NEEDS AND ASSETS REPORT

2008

FIRST THINGS FIRST

Navajo/Apache

Regional Partnership Council

Cassie and Logan Blaine

Navajo/Apache

Regional Partnership Council

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Dr. Rance Pullin, *Vice Chair*
Tom Barela
Claude Endfield
Mary Hammond
Margie Tapia
Catherine Taylor
Becky Towle
Mary Tyler
Michael Zimmerman

Kate Dobler-Allen, *Regional Coordinator*

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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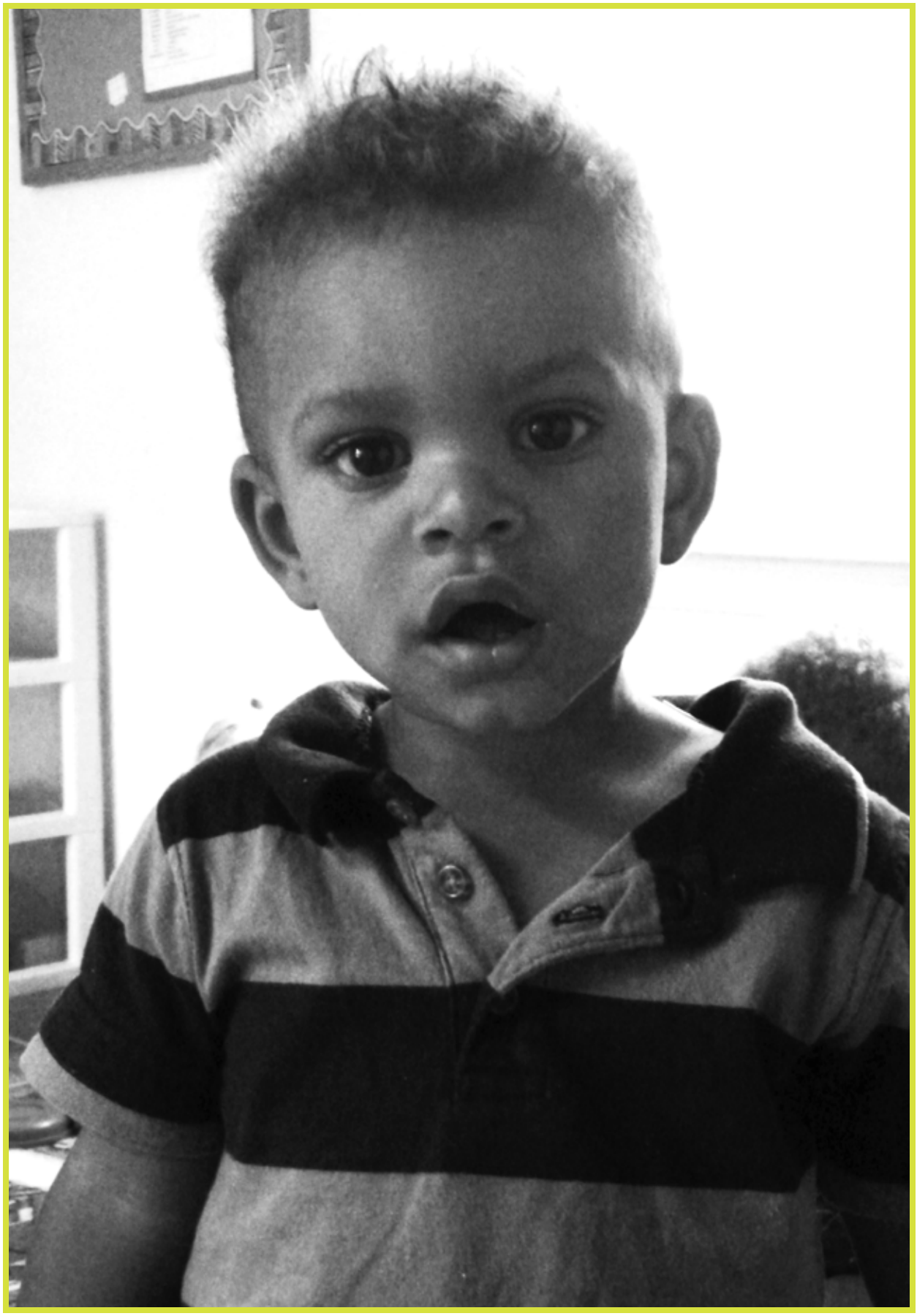


Navajo/Apache Regional Parntership Council – Executive Summary

First Things First presents Arizona, and the Navajo/Apache Region, with the unprecedented opportunity to create an early childhood system that affords all children an equal chance to reach their fullest potential. This system will give families real choices about their children's social, educational and developmental experiences. It will touch every community in the state, and in this Region, through the work of the thirty one Regional Partnership Councils, in sharing the responsibility as well as the benefits of safe, healthy and productive citizens.

The Navajo/Apache Regional Partnership Council has conducted its first Regional Needs and Assets report that highlights child and family indicators that illustrate children's health and readiness for school and life, and provides 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. Numerous sources for data exist that describe data at the state level; however, the information can be difficult to analyze, and often is not available, at the regional level. Many indicators that could effectively assess children's healthy growth and development are not consistently measured across the state, nor are they available at the regional level. The Navajo/Apache Regional Council will focus its efforts, and work in partnership with the FTF Board, to improve data collection so that regionally specific data is available for the Regional Council to make informed decisions around services and programming for the children who live in this region.

The Navajo/Apache region is comprised of the southern portion of two counties, Navajo and Apache, the combination of which has not happened prior to First Things First. The Navajo/Apache Region does not include the Navajo Nation, the Hopi Tribe, or the Fort Apache Indian Reservation which stretch across the northern and southern portions of both counties. There are 17 communities in Apache County and 20 communities in Navajo County. Data from the American Community Survey (2006) reveals that the immigration status of the Navajo/Apache Region residents is quite unique compared to the rest of the state. The communities in the region reported less than 5 percent of immigrant (non-U.S citizen) families, which may be due to the location of the region. The largest percentage of births in 2006 for the region occurred among White, non-Hispanics at 69 percent, followed by Hispanic/Latinos at 19 percent, and Native Americans at 9 percent.

Families and professionals travel throughout the region for work, shopping and services. As a result, many professionals know one another and have worked together on a variety of public health, social service and education-focused projects. This is a significant asset in the region, and people here are informed about their communities and are inclined to function collaboratively. Families and people here know one another, and often wear multiple hats. There is a natural inclination for helping and caring about one another; professionals work hard to support families, and families provide significant support to others. The Navajo/Apache Region is made up of sparsely populated close-knit communities, and spread out ranches and farms,

with larger population centers where services tend to be available. Both Apache and Navajo Counties are rural; however, Navajo County has more population centers and is less remote than Apache County. The closest metropolitan city is Phoenix, 200 miles south-southwest. Travel is a requirement of living here. Specialized medical care is largely only available in Flagstaff, Phoenix, or Tucson; requiring between three and five hours travel in each direction.

In 2007, the regional population was 86,570, and the population of children birth to age five was 6,524. According to the 2000 US Census Summary File, and the 2007 US Census Population Estimates Program, the total number of children in this age range dropped by 2 percent, as compared to an increase of 29 percent for the state as a whole. By communities within the region, there is variance in reported unemployment rates; with communities such as Alpine, Greer, Nutrioso, Joseph City, Pinedale and Woodruff reporting no unemployment, to Clay Springs reporting 9 percent unemployment. In 2000, the median household income ($34,379) was below the state median ($40,558) in all but three of the Navajo-Apache regional communities (Pinetop, Pinedale, and Joseph City as of 2000); and in 2003, additional data showed that many communities were 10-20 percent below the state median. In 2006, 29.9 percent of births in the region were to unwed mothers.

Of the children under age five who are enrolled continuously in the Arizona Health Care Cost Containment System (AHCCCS) in Navajo and Apache counties, 76 percent and 71 percent respectively, received at least one visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) throughout the year in 2007. Additionally, a widespread problem with untreated tooth decay among six to eight year olds ranged from a low of 28 percent in St John's to a high of 66 percent in Taylor. When data from all of Navajo and Apache counties is combined, it indicates that 1,791 children ages birth to five were enrolled in AHCCCS or KidsCare in these counties in 2007, which is approximately 27 percent of the total population of children birth to five years of age. There is both a shortage of physicians, dentists, and other health professionals to treat young children, as well as a lack of awareness of the health coverage available through AHCCCS and KidsCare.

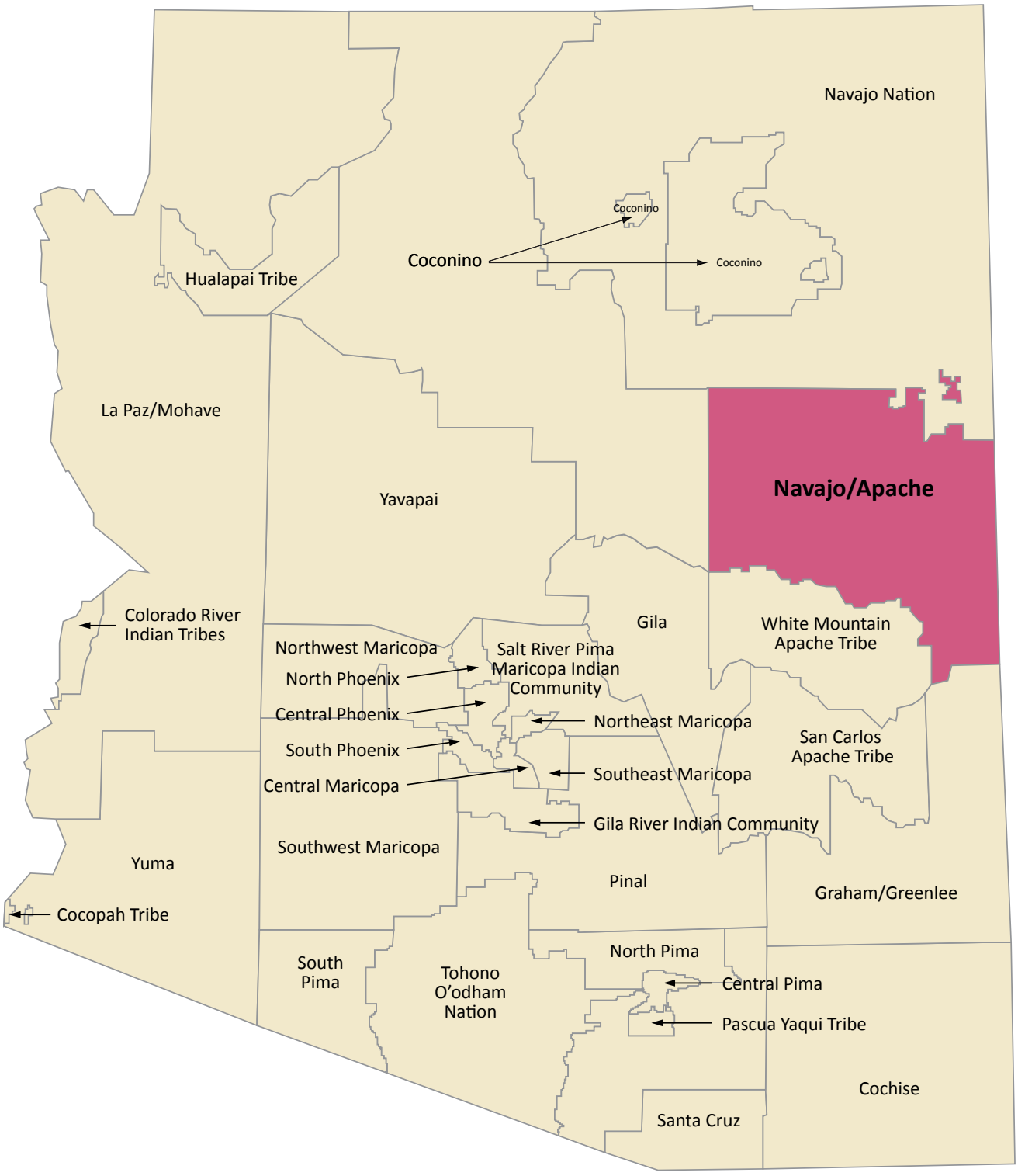
There are a total of 36 child care centers, preschools (including Head Starts and school district preschools), and child care homes in this region who are serving approximately 1,148 children; child care centers are at capacity and many have waiting lists, specifically for infant care. This number represents about 18 percent of the population of children birth to age five within this region; which indicates that the majority of child care is being provided in unregulated and unlicensed environments.

Northland Pioneer College (NPC) is a tremendous asset for this region, offering eight certificate and degree programs within the Department of Early Childhood Development, as well as course work to prepare students for the Child Development Associate (CDA) Assessment. NPC enjoys wide-spread respect in Northeastern Arizona and has fostered relationships with regional school districts, as well as with Northern Arizona University and Yavapai Community College to be able to provide professional development, and continuing education, to professionals within the Early Childhood Development field. This Regional Council will strive to work with NPC, regional school districts, neighboring Regions, larger educational institutions, and the larger community partnership to:

- Create a larger well- trained, educated, and committed work force;
- Increase the availability of quality early care and education programs and services — measured as the number of programs and openings available to families, and;
- Expand the opportunities for parents to have access to the information and supports they want and need, as well as expand the professional development opportunities for early care and education settings that do not have a professional development support system in place.

The First Things First Navajo/Apache Regional Partnership Council is committed to, and ready to begin, the work of creating a working, vibrant, and useful early childhood development and health system within this region, and throughout the State of Arizona.

Makylah (2 1/2), Show Low Head Start playgroup


Navajo Nation
Coconino
Coconino
Coconino
Hualapai Tribe
La Paz/Mohave
Yavapai
Navajo/Apache
Colorado River
Indian Tribes
Gila
White Mountain
Apache Tribe
Northwest Maricopa
Salt River Pima
Maricopa Indian
Community
North Phoenix
Central Phoenix
Northeast Maricopa
San Carlos
Apache Tribe
South Phoenix
Central Maricopa
Southeast 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

First Things First – A Statewide Overview

The mission of First Things First 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 (12 members in total, of whom nine are appointed by the Governor) and Regional Partnership Councils, (Regional Councils) each comprised of 11 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, 31 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.

Olivia Webb, two.

The Navajo/Apache Regional Partnership Council

The First Things First Navajo/Apache 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 it's 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 Navajo/Apache 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 Navajo/Apache 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 in the Navajo/Apache Region. 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 coordinated data collection system among the various state 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 state-wide family and community survey that will provide information on parent knowledge related to early childhood development and health and their perception of access to services and the coordination of existing services. The survey results will be available in early 2009 and will include a statewide and regional analysis.

The Regional Council is intent on building upon the existing programs, services, agencies, community groups and partnerships — the assets of the region. The Council's aim is also to reach communities of people who have historically not been served, who have not been part of the conversation, and who have not been part of the planning. The main concern is that a comprehensive portrait be drawn of the region and that the unique aspects be explored. The Council is committed to understanding the region and its people, and will work with them to continue to develop strong and capable communities that will provide children with the ability to lead developmentally healthy lives. #

Olivia Webb, two.

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 policy makers, 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

Regional data is compared with state and national data where possible. While every attempt was made to collect data for each year at each level of reporting (regional through national), there are some items for which no reliable or comparable data currently exist. These indicators are important measures to track as they illustrate a picture of a child's chance for success. In addition, some indicators such as child abuse, child neglect, and poverty are tracked because they provide pertinent information on how children are faring, or factors to consider when designing strategies to improve child outcomes in the region.

Summary of Regional Findings on Child and Family Indicators

The population of children and families in the Navajo/Apache Region differs somewhat from the rest of Arizona and the nation. The region is less ethnically diverse than other regions and is predominantly composed of White, non-Hispanic residents. Racially, children born in 2006 in the region were predominantly White, non-Hispanic, followed by Hispanic/Latinos at 19 percent and Native Americans at 9 percent. There are no reliable data sources available, locally or nationally, to accurately measure what language is spoken at home by children five years or younger in this region, but state and county level data indicate that up to 32 percent of Arizonans aged 18 years or younger may use a language other than English as their primary language spoken at home[1]. According to 2000 census approximately 76 percent or more of Navajo/Apache families with young children speak primarily English.[2]

The population of children ages 0-5 fell 2 percent from the year 2000 to the year

1 This estimate includes an error rate of +/- 15 percent (American Community Survey, Annie Casey Foundation 2008).
2 U.S. Census (2000) and American Community Survey (2006)

2007, a significantly lower rate than the state's 24 percent, and less than the national rate of 7 percent. Approximately 7 percent of families in the region are female-headed households. In addition, births to teen mothers in the region and across Arizona are slightly greater than the national average.

Financial well being in the region varies across the eight communities. The overall regions' median income is almost 20 percent below that of Arizona and 22 percent below that of the nation.

Regional Population

Population Growth

Population growth in the defined Navajo/Apache region cannot be assessed and compared to the state rate over the past six years because there is no data available for the specified regional communities/zip codes for 2006. In 2000, the population for the Navajo/Apache Region comprised less than 2 percent of the state's population.

There are 17 small communities in Apache County and 20 small communities in Navajo County as shown in the table below.

Navajo/Apache Region—Community Clusters, North to South

Apache County Community Clusters	Navajo County Community Clusters
North 1-40: Sanders, Puerco Valley, Adamana, Chambers, Witch Wells	**North I-40:** Holbrook, Joseph City, Sun Valley, Woodruff
County Central 61-180: St. Johns, Concho	**County Central 277-77:** Snowflake, Taylor, Shumway, White Mountain Lake, Silver Creek, Aripine
County Southwest 60: Floy, Show Low Pines, Pinon, Vernon	**County Southwest 260:** Heber, Overgaard, Antelope Valley, Duck Lake, Clay Springs, Pinedale
County Southeast 60-191: Springerville, Eagar, Greer, Nutrioso, Alpine	**County Southeast 260:** Show Low, Pinetop, Lakeside, Linden

Although the counties are dotted with small communities, to provide the most accurate picture for the Navajo/Apache Region, data tables in this report use a consistent set of communities and zip codes for which there is consistent data. Overall regional population is shown in the table below.

