NEEDS AND ASSETS REPORT

2008

FIRST THINGS

Cocopah Tribe

Regional Partnership Council

Cocopah Tribe

Regional Partnership Council

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2008 Needs and Assets Report

Submitted in accordance with ARS 8-1161. Each regional partnership council shall submit a report detailing assets, coordination opportunities and unmet needs to the board biannually. The regional partnership council's needs and assets assessment shall be forwarded to the board for final approval no later than September 1 of each even-numbered year, beginning in 2008. The board shall have discretion to approve or reject a council's assessment in whole or in part or to require revisions. The board shall act on all needs and assets assessments no later than October 1 of each even-numbered year, beginning in 2008.

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Executive Summary

First Things First presents Arizona with the unprecedented opportunity to create an early childhood system that affords all children an equal chance to reach their fullest potential and gives families real choices about their children's educational and developmental experiences. Through the 31 Regional Partnership Councils, every community is included in sharing the responsibility as well as the benefits of a safe, healthy and productive society.

The First Things First Cocopah Tribe Regional Partnership Council (Regional Council) with its community partners will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region.

The Regional Council conducted its first Regional Needs and Assets report that highlights child and family indicators. These indicators illustrate children's health and readiness for school and life and provide an introductory assessment of the current early childhood development and health system. While providing a valid and complete baseline of data about young children and their families in the region was the ultimate goal, there were many challenges around the collection and analysis of data for the region. The Regional Council will focus its efforts and work in partnership with the Arizona Early Childhood Development & Health Board to improve data collection so that regionally specific data is available for the Regional Council to make informed decisions around services and programs for the children of the region.

The Cocopah Tribe Regional Partnership Council region is comprised of 95 percent Native American residents who reside on one of the three reservations (East, West and North) that make up the region. The region lies in the southwest corner of Arizona bordering Mexico. According to population estimates, 60 children ages birth to five live in the region, and a large number of those children are likely to be living in poverty conditions, as the median annual income for a household in the region is less than the Federal Poverty Level for a family of four.

Although all pregnant women in the region receive some sort of prenatal care before giving birth, less than one third of those women are receiving prenatal care during the first trimester of their pregnancy. The rate of women who begin prenatal care in the first trimester for all other Native American mothers residing on tribal lands in Arizona is more than double the rate than in the Cocopah Tribe region.

Even though the region has a Head Start program serving 20 children ages three to five, and a child care center currently serving two children ages three to five, the region does not seem to have the capacity to provide quality services for all children ages five and under, as there are no child care providers in the region for children less than three years of age. Children in the Head Start program benefit greatly by receiving medical, dental and developmental screenings, as well as the appropriate immunizations. However, in the 2007-2008 school year, none of the children in Head Start received a mental health assessment, which can be critical in addressing the unmet needs of a child's developmental progress during the optimal time for intervention.

A priority area of interest of the region that was identified by the Cocopah Tribe Regional Partnership Council is the need for family support and parent education for parents of young children and grandparents raising grandchildren. By having access to the right information, parents can be empowered and able to advocate for the ser-

vices needed for their infants, toddlers and young children to better prepare them to enter kindergarten ready to succeed.

The region has educational assets supporting professional development in early childhood education. Arizona Western College and Northern Arizona University are located 25 miles from the region and offer three degree programs and two certificates in early childhood education, with a Bachelor's degree available online. In the region, tribal members have access to qualify for financial assistance for higher education through Head Start or through the Cocopah Education Department. Between the Cocopah Head Start program and the child care center, one teacher and one assistant teacher hold an associate's degree in early childhood.

Travel outside of the region is required to access any medical facility. The nearest hospital, Yuma Regional Medical Center, is located about 15 miles away in Yuma, and the Indian Health Services Unit is located approximately 30 miles away in Winterhaven, CA. Other medical services and resources such as the Indian Health Services dentist and the Women Infant and Children (WIC) program are also located 30 miles away from the Cocopah reservation.

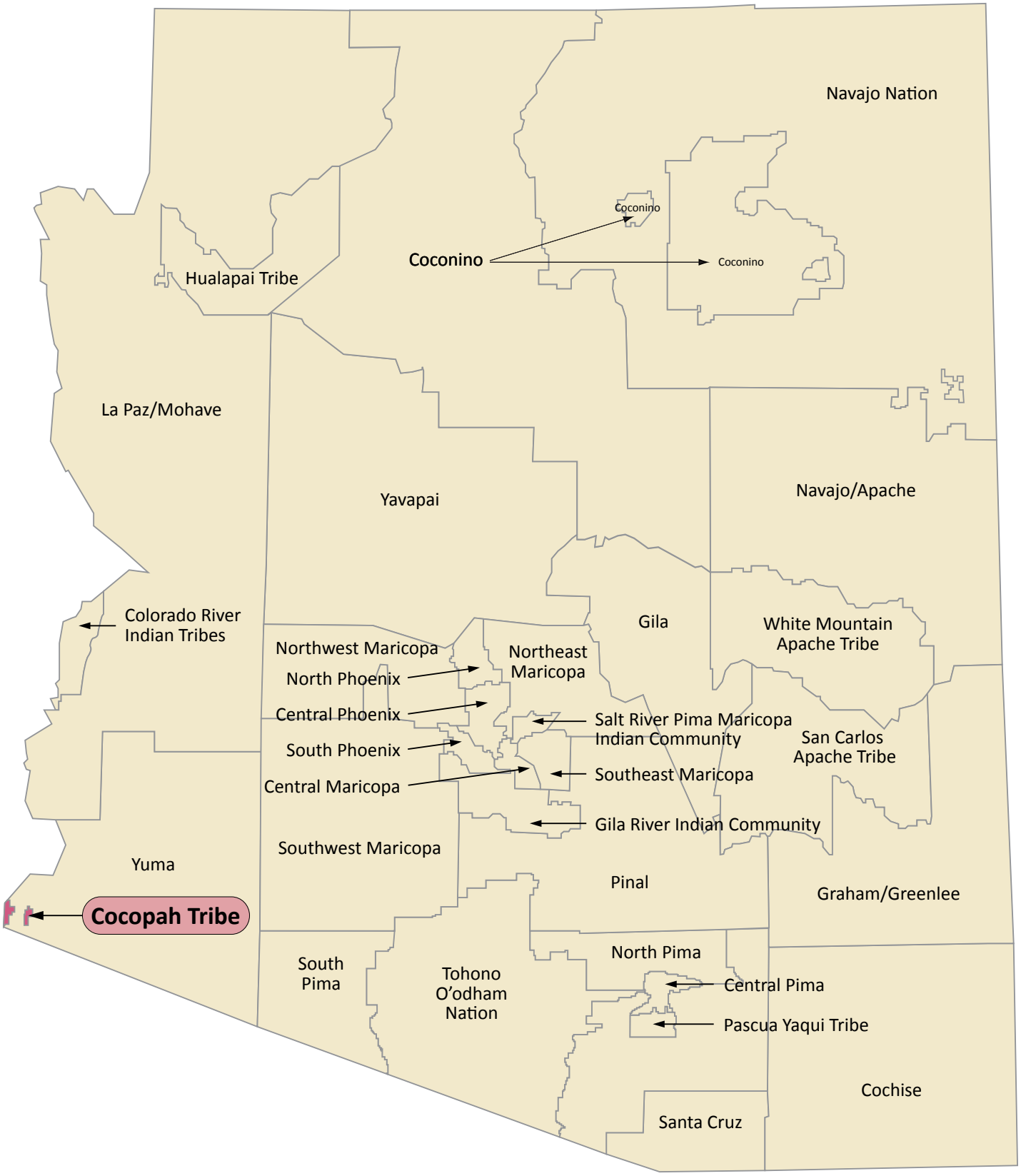
The Cocopah Tribe Regional Partnership Council can build on the many assets in the community, connect neighboring resources to those within the region, and enhance the educational, family support, and quality child care services to ensure the children of the region will have more opportunities for success in school and life.

First Things First – A Statewide Overview

The mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure that a child entering school arrives healthy and ready to succeed. The governance model of First Things First includes a State – level Board (twelve members in total, of whom nine are appointed by the Governor) and Regional Partnership Councils, each comprised of eleven members appointed by the State Board (Board). The model combines consistent state infrastructure and oversight with strong local community involvement in the planning and delivery of services.

First Things First has responsibility for planning and implementing actions that will result in an improved system of early childhood development and health statewide. The Regional Partnership Councils, thirty-one in total, represent a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area ("region") of the state. The Board and Regional Partnership Councils will work together with the entire community – all sectors – and the Arizona Tribes to ensure that a comprehensive, high quality, culturally sensitive early childhood development and health system is put in place for children and families to accomplish the following:

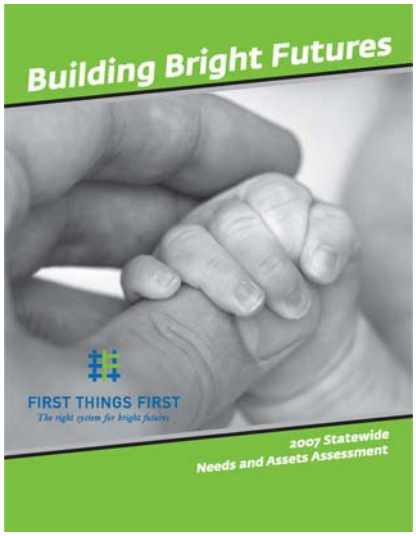
- Improve the quality of early childhood development and health programs
- Increase access to quality early childhood development and health programs
- Increase access to preventive health care and health screenings for children through age five
- Offer parent and family support and education concerning early child development and literacy
- Provide professional development and training for early childhood development and health providers
- Increase coordination of early childhood development and health programs and public information about the importance of early childhood development and health.


