

NEEDS AND ASSETS REPORT

2008



 **FIRST THINGS FIRST**

Navajo Nation

Regional Partnership Council



Navajo Nation

Regional Partnership Council

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2008 Needs and Assets Report

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

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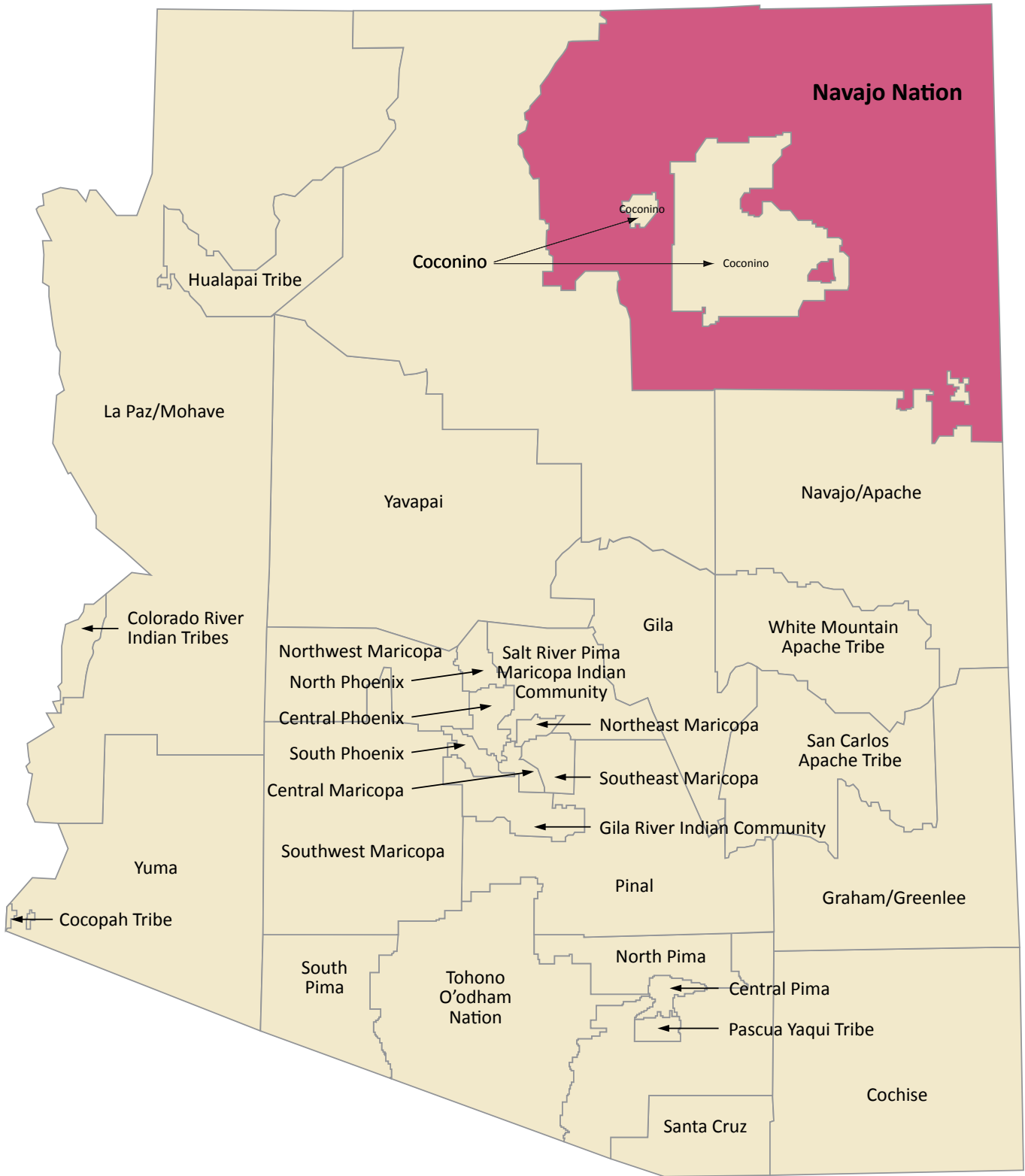
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The Navajo Nation and Our Regional Partnership Council

The Diné

We are the Holy People of the Earth. We are created between our Mother Earth and Father Sky. Our home, the four sacred mountains, with the entrance to the East, embodies our Way of Life. It provides strength and peace within us.

Spirituality, intellect, planning and life have been instilled within us; through these attributes we attain knowledge and wisdom. We shall combine the best learning and knowledge of other societies with that of our own for the benefit of our future.

With that, children will walk with beauty before them, beauty behind them, beauty beneath them, beauty above them, beauty around them, and will always be respectful and live in harmony with natural law. Our children will go forth in life endowed with what is required to achieve their ultimate aspirations.¹

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

To achieve this goal, the Regional Council, with its community partners, will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region. 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 Regional 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 FTF 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 Nation Region. This report serves as a planning tool for the Regional Council as they design their

¹ Navajo Nation, Office of The Diné Culture, Language, and Community Service, <http://www.odclc.navajo.org/About.htm>

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 several challenges in writing this report. As the Navajo Nation stretches across three states, the Navajo Division of Economic Development fully participates in the U.S. Census and reports decennial census data as a whole, representing Navajo people by household, not along state boundaries. Hence, the most current data set relies on the 2000 decennial U.S. Census. While numerous sources for data exist in the state and region, the information is often difficult to analyze and most state data cannot be analyzed at a regional level. Lack of a coordinated data collection system among the various state agencies and early childhood organizations often produces statistical inaccuracies and duplication of numbers. Additionally, many indicators that may effectively assess children's healthy growth and development are not currently or consistently measured.

However, two central sources of data were available and invaluable to the development of this report. Special thanks are extended to the 2004 Navajo Mobilizing for Action through Planning and Partnership. Their united efforts produced the 2005 *Navajo Community Health Status Assessment*; the first comprehensive profile of the health and welfare of individuals living on the Navajo Reservation and in neighboring communities. Secondly, *Chapter Images: 2004* (LSR Innovations, LLC, 2004) provides invaluable data necessary for examining the populations, assets, and needs of communities, large and small, across the Nation.

Use of Census 2000 Disclaimer

This report includes information derived from Census 2000 population count, including Navajo Nation chapter summaries. It is the intent of this report to inform the Regional Council about census results for the purpose of assessing the status of children and families. The Division of Community Development cannot fully support the census tabulations for chapter, especially population totals. There is compelling evidence that not all residents of Eastern Navajo Agency "Checkerboard Area" were counted under Navajo Totals. However, as these areas lie within the border of the state of New Mexico, they do not impact the areas of interest of the Regional Council. Only those residents on "Navajo Trust" lands, lands held in trust for all Navajo people and Individual Allotted Lands, were reported to the Navajo Nation Government as "Navajo Nation" numbers. The United States Census Bureau (USCB), although having counted all people and households during the Census 2000, categorically tabulated residents on private, BLM-leased, railroad, and fee simple lands as non-Navajo lands and was reported only in County totals. In other words, the Census Bureau did not take into consideration the legal "definition" of "Indian Country" and its potential implications and impact on Navajo Nation Government's inherent role as service provider, policy maker, and land user within the Eastern Agency Chapters.

The Navajo Nation did not contest the results of the Census 2000 because the census was the best population count ever taken on the Navajo Nation. Technically, the tabulations can be adjusted as may be deemed most appropriate

by Navajo Nation Government, either in coordination with or acknowledgment by the USCB.

The data user is therefore advised to attach this disclaimer to any and all documents which purport to, contain, display, report, or make any reference to the populations of Eastern Navajo Agency, in whole or in part, especially when discussing chapter populations. (LSR Innovations, LLC.)

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 the regional needs and assets reports, FTF 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.

With the First Things First model, the Regional Council will work with the FTF 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 FTF will conduct a 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. 🇺🇸



Regional Child and Family Indicators – Young Children and Families in the Navajo Nation Region

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 wherever possible. Every attempt was made to collect data for multiple years at each level of reporting (regional through national). However, there are some items for which no reliable or comparable data currently exist.

The data is not always available within the Navajo Nation and State programs and schools, greatly affecting the indicators and impact measures needed for data analysis by the Regional Council. Nonetheless, attempts have begun to track the data to outline a picture of a child's chance for success. In addition, sensitive indicators such as child abuse, child neglect, and poverty are tracked to provide pertinent information on how children are faring, or factors to consider when designing strategies to improve child outcomes in the region.

Overview of Region: Navajo Nation



Navajo Nation is the name of a sovereign Native American nation established by the Diné. The Navajo Indian Reservation covers about 27,000 square miles of land, occupying all of northeastern Arizona, and extending into Utah and New Mexico, and is the largest land area assigned primarily to a Native American jurisdiction within the United States. The 2000 census reported a population of 179,494. It is often said that there is a Navajo in every community in the world. However, all Diné cherish the notion of returning to the Navajo lands and there is a sacred relationship between the people and the land.

Each tribe establishes its own requirements for being an enrolled tribal member, which is usually based on “blood quantum.” The Navajo Nation requires a blood quantum of one-fourth for a person to be an enrolled tribal member and to receive a Certificate of Indian Blood (CIB). In comparison, some tribes require a one thirty-second blood quantum for issuing a CIB. CIB is required for enrollment in a myriad of services including IHS (health), financial aid, land, and social services. Recently, the Navajo Tribal Council voted down a proposal to reduce the blood quantum to one-eighth, which would have effectively doubled the number of individuals qualified to be enrolled Navajo tribal members. The 2000 population of the Navajo Nation was estimated from US Census at 179,494 Navajo Nation has a well-established infrastructure of governmental communication to coordinate systems, with a central capitol in Window Rock and five Area Agencies: Western, Eastern, Ft. Defiance, Chinle and Shiprock.

Summary of Regional Findings on Child and Family Indicators

The population of children and families in the Navajo Nation region differs somewhat from the rest of Arizona and the nation. The region has grown more slowly and is more ethnically homogeneous than other regions in the state. There are very few foreign born residents. The Navajo Language is an essential element of the life, culture, and identity of the Navajo people and the majority of households speak Navajo as well as English.

Navajo Family households are larger on average than the rest of the state, and while the majority of families are headed by two parents, the number of single parent households with children 0-5 in poverty is 49 percent, while Arizona is at 18 percent. Poverty is a significant factor for up to half of all Navajo families, and median incomes are about \$22,000, less than half as much as the rest of the state. Unemployment is extremely high, between 35 to 49 percent in some areas. Extended families are important in raising children in the Navajo Nation, with many grandparents having caretaking responsibilities and 62 percent of grandparents responsible for grandchildren as grandparent caregivers. One-quarter of all births are to teenage mothers.

Lack of early pre-natal care is a concern nationwide. According to U.S. Department of Health services, 83 percent of pregnant women receive prenatal care in their first tri-semester, compared to 77 percent in Arizona, with only 58-76 percent of mothers getting early care. For the Navajo women, there are additional barriers in the use of early prenatal care, including: lack of general health care, transportation, poverty, and teenage motherhood. To Navajo people, traditional medicine is related to harmony and balance in life and is supported by medicinal herbs, prayers, ceremonies and proper diet. Health care is available to all residents through Indian Health Service and other providers. Given that families drive great distances to get to almost anywhere on the Navajo Nation, child automobile restraint is one of the most critical and doable solutions to improved health and well being. On average, Navajo people are more likely to use seat belts than national averages, with 87 percent of residents using seatbelts, compared to the U.S. average of 77 percent according to the Navajo Nation Highway Safety program.

Regional Population Growth

Changes in Navajo population are likely due to changes in the U.S. Census reporting. In 2000, for the first time, individuals had the opportunity to choose not only one race, but a combination of races. The population varies according to sources for the year 2000. According to the Navajo Area Indian Health Service (NAIHS) count by agencies, the population is 106,195 among seven agencies on the Navajo Nation, while U.S. Census data reports a population of 180,462.

The overall population increase for 1990-2000 across Arizona was 29 percent, while the U.S. population grew by 13.2 percent, and the Navajo Nation by 15.5 percent. The state's exponential growth rate may not be reflected in the significant changes in the Navajo Nation region in the recent past.

Population Growth (All Ages) Through 2004

	1990	2000	Percent change 1990-2000	2007	Percent change 2000-2004
Navajo Nation—Total	155,876	179,494	+15.5%	Not available	
Arizona	3,665,228	5,130,632	+29 %	6,338,755	+23%
U.S.	248,709,873	281,421,906	+13.2%	301,621,157	+7%

Source: U.S. Census data 1990, 2000 Summary File, Population Estimates (PEP), 2007

Population projections among selected Navajo Nation Arizona communities can be examined in the following table, including the New Mexico Navajo population as part of the Navajo Nation regional area. According to the chart, by year 2009, the total population is projected at 116,031 among all the five agencies. The U.S. census data shows a total population of the Navajo Nation of 179,494 during year 2000. This is a display of different sources of tribal and state; such as the NAIHS data may include only population with Navajo Tribal census, not population of U.S. census.

Population Projections of Navajos by NAIHS Service Units, 2000-2009.

	Chinle Agency	Fort Defiance Agency	Western Agency	Western Agency	Shiprock Agency	Crownpoint Agency	
Year	Chinle	Ft. Defiance	Kayenta	Tuba City	Shiprock	Crownpoint	Total
2000	29,702	29,570	16,476	30,447	48,473	16,950	106,195
2004	30,987	30,854	17,271	32,310	50,180	17,833	111,422
2007	31,673	31,535	17,724	33,513	52,938	18,343	114,445
2008	31,848	31,708	17,847	33,878	53,472	18,487	115,281
2009	31,997	31,853	17,957	34,224	53,981	18,615	116,031

Source: NAIHS, Office of Program Planning and Evaluation, 2003.

The Navajo Nation has seen a 26 percent increase in births from 2003 to 2006.

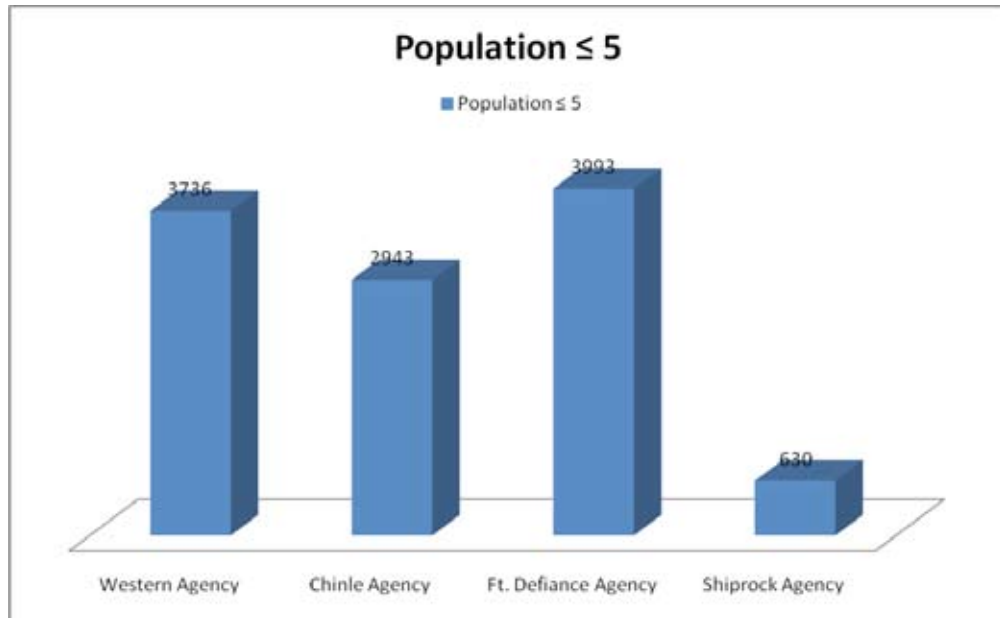
Navajo Nation Births in AZ From 2003-2006

2003	2004	2005	2006
1796	1834	1921	2263

Source: Arizona Department of Health Services. Health Status Profile of American Indians in Arizona, 2003, 2004, 2005, 2006 Data Books, Office of Epidemiology and Statistics, Bureau of Public Health Statistics.

