or reduced price meal.

- Post-secondary education options are an important asset to Phoenix residents. Phoenix is home to a wide range and growing number of public and private universities, trade schools, and degree-granting institutions to assist students of various backgrounds and interests with enhancing their skillsets and income potential.
Needs and Gaps

- About three-in-five students in the City do not demonstrate proficiency on standardized State tests. Citywide, fewer than 40 percent of students in all district schools achieved proficiency in math and English Language Arts based on the 2017-18 AzMERIT assessments; similarly, less than 40 percent of students in charter schools achieved proficiency in math, and only slightly more than 40 percent achieved proficiency in English Language Arts.

- Fewer than one-in-four students in lower income districts demonstrate proficiency. AzMERIT proficiency was even lower in lower-income areas; fewer than one-in-four students in the Balsz, Cartwright, Creighton, Isaac, Murphy, Phoenix Union High School, and Roosevelt district schools achieved proficiency in math, while fewer than one-in-four students in the Isaac, Murphy, Phoenix Union High School, and Roosevelt district schools achieved proficiency in English Language Arts.

- Low college enrollment rates following high school may compromise future earnings potential. Nearly half of the State’s 2017 graduating cohort did not enroll in a two or four-year college following graduation, substantially lagging the national two or four-year college enrollment average rate of 69.8 percent.

- The rising cost of college tuition is a barrier for many. One factor that may dissuade college enrollment is the rising cost of tuition in each of the State’s public universities, where tuition has increased between 58 percent and 82 percent in the past decade; increased investments in need-based aid by Arizona’s public universities has helped to offset the rising costs for eligible low-income students, but may be insufficient for many to access post-secondary education.

- Transportation is a key need for families to access higher quality education options. Although Arizona’s open enrollment and school choice laws are an important asset to students and families, few districts and charter schools pay for transportation outside of district or charter-area boundaries, significantly limiting school choice for many families without access to reliable transportation.

Data and Indicators

There are 27 school districts with boundaries that include at least one school in the City limits. In several instances, only a small portion of the City falls into a district’s boundaries. Across these 27 districts, there are 270 district schools located in Phoenix serving more than 213,000 students. Additionally, there are 165 charter schools in the City serving more than 55,000 students.
Like Phoenix residents overall, students in schools within the City are a diverse group. Figure 28 compares the racial/ethnic composition of Phoenix students.

**Figure 28: Distribution of Students Attending Public Schools in Phoenix by Race/ Ethnicity (FY2017-18 School Year)**

Across all Phoenix schools, children of Hispanic descent account for nearly 60 percent of all students. In terms of public-school choice, Hispanic and American Indian/Alaska Native students are more likely to attend district schools, while all other racial and ethnic groups are at least somewhat more likely to attend charter schools.
Schools also serve many students who have a disability, are English language learners (ELL), or have a financial need for free or reduced price meals. Figure 29 details the proportion of students attending district and charter schools in Phoenix with a need for such supports.

**Figure 29: Students in Public Schools Located within the City of Phoenix**

Nearly 70 percent of students in Phoenix schools receive free or reduced price meals, meaning their families’ incomes are less than 185 percent of the federal poverty level, translating to $39,460 for a family of three in the current school year. In several districts in the southern and western parts of the City, more than 80 percent of students qualify for free or reduced lunches. More than ten percent of all students are ELL and more than ten percent receive special education services. Notably, students with disabilities as well as ELL and special education students are all more likely to attend district schools than charter schools. Additionally, there were more than 11,000 children experiencing homelessness who attended school districts or charter providers with schools in Phoenix throughout the 2017-18 school year.

To evaluate performance, schools receive a grade from the Arizona Department of Education based on multiple factors, including year-to-year student academic growth; proficiency on English language arts, math, and science standardized testing; academic growth of English language learners; high school graduation rates; and other factors. Figure 30 illustrates the distribution of grades (A-F) for district schools that received a grade as of October 2018 in each district serving the City. As the table demonstrates, fewer than a quarter of all graded schools received an “A” grade, while 15 percent received a grade of “D” or “F”, with the majority of

---

schools receiving a “B” or “C”. In 14 of the 27 districts, at least half of the schools were graded “C” or lower.49

Figure 30: Distribution of Grades by School District ("n" = ct. of rated schools in each district)

---

49 Chart excludes Maricopa County Regional School District which does not receive letter grades.
Figure 31 presents the grade distribution by Phoenix planning village for charter schools located in City boundaries. As the table demonstrates, charter schools generally out-perform district schools. For example, more than 63 percent of charter schools in the City received a letter grade of “A” or “B”, compared to only 47 percent of district schools in the City.

AzMERIT measures student proficiency in English Language Arts (ELA) and math. In the 2017-18 school year, the percentage of students achieving proficiency in ELA ranged from 17.3 percent in the Murphy Elementary District to 66.1 percent in the Cave Creek Unified District for all students attending schools in the Phoenix boundaries. Math proficiency ranged from 19.0 to 70.0 percent in the same districts, respectively. Figure 32 highlights the percentage of children achieving ELA and math proficiency by district.
With few exceptions, more students achieve proficiency in math than ELA. Additionally, within a school district, proficiency may vary widely by grade. For example, in the Roosevelt District, 34.6 percent of children in 3rd grade passed the math assessment while only 15.9 percent of 7th graders in the district received a passing score.

Charter schools in Phoenix marginally outperform district schools in ELA, where 41.9 percent of students achieved proficiency (compared to 35.0 percent in district schools) and math, where 39.6 percent of students achieved proficiency (compared to 36.0 percent in district schools). Figure 33 illustrates the percentage of children attending charter schools in Phoenix that received passing scores in ELA and math, by planning village. Charter schools located in Alhambra, Encanto, Estrella, Maryvale, and South Mountain villages fall below the average proficiencies across all charter schools in Phoenix.
Arizona law allows students to apply for admission to any public school, which is an important asset to students and families seeking a better-quality education, sometimes outside of their district or charter-area boundaries. However, as described in the Demographic Overview domain, a lack of adequate transportation may inhibit access to better quality schools as most schools do not offer transportation outside of their boundaries.

The influence of school quality is also a strong predictor of whether high school graduates from any given school will enroll in college. The statewide four-year high school graduation rate in 2017 was 78 percent, meaning one-in-five high school students in the State do not graduate in four years, compared to 77 percent for district and charter schools located in Phoenix.\(^{50}\)

According to the Arizona Board of Regents (ABOR), nearly half of all high school graduates in the 2017 cohort did not enroll in a two-or-four-year college after graduation, substantially lagging the national average of 69.8 percent.\(^{51}\) The top 50 percent of Arizona high schools produced 88.7 percent of high school graduates who enroll in college, while the bottom 50

---


percent produce only 11.3 percent of college enrollments.\textsuperscript{52} ABOR further reports the following:\textsuperscript{53}

- If present educational attainment trends continue, fewer than 18 percent of students entering 9\textsuperscript{th} grade in 2018 will graduate from a four-year college by 2028, compared to 20.6 percent in 2017
- 14 percent of residents aged 16-24 are neither working nor attending school

Phoenix and neighboring cities offer a variety of traditional and vocational post-secondary educational options. The Maricopa County Community College District (MCCCD) has 10 campuses, a Skill Center, and an Adult Basic Education center, collectively serving more than 200,000 students in fiscal year 2017-18.\textsuperscript{54} MCCCD serves recent high school graduates as well as those seeking to gain occupational skills and lifelong education. In fiscal year 2018, the District awarded more than 27,000 transfer degrees, certificates and occupational awards.\textsuperscript{55} In addition, 40 percent of enrolled students intended to transfer to a university after leaving, while 24 percent intended to enter the job market or utilize training they received to advance in the job market.

According to the MCCCD’s reports, 94 percent of enrollment in 2017-18 came from Maricopa County residents and the median age of enrollment was 21. Figure 34 highlights enrollment for the 2017-18 year by school, and further illustrates a significant decrease in the overall enrolled population from the 2010-11 school year to the currently reported year.

\textsuperscript{52} Ibid.
\textsuperscript{53} Ibid.
Figure 34: Historical Enrollment in Maricopa Community College District, by School (FY11-FY18)

<table>
<thead>
<tr>
<th></th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>% Chg 2011- FY18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phoenix*</td>
<td>17,335</td>
<td>17,100</td>
<td>17,382</td>
<td>17,804</td>
<td>19,008</td>
<td>19,476</td>
<td>19,525</td>
<td>21,392</td>
<td>(19.0%)</td>
</tr>
<tr>
<td>Glendale</td>
<td>27,350</td>
<td>27,263</td>
<td>30,770</td>
<td>36,054</td>
<td>38,602</td>
<td>40,070</td>
<td>41,836</td>
<td>(28.3%)</td>
<td></td>
</tr>
<tr>
<td>GateWay*</td>
<td>7,660</td>
<td>7,876</td>
<td>8,495</td>
<td>9,592</td>
<td>10,444</td>
<td>10,962</td>
<td>11,674</td>
<td>13,266</td>
<td>(42.3%)</td>
</tr>
<tr>
<td>Mesa</td>
<td>30,010</td>
<td>30,154</td>
<td>33,238</td>
<td>36,054</td>
<td>38,602</td>
<td>40,070</td>
<td>41,836</td>
<td>(28.3%)</td>
<td></td>
</tr>
<tr>
<td>Scottsdale</td>
<td>13,652</td>
<td>14,023</td>
<td>14,770</td>
<td>15,384</td>
<td>16,527</td>
<td>17,474</td>
<td>17,702</td>
<td>(22.9%)</td>
<td></td>
</tr>
<tr>
<td>Rio Salado*</td>
<td>42,716</td>
<td>43,882</td>
<td>52,317</td>
<td>48,333</td>
<td>52,685</td>
<td>56,031</td>
<td>57,746</td>
<td>(26.0%)</td>
<td></td>
</tr>
<tr>
<td>South Mtn.*</td>
<td>5,909</td>
<td>5,707</td>
<td>6,159</td>
<td>6,801</td>
<td>7,338</td>
<td>8,027</td>
<td>10,186</td>
<td>(42.0%)</td>
<td></td>
</tr>
<tr>
<td>Chand.-Gilb.</td>
<td>19,559</td>
<td>19,402</td>
<td>19,040</td>
<td>19,225</td>
<td>19,297</td>
<td>19,791</td>
<td>19,611</td>
<td>17,938</td>
<td>9.0%</td>
</tr>
<tr>
<td>Parad. Villy.*</td>
<td>12,427</td>
<td>12,586</td>
<td>12,516</td>
<td>13,314</td>
<td>14,198</td>
<td>14,380</td>
<td>15,246</td>
<td>16,046</td>
<td>(22.6%)</td>
</tr>
<tr>
<td>Estrella Mtn.</td>
<td>13,715</td>
<td>13,080</td>
<td>12,571</td>
<td>12,994</td>
<td>13,009</td>
<td>12,475</td>
<td>12,508</td>
<td>12,612</td>
<td>8.7%</td>
</tr>
<tr>
<td>Skill Centers</td>
<td>1,138</td>
<td>1,190</td>
<td>1,461</td>
<td>1,752</td>
<td>1,681</td>
<td>1,748</td>
<td>2,016</td>
<td>2,298</td>
<td>(50.5%)</td>
</tr>
<tr>
<td>Adult Basic Ed.</td>
<td>9,389</td>
<td>9,655</td>
<td>10,003</td>
<td>10,310</td>
<td>11,244</td>
<td>12,297</td>
<td>11,128</td>
<td>11,264</td>
<td>(16.6%)</td>
</tr>
<tr>
<td>Total</td>
<td>200,860</td>
<td>201,918</td>
<td>206,034</td>
<td>215,300</td>
<td>226,379</td>
<td>237,947</td>
<td>246,164</td>
<td>255,248</td>
<td>(21.3%)</td>
</tr>
</tbody>
</table>

*Campus(es) in Phoenix City boundaries.