Navajo Nation
Coconino
Coconino
Coconino
Hualapai Tribe
La Paz/Mohave
Yavapai
Navajo/Apache
Colorado River
Indian Tribes
Gila
White Mountain
Apache Tribe
Northwest Maricopa
Northeast
Maricopa
North Phoenix
Central Phoenix
Salt River Pima Maricopa
Indian Community
San Carlos
Apache Tribe
South Phoenix
Southeast Maricopa
Central Maricopa
Gila River Indian Community
Southwest Maricopa
Yuma
Pinal
Graham/Greenlee
Cocopah Tribe
North Pima
South
Pima
Tohono
O'odham
Nation
Central Pima
Pascua Yaqui Tribe
Cochise
Santa Cruz

The Cocopah Tribe Regional Partnership Council

Arizona voters expressed their commitment to early childhood development and health with the passage of Proposition 203, now known as First Things First. In recognition of the government-to-government relationship with federally recognized tribes, Proposition 203 included a provision giving each tribe with tribal lands located in Arizona the opportunity to participate within a First Things First designated region, or elect to be designated as a separate region by First Things First. The Cocopah Tribe was one of ten tribes that elected to have their tribal lands designated as its own region.

The First Things First Cocopah Tribe Regional Partnership Council (Regional Council) works to ensure that all children in the region are afforded an equal chance to reach their fullest potential. The Regional Council is charged with partnering with the community to provide families' with opportunities to improve their children's educational and developmental outcomes. By investing in young children, the Regional Council and its partners will help build brighter futures for the region's next generation of leaders, ultimately contributing to economic growth and the region's overall well being.



To achieve this goal, the Cocopah Tribe Regional Partnership Council, with its community partners, will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region. As a first step, The First Things First report, *Building Bright Futures: A Community Profile*, provides a glimpse of indicators that reflect child well being in the state and begins the process of assessing needs and establishing priorities. The report reviews the status of the programs and services serving children and their families and highlights the challenges confronting children, their families, and the community. The report also captures opportunities that exist to improve the health, well-being and school readiness of young children.

In the fall of 2008, the Cocopah Tribe Regional Partnership Council will undertake strategic planning and set a three-year strategic direction that will define the Regional Council's initial focus in achieving positive outcomes for young children and their families. The Regional Council's strategic plan will align with the Statewide Strategic Direction approved by the First Things First Board in March 2008.

To effectively plan and make programming decisions, the Regional Council must first be fully informed of the current status of children on the Cocopah Tribe. This report serves as a planning tool for the Regional Council as they design their strategic roadmap to improve the early childhood development and health outcomes for young children. Through the identification of regional needs and assets and the synthesis of community input, this initial report begins to outline possible priority areas for which the Regional Council may focus its efforts and resources.

It is important to note the challenges in writing this report. While numerous sources for data exist in the state and region, the information was often difficult to analyze and not all state data could be analyzed at a regional level. Lack of a coordi-

nated data collection system among the various state agencies, tribal programs and agencies, and early childhood organizations often produced statistical inaccuracies and duplication of numbers. Additionally, many indicators that could effectively assess children's healthy growth and development are not currently or consistently measured.

Nonetheless, First Things First was successful in many instances in obtaining data from other state agencies, Tribes, and a broad array of community-based organizations. In their effort to develop regional needs and assets reports, First Things First has begun the process of pulling together information that traditionally exists in silos to create a picture of the well being of children and families in various parts of our state.

The First Things First model is for the Regional Council to work with the First Things First Board to improve data collection at the regional level so that the Regional Council has reliable and consistent data in order to make good decisions to advance the services and supports available to young children and their families. In the fall of 2008 First Things First will conduct a telephone survey, the Family and Community Survey, which will provide information on parent knowledge related to early childhood development and health and their perception of investing in early childhood development and health, access to services and the coordination of existing services. The survey results will be available in early 2009 and include a statewide and regional analysis.

Overview of Region: Cocopah Tribe Regional Partnership Council

The Cocopah Tribe (Cocopah) reservation is located in southwestern Arizona, along the lower Colorado River and delta. The Tribe is located approximately 13 miles south of Yuma and 15 miles north of San Luis Mexico. The traditional Cocopah homeland extended into California and Mexico. Tribal lands consist of East, West and North reservations just west of the town of Yuma and surrounding the town of Somerton. The Cocopah Tribal land is approximately 65,000 acres – much of which is leased as

agricultural land to non Indian farmers. The Tribe is located in Yuma County with a zip code of 85350. The Cocopah Region is served by three public school districts located outside the reservation, including Somerton Elementary School District located in Somerton, Crane School District located in Yuma, and Yuma Union High School District located in Yuma.

Regional Child and Family Indicators

The well being of children and families in a region can be explored by examining indicators or factors that describe early childhood health and development. Needs assessment data on indicators provide service providers and the community with an objective way to understand factors that may influence a child's healthy development and readiness for school and life. The indicators included in this section are similar to indicators highlighted in the statewide needs and assets report. Data in this report examine the following:

- Early childhood population – Race, ethnicity, language, and family composition
- Economic status of families – Employment, income, poverty and parents' educational attainment
- Trends in births
- Health insurance coverage and utilization
- Child safety – Abuse and neglect and child deaths
- Educational achievement – elementary school performance and high school graduation

While the Cocopah Tribe Regional Partnership Council may not have a direct impact on these or other indicators, these indicators are important measures to track as they illustrate the opportunities that children may have for access to quality child care, health care, and other opportunities that may support development and school readiness. In addition, indicators such as child abuse, child neglect, and poverty are known risks to the future to impact children's current and later development and health status. Regional data is compared with state and national data where possible.

Regional Population Growth

The overall population of the Cocopah Tribe region was 1,012 in 2000.

Cocopah Population Growth (all ages)

	2000	2007	% Change
Cocopah	1,012		
Arizona	5,130,632	6,338,755	+24
U.S.	281,421,906	301,621,157	+7

Source: U.S. Census (2000), Population Estimates Program

Cocopah Population Growth for Children Ages 0-5 Years

	2000	2007	% Change
Cocopah	79	60	-24
Arizona	459,141	594,110	+29
U.S.	23,140,901	24,755,834	+7

Sources: US Census and Population Estimates Program

An important characteristic to note for US federally recognized Tribes is the fact that the population is young; in some cases 40 percent of the Tribe is under 19 years of age. This may be due to many factors one of which may be the age specific mortality rate and teen mothers.

US Census data on population for American Indians who are tribal members of federally recognized Tribes/Nation do not reflect the true total population. One factor explaining this discrepancy includes the fact that the US Census race/ethnicity data is self-reported.

According to the US Census 61 percent of American Indians and Alaska Natives live in urban areas. Due to the fact that US Census race/ethnicity data is self-reported, there is no method of verification of tribal membership available to substantiate this percentage. Many tribal members leave and return to their Tribe/Nation to pursue education and employment opportunities throughout their lives.

Regional Race, Ethnicity and Language Characteristics

Race and Ethnicity Characteristics

The Cocopah (Kwapa meaning River People) have lived along the Colorado River and delta for centuries, with their traditional homeland extending into portions of southern California and Sonora, Mexico. The US-Mexico border as established by the Treaty of Guadalupe Hidalgo divided the Cocopah lands, resulting in a separation from the Cucupá in Mexico. The Cocopah Tribe has always engaged in agricultural activities, growing grains, corn, beans, and melons in the floodplains of the river. It remains an important part of the culture and way of life.

The following table shows the percent of Cocopah children (on and off the reservation) ages birth through four by race/ethnic characteristics.

Race/ Ethnicity Characteristics of Children (0-4 year) Cocopah (2000)

	White Non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Other
Cocopah	3%	1%	0	95%	0	1%

Source: ADHS Primary Care Area Statistical Profile (2006)

Language Characteristics

The Cocopah Tribe is one of seven descendent tribes of the Yuman language-speaking people who have lived along the Colorado River for centuries. According the US Census, 41.4 percent of the population over the age of 5 speaks a language other than English. This may represent speakers of the traditional language of the tribe, as well as Spanish.

Language Characteristics—Population 5 Years and Older Cocopah (2000)*

Language Spoken at Home	Percent
English Only	70%
Language Other than English (or English less than well)	4.5%
Total (n=802)	100%

*Source U.S. Census Bureau 2000, SF3, p. 19

Language primacy or fluency, are generally not measured in children until they reach their fifth year. As a result, data on these characteristics is usually only reported for children over the age of five. Data from the most recent KidsCount and American Community Survey estimate that up to 32 percent of Arizona children ages five to eighteen speak a language other than English.

Family Composition

In the Cocopah Tribe region, most households (64 percent) with children are two-parent households. The table below serves to compare the percent of single parent households in the Cocopah region with that of the state and the United States as a whole.

Percentages of Single Parent Households With Children 0-18 Years (2000)

	Single	Married
Cocopah	29%	72%
Arizona	22%	78%
U.S.	23%	77%

Source: U.S Census (2000), ADHS Statistical Profile Primary Care Area (2006)

Children growing up in single-parent families typically do not have the same economic or human resources available as those growing up in two-parent families. Nationally, 33 percent of single-parent families with related children had incomes below the poverty line, compared to 6 percent of married-couple families with children. One-parent families often face overwhelming demands of work, housework, and parenting.