In 2004, there were 11,302 children under five years of age across the four Navajo agencies increasing to 12,132 children in 2007 (7 percent increase).

Population of Children < 5 Years of Age, by Agency (2004). (Not including Crownpoint Agency) Total Population = 11,302



Source: Chapter Images: 2004. LSR Innovations, LLC.

Regional Race, Ethnicity and Language Characteristics

Race and Ethnicity Characteristics

Residents in the Navajo Nation region are ethnically and racially homogeneous as shown in the first table below. The overwhelming majority are Navajo as defined by Certificate of Indian Blood.

Race/Ethnic Characteristics –Navajo Region All ages (2006)

	American Indian or Alaska Native	White	Hispanic or Latino	Black or African American	Asian or Pacific Islander
Navajo Nation	96%	3%	1%	<1%	<1%

Source: ADHS Primary Care Area Statistical Profile (2006)

Language Characteristics

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 are usually limited to children over the age of five. In the following tables on the next page, two sources of tribal data report that Navajo families speak high rates of Navajo and English at home. In 2000, 74 percent of families with young children speak primarily Native American Languages (Navajo) according to NAIHS. Also, according to agency areas, 80 percent of families speak Navajo and English in the home.

The formal position of the Navajo Nation, The Diné Division of Education, stresses cultural imperative to preserve and expand Navajo language and traditions

through language preservation:

The Navajo Language is an essential element of the life, culture, and identity of the Navajo people. The Navajo Nation recognizes the importance of preserving and perpetuating that language for the survival of the Navajo Nation. Instruction in the Navajo language shall be made available for all grade levels [in] all schools serving the Navajo Nation. Navajo language instruction shall include to the greatest extent practicable: thinking, speaking, comprehension, reading and writing skills and the study of the formal grammar of the language. (The Navajo Nation, Office of The Diné Culture, Language, and Community Service, <http://www.odclc.navajo.org/About.htm>)

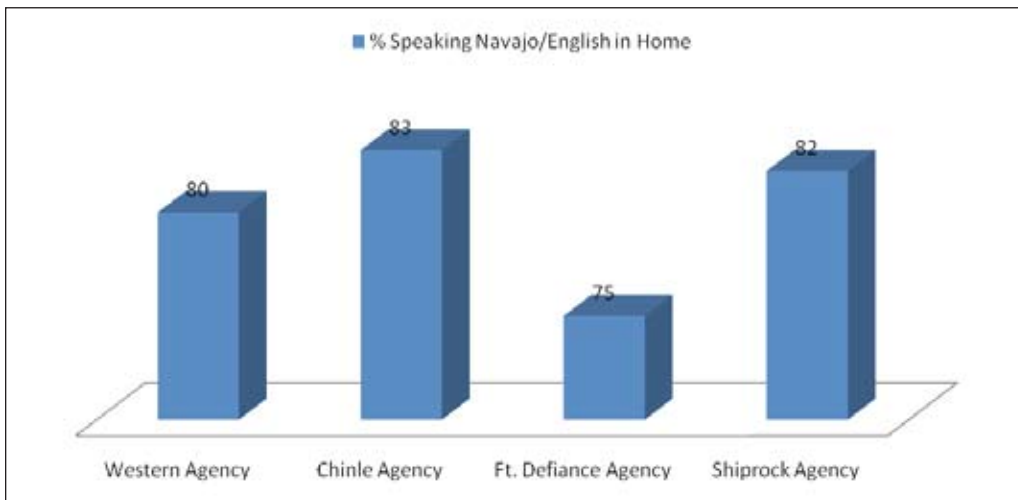
Home Language of Navajo Nation Children (5 years and older)

	Percent who speak only English	Percent who speak primarily Spanish	Percent who speak primarily other Languages
1990	17.4%	0%	82%
2000	25.4%	0%	74%

Sources: NAIHS 2005, Chapter Images: 2005

Five agencies were established by the BIA for purposed of governance. They are the Western, Eastern, Shiprock, Chinle, and Ft. Defiance (Window Rock is in Ft. Defiance) agencies. These agencies remain as demarcations for organization around Head Start, IHSto some extent, Social Services, and BIA activities.

Percent Speaking Navajo/English in Home



Source: Chapter Images: 2004. For the Shiprock agency, there is only one community school in Cove, Arizona counted.

Family Composition

The average size of Navajo families is 4.36 persons as compared to 3.33 in Arizona and 3.14 in the U.S.² In the Navajo Nation Region, the majority of children live in households with two parents. On the Nation, 34 percent of households are single parents with children 0-18.

² U.S. Census (2000) and American Community Survey (2000)

Furthermore, the rate of children living in single parent households headed by females has increased 39 percent in ten years from 1990 to 2000³, and is about 10 percent higher than state rates. Of continued concern is the rate of poverty in these families.

Percentage of Single Parent Households with Children 0-18 Years

	Female-Led	Male-Led	Married Couple
Navajo Nation	32%	8.5%	60%
Arizona	15%	7 %	78%
U.S.	17%	6%	77%

Source: U.S. Census, 2000, KidsCount.org; SF3. Pg 15

Many of the single parent households are headed up by mothers, while a few are led by fathers-only. While the number of single-parent households might seem high, Arizona is actually right at the national average for this statistic and better than many states where single parent households can approach the 50 percent mark (i.e., Washington, D.C. and Mississippi).⁴ 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.

Teen Parent Households

The number of births to teenage parents in the Navajo Nation region is 6-13 percent higher than the state rate over the past five years. Nearly one of every five children was born to teenaged parents between 2002-2005, and one in four children in 2006. However, it should be noted that there is a wide range of teen pregnancy rates among the communities in the Navajo Nation region.

Percentage of Children Born To Teen* Mothers

	2002	2003	2004	2005	2006
Navajo Mothers	19%	18% (324)	18% (321)	17% (319)	25% (569)
Arizona	13%	12%	12%	12%	19%
U.S.	11%	10%	10%	10%	10%

*Rates are calculated as a percent of total births to mothers under 20.

Sources: NAIHS 2005, American Community Survey, National Center for Health Statistics, ADHS Vital Statistics **Preliminary Data for 2006, 12/5/2006.

Babies born to teen mothers are more likely than other children to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect and perform poorly in school. As they grow older, these children are more likely to drop out of school, get into trouble, and end up as teen parents themselves.⁵

The state average for teenage births has remained relatively constant at around 12 percent for more than five years, but little progress has been made in reducing the

³ Ibid.

⁴ Hernandez, D. (2006). Young Children in the U.S.: a Demographic portrait based on the Census 2000. Report to the national Task Force on Early Childhood Education for Hispanics. Tempe, Arizona State University.

⁵ Annie E. Casey Foundation. KidsCount Indicator Brief: Preventing Teen Births, 2003.

prevalence of Arizona teen mothers giving birth to a second child. From 2000 to 2006, approximately 22 percent⁶ of births to teen mothers were the mother's second child. In 2008, Arizona ranked 41st out of the 50 states for the highest high school drop-out rates, so many 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 drop-out 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. Navajo Nation teen motherhood remained relatively stable until 2006, when teen birth rates appear to have increased by 8 percent. It is unknown if this increase is a statistical anomaly until data for 2007 and 2008 data is available. However, this increase of 30 percent is a cause for concern.

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 On Navajo Nation, 9,760 grandparents report living in households with one or more of their grandchildren less than 18 years of age. Of this number, 6007 grandparents (62 percent) report being responsible for their grandchildren. Some of the factors contributing to this high percentage include cultural differences in family structure, housing shortages, high living costs, poverty levels, and local government policies on kinship care.⁸ Additionally, data shows that grandparents of non-white families reside with grandchildren at a higher rate than white families.⁹ In the case of Navajo families, all of these factors may contribute to this complex phenomenon.

Percentage of Grandparents Responsible for Grandchildren ("Grandparent Caregivers")

	2000
Navajo Nation	62%
Arizona	41%
U.S.	41%

* Percentage was calculated taking the total number of households in the regions, dividing that by the total number of grandparents living with their grandchildren, then dividing that by the total number of grandparents responsible for their grandchildren. Indicator not measured as grandparent as primary caregiver prior to 2006. Source: American Community Survey.

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.¹⁰

A summary of indicators of child well-being is provided below. It is important to give cultural considerations when interpreting statistics of American Indian families. It is noted that the role of extended family in American Indian communities is very

6 Ibid.

7 Grandparents Living with Grandchildren, 2000, census brief.

8 Ibid.

9 Ibid.

10 Ibid.

different from other extended family units within Western Society.¹¹ The extended family often includes several households of significant relatives along both vertical and horizontal family relations that form a network of support.

Employment, Income and Poverty

Poverty limits the ability of families to live healthy lifestyles, hinders educational opportunities, and limits the ability to plan for the future. There is a stunning history of poverty in Indian Country. The American Indian poverty rate is the highest among the nation's five ethnic groups¹². In 2000, over 40 percent of the Navajo population under age 18 was living below the federal poverty level. Individuals and families in the Navajo Nation have lower per capita income than Arizona or the U.S. by a factor of two. Per capita income on the Navajo Nation in 2000 was \$7,296¹³. No adequate annual data collection measures are available to document more recent numbers. Joblessness is the best predictor of poverty. Estimates of current unemployment range as high as 50 percent across the Nation (Clarkson, 2006).

In Arizona, recent unemployment rates have ranged from a high of 4.7 percent in 2001 to a low of 3.8 percent in 2007. For the most recent twelve-month reporting period, unemployment in Arizona has mirrored the national trend where an economic downturn has led to higher joblessness rates. Very high levels of unemployment persist across the Navajo Nation.

Unemployment Rates

	2000	2001	2005	2007
Navajo Nation	44%	42%	53%	49%
Arizona	4.0%	4.7%	4.6%	3.8%
U.S.	4.0%	4.7%	5.1%	4.6%

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

Annual Income

In Arizona, during 2006, the median household income was reported at just over \$47,000 per year, very close to the national average of \$48,000 per year. However, household income on the Navajo Nation was \$22,148 in 2006, less than half of the Arizona median.

11 Red Horse, J. (1981) American Indian families: Research perspectives, in F. Hoffman (ed.) *The American Indian Family: Strengths and Stresses*, Isoleta, NM: American Indian Social Research and Development Associates.

12 Chapter Images: 2004.

13 Ibid.

Median Annual Household Income (per year- pretax)

	2000
Navajo Nation Reservation and Off Reservation Trust Land (part) AZ, NM, UT*	\$20,005
Arizona	\$40,558
U.S.	\$41,994

Source: U.S. Census, 2000

Families in Poverty

On the Navajo Nation, poverty is almost 20 percent greater than in Arizona or the U.S. The majority of communities experience poverty due to lack of employment opportunities. For a family of four, the Federal Poverty level is \$21,200 a year (for the 48 contiguous states and D.C.).¹⁴ In many rural communities fathers are forced to leave the home area to find work in construction, mining, or labor and return to the home infrequently. Additionally, many jobs are low paying and do not offer solid benefit packages. Consider the added costs associated with living in rural/frontier communities such as fuel and food costs and the impact of poverty is even greater. Furthermore, anywhere from 35-52 percent of families of children in the Navajo Nation region live at or below the federal poverty level as shown below. Rates of poverty for children are almost 20 percent higher on the Navajo nation than the rest of Arizona and the U.S.

Families living at or Below Federal Poverty Level by Agency 2003 (not including Crownpoint Agency)

FPL Level For Region	Western Agency	Chinle Agency	Ft. Defiance	Shiprock
100% FPL	35%	52%	41%	47%

Source: Chapter Images: 2004.

Families Living at or Below Federal Poverty Level (2000)

	Percent of Households Living At or Below 100 Percent of the Federal Poverty Level
Navajo Nation	40%*
Arizona	10%
U.S.	9%

Source: U.S. Census SF-3; pg. 90

Both women and men are more likely to have higher incomes if they have greater educational success. For example, according to 2004 statistics a woman with less than a 9th grade education could expect to earn less than \$18,000 per year, but with a high school diploma that income expectation rose to more than \$26,000 per year. With a bachelor's degree in 2004, women were reporting an income of \$41,000 per year.¹⁵

¹⁴ Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.

¹⁵ U.S. Census Bureau, *Income by education and sex*.

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.¹⁶ 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.

Nationally, approximately 22 percent of births are to mothers who do not possess a high school degree. The state rate for births to mothers with no high school degree has remained fixed at 20 percent for the past three years. The rate is slightly higher for the Navajo Nation. According to data from 2004-2006, about one-quarter of all births are to mothers with no high school degree, but it is noteworthy that almost one-third have at least some college, about the same rate as the rest of Arizona.

Percentage of Live Births by Educational Attainment of Mother

		2004	2005	2006
Navajo Nation	No H.S. Degree	29%	23%	25%
	H.S. Degree	39%	41%	40%
	1-4 yrs. College	31%	30%	31%
Arizona	No H.S. Degree	20%	20%	29%
	H.S. Degree	29%	29%	30%
	1-4 yrs. College	32%	33%	33%
U.S.	No H.S. Degree	22%	Data not available	Data not available
	H.S. Degree	Data not available	Data not available	Data not available
	1-4 yrs. College	27%	27%	27%

Source: Arizona Dept. of Health Services, Health Status Profile of American Indians in AZ, Date Book 2004, 2005, 2006; American Community Survey, 2003-2006. Note: % does not equal 100% due to exclusion of 17+ (post grad) and unknowns.

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.¹⁷ In addition, cul-

¹⁶ 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.

¹⁷ Ashford, J., LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment*. Belmont, CA: Thompson Brooks/Cole.

tural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, in general, pregnant women may not understand or prefer the western education's need for early and regular prenatal care.¹⁸

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

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

In most of the Navajo Nation cities only 58-76 percent of the mothers received early prenatal care. There are very few women in this region who are reported as receiving *no* prenatal care, but overall, many 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.¹⁹ There are 7-8 percent more teen mothers in the Navajo Nation than in Arizona as a whole.