Population Growth (All Ages)

	2000	2006	% Change
Navajo/Apache Region*	86,031	86,570	<.01
Arizona	5,130,632	6,338,755	+24%
U.S.	281,421,906	301,621,157	+7%

US Census 2000, Summary File SF2 and US Census Population Estimates Program (PEP) 2007 estimates.

The region has experienced some decline in the number of children aged birth to five. It should be noted that this data does not account for children who *are* five years old, only those who are aged four years and younger. According to the 2000 US Census Summary File, and the 2007 US Census Population Estimates Program, the

total number of children in this age range dropped by 2 percent, as compared to an increase of 29 percent for the state as a whole. If the population count continues at these rates, it can be expected that there will be a stable population of children five years old and younger within the region in the years ahead.

Population Growth for Children Ages Birth to Under Five Years of Age

	2000	2007	% Change
Navajo/Apache Region	6,659	6,524	-2%
Arizona	459,141	594,110	+29%
U.S.	23,140,901	24,755,834	+7%

US Census 2000, Summary File SF2 and US Census Population Estimates Program (PEP) 2007 estimates.

The table below illustrates the population for children *under* five years, for 2000, by zip code. As was mentioned in the introduction, all attempts were made to use comparable data when available. The table below provides an overview of the communities that have a higher percentage of children under five years, such as Eagar and Springerville in Apache County, and Joseph City and Woodruff in Navajo County.

Navajo/Apache Community Population for Children Under five Years (2000)

Apache County	Total Population	Number of Children under 5 years	Percentage of Children under 5 years
(Alpine) 85920	212	12	4.7%
(Concho) 85924	2093	113	5.69%
(Eagar) 85925	2105	173	7.73%
(Greer) 85927	162	6	3.38%
(Nutrioso) 85932	272	12	5.4%
(St. Johns) 85936	4,060	314	7.63%
(Springerville) 85938	4,455	330	7.74%
(Vernon) 85940	639	38	5.28%
Total:	13,998	998	7.1%

Navajo County	Total Population	Number of Children under 5 years	Percentage of Children under 5 years
(Clay Springs) 85923	658	49	7.45%
(Heber) 85928	941	55	7.60%
(Holbrook) 86025	7060	613	8.72%
(Joseph City) 86032	125	16	9.24%
(Lakeside) 85929	5,668	364	6.48%
(Overgaard) 85933	2,773	122	3.99%
(Pinedale) 85934	317	18	5.96%
(Pinetop) 85935	5,369	304	5.71%
(Show Low) 85901	11,714	843	7.12%
(Snowflake) 85937	6,011	518	8.5%
(Taylor) 85939	3,446	359	1067%
(Woodruff) 85942	177	13	9.09%
Total:	44,259	3,225	7.29%

Source: U. S. Census Data 2000. Data available by zip code, Community names are referenced for information only.

Regional Race, Ethnicity and Language

Race and Ethnicity Characteristics

Residents in the Navajo/Apache Region are primarily White, non-Hispanic. According to the U.S. Census data from 2006, Arizona's racial make-up included 29 percent Hispanic/Latino, 60 percent White, non-Hispanic, 4 percent Black/African American, 5 percent American Indian, and 2 percent Asian/Pacific Islander.

Racial Composition of Selected Arizona Cities

City	African American	American Indian	Asian or Pacific Islander	Hispanic/Latino (of any race)	White, not-Hispanic
Avondale	N/A	N/A	N/A	N/A	44%
Chandler	4%	1%	6%	23%	64%
Gilbert	3%	1%	5%	15%	74%
Glendale	4%	2%	4%	35%	55%
Mesa	3%	2%	2%	27%	65%
Peoria	2%	<1%	3%	N/A	72%
Phoenix	6%	2%	2%	41%	48%
Scottsdale	2%	<1%	3%	9%	N/A
Surprise	5%	1%	2%	21%	N/A
Tempe	4%	3%	7%	23%	62%
Tucson	4%	4%	3%	39%	50%
Yuma	3%	1%	2%	N/A	39%
Arizona	4%	5%	2%	29%	60%

County	African American	American Indian	Asian or Pacific Islander	Hispanic/Latino	White, not Hispanic
Apache	1%	74%	<1%	5%	20%
Cochise	4%	1%	2%	32%	60%
Coconino	1%	29%	1%	12%	56%
Gila	1%	14%	1%	16%	68%
Graham	2%	15%	1%	28%	55%
Greenlee	1%	2%	<1%	45%	51%
La Paz	1%	13%	1%	23%	64%
Maricopa	5%	2%	3%	30%	60%
Mojave	1%	2%	1%	13%	81%
Navajo	1%	46%	<1%	9%	43%
Pima	3%	3%	2%	33%	58%
Pinal	4%	6%	1%	30%	59%
Santa Cruz	1%	1%	1%	81%	18%
Yavapai	1%	2%	1%	12%	84%
Yuma	3%	2%	1%	56%	40%

Source: American Community Survey (2006).
Note: Data refers to the entirety of Navajo and Apache Counties, including portions of the Fort Apache Indian Reservation and the Navajo Nation.

Data about births in 2006 in Arizona reflect a changing demographic both statewide and in the Navajo/Apache Region. The following table shows births by racial/ethnic

group for selected communities in the region. The largest percentage of births in 2006 for the region occurred among White, non-Hispanics at 69 percent, followed by Hispanic/Latinos at 19 percent and American Indians at 9 percent.

Births by Mother's Race/Ethnic Group (2006)

Communities	White non-Hispanic	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Unknown
Alpine	1	0	0	0	0	0
Concho	13	3	0	1	0	0
Eagar	59	17	0	4	0	1
Greer	1	1	0	0	0	0
Nutrioso	2	0	0	0	0	0
St. Johns	34	19	1	5	1	2
Springerville	26	11	0	1	1	0
Vernon	22	1	0	0	0	0
Clay Springs	3	0	0	0	0	0
Heber	16	3	0	1	0	0
Holbrook	29	16	2	26	0	1
Joseph City	28	3	0	2	0	0
Lakeside	68	36	0	9	0	0
Overgaard	23	2	2	1	0	1
Pinedale	4	0	0	0	1	0
Pinetop	19	10	0	11	2	0
Show Low	171	36	1	17	4	1
Snowflake	98	18	1	10	2	1
Taylor	56	9	0	2	1	0
Woodruff	5	0	0	0	0	0
Total: Total all communities: 978	678 (69%)	185 (19%)	7 (1%)	89 (9%)	12 (1%)	7 (1%)
Arizona	43,013	44,862	3,864	6,364	3,136	803

Source: Arizona Department of Health Service Vital Statistics, 2006.Table: Births by Mothers race/ethnic group and community.

Immigration Status

Data from the American Community Survey (2006) reveals that the immigration status of the Navajo/Apache Region residents is quite unique compared to the rest of the state. The communities in the region reported less than 5 percent of immigrant (non-U.S citizen) families, which may be due to the location of the region. Statewide, 30 percent of all children have at least one foreign-born parent. Children born to immigrant families are themselves likely to be citizens. Citizenship status allows children to qualify for public benefits such as AHCCCS and KidsCare (publicly financed health insurance for low-income children) that are generally off limits to non-citizens. Nonetheless, citizenship status does not *guarantee* that young children are able to access services. Even though more young children in the region are likely to be citizens, the citizenship status of their parents may affect their access to services. National studies suggest that many eligible "citizen children" with non-citizen par-

ents are unaware of services or afraid of the consequences of participating in public programs because of their legal status and citizenship. [3]

Regional immigration characteristics (2006)

	US Born Citizens	Foreign Born-Naturalized	Non-Citizens	Foreign Born
(Alpine) 85920	(99%) 209	(1%) 3	0	(1%) 3
(Concho) 85924	(96%) 2,013	(3%) 61	(1%) 19	(4%) 80
(Eagar) 85925	(97%) 2,045	(1%) 19	(2%) 41	(3%) 60
(Greer) 85927	(100%) 162	0	0	0
(Nutrioso) 85932	(97%) 265	(1%) 4	(1%) 3	(3%) 7
(Saint Johns) 85936	(97%) 3,947	(<1%) 18	(2%) 95	(3%) 113
(Springerville) 85938	(97%) 4,311	(1%) 50	(2%) 94	(3%) 144
(Vernon) 86940	(98%) 627	(<1%) 2	(2%) 10	(2%) 12
(Clay Springs) 85923	(98%) 644	(2%) 14	0	(2%) 14
(Heber) 85928	(99%) 933	(<1%) 5	(<1%) 3	(1%) 8
(Holbrook) 86025	(97%) 6,830	(1%) 89	(2%) 141	(3%) 230
(Joseph City) 86032	(98%) 123	(2%) 2	0	(2%) 2
(Lakeside) 85929	(95%) 5,413	(1%) 86	(3%) 169	(4%) 255
(Overgaard) 85933	(97%) 2,685	(2%) 54	(1%) 34	(3%) 88
(Pinedale) 85934	(100%) 317	0	0	0
(Pinetop) 85935	(97%) 5,225	(1%) 40	(2%) 104	(3%) 144
(Show Low) 85901	(98%) 11,452	(1%) 84	(1%) 178	(2%) 262
(Snowflake) 85937	(96%) 5,780	(2%) 103	(2%) 128	(4%) 231
(Taylor) 85939	(95%) 3,292	(1%) 32	(3%) 122	(1%) 19
(Woodruff) 85942	(100%) 177	0	0	0
Arizona	(87%) 4,474,449	(4%) 193,944	(9%) 462,239	(13%) 656,183
U.S.	(89%) 250,314,017	(4%) 12,542,626	(7%) 18,565,263	(11%) 31,107,889

Source: American Community Survey (2000). Note: Data is available by zip code, Communities are listed for identification only.

3 Capps, R., Hagan, J. and Rodriguez, N. "Border Residents Manage the U.S. Immigration and Welfare Reforms." In Immigrants, Welfare Reform, and the Poverty of Policy. Westport, CT: Praeger, 2004.

The region has far less than 1 percent (666 total) of the total foreign-born residents in the state of Arizona. Though 2000 data may not reflect current residency status, the information serves as a helpful comparable measure.

Despite the large number of immigrants to the state, Arizona does not rank in the top 10 for naturalizing citizens or providing permanent legal residency to individuals, leading some to speculate that many of the immigrants living in Arizona do not have legal status in the state. As a result, many individuals of foreign origin may not seek the services they need for themselves or their children for fear of having their status questioned, even if they do have legal status to be living in the United States. Consequently, finding data to accurately describe the ethnic and language characteristics of these families is very difficult in the Navajo/Apache region, as well as the United States as a whole.

Children of immigrants face challenges that children of native-born parents do not. Educational attainment of immigrant parents is often quite limited. Nationally, 40 percent of children in immigrant families live with a mother or father who has not graduated from high school, compared to 12 percent of children in non-immigrant families. Parents who have completed fewer years of schooling may be less able to help their children learn to read. In addition, children of immigrants may be less prepared than their counterparts to start kindergarten. Nationally, three — and four-year old children in immigrant families are less likely to participate in nursery school or preschool programs than their peers.[4]

Language characteristics for children five years and over

Language characteristics, in terms of 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 limited to children over the age of five. Data from the most recent 2008 Kids Count and American Community Survey estimate that up to 32 percent of Arizona children ages five to eighteen speak a language other than English. Many of the children who reside in linguistically isolated families enter school with limited English proficiency. According to language characteristics in the 2000 census for the population five years and over, over 75 percent of the children in the region speak English either "very well" or "well". Language characteristics like race and ethnicity are categories that can often allow respondents to mark more than one option; therefore they are not mutually exclusive. Consequently, totals often will not add up to 100 percent in these data tables.[5] The table below provides a snapshot of the relatively low percentages of children in the region who are living in households where Spanish is spoken almost exclusively.

4 (Children's Action Alliance. "Going Beyond the Immigration Hype: Children and Our Shared Destiny" Fact Sheet, 2006).
5 Mutually exclusive variables describe two events, conditions, or variables, which cannot occur at once.

Language Use Among Individuals (Ages Five and Older) in Navajo/Apache Regional Zip Code Areas.

Communities	% Speak *only* English	% Speaks English *less than "very well"*
(Alpine) 85920	98%	0.0%
(Concho) 85924	86%	2%
(Eagar) 85925	92%	2%
(Greer) 85927	94%	0.0%
(Nutrioso) 85932	83%	0.0%
(St. Johns) 85936	82%	4%
(Springerville) 85938	84%	5%
(Vernon) 85940	87%	1%
(Clay Springs) 85923	85%	1%
(Heber) 85928	94%	<1%
(Holbrook) 86025	76%	2%
(Joseph City) 86032	81%	1%
(Lakeside) 85929	87%	3%
(Overgaard) 85933	94%	1%
(Pinedale) 85934	96%	0.0%
(Pinetop) 85935	93%	2%
(Show Low) 85901	91%	2%
(Snowflake) 85937	88%	1%
(Taylor) 85939	90%	3%
(Woodruff) 85942	100%	0.0%

Sources: U.S. Census (2000)
**Children defined as five years and over.

Family Composition

In the Navajo/Apache region, data available regarding single parent households is from 2000, and reveals that across the region's communities, less than 10 percent of households in the region were female-headed households. This is similar to the rate across the state in 2000.

Single-parent Households with Children 0-18 Years in the Navajo/Apache region (2000)

Communities (Zip code)	Number of Female Headed Households	Percent Female Headed Households	Number of Male Headed Households	Percent of Male Headed Households
Apache County				
Alpine (85920)	0	0.0%	3	3%
Concho (85924)	54	6%	37	4%
Eagar (85925)	101	14%	12	2%
Greer (85927)	5	6%	0	0.0%
Nutrioso (85932)	6	5%	3	2%
St. Johns (85936)	108	9%	29	3%
Springerville (85938)	156	10%	56	4%
Vernon (85940)	7	3%	10	5%
Navajo County				
Clay Springs (85923)	26	13%	0	0.0%
Heber (85928)	9	3%	11	3%
Holbrook (86025)	337	15%	123	5%
Joseph City (86032)	0	0.0%	0	0.0%
Lakeside (85929)	190	9%	109	5%
Overgaard (85933)	62	5%	22	2%
Pinedale (85934)	0	0.0%	0	0.0%
Pinetop (85935)	152	7%	45	2%
Show Low (85901)	427	10%	178	4%
Snowflake (85937	204	11%	74	4%
Taylor (85939)	62	6%	44	4%
Woodruff (85942)	4	6%	0	0.0%
Arizona	201,775	11%	88,917	5%
U.S.	12,500,761	12%	4,302,568	4%

Source: U.S. Census, Summary File 3 (SF3), Table P10.(2000) – Sampled data set – American Fact Finder

Estimates indicate that many of these households are led by mothers-only, while a few are led by fathers-only. While this number of single-parent households might seem high, Arizona is actually right at the national average for this statistic and much better than many states — some where single parent households can approach the 50 percent mark (i.e., Washington, D.C.; Mississippi). One of the more reliable predictors of a child receiving early education and care services is whether or not the child's mother is both a single parent *and* needs to work to support the family. In 1991, 85 percent of working mothers of four-year olds used early childhood education and care programs, with that figure jumping to 91 percent in 1999.

Percentage of Single-parent Households with Children 0-18 Years–(2003-2006)

	2003	2004	2005	2006
Navajo/Apache Region	Data not available			
Arizona	17%	15%	16%	15%
U.S.	14%	14%	15%	14%

Source: American Community Survey

Teen Parent Households

The Navajo/Apache Region similar to the state average as far as births to teenage parents is concerned. While the rate declined to 13 percent in 2006, births to teen moms had been holding steady for several years at around 16 percent. The state average for teenage births has remained relatively constant at 13 percent for more than five years, but little progress has been made to reduce the prevalence of teen mothers giving birth to a second child. From 2000 to 2006, approximately 22 percent of births to teen mothers were the mother's second child.[6] In 2008, Arizona ranked 41st out of the 50 states for the highest high school drop-out rates at 9 percent, so many of these teen mothers are also challenged in the workforce to provide for their children because they lack a high school diploma. Ironically, dropout prevention studies consistently identify the need for high-quality early childhood education to prevent the high school dropout problem, which in turn is cited in the early childhood literature as one reason why children of teenage mothers often have poor early childhood outcomes themselves.

Percentage of Children Born to Teen* Mothers

	2006
Navajo/Apache Region	13%
Arizona	13%
U.S.	10%**

Sources: American Community Survey, National Center for Health Statistics, ADHS Vital Statistics.
*Teen defined as 19 years of age or under.
**Preliminary Data for 2006, 12/5/2006.

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.[7] Of the grandparents who live with their grandchildren in the Navajo/Apache Region, between 24-87 percent report having primary care taking responsibilities. Smaller communities such as Joseph City report 100 percent of grandparents having care taking responsibilities, yet the actual *number* of grandparents living with their grandchildren is two, making the percent seem high.

It is critical to note that grandparent caregivers are more likely to be poor in comparison with parent-maintained families. Furthermore, many grandparent caregivers have functional limitations that affect their ability to respond to the needs of grandchildren.[8]

6 This rate jumped as high as 25 percent in 2003.
7 American Community Survey
8 Grandparents Living with Grandchildren, 2000, census brief.

Percentage of Households with Children Under Age 18 Headed by Grandparents

County	Percent of households with children under 18 led by grandparents
Apache	4
Cochise	3
Coconino	4
Maricopa	1
Mohave	2
Navajo	5
Pima	2
Pinal	3
Yavapai	<1
Yuma	2

Source: American Community Survey.
Note: Data not available at community, or zip code level.