It is important to give cultural considerations when interpreting statistics of American Indian families. It is noted that the role of extended family in American Indian communities is very different from other extended family units within Western society[1]. The extended family often includes several households of significant relatives along both vertical and horizontal family relations that form a network of support.

Teen Parent Households

The percentage of teen pregnancy for Cocopah has varied from 2002 to 2006 as a result of the region's small population. The percentage of teen mothers was 14 percent for 2005 and 2006, which is lower than the state percentage by 5 percent.

1 Red Horse, J. (1981). American Indian families: Research perspectives. In F. Hoffman (Ed.), The American Indian Family: Strengths and Stresses. Isleta, NM: American Indian Social Research and Development Associates.

Percent of Children Born to Teen Mothers

	2002	2003	2004	2005	2006
Cocopah	No Data Available	82% (5 out of 11)	10% (1)	14% (2)	14% (1)
American Indians in AZ	19% (1,039)	19% (1,141)	19% (1,142)	19% (1,204)	19% (1,216)
Arizona	13%	13%	13%	12%	13%

Source: Arizona Department of Health Services Health Status Profile (2002-2006)

Babies born to teen mothers are more likely than other children to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect and perform poorly in school. As they grow older, these children are at higher risk of not completing school and repeating the cycle of teen parenthood. [2]

The state average for teenage births has remained relatively constant at around 12 percent for more than five years. Little progress has been made in reducing the prevalence of Arizona teen mothers giving birth to a second child.

Births to teen mothers have implications on the need for early childhood services. Literature suggests that teen mothers often need high-quality early education for their young children so that they themselves can complete high school. In turn, high school drop-out affects the earning potential of teenage mothers and outcomes for young children.

Grandparent Households

Arizona has approximately 4.1 percent of grandparents residing with one or more grandchildren, which is higher than the 3.6 percent national average.[3] A significant number of children are in the care of their grandparents in the Cocopah Tribe region, where grandparents have the primary caretaker responsibilities in almost 13 percent of the households with children[4]. These grandparents often face unique challenges.

Employment, Income and Poverty

Tribal governments are unique from other forms of government in the United States because they engage in business enterprises as a means of economic development. Tribal enterprises include, but are not limited to, natural resource management, tourism, artistry, construction, gaming and other businesses. Diversity in economic enterprises allows tribes to maintain government functions and supports the local and regional economy through development, revenue sharing, employment, direct financial contributions, and contract services. Tribes are often among the top employers within their geographic region and are a driving economic force that attracts tourism and industry. Tribal enterprises that provide employment in the region include Cocopah Golf and RV Resort, Cocopah Resort and Conference Center, a convenience store, agriculture, a gas station, and Cocopah Casino.

Joblessness can impact the home and family environment. In Arizona, recent

2 Annie E. Casey Foundation. KidsCount Indicator Brief: Preventing Teen Births, 2003.
3 Ibid.
4 US Census 2000

unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.8 percent in 2007. In contrast, the 2007 unemployment rate for the Cocopah Region was 17.6 percent. The unemployment rates have continued on a downward trend for the state, but still remain high for the Cocopah region.

Unemployment Rates–Cocopah

	2000	2001	2002	2003	2004	2005	2006	2007
Cocopah	21.0%	20.9%	21.3%	21.1%	19.7%	19.9%	18.5%	17.6%
Arizona	4.0%	4.7%	6.0%	5.7%	4.9%	4.6%	4.1%	3.8%
U.S.	4.0%	4.7%	5.8%	6.0%	5.5%	5.1%	4.6%	4.6%

Source: Arizona Department of Commerce, Research Administration. Arizona Unemployment Statistics Program Special Unemployment Reports (2000-2007)

Annual Income

The median income in 2006 for the Cocopah region was just over half of the national rate, at $25,462, and only 57 percent of the median income for Arizona in that same year. The median annual household income increased by 23.3 percent from 2000 to 2006 for Cocopah, but remains significantly under the state and national median annual household income.

Median[5] Annual Household Income (per year- pretax)

	2000
Cocopah	$26,400
Arizona	$40,558
U.S.	$41,994

Source: US Census SF3; p.53

From the Community Needs Assessment conducted by the Cocopah Head Start Program in 2007, in which 65 households responded to the survey, 41.5 percent of the respondents reported a total household income of less than $9,500. Another 23 percent reported a household income of less than $16,000.

Families in Poverty

In the Cocopah region, about 34 percent of households are at or below federal poverty guidelines. That is 24 percent higher than households in Arizona and in the nation. For a family of four, the Federal Poverty level is $21,200 a year.[6]

5 The median, or mid-point, is used to measure income rather than taking the average, because the high income households would skew the average income and artificially inflate the estimate. Instead, the median is used to identify income in the middle of the range, where there are an equal number of incomes above and below that point so the entire range can be represented more reliably.

6 Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.

Families* Living at or Below the Federal Poverty Level (2000)

Percent of Households Living At or Below 100 Percent of the Federal Poverty Level	
Cocopah	34.6%
Arizona	10%
US	10%

*Only families with children 18 years or under were included. Source: U.S Census 2000, KidsCount

As the table below shows, 52 percent of children in the Cocopah region live at or below 100 percent of the federal poverty level. That is 10 percent higher than Arizona and 35 percent higher than the nation as a whole.

Children* Living in Poverty and Low Income Families (2000)

	Percent of children living at or below 100 percent of the Federal Poverty Level	Percent of children living at or below 200 percent of the Federal Poverty Level
Cocopah	52%	91%
Arizona	42%	42%
US	17%	37%

* Children defined as under 18 years. Source: U.S Census 2000, KidsCount

Research indicates that, on average, families need an income of about twice the federal poverty level to meet their most basic needs. Children living n families with incomes below this level, $42,400 for a family of four in 2008, are referred to as low income. According to the National Center for Children in Poverty, 63 percent of children in low income families have at least one parent who is employed full-time, year-round.

Both women and men are more likely to have higher incomes if they completed higher education. For example, according to 2004 statistics a woman with less than a 9th grade education could expect to earn less than $18,000 per year, but with a high school diploma that income expectation rose to more than $26,000 per year. With a bachelor's degree in 2004, women were reporting an income of $41,000 per year.[7]

Parent Educational Attainment

Research has shown consistent positive effects of parent education on aspects of parenting such as parenting approaches, attitudes, and child rearing philosophy. Parents that have higher educational attainment can potentially impact child outcomes by providing an enhanced home environment that reinforces cognitive stimulation and increased use of language.[8] Past research has demonstrated an intergenerational effect of parental educational attainment on a child's own educational success later in life and some studies have surmised that up to 17 percent of a child's future earnings may be linked (through their own educational achievement) to whether or not their parents or primary caregivers also had successful educational outcomes.

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree. According to data reported from 2002 to 2006, the percent-

7 US Census Bureau, Income by education and sex".

8 Hoff, E., Laursen, B., & Tardiff, T. (2002). Socioeconomic status and parenting. In M.H. Bornstein (Eds.), *Handbook of parenting, Volume II: Ecology & biology of parenting* (pp.161-188). Mahwah, NJ: Lawrence Erlbaum Associates.

age of births to mothers without a high school degree in the Cocopah region has steadily decreased as the number of births to mothers with a high school degree has steadily increased. The state rate for births to mothers with no high school degree has remained fixed at 20 percent for the past three years.

Percentage of Live Births by Mother's Educational Attainment

		2002	2003	2004	2005	2006
Cocopah	No H.S. Degree	NA	55%	60%	43%	29%
	H.S. Degree	NA	18%	30%	57%	57%
	1-4 years College	NA	18%	10%	0%	14%
Arizona	No H.S. Degree	20%	21%	20%	20%	20%
	H.S. Degree	29%	29%	29%	29%	30%
	1-4 years College	32%	32%	32%	33%	33%
U.S.	No H.S. Degree	15%	22%	22%	N/A	N/A
	H.S. Degree	N/A	N/A	N/A	N/A	N/A
	1-4 years College	21%	27%	27%	27%	27%

(Numbers do not add to 100% since any education beyond 17 years and unknowns were excluded.) Source: CDC, American Community Survey (2002-2006), ADHS Statistical Profile Primary Care Area (2006)

Healthy Births

Prenatal Care

Research has shown that early and continuous prenatal care has been shown to support healthy birth outcomes. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many communities, the percent of pregnant women who begin care in the first trimester and have nine or more prenatal care visits is far below targets established for the nation. Those most at risk for not receiving early and continuous prenatal care include pregnant adolescents and non-English speaking women. Teens may lack the information and support needed to enter prenatal care early. Lack of literacy skills, transportation, and lack of insurance coverage are also barriers to seeking and securing prenatal care.[9] In addition, cultural ideas about health care practices may keep some women from seeking prenatal care. For example, in some cultures, health care is reserved for illness and since pregnancy is not considered an illness, pregnant women may not seek out care.

Late or no prenatal care is associated with many negative outcomes for mother and child, including:

- Postpartum complications for mothers
- A 40 percent increase in the risk of neonatal death overall
- Low birth weight babies, and
- Future health complications for infants and children.

In the Cocopah region, approximately 29 percent of the mothers received prenatal care

9 Ashford, J. , LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment.* Belmont, CA: Thompson Brooks/Cole.

during the first trimester. This is significantly lower than all American Indian mothers living within tribal lands in Arizona at 63 percent. There are no women in this region who delivered with prenatal care. According to national statistics 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona[10].