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.²⁰ 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.²¹

Selected Characteristics of Newborns and Mothers, Navajo Nation (NN) (2006)

County	Total births	Teen Mother (<=19yr)	Prenatal Care 1 st Trimester*	No Prenatal Care	Public \$	LBW <2500*	Unwed Mothers
Navajo Nation in Arizona	2263	382 17%	1425 63%	49 2%	2056 91%	141 6%	1688 75%
Total American Indians on all AZ tribal lands	4063	818 20%	2557 63%	133 3%	3599 89%	288 7%	3156 78%
Arizona Total	102,042	12,916 13%	79,299 77%	2,401 <1%	54,909 54%	7,266 7%	44,746 44%

* 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 preterm births (<37 weeks).

Source: Arizona Department of Health Services/Division of Public Health Services, Arizona Vital Statistics. Health Status Profile of American Indian (2006).

18 LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.

19 Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.

20 Arizona Department of Health Services, Health disparities report, 2005.

21 <http://www.cdc.gov/reproductivehealth/products&-pubs/dataoaction/pdf/rhow8.pdf>

Low Birth-Weight Babies

Low birth weight and very low birth weight (defined as less than 3 pounds, 4 ounces) 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. About 5-7 percent of Navajo newborns had low birth weight, similar to the state rates.

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.²² 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.²³ 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 preterm”, meaning they were born after thirty-four to thirty-seven weeks of pregnancy as opposed to the typical thirty-eight to forty-two weeks.²⁴

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 18.²⁵ 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.²⁶ 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.²⁷ 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.

According to data from 2006, the number of mothers age 19 years or younger, as well as the number of unwed mothers, is higher on Navajo Nation communities

22 Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New perspectives on the stubborn

23 Mayo Clinic. Premature births, November, 2006.

24 Preliminary births for 2005: Infant and Maternal Health National center for Health Statistics.

25 Center for Disease Control, fact sheet, 2001.

26 Kaplan, P. S., *Adolescence*, Boston, MA, 2004.

27 Manlove, J., Mariner, C., & Romano, A. (1998). *Positive educational outcomes among school-age mothers*. Washington DC: Child Trends.

than in the larger and more developed areas of the State. According to Health Status Profile of American Indian (2006) 17 percent of births were to mothers 19 years or younger in the Navajo Nation.

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 with appropriate care as needed. Research shows that children receiving health care insurance²⁸:

- 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.²⁹ Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.³⁰

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.³¹

However, Native American residents of the Navajo Nation (or elsewhere) are entitled to no cost health care through Indian Health Service, a division of the Public Health Service. Since 1955 IHS has provided health services to the Navajo people. Today health care is provided by Navajo Area Indian Health Service through eight geographic service units: Chinle, Crownpoint, Fort Defiance, Gallup, Kayenta, Shiprock, Tuba City, and Winslow. Tuba City and Winslow have been contracted by the Navajo Nation. In addition the Navajo Nation has a Division of Health (NDOH) that administers health education and community outreach programs, including behavioral health, diabetes, WIC, and others.

28 Johnson, W. & Rimza, 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.

29 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.

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

31 . 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.

To Navajo people, traditional medicine is related to harmony and balance in life and is supported by medicinal herbs, prayers, ceremonies and proper diet. It is unknown how many Navajo people practice traditional medicine, but IHS facilities at Chinle, Shiprock, Ft. Defiance, and Winslow Service units embrace traditional knowledge and provide access to traditional practices for patients and families. A traditional medicine practitioner is highly respected and regarded. The skill and knowledge take great practice and many years of commitment. Regarded as sacred, practices are not taught through books, rather, are taught through apprenticeships.

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 the Navajo Nation Region, this last factor may potentially play a large role, given the number of linguistically isolated households in the region. While no specific evidence exists for the region, such evidence does exist statewide. Similarly, a 2007 Commonwealth Fund study found low rates of patient satisfaction among Arizonans, who cited lack of cultural competency as one contributing factor.³² As 80+ percent of families on Navajo Nation speak Navajo, it is likely that there is difficulty locating Navajo physicians and nurses. Families enrolled in The Diné for Our Children report that there is a dearth of Navajo speaking doctors, nurses, and technicians. Furthermore, due to the great distances and geographic isolation, there are always a large number of vacancies in nursing and medical care staff. An additional difficulty is the lack of pediatric subspecialists for children with special needs. Care for children with special needs has historically been provided by the Children's Rehabilitation Services (CRS) at clinics in Flagstaff, Phoenix, or Tucson. Care often requires that families travel hundreds of miles and many hours for consultation and service. Continuity of care is sorely lacking and frequently results in delays in treatment.

Lack of health coverage and other factors combine to limit children's access to health services. For example, according to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had a regular doctor and at least one well check visit in the last year. According to the same study, only 55 percent of children who needed behavioral health services received some type of mental health care in 2003.³³

Medical Health Insurance Utilization

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. For example, the chart below shows that for children under age five enrolled continuously in Arizona Health Care Cost Containment System (AHCCCS) in Arizona, 78 percent 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) during the year in 2007. Data was not available for Navajo Nation.

³² Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

³³ Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

Percent of Children (Ages 12 Months – 5 Years) Continuously Enrolled in AHCCCS - Receiving One or More Visits to a Primary Care Practitioner

	Navajo Nation	Arizona
2005	No data available	78%
2006	No data available	78%
2007	No data available	78%

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.

Source: AHCCCS.

Oral Health Access and Utilization

Oral health appears variable across the nation. Navajo Area Indian Health Services (NAHIS) determines access to dental care by measuring the population and comparing it to the dental user population. The average annual use of dental services across all ages and across service units on the Navajo Nation (Arizona) is 9 percent. However this does not reflect children's use. The table below indicates that between 2000 and 2003 there was an decrease of 9.0 percent in the application of sealants to children's teeth across the nation.

Navajo Nation Oral Health Sealants for Children <12 years old

Service Unit (2003)	2003 Sealants	2000 Sealants	Percent Difference
Chinle	13,489	12,642	6.7%
Ft. Defiance	4,563	5,794	-21.2%
Kayenta	4,623	6,048	-23.6%
Tuba City	3,131	3,703	-15.4%
Winslow	2,837	3,608	-21.4%
Total Navajo	28,643	31,795	9.0% decrease

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

Access to oral health care is even more challenging for families with special needs children.

Child Safety

Children thrive when they are able 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, lack of seat belt use, or unattended pools of water.

Given that families drive great distances to get to almost anywhere on the Navajo Nation, child automobile restraint is one of the most critical and doable solutions to improved health and well being. Child safety seat use reduces the risk of fatal injury by 70 percent; and seat belt use reduces this risk by almost 50 percent. Navajo Nation has laws for seat belt and child care seats. Annually, the Navajo Nation Highway Safety Program conducts an observation and survey to determine belt and seat use. On average, Navajo people are more likely to use seat belts with 87 percent of residents using seat belts, compared to the U.S. average of 77 percent. However, child seat use is still underutilized, but improving. Age was not reported by Navajo Highway Safety Program Vehicle Occupant Use Survey.

Percent of Child Restraint and Seat Belt Use by Year

Restraint Type	2000	2001	2002	2003	2004
Child Restraint/Car Seat	28%	30%	43%	43%	54%
Seat Belt (adult)	78%	81%	65%	68%	87%

Source: Navajo Highway Safety Program Vehicle Occupant Use Survey, 1990-2004.

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.³⁴

The following data illustrates the problem of abuse and neglect in Arizona and the significant number of children that are placed at greater risk for poor school performance, frequent grade retention, juvenile delinquency and teenage pregnancy, as child abuse and neglect are strongly linked with these negative outcomes for children. The data provided in this report includes state and county level data for children under age eighteen.

It is important to note that the 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 numbers 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 chart below shows the child abuse reports and fatalities for 2005 and 2006 for Arizona and nationally.

³⁴ 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 and Neglect

	2005		2006	
Arizona	Reports	37,546	Reports	34,178
	Fatalities	50	Fatalities	60
U.S.	Reports	44* (3M)	Reports	48* (3.6M)
	Fatalities	1.86** (1,460)	Fatalities	2.04** (1,530)

*Calculated as the rate for every 1,000 children in the population to account for population growth with actual numbers of incidents in parentheses.

**Calculated as the rate for every 100,000 children in the population to account for population growth with actual numbers of incidents in parentheses.

Sources: Department of Health and Human Services; Arizona Child Fatality Review Board, Children's Action Alliance

The table below provides a breakdown of reports received by Navajo and Apache counties in Arizona. Over half (57 percent) of the reports received were in Maricopa County. Most reports statewide are reports of neglect, followed by physical and sexual abuse. Of the total reports, between 4 and 7 percent resulted in substantiation.

Number of Reports Received by Type of Maltreatment in Navajo and Apache Counties, April 1, 2007 - September 30, 2007

County	Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse	Total	% of Total
Apache	1	47	33	6	87	0.04%
Navajo	3	234	101	9	347	0.019%
Statewide	212	10,922	5,836	1,108	18,078	100.0%
Percent of Total	.01%	.02%	.02%	.01%	.02%	

Source: All data taken from Arizona Department of Economic Security Child Welfare Reports, April 1, 2007 - September 30, 2007. Navajo Nation numbers may be comingled.

Child abuse prevention is one of the most basic aspects of American Indian culture. Prevention practices are embedded in the spiritual beliefs, child-rearing practices, extended family roles, and systems of clans, bands, and societies. The natural system of child protection and child abuse prevention has been threatened by forced assimilation, relocation, externally imposed social services, alcoholism, and poverty. Organizations such as the National Indian Child Welfare Association and American Indian Child Abuse Treatment Program work to maintain and enhance traditional practices and to integrate them with more formal community responses. In 2006, Robert McSwain, then deputy director of IHS testified before congress that there is a definite increase in child abuse in Indian communities. The numbers are high and unacceptable. He attributes the increase to the overwhelming poverty and concomitant factors including alcohol, drugs and especially methamphetamines. He reported that in 2006, the HIS and BIA developed the Mental Health and Community Safety Initiative for AI/AN Children, Youth, and Families as well as the *IHS/BIA Child Protection Handbook* that offers information on forming child protection teams, models of tribal legislation, and model legislative language for child protection. Further he asked for federal funding to increase the services to Indian families and communi-

ties; but also noted that the underlying issues are rooted in poverty, education, and social change (www.hhs.gov/asl/testify/to60315.html). The Navajo Nation is aware of the threat of child abuse and has taken formal actions by the Tribal Council and the Office of the President to institute training for law enforcement and social service via the Domestic Violence Prevention Training (Office of the President, 2006).

Child abuse and neglect are of grave concern to Navajo Nation. The multiple entities that support families and children recognize that the transient nature of many Navajo families is problematic when attempting to treat families and children. Information on the number of child abuse and neglect cases on the Navajo Nation is problematic. Data come from several sources; the Navajo Nation Division of Social Services, Department of Behavioral Health Services, Division of Public Safety, and Indian Health Service encounter data. Data from schools and Head Start are not included and need to be examined. Gallup, Crownpoint, and Winslow are removed from this table as their jurisdiction is beyond Arizona. Navajo Nation is working on a computerized system to track child abuse cases and move them through their system.

Similar to the rest of Arizona, the majority of reports among Navajo communities are related to child neglect, and physical and sexual abuse.

Number of Navajo Nation and NAIHS Child Abuse Cases by Type and Service Unit in Arizona, 2003

Category	Chinle	Ft. Defiance	Kayenta	Shiprock	Tuba City	Unknown	Total
Substance	9	10		13	2	17	51
Abandon	7	29		7	6	19	68
Neglect	59	177		170	15	223	644
Sexual	7	44		40	4	49	144
Physical	7	50		27		44	128
Emotional	ID	8		3		3	14
Verbal		2					2
Exploitation		5		2		13	20
Delinquency	ID	3		8		8	19
Medical Neglect		12		2		6	20
Domestic Violence	2	11		5		7	25
CHINS	2	4		8		3	17
Total	95	355	ID	286	30	392	1158

ID= Insufficient data for report

CHINS= Child in Need of Supervision

Source: Navajo Division of Social Services, Office of Information Management and Navajo Area Indian Health Services NAIHS

In any given year, more than three million child abuse and neglect reports are made across the United States, but most child welfare experts believe the actual incidence of child abuse and neglect is almost three times greater, making the number closer to 10 million incidents each year. In 2006, 3.6 million referrals were made to Child Protective Service agencies (CPS) nationally, involving more than 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 unsub-

stantiated 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.

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 (CPS) involvement.

Arizona's state law regarding "substance exposed newborns" was changed in 2005. Prior to the change in the law, a substance exposed newborn report could be substantiated if the mother and child tested positive for drugs. The new law added the requirement that a medical doctor must indicate that there is demonstrable harm to the child. This has caused a decrease in the number of child victims when compared to 2004. In 2006, child deaths due to maltreatment increased in Arizona by 10 (from 50 to 60 deaths), and 77 percent of children who died from maltreatment were under the age of five years. There were nine cases of shaken baby syndrome. Twelve percent of those who died from maltreatment were also classified as special needs children. Thirty four percent of children who died from maltreatment in Arizona during 2006 had previous CPS involvement.

In response to growing concerns over abused and neglected children in the state, Arizona governor Janet Napolitano commissioned the 2004 Prevention System Subcommittee's *"Action Plan for Reform of Arizona's Child Protection System"*. As part of the Action Plan it was recommended that pregnant women receive better access to comprehensive prenatal care by fast-tracking health insurance processes for prenatal care, helping teenage mothers, and providing home visitation services using the existing Healthy Families model. For children up to age 4, the subcommittee recommended more parent education and support especially for teenage parents and for parents of children with special needs. The committee also recommended that these parents take advantage of early childhood education opportunities through Early Head Start and Head Start and access to quality child care.

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. 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).

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.³⁵ 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 in 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.

In 2006, Navajo Nation signed an intergovernmental agreement with the State of Arizona to become the first tribe to benefit from families raising and nurturing children who would historically been placed off the reservation in foster care (Office of the President, 17 December 2006). Now families receive training and compensation for serving as foster parents to young children. Foster care placement information is not available for the Navajo Nation for this report.

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.³⁶ 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.³⁷ 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 Nation Region for children during the first year of life, followed by the leading causes of death for infants on Navajo Nation in 2006.

Deaths among infants one year or less in age

	2001	2002
Navajo Nation *	8.5% (16)	6.2% (12)
Arizona	2% (872)	2% (870)
U.S.	1% (32,721)	Not available

Sources: NACDC, Arizona Department of Health Services.

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

37 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*, 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 Health*, 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.

Children's Educational Attainment

The survival of the Navajo Nation as a unique group of people growing and developing socially, educationally, economically, and politically within the larger American Nation requires that the Navajo People and those who reside with the Navajo Nation retain and/or develop an understanding, knowledge and respect for the Navajo culture, history, civics and social studies. Courses or course contents that develop knowledge, understanding and respect for the Navajo culture, history, civics, and social studies shall be included in the curriculum of every school serving the Navajo Nation. The local school governing boards, in consultation with parents, students and the local communities, shall determine the appropriate course content for the Navajo culture component of the curriculum.