Employment, Income and Poverty

Poverty Chart and Discussion

Joblessness can impact the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.3 percent in May of 2007. For the most recent 12-month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates. Data is presented in monthly increments because economic indicators such as joblessness are measured over much smaller periods of time than are more static social indicators (i.e., gender, ethnicity, etc.). In growth-prone areas of Arizona such as Phoenix, unemployment rates have been slower to creep up toward the state and national averages.

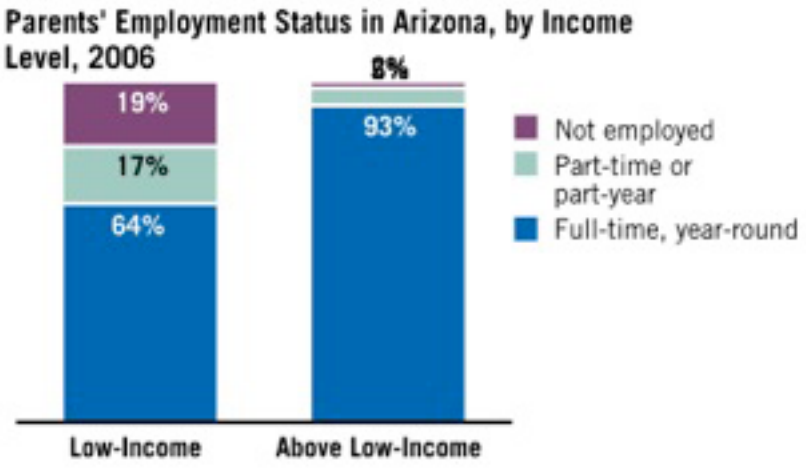
The Navajo/Apache Region has a slightly lower rate of joblessness than the state and national averages. By communities there is variance in unemployment rates, with communities such as Alpine, Greer, Nutrioso, Joseph City, Pinedale and Woodruff reporting no unemployment to Clay Springs reporting up to 9 percent unemployment.

Average Unemployment Rates (2000)

Communities	2000
Alpine (85920)	0%
Concho (85924)	6%
Eagar (85925)	5%
Greer (85927)	0%
Nutrioso (85932)	0%
St. Johns (85936)	4%
Springerville (85938)	5%
Vernon (85940)	4%
Clay Springs (85923)	9%
Heber (85928)	1%
Holbrook (86025)	4%
Joseph City (86032)	0%
Lakeside (85929)	3%
Overgaard (85933)	2%
Pinedale (85934)	0%
Pinetop (85935)	4%
Show Low (85901)	4%
Snowflake (85937)	4%
Taylor (85939)	3%
Woodruff (85942)	0%
Arizona	3%
U.S.	4%

Source: US Census, Summary File 3 (SF3); QT-P24. (2000)

Even Arizona parents who are employed may be struggling to "make ends meet", as some research indicates that almost two-thirds of working families are living at or below the federal poverty line and are considered to be "low-income" families. The following graph shows the relationship between employment levels and categorization as "low income" or "above low income".



Arizona Demographic Profiles

Both women and men are more likely to have higher incomes if they have greater educational success. For example, according to 2004 statistic 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 rises to more than $26,000 per year. With a bachelor's degree in 2004, women were reporting an income of $41,000 per year.[9]

Annual Income

In 2000, the median household income ($34,379) was below the state median ($40,558) in all but three of the Navajo/Apache regional communities (Pinetop, Pinedale, and Joseph City as of 2000); and in 2003, additional data showed that many communities were 10-20 percent below the state median. In 2006, 29.9 percent of births in the region were to unwed mothers. For these mothers, the potential of living in poverty is significant, and faced with the need for affordable child care, these families are at even greater risk for spiraling further into economic hardship.

Median[10] Annual Income (per year – pretax) (2000)

Communities	Median Household Income (2000)
Alpine (85920)	$35,417
Concho (85924)	$23,839
Eagar (85925)	$38,897
Greer (85927)	$21,875
Nutrioso (85932)	$31,406
St Johns (85936)	$34,250
Springerville (85938)	$34,085
Vernon (85940)	$37,721
Clay Springs (85923)	$27,083
Heber (85928)	$29,154
Holbrook (86025)	$32,123
Joseph City (86032)	$40,938
Lakeside (85929)	$34,740
Overgaard (85933)	$32,092
Pinedale (85934)	$43,750
Pinetop (85935)	$47,363
Show Low (85901)	$34,367
Snowflake (85937)	$34,705
Taylor (85939)	$33,306
Woodruff (85942)	$40,469
Arizona	$40,558
U.S.	$41,994

Source: U.S. Census, Summary File 3 (SF3); QT-P32. (2000)
Data is available by zip code, communities are listed for identification only.

9 *US Census Bureau, Income by education and sex*".

10 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.

Additional income data for the region was found for 2003 as shown in the table below, however, data was not available for all communities in the Navajo/Apache Region.

Median Household Income 2003

Community	2003
Eagar	$36,300
Holbrook	$31,400
Overgaard	$35,380
Pinetop-Lakeside	$38,000
Show Low	$32,700
Snowflake	$35,600
Springerville	$33,600
Taylor	$35,000
Arizona	$40,800
US	$43,600

Source: ADHS Community Health Profile (2003)

Families in Poverty

In 2006 in the Navajo/Apache Region, many areas contained households where the median annual income was at or below federal poverty guidelines. For a family of four, the federal poverty level is $21,200 a year (for the 48 contiguous states and D.C.).[11] Towns such as Clay Springs, Concho and Joseph City have nearly twice as many families living at or below 100 percent of the federal poverty level compared to the state. One of the many requirements of living in this very large, mostly rural region, is the necessity of traveling significant distances to see doctors, attend childcare, get to work, and be engaged in any sort of social network. Many communities are a one hour drive apart, averaging 50 miles distance. The major shopping options (Wal-Mart, Safeway, Lowes, and Home Depot) are located in Show Low, as is the regional medical center with a Level IV trauma center, Summit Healthcare Regional Medical Center. There are a select number of specialists who will see young children, and they are located in Show Low as well. However, the vast majority of specialized medical services are located in Flagstaff, Tucson, or Phoenix, which requires a significant amount of travel (an average of 400 miles round trip, and four hours driving time each direction). For a family with one wage earner, and one vehicle, this is sometimes as un-surmountable challenge and children go without needed medical attention, social interaction, and exposure to other valuable experiences of life. While many of these families are AHCCCS eligible based on income (76 percent for Navajo County as a whole, and 71 percent for Apache County as a whole in 2007; *AHCCCS*); AHCCCS health plans will only provide medical transportation for the patient and one parent. For the majority of families needing medical transportation for their child, typically there is more than one child; therefore, the family is forced to pay for childcare for the children who must be left behind, miss at least one full day of work, as well as pay for food and possibly lodging for an overnight stay. These are the same families who qualify for AHCCCS based on income eligibility, which quite likely means that they are not able to afford the additional expenses of

11 Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.11

childcare, gas, meals at restaurants, and missed work. For single parent families in this region (2,666 families, *US Census 2000*), this is an even harder problem to solve.

When considering what defines a livable wage and the required income it takes to meet a families' basic needs, many systems use the 200 percent of poverty as a significant marker. The Quality Counts State Report Cards discuss 200 percent of poverty as the point at which a child's chances for success in school and life become improved. Across the state of Arizona, 42 percent (*American Community Survey, 2006*) of families lived at or below 200 percent of the federal poverty rate. In the portion of Apache County within the Navajo/Apache Region, 33 percent of families living at or below 100 percent of federal poverty have children aged five or younger in the household, and in the portion of Navajo County within this region, the rate is 40 percent. This represents 688 families across the Region *(US Census Data 2000)*. Unfortunately, data is not available for the Navajo/Apache Region that would describe the numbers of families living at 200 percent of the federal poverty level; however, in light of the fact that the median income in the region is $34,379, and 200 percent of the federal poverty rate for a family of four is $42,400 (*Source: U.S. Census Bureau, Housing and Household Economic Statistics Division*), it is expected that a significant number of families with children living in the region are living at or below 200 percent of the federal poverty rate.

Additionally, the rising costs of food, gas, propane (used for hot water, cooking, and heat), electricity, and other needed services, more and more families are faced with having to make the choice between paying for food, or for propane to heat the house. Additionally, many more families are using wood to heat their homes as the costs of propane, natural gas, and electricity continue to rise, for children with respiratory health problems, this is a very real health concern. However, firewood permits are available for very little cost to people who want to cut their own firewood. For a family faced with being unable to afford heating fuel (propane or natural gas), this is quite often the only affordable option available.

Families Living At or Below the Federal Poverty Level (2006)

	Percent of Families Living At or Below 100% of the Federal Poverty Level
(Alpine) 85920	0%
(Concho) 85924	20.8%
(Eagar) 85925	11.5%
(Greer) 85927	9.3%
(Nutrioso) 85932	16.7%
(St. Johns) 85936	13.9%
(Springerville) 85938	8.9%
(Vernon) 85940	10.4%
(Clay Springs) 86923	25.1%
(Heber) 85928	11.8%
(Holbrook) 86025	16.7%
(Joseph City) 86032	19.4%
(Lakeside) 85929	8.1%
(Overgaard) 85933	8.9%
(Pinedale) 85934	14.5%
(Pinetop) 85935	8.2%
(Show Low) 85901	9.5%
(Snowflake) 85937	11.7%
(Taylor) 85939	12.9%
(Woodruff) 86942	0%
Arizona	10%
US	10%

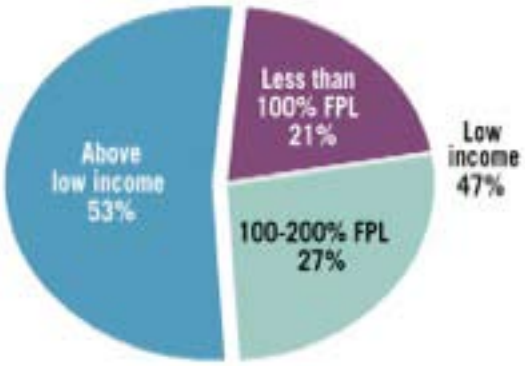
Source: U.S. Census (2000).
Note: Percent is for the zip code area. Communities indicated are for identification purposes only.

Children Living At or Below Federal Poverty Level (2006)

	Percent of children living at or below 200 percent of the Federal Poverty Level
Navajo/Apache Region	N/A
Arizona	42%
US	36%

Data not available for Apache county, total pop for children under 18 yrs of age is 23,895.
** Children defined as less than 18 years.
Source: American Community Survey (2006).

Arizona Families Living Below the Federal Poverty Line (FPL)



Source: National Center for Children in Poverty (2006)

Though the data from the table below is from the 2000 Census, it provides a regional view of families at or near the poverty level. Within the region, of 1,787 families at or below the federal poverty level, 688 had children under the age of five, or almost 40 percent. The community level data reported here provides a more detailed view of families' situations in the area.

Navajo/Apache Region Families at or below FPL, With Children Under five Years of Age (2000)

City (zip code)	Number of Families living at or below 100% FPL	% Families living at or below 100% FPL	Number of *these* families with children under 5 years	% of *these* families with children under 5 years
Apache County				
Alpine (85920)	0	0%	0	0%
Concho (85924)	125	20.9%	40	32%
Eagar (85925)	68	11.5%	19	25%
Greer (85927)	5	9.3%	5	100%
Nutrioso (85932)	18	16.7%	0	0%
St Johns (85936)	129	13.9%	53	41%
Springerville (85938)	101	8.9%	31	31%
Vernon (85940)	17	10.4%	4	24%
Total:	463		152	33%
Navajo County				
Clay Springs (85923)	44	25.1%	12	27%
Heber (85928)	31	11.8%	16	52%
Holbrook (86025)	289	16.7%	126	44%
Joseph City (86032)	6	19.4%	2	33%
Lakeside (85929)	132	8.1%	59	45%
Overgaard (85933)	77	8.9%	16	21%
Pinedale (85934)	16	14.5%	0	0%
Pinetop (85935)	130	8.2%	22	17%
Show Low (85901)	312	9.5%	115	37%
Snowflake (85937)	178	11.7%	94	53%
Taylor (85939)	109	12.9%	74	68%
Woodruff (85942)	0	0	0	0%
Total:	1324		536	40%

Source: U. S. Census Data 2000; Data unavailable for Sun Valley, 86029; Show Low, 85902; White Mountain Lake, 85912

The chart below reflects that in 2003, 5,375 families received food stamps, and 1,602 children received WIC benefits for selected population dense cities in the Navajo/ Apache Region.

Welfare Benefits–Navajo/Apache Region

Benefits For Region	Holbrook	Show Low	Snowflake	Springville	Saint Johns	Taylor
Food Stamps	1,070	1,656	779	411	1,037	422
Children WIC Recipients	188	493	255	127	352	187

Source: Arizona Department of Health Services, Community Health Profile, 2003.

Parent Educational Attainment

Studies have found consistent positive effects of parent education on different aspects of parenting such as parenting approaches, attitudes, and child rearing philosophy. Parent education can potentially impact child outcomes by providing an enhanced

home environment that reinforces cognitive stimulation and increased use of language.[12] 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, almost 30 percent of mothers who gave birth in Navajo County did not have a high school diploma, which is almost 10 percent higher than the state average over the same period of time, and 15 percent higher than the national rate for the same period of time. For Apache County the percentage was slightly smaller than Navajo County at approximately 25 percent. 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
Navajo County	No H.S. Degree	27%	28%	29%	27%	28%
	H.S. Degree	41%	39%	37%	40%	39%
	1-4 years College	28%	29%	30%	29%	30%
Apache County	No H.S. Degree	25%	24%	23%	22%	24%
	H.S. Degree	41%	41%	38%	41%	37%
	1-4 years College	30%	30%	34%	33%	34%
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%

Source: Arizona Dept. of Health Services, Vital Statistics, American Community Survey (2002-2006)
Note: Includes tribal data, because data cannot be accessed by community for this indicator.
Note: Numbers do not add to 100 percent since any education beyond 17 years and unknowns were excluded.

In the Navajo/Apache Region, the percent of the adult population over age 25 who have completed high school ranges from 66 percent in Sanders to 95 percent in Alpine. There is also a wide fluctuation of the adult population over age 25 who have obtained a bachelor's degree, or higher; ranging from 0 percent in Woodruff, to 29 percent in Greer and Pinetop. The region as a whole has a *slightly* higher average of high school graduates (81.7 percent) than the state and national averages of 81 and 80 percent respectively; however, there is a much lower rate of attainment of bachelor's degree or higher (15.7 percent), as compared to the state and national rates of 23 and 24 percent respectively.

12 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.

Graduation Rates for Apache and Navajo County Communities (2000)

Communities	High School graduate or higher	Bachelor's degree or higher
Alpine (85920)	95%	26%
Concho (85924)	75%	11%
Eagar (85925)	85%	16%
Greer (85927)	91%	29%
Nutrioso (85932)	90%	19%
Sanders (85612)	66%	8%
St. Johns (85936)	77%	17%
Springerville (85938)	80%	16%
Vernon (85940)	82%	14%
Clay Springs (85923)	75%	7%
Heber (85928)	82%	14%
Holbrook (86025)	80%	16%
Joseph City (86032)	68%	7%
Lakeside (85929)	82%	17%
Overgaard (85933)	87%	13%
Pinedale (85934)	85%	15%
Pinetop (85935)	89%	29%
Show Low (85901)	84%	15%
Snowflake (85937)	81%	17%
Taylor (85939)	83%	12%
Woodruff (85942)	80%	0%
Arizona	81%	23%
U.S.	80%	24%

Source: U.S. Census (2000)

Healthy Births

Prenatal Care

Adequate prenatal care is vital in ensuring the best pregnancy outcome. 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, prenatal care is far below what it could be to ensure this healthy beginning. Some barriers to prenatal care in communities and neighborhoods include the large number of pregnant adolescents, the high number of non-English speaking residents, and the prevalence of inadequate literacy skills.[13] In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care. [14]

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

- Postpartum complications for mothers

13 Ashford, J. , LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment.* Belmont, CA: Thompson Brooks/Cole.
14 LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.

- 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 Navajo/Apache Region approximately 78 percent of the mothers received early prenatal care. From 2004 to 2006, less than 30 percent of new Arizona mothers made 13 or more visits for prenatal care during the course of their pregnancy. There are few women in this region who are reported as receiving *no* prenatal care, but overall, pregnant women across Arizona often fail to receive *early* prenatal care. According to national statistics 83 percent of pregnant women receive prenatal care in their first trimester, compared to 77 percent in Arizona[15].

One prominent indicator of whether prenatal care is obtained in the first trimester is ethnicity. 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.[16] Any effort to increase prenatal care should consider these large ethnic differences. There are many barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, teenage motherhood, stress and domestic violence.[17]

The following table provides an overview of several characteristics of newborns and mothers in the region.

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

Selected Characteristics of Newborns and Mothers – Navajo/Apache Region Communities (2006)

Community	Total Births	Teen Mother (</=19yr)	Prenatal Care 1st Trimester*	No Prenatal Care	Public $	LBW <2500*	Unwed Mothers
Chambers	8	2	4	0	4	1	7
Sanders	35	6	16	0	19	3	28
Alpine	1	0	0	0	1	0	1
Concho	17	5	16	0	12	0	6
Eagar	81	13	61	0	58	11	32
Greer	2	0	1	1	1	0	1
Nutrioso	2	0	1	0	2	0	1
St. Johns	62	4	45	1	36	3	20
Springerville	39	7	30	0	27	3	16
Vernon	23	3	19	0	14	1	5
Clay Springs	3	1	3	0	3	0	0
Heber	20	3	19	0	12	4	8
Holbrook	74	7	48	2	50	5	41
Joseph City	33	4	28	0	14	3	5
Lakeside	113	19	87	0	79	7	50
Overgaard	29	2	29	0	18	2	6
Pinedale	5	0	3	0	3	1	0
Pinetop	42	5	33	0	25	2	16
Show Low	230	29	188	2	146	22	9
Snowflake	130	22	103	1	84	10	39
Taylor	68	6	55	0	52	2	15
Woodruff	5	0	4	0	1	0	0
Totals	1022	138	793	7	661	80	306

* First trimester prenatal care serves as a proxy for births by number of prenatal visits and births by trimester of entry to prenatal care. Low Birth Weight (LBW) serves as a proxy for pre-term births (<37 weeks).

Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics

Low Birth-Weight Babies

Low birth weight and very low birth weight (defined as less than 3 lbs., 4 oz.) are leading causes of infant health problems and death. Many factors contribute to low birth weight. Among the most prominent are drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. The Navajo/Apache Region has a low birth weight rate of 8 percent.

The Centers for Disease Control reports that low birth-weight births have been rising over the past several years. Arizona is producing fewer low birth-weight babies each year. Studies have suggested that Arizona's lower than average incidence of pregnant women who smoke cigarettes accounts for better outcomes regarding birth-weight than is seen in other cities in the United States. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent, while the Arizona rate was only 5.9 percent. For those women who chose to smoke during their pregnancies, white teenagers seem to have the highest prevalence for this behavior, at 30 percent nationally.

Pre-term Births

Pre-term births, defined as birth before 37 weeks gestation, account for nearly one-half of all congenital neurological defects such as cerebral palsy, and more than two thirds of infant deaths.[18] In the above chart, low birth weight is presented. Because these indicators are closely linked, low birth weight can be considered as a proxy for pre-term births. Low birth weight has a direct link to the gestational age at which the child is born. Overall, the rates of premature birth have been rising in the U.S. over the past twenty years, with some studies pointing to advances in neonatal care capabilities, as well as a higher incidence of caesarian sections that are not medically necessary, as contributing to these rates. The rate of pre-term births in the United States has increased 30 percent in the past two decades.[19] One half of all pre-term births have no known cause. One factor to consider is that, since 1996, the caesarean section rate has risen to 30 percent, with the latest studies showing that 92 percent of babies delivered by C-section from 1996 to 2004 were judged after birth to be "late pre-term", meaning they were born after 34 to 37 weeks of pregnancy as opposed to the typical 38 to 42 weeks.[20]

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.[21] Once a young woman becomes pregnant, the risk of a second pregnancy increases. About one-third of adolescent mothers have a repeat pregnancy within two years.[22] A repeat teen birth comes with a significant cost to the teenage mothers themselves and to society at large. 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.[23] 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.

In the region, 13 percent of all births were to mothers 19 years of age and under, while 28 percent of births were to unwed mothers.

Health Insurance Coverage and Utilization

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

18 Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New perpectives on the subborn
19 Mayo Clinic. Premature births, November, 2006.
20 Preliminary births for 2005: Infant and Marternal Health National center for Health Statistics.
21 Center for Disease Control, fact sheet, 2001.
22 Kaplan, P. S., *Adolescence*, Boston, MA, 2004.
23 Manlove, J., Mariner, C., & Romano, A. (1998). *Positive educational outcomes among school-age mothers.* Washington DC: Child Trends.

with appropriate care as needed. Research shows that children receiving health care insurance[24]:

- 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

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.[25] Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.[26]

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.[27]

Percentage of Children (0-5 years) Without Health Insurance Coverage

	2001	2002	2003	2004	2005	2006
Arizona	14%	14%	14%	13%	15%	15%
U.S.	10%	10%	10%	10%	10%	11%

Source: Kids Count.

The chart below shows children enrolled in AHCCCS or KidsCare – Arizona's publicly funded, low cost health insurance programs for children in low income families. As the chart shows, (combining the two counties) 1,791 children (ages 0-five) were enrolled in AHCCCS or KidsCare in the region in 2007, reflecting about 27 percent of the total population of children 0-five years.

24 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.

25 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.

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

27 . 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.

Children Under Six Enrolled in KidsCare or the AHCCCS Health Coverage (2004-2007)

	AHCCCS				KidsCare				Total # of Children Under Six Enrolled In AHCCCS or KidsCare			
	'04	'05	'06	'07	'04	'05	'06	'07	'04	'05	'06	'07
Navajo County	1,161	1,343	1,206	1,191	92	119	157	136	1,253	1,462	1,363	1,327
Apache County	380	398	399	420	46	53	59	44	426	451	458	464
Arizona	87,751	102,379	95,776	96,600	6,029	7,397	8,699	9,794	93,780	109,776	104,475	106,394

Source: AHCCCS, Enrollment data is for calendar year, representing children enrolled at any time during the calendar year in AHCCCS or KidsCare. The child is counted under the last program in which the child was enrolled. Note: Data may include information from The Navajo Nation, Hopi Tribe, and Fort Apache Reservation KidsCare counts as well.

While many children do receive public health coverage, many others likely qualify. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.[28] Indeed, the large percent of families who fall below 200 percent of the Federal Poverty Level in the region suggest that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who have access to employer-based coverage.[29]

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 of services. For example, 37 percent of 788 AHCCCS providers surveyed in 2005 (representing 98 percent of all AHCCCS providers) had *no means* of understanding their Spanish-speaking patients unless the patient's family member could translate for their relative and the medical provider. [30]

Access to Medical Care

While a variety of factors ultimately influence access to health care, health coverage does play an important role in ensuring that children get routine access to a doctor or dentist's office. Families who are referred to specialty medical providers or therapists are required to travel to Tucson, Phoenix, or Flagstaff for appointments. There are available primary care physicians within the Region; however, the distance required to travel is typically 25-60 miles each way. As the price of gasoline continues to rise, the likelihood that many families will be able to afford to bring their child in to the

28 Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 31, 2003.

29 Long, Sharon K and John A. Graves. "What Happens When Public Coverage is No Longer Available?" Kaiser Commission on Medicaid and the Uninsured, January 2006.

30

doctor drops, especially if their child has a tendency to get sick or requires frequent maintenance visits *(Apache County AEEF Focus group finding, 2007).* Families who have AHCCCS coverage have a transportation benefit for their child; however, the limitations placed on that travel benefit – only the insured child with the appointment and one parent may travel, and the travel is covered from the a single location within a city hub— – make it un-usable for many families. Most families have more than one child, and the cost and challenge of finding reliable child-care for an all-day trip to see the doctor is too difficult, and quite likely too expensive, for most families. The result is that more and more kids are receiving care in emergency rooms in local hospitals because routine preventative care is not within reach of their parents. The vast majority of pediatric specialists are located in Phoenix or Tucson, and a lesser number in Flagstaff.

The travel required for a family in Eagar, for example, to see a pediatric gastroenterologist at Phoenix Children's Hospital would more than likely require the following:

1. Schedule the appointment 3-6 months ahead of time.
2. Book a hotel room for at least one night, be ready to change it based on the hospital.
3. Be ready to have it rescheduled at last minute's notice, based on hospital schedule.
4. Be ready to have to reschedule it based on the child's health, and be ready for the hospital scheduler to be upset about it.
    a. Be ready to have to miss the appointment due to impassable roads in the winter, and be ready for the hospital scheduler to be upset about that fact. Wait another few months for a new appointment time.
5. Leave home the day before to travel to Phoenix because:
6. Most outpatient appointments are scheduled in the morning or early afternoon, and
7. The travel time from Eagar to Phoenix is five to six hours (especially when traveling with an infant or toddler), each direction, and it is about 250 miles each way,
8. Depending on the time of the appointment; either stay in Phoenix for an additional night, or drive home that day and get home late at night.
9. Wait four to six weeks for the specialist to send the report to the referring physician.

This is a very different experience than that of a family living in Phoenix or Tucson.

If a child has special needs and qualifies for any number of state programs to assist with their health and developmental needs, navigating those systems is very difficult for many families and most often results in families feeling frustrated and unable to access care *(Apache County AEEF Community Focus group finding, 2007).* Pediatric dental care for children covered by AHCCCS in particular is difficult to find without traveling to Flagstaff. Providers in this Region will provide the service, but they will not accept the AHCCCS reimbursement rate and so will not treat AHCCCS covered patients. Additionally, there is a significant shortage of speech, occupational, and physical therapists in this region, which results in children either not receiving services that they are entitled to, or receiving them at a drastically reduced frequency. Conversations with parent groups, School Readiness Partnerships in the region, as well as several school

district superintendents indicate that this is a source of frustration for both families and providers, who strive to meet the needs of the kids and families they serve.

The chart below shows that for children under age five enrolled continuously in AHCCCS in Navajo and Apache counties, 76 percent and 71 percent respectively, received at least one visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) throughout the year in 2007.

Percent of Children (Ages 12-Months – five Years) Continuously Enrolled in AHCCCS and Receiving One or More Visits to a Primary Care Practitioner

	Navajo County*	Apache County*	Arizona
2005	72%	66%	78%
2006	74%	68%	78%
2007	76%	71%	78%

*Data only available at the county level.
Source: AHCCCS. Note: Continuously enrolled refers to children enrolled with an AHCCCS health plan (acute or ALTCS) 11 months or more during the federal fiscal years 2005, 2006, 2007

Oral Health Access and Utilization

Access to dental care is also limited for young children in both the state and the region. As the chart below shows, in 2003, oral health varied among cities in the Navajo/Apache Region. For example, a widespread problem with untreated tooth decay among six to eight year olds ranged from a low of 28 percent in Saint Johns to a high of 66 percent in Taylor.

Oral Health–Navajo/Apache Region–Children 6-8 Years Old

Communities (2003)	Untreated tooth decay	Tooth decay experience	Urgent Treatment needs	Sealants present
Holbrook	57%	78%	27%	49%
Show Low	51%	67%	14%	26%
Snowflake	54%	77%	9%	21%
St. Johns	28%	49%	6%	22%
Taylor	54%	77%	9%	21%
Arizona	40%	62%	9%	28%

Source: Arizona Department of Health Services, Community Health Profile 2003.

The 2007 Southern Apache County Community Profile and Assessment provided the following information regarding dental needs of children in the region:

- 49 percent of toddlers from two to four years of age experienced tooth decay, as compared to 37 percent for Arizona children
- 12 percent of the population with urgent treatment needs were toddlers, as compared to 4 percent of Arizona toddlers
- 70 percent of children six to eight years of age in Apache County experienced tooth decay, as compared to 62 percent of Arizona children

- 34 percent of children had untreated tooth decay, as compared to 40 percent for Arizona children

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 American's with Disabilities Act (ADA) and Arizona Department of Health Service (ADHS) to increase the number of providers who accept young children.

Child Safety

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.

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 difficulties such as depression, aggression, and stress. Direct negative academic outcomes (such as low academic achievement; lower grades, lower test scores, learning difficulties, language deficits, poor schoolwork, and impaired verbal and motor skills) have also been documented. Furthermore, child abuse and neglect have a direct relationship to physical outcomes such as ill health, injuries, failure to thrive, and somatic complaints.[31]

It is important to note that a child abuse report is not an indicator of risk, and is not tied to the removal of a child. There are many cases where the specific allegation in the report cannot be proven but it is nonetheless determined that the child is at imminent risk of harm and services and supports are put in place to keep the child safely at home, or the child is removed. The number of reports that are considered substantiated are a subset of the total number of reports that were received, investigated, and closed during the reporting period.

The charts below provide a history of child abuse reports received and the outcome for Navajo and Apache counties. Child abuse and neglect are concern in the region with over 1,500 reports of abuse or neglect being made between 2005 and 2007, with 8 percent of those reports being substantiated.

31 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.

Child Abuse Reports, Substantiations, Removals, and Placements*– Navajo County

	Oct 2003 through Mar 2004	Apr 2004 through Sep 2004	Oct 2004 through Mar 2005	Apr 2005 through Sep 2005	Oct 2005 through Mar 2006	Apr 2006 through Sep 2006	Oct 2006 through Mar 2007	Apr 2007 through Sep 2007
Number of reports received	150	286	262	345	335	260	304	347
Number of reports Substantiated	NA	NA	NA	NA	28	24	17	16
Substantiation rate	NA	NA	NA	NA	8%	9%	6%	5%
Number of new removals	30	73	60	102	74	45	47	80

*All data taken from Arizona Department of Economic Security Child Welfare Reports. Discrete data for "number of reports substantiated" not available prior to Oct. 2005-Mar. 2006. Child Welfare Reports do not provide county-level data for number of child in out-of-home care on the last day of reporting period. Data for number of reports received drawn from Child Welfare Report tables labeled "Number of Reports Responded to by Type of Maltreatment and County."

Child Abuse Reports, Substantiations, Removals, and Placements* – Apache County

	Oct 2003 through Mar 2004	Apr 2004 through Sep 2004	Oct 2004 through Mar 2005	Apr 2005 through Sep 2005	Oct 2005 through Mar 2006	Apr 2006 through Sep 2006	Oct 2006 through Mar 2007	Apr 2007 through Sep 2007
Number of reports received	85	84	94	89	85	80	90	87
Number of reports Substantiated	NA	NA	NA	NA	8	6	8	20
Substantiation rate	NA	NA	NA	NA	9%	8%	9%	3%
Number of new removals	27	12	16	29	26	19	26	25

*All data taken from Arizona Department of Economic Security Child Welfare Reports. Discrete data for "number of reports substantiated" not available prior to Oct. 2005-Mar. 2006. Child Welfare Reports do not provide county-level data for number of child in out-of-home care on the last day of reporting period. Data for number of reports received drawn from Child Welfare Report tables labeled "Number of Reports Responded to by Type of Maltreatment and County."

The table below provides a breakdown of reports received by each county in Arizona for a three month period in 2007. Less than 2 percent were made in Navajo and Apache counties, combined. Of those reports made in the Navajo/Apache region, 281 were reports of neglect, followed by 134 reports of physical abuse, 15 reports of sexual abuse, and four reports of emotional abuse, and 8 percent of the reports were substantiated.

Number of Reports Received by Type of Maltreatment and County, April 1, 2007 – September 30, 2007

COUNTY	EMOTIONAL ABUSE	NEGLECT	PHYSICAL ABUSE	SEXUAL ABUSE	TOTAL	% OF TOTAL
APACHE	1	47	33	6	87	0.5%
COCHISE	6	312	154	22	494	2.7%
COCONINO	3	248	124	27	402	2.2%
GILA	2	148	59	14	223	1.2%
GRAHAM	1	61	36	12	110	0.6%
GREENLEE	0	16	8	2	26	0.1%
LA PAZ	2	35	17	8	62	0.3%
MARICOPA	117	6,098	3,424	645	10,284	57.0%
MOHAVE	4	417	197	34	652	3.6%
NAVAJO	3	234	101	9	347	1.9%
PIMA	50	1,924	1,045	181	3,200	17.7%
PINAL	14	648	315	80	1,057	5.9%
SANTA CRUZ	2	63	38	5	108	0.6%
YAVAPAI	4	381	181	35	601	3.3%
YUMA	3	290	104	28	425	2.4%
STATEWIDE	212	10,922	5,836	1,108	18,078	100.0%
%OF TOTAL	1.2%	60.4%	32.3%	6.1%	100.0%	

*All data taken from Arizona Department of Economic Security Child Welfare Reports, April 1, 2007 – September 30, 2007. Does not include tribal data.

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), involving more than six 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:

- 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

Almost three quarters (72 percent) of all child victims in 2006 from 0-3 years were neglected.

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.

Foster Care Placements

Foster care placement is directed toward children whose parents are perceived as unable to properly care for them. Foster care has increasingly become an important aspect of the child welfare system. The extent to which foster care is being used in different communities reflects the resources available to provide needed care to vulnerable children. In the Navajo/Apache Region, there were 135 child placements in 2004 and that number increased to 173 in 2005 (see chart below). The majority of children in out-of-home care across the state of Arizona are either White (42 percent) or Hispanic (35 percent), followed by African American (13 percent).

Child Placements In Foster Care

	2002	2003	2004	2005	2006
Navajo	**2004 Navajo County: 108* 2005 Navajo County: 133***				
Apache	**2004 Apache County: 27* 2005 Apache County: 40***				
Arizona	5,049**	6,208**	7,173**	7,546**	7,388**
U.S.	29%* (154,000)	30%* (155,000)	31%* (158,000)	32%* (164,000)	44%* (131,000)

*All children in out-of-home care (such as foster care)
**Includes all children under the age of 18 years
Sources: Kids Count (data provided by Children's Action Alliance); The AFCARS Report; Children's Bureau, Arizona Department of Economic Security

A former foster parent in Apache County was interviewed and given the opportunity to make recommendations based on her experience. Over a period of seven years she fostered over 46 children, and she offered the following thoughts:

- Child Protective staff attempt to be supportive to foster parents, but they are overtaxed. Respite care is difficult to obtain.
- Reunification and intervention services are not always available, causing children to be returned too early to parents who are not ready to parent again. If the situation was bad enough to remove the child, parents need time and services. Every new placement is harder and harder for children. The foster parent recalled a child she cared for; at 12 years of age, she had already had nine placements.
- There is no adequate drug and alcohol treatment program available locally.
- Prospective foster parents need more training and often do not understand the roles and obligations.

The foster parent suggested that there be a way to bring foster parents together monthly for information sharing and support. She knew of a few other families, having met them in the grocery store, but suggested a consistent, organized gathering.

Problems with the foster care system have led to efforts at reform. Efforts have included new methods for keeping children safe in their own homes, provision of kinship care, and family foster care.[32] The Department of Economic Security is working to embed the Casey Foundation's Family to Family initiative into Arizona's child welfare practice. This is a nationwide child welfare initiative, and one of the core strategies is the recruitment, development and support of resource families that focuses on finding and maintaining kinship and foster families who can support children and families in their own neighborhoods.

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.[33] Furthermore, children living in poverty are more likely to die in the first year of life. For example, children living in poverty are more likely to die from health conditions such as asthma, cancer, congenital anomalies, and heart disease.[34] In Arizona as well as the rest of the nation, many factors that lead to a young child's death are related to health status, such as a pre-existing health condition, inadequate prenatal care, or even the lifestyle choices of the parent. Another area of concern includes factors such as injury – unfortunately, in many circumstances, preventable injury. The table below provides information on the total number of child deaths in the Navajo/Apache Region for children under the age of four, followed by the leading causes of death for infants in 2006.