Ethnicity is also an indicator of whether prenatal care is obtained in the first trimester. In Arizona, Native American women are least likely to start prenatal care in the first trimester. According to 2005 data, 32 percent of Native American women did not start prenatal care in the first trimester, followed by Hispanic women at 30 percent, Black women at 24 percent and White women at 12 percent.[11] Efforts to increase prenatal care should consider these large ethnic differences. There are many barriers to early and continuous prenatal care, including: lack of health insurance coverage, lack of transportation to providers, poverty, lack of knowledge of the benefits of prenatal care, stress and domestic violence.[12]

Selected Characteristics of Newborns and Mothers (2006)

Tribe/Nation	Total births	Teen Mother (</=19 yr)	Prenatal Care 1st Trimester	No Prenatal Care	Birth Paid for by Public $	Low Birth Weight <2500 grams** (<5.5 lbs)	Unwed Mothers
Cocopah	7	1	2	0	6*	0	6
Total AI* on Reservation Births	4,063	818	2,557	133	3,599	288	3,156

Source: Health Status Profile of American Indians in Arizona, Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics (2006). *Public monies included 4 births paid for by AHCCCS and 2 paid for by IHS.
*AI = American Indian

Low Birth-Weight Babies

Low birth weight (less than five and a half pounds.) and very low birth weight (less than three pounds, four ounces) are leading causes of poor infant health and risk of death. Many factors contribute to low birth weight. Factors associated with raising the risk of lower birth weights are alcohol and drug use during pregnancy, smoking during pregnancy, poor health status and nutrition, and multiple births. There were no low birth weight babies born to women living in the Cocopah Tribe community compared to 7 percent of low birth weight births among all Arizona American Indian mothers.

The Centers for Disease Control reports that low birth-weight births have been rising over the past several years. Arizona women give birth to fewer low birth-weight babies each year. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent, while the Arizona rate was only 5.9 percent. Nationally, 30 percent of white teenagers smoke during pregnancy. Arizona's lower than average incidence of pregnant women who smoke cigarettes can account for better outcomes regarding birth-weight.

10 Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.
11 Arizona Department of Health Services, Health disparities report, 2005.
12 http://www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf

Births to Teen Mothers

About 10 percent of American teen girls between the ages of 15 and 19 become pregnant each year. It is startling to consider that one in five 14-year-old girls become pregnant before reaching the age of 18.[13] The mother of one of the seven babies born in the Cocopah region in 2006 was a teen. About one-third of adolescent mothers have a repeat pregnancy within two years.[14] Teen mothers who have repeat births, especially closely spaced births, are less likely to graduate from high school and more likely to live in poverty and receive welfare when compared with teen parents who have only one child.[15] In spite of a declining teen birth rate, teenage parenthood is a significant social issue in this country. Teen parents face significant obstacles in being able to rear healthy children. Teen parents are generally unprepared for the financial responsibilities and the emotional and psychological challenges of rearing children.

Health Insurance Coverage and Utilization

Access to Medical Care

Medical coverage is provided to Cocopah families through the Indian Health Services (IHS), the Arizona Health Care Cost Containment System (AHCCCS) (Arizona's Medicaid program), and private insurance through employers. The Indian Health Service (IHS), an agency within the Federal Department of Health and Human Services, provides health services to American Indians and Alaska Natives who are enrolled members of federally recognized tribes. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders.

Uninsured Children

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or create economic hardships for families. Having a regular provider of health care promotes children's engagement with appropriate care as needed. Research shows that children with health care insurance[16]:

- Are more likely to have well-child visits and childhood vaccinations than uninsured children
- Are less likely to receive their care in the emergency room
- Do better in school

13 Center for Disease Control, fact sheet, 2001.
14 Kaplan, P. S., *Adolescence*, Boston, MA, 2004.
15 Manlove, J., Mariner, C., & Romano, A. (1998). *Positive educational outcomes among school-age mothers.* Washington DC: Child Trends.
16 Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005. Dubay, L., & Kenney, G. M., Health care access and use among low-income children: Who fares best? *Health Affairs*, 20, 2001, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

When parents can't access health care services for preventive care such as immunizations, there may be delayed diagnosis of health problems, failure to prevent health problems, or the worsening of existing conditions.[17] Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.[18]

From 2001 to 2005, Arizona had a higher percentage of children without health insurance coverage compared to the nation. One reason that Arizona children may be less likely than their national counterparts to be insured is that they may be less likely to be covered by health insurance through their families' employer. In Arizona, 48 percent of children (ages 0-18) receive employer-based coverage, compared to 56 percent of children nationally.[19]

The table below shows children enrolled in AHCCCS or KidsCare – Arizona's publicly funded, low cost health insurance programs for children in families earning an income at or below 200 percent of the Federal Poverty Level. As the table shows, 36 percent of children (ages birth through five) in the Cocopah Tribe were enrolled in AHCCCS or KidsCare in 2006. Children who are enrolled members of a federally recognized tribe can access medical care through the Indian Health Services even if they are not covered under AHCCCS or private insurance.

Percentage of Population Enrolled in AHCCCS, Kidscare, and Medicare Compared with County and Arizona. (2006)

	AHCCCS	Kidscare	Medicare
Cocopah	27%	9%	10%
Arizona	18.4%	3.8%	11.1%

Sources: AHCCCS Report AHAHX431 (2005); KidsCare, Report AHAHR431,percent of 2005 population 0 – 19 yrs (2005); Centers for Medicare and Medicaid Services, Dept of Health and Human Services (2003); Adequacy of transportation part of Primary Care index. The higher the score the less adequate or greater the need for transportation

Health coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and availability of services that are privately or publicly funded; the number of health care providers including primary care providers and specialists; the geographic proximity of needed services; and the linguistic and cultural accessibility and competency of services.

Lack of health coverage and other factors combine to limit children's access to health services. For example, according to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had a regular doctor and at least one well check visit in the last year. According to the same study, only 55 percent of children who needed behavioral health services received some type of mental health care in 2003.[20]

17 Chen, E., Matthews, K. A., & Boyce, W. T. , Socioeconomic differences in children's health: How and why do these relationships change with age? *Psychological Bulletin, 128, 2002*, 295-329.

18 National Education Goals Panel. *Reconsidering children's early developmental and learning: Toward common views and vocabulary.* Washington DC.

19 Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

20 Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

Oral Health Access and Utilization

Access to dental care is limited for young children in both the state and the region. The table below shows the oral health access and utilization of those children ages three to five enrolled in the Cocopah Head Start Program.

Oral health Head Start Children

2006-2007	Number of Children	Dental Home	Completed Exam	Preventive Care	Needed Treatment	Received Treatment (of those who needed)
Cocopah Tribe	20	20	20	20	2 (10%)	2 (100%)

Source: Head Start PIR Program Year 2007-2008

Enrollment in Head Start helps ensure access to medical and dental care. Head Start requires children enrolled in its program to receive well child and oral health visits. In the Cocopah Head Start Program, 100 percent of enrolled children received an oral health visit, and of those children identified as needing treatment, 100 percent received the treatment they needed.

Access to oral health care is even more challenging for families with special needs children. According to a statewide Health Provider Survey report released in 2007, a large majority (78 percent) of Arizona dental providers surveyed in 2006 (N =729 or 98 percent of all AHCCCS providers) said they did not provide dental services to special needs children because they did not have adequate training (40 percent), did not feel it was compatible with the environment of their practices (38 percent), or did not receive enough reimbursement to treat these patients (19 percent). The Provider survey report recommended more training for providers to work with Special Needs Plans (SNP), collaborating with Arizona Dental Association and Arizona Department of Health Services to increase the number of providers who accept young children.

Child Safety

In any given year, more than three million child abuse and neglect reports are made across the United States, but most child welfare experts believe the actual incidence of child abuse and neglect is almost three times greater, making the number closer to 10 million incidents each year. In 2006, 3.6 million referrals were made to Child Protective Service agencies (CPS) nationally, involving more than 6 million children. While 60 percent of these referrals were determined to be "unsubstantiated" according to CPS criteria and only 25 percent of cases resulted in a substantiated finding of neglect or abuse, research continues to show that the line between a substantiated or unsubstantiated case of abuse or neglect is too often determined by: A lack of resources to investigate all cases thoroughly; lack of training for CPS staff, where employee turnover rates remain high; and a strained foster care system that is already beyond its capacity and would be completely overwhelmed by an increase in child removals from families.

The youngest children suffer from the highest rates of neglect and abuse, as shown below:

- **Birth to 1 year** 24 incidents for every 1,000 children
- **1-3 years** 14 incidents for every 1,000 children
- **4-7 years** 14 incidents for every 1,000 children
- **8-11 years** 11 incidents for every 1,000 children

According to overall child well-being indicators, in 2005 Arizona ranked 36th out of the 50 states, with child abuse and neglect a leading reason for the state's poor ranking. In the following year, Arizona's Child Fatality Review Board issued its annual report for 2005, which showed that 50 Arizona children died from abuse or neglect. Contributing factors in these deaths included caretaker drug/alcohol use (31 percent), lack of parenting skills (31 percent), lack of supervision (27 percent), a history of maltreatment (20 percent) and domestic violence (15 percent). Only 11 percent of the children who died had previous Child Protective Services involvement.

All children deserve to grow up in a safe environment. Unfortunately not all children are born into a home where they are well-nurtured and free from parental harm. Additionally, some children are exposed to conditions that can lead to preventable injury or death, such as excessive drug/alcohol use by a family member, accessible firearms, or unfenced pools.