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.³⁸ 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.³⁹ Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.⁴⁰ Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.⁴¹

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

One component of children's readiness for school consists of their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of

38 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, 495-507; 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.

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

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

41 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: Technical report*, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

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, print awareness or comprehension.

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. In the specific area of language and literacy development assessed, the data in the following chart indicate that only a small percentage of children entering kindergarten were meeting the benchmark standard but at the end of the year significant progress was made.

Basic Early Literacy as Measured by DIBELS

2006-2007 Kindergarten DIBELS Instructional Support Recommendations						
	Beginning of the Year			End of the Year		
	Percent Intensive	Percent Strategic	Percent Benchmark	Percent Intensive	Percent Strategic	Percent Benchmark
Arizona Reading First	52.3	35.0	12.7	10.3	12.2	77.5
Pinon Unified School District	47.5	41.0	11.5	16.4	14.8	68.9
Red Mesa Unified School District	44.1	42.4	13.6	6.8	10.2	83.1
Tuba City Unified School District	64.6	26.0	9.4	15.6	13.5	70.8
Window Rock Unified School District	53.4	41.4	5.2	12.1	12.1	75.9

Source: Arizona Department of Education, 2006-2007 Kindergarten DIBELS Instructional Support Recommendations

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 National Assessment Education Project (NAEP) is a standardized means for measuring educational progress in the core subject areas beginning in the 4th grade. It is one of the earliest comprehensive assessments used with students all over the United States and it can provide helpful insights into how well students are progressing through the core subject areas and where groups of students (gender, ethnicity, income, geographic regions) may be systematically experiencing delays in their progress. The performance of Arizona's children on standardized tests continually lags behind that of the nation. Only fifty-six percent of Arizona's fourth graders scored "at basic" or better on the 2007 NAEP Reading Assessment, compared with a national average rate of 67 percent. The percentage of Arizona fourth graders achieving "at basic" or better on the NAEP Math Assessment increased dramatically from 57 percent in 2000 to 74

percent in 2007, but Arizona's fourth graders still score 8 percent below the national rate of 82 percent.

Data is available for the Navajo Nation 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. This assessment measures the student's level of proficiency in writing, reading, and mathematics and provides each student's national percentile rankings in reading/language and mathematics. In addition, Arizona students in Grades four and eight are given a science assessment.⁴² The chart below shows a complex picture of how each school district in the Navajo Nation region performs.

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

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Ganado Unified School Dist	14%	31%	52%	3%	2%	48%	47%	3%	18%	5%	65%	12%
Pinon Unified School Dist	27%	37%	36%	0%	14%	53%	33%	0%	18%	31%	49%	3%
Kayenta Unified School Dist	11%	36%	47%	6%	4%	39%	54%	3%	7%	12%	77%	4%
Chinle Unified School Dist	19%	29%	46%	6%	13%	36%	49%	2%	7%	20%	66%	7%
Tuba City Unified School Dist	14%	40%	41%	5%	15%	38%	44%	4%	9%	13%	69%	9%
Red Mesa Unified School Dist	10%	32%	55%	4%	7%	38%	51%	4%	3%	13%	59%	26%
Sanders Unified School Dist	11%	21%	64%	4%	8%	40%	53%	0%	4%	15%	79%	2%
Window Rock Unified School Dist	21%	34%	39%	6%	12%	41%	46%	2%	7%	24%	66%	3%

Source: Arizona Department of Education AIMS Spring 2007 Grade 03 Summary

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

In order to better understand the school systems across the Navajo Nation, each Public Education Agency (PEA) is identified and described with enrollment, administration, and performance status and graduation rates in the summary located in the appendices.

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 coun-

⁴² Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

terparts.⁴³ Graduation rates for each public high school on the Nation are listed in the Appendix. The graduation rates are variable. Chinle only graduated 4 percent of its 348 students, while Kayenta graduated 70 percent. The remaining high schools graduated between 31 percent and 61 percent. The states' rate of graduation stems from the students passing the Arizona Instrument of Measurement (AIM) assessment during the senior year. When the students pass the state assessment and have all the necessary credits, they will receive a diploma, which indicates the graduation rate. If the students does not meet or exceed on the state assessment, they will receive a Certificate of Attendance not being counted in the states' graduation rate.

Navajo Educational Enrollment/Attainment, 2005

Type	NN Number (%)	U.S. Number (%)	NN Attain (%)	U.S. Attain (%)
Preschool	4062 (5.7)	4,957,582 (6.5)		
Kindergarten	3889 (5.5)	5,157,491 (5.4)		
Elementary (1-8)	37,757 (53.1)	33,653,641 (43.9)		
High School (9-12)	17,891 (25)	16,380,951 (21)		
College or grad	7573 (10.6)	17,483,262 (22.8)		
< 9 th grade			21,612 (24.4)	13,755,477 ()
9 th -12 th no diploma			17,457 (19.7)	21,960,148 ()
HS Graduate			23,333 (26.3)	52,168,981 (28.6)
Some College			15,048 (17)	38,351,595 (21)
Assoc Degree			4748 (5.4)	11,512,833 (6.3)
Bachelor's Degree			4135 (4.7)	28,317,792 (15.5)
Graduate Degree			2329 (2.6)	16,144,813 (8.9)

Source: Chapter Images, 2004; American Community Survey, 2005

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

Current Regional Early Childhood Development and Health System

Summary of Regional Findings on Early Childhood System

For the more than 11,300 children ages 0-5 years living in the Navajo Nation Region, there are no accredited child care centers in which children can receive services. However, there were 156 Head Start sites (eight are Early Head Start) that had been funded but only 59 out of 156 sites are operational in 2007-2008 school year. The Navajo Nation operates eighteen facilities, four in Arizona, for low-income families, funded by Child Care and Development Fund (CCDF) monies. Families must apply and qualify for Federal assistance to participate. It also operates Head Start/Early Head Start programs. In addition, the Early Childhood Block Grant (ECBG) funded preschools operate in four districts (all of which are at capacity with waiting lists).

There are no Department of Health Services (DHS) licensed small group homes or Department of Economic Security (DES) approved family child homes in the region.

Approximately 3,200 Navajo young children are enrolled in some type of fee-paying care and education program. These numbers do not account for children cared for in unregulated care, by kin, or who are in need of care but do not have access to it.

The data indicates that care is more expensive for younger children. Infant care is more costly for parents, because ratios of staff to children *should* be lower for very young children and the care of very young children demands care provider skill sets that are unique. Clearly these costs present challenges for families, especially those at the lowest income levels.

Some of the critical areas for health care in the Navajo Nation region include childhood obesity and early intervention. The Navajo Nation has an intergovernmental agreement with the Navajo Area Indian Health Services (IHS) as well as other state agencies to coordinate services in the areas of Child Find, interim service coordination, advocacy, and early intervention services.

Health data obtained for Navajo Nation indicated that 87 percent of two year olds received all age appropriate immunizations. Childhood obesity is a concern with 60 percent of children ages two to nineteen found to be overweight or obese. Data on developmental screenings is not available.

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. Unfortunately, there are no systematic data that quantitatively reflect the developing network of support in the Navajo Nation region. However, the region has benefitted from the Bureau of Indian Education Family and Child Education (FACE) and Baby Face programs, the Growing in Beauty program (early intervention for young children with developmental delays), the WIC program, Parents as Teachers, Diné Our Children, and the Office of Diné Culture, Language and Community Service.

Early childhood educators and professionals have a variety of education and training resources available, including online training and education and degree programs through the state universities or community colleges. An important concern of the Navajo Nation Regional Partnership Council, and for many other areas around

the state, is the preparation of its early childhood and elementary school teachers. According to Arizona Compensation and Credentials Report, among child care professionals in the Navajo Nation region, approximately 63 percent of teachers and 24 percent of assistant teachers had college (AA or BA) or graduate degrees in Early Childhood Education or a related field, considerably higher than the Arizona figures.

In the Navajo Nation Region, many organizations currently play a role in providing information on child development and family resources and supports to families, including school districts, the Navajo Nation Library, community organizations, and a growing constellation of Head Start programs. Two key resources are Diné for Our Children, a family-to-family health and education resource and information center, and Growing In Beauty, an early intervention program that educates parents and young children with special needs.

Navajo Nation has a well-established infrastructure of governmental communication to coordinate systems, with a central capitol in Window Rock and five Area Agencies: Western, Eastern, Ft. Defiance, Chinle and Shiprock. Community Health Representatives (CHRs) are located in each of the 110 local Navajo Chapters. Partnerships are needed across the spectrum of organizations that touch young children and their families.

Quality

A number of states have been increasingly concerned about creating high quality early care and education. This concern makes sense because of a number of reasons. First, child care needs are growing because a majority of children ages 0-6 years of age participate in regular, nonparent child care. In one study, 61 percent of young children participated in some form of child care. Further, 34 percent participated in some type of center-based program.⁴⁴ Second, child care is a growing industry. Increasing maternal employment rates and policies from the Personal Responsibility and Work Opportunity Reconciliation Act have increased demand. Third, research has found that high quality child care can be associated with many positive outcomes including language development and cognitive school readiness.⁴⁵ 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.⁴⁶

Currently there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. One of the tasks of First Things First will be to develop a Quality Improvement and Rating System with these common indicators of quality. Until this Rating System is available statewide, this report presents for the Navajo Nation Regional Partnership Council an initial snapshot of quality in the Region as established through the nationally accredited organizations approved by the Arizona State Board of Education.

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

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

46 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.

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

Accredited Early Child Care Centers

No accredited early care and education centers are located in Navajo Nation. However, there are 156 Head Start sites (eight are Early Head Start) that had been funded but only 59 out of 156 sites are operational in the 2007-2008 school year. The Head Start centers are not accredited; however the centers are required to meet specific standards.

Possible accreditation sources for Navajo Nation: NAEYC, AMI, AMS, ASCI, NAC, NECPA and 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/child_care/
- 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
- NAFCC Accredited Family Child Care Providers <http://nafcc.fmdatabase.com/fmi/iwp/cgi?-db=accreditationsearch.fp7&-loadframes>
- ECPA <http://www.necpa.net/AccreditedPrograms.htm>

Access

Family demand and access to early care and education is a complex issue. Availability and access are influenced by, but not limited to factors such as: number of early care and education centers or homes that have the capacity to accommodate young learners; 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 Nation Region, available data include:

number of early care and education programs by type, number of children enrolled in early care and education by type, and average cost of early care and education to families by type.

Number of Early Care and Education Programs

The Navajo Nation operates seven child care facilities, four in Arizona, for low-income families, funded by Child Care and Development Fund (CCDF) monies. Families must apply and qualify for Federal assistance to participate. It also operates Head Start/Early Head Start programs. In addition, the Early Childhood Block Grant (ECBG) funded preschools operate in four districts. The table below displays the number of Navajo Nation child care and Head Start facilities and staffing.

Number of Child Care And Head Start Facilities, Staff, And Capacity, 2008

	Chinle	Ft. Defiance	Kayenta	Tuba City	Total
ECBG Preschools in Public Education Agency/Area (PEA) (capacity)	104	50	55	45	254
Child Care Facilities	1	1	1 (SW CCDF)	1	4
Child Care Staff	29	31	7	5	72
Child Care Capacity					
Funded Head Start Facilities	51	49		48	148
Operating Head Start Facilities	34	26		31	91
Head Start Staff					
Head Start Capacity	847	832		751	2,430
Head Start Enrollment	543	435		457	1,435
Group Home Facilities	4	3	34	57	98
Group Homes Staff	4	3	34	57	98
Group Homes Enrollment	23	31	171	266	491

Source: Navajo Nation Head Start, 2008; CCDF, 2008; NAIHS, 2005.

The Department of Economic Security's (DES) 2006 Child Care Market survey provides information on a range of child care settings statewide. This source is particularly useful for understanding food program and DES approved and unregulated family child care and private, fee-based child care for working parents. It does not, however, provide information about Head Start and district programs that *do not* charge fees or child care settings that are licensed or regulated by tribal agencies.

Market Rate data for the Navajo Region compiled by zip code by First Things First, located two Department of Health Services licensed child care centers, with a capacity of 103 and an average daily number served of 35. No DHS licensed small group homes or Department of Employment Security approved family child homes were located in the region.

The Department of Health Services licenses four school district programs: Mesa View Elementary School (CUSD #24: capacity 68), the Fort Defiance Integrated Preschool (WRUSD #8: capacity 25), Window Rock Integrated Preschool (WRUSD #8 capacity 25), and the Child Care Occupational Parenting Education Center (C.O.P.E) program at the Kayenta Unified School District (#27: capacity 55), providing child care vocational training for high school students and extended child care services to all community members, including free services to teen parents attending school.

In Navajo Nation, from May 2007 to April 2008, 518 children from birth through age five years received 6,669 units of service from DES Child Care Subsidy totaling \$64,527.50. The community allocation is as follows:

DES Subsidy by Community, 2007-2008.

Community	Children	Funding	Number of Units
Kayenta	147	\$21,100.36	1,975
Tonalea	65	\$8,954.57	963
Tuba City	171	\$21,024.44	2,137
Kaibeto	7	\$649.54	66
Shonto	24	\$2,381.40	256
Chinle	29	\$232.87	29
Ganado	31	\$4,377.66	516
Many Farms	9	\$1,010.26	146
Red Valley	19	\$2,040.56	260
Rock Point	12	\$2,081.92	257
Cameron	4	\$673.92	64
Total:	518	\$64,527.50	6,669

Source: Arizona Department of Economic Security, 2008.

Number of Children Enrolled in Early Care and Education Programs

The table below presents the number of children enrolled in early care and education programs by type in the Navajo Nation Region. These numbers do not account for children cared for in unregulated care, by kin, or who are in need of care but do not have access to it. Identification of methodologies and data sets related to unregulated care and demand for early care and education are a priority for the future. The dramatic difference between the Approved Capacity and Average Daily Served is due to two factors: 1) The Approved Capacity reflects enrollment for the entire Navajo Nation, including New Mexico and Utah site; 2) Head Start continues to operate at less than full capacity during the period. After the suspension of Head Start in 2005, the program has been unable to reopen all sites. Physical plant and staffing vacancies continue to cause problems for the program. Head Start Centers are operating at about 58 percent of capacity.

Navajo Nation Early Childhood Enrollment Data, 2007.

Number of children enrolled in early care and education programs by Type, 2007			
	Licensed centers*	Approved family child care homes**	Head Start/Early Head Start Centers***
Approved Capacity	1264	NA	2,537
Average Daily Reported Number Served	1264	487	1,483

Source: *NN CCDF Records: all CCDF centers.

**NN CDDF records

*** NN Head Start attendance records for Arizona only and decreased number.

Costs of Care

The table below presents the average cost for families of early care and education in licensed centers in Navajo Nation, based on data provided by two centers identified in DES Market Rate Survey 2006 and data provided by six centers surveyed by SWI in 2008.