Child Deaths (2003-2006)

	2003	2004	2005	2006
Navajo/Apache Region	2% (13)	2% (9)	3% (15)	1% (9)
Arizona**	2% (721)	2% (730)	2% (779)	2% (786)
U.S.**	1% (32,721)	Not available	1% (33,196)	Not available

* Children (0-14 years) in Navajo/Apache Region.
**Children (0 –4 years) in Arizona and U.S.
Sources: Arizona Department of Health Services Vital Statistics[35].

32 Family to Family Tools for Rebuilding Foster Care, A Project of the Annie E. Casey Foundation July 2001.

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

34 Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic differences in children's health: How and why do these relationsips change with age? *Psychological Bulletin, 129*, 2002, 29-329; Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from childhood leukemia depending on socioeconomic status in Athens. *Oncology, 51*, 1994, 391-395; Vagero, D., & Ostberg, V. Mortality among children and young persons in Sweden in relation to childhood socioeconomic group. *Journal of Epidemiology and Community Healthy, 43*, 1989, 280-284; Weiss, K. B., Gergen, P. J., Wagener, D. K., Breathing better or wheezing worse? The changing epidemiology of asthma morbidity and mortality. *Annual Review of Public Health,* 1993, 491-513.

35 DIBELS were requested by Regional Council coordinators from school districts in their regions, but due to the summer break from

Children's Educational Attainment

Regional School Districts

Including elementary K-8 districts, there are 12 school districts in the Navajo/Apache Region. The following tables include attendance information for 11 of the 12 districts.

Navajo County:

School District	Blue Ridge USD	Heber-Overgaard	Holbrook USD	Joseph City USD	Show Low USD	Snowflake / Taylor USD
Enrollment	2823 students	614 students	2029 students	505 students	2548 students	5166 students
Grade Levels Included	K-12	K-12	K-12	K-12	K-12	K-12

Source: Arizona Department of Education

Apache County:

School District	Alpine Elementary District	Concho Elementary District	Round Valley USD	St. Johns USD	Vernon Elementary District
Enrollment	58 students	206 students	1468 students	1059 students	71 students
Grade Levels Included	K-8	K-8	K-12	K-12	K-8

Source: *Arizona Department of Education*

School Readiness

Early childhood programs can promote 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.[36] 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.[37] Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.[38] Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.[39]

Generally, child development experts agree that school readiness encompasses

school, many requests could not be fulfilled in time for these reports.

36 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.

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

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

39 Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al *The children of the cost, quality, and outcomes study go to school: Technial report,* 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

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, be self confident, and have a 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 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.

Elementary Education

Children who cannot read well by fourth grade are more likely to miss school, experience behavior problems, and perform poorly on standardized tests. The performance of Arizona's children on standardized tests continually lags behind that of the nation. Data is available for the Navajo/Apache Region on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in grades three through eight related to their achievement towards Arizona's Academic Standards in Writing, Reading and Mathematics. This assessment provides each student's national percentile rankings in the areas tested. The table below shows the percentage of students who exceeded, met, approached, or fell far below the standards in reading, writing, and mathematics in the elementary schools within the Navajo/Apache Region in 2007. Blue Ridge Unified School District was the poorest over-all performing district with less than half the students meeting or exceeding the standards in math and reading; however, 75 percent met the standards for writing. Data was not available for the Alpine Elementary School District. It should be noted that 100 percent of Vernon's students met or exceeded the standards in Writing.

Navajo/Apache AIMS DPA 3rd Grade Score Achievement Levels in Mathematics, Reading, and Writing

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Alpine Elementary	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Blue Ridge Unified	31	31	31	8	17	50	33	0	8	17	75	0
Concho Elementary	0	26	52	22	4	26	67	4	0	26	59	15
Heber-Overgaard	3	26	63	8	0	38	57	5	3	8	79	11
Holbrook Unified	11	32	58	0	16	42	42	0	0	21	79	0
Joseph City Unified	5	21	58	16	0	26	68	5	0	5	86	8
Round Valley Unified	4	12	63	22	3	12	72	14	5	13	70	13
Sanders Unified	11	21	64	4	8	40	53	0	4	15	79	2
Show Low Unified	6	12	54	28	7	15	63	15	5	12	70	13
Snowflake Unified	3	11	68	18	2	16	69	13	3	9	70	18
St. Johns Unified	11	20	58	11	5	24	61	9	6	21	61	12
Vernon	20	30	50	0	10	40	40	10	0	0	90	10
Arizona	9	17	54	20	6	23	59	13	5	13	66	16

Arizona Department of Education AIMS Spring 2007 Grade 03 Summary
NA is used when data have not been published to protect student privacy in districts in which fewer than 10 students took the exam.
FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard.

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, stay out of jail, and earn significantly higher wages than their non-graduating counterparts.[40] As the chart on schools in the Navajo/Apache Region shows, high school graduation rates vary by school district and year of graduation. Furthermore, graduation rates are likely to vary according to race and gender. Compared with the state and national data, overall the schools in the region have slightly lower graduation rates, with some exceptions.

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

Regional High School Graduation Rates

2006			
Navajo/Apache HS Districts (# of Highschools)	Total # Graduates	Total # in Cohort	Graduation Rate
Blue Ridge Unified (N=1)	214	253	85%
Heber-Overgaard Unified (N=1)	42	49	86%
Holbrook Unified (N=1)	157	207	78%
Joseph City Unified (N=1)	35	37	95%
Round Valley Unified (N=1)	101	134	75%
Sanders Unified (N=1)	76	105	72%
Show Low Unified (N=2)	121	174	70%
Snowflake Unified (N=1)	147	187	79%
St. Johns Unified (N=1)	60	83	72%
Arizona*	50,355	71,691	70%
United States**	N/A	N/A	N/A

2005			
Navajo/Apache HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Blue Ridge Unified (N=1)	163	187	87%
Heber-Overgaard Unified (N=1)	366	448	82%
Holbrook Unified (N=1)	129	167	77%
Joseph City Unified (N=1)	32	32	100%
Round Valley Unified (N=1)	95	113	84%
Sanders Unified (N=1)	75	126	60%
Show Low Unified (N=2)	155	314	49%
Snowflake Unified (N=1)	158	177	89%
St. Johns Unified (N=1)	76	76	100%
Arizona*	50,355	71,691	70%
United States**	N/A	N/A	N/A

2004			
Navajo/Apache HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Blue Ridge Unified (N=1)	118	135	87%
Heber-Overgaard Unified (N=1)	38	51	75%
Holbrook Unified (N=1)	111	166	67%
Joseph City Unified (N=1)	30	30	100%
Round Valley Unified (N=1)	108	125	86%
Sanders Unified (N=1)	72	79	91%
Show Low Unified (N=2)	165	204	81%
Snowflake Unified (N=1)	168	194	87%
St. Johns Unified (N=1)	91	100	91%
Arizona*	50,355	71,691	70%
United States**	N/A	N/A	N/A

* Arizona Department of Education

** National Center for Education Statistics

Additional Indicators of Interest to the Regional Council

One of the areas of Council concern is to identify the number of children who are home-schooled. Families are to register home-schooled children from ages six to 16 with the County Superintendent of Education. Once the child turns 17, no further records are kept. The chart below represents the number of children, and the number of families (some families have more than one child who they home school) for the region, minus Navajo Nation figures.

Home-Schooled Children

2007-2008	Children home-schooled	Number of families of those children
Apache County	73	47
Navajo County	263	170
Total:	336	217

County Superintendent employees do not have access to resource information that would assist home schooling families, which is something the Council could explore. It would also be helpful to interview families and determine reasons for home schooling, in the event that educational services are not meeting the needs of children. One mother who was interviewed expressed her conviction for home schooling, but recognized she was not informed on all subject matter.

Alexis Weidenhof, 1 ½, One Step Ahead Preschool

Current Regional Early Childhood Development and Health System

Summary of Regional Findings on Early Childhood System

There is currently no single source or list identifying all of the various types of regulated and unregulated (neither licensed nor certified) early care and education options in the state, which makes counting the number and types of centers a challenge. Some of the categories of centers listed below overlap. There are 36 facilities licensed by the Arizona Department of Health Services in Navajo/Apache Region, including fee paying and non-fee paying: 16 private programs, six Head Start sites, 10 school district and extended care centers, and four small group homes. Additionally, there are 61 alternately approved family child care homes according to the Arizona Department of Economic Security. They reported a total capacity of 1,504 and an average number served of 1,148 in these centers in 2006.

Quality

A number of states have been increasingly concerned about creating high quality early care and education. This concern makes sense for a number of reasons. First, childcare needs are growing. A majority of children ages 0-six years of age participate in regular, non-parental childcare. Further, 34 percent participated in some type of center-based program[41]. Increasing maternal employment rates and policies from welfare reform have increased demand. Research has found that high quality childcare can be associated with many positive outcomes including language development and cognitive school readiness[42]. Quality care is often associated with licensed care, and while this isn't always true one study found that the single best indicator of quality care was the provider's regulatory status.[43]

The Board of First Things First approved funding in March 2008 for the development and implementation of a statewide quality improvement and rating system. Named Quality First!, this system sets standards of quality for Arizona, which will take effect in 2010. Quality First!'s five star rating system, when implemented, will assist families and community members, as well as providers, in identifying what quality child care looks like and which providers offer quality care. This system will be a clear asset upon which regions can build as they consider whether or not improving quality is a regional priority.

Accreditation by a national organization is another method for identifying quality in early care and education. The challenge in using accreditation as a standard of quality lies in the fact that not all accrediting bodies measure the same indicators of quality in the same way. Nonetheless, reviewing accreditation status allows the

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

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

43 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.

region to develop a baseline reflection of the availability of quality care in the area. This report presents for the Navajo/Apache Regional Partnership Council an initial snapshot of quality in the Region through the nationally accredited organizations approved by the Arizona State Board of Education. They are:

- 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)

Accredited Early Childcare Centers

The tables below present the number of accredited early care and education centers, and the number of children served in these accredited centers, along with a snapshot of staff to student ratios in the centers. The region has eight accredited early care and education programs, two in Apache County and six in Navajo County. Three of the four NAEYC accredited programs are Head Start sites. NAC has accredited three preschools, and one school district preschool program has received NECPA accreditation. There are six Head Start locations in the region, located in St. Johns, Springerville, Pinetop, Holbrook, Snow Flake, and Show Low. There is one Montessori School in Lakeside that is not accredited by either the AMI or AMS.

Navajo/Apache – Number of accredited early care and education centers

	AMI/AMS	ASCI	NAC	NAEYC	NECPA	NAFCC Homes	Head Start
Number of Accredited Centers	0	0	3	1 +3 Head Start	1	0	6*

Sources: NAEYC, AMI, AMS, ASCI , NAC, NECPA, NAFCC, lists of accredited providers.
AMI Recognition Schools List
AMS Accredited Montessori Schools List *http://www.amshq.org/schoolExtras/accredited.htm*
ADHS Licensed Child Care List *http://www.azdhs.gov/als/childcare/*
ACSI Schools and Accredited Schools *http://www.acsi.org/web2003/default.aspx?ID=1630&*
NAC Accredited Centers *http://www.naccp.org/displaycommon.cfm?an=1&subarticlenbr=78*
NAEYC *http://www.naeyc.org/academy/search/Search_Result.asp*
*Source: Arizona Department of Health Services. List of Licensed Child Care Centers

The Southwest Institute conducted telephone interviews with 19 licensed centers, including eight accredited centers to learn about enrollment and staff to child ratios. A total of 506 children were enrolled in the accredited programs. Across the 19 programs, the average staff to child ratios met NAEYC guidelines for preschoolers, but are not within the guidelines for infants or toddlers.

Regional Data for 2008	Accredited
Number of Programs Accredited	8
Number of Programs interviewed	19
Number of Children Enrolled in accredited programs	506
(Average per program)	(63)
Infant-Toddler Staff to Child Ratio (Avg.)	1:5
Preschoolers staff to Child Ratio (Avg)	N/A
Birth – 1 year old	1:5
1-2 years old	1:6
2-3 years old	1:6
3-5 years old	1:7

Source: SWI telephone survey with eight accredited and 11 other early childhood programs

The Department of Health Services provides a recent look at all licensed facilities. DHS has currently licensed a total of 36 early care and education programs in the region. Ten school-district programs have a total licensed capacity of 412. Sixteen private preschools and childcare centers, half in Show Low, have a licensed capacity of 941. There are six Head Start programs (capacity 264). Four small group homes, with a capacity of 40, are licensed; two located in Show Low, and two in Springerville.

Navajo/Apache Region – Department of Health Services Licensed Early Care and Education Facilities 2008

Total	Licensed centers and preschools	Head start sites	School District preschools and extended care *	Small group homes
36	16	6	10*	4

Source: DHS List of licensed childcare facilities 8/2008
*Some of these programs may include elementary school extended day.
Note: DHS also license two integrated preschool programs in Fort Defiance and Window Rock, a district COPE

Ratios and Group Sizes

In addition to offering accreditation to early care and education programs, NAEYC is involved in developing position statements around significant early childhood development issues. One area in which NAEYC has published recommendations for the industry is in group sizes and staff to child ratios, since these factors have been shown to be significant predictors of high quality. Other national accreditation systems vary in the recommended ratios and group sizes.

The 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.[44]

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

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 children; eligibility criterion for enrollment; 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 related to waiting lists is not currently available but will be a goal for future data acquisition. For the current Needs and Assets report for the Navajo/Apache Region, available data include: number of early care and education programs by type, and average cost of early care and education to families by type. This information is only available for those child care and early education programs which are regulated (licensed or certified) by the state.

Within the region, a network of programs for young children has developed including: school districts' preschool programs for four-year old children, and preschool programs to support children with special needs (IDEA) ages three to five years; Head Start and Early Head Start programs for children meeting the federal income guidelines and age requirements (these programs provide developmental as well as health and social services); and regulated (licensed or certified) center based and home based programs. In addition, there are unregulated programs that provide home based care.

In the Navajo/Apache Region, child care rates are expensive for most of the regulated child care centers or preschool settings (with exception of Head Start and school district based programs). Costs for infant care shows the greatest difference between childcare settings: licensed centers rates are $21.75 per day, while certified homes average $19.73 per infant, per day. Costs for infant care are generally higher than that for toddlers and preschoolers, due to the need for a higher adult to child ratio for the very youngest children.

Number of Early Care and Education Programs

There are numerous types of early care and education programs in the Navajo/Apache Region. These numbers indicate that parents have choices between types of care providers. However, these data do not indicate whether parents in the Region have *quality* choices for care for their children. Currently in Arizona, center or home based programs have only a few options to designate their quality of operation. Accreditation by a nationally recognized accrediting body indicates that the level of quality is important to the provider and has been measured and acknowledged.

The table below presents the number of children enrolled in early care and education programs by type in the Navajo/Apache Region. Again, it is important to clarify that these numbers do not account for children cared for in un-registered or un-regulated care, or in care which is provided by family or friends. Identification of methodologies and data sets related to unregulated care and demand for early care and education are a priority for the future.

Navajo/Apache Region: Number of Children Enrolled in Early Care and Education Programs by Type

	Licensed centers	Groups homes	Approved family child care homes	Providers registered with the Child Care Resource and referral	Total
Approved Capacity**	1099	80	325	No data	1504
Average number served	786	5	278	17	1148*

Source: *DES Child Care Market Rate Survey 2006; *data by region, including totals, supplied by First Things First.*
**Capacity refers to the total capacity of a physical site and does not necessarily reflect the size of the actual program in that site.

Navajo/Apache Region: Number of Early Care and Education Programs by Type*

Type of Center	Licensed centers	Small group homes	Approved family child care homes	Providers registered with the Child Care Resource and referral
Number	19	5	61	0

Source: *DES Child Care Market Rate Survey 2006, regional data and boundaries supplied by First Things First and Source: Department of Economic Security, DES Child Care Market Rate Data, 2006*
*Licensed centers include only DHS licensed program providing fee-paying childcare: full-day and part-day childcare programs, Head Start centers with wraparound childcare programs, and school district fee-based part-and full-day fee-paying care only. DHS licensed small group homes nave a 10 child maximum; DES certified family childcare homes, homes approved for the child care food program, and CCR&R registered homes have a four child maximum.
Note: Providers counted under Child Care Resource and Referral Column consist ONLY of providers not listed under previous columns.

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 Departments of Economic Security or Health Services ensures completion of background checks of all staff or childcare 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, Quality First!.

The Department of Economic Security's 2006 Child Care Market Rate Survey provides information on a range of fee-paying childcare settings, including licensed centers that provide fee-paying childcare, Head Start programs and district programs with fee-paying wraparound care, small group homes, family childcare providers certified by DES and those approved by agencies for the Child and Adult Care Food Program (CACFP), as well as otherwise unregulated providers who register to be listed with the resource and referral agency as available childcare. This source is particularly useful for understanding approved and unregulated family childcare and childcare for working parents. It does not, however, provide information about Head Start and district programs that *do not* charge fees.

Statewide data from the Market Rate Survey can be supplemented with data from Child Care Resource and Referral data. Not only does Child Care Resource and Referral provide additional data on providers, these data are more frequently updated than that of the Market Rate Survey. Data in the Child Care Resource and Referral database is most commonly related to Child Care Centers and family child care homes. Registration with Child Care Resource and Referral is voluntary; however, those centers and homes receiving Department of Economic Security subsidy or regulation are required to register.

Information provided by the Child Care Resource and Referral includes, but is not limited to: type of care provider, license or regulation information, total capacity, total vacancies, days of care, and rates for care. Because registration is voluntary, not all care providers report all information.