The Indian Child Welfare Act (ICWA) is designed to protect the best interests of Indian children and promote the stability and security of Indian tribes and Native families. ICWA grants jurisdiction to the tribe in child custody matters involving Native American children residing on the reservation, and for those Native American children not residing with the reservation, any State court proceedings shall be transferred to the jurisdiction of the Tribe. Therefore, any data regarding child abuse and neglect is maintained by the Cocopah Tribe.

Child Abuse and Neglect

Child abuse and neglect can result in both short-term and long-term negative outcomes. A wide variety of difficulties have been documented for victims of abuse and neglect, including mental health conditions such as depression, aggression, and stress. Child abuse and neglect is associated with low academic achievement; lower grades, lower test scores, learning difficulties, language deficits, school dropout, and impaired verbal and motor skills. Furthermore, child abuse and neglect have a direct relationship to physical outcomes such as poor health, injuries, failure to thrive, and somatic complaints.[21]

Foster Care Placements

Families can be helped to safely care for their children in their own communities and in their own homes – if appropriate support, guidance and help is provided to them early enough. However, there are emergency situations that require the separation of a child

21 References for this section: Augoustios, M. Developmental effects of child abuse: A number of recent findings. *Child Abuse and Neglect, 11,* 15-27; Eckenrode, J., Laird, M., & Doris, J. *Maltreatment and social adjustment of school children.* Washington DC, U. S. Department of Health and Human Services; English, D. J. The extent and consequences of child maltreatment. *The Future of Children, Protecting Children from abuse and neglect, 8*, 39-53.; Lindsey, D. *The welfare of children*, New York, Oxford University Press, 2004; National Research Council, *Understanding child abuse and neglect.* Washington DC: National Academy Press; Osofsky, J. D. The impact of violence on children. *The Future of children, 9*, 33-49.

from his or her family. The extent to which foster care is being used in different communities reflects the resources available to provide needed care to vulnerable children.

Child Mortality

The infant mortality rate can be an important indicator of the health of communities. Infant mortality is higher for children whose mothers began prenatal care late or had none at all, those who did not complete high school, those who were unmarried, those who smoked during pregnancy, and those who were teenagers.[22] In 2006, no child deaths occurred for the Cocopah Tribe.

Children's Educational Attainment

School Readiness

Early childhood programs can support children's successful school readiness especially for children in low-income families. Research studies on early intervention programs for low income children have found that participation in educational programs prior to kindergarten is related to improved school performance in the early years.[23] Furthermore, research indicates that when children are involved in early childhood programs over a long period of time, with additional intervention in the early school years, better outcomes can emerge.[24] Long-term studies have documented that when children experience quality early childhood programs and support services, they are more likely to successfully transition from adolescence to adulthood later in life.[25]

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to ten by memory or identifying the letters of the alphabet. Preparedness for school includes the ability to problem solve, positive peer relationships, high self confidence, and willingness to persist at a task. While experts identify such skills as being essential to school readiness, the difficulty comes in attempting to quantify and measure these more comprehensive ideas of school readiness. Currently no instrument exists that sufficiently identifies a child's readiness for school entry. Although Arizona has a set of Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the start of kindergarten), current assessment of those learning standards have not been validated nor have the standards been applied consistently throughout the state.

One component of children's readiness for school consists of their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children's knowledge related to language and literacy. One assessment that is used frequently across Arizona schools is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). The DIBELS is used to identify children's reading skills upon entry to

22 Mathews, T. J., MacDorman, M. F., & Menacker, F. Infant mortality statistics from the 1999 period linked birth/infant death data set. In *National vital statistics report* (Vol. 50), National Center for Health Statistics.

23 Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start effects sustained? A longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs. *Child Development, 61*, 1990, 495-507l; National Research Council and Institute Medicine, *From neurons to neighborhoods: The science of early childhood development;* Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology, 30*, 1994, 787-804.

24 Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology, 30*, 1994, 787-804.

25 Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. *Developmental Psychology, 37, 2001,* 231-242

school and to measure their reading progress throughout the year. The DIBELS often tests only a small set of skills around letter knowledge without assessing other areas of children's language and literacy development such as vocabulary or print awareness.

The results of the DIBELS assessment should not be used to assess children's full range of skills and understanding in the area of language and literacy. Instead, it provides a snapshot of children's learning as they enter and exit kindergarten. Since all schools do not administer the assessment in the same manner, comparisons across communities cannot be made.

The Cocopah Region is served by three public school districts located outside the reservation, including Somerton (Valle Del Encanto and Tierra Del Sol Elementary Schools) and Crane (Salida Del Sol and Rancho Viejo Elementary Schools). DIBELS scores are not available for Cocopah children alone, but scores for the Somerton and Crane elementary schools offer context for assessing regional achievement in this area.

Basic Early Literacy as Measured by DIBELS

SFY 2006-2007 Kindergarten DIBELS AZ Reading First Schools						
Cocopah Tribe†	Beginning of the Year			End of the Year		
	% Intensive*	% Strategic**	% Benchmark***	% Intensive*	% Strategic**	% Benchmark***
Crane Elementary School District	50	35	15	10	8	82
Somerton School District	52.0	33.9	14.0	1.5	0.7	97.8

†From the DIBELS assessments available, there were two school districts reporting that are attended by students from the Cocopah region.
*Intensive= Student is in need of intensive support to be a reader.
**Strategic= Student is in need of additional support to be a reader.
***Benchmark= Student is on track to be a reader with additional support.

Elementary Education

While test scores in the elementary school years are influenced by many factors, test scores may in part be influenced by young children's school readiness.

The Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA) is used to test Arizona students in Grades three through eight. This assessment measures the student's level of proficiency in Writing, Reading, and Mathematics and provides each student's national percentile rankings in Reading/Language and Mathematics.[26] The table below shows the total number of students in third grade who exceed, meet, approach, or are far below the standards in the Somerton School District.

AIMS DPA 3rd Grade Score Achievement Levels in Mathematics, Reading, and Writing, 2007

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Somerton Elementary	21%	26%	44%	9%	13%	32%	48%	6%	12%	27%	59%	2%

FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard

26 Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

Data included for all schools for which AIMS DPA grade score achievement levels were published. See Arizona Department of Education, Accountability Division, Research and Evaluation Section, 2007 AIMS Scale Score Table.

Secondary Education

The completion of high school is a critical juncture in a young adult's life. Students who stay in school and take challenging coursework tend to continue their education, are less likely to commit crimes, and are more likely to earn significantly higher wages than their non-graduating counterparts.[27] In the Cocopah Tribe Region, all high school students attend public schools outside of the community. The chart below provides the graduation rates for Cibola and Kofa High School, schools attended by students from the Cocopah Tribe. The tables do not include fifth year graduates.

High School Graduation Rates 2006

HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Cibola H.S.	537	647	83%
Kofa H.S.	284	490	58%
Arizona*	50,355	71,691	70%

High School Graduation Rates 2005

HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Cibola H.S.	582	649	90%
Kofa H.S.	294	368	80%
Arizona*	50,923	68,498	74%
United States**	2,799,250	3,747,323	75%

High School Graduation Rates 2004

HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Cibola H.S.	551	644	85.6
Kofa H.S.	582	722	80.6
Arizona*	47,071	61,450	77%
United States**	2,753,438	2,705,838	74%

Many factors contribute to poor attendance and low graduation rates, including transportation issues, family challenges, frequent moves, and teens' perceptions of the value of completing high school. The data above can also show the impact of the AIMS. The AIMS was instituted in 2006, when simultaneously graduation rates fell significantly statewide.

27 Sigelman, C. K., & Rider, E. A., *Life-span development, 2003, Pacific Grove, CA: Wadsworth.*

Coeopah Head Start
Prince 2007
Miguel Herrera III

Current Regional Early Childhood Development and Health System

Quality

States have been increasingly concerned about creating high quality early care and education. The need for quality child care is growing. Today a majority of children ages birth to six years of age participated in regular, nonparent child care. Thirty-four percent participated in some type of center-based program[28]. In addition, research on the positive effects of early education has led to increased emphasis on quality early education. Research has found that high quality child care can be associated with many positive outcomes including language development and cognitive school readiness.[29]

Accredited Early Child Care Providers

Currently there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. One of the tasks of First Things First will be to develop a Quality Improvement and Rating System with common indicators of quality that are also relevant to tribes. Until this Rating System is available statewide, this report presents for the Cocopah Tribe Regional Partnership Council an initial snapshot of quality in the community. The national accrediting organizations approved by the Arizona State Board of Education include:

- Association Montessori International/USA (AMI),
- American Montessori Society (AMS)
- Association of Christian Schools International (ACSI)
- National Accreditation Commission for Early Care and Education (NAC)
- National Association for the Education of Young Children (NAEYC)
- National Association for Family Child Care (NAFCC)
- National Early Childhood Program Accreditation (NECPA)

The Cocopah Tribe Region does not have an accredited early child care center. However, the region does have high quality care through Head Start. The table below represents the Cocopah Head Start Program, the number of children served, class size, and the staff to child ratio in the center. The center's ratio of staff to children appears to meet the recommended ratios established by the National Association for the Education of Young Children (see following NAEYC chart.)

28 : Federal interagency forum on child and family statistics. *America's children: Key national indicators of well-being, 2002.* Washington DC.

29 Pence, A. R., & Goelman, H. The relationship of regulation, training, and motivation to quality care in family day care. *Child and Youth Care Forum, 20*, 1991, 83-101.