The data indicates that care is more expensive for younger children. Infant care is more costly for parents, because ratios of staff to children *should* be lower for very young children and the care of very young children demands care provider skill sets that are unique. Clearly these costs present challenges for families, especially those at the lowest income levels.

Average Costs of Early Care and Education for Group Licensed Centers (ADHS)

	Navajo Nation (2004)	Navajo Nation (2006)	Navajo Nation (2008)	U.S. (2008)
Infant	\$21.67 per day	\$22.00 per day	\$20.00 per day	\$9,567 per yr**
Toddler	\$19.25 per day	\$21.00 per day	\$20.00 per day	
Preschooler	\$17.50 per day	NA	\$19.00 per day	\$7,084 per yr**

Sources: 2006 DES Market Rate Study; data by region supplied by First Things First. NACCRRRA 2008 State Data Sheet; 2008 rates were obtained from SWI survey of ECE Centers

**Assumes full-time enrollment

Health

Children's good health is an essential element that is integrally related to their learning, social adjustment, and safety. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social and emotional well being necessary for them to succeed when they reach school age. Children's healthy development benefits from access to preventive, primary, and comprehensive health services that include screening and early identification for developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health. Previous sections of this report presented data on prenatal care, health insurance coverage, immunizations, and oral health for the Navajo Nation Region. This section focuses on developmental screening.

In 2003 a total of 21,168 children ages two to 19 years of age were screened for Body Mass Index (BMI) in four areas in the region. Sixty percent were found to be overweight or obese, with more than one-third of these children considered obese.

Number and Percent of Children Ages 2-19 Who Had BMI Calculated, Deemed Overweight and Obese, 2003

	Chinle	Ft. Defiance	Kayenta	Tuba City	Total
BMI Calculated	7,874	5,813	4,744	2,737	21,168
Overweight #	2,123	1,340	1,220	623	5,306
Overweight %	27.0%	23.1%	25.7%	22.8%	24.65%
Obese #	2,642	1,872	2,028	992	7,534
Obese %	33.6%	32.2%	42.7%	36.2%	36.18%
Overweight or Obese %	60.5%	55.3%	68.5%	59.0%	60.83%

Source: 2005 Navajo Community Health Status Assessment.

Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children's optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening at nine, 18, and 24 months with a valid and reliable screening instrument. Providing special needs children with supports and services early in life leads to better health, better outcomes in school, and better opportunities for success and self-sufficiency on into adulthood. Research has documented that early identification of and early intervention with children who have special needs can lead to enhanced developmental outcomes and reduced developmental problems.⁴⁷ 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.⁴⁸

The Perry Preschool Program Longitudinal Study has found that children who participated in a preschool intervention program had more positive outcomes (i.e., higher high school graduation rates, higher scores on reading, math, and language tests) as measured at age 19 when compared with children who did not participate in this program. Particularly interesting is the finding that children with special needs in the program required fewer special education services in high school and showed less delinquent behavior than children with special needs in the control group.⁴⁹ Further, research has found that children with special needs that are unidentified are at risk for developmental problems that may require more expensive services if not addressed early.⁵⁰

Parents' access to services is a significant issue, as parents may experience barriers to obtaining referrals for young children with special needs. This can be an issue if, for example, an early child care provider cannot identify children with special needs correctly.⁵¹

Immunizations are an important component of child wellness because they can prevent diseases, some of which have long term and serious consequences. Vaccines, for example, can prevent disabilities such as hearing and sight loss due to measles, or muscle control loss due to polio.⁵² Furthermore, children who are up to date on immunizations have greater school attendance and better physical health.⁵³

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their young child's behavior (48 percent), speech (45 percent), or social development (42 percent).⁵⁴ Children most likely to be screened include those that need neonatal intensive care at birth. These babies are all referred for screening and families receive follow-up services through Ari-

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

48 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.

49 Berrueta-Clement, J. R., Schweinhart, L. J., Barnett, W. S., Epstein, A. S., & Weikart, D. P., *Changed Lives: The effects of the Perry Preschool Program on youths through age 19*. Ypsilanti, MI: The High/Scope Press.

50 Wood, M. W. Costs of intervention programs. In C. Garland (Ed.), *Early intervention for children with special needs and their families: Findings and recommendations*. 1981, Westat Series Paper 11, University of Washington.

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

52 Web MD. *Should you hesitate to vaccinate?* From: <http://my.webmd.com/content/article/3609.168>.

53 Zaslow, M., Calkins, J., Halle, T., Zaff, J., & Margie, N. *Background for community-level work on school readiness: A review of definitions, assessments, and investment strategies*. Washington DC: Child Trends.

54 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.

zona’s High Risk Perinatal Program administered through county Health Departments.

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

Below is a listing of the numbers of children enrolled in Public Education Agency schools by disability under IDEA. Unfortunately, clear identification of children is not available. These numbers seem high by district enrollments based on number of spaces for children in these programs (254). Typical enrollment is approximately 10-15 percent rather than the 28 percent on Navajo Nation.

Enrollment of Preschool Children with Special Needs by District, 2007.

	HI	PMD	PSD	PSL	VI	Total
Chinle Unified District	*	*		*	*	14
Ganado Unified School District			*	*	*	
Pinon Unified District		*		*		*
Kayenta Unified District		19	*	*		28
Red Mesa Unified District		*				*
Tuba City Unified District		*	*	*		16
Window Rock Unified District		*	*	*		14
Total		19				72

Source: Arizona Department of Education, Exceptional Students Services, 2007.

* = No incidence reported, districts were not specific as to the type of disability, rather they reported sums of children with disabilities.

The Navajo Nation’s “Growing in Beauty” program is part of the Diné Division of Education. The program was established to provide early intervention services to children with disabilities ages birth to six. The Navajo Nation has an intergovernmental agreement with the Navajo Area Indian Health Services (IHS) to coordinate services in the areas of Child Find, interim service coordination, advocacy, and early intervention services. The Navajo Nation has 13 interim service coordinators and two parent coordinators hired at the IHS Service Units under the Navajo area.

The Navajo Nation utilizes its interim services coordinators at the IHS hospitals and health stations to coordinate services in the area of Child Find, interim service coordination, advocacy, and early intervention services. In addition, the Navajo Nation has agreements with the Arizona State Department of Education, the Department of Economic Security (DES) Arizona Early Intervention Program (AZEIP) the New Mexico State Department of Education and the San Juan school District for Utah Navajo children between the ages of three and five. The Navajo Nation assists the responsible State education agency in implementing early childhood special education and related services by providing supplemental funding and coordination of services. Additional supplemental funding is provided in meeting the needs of children in rural and remote locations of the Navajo Nation.⁵⁵

55 (<http://www.nectac.org/topics/bie/growinginbeauty.asp>)

Growing In Beauty provides the following services:

Child Find

- Growing in Beauty (GIB) Video
- Navajo translation of materials
- Child find collaboration with local providers
- Collaboration of materials development with states
- Physician Guide (Arizona) and Orientation Manual of Early Intervention (New Mexico)

Screening / Evaluation:

- GIB staff often add cultural understanding to the evaluation team
- Evaluation and assessments are provided in local communities in “natural environments”
- Use of Ages and Stages Questionnaire (ASQ)
- Collaboration with Indian Children’s Program for evaluations
- Language translation provided by GIB staff

Parent Training:

- Funding to Parents Reaching Out (Parent Training and Information Organization) to serve the Navajo Nation
- Funding of a Family Liaison for the Navajo Nation
- Initial funding of Family Liaison
- Initial funding of Family Reaching Harmony
- Collaboration with State Parent Training and Information Center
- Funding of Parent Coordinators to provide training and support

Services:

- Many early intervention provider agencies have hired Navajo staff
- Efforts are made to ensure that all Early Intervention services are available in all communities
- Services and supports are provided in everyday routines, activities and places
- Interim Service Coordination model
- Funding of Family Support Services
- Native Healing, Assistive Technology, Support funds such as gas allowance

Indian Health Services does not have a standardized method of screening young children. They follow Medicaid Early and Periodic Screening, Diagnosis and Treatment

(EPSDT) guidelines, but do not use the M-CHA (Mid-certification Health Assessment) visit protocol for infants or other developmental screening tools.

In Arizona, the system that serves infants and toddlers is the Arizona Early Intervention Program (AzEIP). Eligible children have not reached fifty percent of the developmental milestones expected at their chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Identifying the number of children who are currently being served through an early intervention or special education system indicates what portion of the population is determined to be in need of 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. This is the first task in knowing whether or not a community's Child Find process, including screening, is working well.

Second, when conducted effectively, screening activities assist in identifying children who may be outside the range of typical development. Based on screening results, a child may be further referred for an evaluation to determine eligibility for services. Accurate identification through appropriate screening most often leads to a referral of a child who then qualifies to receive early intervention or special education services. One consideration of the effectiveness of screening activities is the percent of children deemed eligible compared to the total number of children referred. The higher the percent of children eligible, the more accurate and appropriate the referral. Effective screening activities are critical to assuring such accuracy. Data on the number of AzEIP Screenings for children 0-12 months and for children 13-36 months is not available for the Navajo region.

There are many challenges for Arizona's early intervention program in being able to reach and serve children and parents. Speech, physical, and occupational therapists are in short supply and more acutely so in some areas of the state than others. Families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. These problems will require the combined efforts of state and regional stakeholders to arrive at appropriate solutions.

While longer-term solutions to the therapist shortage are developed, parents can be a primary advocate for their children to assure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy of Pediatrics. Also, any parent who believes their child has delays can contact the Arizona Early Intervention Program or any school district and request that their child be screened. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention system and how it works, are parent support services that each region can provide. These measures, while not solving the problem, will give parents some of the resources to increase the odds that their child will receive timely screening, referrals, and services.

Insurance Coverage

The following chart compares the percent of children receiving no medical care for those insured all year versus those uninsured all or part of the year for Arizona children. As the chart shows, over 38 percent of children who are uninsured all or part of the year, are not receiving medical care compared to 15 percent of children who are insured throughout.

Percent of Children (0-17) Not Receiving Any Medical Care, 2003

	Insured All Year		Uninsured All or Part of the Year	
	Percent not receiving medical care	Number not receiving medical care	Percent not receiving medical care	Number not receiving medical care
Arizona	14.8	171,303	38.1	134,259
U.S.	12.3	7,635,605	25.6	2,787,711

Source: Robert Wood Johnson Foundation. Protecting America's Future: A State-By-State Look at SCHIP and Uninsured Kids, August 2007.

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.

Because of the “trust relationship” between the Navajo Nation and the United States government, health care is funded by the government. As Federal beneficiaries, Navajos who choose NAIHS as their primary health care provider may not feel the need to purchase health insurance. Because the Navajo Nation acts as a self-insured agent, employees who receive care at IHS facilities are not billed for services provided. However, employed Navajos are increasingly purchasing health insurance, when they can afford it, and using non-IHS providers.

In FY 2004, the Federal government spent \$3,500 per employee on health insurance plan premiums. The IHS, by comparison, spends about \$1,600 per user of its services.

The 2005 Navajo Community Health Status Assessment report identified 207.5 medical personnel in the region, including 23 pediatric primary care providers, 76 primary care providers, 23 dentists, 2.5 mental health specialists, and 51 public health nursing staff. In the region, there are only two dental hygienists and three nutritionists.

Number of Primary Care Providers by Type of Practice, 2004

Practice	Chinle	Ft. Defiance	Kayenta	Tuba City	Total
Internal Medicine	8	5	2	9	24
Family Practice	9	5	8	5	27
Pediatrics	5	5	5	6	21
Physician Assistant	2	4	3	5	14
Family Nurse Practitioner	2	5	3	1	11
Pediatric Nurse Practitioner	1	0	0	1	2
Child Psychiatrist	1	0	0	.5	1.5
Child Psychologist	1	0	0	0	1
Dentist	1	9	5	8	23
Hygienist	1	0	0	1	2
Ophthalmologist	0	0	0	1	1
Health Promotion Employee	13	4	3	6	26
Pub. Health Nursing Employee	14	10	13	14	51
Pub. Health Nutrition Employee	2	0	0	1	3

Source: 2005 Navajo Community Health Status Assessment.

78 percent of Navajo people have fluorinated drinking water. To help prevent tooth cavity and decay, children are provided with sealants. According to the NAIHS Government Performance Results Act (GPRA) report for FY 2003, 61 percent of children

less than 12 years old were provided with dental sealants. However, from 2000 to 2003, the percent of children less than 12 years old that had sealants applied to their teeth decreased by 13.38 percent.

Children Receiving Dental Sealant Treatments, 2000 and 2003

Service	Chinle	Ft. Defiance	Kayenta	Tuba City	Total
2000 Sealants	12,642	5,794	6,048	3,703	28,187
2003 Sealants	13,489	4,563	4,623	3,131	25,806
Percent Difference	6.7%	-21.2%	-23.6%	-15.4%	-13.38%

Source: 2005 Navajo Community Health Status Assessment.

Immunizations and Preventative Health Visits

Immunization of young children is known to be one of the most cost-effective health services available and is essential to prevent early childhood diseases and protect children from life threatening diseases and disability. A Healthy People 2010 goal for the U.S. is to reach and sustain full immunization of 90 percent of children two years of age.

Although recent data was unavailable for this report, data from 2003 indicate that 87 percent of two year olds received all age appropriate immunizations. Percentage of up to date immunization varied widely by area and type of vaccine, however, with hepatitis B immunization quite low in most areas.

Number and Percent of Two Year Olds Who Have Received All-Age-Appropriate Vaccines, 2001-2003

Year	Chinle	Ft. Defiance	Kayenta	Tuba City	NAIHS
2001	835	613	368	405	4,843
Percent	92	92	98	98	89
2002	868	569	509	416	4,652
Percent	81	93	69	96	82
2003	828	519	491	392	4,449
Percent	82	95	96	96	87

Source: NAIHS Chief Clinical Consultant for Maternal and Child Health, Dr. Diana Hu. January 2004.

Percent of Two Year Olds with Childhood Vaccination by Vaccine and NAIHS Service Unit, FY 2003

	Chinle	Ft. Defiance	Kayenta	Tuba City	Navajo
4 DTAP	76.4	49.2	41.7	61.3	60.7
3 IPV/OPV	93.1	50.2	.6	51.8	61.5
1 MMR	89.7	57.1	51.6	64.8	66.0
3 Hepatitis B	87.8	6.0	19.1	4.8	47.5
3 HIB	87.8	37.5	37.6	60.2	57.0
1 Varicella	61.4	35.4	35.2	55.6	55.9

Source: FY 2003 GPRA Report, Office of Program Planning and Evaluation, NAIHS.

Family Support

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

Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.⁵⁶ Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.⁵⁷ Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.⁵⁸ Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.⁵⁹ Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, pro-social behaviors, and empathic communication.⁶⁰

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

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

56 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.

57 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.

58 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.

59 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.

60 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.

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.