Costs of Care

The table below presents the average cost for families, by type, of early care and education in 2006. These data were collected in the Department of Economic Security's Market Rate survey. In general, it can be noted that care is more expensive for younger children. Infant care is more costly for parents, because ratios of staff to infants are usually lower. Clearly these costs present challenges for families, especially those at the lowest income levels. Understanding these costs begins to paint a picture of how family choices in early child care are determined almost exclusively by financial concerns, rather than by concerns about the quality of early care and education provided to their children.

In the Navajo/Apache Region for 2006, child care rates are similar across type, with small group homes and licensed centers higher in daily costs than family child care homes. Alternately approved homes on average charge less per day than the other types. The largest difference in cost is for infant care, which is on average $3.00 more per day in a licensed center than in an approved child care home.

Average Costs of Early Care and Education

Setting Type & Age Group	Navajo and Apache Counties (2006)
Group Homes	
Infant	$21.20 per day
Toddler	$19.60 per day
Preschooler	$19.60 per day
Licensed Centers	
Infant	$21.75 per day
Toddler	$18.75 per day
Preschooler	$19.60 per day
In-Home Care	
Infant	Data not available
Toddler	
Preschooler	
Certified Homes	
Infant	$19.73 per day
Toddler	$18.75 per day
Preschooler	$18.75 per day
Alternately Approved Homes	
Infant	$17.20 per day
Toddler	$16.70 per day
Preschooler	$16.45 per day
Unregulated Homes	
Infant	Data not available
Toddler	
Preschooler	
Subsidized Settings (all ages)	

Source: Child Care Market Rate Survey 2006
**Data by region, including totals, supplied by First Things First*

Child Care Costs and Family Incomes

	AZ	U.S.
Average, annual fees paid for full-time center care for an infant	$7,974	$4,542-$14,591
Average, annual fees paid for full-time center care for 4-year-old	$6,390	$3,380-$10,787
Average, annual fees paid for full-time care for an infant in a family child-care home	$6,249	$3,900-$9,630
Average, annual fees paid for full-time care for a 4-year-old in a family child-care home	$6,046	$3,380-$9,164
Average, annual fees paid for before and after school care for a school-age child in a center	$6,240	$2,500-$8,600
Average, annual fees paid for before and after school care for a school-age child in a family child care home	$5,884	$2,080-$7,648
Median annual family income of married-couple families with children under 18	$66,624	$72,948
Cost of full-time care for an infant in a center, as percent of median income for married-couple families with children under 18	12%	7.5%-16.9%
Median annual family income of single parent (female headed) families with children under 18	$26,201	$23,008
Cost of full-time care for an infant in a center, as percent of median income for single parent (female headed) families with children under 18	30%	25%-57%

Source: Naccrra fact sheet: 20008 Child Care in th State of Arizona. *http://www.naccrra.org/randd/data/docs/AZ.pdf*

Child Care Costs in Reference to Family Income

The cost of child care can be a considerable burden for Arizona families. Yearly fees for child care in the state of Arizona range from almost $8000 for an infant in a licensed center to about $5900 for before and after school care in a family child care home. This represents about 12 percent of the median family income of an Arizona married couple, with children under 18. It represents 22-30 percent of the median income of a single parent female headed family in Arizona. As with many other services, cost of early care and education often is directly related to the quality of care. Providers of care and education struggle with the balance of providing a service for the market rate, and affordability level for families. Increased quality often requires more employees, higher qualification, increased training, and better employee compensation. These are expensive business practices and demand increased compensation to the child care or program provider – costs that are typically a heavy burden for by families with young children.

The following chart presents information for the Navajo/Apache Region on preschool enrollment by disability.

Preschool Disability Enrollment for Navajo/Apache Region

School District	Totals
Concho	0
Round Valley	15
St. Johns	14
Blue Ridge	28
Heber-Overgaard	0
Holbrook	17
Joseph City	15
Show Low	16
Sanders	Data not available
Snowflake – Taylor	41
Vernon	Data not available
Total	146

Source: Arizona Department of Education, Early Childhood Education. Unpublished data. December 2006.

In the Navajo/Apache Region, from May 2007 to April 2008, 3,962 children from birth through age five years received 53,515 units (defined as number of hours of childcare provided) of service from DES Child Care Subsidy, totaling $968,422. This data is one of the few sources available at the community level and is one indicator of participation in childcare across the region.

DES Subsidy Community Allocations (2007-2008)

Community	Children	Funding	Number of Units
Eagar	524	$163,682.35	8821
St. Johns	252	$33.173.20	1890
Springerville	107	$14,973.99	1151
Lakeside	537	$79,945.18	4357
Overgaard	60	$8,017.75	542
Snowflake	493	$99,270.18	5519
Holbrook	337	$90,268.16	5101
Sun Valley	29	$3,170.89	364
Taylor	27	$3.505.54	491
Joseph City	18	$4,367.50	283
Show Low	1567	$466,981.61	24,841
Sanders	Data not available		
Pinetop	10	$895.50	138
Total:	3,962	$968,422.36	53,515

Source: DES Child Care subsidy Report (2008)
Note: This table includes data related to kinship and foster-care DES subsidy payments.

Health

For families and children, good health, beginning with a healthy birth is an essential element 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 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. Access to health insurance is also an essential element to support the health of children. Research shows that children who are covered by health insurance are more likely to receive the range of health care services that will support their health growth and development.

Prenatal Care and Healthy Births

Women who receive prenatal care in the first trimester of a pregnancy are more likely to give birth to healthy babies. The American College of Obstetricians and Gynecologists recommends that prenatal care begin in the first three months of pregnancy and continue throughout the pregnancy with at least 13 visits. For the last three years, approximately one quarter all Arizona women giving birth had the recommended thirteen+ prenatal visits and the trend for this indicator is at least heading in the right direction. The percent of Arizona women that had no care has remained constant at about 3 percent and is somewhat lower than for the percent of all U.S. women delivering with no care. There are many barriers that pregnant women experience that result

in delayed or inconsistent prenatal care. Some of these include low income, lack of health care coverage, and distance from prenatal care providers, lack of knowledge and experience with the health care system, stress and domestic violence[45].

A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which a baby develops physically, mentally and emotionally into a curious and energetic young child.

Babies who weigh less than 5 pounds, 8 ounces at birth are more likely to have health complications at birth and later in life. Low birth weight is influenced by many factors including pre-term births (birth before 39 weeks). Pre-term births account for nearly one-half of all congenital neurological defects such as cerebral palsy, and more than two-thirds of infant deaths[4647].

However, young age of the mother, smoking during pregnancy, and alcohol and drug use are also risk factors that may result in low birth weight. Babies born to teenagers, especially those 17 and younger, are more likely than women in their twenties and thirties to give birth to a baby with low birth weight. Furthermore, among pregnant women, teens are less likely to begin prenatal care in the first three months of pregnancy and less likely to have the recommended number of prenatal care visit.

Women who smoke during pregnancy are at greater risk for premature births, low birth-weight babies, stillbirths, infant mortality, and other complications. Data show that young women ages 17-19 are more likely to use tobacco before and during pregnancy thus also increasing the risks of low birth-weight. Low birth weight is but one of the many adverse effects on babies before and after birth, especially when when pregnant women abuse alcohol and/or street drugs during pregnancy.

Coordination of city, county and state services is needed as well as further research at the state and national level on the factors contributing to poor birth outcomes. Services to assist women prepare for a healthy pregnancy before they become pregnant is a worthy goal to support healthy births. When women learn that they are pregnant, information, education, and support are needed to help them receive the support and care they need to use early *and continuous* prenatal care; and to adopt a healthy lifestyle free from tobacco, alcohol or other substance use.

Oral Health

Good oral health begins during the prenatal period with a pregnant woman's access to good oral health care for herself. Following birth, parents support their baby's good oral health by keeping the babies' gums clean, and as baby teeth emerge, scheduling a first oral health visit by age one. Healthy eating, tooth brushing, and oral health checks work together to prevent dental disease and tooth decay that not only affects the health of children into adulthood, but can cause pain and discomfort that interferes with learning. A challenge that this region faces is the lack of pediatric dentists who will see patients younger than age three. If a child is covered by AHCCCS, quite often the only opportunities for this child to see a dentist, are for the family to travel to Flagstaff, Phoenix, or Tucson. This is a significant barrier in this region to ensuring that infants and toddlers receive appropriate oral health screenings.

45 *http://www.cdc.gov/reproductivehealth/products&pubs/datatoaction/pdf/rhow8.pdf*

46 Goldenberg RL, Rouse DJ. Prevention of premature birth. N Engl J Med 339(5):313–20. 1998.

47 Johnson RB, Williams MA, Hogue CJR, Mattison DR. Overview: New perspectives on the stubborn challenge of preterm birth. Paediatr Perinat Epidemiol 15(Suppl.2):3–6. 2001.

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 (AAP) recommends that all children receive a developmental screening at nine, 18, and 24 months with a valid and reliable screening instrument. Providing children with special 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 enhance developmental outcomes and reduced developmental problems.[48] 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.[49]

Although recommended by the AAP, physicians do not all use a standardized instrument to routinely screen children for developmental delays. Limited use of developmental screening is of particular concern, especially considering nearly half of all parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42 percent)[50[2]]. Parents' access to specialized services becomes a significant issue when children go unidentified. The opportunity to identify children early is further complicated when parents and other early care and education professionals lack the information and skills necessary to recognize children who may be experiencing delayed growth or development. Children who do not have access to continuous, ongoing medical care face the additional challenge of not receiving well-child checks and therefore, also not receiving early screening.

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 (services to infants and toddlers, birth to age three), special education (services to children ages three-21), and related services. Infants and toddlers with disabilities and their families may receive early intervention services under IDEA Part C. Children and youth (ages three-21) may receive special education and related services under IDEA Part B. In addition to educationally based interventions, children receive care for special health needs through the various health providers in Arizona.

In Arizona, the system that serves infants and toddlers with developmental disabilities is the Arizona Early Intervention Program (AzEIP). Eligible children are those who are 50 percent delayed in one or more of the following areas of development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Part B of IDEA outlines service delivery requirements for children ages

48 Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Earch intervention for children with special needs and their families: Findings and recommnendations.* 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.

49 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.

50 [2] 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.

three to 21. Educationally based intervention services for children in this age group are provided through the child's local school district. 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 special 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.

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 (by AzEIP if birth – three; or school districts if three – five years) 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 following chart shows the number of children ages birth to 12 months and 13-36 months found eligible (in need of services) and served through AzEIP for the Navajo/Apache Region.

Children 0-3 Years Receiving Developmental Screenings: Navajo County and Apache County.

Service Received According to Age Group	2005	2006
AZEIP Screening 0-12 months	23 (0.73%)	25 (0.76%)
AZEIP Screening 0-36 months	246 (2.62%)	222 (2.33%)

Source: Arizona Early Intervention Program, Arizona Department of Health :County-level data only

There are many challenges for Arizona's families due to varying eligibility requirements within the agencies and systems, therapeutic specialist shortages, and lack of understanding on how to navigate the complex system of care and intervention. Of particular concern are national shortages in Speech, Physical, and Occupational Therapists, especially those with specific knowledge in service delivery to young children and their families. Designing solutions to meet the varying challenges surrounding early intervention, special health care and special education will require the combined efforts of state and regional stakeholders.

Parents are a key force in creating change within this system. They can begin by being a primary advocate for their children to ensure that they receive appropriate and timely developmental screenings according to the schedule recommended by the 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 understanding the early intervention/special education systems and how they work, are parent support services that each region can provide. These measures, while not fully addressing the system, will give parents some of the resources they need to increase the odds for their child's receipt of timely screening, referrals, and services.

Healthy Weight, Nutrition, Physical Activity

Healthy weight and physical activity are important to children's wellness and their long term health. Overweight children now tend to have health problems more commonly found in adults like diabetes, high cholesterol and high blood pressure. The percent of young children overweight for height has become a concern to pediatricians and families. A recent national report of children's wellbeing provided data that show that 18 percent of children ages six-17 in the nation are overweight[51] According to National Pediatric Nutrition data (PedNSS), a growing percent of our nations children younger than age five are overweight.

Attention to healthy weight supported by good nutrition and daily physical activity during early childhood is a key for parents and all of their care givers to support healthy development.

Insurance Coverage

While the number of children having access to medical care or well child visits within the region could not be determined for this report, the rate of uninsured children in the region would suggest that access to medical care and well child visits is not adequate. As described in the section on Health Coverage and Utilization, 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 by two years of age.

Although more recent data was unavailable for this report, data from 2003 suggest that the Navajo/Apache Region varies in immunizations of two-year olds when compared to the state and nation. In 2003, cities such as Pinetop-Lakeside and Springerville reported that 90 percent of their two-year olds were immunized, while Saint Johns had only 42 percent of this population immunized in the same year.

Navajo/Apache Percent of Immunized Two-Year-Olds

Navajo/Apache Regional Council	2003
Eagar	50.8%
Holbrook	60.3%
Pinetop-Lakeside	>90.0%
St. Johns	42.0%
Show Low	52.4%
Snowflake	60.5%
Springerville	>90.0%
Taylor	55.2%
Arizona	79.8%
US	80.3%

Source: ADHS Community Health Profiles, 2003

51 Child and Family Statistics.*America's Children in Brief: KeyNational Indicators of Well-Being,2008.*Federal Interagency Forumon Child and Family Statistics,Washington, DC: U.S. GovernmentPrinting Office.

According to the Southern Apache County 2007 assessment report, 15.3 percent of Apache two-year-old children are immunized as compared to 72.9 percent of Arizona children.

Health Insurance

Health insurance significantly improves children's access to health care services and reduces the risk that illness or injury will go untreated or the illness will become so severe that the costs for treatment create economic hardships for families. Research shows that children with health care insurance[52]:

- 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

The primary reason that many families do not have insurance coverage is cost. Arizona consistently has a higher percentage of children without health insurance coverage compared to the nation. One reason that Arizona children is that fewer employers offer health care coverage for their employees or that coverage is not extended to family members. In Arizona, 48 percent of children (ages 0-18) receive employer-based coverage, compared to 56 percent of children nationally.[53]

In Arizona, public health coverage is available to families with incomes at or below 200 percent of poverty and who have been without insurance coverage for at least six months. The Medicaid and the State Children's Health Insurance Program (KidsCare in Arizona) provide preventive care such as immunizations and well child check-ups as well as care when children are sick or injured.

While many children do receive public health coverage, many others who likely qualify, do not. In 2002, the Urban Institute's National Survey of America's Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.[54]

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 included in insurance plans; the number of health care providers including primary care providers and specialists; the distance families have to travel to health care services; and the linguistic and cultural accessibility of services. For example, 37 percent of 788 AHCCCS providers surveyed in 2005 (representing 98 percent of all AHCCCS providers) had *no means* of understanding their Spanish-speaking patients unless the patient's family member could translate for their relative and the medical provider. [55]

52 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.

53 . 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.

54 Genevieve Kenney, et al, "Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve," Urban Institute, July 31, 2003.

55

Teen Births

Although teen births pregnancy and birth rates in the U.S have steadily declined in the past 10 years, the data on teen births in Arizona consistently show Arizona among states with the highest teen birth rates in the nation[56].

Teenage parents are more disadvantaged than other teens, both before and after becoming parents, and they are generally unprepared for the financial responsibilities and the emotional and psychological challenges of early childbearing. The implications for Regions may include collaborating with other community and state agencies to assure that a range of supports to these young families are available and accessible in the region. Such support may include age appropriate information and resources on early childhood development, child care, counseling, and case management services to complete high school and prepare for advanced education or a employment. Teenage parents and their families may need a variety of community services to assure their children are born healthy and have a good start in life.

Additional Indicators of Interest to Regional Council

Early Intervention Services

Apache and Navajo counties are fortunate to have qualified early intervention professionals who have worked in the field for a number of years. Many providers are experienced in performing developmental evaluations (to determine AzEIP eligibility) and at providing on-going early intervention services. The following information was provided on the number of children (birth to three) receiving early intervention services as of June 2008:

- 10 to 15 children in Apache County and 58 children in Navajo County were provided monthly early intervention services;
- The Newborn Intensive Care Program nurse follows 20 children each month across both Apache and Navajo Counties;
- 13 children were served by programs specifically for traumatic brain Injury (includes ages birth to 21 years); and
- 9 children were served by programs specifically for developmental disabilities.

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

56 National Center for Health Statistics, National Vital Statistics Reports, Births, 2004, 2005 2006.

interactions, family support, and parenting skills.[57] Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.[58] Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.[59] Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.[60] Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, pro-social behaviors, and empathic communication.[61]

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. Increasing numbers of new immigrant families are challenged to raise their children in the face of language and cultural barriers. 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.

Supporting families is a unique challenge that demands collaboration between parents, service providers, educators and policy makers to promote the health and well being of young children. Every family needs and deserves support and access to resources. 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.

Family support is a holistic approach to improving young children's health and early literacy outcomes. In addition to a list of services like the licensed child care providers, preschool programs, food programs, and recreational programs available to families, Regional Partnership Councils will want to work with their neighborhoods to identify informal networks of people – associations – that families can join and utilize to build a web of social support.

There are a multitude of resources available in the Navajo/Apache Region to aid parent knowledge, family literacy and daily reading to children, including public libraries, school programs that support family literacy through Head Start programs,

57 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.

58 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.

59 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.

60 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.

61 ; 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.

local community organizations and groups, physician sponsored programs like Reach Out and Read, and other groups dedicated to parents and families with young children. In addition, Raising Special Kids, the Southwest Autism Research and Referral Center (SARRC), and Southwest Human Development all provide information and resources for families with children with special needs.

Navajo/Apache Literacy Efforts (2008)

- Family Literacy Resource Examples*
- WIC
- Community Health Injury Prevention
- White Mountain and Summit Medical Group
- AZEIP
- Newborn Intensive Care Program
- Family Alliance
- Little Colorado Behavioral Health
- Association for Supportive Care
- Living Hope Women's center
- Salvation Army
- Catholic Charities Community Services

*Not all listed here
** Please see a comprehensive list in the Appendix section.