Regional Number of Head Start and Accredited Early Care and Education Centers.

Regional Data for 2007-2008	Head Start	Accredited Centers
Number of Programs	1	0
Number of Children Enrolled	N/A	
(Avg. per program)	20	
Average Class Size	20	
Three Year Olds	7	
Four Year Olds	14	
Preschoolers staff to Child Ratio (Avg.)	1:10	

Source: Cocopah Head Start Program Information Report 2007-2008

The National Association for the Education of Young Children (NAEYC) offers accreditation to centers throughout the U.S., including centers in Arizona. As part of the accreditation designation, NAEYC has published standards for staff to child ratios based on the size of the program and according to age group, as reflected in the chart below.[30]

NAEYC Staff to Child Ratio Recommendations

NAEYC Staff to Child Ratio Recommendations	Group Size									
	6	8	10	12	14	16	18	20	22	24
Infants (0-15 months)	1:3	1:4								
Toddlers (12-28 months)	1:3	1:4	1:4	1:4						
Toddlers (21-36 months)		1:4	1:5	1:6						
Pre-school (2.5 to 3 years)				1:6	1:7	1:8	1:9			
Pre-school (4 years)						1:8	1:9	1:10		
Pre-school (5 years)								1:10	1:11	1:12

Source: NAEYC Accreditation Criteria

Access

Family demand and access to early care and education is a complex issue. Availability and access are influenced by, but not limited to, factors such as: number of early care and education centers or homes that have the capacity to accommodate young learners; infrastructure to support early care centers; time that families have to wait for an available opening (waiting lists); ease of transportation to the care facility; and the cost of the care. Data on these issues are either not available or anecdotal. For the current Needs and Assets report for the Cocopah Tribe, available data include: number of early care and education programs by type; number of children enrolled in early care and education by type; average cost of early care; and number of children on waiting lists.

Number of Early Care and Education Programs

There are no licensed centers identified for the Cocopah region, only one small group home and 60 approved family child care homes are located around the surrounding area. However, none of the family child care homes nor the group home are located

30 NAEYC standards here are used to provide a context for high standards. It is not presumed that all centers should become NAEYC accredited

on the reservation. These numbers show that community members have limited to no choices between types of child care providers, especially for the birth to three population, and rely primarily on family and unlicensed home-based child care.

Number of Early Care and Education Programs by Type*

Total Fee Charging Settings	Licensed Centers	Small Group Homes	Approved Family Child Care Homes	Providers Registered with the Child Care Resource and referral
61**	No data	1	60	No data

Source: DES Child Care Market Rate Survey 2006
* Includes only those programs that charge fees: excludes Head Start income-eligible free programs, school-based income-eligible free preschool programs. DHS licensed small group homes have a 10 child maximum; DES approved family child care homes and CCR&R registered homes have a 4 child maximum. **None of the settings shown are located on the Cocopah Indian Tribe Reservation.

The Department of Economic Security's (DES) 2006 Child Care Market Survey provides information on a range of child care settings statewide. For this report, data were analyzed by Tribe to identify which early care and education providers were accessible in each *First Things First* Region. Only providers in the geographical boundaries of the Cocopah region are included; however, it is understood that none of these providers are located within the boundaries of the reservation but rather within the nearby city of Somerton.

There are four types of providers designated in the chart above: licensed centers; group homes; approved family child care homes; and providers registered with the Child Care Resource and Referral service. Licensed centers have been granted the ability to operate a safe and healthy child care center by the Arizona Department of Health Services (ADHS). Small group homes are also licensed by the ADHS to operate safe and healthy child care homes. Approved family child care homes are either certified or regulated by DES to provide care, or are approved by agencies to participate in the Arizona Department of Education Child and Adult Care Food Programs (CCAFP).

Licensure or regulation by the Department of Economic Security or Health Services ensures completion of background checks of all staff or child care providers, and monitors staff training hours related to early care and education, as well as basic first aid and CPR. Additionally, periodic inspections and monitoring ensure that facilities conform to basic safety standards. While licensure and regulation by the Departments of Economic Security and Health Services are a critical foundation for the provision of quality care for young children, these processes do not address curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements. These important factors in quality care and parent decision-making are provided only with national accreditation (see discussion in the section on Quality) and will be included in First Things First's forthcoming Quality Improvement and Rating System.

Number of Children Enrolled in Early Care and Education Programs

The Cocopah Tribe provides a child care center for preschool aged and school aged children. The approved capacity is 15 children, and the program currently has two children enrolled that under the age of five. The criteria requirements include that the child reside with a family whose income does not exceed 85 percent of the State's median income.

It is unclear how many of the child care options identified in the DES Market Rate Survey are located on the reservation. Currently, the Cocopah Tribe does not provide any child care centers for infants and toddlers (children under three years of age). It appears that parents in need of child care rely primarily on approved family care homes, relative care, or child care centers located outside the community in Somerton or Yuma. Seeking care outside the community can create other challenges such as transportation, quality of care, and whether the care provided is culturally competent.

Costs of Care

In general, it can be noted that care is more expensive for younger children. Infant care tends to be more costly for parents because ratios of children should be lower and infant care requires a unique skill set. Clearly these costs present challenges for families, especially those at the lowest income levels.

Health

Children's good health is an essential element that is integrally related to their learning, social adjustment, and safety. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social and emotional well being necessary for them to succeed when they reach school age. Children's healthy development benefits from access to preventive, primary, and comprehensive health services that include screening and early identification for developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health.

The majority of Cocopah families receive medical services through the Indian Health Service (IHS) Fort Yuma Service Unit located on the Quechan Reservation, which is approximately 30 miles from the Cocopah reservation. The Fort Yuma Service Unit provides services including general medical, ambulatory, pediatric, community health, preventative health, and mental health. Dental care is also available, with one dentist on staff. IHS staff based in Phoenix or private contract specialists provide special ambulatory services on-site. Obstetric patients and those requiring surgery are referred to the Yuma Regional Medical Center (YRMC), in Yuma, or to the Phoenix Indian Medical Center (PIMC), in Phoenix. Ground and air transport are available for emergency care. Other community services are also provided through Indian Health Services, such as public health nursing, nutritional services, social services, mental health services, substance abuse, health education, and environmental health services.

There are 20 children enrolled in the Cocopah Head Start, which represents about 30 percent of the population of children ages birth to five in the Cocopah Tribe region. Head Start Performance Standards require that children receive medical, dental and developmental screenings, and the appropriate immunizations, among other services. Children enrolled in the Head Start program benefit greatly from these services, which provide early detection and, in some cases, treatment. The 2007-2008 Cocopah Head Start Program Information Report indicates that 100 percent of enrolled children in the program had up to date physical exams and immunizations. None of the children had mental health assessments that year.

Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at 9, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhanced developmental outcomes and reduced developmental problems.[31] For example, children with autism, identified early and enrolled in early intervention programs, show significant improvements in their language, cognitive, social, and motor skills, as well as in their future educational placement.[32]

Parents' access to services is a significant issue, as parents may experience barriers to obtaining referrals for young children with special needs. This can be an issue if, for example, an early child care provider cannot identify children with special needs correctly.[33]

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42 percent)[34]. Children most likely to be screened include those that need neonatal intensive care at birth. These babies are all referred for screening and families receive follow-up services through Arizona's High Risk Perinatal Program administered through county Health Departments, although the process may differ slightly if the referral is generated within the Indian Health Service.

Every state is required to have a system in place to find and refer children with developmental delays to intervention and treatment services. The federal Individuals with Disabilities Education Act (IDEA) governs how states and public agencies provide early intervention, special education, and related services. Infants and toddlers with disabilities (birth to age three) and their families receive early intervention services under IDEA Part C. Children and youth (ages three through 21) receive special education and related services under IDEA Part B.

In Arizona, the system that serves infants and toddlers is the Arizona Early Intervention Program (AzEIP). Eligible children are those who have not reached fifty percent of the developmental milestones expected at their chronological age in one or more of the following areas of development: physical, cognitive, language/ communication, social/emotional, and adaptive self-help. Identifying the number of children who are currently being served through an early intervention or special education system indicates what portion of the population is determined to be in need of spe-

31 Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Early intervention for children with special needs and their families: Findings and recommendations.* 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, *Journal of Pediatric Psychology, 4*, 409-419; Zeanah, C. H. *Handbook of infant mental health,* 2000, New York: The Guildford Press.

32 National Research Council, Committee on Educational Interventions for Children with Autism, Division of Behavioral and Social Sciences and Education. Educating children with autism. Washington, DC: National Academy Press; 2001.

33 Hendrickson, S., Baldwin, J. H., & Allred, K. W. Factors perceived by mothers as preventing families from obtaining early intervention services for their children with special needs, *Children's Health Care, 2000, 29,* 1-17.

34 Inkelas,M., Regalado,M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.

cial services (such as speech or physical therapy). Comparing that number to other states with similar eligibility criteria provides a basis for understanding how effective the child find process is. This is the first task in knowing whether or not a community's child find process, including screening, is working well.

When conducted effectively, screening activities assist in identifying children who may be outside the range of typical development. Based on screening results, a child may be further referred for an evaluation to determine eligibility for services. Accurate identification through appropriate screening most often leads to a referral of a child who then qualifies to receive early intervention or special education services. One consideration of the effectiveness of screening activities is the percent of children deemed eligible compared to the total number of children referred. The higher the percent of children eligible, the more accurate and appropriate the referral. Effective screening activities are critical to assuring such accuracy.