The Navajo Nation, as in other American Indian communities, has benefitted from the Bureau of Indian Education *Family and Child Education* (FACE) and *Baby Face* programs. FACE primarily supports parents in their role as their child's first and most influential teacher. FACE programs help ensure that all children will read independently by completion of third grade and that they have a solid foundation in reading to help them obtain math skills and knowledge in other subject matters.⁶¹ Current BIE Baby FACE projects are located in Pinon, Red Valley, Ganado, St. Michaels, Lukachukai, Rock Point, Shonto, and Tonalea. FACE programs are established at nine schools and provide family literacy services for parents and children ages 0-8 in two settings: home and school. The following sites are currently providing FACE programs:

Sites Providing FACE Programs

John F. Kennedy School Arizona
Blackwater Community School Arizona
Alamo Navajo School, Arizona
Rough Rock Demonstration School Arizona
T'iis Nazbas (Teecnospos) Community School Arizona
Little Singer Community School Arizona
Cottonwood Day School Arizona
Seba Dalkai Boarding School Arizona
Santa Rosa Boarding School Arizona

Source: Family and Child Education Program (FACE): Impact Study Report http://www.oiep.bia.edu/bie/docs/Face_Impact_Study.pdf

In 2004-2005, approximately 550 children, 500 adults, and 400 Arizona Navajo families were served by the program. Of these approximately 10 parents received their GEDs and 100 found employment.⁶²

The Growing in Beauty program spans New Mexico, Arizona, and Utah; which serves as the Early Intervention program for young children with developmental delays and those at risk for developmental delays. It is described in detail earlier in this report. The Women, Infant, and Children program (Navajo WIC) offers nutritional support and parent education for young low income mothers.

The Parents as Teachers program is rooted in the philosophy of providing parents with child development knowledge and parenting support. Their goals include:

61 Family and Child Education Program: Impact Study Report,

62 Budget Justifications and Performance Information Fiscal Year 2007. Office of Indian Education Programs.

Parent Knowledge About Early Education Issues

Parents as Teachers National Center has an active presence in Baby Face programs. The Center’s goals are to:

- Increase parent knowledge of early childhood development and improve parenting practices
- Provide early detection of developmental delays and health issues
- Prevent child abuse and neglect
- Increase children’s school readiness and school success ⁶³

When asked, child care professionals continually report that families need more and better information around quality child care.⁶⁴ Parents seem fairly perceptive of their need for more information. Key informant Interviews and the Community Survey 2006 both revealed a need for more parent education in training in early childhood development, parent skills, financial management, and substance use.

The region is fortunate to have the University of New Mexico School of Medicine, Center for Development and Disability. Annually, they host the Office of Indian Education Program Early Childhood Projects Conference. Speakers have included experts such as Craig Ramey and Herman Garcia. In November, 2008 they will again host the OIEP National Early Childhood Projects Conference. A multitude of innovative projects from the region and across the country will be showcased.

The table below highlights some local programs within the community that promote early childhood emphasis.

Navajo Nation Early Childhood and Early Literacy Efforts (2007)

FACE Programs	Regular literacy activities, parent empowerment
Growing in Beauty	Annual Conference for parents of young children
Family Voices	Annual meeting at which two Navajo parents were presenters in Washington DC
Diné for Our Children Parent Summit	Families learn self-advocacy and leadership skills in health, education, and social services. Have formed a sustainable parent support group Provide information and referral
Growing in Beauty	Skills and referral for best practice in early childhood special services
Office of Diné Culture, Language, and Community Service	Books, materials, training for families and the community

Source: Literature review

⁶³ <http://www.parentsasteachers.org/site/pp.asp?c=ekIRLcMZJxE&b=272092>

⁶⁴ Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America*, 1989, Oakland, CA: Child Care Employee Project.

Professional Development

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

Childcare Professionals' Certification and Education

Research on caregiver training has found a relationship between the quality of child-care provided and child development outcomes.⁶⁵ Furthermore, formal training is related to increased quality care, however, *experience without formal training* has not been found to be related to quality care.⁶⁶

The tables below provide a snapshot of early childhood staff credentials for the Navajo Nation, Arizona, and the U.S. The Compensation and Credentials report listed 64 teachers, 81 assistant teachers, 15 teacher/directors and seven administrative directors in the Navajo Nation region in 2007. The entire Navajo Nation Head Start program included 101 teachers and 110 assistant teachers, as well as an administrative director. The program also uses ECE supervisory personnel.

Navajo Nation Number of Early Childhood Teachers and Administrators

Staff Type	2004		2007	
	Full time	Part time	Full Time	Part time
Teachers	208	0	64	1
Assistant Teachers	176	0	81	0
Teacher/Directors	2	0	15	0
Admin. Directors	11	0	7	0
Navajo Nation Head Start Programs				
Head Start Teachers	164		101	
Head Start Assistant Teachers	191		110	

Source: Compensation and Credentials Report 2004, 2007; data compiled by region and supplied by First Things First. Head Start Performance Information Report 2006-2007

For the region, 63 percent of teachers and 24 percent of assistant teachers had college (AA or BA) or graduate degrees in Early Childhood Education or a related field, considerably higher than the Arizona figures.

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

66 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.

Childcare Professionals' Educational Background

Degree Type	Navajo Nation 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	38%	75%	61%	82%	20%	12%
CDA	25%	15%	9%	7%	N/A	N/A
Associates	50%	23%	15%	8%	47%	45%
Bachelors	2%	1%	19%	7%	33%	43%
Masters	11%	0%	6%	> 1%	33%	43%

Source: Compensation and Credentials report, Center for the Child Care Workforce – Estimating the Size and Components of the U.S. Child Care Workforce and Care giving Population report, 2002 2007 data compiled by region and 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.

The table below represents the multi-year staff qualifications for the entire Navajo Head Start Program using the Performance Information Reports 2004-2007. This table does not include the professional qualifications of all early childcare professionals in the region. The number of staff is considerably smaller in 2007 than in previous years, while the number and proportion of teachers with early childhood education degrees has gone up. In all 59 percent of teachers and 15 percent of assistant teachers had college degrees (AA or BA) in early childhood education or a related field in 2007.

Navajo Nation Head Start Multi-Year Staff Qualifications 2004 – 2007*

Degree Type	2004		2005		2006		2007	
	Teachers	Assistant Teachers	Teachers	Assistant Teachers	Teachers	Assistant Teachers	Teachers	Assistant Teachers
Percent With ECE or Related Degree	49%	4%	34%	4%	35%	7%	59%	15%
Number of Teachers								
AA	43	7	44	6	53	11	58	15
BA	5	1	5	0	1	1	2	1
Graduate	32	0	0	0	0	0	0	0
CDA	54	48	62	33	26	10	24	8
No Degrees	116	183	94	147	100	150	41	94
Total	164	191	143	153	154	162	101	110

Source: Head Start Performance Information Report (2006-2007) and MultiYear Staff Qualifications Report (2004-2007)

*These numbers reflect the entire Head Start program run by the Navajo Nation grantee.

Professional Development Opportunities

Early childhood educators and professionals have a variety of education and training resources available as outlined in the table on the next page and described in further detail following the table.

Available Education and Certification Programs for Childcare Professionals within or Near the Navajo Nation

School	Degree/Certificates
Northland Pioneer College (Center in Kayenta,)	<ul style="list-style-type: none"> • Certificate of Applied Science in Early Childhood Development • Certificate of Applied Science in Early Childhood Special Needs • Certificate of Proficiency in Early Childhood Infant/Toddler, Preschool, School Age, or Family Care • Associate of Applied Science in Early Childhood Development (ECE, with specializations in Special Needs, Early Childhood Management, School-Age, Family Care, Pre-school) • some online courses in ECD
Arizona State University	<ul style="list-style-type: none"> • BAE. Early Childhood Education • BAE., Early Childhood Teaching and Leadership
Northern Arizona University (online programs)	<ul style="list-style-type: none"> • BAS in Early Childhood Education • MA in Early Childhood Education
New Mexico State University	<ul style="list-style-type: none"> • Campus Based: BA,MA, and PhD programs in C & I specializing in Early Childhood • Online: MA Early childhood • PhD in C&I specializing in early Childhood
University of New Mexico	<ul style="list-style-type: none"> • AAECME- At Abu Campus • BA, BS Degree Early Childhood Multi Cultural- Gallup Campus • MAE with concentration in early childhood
Utah State University	<ul style="list-style-type: none"> • BA and BS degrees in Early Childhood • MFHD (Family and Human Development • PhD Family, Consumer, Human Development • PhD, EdD PreK-12 Educational Leadership program
University of Utah	<ul style="list-style-type: none"> • BAE Early Childhood teacher licensure • BAE Early Childhood Special Education • MS Early Childhood Special Education
Navajo Technical College	<ul style="list-style-type: none"> • Child Development Associate • (CDA) Training
Diné College	<ul style="list-style-type: none"> • AA Early Childhood Education
Rio Salado College	<ul style="list-style-type: none"> • Training for non-certified settings in AZ aligned with S*CEEDS • Child Development Associate • Certified Childcare Professional • Associate in Applied Science (AAS) in Early Childhood articulated with Northern Arizona State University

Source: Collected from current individual institutions web sites, using 'Academic Program' keyword.

Numerous venues and opportunities for professional development exist for early childhood professionals on the Navajo Nation.

Located in the center of the Navajo Nation, Diné College has provided adult basic education to students who want to improve English literacy, basic academics, or earn a New Mexico High School diploma since 1968. Diné College has satellites at four locations. Diné College has a unique Early Childhood Associate Program. The mission of Diné College is:

“The mission of the Associate of Arts in Early Childhood Education is to build relationships with those who continually pursue a deeper understanding of the lessons embedded in Diné values. Through these lessons we will strengthen children and support caregivers as advocates.”

The Goals and Objectives of Diné College:⁶⁷

Goal 1: Students will be proficient in Navajo language and culture as well as non-Navajo content to support families and communities.

Objective 1.1: Students will know the Diné teachings from inception to puberty.

Objective 1.2: Students will plan and prepare relevant lessons appropriate for children's growth and development.

Objective 1.3: Students will use Navajo language appropriately.

Goal 2: The students will become professionals and advocate for children, families, and communities.

Objective 2.1: Students will use research on the growth of children to work with families and communities.

Objective 2.2: Based on observation and assessment, students will continually learn and understand children.

Objective 2.3: Students will internalize concepts and practices as they continue to refine them.

Also located at Diné College are the Policy Institute, Diné Environmental Institute, Dryland Environmental Laboratory, and Research Initiative for Scientific Enhancement. There has been a consistent desire for Diné College to become an accredited four year college.

Navajo Nation Technical College in Crownpoint, NM offers CDA training that brings individuals into the field and is open to all Navajo people. The Early Childhood Multicultural Education program provides a transferable certificate and associate degree which meets the requirements for articulation with the state of New Mexico and across the Navajo Nation and is a New Mexico state approved program under the New Mexico Department of Education. Upon completion of the 29 credit hours in the program, students may be issued a state certificate from the Children, Youth and Families Department. The state certificate will indicate completion of the required Early Childhood Multicultural Education vocational courses.

The major colleges and universities in the region (Utah, Arizona, New Mexico) all have specific programs that lead from AA degrees to Bachelors and beyond. University of New Mexico as well as all three Arizona universities have specific articulations with the community colleges. Rio Salado College in Arizona has online programs across the state and continues to be a leader in early childhood training. The University of New Mexico HSC Center for Development and Disability has a wonderful Web site for Improving Communities of Practice that provides specific early childhood and special education terminology in Navajo language (http://cdd.unm.edu/cspd/navajo_glossary/)

Two major barriers impede education of teachers and childcare professionals; tuition and fee costs and geographic distance. Teachers have reported paying up to \$400 per credit hour for academic credits.⁶⁸ Even though Navajo Nation has a large scholarship program for teachers, not all teachers qualify. Furthermore, it is often difficult to navigate the ONSFA scholarship program. Many teachers have had negative

⁶⁷ Source: <http://cdte.Dinecollege.edu/cdtepgmassess/ecegoalsobjenglish>

⁶⁸ Burstein, 2005. Navajo Early Education Partnership Project,

experiences including having to drop out of classes and issues related to repayment. Distances are great between individual homes and even local educational opportunities. Teachers reported driving up to 100 miles each way to attend trainings at “local venues”⁶⁹. In 2004, a collaborative project between the Diné Division of Education, Arizona State University, and the Southwest Institute for Families and Children, provided 150 early childhood teachers with 15 hours of academic credit toward their professional development. Five courses were developed and delivered by nationally recognized experts for a period of eight weeks at each of five sites. At the end of each eight week course, the faculty rotated to a new site and delivered the course to a different cohort of teachers. Despite the attempt at localizing the courses, the average drive for teachers was three hours between home and class.⁷⁰

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 is associated with more positive outcomes for children.⁷¹ More specifically, research has shown that childcare providers with more job stability are more attentive to children and promote more child engagement in activities.⁷²

Navajo First is a policy that promotes employment of qualified Navajo citizens before hiring non-Navajo people. In the case of hiring teachers, especially in specialized areas such as degreed early childhood and special education, public school districts have been forced to recruit many non-Navajo personnel. Locating and training new faculty in the policies, procedures, culture and traditions is a daunting task. School administrators face this task year in and year out as they have to depend on recruitment strategies from outside of the reservation communities. Factors that impact recruitment and retention are lack of housing opportunities, distances to urban areas, cultural difference between new teachers and community, cost of fuel, and other frontier characteristics. Teachers in Navajo Nation Public school districts settings earn approximately the same as teachers in other locations. However, recruiting teachers is difficult in Indian County. Last year Window Rock School District was faced with the loss of approximately a third of its faculty. More remote districts report having more vacancies, especially in high need positions such as special education, speech and language, and therapist positions and these positions go unfilled for up to three years.⁷³ Strategies for recruiting and training more Navajo teachers have waxed and waned across the years. This remains a significant problem and concern for all areas of public and private education on Navajo Nation.

Information available from the Compensation and Credentials reports shows employment of four or more years for 16 staff and administrators. Information on length of employment for Head Start staff is not available. Eleven teachers left the

69 Personal communication, Karen Burstein, PhD on Navajo Early Educations Partnership, 2005.

70 Ibid.

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

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

73 Quarterly unpublished report of family interviews from Kayenta DOC parents group, June, 2008.

program during the year 2006-2007. This loss, by any standard is an unacceptable rate of teacher loss.

Average Length of Employment for Childcare Professionals in Navajo Nation 2008

	Less than 1 Year	1-2 Years	2-3 Years	3-4 Years	4-5 Years	More than 5 Years
Teachers	0	0	0	0	1	4
Assistant Teachers	0	0	0	0	1	3
Teacher Directors	0	0	0	0	0	2
Administrative Directors	0	0	0	0	0	4

Source: Compensation and Credential Report 2004 and 2007. Data compiled by region and 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.⁷⁴ Furthermore, higher wages have been found to reduce turnover—all of which is associated with better quality childcare.⁷⁵ Better quality care translates to workers routinely promoting cognitive and verbal abilities in children and social and emotional competencies.⁷⁶

The average wages for teachers and assistant teachers in the region have gone down between 2004 and 2007, while the salaries of teacher/directors and administrative directors have risen. Head Start assistants earn nearly 16 percent more than their counterparts in other settings, while Head Start teacher salaries are a little lower. Teacher and Head Start staff salaries are above the average in Arizona and the nation, while assistant teachers’ wages are similar to the state and the U.S.