Each of the State’s three public universities – Arizona State University (ASU), the University of Arizona (U of A), and Northern Arizona University (NAU) – has some presence in Phoenix. ASU has a downtown Phoenix campus, which includes colleges of law, nursing, teaching, journalism, health, and public programs. The University of Arizona opened a medical school in Phoenix in 2007. NAU has partnerships with several community colleges, allowing students to complete two- and four-year degrees, including degrees in elementary education, business administration, interdisciplinary studies, and other degrees and certificates at sites throughout Phoenix.

Phoenix is also home to a number of private vocational programs and degree-granting institutions licensed by the Arizona State Board for Private Postsecondary Education ranging from small specialized schools in areas such as massage therapy and polygraph science, to large universities such as Grand Canyon University.

One factor that may dissuade otherwise college-ready high school graduates from pursuing a post-secondary education is the increasing cost of tuition. Figure 35 compares the average annual
cost of tuition for students receiving the in-state tuition rates through one of the three Arizona public universities (main campuses).56,57

Figure 35: 10-Year Historical Cost of Attending an Arizona Public University (fiscal years 2010 - 2019)

As the chart indicates, tuition costs have increased between 58 percent and 82 percent for the three public universities. Arizona’s public universities have taken steps to offset the increased cost of attendance by increasing need-based funding. Between 2012 and 2018, the average amount of need-based aid per student increased by 17.2 percent from $8,066 to $9,450.58 Over the same period, the percentage of financial aid financed through the university system increased by five percentage points from 23.2 percent in 2012 to 28.3 percent in 2018.59 According to the Arizona Board of Regents, however, the amount of financial need that is met through need-based funding for eligible students is only 63.9 percent, a rate that has remained relatively flat “as growth in the cost of attendance reduced the amount of need met despite more financial aid

59 Ibid.
dollars allocated."60 MCCCD’s tuition rates have grown at a much slower rate; increasing 23.2 percent, from $69.00 per credit hour in fiscal year 2010 to $85.00 in fiscal year 2019.61

Community Perspectives

One quarter of the respondents in the 2019 Resident and Client Community Survey identified good schools among the top three strengths in their communities. Twelve percent of the respondents who had received services from a family services center reported using high school equivalency classes in the previous year.

Participants in the family services centers focus group identified education and job skills training among the services they needed but found difficult to access. Participants also reported that a lack of education was one of the main reasons families remain in poverty.

60 Ibid.
Domain 3: Employment

Steady employment has extensive value to individuals and families beyond the income it generates. Employment is linked to a number of positive outcomes, including improved physical and mental health; the ability to live in safer neighborhoods, afford quality child care and education for children, and buy more nutritious foods; and greater housing stability. In contrast, unemployed individuals face increased risks of stroke, heart attack, heart disease, and mental health issues such as depression. According to the United Nations’ Department of Economic and Social Affairs, unemployment lies “at the core of poverty,” and as such, “job-creation should occupy a central place in national poverty reduction strategies.”

Highlights

Key Results and Figures

- **Unemployment rates are under five percent.** The City’s unemployment rate continues to improve since exceeding nine percent in June 2010, and has remained around 4.2 percent in recent months.

- **The City’s job market is growing.** Since 2015, the City added nearly 200,000 jobs, with the construction, education and health, and financial services sectors growing the fastest over this period. It is projected that Phoenix will add an additional 156,840 jobs by 2026.

- **Publicly-funded employment assistance programs for adults and youth are important services to City residents.** Job placement and employment assistance programs, such as ARIZONA@WORK, and the youth employment and career exploration programs, such as Pathways to Success, are important supports to Phoenix residents who are unemployed or underemployed.

- **Private organizations with employment assistance programs offer an important supplement to publicly funded programs.** Additional job placement and career coaching services offered through non-profit organizations like Goodwill of Central Arizona and Chicanos por la Causa are also important assets to City residents seeking employment.

Needs and Gaps

- **Employment assistance programs may not be reaching some who need these services.** Nearly 10 percent of the participants in the 2019 Resident and Client Community Survey

---


indicated employment assistance and job training were services they desired but had difficulty accessing, while 15 percent of the responding clients who had received services through ARIZONA@WORK identified a lack of good jobs in Phoenix amongst the three greatest challenges in their neighborhood

- **Transportation is a key barrier to accessing employment.** Participants in the family services centers focus group indicated that transportation was a key barrier toward obtaining or maintaining employment and that incremental solutions such as free or subsidized bus passes would help low-income residents access school or work

### Data and Indicators

The U.S. Congressional Budget Office (CBO) has estimated the ‘natural rate of unemployment’ at 4.6 percent since the fourth quarter of 2015. The City’s unemployment rate has been declining since exceeding nine percent in June 2010, and has remained around 4.2 percent – lower than the natural rate of unemployment – in recent months. The trend over the past nine years is displayed in Figure 36.

![Figure 36: Unemployment Rate, Jan. 2010 - Dec. 2018 (seasonally adjusted)](image)

While the unemployment rate is an efficient measure of understanding the health of the job market, it does not consider individuals who are no longer seeking employment due to


discouragement or individuals who have achieved part-time employment but desire full-time employment. The labor force participation rate for all residents age 16 years and older within the City has improved since the 2016 Community Assessment, increasing 2.3 percentage points, from 59.3 percent to 61.6 percent. Among Phoenix residents older than 16 years and living in poverty, only 33.2 percent are working.

Phoenix’s economy is large and diverse. The greater Phoenix area (defined as Maricopa and Pinal Counties) supports jobs across a variety of industries, as illustrated in Figure 37.66 Using federal Bureau of Labor Statistics industry definitions, the greater Phoenix area’s largest industry by employment is trade, transportation, and utilities (more than 60 percent of this industry is comprised of retail jobs and wholesale trade accounts for almost 20 percent), followed by professional and business services (with the largest share in administrative services), education and health services, and government.

Nearly 200,000 jobs have been added since 2015, with annual growth of between two and just more than three percent. The largest gain in employment during this period was in education and health services, which added more than 40,000 jobs. The construction industry grew at the fastest rate, but still accounted for only six percent of total jobs in the area.

<table>
<thead>
<tr>
<th>Industry</th>
<th>2015</th>
<th>2018</th>
<th>% Chg. 2015-2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural Resources/ Mining</td>
<td>3,400</td>
<td>3,200</td>
<td>(5.9%)</td>
</tr>
<tr>
<td>Construction</td>
<td>101,400</td>
<td>126,600</td>
<td>24.9%</td>
</tr>
<tr>
<td>Manufacturing</td>
<td>117,100</td>
<td>130,600</td>
<td>11.5%</td>
</tr>
<tr>
<td>Trade, Transportation, Utilities</td>
<td>373,100</td>
<td>401,400</td>
<td>7.6%</td>
</tr>
<tr>
<td>Information</td>
<td>35,400</td>
<td>37,300</td>
<td>5.4%</td>
</tr>
<tr>
<td>Financial Activities</td>
<td>167,400</td>
<td>190,100</td>
<td>13.6%</td>
</tr>
<tr>
<td>Professional/ Business Svcs.</td>
<td>320,700</td>
<td>356,300</td>
<td>11.1%</td>
</tr>
<tr>
<td>Education/ Health Svcs.</td>
<td>279,600</td>
<td>319,900</td>
<td>14.4%</td>
</tr>
<tr>
<td>Leisure and Hospitality</td>
<td>205,300</td>
<td>230,100</td>
<td>12.1%</td>
</tr>
<tr>
<td>Other Services</td>
<td>68,200</td>
<td>65,600</td>
<td>(3.8%)</td>
</tr>
<tr>
<td>Government</td>
<td>234,300</td>
<td>240,400</td>
<td>2.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,905,900</td>
<td>2,101,500</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

---
The State’s Office of Economic Opportunity forecasts continued job growth in the greater Phoenix area between 2016 and 2026. Its most recent reporting estimates that the City will add 156,840 jobs by 2026.\(^6\) Figure 38 presents this estimate by industry. As the chart illustrates, the largest additions are projected for healthcare practitioners and technical occupations (17,002 new jobs), office and administrative support occupations (15,363 new jobs), and food preparation and serving related occupations (14,145 new jobs).

---

In addition, the State projects, based on current requirements, that nearly 43 percent of the jobs added by 2026 will require some training or a degree above a high school diploma, including 27.1 percent requiring at least a bachelor’s degree. The remaining 57 percent of jobs will require no formal educational credential or only a high school diploma.

The Maricopa Association of Governments (MAG) provides insight into the employers located within the City through its Employer Database. The database includes information from employers with at least five employees. The 2017 database includes 21,682 employers located within the City of Phoenix that collectively employ more than 700,000 individuals, as illustrated in Figure 39.

Based on the MAG Employer Database, Figure 39 also reports jobs by employer size. Although more than 75 percent of employers included in the database employ between 5 and 24 individuals (as noted, employers with fewer than five employees are excluded), larger firms are responsible for most Phoenix jobs. Firms with at least 25 employees represent less than 25 percent of Phoenix businesses, but are responsible for more than 77 percent of the jobs in the City.

The MAG employer database also illustrates where the major employment centers are within the City, as illustrated in Figure 40. The Central City village has the greatest number of jobs as it encompasses downtown Phoenix and Sky Harbor Airport, and it has access from Interstates 10 and 17 and State Route 68.

Figure 39: Total Jobs in Phoenix by Employer Size

![Figure 39: Total Jobs in Phoenix by Employer Size](image)

Figure 40: Jobs within Planning Villages

![Figure 40: Jobs within Planning Villages](image)

---

51. The next largest numbers of jobs are in Camelback East (which includes the Biltmore Corridor), and Deer Valley (with major employers including American Express and Mayo Clinic).

As described in the Demographics Overview domain, transportation remains a key barrier for individuals without access to a reliable form of transportation in accessing a broader job market and better-paying jobs. Public transportation is a critical asset to individuals without a personal vehicle, but still limits job choice to locations along a public transportation route and within a reasonable commute time from their residence.

A number of programs funded through the City, State, and other local agencies and non-profits assist job seeking residents with job placement services. ARIZONA@WORK is a public and private partnership with 12 regional areas and 47 offices across the State that assists both employers and potential job candidates with job placement services at no charge. The Arizona Department of Economic Security (DES) is Arizona’s lead workforce agency, administering the ARIZONA@WORK program in collaboration with program partners and grantees, such as HSD, across the State using Workforce Innovation and Opportunity Act (WIOA) funding. HSD administers its ARIZONA@WORK program through three primary service sites in the north, south, and west parts of the City, and a fourth location where employers can partner with the program to develop job placement services. Maricopa County offers similar services in one additional location in West Phoenix. The City has taken steps to extend opportunities to access the ARIZONA@WORK program by offering services at locations like the Phoenix public libraries and the Phoenix Municipal Court in an effort to bring services to alternative locations where residents may participate on a drop-in basis. The City estimated that it will have served 65,000 individuals and trained 3,600 individuals by the end of fiscal year 2020 through its ARIZONA@WORK program.

In addition to employment assistance programs offered to adults, the City offers a number of employment assistance options for youth between 16 and 24 years of age at no cost to participants, including: 

- The Pathways to Success program offers services to youth to get back into school, or to begin college or career preparation through a variety of services

---


• The Youth Rise Program is a summer employment program that provides training and up to 200 hours of paid internship work

• The Jerome E. Miller Summer Leadership Academy is a week-long summer academy for incoming high school juniors and seniors with an interest in a career in public service that also provides one college credit

Several non-profits offer employment assistance programs to local residents. For example, Goodwill of Central Arizona provides career coaching, resume development, job training, and other job services in 8 career centers located in Phoenix, while Chicanos por la Causa (CPLC) provides workforce training and job placement to residents through its workforce solutions site in Phoenix.