Supporting families is a unique challenge that demands collaboration between parents, service providers, educators and policy makers to promote the health and well being of young children. In 2008, the Navajo/Apache Regional Partnership Council conducted a key informant survey, in partnership with Southwest Institutes for Children and Families, with community members (N =23) across the Region. Results indicated that only three respondents felt that community members in the region "are informed or somewhat informed" of the needs of young children and their families, suggesting that a significant amount of work needs to be within the region to make the needs of young children and families a priority.

Parent Knowledge About Early Childhood Education Resources

When asked, childcare professionals continually report that families need more and better information around quality childcare[62]. 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

62 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 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.

Literacy

Reach Out and Read encourages family literacy by providing each child a book during his or her well-child check with a participating physician or clinic. Currently, the North Country Community Health Clinics in Holbrook, St Johns, and Springerville, White Mountain Pediatrics, and Pediatrics in The Pines participate in the Reach Out and Read program. They serve 1,011 children annually, distributing 1,706 books through 11 providers serving approximately 15 percent of the children (ages birth to five) in the region *(Reach Out and Read Arizona Data supplied to First Things First, 2008)*. Reach Out and Read is only available to children who are covered by an AHCCCS health plan, and whose primary care physician participates in the program.

There has been no local survey conducted to-date that has measured daily reading with children, or specific parent knowledge about early childhood education. This may be a future focus of the Navajo/Apache Regional Partnership Council.

Professional Development

Professionals providing early childhood services to young children and their families can improve upon their knowledge and skills through on-going professional development activities. This may involve taking college credit-level coursework that lead to a certificate, degree or teacher certification or, this could involve participation in higher-level training sessions, conferences and workshops.

Research on caregiver professional development has found a relationship between the quality of child care services provided and outcomes for child.[63] Furthermore, formal training is related to increased quality care, however, experience without formal education has not been found to be related to quality care.[64] In Arizona, the 2004 Compensation and Credentials Survey concluded that "high quality early childhood education sets the foundation for life-long learning and school success. And qualified early childhood teachers are the foundation of high quality early childhood education." In 2004, only 8 percent of assistant teachers, 32 percent of teachers and 40 percent of teacher directors in programs licensed by The Department of Health Services (DHS) and servicing children birth to age five, were college graduates[65].

The preparation of the early childhood workforce is a pressing concern of the Regional Council, as it is for policy makers, child and family advocates, the Early Childhood Education (ECE) industry in Arizona and those involved in the ECE career development from the high school to the higher education levels. The percentages of directors of programs, teachers and assistants without a college degree of any kind, across the state are extremely low. However, there are many barriers for those in the

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

64 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.

65 State Borard on School Readiness. *Comensation and Credentials: ASurvey of Arizona's Early Education Workforce*, July, 2005

field in their attempts to obtain higher education. Among these are the low earnings of the workforce, which in 2004 recorded $8.10 per hour as the median wage for assistant teachers ($9.00 per hour for teachers and $10.92 per hour for teacher directors).

Childcare Professionals' Educational Background

Degree Type	Navajo/Apache Region 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	62%	82%	61%	82%	20%	12%
CDA	6%	9%	9%	7%	N/A	N/A
Associates	19%	16%	15%	8%	47%	45%
Bachelors	14%	0	19%	7%	33%	43%
Masters	5%	2%	6%	<1%		

Source: *Compensation and Credentials report; Center for the Child Care Workforce – Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002. Data by region supplied by First Things First.*
* Arizona figures were determined by using the statewide average from the Compensation and Credentials report.
**U.S. figures had slightly different categories: High school or less was used for no degree, Some college was used for Associates degree, and Bachelors degree or more was used for Bachelors and Masters degree.

A pressing concern of the Navajo/Apache Regional Partnership Council, and for many other areas around the state, is the preparation of its early childhood care and education teachers. The educational attainment levels of childcare professionals are similar to those of the state for teachers; however, a higher percentage of assistant teachers in the region have a CDA or Associates degree, as compared to the state percentages. According to The Southwest Institute survey of 19 centers, including eight accredited centers, 45 percent of those teachers and 39 percent of assistant teachers had no degree. Associates or bachelor's degrees were held by 40 percent of teachers and 22 percent of assistants.

Professional Development Opportunities

Early childhood educators and professionals have a variety of education and training resources available within the region, including online training and education and degree programs through the state universities. In the Navajo/Apache area, Northland Pioneer College, Arizona State University, Northern Arizona University, and University of Arizona programs are available. There are seven locations for Northland Pioneer College in the region. Additionally, Central Arizona College has a long history of offering a wide selection of online and distance (ITV-interactive television) courses statewide leading to the CDA, classroom and administrative certificates, and the Associates Degree. Rio Salado College offers a wide selection of online early childhood coursework, with an educational pathway that meets the standards of AZ S*CCEEDS, the state's professional development registry for the early care and education field.

Available Education and Certification Programs for Childcare Professionals

In the Navajo/Apache region the following programs are available for childcare professionals:

- Northland Pioneer College (seven area locations)
- Northern Arizona University
- Arizona State University
- University of Arizona programs

Available Education and Certification Programs for Childcare Pprofessionals

School	Degree/Certificates
Arizona State University – Polytechnic Campus	B.A.E. Early Childhood Education (Pre K-3)
Arizona State University – Tempe Campus	B.A.E. Early Childhood Education
Arizona State University – West	B.A.E. Early Childhood Teaching and Leadership
Northern Arizona University	B.S. Ed. in the Early Childhood
Grand Canyon College	B.S. in Elementary Education and Special Education B.S. in Elementary Education M.A. in Elementary Education
Northland Pioneer College	Certificate of Proficiency Certificate of Applied Science Associate of Applied Science and Associate of General Studies in: Family Child Care, Infant-Toddler, Pre-School, School Age Care, Early Childhood Management, and Early Childhood Special Needs.
University of Phoenix	A.A in Elementary Education B.S in Elementary Education B.S in Education M.A in Early Childhood Education M.A in Elementary Education/Early Childhood Specialization

Source: Phone Survey of IHEs conducted by SWI, 2008.

In March 2008, Northland Pioneer College graduated 25 Early Childhood Development students from the following locations: Kayenta (one), Holbrook (one), Snowflake (four), St. Johns (three), Springerville (four), Ganado (one), Whiteriver (five), Winslow (one), Show Low (one), Hopi (two), Tuba City (two), Heber (one). Scholarships are available for students that will fund tuition and books for up to three credits. This year, Northland Pioneer College (NPC) has funded 67 students for three credits each, and scholarships are pending for an additional 28 students. Scholarships are also available through NPC to fund the CDA assessment fee of $325.00; in 2006, NPC funded 20 CDA applicants; 17 of 18 were awarded the CDA Credential, with two students not completing the requirements *(Northland Pioneer College, Department of Early Childhood Development, 2008).*

Employee Retention

Providing families with high quality childcare is an important goal for promoting child development. Research has shown that having childcare providers who are more qualified and who maintain employee retention (longer than two years) is associated with more positive outcomes for children.[66] More specifically, research has shown that childcare providers with more job stability are more attentive to children and promote more child engagement in activities.[67]

66 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.

67 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,

In the region, more than one-third of teachers remained in their jobs for five years or longer, while 20 percent left within the first year of teaching. For assistants, more than one-quarter left within the first year and only 13 percent stayed for five years or longer. Directors had the greatest longevity, with nearly 40 percent remaining for five years or longer.

Average Length of Employment for Childcare Professionals in Navajo/Apache Region (2007)	6 Months or Less	7-11 Months	One Year	Two Years	Three Years	Four Years	Five Years or More	Not Applicable	"Don't Know/ Refused"
Teachers	4%	2%	14%	18%	22%	2%	37%	2%	0%
Assistant Teachers	22%	0%	4%	17%	9%	4%	13%	30%	0%
Teacher Directors	9%	0%	4%	4%	4%	4%	39%	35%	0%
Administrative Directors	4%	4%	4%	2%	6%	0%	51%	27%	2%

Source: *Compensation and Credentials Survey: Data by regions supplied by First Things First.*

Compensation and Benefits

Higher compensation and benefits have been associated with quality childcare. Research studies have found that in family care and in childcare centers, workers' salaries are related to quality childcare[68]. Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality childcare[69]. Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.[70]

Salaries have dropped for teachers and teacher directors in the region from 2004 to 2007, while for assistant teachers, wages rose by less than 2 percent in three years.

Average Hourly Wages for Childcare Professionals in Navajo/Apache Region

	2004	2007
Teacher	$12.27	$10.46
Assistant Teacher	$7.96	$8.08
Teacher/ Director	$17.35	$14.31
Admin/ Director	$16.99	N/A

Sources: *2004 and 2007 data is from the Compensation and Credentials Survey. Data by region supplied by First Things First.*

Although there is some variation in salary increases reported by centers in the SWI survey, a fair number of sites reported also offering staff paid medical, retirement, and vacation benefits.

C. *Then and now: Changes in childcare staffing, 1994-2000.* Washington DC: Center for Child Care Workforce.

68 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.

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

70 Ibid.

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 the United Way, the Arizona Community Foundation (ACF), and the Arizona Early Education Funds (AEEF), 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.[71]

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 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

In the Navajo/Apache Region, many organizations currently play a role in providing information on child development and family resources and supports to families. A listing of resources is included in the appendix. Across each community in Arizona the following resources provide important early childhood services:

- **School Districts** which disseminate information to parents and the community at large through a number of events throughout the school year that include open house nights, Parent Teacher Organization (PTO) monthly meetings, information fairs and parent university weekends. School districts also use federal funding to keep parents aware of important issues such as health care and child nutrition through information campaigns. School districts have also created a network of information for parents through weekly or monthly newsletters, health bulletins, and website updates.
- **Public Libraries** many libraries offer parent workshops to families on how to raise young readers. Many of the libraries offer story times for young children and their caregivers, where best practices in early literacy are modeled. The libraries may also conduct outreach story times at a limited number of child care centers in the region, where they also train child care providers and families on best practices in early literacy.
- **Community Organizations** A variety of community organizations provide education, social services, education, and other forms of assistance related to early childhood. Each community has unique agencies that can foster the goals of promoting early childhood development.

71 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.

- **Head Start** Head Start Programs serve to inform low income families about issues related to child growth and development as well as school readiness, issues around parent involvement, children's health, and available community social services.

Additionally, a number of organizations, hospitals, and businesses collaborate to educate parents on child development by providing resources at public awareness events each year in the region. In addition to yearly Child Find events, health fairs and community celebrations, there are numerous organizations and individuals that provide leadership in public awareness of children and families, to include:

- County Health Departments
- Public School Districts
- Early Intervention Program providers
- Medical and behavioral health practitioners
- The Children and Family Alliance
- Concho Can!

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. Policy leaders need to better understand the link between early childhood efforts and the broader community's future success. 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.[72]

System Coordination

Providing Services, Resources or Support Related to Early Childhood

A review of information gathered from the community and conversations with Navajo/Apache Regional Council members indicates there are a myriad of different agencies or groups providing services, resources, or support related to early childhood. 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.[73] Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

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

73 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.

Partnerships are needed across the spectrum of organizations that touch young children and their families. Organizations and individuals must work together to establish a 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. Early childhood education providers could be better connected to schools in the region. Services and programs that help families care for their young children could be better connected to enhance service delivery and efficiency. Public programs that help low-income families could be better coordinated so that redundancies as well as "gaps" in services are eliminated. Faith-based organizations could increase awareness among families of child development and family resources and services. Connections between early education and health providers could be forged.

Parent and Community Awareness

Building Bright Futures, 2007 Statewide Assessment, noted that the passage of First Things First by majority vote demonstrates that Arizonans are clearly concerned for the well-being of young children in Arizona. However, when asked "*how well informed are you about children's issues in Arizona*," more than one in three respondents say they are not informed. (Source: In Care of Our Children: How Arizonans Perceive the Quality of Life for children in Our State, Valley of the Sun United Way, 2005.) As for local community efforts, The Children and Family Alliance members, the Arizona Early Intervention Program local providers, Head Start and school district personnel are some of the key players in promoting community awareness of young children and family issues.

Coordination and Cohesion of Early Childhood Resources

Led by parents, The Children and Family Alliance, with membership of over 80 parents, businesses, and agencies, obtained an AEEF grant to conduct a community assessment, completed in 2007. Parent Leaders established the Community Council for Early Learning Opportunities (CCELO) with the mission of creating early care and learning opportunities for all children birth to five years old. The CCELO committee and the assessment consultant conducted two assessments, one with parents and another with businesses and providers. A total of 45 parent respondents provided input during 2007. Of 23 respondents to a survey probing collaboration with other agencies or services, 15 said they had, " a lot, some, and a little" experience in collaboration. The top two benefits of collaboration mentioned were networking and information sharing.

Additional Indicators of Interest to the Regional Council

Key Informant Survey: Perceptions of Quality and Satisfaction Regarding Early Childhood Resources

The Regional Partnership Council has provided information that is unique to the region and exemplifies some of the needs and assets that are not accessible through secondary data. One source for this information is a Southwest Institute Early Childhood Key Informant Survey completed in June 2008 by 23 knowledgeable,

community-minded individuals and providers in the region. This survey asked respondents to provide a snapshot of early childcare needs and education facing the community and to solicit some suggestions as to how to ameliorate those needs. Summaries of the results are as follows:

- Informants represented the following categories: three parents; six early intervention and preschool; four social services; one public health, four administration; one behavioral health; one specialty professional; three community college faculty; one city employee- manager
- Issues rated low in the "somewhat" or "not" concerned categories included crime, discrimination, nutrition, personal safety, and environmental health
- 79 percent of the respondents believe it is "very" possible to make positive change for young children and their families and 21 percent believe it is "somewhat" possible to make change, indicating a high level of optimism;
- Of 23 responses, only three indicated that people in the region "are informed or somewhat informed" of the needs of young children and their families.

The top issues of concern for informants, in percentages, are below:

- 100 percent of respondents rated child abuse or neglect, drug and alcohol abuse, access to health care, adequate and safe child care, and children in poverty as "very concerned" or "somewhat concerned."

	Access to Health Care	Adequate, safe child care	Child abuse or neglect	Drug & Alcohol Abuse	Literacy Rates	Our schools' Performance	Transportation	Unemployment of parents	Children in poverty
Very concerned	67%	75%	75%	87.5%	58%	58%	58%	71%	71%
Somewhat concerned	33%	25%	25%	12.5%	38%	33%	38%	17%	29%
Not concerned	0%	0%	0%	0%	4%	9%	4%	12%	0%

Source: Southwest Institute Key Informant Survey, June 2008.

Educational Services

- 71 percent of respondents said that public preschool services were either "very" or "somewhat" effective.
- 66 percent thought these services were "very" or "somewhat" accessible.

The Quality of Available Public Preschool Educational Services:

	How effective are services?	How family-centered?	How culturally appropriate?	How accessible?	How affordable?
Very effective	9%	18%	23%	9%	19%
Somewhat effective	36%	32%	36%	57%	52%
Slightly effective	41%	32%	23%	24%	19%
Not effective	14%	18%	18%	10%	10%
Number of responses	22	22	22	21	21

Private Preschool Services

Public and private preschool settings were rated similarly except for affordability, where 36 percent of respondents did not feel private preschools' affordability was effective.

The Quality of Available Private Preschool Educational Services:

	How effective are services?	How family-centered?	How culturally appropriate?	How accessible?	How affordable?
Very effective	5%	10%	10%	9%	9%
Somewhat effective	43%	30%	35%	50%	27%
Slightly effective	19%	45%	35%	27%	27%
Not effective	33%	15%	20%	14%	36%
Number of responses	21	20	20	22	22

Childcare Services

There appears to be an insufficient supply of quality childcare settings, with 55 percent of respondents rating quality available childcare as "slightly effective".

Access to these services is also not sufficient with 45 percent rating accessibility of these services as "slightly effective".

The Quality of Available Childcare:

	How effective are services?	How family-centered?	How culturally appropriate?	How accessible?	How affordable?
Very effective	0%	5%	5%	9%	0%
Somewhat effective	23%	36%	27%	32%	50%
Slightly effective	55%	41%	36%	45%	32%
Not effective	23%	18%	32%	14%	18%
Number of responses	22	22	22	22	22

Healthcare Services

- 70 percent of respondents rated health care services as "very effective" or "somewhat effective."
- Accessibility of healthcare was rated by 56 percent of respondents as either "very effective" or "somewhat effective", which may indicate growth in providers for the region.
- 55 percent of respondents reported that healthcare services were either "slightly effective" or "not effective" at all, which is an area of concern.

The Quality of Health Care:

	How effective are services?	How family-centered?	How culturally appropriate?	How accessible?	How affordable?
Very effective	9%	18%	9%	13%	0%
Somewhat effective	61%	32%	36%	43%	45%
Slightly effective	26%	41%	46%	35%	41%
Not effective	4%	9%	9%	9%	14%
Number of responses	23	22	22	23	22

Dental Services

- Dental care facilities are not seen as culturally appropriate by 59 percent of respondents.
- 69 percent of respondents did not think dental services were affordable.
- Despite that fact, the quality of dental care was rated "very effective" and "somewhat effective" by 65 percent of respondents.

The Quality of Dental Care:

	How effective are services?	How family-centered?	How culturally appropriate?	How accessible?	How affordable?
Very effective	13%	4%	9%	0%	5%
Somewhat effective	52%	52%	32%	57%	26%
Slightly effective	27%	31%	45%	22%	43%
Not effective	8%	13%	14%	21%	26%
Number of responses	23	23	22	23	23

Behavioral Health Care

- Behavioral health services were rated low across four of the five categories.
- 54 percent of respondents rated accessibility to behavioral health care as either "very effective" or "somewhat effective".