Average Wages and Benefits for Childcare Professionals in Navajo Nation 2004 - 2007

		2004	2007
Teacher	Average Hourly Wage	\$15.23	\$13.28
Assistant Teacher	Average Hourly Wage	\$9.50	\$8.95
Teacher/ Director	Average Hourly Wage	\$11.75	\$18.15
Admin/ Director	Average Hourly Wage	\$22.58	\$23.00
Head Start* Teacher	Average Hourly Wage	Data not available	\$12.93 (\$23,170 yearly)
Head Start* Assistant Teacher	Average Hourly Wage	Data not available	\$10.34 (\$18,529 yearly)

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

*Source: Head Start PIR data 2006-7.

74 Lamb, M. E. Nonparental child 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 early childhood development*. Washington DC: National Academy Press.

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

76 Ibid.

Average Wages and Benefits for Childcare Professionals in Arizona and Nationally (2004-2007)

	Arizona		U.S.
	2004	2007	2006
Assistant Teachers	\$8.02/hr	\$9.00/hr.	\$9.05/hr.
Teachers	\$11.62/hr.	\$11.80/hr.	\$12.45/hr.
Administrative Directors	\$19.03/hr.	Not reported	\$20.88/hr.

Sources: *Arizona Compensation and Credentials Report (2007)*; U.S. Dept. of Labor (2008)

Public Information and Awareness

Public interest in early childhood is growing. Recent research in early childhood development has increased families' attention on the lasting impact that children's environments have on their development. The passage of Proposition 203 – First Things First – in November 2006, as well as previous efforts lead by the United Way, the Arizona Community Foundation, and the Arizona Early Education Funds, has 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.⁷⁷

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 Nation 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** – Disseminate information to parents and the community at large through a number of events throughout the school year that include open house nights, 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 Web site updates.
- **Public Library** – The Navajo Nation Library in Window Rock has over 61,000 volumes and provides public internet access. There is a large collection of early

⁷⁷ 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.

childhood materials, culturally competent Navajo children's literature, and information for parents on critical issues. 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.
- **Head Start** – The Navajo Nation Region has a large and growing Head Start Program 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.
- **Diné for Our Children (DOC)** – Funded by the U.S. Health Resource Service Administration, Bureau of Maternal and Child Health, is a family-to-family health and education resource and information center. The overarching goal of the DOC project is to build capacity for change and self-determination by empowering a team of parents to become leaders and resources within the Navajo Nation agencies.

To attain this goal, the functional objectives of this project are:

1. Establish an advisory council to guide the project.
2. **Recruit families who will become the nucleus of a Native American family-to-family network.**
3. **Conduct a needs assessment within the Navajo Nation.**
4. **Use the Diné for our children team as Resource tool to map, collect and organize information so that it is usable by Navajo families.**
5. **Establish a family-to-family support system that is truly reflective of the sovereign Navajo Nation by linking to other teams throughout Arizona, New Mexico, Utah and Title V (http://www.doc.navajo.org/PDF_Files/2008-DOC-%20Brochures.pdf).**

The DOC project has recently completed the *Welcome to Diné Project* that resulted in the creation of 1000 fully stuffed diaper bags containing parent educational materials, baby items, layette, a pre-paid cell phone card, and resource information across the Nation. These bags will be donated to IHS on September 10, 2008 to be given to new parents at IHS facilities in Kayenta, Tuba City, Ft. Defiance, Crownpoint, and Chinle.

- In concert with Growing in Beauty, the DOC project provides leadership training for families in the areas of health and education advocacy. Parents in four communities have regular meetings with IHS medical resource teams of nurses and physicians, school administrators, and social service administration at Navajo Division of Social Service. During these meetings families partner with profes-

sionals to identify issues and create positive solutions that improve services for families and children. Example of these activities are increased speech and language therapy in the Ft. Defiance Service Area, new crossing safety zones around Window Rock schools, discussions on models of discipline in public schools, and implementation of Medical Home care coordination at Ft. Defiance Hospital.

- Annually, Growing in Beauty sponsors a nation-wide parent conference that focuses on topics such as successful transition children from pre-school to kindergarten. The meeting is typically attended by more than 100 families.
- Annually, Bureau of Indian Education schools such as Hunter's Point, develop unique opportunities for family education around issues such as ADHD and Positive Discipline Support. These seminars bring together experts across Navajo Nation and from outside the Nation.

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.⁷⁸ First Lady Vicki Shirley has taken on many responsibilities during her tenure in the President's Office. Two of her most significant activities are related to increasing the awareness of the immense problems and devastation associated with drunk driving; and supporting public awareness of early childhood needs and benefits. She is a formidable champion for both causes. Her office contributes invaluable policy and research time to these efforts. Annually, she ushers in Early Childhood Month across the Nation. She is a member of the Navajo Nation Regional Partnership Council.

System Coordination

Throughout Arizona and the Navajo Nation, 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.

Navajo Nation has a well-established infrastructure of governmental communication to coordinate systems. Due to the centralized nature of the Nation, all communication tends to flow in and out of Window Rock, the capital. Many administrators of large programs have cycled through other departments and organizations. An example is that the current director of Head Start is the former director of the Navajo Nation Girls and Boys Club. He has a staff of over 500 that hail from every part of the Nation. Head Start has offices in each of the five Area Agencies: Western Navajo Agency, Eastern Navajo Agency, Chinle Agency, Ft. Defiance Agency, and Shiprock Agency; they are in touch with families in *every* Navajo community. A second and

⁷⁸ Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

equally as exceptional opportunity for communication is through the Community Health Representatives (CHR). The local government entity across Navajo Nation is the Chapter. These Chapters are the nucleus of politics, decision making, and problem solving for the Navajo people. Each of the 110 Chapters has an assigned CHR who serves in the role of case manager and general information provider. They have the pulse of Navajo Nation and are likely only as good as the information that they possess.

System coordination through these organizations can help communities produce higher quality services and obtain better outcomes while leveraging their existing resources including Head Start Family Support Liaisons and Chapter House CHRs. 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.⁷⁹ Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

Partnerships are needed across the spectrum of organizations that touch young children and their families. Organizations and individuals must work together to



⁷⁹ 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.

establish a coordinated service network. Improved coordination of public and private human resources and funding could help maximize effective outcomes for young children. The Navajo Nation Regional Partnership Council and the Office of the First Lady are ready to take on this challenge.

A wide array of opportunities exists for connecting services and programs that touch children and families. Early childhood education providers can be better connected to schools in the region. Many Head Start programs are adjacent to the public school campuses. 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 can be better coordinated so that redundancies as well as “gaps” in services are eliminated. Faith-based organizations such as St. Michael’s and Rehoboth Children’s facility in Gallup may increase awareness among families of child development and family resources and services. Connections between Head Start early education and IHS health providers can be enhanced, especially around the area related to child abuse reporting and tracking.

An example of a community project aimed at children and families is the *Literacy is Empowering Project*, begun in November 2004 by Rozanna Benally and her family during her reign as 2004-05 Miss Utah Navajo. Books were collected for children across the Navajo Nation communities. The book drive was a success and collected 876 books. As Miss Utah Navajo, her platform was “the importance of education.” Rozanna became interested in providing more books to children from previous experiences in book drives in college and the joy it gave to children. She graduated from the University of New Mexico, with a Bachelor of Arts in Speech and Hearing Sciences, and continues to work in the field of Education in the Speech-Language Pathology area. The book drive has become a Benally family effort to get books to children across the Navajo Nation.⁸⁰

Parent and Community Awareness of Services, Resources or Support

Building Bright Futures, the 2007 Statewide Assessment, noted that the passage of First Things First by majority vote demonstrates that Arizonans are clearly concerned about the well-being of young children in Arizona. However, when asked “how well informed are you about children’s issues in Arizona,” more than one in three respondents say they are not informed.

Currently, a survey of consumers is being conducted that will demonstrate the level of awareness of resources and support. It is likely that the data will tell us what we already intuit; families don’t know what they don’t know. Anecdotal data derived during interviews with families in Window Rock and Chinle areas indicate that families rely on word of mouth to make decisions about care and education. There is no formal method for making quality selections on care or education.

Limited “choice” is also an issue for many Navajo families. Head Start provides the vast majority of early education, Child Care Development Fund (CCDF) provides almost all child care, and IHS provides almost all of the health care; there are very few options for families living on the reservation. Furthermore, Navajo tradition does not embrace complaints about the quality of service, it would not be appropriate. Families in Navajo land more typically turn to extended family to provide care and education than challenge the status quo.

80 (http://en.wikipedia.org/wiki/Literacy_is_Empowering_Project)



Conclusion

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

The Navajo Nation is a complex political and social organization of areas, communities, clans, and families; governances, religions, and beliefs. The Navajo people predate western society in the United States. Tribal members share important perspectives:

“Our language and culture are essential to our existence. However, we recognize the necessity for our children to grow up with feet in both cultures in order to maintain spiritual and physical health and compete in a global economy.”

Our imperative to preserve our culture is challenged by geographic isolation, unemployment, and extreme poverty. Poverty impacts almost all aspects of our lives including the fragmented and sometime broken physical infrastructure of communities, lack of affordable modern housing, lack of accessible transportation within and outside of the Nation, impediments to high quality education (lack of high quality teachers, high vacancy rates), impediments to healthy lifestyles including processed diets and sedentary activity rates, and alcoholism and drug dependence. As unemployment increases, crime is also on the rise with the growth of gang presences and bootlegging.

From a positive perspective, we have a natural infrastructure on which to build a system for young children and families that includes a large and Nationwide Head Start.

Altogether, the Navajo Nation region presents a dearth of resources; however our greatest strength is our culture of family and clanship and the cultural imperative to support and protect our children.

There are no accredited child care or early childhood education facilities on the Nation. However, Kerigan Child Care Center is an excellent model of child development and management. It is important that the Nation develop a culturally competent center of excellence that can be replicated throughout the Nation.

Although the majority of Head Start children Nationwide receive regular medical and oral health care assessments, assessment and screening could be increased by IHS to identify special needs, hearing, vision, and developmental challenges among children prior to arriving at kindergarten. This information could be shared with Head Start and the public education agency and avoid duplication of efforts. Emphasis must be placed on increasing High School graduation rates across the Nation. Continued partnerships with the regional institutes for higher education should be supported to tailor academic programs for Navajo youth, especially in the areas of education and health care.

Evident from the health data contained herein is that the smaller, more rural areas of the region are typified by higher rates of teen pregnancy, publicly supported pregnancy health costs, lower utilization or access to prenatal care, and lower annual incomes that push up against federal poverty limits. Attention to these trends is warranted.

Identification of Greatest Regional Assets

The area boasts a wealth of natural beauty, natural resources and vast spaces. In addition to the natural wonders of this land there are numerous strengths and assets. These strengths include:

- Navajo tradition and culture that values children and family within the context of family and clan
- 110 Chapter Houses — Community Health Representatives in each Chapter House
- Navajo Mobilizing for Action through Planning and Partnership Project (MAPP)
- Twelve IHS facilities that strive to deliver family centered culturally competent ambulatory and acute care to children and families across the Nation.
- Kerrigan Child Care Center- unique state of the art child development center
- Navajo Head Start and Early Head Start — with a capacity for 3955 preschool children across the Nation
- Navajo Family Health Resource Network, Inc. — non-profit family planning and information resource
- Diné for our Children (DOC) project provides health resource and information through four family teams in agencies across the Nation in efforts to reduce health disparities
- Navajo Nation Advocacy Program for individuals with disabilities
- Growing in Beauty — Early Intervention Program — educates parents and young children with special needs
- Child Care Development Fund child care for almost 1300 children
- Bureau of Indian Education schools across the Nation
- The Navajo Nation Human Rights Commission
- Three non-profit child care facilities
- Three for-profit child care facilities
- One hundred non-profit organizations that provide some level of service to families
- Multiple medical and social service research and demonstration projects

Most important of these assets are the skills, talents, knowledge, and compassion of families, communities, and the Nation, and the political will to support families and children.

Identification of Greatest Regional Needs

At the time of this report, the greatest need is the entrenched poverty that affects almost half of the families and children in Navajo land. There is no easy solution to poverty. It will take significant resources, jobs, education, and systems change.

Upon review of the data contained in this report and the many conversations with families and providers 10 issues emerge as critical needs. It will be based upon the Navajo Nation Regional Partnership Council to determine the key needs, as follows:

1. **Data Collection** A data collection system that is integrated across systems, programs and departments and yields useful information on incidence, prevalence, and benchmarks of success.

2. **Goals** A set of a priori benchmarks that are *relative* to Navajo families and young children, that can be measured and reported across time and that provide indices of improvement in quality and quantity.
3. **Graduation rates** must increase in the majority of high schools.
4. **College Opportunities** Continued opportunities for higher education in Navajo land.
5. **Uneven Quality** A quality measurement system for Head Start and child care that results in accreditation of quality programs and metrics for improvement for programs in need of change.
6. **More Options** Opportunities/incentives for new non- and for-profit organizations that benefit Navajo families to open in growing communities
7. **High Vacancy Rates** A method by which to recruit and retain high quality early childhood professionals and medical professionals, thereby reducing the chronic vacancy rates in education and health care.
8. **Untrained or Poorly trained Teachers** Opportunities for high quality professional development to increase the professional credentials of teachers and assistants in Head Start and CCDF.
9. **Child Abuse** A system that rapidly responds to child abuse and neglect and tracks the progress of cases.
10. **Low Satisfaction** Continued partnerships between families and providers to continually test consumer satisfaction and quality of programs

Appendices

Chart of Regional Assets

Navajo Nation

Tribal Government Departments and Programs			
Division of Developmental Disabilities (Dist III)	P.O. Box 2150	Chinle	86503
Division of Developmental Disabilities (Dist III)	Route 12, Highway 264, P.O. Box 4739	Window Rock	86515
Navajo Nation Department Of Diné Education	P.O. Box 670	Window Rock	86515
Navajo Nation Division of Health	P.O. Box 709	Window Rock	86515
Navajo Nation Division of Social Services	54B State Hwy 264	Window Rock	86515
Navajo Treatment Center for Children & their Families	P.O. Box 1967	Window Rock	86515
Schools			
Black Mesa Community School	P.O. Box 97	Pinon	86510
Chilchinbeto Community School	P.O. Box 740	Kayenta	86033
Chinle Boarding School	P.O. Box 70	Many Farms	86538
Cottonwood Day School	P.O. Box 6003	Chinle	86503
Dennehotso Boarding School	P.O. Box 2570	Dennehots	86535
Greyhills Academy High School	P.O. Box 160	Tuba City	86045
Houck-Sanders Head Start	37 Chiih to Blvd.	Houck-Sanders	86512
Jeehdeez'a Academy Inc. (Low Mountain)	P.O. Box 1073	Pinon	86510
Kaibeto Boarding School	P.O. Box 1420	Kaibeto	86053
Karigan Child Care Center	P.O. Box 1010	Ft. Defiance	86504
Kayenta Community School	Highway 163, Box 188	Kayenta	86033
KinLani Bordertown Dormitory	901 KinLani Road	Flagstaff	86001
Leupp School, Inc.	Highway 99, HC 61, Box D	Winslow	86047
Little Folks Day Care Center	-----	Navajo, NM	87328
Little Singer Community School	HC61 Box 310	Winslow	86047
Lukachukai Community School	Navajo Route 13	Lukachukai	86507
Many Farms High School	P.O. Box 307	Many Farms	86538
Moencopi Day School	P.O. Box 185	Tuba City	86045
Naa Tsis Ana Community School (Navajo Mountain)	P.O. Box 10010	Tonalea	86044
Nazlini Community School HC58	P.O. Box 35	Ganado	86505
Pinon Community School	P.O. Box 159	Pinon	86510
Rock Point Community School	Highway 191	Rock Point	86545
Rocky Ridge Boarding School	P.O. Box 299	Kykotsmovi	86039
Rough Rock Community School RRTP, #PTT	Box HC #61 #1480	Chinle	86503
Sanders Head Start (early childcare)	Exit 357 & I-40	Sanders	86512
Shonto Preparatory School	P.O. Box 7900	Shonto	86054