Community Perspectives

Nearly one-in-ten of all participants in the 2019 Resident and Client Community Survey indicated employment assistance and job training were services they desired but had not received in the 12 months leading up to the survey. Approximately a third of respondents who received services from family services centers or ARIZONA@WORK indicated employment assistance and job training were services that would be most helpful. Fifteen percent of respondents who received ARIZONA@WORK services indicated a lack of good jobs was among the three greatest challenges in their neighborhood, while 32 percent reported that employment assistance and job training services represented a service that would be most helpful to them or their families. Finally, survey participants that received services from ARIZONA@WORK rated the quality of services at a 4.1 out of 5.0, while rating the availability and quality of other support services at a 3.9 out of 5.0.

Participants in the family services centers focus group indicated transportation and a lack of affordable childcare were barriers toward obtaining or maintaining employment. Most participants agreed that subsidized or free bus passes would help many low-income residents in accessing school and work, and that job skills training and re-training are services they need but find difficult to access. Participants also expressed that additional apprenticeship programs would be beneficial in generating lasting employment, as a lack of work experience and insufficient job training were also barriers to finding good jobs.

Participants in the 2019 Provider and Partner Survey identified the availability of job training and wrap-around employment services among the most effective programs to help low-income individuals break free from poverty. Participants also agreed that successful job placement was predicated upon the workplace environment, and as such, job placement programs should ensure potential employers are pre-screened to maximize program success.
Domain 4: Income Management and Self Sufficiency

Self-sufficiency means an individual or family can afford their basic necessities, including housing, food, healthcare, education, transportation, and other standard commodities without relying on any form of public assistance.

Each year, the United States Department of Health and Human Services updates the federal poverty level (FPL) guidelines that define poverty based on the number of people in a household. The 2019 guidelines are expressed in Figure 41. As discussed later in this domain, the FPL is used to determine eligibility for a number of public benefit programs, such as Temporary Assistance for Needy Families (TANF), the State’s cash assistance program, but is not a particularly good measure of an individual or family’s ability to afford all of their basic needs. For example, although the FPL is set at $21,330 for a family of three, the annualized fair market rent for a 2-bedroom home in Phoenix in 2019 would require more than 60 percent of the household income, leaving little for healthcare, childcare, food, transportation, and other basic necessities.

As a result, lower-income individuals and families – including many that have incomes above the poverty level – often rely on public benefits to afford basic necessities.

Highlights

Key Results and Figures

- **The State’s minimum wage is increasing.** Recent increases in the State’s minimum wage have helped many individuals and families with additional income
- **The distribution of incomes is moving in a positive direction.** Since the 2016 Community Assessment, there has been a four-percentage point decrease in the number of households living in the bottom three income brackets and an equal increase in the number of households in the top three brackets
- **Public assistance programs offer important income supplements to low-income residents.** Public assistance benefits, including TANF, Social Security, rental assistance, and LIHEAP are important benefits for low-income residents

---

Needs and Gaps

- *Purchasing power remains flat.* Despite large gains in the job market since the Great Recession, the purchasing power of the average hourly wage has not changed in nearly 30 years, meaning many individuals and families are economically immobile74

- *Individuals and families rely on public assistance to meet their basic needs.* Although there was more than a two-percentage point reduction in the number of individuals in the City living at or below the FPL, many more individuals and families in the City have incomes that are below a living wage and may still rely on some form of public assistance to afford their basic necessities

- *Arizona has imposed one of the most restrictive lifetime limit for recipients of TANF cash assistance in the country.* In 2016, the State legislature approved a lifetime limit for TANF beneficiaries of just 12 months – the most restrictive time limit in the country. More recently, the law was amended to extend benefits by 12 additional months for families that are in full compliance with all work activity and school attendance requirements of the program.

- *Low income residents need financial education classes and improved case management strategies.* Participants in the family services centers focus group identified financial education classes among the services they need but were unable to access, while participants in the community and partner focus group felt case management and the availability of wrap-around services were key to assisting residents and clients reach higher levels of self-sufficiency

Data and Indicators

A total of 95,931 households across the City are considered to be in poverty (17.4 percent of all Phoenix households), a rate that ranges widely from village to village. Fewer than five percent of households in the Desert View, North Gateway, and Rio Vista planning villages are living in poverty, while more than 25 percent of the households in Alhambra, Central City, and Maryvale are.

Children are most likely to live in poverty and are most susceptible to the lasting consequences of being raised in an impoverished home. According to research conducted by the National Center for Children in Poverty, the material hardships associated with living in poverty cause anxiety, depression, and constant stress for children, which can later affect earnings potential and

health outcome as adults. Of the City’s 426,329 children under 18 years-old, more than 30 percent live in poverty.

The proportion of households living at various income levels in the City show more similarities than differences to the State. Figure 42 illustrates these similarities while highlighting that a slightly higher proportion of families in Phoenix have incomes in the two lowest income brackets compared to the State, while a slightly lower proportion of families have incomes in the two highest brackets.

**Figure 42: Household Incomes in Phoenix and the State**

<table>
<thead>
<tr>
<th>Income Bracket</th>
<th>Phoenix</th>
<th>Arizona</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$25,000 to $34,999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$35,000 to $49,999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$100,000 or more</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Since the 2016 Community Assessment, there has been a four-percentage point decrease in the number of Phoenix households living in the bottom three income brackets, and an equal increase in the number of households living in the top three income brackets.

There is considerable variation in poverty rates when measured by race and ethnicity, as demonstrated in Figure 43.

---

As the figure illustrates, more than a quarter of the City’s Hispanic, Black/ African American, and American Indian residents live in poverty.

While the FPL provides a useful benchmark for measuring poverty and is used for determining eligibility for a host of public benefit programs, it does not capture the actual cost of living, and because it is a uniform standard for the entire country, it ignores the variability in cost of living from one region to another. In response, the Massachusetts Institute of Technology (MIT) developed a living wage calculator that uses market-based research to estimate the income level that would be necessary to meet basic needs, including food, childcare, health insurance, housing, transportation, and other basic necessities such as clothing and personal care items. The living wage calculator also differs from the FPL thresholds by estimating the living wage for varying family compositions (whereas the FPL is only measured by number of people in a household), such as one adult with one, two, or three dependent children, two working adults with up to three dependent children, and two adults, one of whom works and the other whom does not with up to three dependent children. In comparison, the FPL is determined based solely on household size, without regard to adults or children. The table in Figure 44 compares MIT’s current annual living wage estimate for the Phoenix-Mesa-Scottsdale metropolitan statistical area (MSA) to MIT’s living wage estimate presented in the 2016 Community Assessment.

---

76 The FPL is not intended to capture the cost of living; rather, it is a measure of “pre-tax cash income against a threshold that is set to three times the cost of a minimum food diet in 1963 and adjusted for family size” Source: Institute for Research on Poverty. (n.d.). How is Poverty Measured? Retrieved from https://www.irp.wisc.edu/resources/how-is-poverty-measured/.

The table indicates that the living wage in the City has increased by between 6 and 12 percent in the past three years, based on household composition.

Recent increases in Arizona’s minimum wage have assisted many individuals and families in Phoenix and across the State. Proposition 206 was approved by voters in the 2016 general election, and provided for an increase in the minimum wage from $8.05 per hour to $10.00 on January 1, 2017, followed by incremental increases in the minimum wage in subsequent years, as illustrated in Figure 45.

Today, the minimum wage of $11.00 per hour ($22,880 per year assuming a 2,080-hour work year) translates to only 35.9 percent of the before tax living wage for an adult with two children. While minimum wage changes are a general improvement for residents working in low wage jobs, supplemental supports are still needed to fill the gap between income and the cost of living in Phoenix for many individuals and families. For example, a single adult working in a full-time, minimum wage job who has just one

---


child will only earn 44.1 percent – less than half – of the living wage needed to meet their basic needs, including the cost of childcare.

A variety of public benefit programs exist to help low-income individuals and families meet their basic needs. The primary programs include cash benefit programs, such as Temporary Assistance for Needy Families (TANF), Social Security, and unemployment insurance, and non-cash programs, such as the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), Women, Infants and Children (WIC), child care subsidies, Low Income Home Energy Assistance Program (LIHEAP), and rental assistance. Cash assistance is described below while discussion of the other programs appears in the relevant section of this report (for example, child care subsidies were described in the early learning domain).

The TANF cash assistance program provides a cash stipend to low-income families in order to help them meet their living expenses. To qualify, families must have dependent children, have countable income that does not exceed 130 percent of the current FPL, and cooperate with the Jobs employment program and child support enforcement.\(^8^0\) In 2016, the State legislature approved a lifetime limit for TANF beneficiaries of just 12 months – the most restrictive time limit in the country.\(^8^1\) More recently, the law was amended to extend benefits by 12 additional months for families that are in full compliance with all work activity and school attendance requirements of the program.\(^8^2\) Due to the program’s restrictive eligibility, only a small proportion of the City’s low-income households receive benefits. Arizona’s maximum benefit for a single-parent family of three is $278 per month,\(^8^3\) the eighth lowest in the country when measured as a percent of the FPL for a single-parent family of three, and ninth lowest when measured as a percentage of fair market rent.\(^8^4\)

Since 2015, there has been a 43.5 percent reduction in the number of Phoenix households receiving cash assistance. Only 1,807 households received the benefit as of June 2018 (of these, 845 were households with at least one child under six years-old), which amounts to only 3.9 percent of the households with children living in poverty in the City.\(^8^5\)

---

\(^8^0\) With the exception of ‘hardship’ exemptions, most TANF recipients in Arizona are limited to one year of benefits in their lifetime. In addition, cases where only children are receiving the TANF cash assistance benefit are not subject to these time limits.

\(^8^1\) A.R.S. § 46-294.

\(^8^2\) Ibid.


\(^8^5\) Based on a comparison of the number of households receiving the TANF benefit to the number of households in poverty with at least one child using table B17012 (Poverty Status in the Past 12 Months of Families by
As discussed in the Services for Seniors domain, the Old-Age, Survivors and Disability Insurance Program (OASDI), more commonly referred to as Social Security, is another form of financial assistance for eligible residents. Since the 2016 Community Assessment, there has been a 12 percent increase in the number of residents using the benefit, from 181,173 (2014) to 202,000 in 2017.

Community Perspectives

Forty percent of the participants in the 2019 Resident and Client Community Survey indicated they or somebody in their household used some form of cash or non-cash supplemental income support, including SNAP, TANF, Social Security, Unemployment Insurance, WIC, or subsidized child care. Five percent of survey participants indicated a need for financial education services to better manage incomes and budgets.

Participants in the family services centers focus group listed financial education classes among the services they need but were unable to access. Participants in the community partners focus group felt that public assistance benefit programs, such as TANF and SNAP were helpful to low-income residents, but the efficacy of such programs in reducing poverty depended largely upon the quality of case management (including goal setting) and the availability of wrap-around services. In addition, they noted that, although the increase in the State’s minimum wage has helped many Phoenix residents, in certain cases it may render them ineligible for supports such as AHCCCS when their income becomes too high to meet eligibility requirements.

Household Type by Number of Related Children Under 18 Years) from the American Community Survey (2013-2017 5-Year Estimates).
Domain 5: Housing

According to research from Princeton University’s Eviction Lab, the poorest renters in the country spend at least half of their monthly income on rent and utilities, while a quarter of poor families spend as much as 70 percent of their income on rent and utilities. While several programs are in place to assist low-income renters with rental subsidies and other rental assistance, funding for such programs reaches only a fraction of eligible individuals and families.

Housing plays a critical role in providing stability for low-income families. Conversely, eviction can have enduring effects on a family’s ability to obtain basic necessities such as food, clothing, and medicine, can cause depression among mothers, and a strong body of evidence links inadequate housing and homelessness to child abuse and neglect. For lower-income families with limited savings, a sudden job loss or unexpected expense can compromise their ability to pay rent, which may lead to eviction. For children, housing instability can lead to frequent school moves, high rates of absenteeism, and low-test scores.