The table below shows that 30 percent of the children enrolled in the Cocopah Tribe Head Start program for the 2007-2008 school year were determined to have a disability. All of those children were diagnosed with a speech or language impairment.

Cocopah Tribe Head Start Children Receiving Developmental Screenings, Percent Determined to Have a Disability, Percent Eligible for Services 2007-2008

Development Screenings and Referral	2008
Number of Children Screened	20
Percent determined to have a disability	30%
Of children with disabilities, percent determined to be eligible for services (percent receiving services)	100% (100%)

Source: Cocopah Head Start Program Information Report

The table below provides the total number of preschool children by disability for the Somerton Elementary District. This includes all children, tribal and non-tribal.

Cocopah Region Preschool Enrollment by Disability[35]

School District	HI	PMD	PSD	PSL	VI	Total
Somerton Elementary District		39	*	46		95

Key: HI = Hearing Impaired, PMD = Preschool Moderate Delay, PSD = Preschool Severely Delay, PSL = Preschool Speech & Language Delay, VI = Visually Impaired

Nationally, the percentage of American Indians served under IDEA Part B is higher than other races, with the majority being categorized with developmental delay or speech and language delay. There is ongoing dialogue regarding the use of standardized practices with culturally and linguistically diverse children. There is widespread concern over the disproportionate representation of American Indian children in special education programs nationally.[36]

There are many challenges for Arizona's early intervention program in being able to reach and serve children and parents. Speech, Physical, and Occupational Thera-

35 Note: Data listed is estimated; includes tribal and non-tribal preschool children within the district
36 Source: The 19th Annual Report to Congress on the Individuals with Disabilities Education Act (IDEA) (1997)

pists are in short supply and more acutely in some areas of the state than others. Families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. Parents can be primary advocates for their children to assure that they receive appropriate and timely developmental screenings at six, nine, and twelve months, according to the schedule recommended by the American Academy of Pediatrics. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention system and how it works, are parent support services that the region can provide. These measures, while not solving the problem, will give parents some of the resources to increase the odds that their child will receive timely screening, referrals, and services.

As described in a previous section, children who are enrolled in AHCCCS are very likely to receive well child visits during the year, as are children who are enrolled in Head Start.

Immunizations

Immunization of young children is known to be one of the most cost-effective health services available and is essential to prevent early childhood diseases and protect children from life threatening diseases and disability. A Healthy People 2010 goal for the U.S is to reach and sustain full immunization of 90 percent of children two years of age. The Cocopah Head Start Program Information Report indicated that all 20 children had up-to-date immunizations.

Family Support

Family support is a foundation for enhancing children's positive social and emotional development. Children who experience sensitive, responsive care from a parent perform better academically and emotionally. Beyond the basics of care and parenting skills, children benefit from positive interactions with their parents (e.g. physical touch, early reading experiences, and verbal, visual, and audio communications). Children depend on their parents to ensure they live in safe and stimulating environments where they can explore and learn.

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.[37] Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.[38] Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.[39] Parenting behaviors have been shown to impact language stimulation, cognitive stimulation,

37 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. *Children and Youth Services Review, 1994, 17*, 251-276; Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium.* Washington DC, Child Trends; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology, 51*, 1-27.

38 Baumrind, D. Parenting styles and adolescent development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), *The encyclopedia of adolescence* (pp. 749-758). New York: Garland; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology, 51*, 1-27.

39 Sroufe, L. A. *Emotional development: The organization of emotional life in the early years.* Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist, 44*, 112-119.

and promotion of play behaviors—all of which enhance child well being.[40] Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, prosocial behaviors, and empathic communication.[41]

The new economy has brought changes in the workforce and family life. These changes are causing financial, physical, and emotional stresses in families, particularly low-income families. Regardless of home language and cultural perspective, all families should have access to information and services and should fully understand their role as their children's first teachers.

Effective family support programs will build upon family assets which are essential to creating self-sufficiency in all families. Family support programming will play a part in strengthening communities so that families benefit from "belonging". Success is dependent on families being solid partners at the table, with access to information and resources. Activities and services must be provided in a way that best meet family needs.

The Cocopah Tribe provides programs and services for family support. Parenting classes are provided by the Cocopah Department of Social Services and the Cocopah Head Start Program. Indian Health Services provides a Circle of Life Program, which includes educational resources for new parents specifically on the importance of immunizations.

Parent Knowledge About Early Education Issues

When asked, child care professionals continually report that families need more and better information around quality child care[42]. Parents seem fairly receptive to the need for more information.

The region has valuable resources for families. The list below highlights some programs within the community that promote literacy.

Regional literacy efforts (2008)

Family literacy programs available:

- Crane School Literacy Program
- Cocopah Tribe Education Department
- Somerton Cocopah Tribal Library

40 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. *Children and Youth Services Review, 1994, 17*, 251-276; Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., & Hemphill, J., *Unfulfilled expectations: Home and school influences on literacy.* Cambridge, MA: Harvard University Press.

41 ; Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium.* Washington DC, Child Trends; Sroufe, L. A. *Emotional development: The organization of emotional life in the early years.* Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist, 44*, 112-119.

42 Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America, 1989,* Oakland, CA: Child Care Employee Project.

Professional Development

Professionals providing early childhood services can improve their knowledge and skills through professional education and certification. This training can include developmental theory, as well as practical skills in areas such as child health, child safety, parent/child relationships, and professional child care service delivery. The professional capacity of the early childhood workforce and the resources available to support it affect the development of the region's young children.

Child Care Professionals' Certification and Education

Research on caregiver training has found a relationship between the quality of child care provided and child development outcomes.[43] Furthermore, formal training is related to increased quality care, however, experience without formal training has not been found to be related to quality care.[44]

The table below represents the staff qualifications for the Cocopah Head Start Program.

Cocopah Tribe Head Start Staff Qualifications 2007 – 2008

	2008	
Degree Type	Teachers	Assistant Teachers
ECE or related degree	0	(100%)
AA	0	1
BA	0	0
Graduate	0	0
CDA credential	1	0

Source: Head Start Program Information Report (2007-2008). Note: CDA is a credential, not a college degree.

Professional Development Opportunities

Early childhood educators and professionals have a variety of education and training resources available, including online training, education, and degree programs through the state universities or through local community colleges. Arizona Western College offers an Early Childhood Education certificate and an Associate of Applied Science Degree in Early Childhood Education in Yuma, Arizona, located about 25 miles east of the Cocopah Reservation.

43 NICHD Early Child Care Research Network. The relation of child care to cognitive and language development, 2000, *Child Development, 71*, 960-980.

44 Galinsky, E. C., Howes, S., & Shinn, M. *The study of children in family care and relative care.* 1994, New York: Families and Work Institute; Kagan, S. L., & Newton, J. W. Public policy report: For-profit and non-profit child care: Similarities and differences. *Young Children,* 1989, *45*, 4-10; Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America, 1989,* Oakland, CA: Child Care Employee Project.

Available Education and Certification Programs for Child Care Professionals Near the Cocopah Region

School	Degree/Certificates
Arizona Western College	• Cert. ECE – Certificate Early Childhood Education • A.A.S. ECE – Associate of Applied Science Early Childhood Education • Child Development Associate
Northern Arizona University – Yuma Campus	• M.Ed. in Early Childhood Education
Northern Arizona University – Online Programs	• B.A.S. in Early Childhood Education • M.Ed. in Early Childhood Education

The Cocopah Tribe offers support to tribal members pursuing higher education at an accredited institution through their Education Department. Programs administered by the Cocopah Education Department:

- Higher Education Grant
- Private/Non-Regionally Accredited School
- Part-Time Students
- Summer Tuition Assistance
- Pre-Graduate Support Program
- Graduate Fellowship
- Student Summer Internship Program

Employee Retention

Providing families with high quality child care is an important goal for promoting child development. Research has shown employee retention is associated with more positive outcomes for children.[45] More specifically, research has shown that child care providers with more job stability are more attentive to children and promote more child engagement in activities.[46]

The table below shows the average length of employment for teachers in the Cocopah region.

Length of Employment for Child Care Professionals in Cocopah Tribe (2007)

	6 months or less	7-11 months	1 year	2 years	3 years	4 years	More than 5 years	Don't know/ Refused
Teachers	1	0	0	1	0	1	0	0
Assistant Teachers	0	0	0	0	0	1	0	0

Source: Compensation and Credentials Report 2007

45 Raikes, H. Relationsip duration in infant care: Time with a high ability teacher and infant-teacher attachment. 1993, *Early Childhood Research Quarterly, 8,* 309-325.

46 Stremmel, A., Benson, M., & Powell, D. Communication, satisfaction, and emotional exhaustion among child care center staff: Directors, teachers, and assistant teachers, 1993, *Early Childhood Research Quarterly, 8*, 221-233; Whitbook, M., Sakai, L., Gerber, E., & Howes, C. *Then and now: Changes in child care staffing, 1994-2000.* Washington DC: Center for Child Care Workforce.

Compensation and Benefits

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and in child care centers, workers' salaries are related to quality child care[47]. Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality child care[48]. Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.[49]

The average wages for teachers increased significantly from 2004 to 2007. The averages in the table below may not include all teachers within the region.