The Quality of Behavioral Health Care:

	How effective are services?	How family-centered?	How culturally appropriate?	How accessible?	How affordable?
Very effective	9%	14%	18%	4%	5%
Somewhat effective	32%	32%	23%	50%	29%
Slightly effective	41%	45%	32%	32%	33%
Not effective	18%	9%	27%	14%	33%
Number of responses	22	22	22	22	21

Source: Southwest Institute Key Informant Survey, June 2008

Barriers in early care and education

Survey respondents were also asked to identify barriers to early care and education. A summary of the key findings is included by category:

- Health: Lack of funds was the barrier most frequently mentioned. A shortage of pediatric dentists and specialists, high costs of receiving care, transportation issues, and distance to services were also identified.
- Childcare: Affordable, quality childcare was the primary barrier identified in this category, followed by underpaid and overworked staff, lack of understanding regarding the value of quality settings, and lack of appropriate buildings for child-care centers.
- Education: Funding was the primary barrier identified in the education category. A lack of community understanding and interest in early childhood services were also mentioned. Respondents also noted a need for more educated, well paid early childhood teachers.
- Other barriers identified include the following: eligibility restrictions, lack of information about available services, lack of transportation, lack of childcare, cost of services, language barriers, inconvenient hours or days open, concerns about confidentiality, reluctance to go outside family and friends for help, must wait too long to receive services, and lack of handicap access.

Conclusion

Synthesis of Findings on Regional Child and Family Indictors and Early Childhood System

- Data describing oral health status for children birth to five years is not widely available at sub-state levels, highlighting a need in this area. Yet data for children ages six-eight years does demonstrate a higher rate of untreated tooth decay in children for this region.
- The Arizona Early Intervention Program (AzEIP) has struggled with a lack in service providers in the region.
- In order to better serve the educational needs of home-schooled children, communication between the Council and families needs to increase in order to provide them the resources necessary to better serve their children.
- A major facilitator of community collaboration is the parent-led Children and Family Alliance with a membership of 80 family members and professionals.

Identification of Greatest Regional Assets

The Navajo/Apache Region has a strong networking system within its professionals and rural community members. The region has numerous accredited and non-accredited childcare organizations with a network of kindergarten classes and educational services for children with special needs across twelve school districts. Over one-quarter of children under the age of six years are insured either through AHCCCS or KidsCare, making them more likely to receive well child visits during the year. The Navajo/Apache Region has a high teacher retention rate and a 2 percent higher rate of CDA credentialing among teacher assistants than the state. Professional development opportunities are also growing in the region for childcare professionals.

In the past year, over half of the children in the region received care covered by DES subsidies, demonstrating awareness within the region and accessibility of these services. The region boasts an extensive inter-agency collaboration that provides 111 resources to better serve and support families and children.

Identification of Greatest Regional Needs

One of the region's greatest needs revolves around assisting single parent households headed by teen mothers. Teen births are well above the state average while prenatal care for mothers is at 65 percent in the region and 80 percent of teen births are financed by public funds. With the per capita income between 7 percent and 30 percent less than the state, more than 50 percent of the children in the region 18 years and below are living at or below 200 percent of the federal poverty level. Without a sufficient income, these children may lack health insurance and consequently fail to receive immunizations and other preventative care. Child deaths in the region were more than twice that of the state in 2004 and 2005. The SWI Key Informant Interview Survey highlighted the need for child safety and accessibility of services for both health care and education programs.

Early childcare settings are at three-quarters capacity, while childcare center teachers and administrators have seen a decrease in their salaries over the last three years. With little funds to pay staff, professional development opportunities are rarely available and the financial means to access them are even less available.

Hunter Rogers, 8 months

Appendices

V.A. Chart of Assets for Navajo/Apache

Agencies/Coalitions				
AA, Alanon, NA	41 N. Supai Dr.	Springerville	AZ	85938
Alcoholics Anonymous	Fellowship Hall, 380 E. McNeil	Show Low	AZ	85901
Apache County Health Dept.	116 S. Mountain Ave	Springerville	AZ	85938
Apple Sauce School Supplies	145 N. White Mountain Road E & F	Show Low	AZ	85901
Arizona Youth Partnership	458 S. Butler	Springerville	AZ	85938
Arizona's Children Association	1801 W. Deuce of Clubs, Suite 100	Show Low	AZ	85901
AZ Baptist Children's Services	1016 S. Main St.	Snowflake	AZ	85937
AZ Department of Economic Security, Children and Family Services	105 N. 5th Ave.	Holbrook	AZ	86025
AZ Department of Economic Security, Div. of Developmental Disabilities	105 N. 5th Ave. 2500 E. Cooley	Holbrook Show Low	AZ	86025
AZ Department of Economic Security, Children and Family Services	Wagonwheel Plaza Lakeside, Ste. 19,	Lakeside	AZ	85929
AZ Department of Economic Security, Child Care Administration	395 S. Washington	St. Johns	AZ	85936
AZ Department of Economic Security, Family Assistance Admin	2500 E. Cooley	Show Low	AZ	85901
Big Brothers Big Sisters of Northeastern Arizona	2707 S White Mountain Rd. Suite H	Show Low	AZ	85924
Community Counseling Centers	2500 Show Low Lake Rd.	Show Low	AZ	85901
Community Counseling Centers	2550 Show Low Lake Rd.	Show Low	AZ	85901
Concho CAN! – Concho Activity Center	37000 Highway 61, Suite C & D	Concho	AZ	85924
Concho Fire Department and Women's Auxiliary	65 County Rd.	Concho	AZ	85924
Little Colorado Behavioral Health Center	80 N Hopi Dr.	Springerville	AZ	85938
Little Colorado Behavioral Health Center	470 W. Cleveland St.	St. Johns	AZ	85936
Living Hope Women's Centers	1000 E. Huning St.	Show Low	AZ	85901
Living Hope Women's Centers	109 C St.	Springerville	AZ	85938
Mission of Grace Thrift Store	1041 E. Deuce of Clubs Ave.	Lakeside	AZ	85929
Mountain Care Counseling	1141 E Cooley, Suite E	Show Low	AZ	85901
NACOG Community Action Board	682 W 4th S Street	Snowflake	AZ	85937
Navajo County Public Health Services	155 W. Center St.	Taylor/Snowflake	AZ	85937
Navajo County Public Health Services	251 N. Penrod Rd.	Show Low	AZ	85901
Navajo County Public Health Services; Nursing Services Immunization Program; Family Planning Services	117 E. Buffalo St.	Holbrook	AZ	86025
Northland Therapy Services, Inc	P.O Box 328	Show Low	AZ	85902
Salvation Army	4367 W. White Mountain Blvd, #8A	Lakeside	AZ	85929
Salvation Army	P.O. Box 490	Show Low	AZ	85902
Shepherd's Kitchen Thrift Store	153 N. Main	Snowflake	AZ	85937

Victim Assistance	70 W. 3rd St.	St. Johns	AZ	85936
White Mountain Association for Victims of Domestic Violence	P.O. .Box 1890	Pinetop	AZ	85935
White Mountain Counseling	1201 E. Cooley, Suite H	Show Low	AZ	85901
White Mountain Psycho-Educational Therapy	25 Chiricahua St. Suite 28	Springerville	AZ	85938
White Mountain S.A.F.E. House	P.O. Box 1890	Pinetop	AZ	85935
Colleges				
Northland Pioneer College	P.O. Box 610	Holbrook	AZ	86025
Northland Pioneer College	2251 N. Navajo Blvd.	Holbrook	AZ	86025
Northland Pioneer College	1611 S. Main	Snowflake	AZ	85937
Northland Pioneer College	1001 W. Deuce of Clubs	Show Low	AZ	86901
Northland Pioneer College	3450 Mustang Dr. at Mogollon H.S.	Heber	AZ	85928
Northland Pioneer College	578 N. Main	Eagar	AZ	85938
Northland Pioneer College	65 S. 3rd West	St. Johns	AZ	85936
Hospitals/Clinics				
Apria Healthcare	4481 S. White Mountain Rd.	Show Low	AZ	86901
Apria Healthcare	175 W. Main St.	Springerville	AZ	85938
Eric Anderson, D.D.S.	3067 Buckskin Dr.	Heber	AZ	85928
Family Healing Center	1401 W. Florida St.	Holbrook	AZ	86025
Family Healing Center	4501 Main St.	Joseph City	AZ	86032
Lakeside Family Health Center	5658 Highway 260, Suite 24	Show Low	AZ	85901
Merrill Schauers, Ph.D.	41 N. White Mountain Blvd.	Show Low	AZ	85901
Mountain Pediatrics Clinic	5171 Cub Lake Rd., Bldg. B, Suite 230	Show Low	AZ	85901
North Country Health Care	625 N. 13th St.	St. Johns	AZ	85936
Trent Adams, D.D.S.	51 S. White Mountain Rd.	Show Low	AZ	85901
Ultrasound Specialties, LLC; Pure Baby 4D Ultrasound & Boutique	3051 S. White Mountain Rd., Suite D	Show Low	AZ	89501
University Obstetrics and Gynecology	5171 Cub Lake Rd. Bldg. B, Suite 210	Show Low	AZ	85901
University Obstetrics and Gynecology	125 S. Mountain Ave.	Springerville	AZ	85938
White Mountain Hearing Services, LLC	5658 S. Highway 260 Suite 4	Lakeside	AZ	85929
White Mountain Regional Medical Center	118 S. Mountain Ave.	Springerville	AZ	85938
Schools				
4-Winds Academy	P.O. Box 1773	Eagar	AZ	85925
Founding Fathers Academies, Inc	40 S. 11th St.	Show Low	AZ	85901
Sequoia Village School	982 Full House Lane	Show Low	AZ	85901
Community Centers				
No data given				
Libraries				
Concho Pubic Library	119 County Rd. 5051	Concho	AZ	85924
Faith-Based Organizations				
American Indian Christian Mission	924 Mission Ln.	Show Low	AZ	85901
Calvary Baptist Church	241 E. McNeil	Show Low	AZ	85901
Catholic Charities and Grace Church	Running Bear Resort	Lakeside	AZ	85929

First Baptist Church of Pinetop	1963 E. White Mountain Blvd, P.O. Box 1101	Pinetop	AZ	85935
First Baptist Church of Show Low	Central and Old Linden Rd.	Show Low	AZ	85901
Homeless Shelter, Bread of Life Mission	885 Hermosa Dr.	Holbrook	AZ	86025
Hopeful Treasures Resale Boutique	580 E. Deuce of Clubs	Show Low	AZ	85901
Love Kitchen	1715 E. Penrod Rd.	Pinetop	AZ	85935
Nazarene Church	601 S. Clark Rd.	Show Low	AZ	85901
New Life Christian Book Store	161 E. Deuce of Clubs	Show Low	AZ	85901
New Life Community Church	601 S. Clark Rd.	Show Low	AZ	85901
Shepard Kitchen	P.O. Box 1364	Snowflake	AZ	85937
Shepherd of the Pines United Methodist Church	P.O. Box 1402	Overgaard	AZ	85933
Sovereign Grace Baptist Church	79 County Rd. 5053	Concho	AZ	85924
St Rafael Catholic Church – Knights of Columbus	35411 Highway 180 A	Concho	AZ	85924
St. Rita's Catholic Church	1400 E. Owens St.	Show Low	AZ	85901
St. Vincent de Paul	1525 S. McCoy	Pinetop	AZ	85935

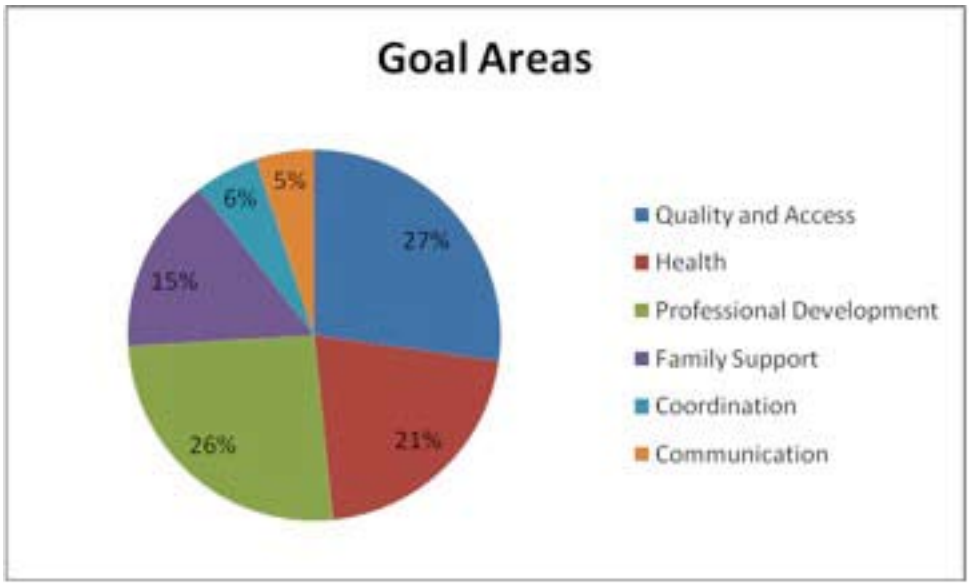
Community Input Survey Data

Survey Conducted by Navajo/Apache Regional Partnership Council, August 2008

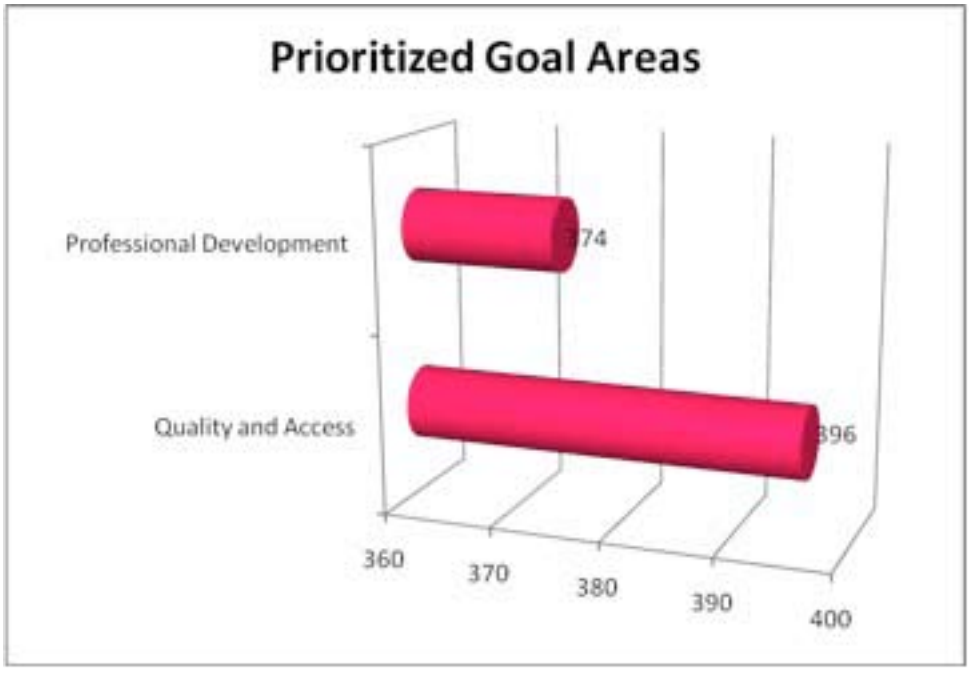
The Navajo/Apache Regional Partnership Council conducted an additional survey of community members across the region to gauge the community's perceptions of where the priorities should lie within this region with respect to our youngest children and their families. Surveys were distributed in person, and via email, to community members and agencies across the region. Total surveys returned equaled 289; respondents were asked to identify their top five priorities. Total responses equaled 1455; data from this survey is presented below. This data reflects that this region's community members feel strongly that improving Quality and Access to early childhood programs and settings, and improving the Professional Development of professionals working within the early care and education field, as well as the education and training opportunities available to people working with and caring for our region's youngest children should be increased. More specifically, these findings indicate that of primary importance to improve the lives of our regions youngest children and families, this Regional Council needs to focus on the following:

- First Things First will improve access to quality early care and education programs and settings.
- First Things First will build a skilled and well prepared early childhood development workforce.
- First Things First will coordinate with, and integrate with, existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Overall Percentages for First Things First Goal Areas



Primary Prioritized Goal Areas



Top Three Identified First Things First Goals

Source: Navajo/Apache Regional Partnership Community Input Survey, 2008

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C. Description of Methodologies Employed for Data Collection

The needs and assets assessment commenced on May 1, 2008 and all data were collected by June 30, 2008. For existing data, collection methods included the review of published reports, utilization of available databases, and completion of environmental scans that resulted in asset inventories as well as listings for licensed and accredited childcare settings.

Primary data, otherwise defined as newly collected data that did not previously exist, were collected in the most rapid fashion available given the short time horizon in which to complete the assessment. For the Navajo/Apache Region, this rapid needs and assets assessment approach consisted of consultants working with the Regional Council to create a survey to collect information on the region's needs and assets (SWI Key Informant Survey). Results are reported as sums, averages, and percentages as applicable to each question for which survey data were supplied. A telephone survey was conducted with 19 child care centers in the region, including eight accredited centers and 11 other centers in the two counties. Administrative staff provided information on enrollment, staff to child ratios, salaries and benefits, and educational background of staff.

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 more common social and economic demographic variables that are measured collectively as part of the larger Navajo and Apache counties overall. In particular, data for children birth to five 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. 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.

It is also important to note that even when data are available for this population of children (birth to five years), or even the adult population of caregivers or professionals, there are multiple manners in which data are collected and indicators are measured, depending on agency perspectives, understanding in the field, and the sources from which data are mined. These indicators, approaches, and methods of data collection also change over time, sometimes even yearly, and these inconsistencies can lead to different data representations or interpretations of the numbers presented in this and other reports where data capacity infrastructure efforts are still in their infancy as they are in Arizona and nationally, with regard to young children ages birth to five years.

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.

FIRST THINGS FIRST

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