Highlights

Key Results and Figures

- The City’s public housing programs are a critical support to beneficiaries. The City’s Housing Department manages almost 5,000 City-owned units of public and affordable housing, as well as almost 6,700 housing choice vouchers which can be used to address the housing needs of low-income residents

Needs and Gaps

- Home ownership for low-income residents in the City is increasingly out of reach. Since 2010, the median home sales price in Phoenix has risen 160 percent, making it difficult for many low-income families to become homeowners
- Low-income villages have the highest percentage of rentals. In five villages – Alhambra, Camelback East, Central City, Encanto, and Maryvale – more than half of residents live in a rental property. Living in a rental property can lead to a more transient population, contributing to unstable living conditions for young children and increased homelessness
- There is an insufficient supply of affordable housing in the City. Phoenix’s rental housing supply has only 21 affordable units for every 100 low-income households, while more than 5,000 families remain on the City’s waiting list for a housing choice voucher


The cost of rentals in the City has increased significantly. The current fair market rent for a two-bedroom home in Phoenix is $1,073, representing a 17.4 percent increase since 2016; a family of four with income at the federal poverty level would have to use 50 percent of their income for housing costs.

Eviction prevention programs assist some, but more assistance is needed. Although a variety of eviction prevention programs exist to assist individuals and families facing evictions, they were insufficient to alleviate the evictions of more than 22,000 individuals and families that occurred in 2018 in the City.

Data and Indicators

The City has significant stocks of both rental and owner-occupied housing. American Community Survey estimates indicate 54.6 percent of Phoenix residents live in owner-occupied housing. In five villages – Alhambra, Camelback East, Central City, Encanto, and Maryvale – more than half of residents live in rental property.

Figure 46 notes the number of single-family home sales in Phoenix since 2009. Sales have been fairly steady with the number of single-family home sales ranging between almost 27,000 to just under 34,000. However, there was a reduction of almost 20 percent from 2017 to 2018.

---

88 See Appendix A for discussion of the American Community Survey. Appendix E includes owner-occupied and renter-occupied housing for each village.
In 2018, the Phoenix housing prices completed a recovery from the great recession. From 2010 to 2018, median sales prices steadily increased from $84,900 to $221,000, as detailed in Figure 47.89

While the increased median sales price demonstrates a strong recovery for the Phoenix housing market, it has exacerbated the issue of affordable housing for low-income Phoenix residents. The Phoenix area’s rental housing supply has only 21 affordable units for every 100 low-income households.90 This compares to the national average of 37 units and ranks Phoenix as having the eighth-most severe shortage of available rental homes of the nation’s 50 largest metropolitan areas (along with Austin, Texas and Tampa, Florida).

The Housing Opportunity Index (HOI) measures the share of homes sold in an area that are affordable for a family earning the local median income, based on standard mortgage underwriting criteria.91 As demonstrated in Figure 48, since 2011, when over 83 percent of the homes were affordable for families earning the City’s median income, the index has steadily declined. In 2018, only 56 percent of the available


housing was affordable for families earning the City’s median income could, a decline of one-third since 2011.

In addition to a less affordable purchasing market, the cost of rental properties continues to rise. From 2016 to 2019 rental prices for a two-bedroom housing unit increased by more than $100 per month, or 17.4 percent. The fair market rental (FMR) cost for a two-person home in the greater Phoenix area is displayed in Figure 49. As the chart illustrates, the FMR, which includes utilities, is $1,073 in 2019. FMR is currently set at the 40th percentile, which is the dollar amount below which 40 percent of the standard-quality rental housing units are rented. Monthly income for a family of four living at the poverty level is $2,146, which means that family would have to use 50 percent of their income to afford housing at the FMR rate. This is defined by HUD as a “severe rent burden” and significantly exceeds the HUD’s standard of a maximum of 30 percent of income that should go toward housing.

As rents in the City continue to rise, the risk of eviction also rises. In both 2017 and 2018, more than 22,000 Phoenix individuals and families received eviction notices, representing nearly four percent of the total number of Phoenix households. The risk of evictions in the City threaten the housing stability of those affected, and as recently as 2017, Phoenix was ranked second among major U.S. metropolitan areas in apartment evictions.

---


To assist lower-income families to access affordable housing, the City’s Housing Department manages almost 5,000 City-owned units of public and affordable housing, as well as almost 6,700 housing choice vouchers. The Housing Department reports these programs provide homes for more than 35,000 residents. Community partners, such as Chicanos por la Causa, St. Vincent de Paul, and others also offer eviction prevention programs including rental assistance. While such supports are of critical importance to beneficiaries, the demand for housing assistance greatly exceeds the supply. For example, there were more than 5,200 individuals on waiting lists for the city’s housing choice vouchers as of December 2018.

Community Perspectives

Nearly one-in-five respondents to the 2019 Resident and Client Community Survey and one-in-four participants in the 2019 Provider and Partner survey participants identified affordable housing as one of the greatest challenges they faced in their neighborhoods.

Family services center focus group participants identified affordable housing as an area of need and most of the participants indicated they have had difficulty in the last year making rent and utility payments.

96 City of Phoenix Human Services Department (unpublished data).
Domain 6: Nutrition

Food insecurity is the lack of access to sufficient affordable and nutritious foods and is associated with a host of physical and mental health risks. Children suffering from food insecurity face increased behavioral and social-emotional problems, developmental risk, iron deficiency and other health issues. Adults suffering from food insecurity are at increased risk of arthritis, diabetes, depression, stroke, and mental distress. 97 Nationally, food insecurity rates among seniors aged 60 and older has increased significantly – by nearly 50 percent – since 2001.98 Low income families who are food insecure are more likely to engage in cost-savings measures that are harmful to them or their children, including diluting infant formula, purchasing non-nutritious but energy-dense foods, postponing or forgoing preventive medical care, and similar behaviors.99

A nutritious diet is at the foundation to a healthy lifestyle, contributing to long-term positive health outcomes and reduced risks for a host of chronic diseases, such as heart disease, diabetes, osteoporosis, and some forms of cancer.100 Obesity is among the emerging health epidemics that continue to plague the State and nation. Not only does obesity in adults and children contribute to the increased risk of chronic disease, but it is also associated with poorer mental health outcomes and an overall reduced quality of life.101 Obesity reaches beyond individual health risks into societal and economic risks, including increased medical expenditures and lost worker productivity due to absenteeism and decreased productivity while at work.102 Further, there is evidence that children who live in poverty by the age of two are 1.66 times more likely to be obese by the time they reach 15 compared to children who did not live in poverty.103

99 Ibid.
102 Ibid.
Highlights

Key Results and Figures

- **Public nutrition assistance programs are available.** Food assistance and support programs such as SNAP, WIC, and free and reduced meals for students remain important assets to Phoenix residents.

- **Food banks and similar outlets provide a lifeline to hungry residents.** Across Phoenix, there are 40 food banks, food pantries, soup kitchens, and emergency food box distributors, which are clustered in higher poverty areas such that residents may more easily access this important source of nutritional support.

- **Senior centers offer an important nutritional value to seniors.** The City’s 15 senior centers offer nutritious meals for the nearly 1,100 seniors attending each day.\(^{104}\)

- **Public and private partnerships are collaborating to fight hunger.** Groups such as the Arizona Hunger Advisory Council of the Department of Economic Security collaborate with businesses, faith-based organizations, and non-profit groups to develop strategies for reducing food insecurity and hunger in Phoenix and across the State.

- **Home delivered meal recipients in the City are very satisfied with the service.** Residents receiving home delivered meals through HSD value its services, providing satisfaction ratings between 4.6 and 4.8 across all areas assessed in the 2019 Resident and Client Community Survey.

Needs and Gaps

- **Many City residents live in a food desert.** Nearly one third of Phoenix residents live more than one mile from nutritious food outlets; more than five percent of the residents age 16 and older in Central City, Alhambra, Encanto, Camelback East, and South Mountain villages are without access to a personal vehicle, which may place additional barriers in accessing nutritious foods within reasonable proximity.

- **Some residents face food insecurity.** Although food insecurity rates are not measured at the City level, more than one-in-eight residents across Maricopa County were considered food insecure in the most recently published data.

- **Obesity rates are climbing.** Since 2011, the obesity rate in Arizona grew by nearly five percentage points.

- **Food assistance programs do not reach all who need them.** 12 percent of the respondents in the 2019 Resident and Client Community Survey indicated that additional food assistance was among their greatest needs, while more than 70 percent of the recipients of homeless services indicated food assistance was among their greatest needs.

---

\(^{104}\) Figures represent the average daily attendance from October 2018.
Data and Indicators

The United States Department of Agriculture (USDA) defines ‘food security’ as access at all times to enough food for an active, healthy life.105 Across Maricopa County, food insecurity rates for all residents was 14.3 percent in 2016106 compared to 15.9 percent in 2013, and 21.1 percent for children compared to 25.4 percent in 2013.107,108

Access to quality foods for some low-income families is as much a function of income as proximity to nutritious food outlets. More than a third of Phoenix residents live in a one-mile food desert, defined as an area that does not have access to fresh fruits and vegetables, whole grains, and other nutritious foods. According to the Centers for Disease Control and Prevention, studies have shown that food deserts can negatively affect health outcomes and are most prominent in rural and low-income areas that tend to have a higher number of convenience stores instead of large retail grocery stores.109 For residents without access to reliable transportation, the barrier to accessing nutritious food outlets is more pronounced. More than five percent of the residents age 16 and older in the Central City, Alhambra, Encanto, Camelback East, and South Mountain planning villages do not have access to a personal vehicle and are reliant on public transportation to acquire foods for themselves and their families.

Figure 50 illustrates the percentage of total population by village living in a one-mile food desert.110

---

106 Most recently published data for Maricopa County as of March 2019.
Due to both access and cost, many low-income residents struggle to maintain a quality diet, sacrificing healthier foods, such as high-quality proteins and vegetables, in exchange for lower cost but energy rich starches and fats to satisfy hunger needs.\textsuperscript{111} Between 2011 and 2017, Arizona’s adult obesity rate increased from 25.1 percent to 29.5 percent, while the percentage of obese adolescents (students in grades 9 – 12) grew more modestly from 10.9 percent in 2011 to 12.3 percent in 2017.\textsuperscript{112}

The Arizona Hunger Advisory Council of the Department of Economic Security collaborates with local businesses, faith-based organizations, and nonprofit and community groups to develop strategies for reducing food insecurity and hunger across the State. In 2017, the Council developed nine strategies to achieve this goal. Among the strategies was the cultivation of a strong regional food system and taking steps to ensure governments and communities support local hunger and poverty prevention programs.\textsuperscript{113}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{food_desert_percent}\caption{Percent of Residents Living in a One-Mile Food Desert}
\end{figure}


Food supports for households in Phoenix include public benefit programs like free and reduced price meals for school-aged children, the Supplemental Nutritional Assistance Program (SNAP), the Women, Infants and Children (WIC) program, as well as government and community-based food outlets such as food banks and pantries, the meals provided at the City’s senior centers.

The free and reduced priced lunch program is available to students from low-income families. For the 2018-19 school, free meals were available to students from households with incomes below 130 percent of the federal poverty level, while reduced price meals were available to students from households with incomes between 130 and 185 percent of the FPL. Figure 51 details the percentage of children attending district and charter school students within Phoenix boundaries receiving free and reduced price meals during the 2017-18 school year compared to the data presented in the 2016 Community Assessment. As the figure details, there was little change in the percentage of charter school students receiving free and reduced-price meals between the 2014-15 school year and 2017-18 school year, while there was a 5.5 percentage point increase for district school students.

SNAP provides funds to low-income households to purchase food. Households generally qualify for SNAP benefits if their gross monthly incomes are below 130 percent of the federal poverty level, or if their net monthly incomes are at 100 percent of the federal poverty level. Figure 52 details the percentage of households by planning village receiving SNAP benefits in 2018.