Average wages for child care professionals in Cocopah Tribe region 2004 – 2008

		2004	2007
Teacher	Average Hourly Wage	$13.10	$18.24
Assistant Teacher	Average Hourly Wage	$9.59	$11.00
Teacher/ Director	Average Hourly Wage	$15.49	No data
Admin/ Director	Average Hourly Wage	$26.81	$23.88*
Head Start Teacher**	Average Hourly Wage	Data not available	$12.16 ($21.076 yearly)
Head Start Assistant Teacher**	Average Hourly Wage	Data not available	$11.67 (17,712 yearly)

Sources: 2004 and 2007 data is from the Compensation and Credentials Report. * This figure is given as lowest starting salary. No data for highest or average. **Source: Head Start Program Information Report 2007-2008.

Public Information and Awareness

Public interest in early childhood is growing. Recent research in early childhood development has increased families' attention on the lasting impact that children's environments have on their development. The passage of Proposition 203 – First Things First – in November 2006, as well as previous efforts lead by United Way, the Arizona Community Foundation, and the Arizona Early Education Funds, have elevated early childhood issues to a new level in our state.

Increasingly, families and caregivers are seeking information on how best to care for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school. Many of the most needy, low-income, and ethnic minority children are even less likely to receive appropriate information.[50]

Families and caregivers also seek information on how families can connect with and navigate the myriad of public and private programs that exist in their communities that offer services and support to young children and their families. Few connections exist between such public and private resources, and information that is

47 Lamb, M. E. Nonparental chld care: Context, quality, correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology*(5th ed.), 1998, pp. 73-134. New York: Wiley & Sons; National Research Council and Institute of Medicine. *From neurons to neighborhoods: The science of earch childhood development.* Washington DC: National Academy Press.

48 Schorr, Lisbeth B. Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University, June 2007.

49 Ibid.

50 Halfon, Nel, et al. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and early Childhood Health Policy, January 2004.

available on how to access various services and supports can be confusing or intimidating. Information provided to families needs to be understandable, culturally and geographically relevant, and easily accessible.

Public awareness and information efforts also need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Increased public awareness around the needs of children and their families is also needed. Broader public support must be gleaned to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.[51]

There are a number of different media used to raise awareness and provide information to Cocopah families. Programs, such as the Head Start Program, the Indian Health Service and the Housing Department distribute newsletters to the community with information about trainings, activities, education materials, and community issues. The Head Start Program also provides the Ride-Safe and Sleep-Safe Programs to raise parental awareness about early childhood issues and safety. The Cocopah Tribe also distributes a tribal newsletter with tribal news, program and activity announcements, as well as other community information.

System Coordination

Throughout Arizona, programs and services exist that are aimed at helping young children and their families succeed. However, many such programs and services operate in isolation of one another, compromising their optimal effectiveness. A coordinated and efficient systems-level approach to improving early childhood services and programs is needed.

System coordination can help communities produce higher quality services and obtain better outcomes. For example, one study found that families who were provided enhanced system coordination benefited more from services than did a comparison group that did not receive service coordination.[52] Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

Partnerships across the spectrum of organizations that touch young children and their families have the potential to enhance a more coordinated service network. Improved coordination of public and private human resources and funding could help maximize effective outcomes for young children. A wide array of opportunities exists for connecting services and programs that touch children and families.

Parent and Community Awareness of Services, Resources or Support

Building Bright Futures, the 2007 Statewide Assessment, noted that the passage of First Things First by majority vote demonstrates that Arizonans are clearly concerned about the well-being of young children in Arizona. However, when asked "how well

51 Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

52 Gennetian, L. A., & Miller, C. *Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Effects on Children,* 2000, New York: Manpower Demonstration Research Corporation; Miller, C., Knox, V., Gennetian, L. A., Dodoo, M., Hunter, J. A., & Redcross, C. *Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Vol. 1: Effects on Adults*, 2000, New York: Manpower Demonstration Research Corporation.

informed are you about children's issues in Arizona?" more than one in three respondents say they are not informed.

Additional Indicators of Interest to the Regional Partnership Council

Areas of interest for further data collection identified by the Cocopah Tribe Regional Partnership Council include:

- Lack of child care services for children ages birth through three years
- Need for family literacy data
- Preserving Cocopah language
- Parenting skills – training needed for language development in both Cocopah and English, as well as for nutrition, hygiene and self care.

Conclusion

The Cocopah Tribe is a small community that has experienced some overall population growth, and a decrease in population growth among children ages birth to five. Families are dealing with a number of socio-economic conditions such as unemployment and poverty. There are a limited number of early care providers available in the community for families to access. This can compound issues related to maintaining employment, cost of care, transportation, and quality of care. More information is needed about parent awareness and knowledge about early child development and care.

The community has a number of educational opportunities available for pursuing higher education. Local media also disseminate information and connect families with resources. More information is needed at the regional level regarding health status, educational attainment, and family support.

Some of the greatest assets among the Cocopah region are the families. Family composition is often considered an indicator of the environment in which a child will be raised. The majority of Cocopah households are two parent households, the percentage of mothers with a high school degree or higher is greater than Arizona's percentage, and there is a low teen pregnancy rate. Also, there are educational opportunities available for early childhood professionals to seek certificates and degrees up to the graduate level in the region. The Cocopah Tribe has a number of media for disseminating information to the communities.

As is so often the case, great strengths can also be the flip side of subtle challenges.

There are a limited number of early care and education program options in the community. The Cocopah Tribe does not currently operate a child care facility for infants and toddlers, and families rely significantly on relative care, and also may rely on in-home providers outside of the community. Also, the majority of families who are living at or below the Federal Poverty Level are living in extreme poverty. Increased access to prenatal care was identified as a community need. The distance to the Indian Health Service may be a barrier to this and other health services.

Appendices

Assets for Cocopah Tribe

Tribal Government Departments and Programs			
Cocopah Alcohol & Drug Abuse Program	14515 S Veterans Dr.	Somerton	85350
Cocopah Dept. of Education	County 15 and Avenue G	Somerton	85350
Cocopah Dept. of Education – College Intern Program	County 15 and Avenue G	Somerton	85350
Cocopah Dept. of Education – Education Graduation Achievement Award	County 15 and Avenue G	Somerton	85350
Cocopah Dept. of Education – Johnson O'Malley Program	County 15 and Avenue G	Somerton	85350
Cocopah Dept. of Education – School Clothing Program	County 15 and Avenue G	Somerton	85350
Cocopah Dept. of Education – Summer Youth Program	County 15 and Avenue G	Somerton	85350
Cocopah Dept. of Higher Education	County 15 and Avenue G	Somerton	85350
Cocopah Head Start	Cottonwood Lane Bldg 11	Somerton	85350
Cocopah Health and Human Services Dept. – Behavioral Health Services	County 15 and Avenue G	Somerton	85350
Cocopah Tribe	County 15 and Avenue G	Somerton	85350
Cocopah Tribe Day Care	Cottonwood Dr Bldg #12	Somerton	85350
Cocopah Museum and Cultural Center	County 15 and Avenue G	Somerton	85350
Cocopah Police Department	County 15 and Avenue G	Somerton	85350
Cocopah Social Service Division	County 15 and Avenue G	Somerton	85350
Cocopah Tribal Council	County 15 and Avenue G	Somerton	85350
Cocopah Tribal Health Maintenance	10241 W. County 14 1/2 St.	Somerton	85350
Cocopah Youth Home	County 15 and Avenue G	Somerton	85350
Schools			
Cibola High School	4100 W 20th St	Yuma	85364
Kofa High School	3100 S Avenue A	Yuma	85364
Rancho Viejo Elementary	1020 S Ave C	Yuma	85364
Salida Del Sol Elementary	910 S Avenue C	Yuma	85364
Tierra Del Sol Elementary	1002 S Somerton Ave	Somerton	85350
Valle Del Encanto Elementary	400 N Cesar Chavez Ave	Somerton	85350
Hospitals/Clinics			
Indian Health Service – Ft. Yuma Unit	P.O. Box 1368	Yuma	85364
Colleges			
Arizona Western College	2020 S. Avenue 8E	Yuma	85365
Northern Arizona University – Yuma Campus	9500 S Avenue 8E	Yuma	85365
Recreation Centers			
Cocopah Community Center	County 15 and Avenue G	Somerton	85350
Libraries			
Somerton Cocopah Tribal Library	14250 South Avenue I	Somerton	85350
Non Tribal Programs/Agencies/Coalitions			
Inter Tribal Council of Arizona -Women, Infant and Children -Dental Program	2214 N Central Ave # 100	Phoenix	85004
Cocopah Head Start	Cocopah East Reservation	Somerton	85350
Cocopah Day Care	Cocopah West Reservation County 15 and Avenue G	Somerton	85350

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Description of methodologies employed for data collection

The needs and assets assessment process commenced on May 1, 2008. Collection methods for existing data included the review of published reports, utilization of available databases, and tribal program data that resulted in asset inventories as well as listings for child care settings.

As made plain in the state's 2007 *Bright Futures* report, gaps in data capacity infrastructure are more than evident when looking for evidence of how well young children are doing in Arizona with regard to early childhood health and education efforts. Data were not always available at the regional level of analysis, particularly for the tribally specific data. In particular, data for children 0-5 years were especially difficult to unearth and in many cases indicators are shown that include all children under the age of 18 years, or school age children beginning at age six. One exception to this case is the Head Start data that are reported which do pertain to children under the age of five years. Compounding this problem are additional barriers that limit the sharing of data between communities, organizations, and other entities due to concerns over privacy and other obstacles that impede the dissemination of information.

Given these limitations with Arizona's current data capacity infrastructure, data presented here should be interpreted carefully; yet, also be seen as one step in the right direction towards building this capacity at the local level by conducting regular community assessments on a biennial basis.

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