---


Across the City, SNAP caseloads have seen steady decreases as the economy has improved. Since 2015, the number of households in Phoenix receiving SNAP benefits declined by 18.8 percent from 122,695 to 99,597. Some of this reduction is due to the expiration of the able-bodied adults without dependents (ABAWD) exemption, which previously waived the time limit for ABAWDs for years following the Great Recession. The exemption expired in December 2015, and the three-month time limit (in a 36-month period) was reinstated.\textsuperscript{116} As a percentage of total Phoenix households, 18.0 percent received SNAP benefits in fiscal year 2018 compared to 23.2 percent of households in fiscal year 2015.

SNAP benefit amounts are authorized based on a formula that considers gross household income, allowable deductions (for housing costs, for example) and the number of eligible household members. The average monthly benefit per household in Arizona was $247.90 in February 2019,\textsuperscript{117} while the estimated low-cost food plan published by the United States Department of Agriculture ranged from $476.80 for a family of two to $852.70 for a family of four.\textsuperscript{118} WIC provides vouchers to pregnant, breastfeeding, and mothers of infants and children under five years of age to allow them to purchase certain nutritional foods. The program also provides nutrition education and referrals to health and social services. Eligible women and children must


have gross household incomes below 185 percent of the federal poverty level, and must also meet a state residency requirement and be individually determined to be at “nutritional risk” by a health professional. Generally, WIC provides for infant cereal and iron-fortified infant formula for non-breastfeeding mothers, as well as fruit and vegetable juice, eggs, milk, cheese, peanut butter, and other nutritional food items. Statewide, WIC participation has declined from 173,020 in fiscal year 2014 to 149,513 in fiscal year 2018.

In addition to public benefit programs, Phoenix residents in need of additional food supports have a variety of options. According to the Association of Arizona Food Banks, there are 40 food banks, food pantries, soup kitchens and emergency food box distributors located within the City. Figure 53 highlights the locations of the food assistance sites in relation to the planning villages. As the map shows, the majority of the sites are located in the southern and central parts of the City, home of the highest concentrations of residents living in poverty.

121 Previous Community Assessment reports have included village-level caseloads for WIC programs. However, this report does not include this detail as the data was not made available by the Arizona Department of Health Services.
122 Figure excludes HSD Senior Centers. Association of Arizona Food Banks. (n.d.). Food Bank Search (query Phoenix). Retrieved from http://www.azfoodbanks.org/index.php/foodbank/results/2fd84b6a1bddd7e82720a7a93adb0b8f/.
Most sites serve clients on a walk-in basis and a referral is not required. The Arizona Department of Economic Security uses federal funding to supplement contracted food banks with healthful foods through The Emergency Food Assistance Program (TEFAP). The program provides low-income residents, including the elderly, with emergency food assistance at no cost. Five organizations are contracted by the State to distribute food purchased by the State to individuals and charitable organizations.

HSD’s 15 senior centers serve meals to residents aged 60 years and older at no cost to participants, reaching an average of nearly 1,100 participants daily. HSD also operates a home delivered meals program to low-income residents aged 60 years and older, and to disabled adults. The City estimates that it will have served 212,000 congregate meals at senior centers in fiscal year 2019, as well as 290,000 home delivered meals.123

Community Perspectives

Participants in the 2019 Resident and Client Community Survey who indicated they had received home delivered meal services through HSD reported high levels of satisfaction with the program, including the quality of services, the availability and quality of other support services, the professionalism of staff, and several additional factors. One quarter of the participants in the 2019 Resident and Client Community Survey indicated they or someone in their household had used a food bank service in the 12 months leading up to the survey. Survey respondents who indicated they had received homeless services, Opportunities for Youth Reengagement Center services, and ARIZONA@WORK Job Center services utilized food banks at the highest rates for all services in the survey – 71 percent, 60 percent, and 49 percent, respectively. Additionally, 12 percent of survey respondents indicated they needed additional food assistance.

Participants in the family services centers focus group indicated additional food assistance was needed to further supplement SNAP benefits, which can be as low as $15 per month. Additionally, participants reported sometimes struggling to pay for food along with other living expenses.

Participants in the senior centers focus group cited the meals that are provided at the senior centers among the top reasons they attend.

Domain 7: Health

A healthy population is an important community asset as healthy residents live longer and are more economically productive.\textsuperscript{124} According to the U.S. Department of Health and Human Services, low-income individuals who need medical care are often unable to afford medical fees, premiums, and copayments, a problem that is amplified for families living in the deepest states of poverty.\textsuperscript{125} Poverty and health often have a reciprocal relationship – a cyclical loop wherein poverty may deepen as health problems worsen.\textsuperscript{126}

Poor health for children raised in poverty not only has negative effects on cognitive development, particularly in early childhood, but has been correlated with poor adult health and lower earnings potential.\textsuperscript{127} Adults in poor health may be unable to attend work for extended periods, which can result in lost wages and even lost employment. Additionally, rates of mental illness are highest among adults living below the federal poverty level, although individuals living in poverty “are rarely successfully connected with the mental health services they need.”\textsuperscript{128} Children living in extreme poverty have been found to be significantly more likely to exhibit disruptive behavior disorder, while individuals living in extreme poverty are “on average, 40% more likely to have clinically significant levels of depressive symptoms.”\textsuperscript{129}

Highlights

Key Results and Figures

- \textit{Employment laws have improved – sick leave is now a benefit for all.} Recent changes to Arizona laws requiring employers to pay sick leave for all employees provides an important protection for low-income residents who may have otherwise foregone wages or even lost their jobs while dealing with sickness.

\begin{itemize}
  \item \textsuperscript{127} Aizer, A. Institute for Research on Poverty – Focus, Vol. 33, No. 2. (Spring/Summer 2017). Poverty and Childhood Health. Retrieved from
  \item \textsuperscript{128} New York University McSilver Institute for Poverty Policy and Research. (n.d.) Mental Health and Poverty. Retrieved from http://mcsilver.nyu.edu/sites/default/files/reports/Mental_Health_and_Poverty_one-sheet.pdf
• **Health insurance participation rates continue to rise.** The percentage of Phoenix residents with health insurance has improved from 82 percent in 2014 to 87 percent in 2017. Almost 95 percent of children in the City have health insurance. Public health insurance programs such as AHCCCS are an important support to Phoenix, as more than a third of insured residents have public insurance.

• **Birth rates for teen mothers have decreased.** Of the City’s 24,239 births in 2016, 7.4 percent were to teen mothers, an improvement since 2013 when 9.5 percent of births in Phoenix were to teen mothers.

• **There is a broad inventory of health care providers across the City.** Phoenix is home to a broad range of healthcare service providers and centers to meet the physical and behavioral health needs of Phoenix residents, including 29 hospitals, nearly 350 assisted living centers, and 169 residential behavioral health centers.

• **Free dental care is a welcome service to Head Start and Early Head Start service recipients.** Participants in the Head Start and Early Head Start focus groups reported a high degree of satisfaction with case managers in assisting families with referrals to free dental cleanings.

• **Most Phoenix residents feel healthy.** 82 percent of the Phoenix-area participants in the Arizona Department of Health Services’ Behavioral Risk Factor Surveillance System telephone survey reported having good, very good, or excellent health in the most recent survey.

**Needs and Gaps**

• **Most villages are considered medically underserved.** Despite the broad inventory of health care providers across the City, ten of the 15 planning villages are designated by ADHS as Arizona Medically Underserved Areas.

• **Additional primary care providers are needed in Central City.** Central City has the second highest Primary Care Area (PCA) score in Maricopa County, indicating relatively low access to primary care physicians.

• **Despite improved health insurance participation rates, many cannot access needed services with existing coverage.** Although the rate of insured residents continues to show improvement, nearly a third of the participants in the 2019 Resident and Client Community Survey indicated there was a healthcare, dental, or mental health service they needed but could not access, and half of these individuals attributed the lack of access to a lack of sufficient health insurance.

• **Seniors need access to low cost transportation to access healthcare.** Participants in the senior center focus group indicated a need for access to low cost transportation to access doctor appointments, as well as a desire for more and better exercise equipment within the Phoenix senior centers, which is consistent with the potential need for reliable...
transportation for many of the City’s low-income residents to access healthcare and related services

- *The cost of care is a barrier to some who seek medical assistance.* More than one out of every five participants in the Behavioral Risk Factor Surveillance System telephone survey reported that they were unable to see a physician in the 12 months prior to the survey due to the cost of care

- *Arizona ranks poorly for mental supports for children.* As a State, Arizona ranked 42nd for mental health and related supports for youth

- *Homeless populations need mental health assistance.* Unsheltered homeless populations in the City and across Maricopa County cite substance abuse and mental health issues as the primary barriers to holding a job or living in stable housing

**Data and Indicators**

A primary determinant of health care affordability is the financial support provided through health insurance when medical services are needed. Since the implementation of the Affordable Care Act in January 2014, the percentage of Phoenix residents with health insurance has improved from 82 percent to almost 87 percent, while statewide insurance rates have tapered, as detailed in Figure 54. This represents an approximate 10 percentage-point increase compared to the period between 2010 and 2013, when the City’s insurance rate ranged from 76 to 78 percent. As the figure shows, children under six years of age in the City are generally insured at even higher rates – almost 95 percent in 2017. This is notable because health insurance coverage for children has been correlated with “improved educational outcomes and long-term health and economic gains.”130

---

Public insurance, such as AHCCCS, provides coverage to 53.0 percent of insured children under six years of age, and 38.7 percent of all residents in Phoenix, while private insurance accounts for 47.0 percent of the coverage for insured children under six years and 61.3 percent of the coverage for all Phoenix residents. In addition to relatively high proportions of Phoenix residents having health insurance, more than 43 percent of the residents in Phoenix acquire at least part of their health insurance through their employer. Arizona has also taken recent steps to support the health needs of working residents. Beginning July 1, 2017, Arizona employers were required to allow employees to accrue sick leave: 24 hours per year for employers with fewer than 15 employees, and 40 hours per year for employers with more than 15 employees.131

A variety of demographic factors are correlated with insured rates. For example, household income is a key driver of insured rates in Phoenix, as only 76.8 percent of individuals in household with incomes under $25,000 are insured, while 93.4 percent of individuals in households earning over $100,000 per year are insured.132 Similarly, lower levels of educational attainment are correlated with lower insured rates. For Phoenix residents over 25 years of age who have only completed high school, the insured rate is 78.5 percent, compared to the 94.8 percent rate for Phoenix residents with at least a bachelor’s degree.133 Racial and ethnic insured rate disparities also exist. For example, fewer than 75 percent of all Hispanic residents in Phoenix are insured compared to more than 91 percent of White residents.

<table>
<thead>
<tr>
<th>Type</th>
<th>Count of Locations</th>
<th>Type</th>
<th>Count of Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted Living Center and Homes</td>
<td>346</td>
<td>Hospice</td>
<td>34</td>
</tr>
<tr>
<td>Audiologists</td>
<td>70</td>
<td>Hospitals</td>
<td>29</td>
</tr>
<tr>
<td>Behavioral Health and Counseling</td>
<td>60</td>
<td>Midwives</td>
<td>16</td>
</tr>
<tr>
<td>Behavioral Health Residential</td>
<td>169</td>
<td>Outpatient Surgery and Treatment Centers</td>
<td>430</td>
</tr>
<tr>
<td>Federally Qualified Health Centers</td>
<td>29</td>
<td>Skilled Nursing Facilities</td>
<td>24</td>
</tr>
<tr>
<td>Group Homes for Developmentally Disabled</td>
<td>245</td>
<td>Speech Language Pathologists and Assistants</td>
<td>963</td>
</tr>
</tbody>
</table>

133 Ibid.
Access to health care extends beyond health insurance, as the availability of healthcare providers, such as physician offices, clinics, and hospitals, may also impede access. Phoenix is home to a broad range of healthcare service locations to meet the physical and behavioral health needs of Phoenix residents, as illustrated in Figure 55. Despite the number of providers, residents without access to reliable transportation may find it difficult to access healthcare appointments, or miss scheduled appointments if public transportation does not arrive on time.

Even with the number of medical providers in the City, several planning villages in the City are categorized as a medically underserved areas (MUAs), meaning the area has some combination of too few primary care providers, a high infant mortality rate, high poverty, or a high elderly population. The Arizona Department of Health Services (ADHS) publishes a report on underserved areas wherein regions, including planning villages, are categorized as Arizona MUAs and provided with a primary care area (PCA) score, where higher scores signify a greater medical underservice. The map in Figure 56 identifies the planning villages considered to be Arizona MUAs as well as the PCA score for each village. As the figure illustrates, 10 of the 15 planning villages are classified as Arizona MUAs, while four villages have PCA scores above 50 – Maryvale, Alhambra, Central City, and South Mountain. Across all regions in

Figure 56: Villages Designated as MUAs and PCA Scores

---


Maricopa County, Central City has the second highest PCA score, behind only the Salt River Pima-Maricopa Indian Community.

Existing research has shown that prenatal health and related interventions have a marked impact on cognitive ability, educational outcomes, and adult health. ADHS tracks various statistics related to Arizona births. In 2016, there were 24,239 births in Phoenix, a 1.4 percent increase over the 23,905 Phoenix births in 2013. Of the 2016 births:

- 1.7 percent did not receive prenatal care, compared to 1.0 percent in 2013
- 7.6 percent were considered low birth-weight, compared to 7.2 percent in 2013
- 7.4 percent were to teen mothers, compared to 9.5 percent in 2013
- 61.7 percent of births were paid by a public payer (generally, AHCCCS), compared to 64.1 percent in 2013

The Arizona Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey administered by ADHS and partially funded by the Centers for Disease Control and Prevention. The 2017 BRFSS included more than 3,100 respondents living in Phoenix. Key takeaways from the survey are included in Figure 57.

<table>
<thead>
<tr>
<th>Survey Measure</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>% reporting good, very good, or excellent health</td>
<td>82.0%</td>
</tr>
<tr>
<td>% with health care coverage</td>
<td>89.4%</td>
</tr>
<tr>
<td>% visiting a doctor for a routine checkup in the previous 2 years</td>
<td>85.5%</td>
</tr>
<tr>
<td>% reporting no alcohol use in the previous 30 days</td>
<td>42.3%</td>
</tr>
<tr>
<td>% reporting participation in physical activities/ exercise in previous month</td>
<td>75.3%</td>
</tr>
<tr>
<td>% reporting receiving a flu shot or vaccine in the previous 12 months</td>
<td>41.3%</td>
</tr>
</tbody>
</table>

Additionally, BRFSS survey results varied considerably between planning villages. For example, 93.0 percent of the participants living in the North Gateway village reported having good, very good, or excellent health, compared to only 69.7 percent of the residents in Maryvale.

139 Most recent data available through ADHS as of March 2019.
Mental health and substance use disorders are a growing problem across the country, and affect low-income populations at higher rates than higher-income populations. Mental Health America, a community-based non-profit group, ranks states in mental health services for adults and youth, measuring the prevalence of mental health illnesses as well as mental health supports available to residents of each state. Rankings are based on a combination of factors, including number of individuals with substance use disorders, number of individuals with any mental illness who did not receive treatment or who are uninsured, and other metrics. Figure 58 illustrates the State’s 2018 ranking compared to all states across the key measurement areas.

<table>
<thead>
<tr>
<th>Adult Measurements</th>
<th>Arizona Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall ranking</strong></td>
<td>30th</td>
</tr>
<tr>
<td>Prevalence of mental illness</td>
<td>32nd</td>
</tr>
<tr>
<td>Substance use disorder in past year</td>
<td>18th</td>
</tr>
<tr>
<td>Serious thoughts of suicide in past year</td>
<td>22nd</td>
</tr>
<tr>
<td>Have a mental illness but are uninsured</td>
<td>22nd</td>
</tr>
<tr>
<td>Have a mental illness but did not receive treatment</td>
<td>49th</td>
</tr>
<tr>
<td>Have a mental illness but report an unmet need</td>
<td>31st</td>
</tr>
<tr>
<td>Have a mental illness but could not see a doctor due to cost</td>
<td>40th</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth Measurements</th>
<th>Arizona Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall ranking</strong></td>
<td>43rd</td>
</tr>
<tr>
<td>Sever major depressive episode</td>
<td>39th</td>
</tr>
<tr>
<td>Substance use disorder in past year</td>
<td>42nd</td>
</tr>
<tr>
<td>Major depressive episode in past year but did not receive mental health services</td>
<td>36th</td>
</tr>
<tr>
<td>Have private insurance that does not cover mental or emotional problems</td>
<td>43rd</td>
</tr>
<tr>
<td>Students identified with emotional disturbance for an individualized education plan</td>
<td>27th</td>
</tr>
</tbody>
</table>

As the chart indicates, Arizona as a State fares poorly in mental health services for youth, and slightly below average in mental health instances and services for adults.

In a 2016 needs assessment report conducted by the Phoenix Mayor’s Commission on Disability Issues, researchers reported the most significant needs for mental health services from the perspective of Phoenix Police and community members with mental health issues in the following areas:142

- Additional mobile response teams are needed, as some are either not responsive or not available on weekends, holidays, or third shifts
- Individuals are not accessing the treatment they need as evidenced by Phoenix Police encountering the same individuals repeatedly
- Phoenix Police are spending too much time transporting non-violent individuals to and from mental health facilities when they feel this is the task of mental health agencies who are trained to perform this function

Poor mental health, including substance use disorders, is also a primary cause of homelessness. In the 2018 point-in-time homeless report, mental health issues were the second most often reported barrier reported by unsheltered homeless individuals to holding a job or finding stable housing. Substance use disorder, such as drug or alcohol abuse, was the most often cited barrier in holding a job or finding stable housing.143

According to American Community Survey data, there are 164,425 residents in Phoenix with a disability, including disabilities related to hearing, vision, cognitive, ambulatory, self-care, and independent living disabilities. Services for disabled residents are offered through a variety of public and private forums. For example, the Arizona Department of Economic Security provides services such as physical, occupational, and speech therapies, through its Arizona Early Intervention Program (AzEIP) to infants and toddlers with developmental delays and disabilities, while children and adults with intellectual and developmental disabilities may receive residential, personal care, day service, and other needed supports through services administered by the Division of Developmental Disabilities. Between fiscal years 2015 and 2018, AzEIP caseloads for infants and toddlers in Phoenix remained mostly flat, decreasing by 1.7 percent. Over the same period, DDD’s caseload for Phoenix residents of all ages increased by 22.6 percent, from 8,132 in fiscal year 2015 to 9,968 in fiscal year 2018.


Community Perspectives

Only eight percent of the participants in the 2019 Resident and Client Community Survey ranked a lack of accessible medical, dental, and/or mental health services among the three greatest challenges they faced. However, 28 percent of all respondents reported that there was a healthcare, dental, or mental health service they or somebody in their home needed but did not get in the year leading up to the survey. Of these, 42 percent reported this was due to a lack of health insurance, while 35 percent indicated they could not afford copayments. Thirty percent of all respondents indicated dental care was a service that would be most helpful to them and their families, a rate that was double the second-most cited need.

As it relates to health, key takeaways from the focus groups conducted as part of the Community Needs Assessment included:

- Head Start and Early Head Start participants reported satisfaction with the programs and caseworkers in referring them for health-related services, including free dental cleanings; they also reported being concerned about the cost of healthcare and the difficulty in getting appointments at some clinics during certain times of the year.

- Senior center participants reported a need for additional information related to health insurance, but indicated it could take several weeks to get an appointment with senior center case managers; some participants need additional access to low cost transportation to get to doctor appointments (and other activities); participants also reported a desire for more and better exercise equipment in a dedicated area at the senior centers.

- Family services centers focus group participants reported a need for mental health and substance abuse services, and counseling supports for children of domestic abuse; additionally, participants listed mental health and substance abuse among the key factors contributing to ongoing poverty for individuals and families.
Domain 8: Safety

All Phoenix residents value and deserve to live in safe neighborhoods. Residents living in poverty are more likely to be victims of crime, especially a violent crime, than residents who do not live in poverty. Although crime is not immobile – it can happen anywhere – it is more likely to happen near the victim’s home. According to the Bureau of Justice Statistics, about one-in-three violent crimes occur in or near a victim’s home, but although multiple sources track the locations of crimes on a general basis.

Highlights

Key Results and Figures

- **Property crime rates are decreasing.** Property crime rates in Phoenix have decreased by nearly 30 percent in the past 10 years
- **Fire and rescue are valuable services to Phoenix residents.** The Phoenix Fire Department also provides an important service for the City’s residents, responding to more than 200,000 calls for service in the City, including more than 185,000 calls for emergency medical services in 2017

Needs and Gaps

- **Violent crime rates are increasing.** Violent crime rates in Phoenix increased by 33 percent since 2014 and is at a 10-year high, a fact that may be tempered by a change in how violent crimes had been categorized and tracked prior to 2014
- **Despite decreases in property crime rates, Phoenix is among the worst large City for property crime in the country.** Phoenix ranks third amongst the 10 largest cities for property crimes, such as burglary and theft
- **Low-income residents may not feel safe in their neighborhoods.** Participants in the 2019 Resident and Client Community Survey rated drug use as the greatest challenge and property crimes as the second greatest challenge they face, and a lack of police presence as the fifth greatest challenge

---


Data and Indicators

The Federal Bureau of Investigation’s (FBI) Uniform Crime Reporting (UCR) Statistics provide City-level crime reporting across a long historical timeframe. The data track various forms of violent and property crimes that are reported by local law enforcement agencies – including the Phoenix Police Department – to the FBI. Violent crimes include murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. Property crimes include burglary, larceny/theft, and motor vehicle theft. Figure 59 details the change in violent and property crime rates per 100,000 residents over the 10-year period between 2008 and 2017 for the City, State and U.S.

<table>
<thead>
<tr>
<th>Year</th>
<th>Violent Crime</th>
<th>Property Crime</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phoenix</td>
<td>Arizona</td>
</tr>
<tr>
<td>2017</td>
<td>761</td>
<td>508</td>
</tr>
<tr>
<td>% Change</td>
<td>15.3%</td>
<td>13.6%</td>
</tr>
</tbody>
</table>

Violent crime per 100,000 residents in the City is at a 10-year high. Between 2008 and 2017, violent crime in Phoenix increased by 15.3 percent, compared to an increase over the same time period of 13.6 percent in the State and a 16.5 percent decrease across the U.S. Property crime rates in Phoenix decreased by 29.6 percent between 2008 and 2017, similar to the decrease in the Statewide property crime rate of 32.1 percent and the national decrease in property crime rate of 26.5 percent.

Figure 60 compares violent and property crime rates per 100,000 people for the nation’s 10 largest cities. As the figure shows, Phoenix ranks sixth highest for violent crime, and third highest for property crime. These rankings are unchanged since the 2014.

---

Figure 60: Comparison of Violent and Property Crime Rates per 100,000 for the 10 Largest Cities

<table>
<thead>
<tr>
<th>City</th>
<th>Violent Crime</th>
<th>Rank (high to low)</th>
<th>Property Crime</th>
<th>Rank (high to low)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>539</td>
<td>8</td>
<td>1,449</td>
<td>10</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>761</td>
<td>5</td>
<td>2,536</td>
<td>7</td>
</tr>
<tr>
<td>Chicago</td>
<td>1,099</td>
<td>1</td>
<td>3,264</td>
<td>4</td>
</tr>
<tr>
<td>Houston</td>
<td>1,095</td>
<td>2</td>
<td>4,128</td>
<td>2</td>
</tr>
<tr>
<td><strong>Phoenix</strong></td>
<td><strong>761</strong></td>
<td><strong>6</strong></td>
<td><strong>3,671</strong></td>
<td><strong>3</strong></td>
</tr>
<tr>
<td>Philadelphia</td>
<td>948</td>
<td>3</td>
<td>3,063</td>
<td>6</td>
</tr>
<tr>
<td>San Antonio</td>
<td>707</td>
<td>7</td>
<td>4,845</td>
<td>1</td>
</tr>
<tr>
<td>San Diego</td>
<td>367</td>
<td>10</td>
<td>1,843</td>
<td>9</td>
</tr>
<tr>
<td>Dallas</td>
<td>775</td>
<td>4</td>
<td>3,185</td>
<td>5</td>
</tr>
<tr>
<td>San Jose</td>
<td>404</td>
<td>9</td>
<td>2,441</td>
<td>8</td>
</tr>
</tbody>
</table>

Despite the apparent increases in violent crime, one explanation offered by Phoenix Police Department representatives relates to a change in what crimes were classified as rape in 2014 and aggravated assault in 2016, which “expanded the range of crimes that would be included as UCR rape or UCR aggravated assault.”

The City of Phoenix Police Department publishes data regarding calls for service across the City. Figure 61 illustrates the top 10 calls for service that resulted in a report for 2016 through 2018. As the figure shows, calls for trespassing were the most frequent type of call for Phoenix Police in 2018, with calls for theft and assault as the second and third most frequent call types.

---


Amongst the 10 largest cities in 2016, Phoenix employed the sixth highest number of police on a per capita basis at 17.4 per 10,000 residents, compared to Chicago, which had the most police (43.9), and San Jose, which had the fewest police (9.0).\textsuperscript{150} The national average number of police per 10,000 residents is 24.3 for jurisdictions with more than 500,000 residents, placing Phoenix far below the national average.\textsuperscript{151}

Reported crime rates represent just a fraction of actual crimes. According to the Pew Research Center, in 2017, only 45 percent of violent crimes in the U.S. were reported to police, while only 36 percent of property crimes were reported.\textsuperscript{152} Of the crimes that are reported, fewer than half


\textsuperscript{151} Ibid.

of violent crimes are solved by police, and fewer than 20 percent of property crimes are solved.153

The Phoenix Police Department’s 2017-2019 Strategic Plan includes five primary goals the Department has adopted to advance public safety in the City:154

- Crime Suppression and Prevention
- Community Engagement and Outreach
- Hiring, Training and Retention
- Employee Well-Being
- Increase Legitimacy

Another critical public safety service in the City are the fire and rescue services offered by the City of Phoenix Fire Department. In 2017, there were 58 fire stations across the City, 6 airport rescue and firefighting units, and 4 crisis response units.155 Figure 62 illustrates the locations of all fire stations located in the City.156

According to Phoenix Fire Department reports, the Department received a total of 215,178 calls in 2017, including 186,133 calls for emergency medical service, 21,730 calls for fires, and 7,315

153 Ibid.
calls for all other reasons (including special operations).\textsuperscript{157} Call data published by the Phoenix Fire Department for 2018 further illustrates the importance of the fire and rescue operations provided by the Department, which responded to more than 600 calls for gunshot wounds, 5,990 calls related to assaults, and nearly 5,000 calls related to overdose victims.\textsuperscript{158}

**Community Perspectives**

Safety is a high priority for the City’s residents. When asked about the greatest challenges facing their neighborhoods, participants in the 2019 Resident and Client Community Survey rated drug use as the greatest challenge, and property crimes (such as theft) as the second greatest challenge. A lack of police presence was the fifth greatest reported challenge. Only sixteen percent of respondents indicated a positive police presence was among the greatest strengths of the neighborhood.

Only 12 percent of the Participants in the 2019 Provider and Partner Survey reported that a positive police presence was among the strengths in the neighborhoods served by their organizations, while drug use was rated the greatest challenge faced by neighborhoods served by their organizations.

\textsuperscript{157} Ibid.

Domain 9: Emergency Services

Emergency assistance services funded through programs such as the Low Income Home Energy Assistance Program, Community Services Block Grant, and Temporary Assistance to Needy Families (TANF) are targeted to keep families out of poverty. Beginning in 2011, the Census Bureau began publishing the Supplemental Poverty Measure (SPM), which extends the official poverty measure by taking account of many of the government programs designed to assist low-income families and individuals that are not included in the official poverty measure. Census data show that economic security programs lifted 36 million people nationwide above the poverty line in 2017, including nearly 7 million children.\(^{159}\)

Highlights

Key Results and Figures

- *The City is collaborating with community partners to improve emergency services.* The City has strong partnerships with community and faith-based organizations which allows it to leverage additional resources.

Needs and Gaps

- *LIHEAP funding is insufficient to meet the demand.* The City of Phoenix Low Income Home Energy Assistance Program (LIHEAP) funding serves less than 3 percent of eligible residents.

- *Unsheltered homeless populations are increasing.* According to the 2018 homeless street count, there were 2,618 homeless individuals living on the streets in Maricopa County on January 22, 2018.\(^{160}\) This continues a multi-year increase in the number of unsheltered individuals, growing almost 150 percent from 2014.

- *Wrap-around services and case management are desired.* Both clients and community partners indicate services and outcomes could be improved through coordinated/ wrap-around services versus a single crisis response such as a one-time utility assistance.

- *Consolidated resource directories would be beneficial for low-income residents.* Focus group participants indicated that a consolidated list of resources – preferably online – would be a very useful tool to assist them with accessing services.

---


Data and Indicators

More than 330,000 Phoenix residents, 21 percent of the City’s population, live in poverty. There are a variety of government programs (e.g. TANF, SNAP, and LIHEAP) that provide assistance to low-income individuals and families. Responsibility for these programs is divided amongst the federal, State, and City governments. Many of these programs, however, reach only a fraction of residents living in poverty. For example, residents with income less than 150 percent of the federal poverty level are eligible for Low Income Home Energy Assistance Program (LIHEAP) assistance. An estimated 620,799 Phoenix residents are under 150 percent of the FPL; however, with available funding the City of Phoenix can only serve approximately 16,000 residents, less than 3 percent of eligible residents.  

The City provides emergency assistance supports, including rental assistance and LIHEAP, to low-income families through three family services centers: the John F. Long Center at 51st Avenue and Osborn Road, the Travis L. Williams center at Central Avenue and Broadway Road, and the Sunnyslope center at 9th Avenue and Hatcher Road. In fiscal year 2018, it was estimated that these centers provided emergency services to over 16,500 individuals. More than 18,000 individuals are expected to receive services in fiscal year 2020.

Emergency services offered through the State’s Department of Child Safety (DCS) are critically important in protecting the welfare of children suffering neglect and abuse. DCS investigates reports of neglect and abuse. After years of increases in reports to DCS, the number decreased 7.2 percent between fiscal years 2015 and 2018, from 51,784 to 48,046. DCS reports in Phoenix had a more dramatic reduction, falling 16.1 percent from 14,515 to 12,181. It is rare for any household to have contact with DCS, but the villages with the highest rates of investigations were Alhambra, Central City, Encanto, and South Mountain.

---

163 Source: Department of Child Safety
When DCS does not believe a child can remain safely in their home, they remove the child and place him or her in foster care. Between July 2015 and July 2018, the number of Arizona children in foster care decreased 19.7 percent to 14,433.164 The number of children placed in foster care in Phoenix decreased more quickly, by 27.2 percent, to 3,422, during this period.

When a child cannot be returned home, CPS seeks a permanent placement, usually guardianship – in which natural parents’ parental rights have not been severed – or adoption. Between 2012 and 2018, the number of children in adoptions and guardianships from foster care in Phoenix grew 78 percent and 80 percent, respectively.165 Figure 63 presents the totals. Statewide, 1,371 children are waiting to be adopted with an average length in out-of-home care prior to adoption of just over two years.166

Information regarding individuals experiencing homelessness who seek shelter is collected through the federal Department of Housing and Urban Development’s (HUD) Homeless Management Information System (HMIS). HUD publishes annual homeless assessment reports for various areas, including the City of Phoenix/Mesa region, that summarize data relating to individuals who received shelter and estimates for unsheltered.167 The report provides both an estimate of the number of individuals who received shelter during a one-year period as well as details regarding those in shelter at specific points-in-time.

In January 2018, almost 6,300 individuals were identified as experiencing homelessness. Of this total, 27.9 percent were individuals in families and 72.1 percent were single individuals. Males represented 63.9 percent of the total homeless population. By race, 62.7 percent were White and 26.2 percent were Black/African American.

164 Ibid.
165 Ibid.
Less is known about individuals experiencing homelessness who do not seek shelter services. An annual point-in-time street count is coordinated by the Maricopa Association of Governments (MAG). It is conducted by volunteers who attempt to count the number of individuals who are homeless and not in a shelter on a given night. According to the 2018 Homeless Street Count, there were 2,618 homeless individuals living on the streets in Maricopa County on January 22, 2018. This continues a multi-year increase in the number of unsheltered individuals, growing almost 150 percent from the 1,053 counted in 2014. The City expects to provide emergency shelter services to 1,500 families with children, 1,000 women and 5,000 men in fiscal year 2020.

HSD’s homeless services provide a variety of supports to homeless individuals directly and in collaboration with community partners. Interventions for the homeless population include temporary emergency shelter, rapid-rehousing, street outreach and other supportive services. Among these interventions, temporary emergency shelter is the most commonly used service. The City estimated that it will have provided emergency sheltering services to 230 families and children by the end of fiscal year 2019, and expects to experience a six-fold increase in the number of families and children it will provide such services to in fiscal year 2020. Additionally, the City estimated it will provide rental and utility deposits to move 50 chronically homeless individuals (non-veterans) into permanent housing in fiscal year 2019, while providing outreach services to 1,500 additional individuals and 134 homeless veterans.

In addition to the City’s services, there are a number of public and private entities offering a range of services for homeless residents in the City, and in most cases, doing so through collaborative partnerships. As reported in the Health Domain, individuals experiencing homelessness most often point to substance abuse or mental health issues as the primary barriers to holding employment or living in stable housing. In addition to temporary housing, addressing these factors is key in reducing homelessness in the City.

173 Ibid.
Community Perspectives

As detailed in the Figure 64 survey respondents generally reported high satisfaction with services provided at the family services centers with score ranging between 4.3 and 4.5 on a five-point scale.

<table>
<thead>
<tr>
<th>Figure 64: Family Services Centers Satisfaction Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenience of Location</td>
</tr>
<tr>
<td>Hours of Operation</td>
</tr>
<tr>
<td>Quality of instruction/ Services</td>
</tr>
<tr>
<td>Availability and quality of other support services</td>
</tr>
<tr>
<td>Treated fairly, respectfully, and courteously</td>
</tr>
<tr>
<td>Professionalism of staff</td>
</tr>
<tr>
<td>Provided with helpful information and resources</td>
</tr>
</tbody>
</table>

The three most utilized services for this group were food stamps (71 percent), rent and utility assistance (56 percent) and food banks (42 percent). These are the same three services identified in the 2016 survey.

For health care, 93 percent of respondents indicated they have health insurance which is an increase of 11 percent points from the 82 percent reported in 2016 survey. However, as in the previous survey, dental care continues to be identified as the service that was not received but would be the most helpful.

A focus group of family services center participants identified rent/ utility assistance, food stamps, and transportation services as the assistance most necessary to meet their basic daily needs. Participants indicated they seek and receive services from other community-based organizations such as St. Vincent De Paul, Community Bridges, Chicanos por la Causa, and St. Mary’s food bank. Participants expressed similar experiences with difficulty finding and accessing services. In most cases they found information by word of mouth and in some cases through HSD case management staff. Participants agreed that a consolidated list of resources would be a very useful tool to assist them with accessing services.

Community partners expressed similar concerns about barriers faced by clients, including a lack of awareness of services and lack of advocates (including HSD case workers) to assist with navigating the social services system. They felt a key to successful transition from poverty was connection to the community and peer supports that could come from neighbors, churches, and
community-based organizations. They suggested a need for more comprehensive (or wrap-around) services instead of one-time crisis intervention.
Domain 10: Services for Seniors

For many older adults, aging in place allows them to continue to live their lives as they have for decades. Many older adults have a strong desire to maintain connections to their communities and their friends, with whom they may lose contact if they were to relocate. Remaining in their communities enables older adults to make social interactions part of their daily lives. Since having an active social life can help older adults prevent dementia, maintaining community connections and important friendships can contribute to better health and higher quality of life. Services such as personal care, meal delivery, help with household chores, and transportation along with social and recreational activities help seniors to age in place. The National Institute on Aging reports that providing these types of services to maintain seniors in their homes is less costly than care and services provided in an institutional setting.

Highlights

Key Results and Figures

- **Senior centers offer multiple benefits.** Senior centers play a vital role in the socialization, recreation, and nutritional needs of Phoenix’s seniors and survey results indicate participants are highly satisfied with services provided at the senior centers.

- **Seniors have more financial resources than other age groups.** As a group, the City’s seniors are more affluent than other age groups. The senior poverty rate of 12.2 percent is substantially less than the City’s overall 21 percent poverty rate.

- **Most seniors in the City have health insurance.** Senior survey respondents indicated 97 percent have health insurance.

Needs and Gaps

- Participants in the senior center focus group did note several issues that they believe should be addressed, including:
  - **Additional afternoon programming is needed in senior centers.** A lack of programs and activities in the afternoon that results in many seniors leaving after lunch.
  - **Additional focus on exercise is desired in senior centers.** A need to improve exercise activities by adding gym equipment and exercise classes.

---


- Improved public awareness about senior centers may increase participation. A lack of a marketing plan to make seniors in Phoenix aware of senior center locations and services

- Some seniors have a disability. 3.6 percent of Phoenix residents age 65 and older have a disability, with the greatest share of disabilities attributed to an ambulatory disability

Data and Indicators

There are 240,673 individuals in the City of Phoenix who are 60 years of age or older, 15.1 percent of all residents. This is a significantly smaller proportion than the State as a whole, in which 22.1 percent of residents are 60 years or older.

Thirty (30) percent of the 60 and older population is currently employed. As would be expected, employment decreases as age increases. The employment rate is 52.8 percent for individuals between 60 and 64 years and falls to 26.3 percent and 6.5 percent among those between 65 and 74 years and older than 75 years of age, respectively.

As a group, older individuals are more affluent than other age groups. The senior poverty rate of 12.2 percent is substantially less than the City’s overall 21.0 percent poverty rate. The senior poverty rate in Central City is 34.9 percent, which is significantly higher than the 20.7 percent in the second-highest village. In contrast, the senior poverty rate in Desert View and North Gateway is less than five percent.

Phoenix has 165,806 households with at least one resident over the age of 60 years. Almost 67,000 of these are seniors living alone.

There are more than 45,000 Phoenix households in which a grandchild is living with one or more grandparents of any age. In the majority of these families, the grandparents are not financially responsible for the grandchild(ren), leaving 15,437 grandparents who do shoulder that financial responsibility. In most of these homes, a parent is present, but apparently unable to provide financially for the child. There are 3,380 households in which no parent is present in the home, including 1,728 in which the grandparents are older than 60 years of age.
There are 11,459 households in which grandparents and grandchildren reside together in Maryvale, which is more than one-in-six of all households in this village. Estrella, Laveen, and South Mountain have similarly high proportions of these households. These are also the villages that have some of the highest poverty rates in the City, which may explain the number of multigenerational homes.

The racial/ethnic composition of older Phoenix residents is much different than the City overall, as illustrated by Figure 65. Whereas less than half of the overall population is White, 69.5 percent of the older population over the age of 60 years is White. Conversely, individuals of Hispanic descent comprise more than 40 percent of the total population, but only 20 percent of the older age groups. Seniors of non-Caucasian descent are more than twice as likely to live in poverty as older White residents.

The American Community Survey captures information about the population of residents with a disability aged 65 and older, including the nature of the disability. Across the City, there are more than 56,000 residents in this age group with a disability, approximately 3.6 percent of the overall population in this age group. Figure 66 describes the nature of disabilities residents in this age group have within the City, and the percentage of residents in the overall age cohort with the disability.

| Figure 66: Percent of Phoenix Residents Age 65 and Older with a Disability by Disability Type |
|--------------------------------------------|---------|
| Type of Disability                      | % of Residents |
| All Disabilities                        | 3.6%     |
| Hearing Difficulty                      | 1.5%     |
| Vision Difficulty                       | 0.8%     |
| Cognitive Difficulty                    | 1.0%     |
| Ambulatory Difficulty                   | 2.3%     |
| Self-care Difficulty                    | 0.8%     |
| Independent Living Difficulty           | 1.5%     |

Probably the best-known support for older individuals is Social Security. The income support program provides monthly payments for, to use its acronym, old age, survivors, and disability insurance (OASDI). As of December 2017, over 1.3 million Arizonans were receiving Social Security benefits, an increase of 8.6 percent compared to 1.2 million recipients in December.
In 2017, over 1,000,000 individuals were retirees (and their families), 110,000 were survivors, and 180,000 were individuals with disabilities. Aggregate monthly benefits for all recipients totaled $1.74 billion.

Figure 67 compares the number of Social Security recipients in Phoenix in December 2011, 2014, and 2017. Between 2014 and 2017, the number of Social Security recipients in Phoenix increased 12 percent, to 202,999. As a percent of total Social Security recipients, Desert View, North Gateway, Ahwatukee Foothills, Rio Vista, and Paradise Valley had the highest proportions of retirees, while Central City, Maryvale, Alhambra, Encanto, and South Mountain had the highest rates of individuals with disabilities.

The Area Agency on Aging – Region 1 provides an array of supportive services for seniors in Maricopa County including legal assistance, employment, housing, independent living supports, and nutrition. The Area Agency on Aging received over 45,000 calls for assistance, provided over 300 classes for senior health promotion, and provided emotional health training and services to almost 1,500 older adults.

The City’s 15 senior centers provide a number of services to seniors, including nutrition programs, educational opportunities, recreation and socialization programs, and transportation. The senior centers receive approximately 120,000 volunteer hours annually. The centers offer morning snacks and lunch five days per week, and daily programming that includes exercise activities, games, day trips, crafting, and other engaging activities. The Human Services Department provided a total of 502,000 congregate and home-delivered meals to seniors in fiscal year 2019.

---


Community Perspectives

The 2019 Resident and Client Community Survey demonstrated that respondents are highly satisfied with the services provided at the City’s fifteen senior centers as illustrated in Figure 68.

<table>
<thead>
<tr>
<th>Satisfaction Measure</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenience of Location</td>
<td>4.7</td>
</tr>
<tr>
<td>Hours of Operation</td>
<td>4.6</td>
</tr>
<tr>
<td>Availability and quality of other support svcs.</td>
<td>4.5</td>
</tr>
<tr>
<td>Quality of programs and activities</td>
<td>4.4</td>
</tr>
<tr>
<td>Treated fairly, respectfully, and courteously</td>
<td>4.6</td>
</tr>
<tr>
<td>Professionalism of staff</td>
<td>4.6</td>
</tr>
<tr>
<td>Provided with helpful info. and resources</td>
<td>4.6</td>
</tr>
</tbody>
</table>

In addition to access to senior centers, senior completing the survey identified dental care, home repair, and transportation as their three highest areas of need.

One very positive area for seniors is 97 percent reported they have health insurance with the majority receiving Medicare (61 percent) followed by 27 percent receiving health care through AHCCCS.

Focus group results from senior center participants indicated the following reasons for program participation:

- Provides balance to their lives
- Instills a sense of community
- Fosters friendship and socialization
- Provides interesting/ fun activities
- Promotes healthy living through exercise such as Yoga and Tai-Chi
- Provides opportunities for volunteerism/ enhanced meaning in day-to-day life

Focus group respondents suggested the following areas of potential improvement for senior centers:

- Increase programming for afternoon hours; the lack of programs and activities result in many seniors leaving after lunch
- Improvement in exercise activities by adding gym equipment and exercise classes (such as bone builders)
- Develop and implement a marketing plan to make seniors in Phoenix aware of senior center locations and services
- Ensure adequate funds are available for necessary facility maintenance (e.g. painting, furniture, and air conditioning)
- Provide annual funding to each center to allow for the necessary supplies (e.g. art and crafting supplies)
Domain 11: Services for Youth

Structured out-of-school activities, including sports and recreation, clubs, volunteerism, work, and similar activities, are associated with more positive and healthful outcomes for children. Research has found that youth who participate in organized activities have higher academic achievement, fewer behavioral problems, and improved self-confidence.\(^{179}\) Conversely, youth who spend out-of-school time without structured and supervised activities are at an increased risk of dropping out of school, substance abuse, and delinquency.\(^{180}\) Children from low-income families are as much as 27 percent less likely to participate in an out-of-school activity than children who are not from low-income families.\(^{181}\)

Highlights

Key Results and Figures

- *The City offers a host of diverse activities and resources for youth.* The City is home to a variety of recreational sites where youth can engage in a number of athletic, artistic, and educational pursuits outside of school hours, including more than 40 Phoenix Afterschool Center sites, 181 parks, 29 public pools, seven museums, and five sports complexes.

- *Private organizations in the City are important assets for youth.* Non-profit and charitable organizations such as the YMCA and Boys and Girls Club offer additional out-of-school activities to supplement many of the services offered through the City and private providers.

Needs and Gaps

- *Youth in lower-income areas may not have sufficient access to quality after school activities.* Participants in the 2019 Resident and Client Community Survey listed a lack of after school activities as the third greatest challenge facing their neighborhoods, while participants receiving Early Head Start and Head Start services ranked a lack of after school activities as the first and second greatest challenge facing their neighborhoods, respectively.

---


Data and Indicators

The City of Phoenix offers a host of services benefiting youth. The map in Figure 69 highlights the amenities and locations, which include services and activities appealing to the broad interests of the youth living in Phoenix.182

- 181 parks
- 13 community centers
- 15 recreation centers
- 1 specialty learning center
- 29 public pools
- 11 dog parks
- 7 skate parks and plazas
- 5 sports complexes
- 1 sport park and municipal stadium
- 7 urban fishing lakes
- 8 parks allowing radio-controlled aircraft
- 7 golf courses
- 17 public libraries183
- 7 museums
- 1 children’s chorus
- 1 youth theater

Figure 69: Location of City Amenities for Youth and Families


Additionally, the Phoenix Afterschool Center (PAC) is an important resource for families in need of structured after school care for children between six and 13 years old, or students enrolled in 1st through 8th grades. The program is an affordable afterschool recreation and enrichment program through the Phoenix Parks and Recreation Department, offering sports, games, educational enrichment, arts and cultural activities, and civic community involvement. PAC programs are operated out of more than 40 district and charter school sites across the City.

In addition to services and recreational outlets funded through City services, a number of non-profit and community-based organizations also provide youth services. Through its five Phoenix locations, the YMCA offers athletic programs, swim lessons, fitness, day and overnight camps, and other services for youth through its five valley locations. Older children may benefit from the YMCA’s specialty programs, such as its Model United Nations and Y-Achievers, which provides additional assistance with education, internship opportunities, and similar supports to help older youth achieve educational and employment goals.

There are six Boys and Girls Club locations in the City, offering a variety of after school programs such as homework assistance, financial literacy courses for teens, theater and book clubs, leadership development, and sports programs. The organization hosts summer programs for youth and teens, including field trips, socialization, sports and recreation, arts, reading, and other activities.

Each City-administered site and program, non-profit and community-based program, and the numerous youth sports, arts, and educational programs offered by a number of additional organizations are important assets to the City and its youth.

Community Perspectives

Participants in the 2019 Resident and Client Community Survey listed a lack of after school activities as the third greatest challenge facing their neighborhoods. Participants who indicated they received Early Head Start or Head Start services ranked a lack of after school activities as the greatest and second greatest challenge facing their neighborhoods, respectively.

The City’s partners and providers also recognize the relative importance of after school activities to Phoenix residents, ranking a lack of after school activities as the fourth greatest challenge facing the City’s neighborhoods.