T'iis Nazbas Community School (Teecnospos)	P.O. Box 102	TeecNos-Pos	86514
Tohaali' Community School (Toadlena)	P.O. Box 9857	Newcomb, NM	87455
Tonalea School (Red Lake)	P.O. Box 39	Tonalea	86044
Tuba City Boarding School	306 Main Street, P. O. Box 187	Tuba City	86045
Wide Ruins Community School	Highway 91, P.O. Box 309	Chambers	86502-0309
Winslow Residential Hall	600 N. Alfred Avenue	Winslow	86047-3130
Hospitals/Clinics			
Fort Defiance Indian Hospital Mental Health	P.O. Box 964	Fort Defiance	86504
Fort Defiance Indian Hospital Mental Health	P.O. Box 964	Fort Defiance	86504
Chinle Health Care Facility Phone: 928-674-7001 FAX: 928-674-7372	P.O. Box "PH"	Chinle	86503
Dzilh-NA-O-Dith-Hle Phone: 505-632-1801 Fax: 505-368-6476	6 Road 7586	Bloomfield, NM	87413
Crownpoint Service Unit Phone: 505-786-5291 FAX: 505-786-5840	P.O. Box 358 Hwy Junction 57, Rt9	Crownpoint	87431
Ft. Defiance Service Unit, Phone: 928-729-8000 FAX: 928-729-8019	P.O. Box 649	Ft. Defiance	86504
Gallup Indian Medical Center, Phone: 505-722-1000 Administration FAX: 505-722-1397	P.O. Box 1337	Gallup, NM	87301
Inscription House Clinic, Phone: 928-672-3049 Fax: 928-672-3005	P.O. Box 7379	Shonto	86045
Kayenta Health Center Phone: 928-697-4232 Fax: 928-697-4145	P.O. Box 368	Kayenta	86033
The Northern Navajo Medical Phone: 505-368-6001 Fax: 505-368-6260	PO Box 160	Shiprock, NM	87420
Tsaile Health Center Phone: 928-724-3600 Fax: 928-724-3005	P.O. Box 467	Tsaile	86556
Tuba City Indian Medical Center, Phone: 928-283-2501 Fax: 928-283-2408	P.O. Box 600	Tuba City	86045
Colleges			
Arizona State University	411 N. Central, Ste. 520	Phoenix	85004
Diné College	P.O. Box 126	Tsalie	86556
Haskell Indian Nations University	155 Indian Avenue	Lawrence, KS	66046
New Mexico State University	213-A S. Oliver Dr.	Aztec, NM	87410
Northern Arizona University	P.O. Box 1580	Ft. Defiance	86504
Northland Pioneer College	P.O. Box 610	Holbrook	86025
Rio Salado College Online – Lifelong Learning	12535 Smokey Dr.	Surprise	85374
Southwest Indian Polytechnic Institute	9169 Coors Boulevard, NW	Albuquerque, NM	87120

University of New Mexico – Gallup	200 College Rd.	Gallup, NM	87301
Recreation Centers			
Libraries			
Office of Navajo Nation Library	P.O. Box 904,	Window Rock	86515
Non Tribal Programs/Agencies/Coalitions			
Alpine Resource Center	Moenave Rd., #24	Tuba City	86045
Arizona State Dept of Economic Security - Whippoorwill Family Assistance	Rt. 65	Pinon	86510
Arizona State Dept of Economic Security Family Assistance	54B Hwy. 264 Junction	Window Rock	86515
Community Information & Referral	1515 E. Osborn Rd.	Phoenix	85014
Day at a Time Club	173 Blue Canyon Rd.	Ft. Defiance	86504
Dine for Our Children (DOC) Jenny Rodgers, Director; Fran Roanhorse, Sr. Office Specialist	P.O. Box 4590	Window Rock	86515
Growing in Beauty – Navajo Nation	P.O. Box 1420	Window Rock	86515
Home for Women and Children	Hwy. 491 N.	Shiprock, NM	87420
Leading the Way: the Wisdom of the Navajo People	P. O. Box 272	Gamercro, NM	87317
Navajo Family Health Resource Network	P.O. Box 1869 (Hwy. 264, ½ mile west of AZ/NM state line)	Window Rock	86515
Parents Anonymous – Tuba City	15 Main St.	Tuba City	86045
Pauline F. Yazzie	P.O. Box 1271	Kayenta	86033
Save the Children	P.O. Box 789	Ganado	86505
Additional Indicator - Resources for Special Needs Children			
Family Support/Parent Information			
Bessie Arnold	P.O. Box 249	Rock Point	86545
Erlinda Sagan	P.O. Box 498	Ft. Defiance	86504
Harry Yazzie	P.O. Box 1972	Ft. Defiance	86504
Kathleen Hubbell	P.O. Box 1131	Ft. Defiance	86504
Marie Lincoln	P.O. Box XXX	St. Michaels	86511
Regina Curley	P.O. Box 4131	Window Rock	86515
Saraphina Tsosie	P.O. Box 3049	Window Rock	86515
Theresa Tsosie	P.O. Box 4416	Window Rock	86515
Unique Skill, Talent or Knowledge			
Brittney Smith	Box 2346	Chinle	86503
Charlotte Lincoln	P.O. Box 1416	Window Rock	86515
Della Kinlicheeny	P.O. Box 371	Ft. Defiance	86504
Gaylen Blackgoat	P.O. 98	Chinle	86503
Hazel RedBird	Box # 2346	Chinle	86503
Marlene Krause	P.O. Box 538	Sanders	86512
Mavis Yazzie	P.O. Box 1971	Ft. Defiance	86504
Miranda Blathford	P.O. Box 1789	Ft. Defiance	86504
Shandeen Tsosie	P.O. Box 4416	Window Rock	86515
Stan Pahe	P.O. 1254	Ft. Defiance	86504

Public Education Agency (PEA) is identified and described with enrollment, administration, and performance status and graduation rates:

Chinle Unified District

Navajo Rte 7 & State Hwy 191, Chinle, AZ 86503
 Administrator: Ana Kennedy
www.chinleusd.k12.az.us
 dents Enrolled 2007-2008
 Four-year Graduation Rate: 4 percent (2006)

Chinle Elementary School

Contact: Victor Benally
 Highway 191 & Navajo Route 7, Box 587 Chinle, AZ 86503
 Grades 4-6; 578 Students Enrolled 2007-08
Chinle Elementary School is underperforming.

Canyon De Chelly Elementary School

Contact: Moses Aruguete
 Highway 191, Chinle, AZ 86503
 Grades 1-3, 616 Students Enrolled 2007-08
Canyon De Chelly Elementary School is performing.

Many Farms Elementary School

Contact: Tillie Yonnie
 U.S. Highway 191, Many Farms, AZ 86538
 Grades Kindergarten – 8th grade, 400 Students Enrolled 2007-08
Many Farms Elementary School is performing.

Mesa View Elementary

Contact: Lori Bitsui-Gray
 U.S. Highway 191, Chinle, AZ 86503
 Grades Preschool – Kindergarten; 237 Students Enrolled 2007-08
This school is not evaluated.

Tsaile Elementary School

Contact: Cheryl Tsosie
 Navajo Rt 12 and Jct. Hwy 64, Tsaile, AZ 86556
 Grades Kindergarten – 8th grade; 430 Students Enrolled 2007-08
Tsaile Elementary School is performing.

Chinle Unified District Years of Teaching Experience (2006-2007)				
Experience	Bachelor	Master's	Doctorate	Other
< 4 years	32	2	0	0
4 to 6 years	23	12	0	0
7 to 9 years	22	21	0	0
9 years	56	88	0	0

Source: Arizona Department of Education, School Report Cards, 2007.

Ganado Unified District

Contact: Deborah Dennison
 Hwy 264, Ganado, AZ 86505
 Kindergarten – 12th Grade; 1823 Students Enrolled 2007-08
www.ganado.k12.az.us
 Four-year Graduation Rate: 44 percent (2006)
 Ganado Primary School
 P.O. Box 1757, Hwy 264, Ganado, AZ 86505
 Kindergarten – 3rd Grade; 414 Students Enrolled 2007-08
Ganado Primary School is performing.

Ganado Unified District Years of Teaching Experience (2006-2007)				
Experience	Bachelor	Master's	Doctorate	Other
< 4 years	22	2	1	2
4 to 6 years	18	5	0	3
7 to 9 years	11	12	1	0
9 years	25	15	0	0

Source: AZ Department of Education, School Report Cards, 2007.

Kayenta Unified District

Contact: Evangeline Wilkinson
 (928) 697-2006
 N Hwy 163 Kayenta 86033
 Kindergarten – 12th Grade; 2311 Students Enrolled 2007-08
www.kayenta.k12.az.us
 Four-year Graduation Rate: 70 percent (2006)

Kayenta Primary School

Contact: Jacqueline Benally
 Highway 163, Kayenta, AZ 86033
 Kindergarten – 2nd Grade; 448 Students Enrolled 2007-08
Kayenta Primary School is performing.

Kayenta Unified District Years of Teaching Experience (2006-2007)				
Experience	Bachelor	Master's	Doctorate	Other
< 4 years	29	7	0	0
4 to 6 years	19	6	0	0
7 to 9 years	10	11	0	0
9 years	23	57	0	0

Source: AZ Department of Education, School Report Cards, 2007.

Pinon Unified District

Contact: Larry Wallen
 Navajo Hwy 41, Pinon, AZ 86510
 Kindergarten – 12th Grade; 1323 Students Enrolled 2007-08
www.pusdatsa.org
 Four-year Graduation Rate: 31 percent (2006)

Pinon Elementary School

mile north of Basha’s on Navajo Route 41, Pinon, AZ 86510
 Kindergarten – 5th Grade; 571 Students Enrolled 2007-08
Pinon Elementary School is underperforming.

Pinon Unified District Years of Teaching Experience (2006-2007)				
Experience	Bachelor	Master’s	Doctorate	Other
< 4 years	19	7	0	1
4 to 6 years	13	2	0	0
7 to 9 years	16	10	0	1
9 years	12	17	0	0

Source: Arizona Department of Education, School Report Cards, 2007.

Red Mesa Unified District

HC 61 Box 40, Teec Nos Pos, AZ 86514
 Contact: Janice Gallagher
www.redmesa.k12.az.us
 Kindergarten – 12th Grade; 1005 Students Enrolled 2007-08
 Four Year Graduation Rate: 60 percent (2006)

Red Mesa Elementary School

Contact: Bob Debus
 Highway 160, Mile Marker 448, Teec Nos Pos, AZ 86514
 Kindergarten – 8th Grade; 301 Students Enrolled 2007-08
Red Mesa Elementary School is underperforming.

Round Rock Elementary School

Highway 191 at Route 12, Round Rock, AZ 86547
 Kindergarten – 8th grade; 169 Students Enrolled 2007-08
Round Rock Elementary School is performing

Red Mesa Unified District Years of Teaching Experience (2006-2007)				
Experience	Bachelor	Master’s	Doctorate	Other
< 4 years	23	3	0	0
4 to 6 years	14	2	0	0
7 to 9 years	7	5	0	0
9 years	15	18	1	0

Source: AZ Department of Education, School Report Cards, 2007.

Tuba City Unified District

Contact: David Singer
 E. Fir Street, Tuba City, AZ 86045
 Kindergarten – 12th Grade; 2204 Students Enrolled 2007-08
www.tcusd.org
 Four-year Graduation Rate: 59 percent

Tuba City Primary School

Contact: Harriett Sloan-Carter
 Maple Street, Tuba City, AZ 86045
 Kindergarten – 3rd grade; 434 Students Enrolled 2007-08
This school is not evaluated.

Eagles Nest Intermediate School

E. Fir Street, Main Street, Tuba City, AZ 86045
 Grades 4-6; 340 Students Enrolled 2007-08
Eagles Nest Intermediate School is performing.

Dizil Libei Elementary School

Contact: Sharlene Navaho
 Highway 89 North Milepost 462.8, Cameron, AZ 86020
 Kindergarten – 6th Grade; 123 Students Enrolled 2007-08
Dizil Libei Elementary School is performing.

Gap Primary School

Navajo Nation Route 20, Gap, AZ 86020
 Kindergarten – fourth Grade; 44 Students Enrolled 2007-08
Gap Primary School is underperforming.

Tuba City Unified District Years of Teaching Experience (2006-2007)				
Experience	Bachelor	Master's	Doctorate	Other
< 4 years	15	11	0	3
4 to 6 years	25	12	0	2
7 to 9 years	20	19	0	1
9 years	24	50	2	2

Source: Arizona Department of Education, School Report Cards, 2007.

Window Rock Unified District

Contact: Ana Kennedy
 Navajo Route 12, Fort Defiance, AZ 86504
 Kindergarten – 12th Grade; 2720 Students Enrolled 2007-08
www.wrschool.net
 Four-year Graduation Rate: 57 percent (2006)

Window Rock Elementary School

Contact: John McIntosh
 Chee Dodge Drive, Window Rock, AZ 86504
 Kindergarten – 5th Grade; 515 Students Enrolled 2007-08
Window Rock Elementary School is performing.

Integrated Preschool

Contact: Velma Spencer
 P. O. Box 559, Fort Defiance, AZ 86504
 students Enrolled
This school is not evaluated.

Sawmill Elementary School

Contact: Joy Manus
 Navajo Route 7, Sawmill, AZ 86504
 Kindergarten – fourth Grade; 55 Students Enrolled 2007-08
Sawmill Elementary School is performing.

TséHootsooi Elementary School

Contact: Scott Cooper
 Navajo Route 7, Fort Defiance, AZ 86504
 Kindergarten – 5th Grade
No data is available.

Diné BÍOlta Immersion School

Contact: Maggie Bennally
 Navajo Route 7, Fort Defiance, AZ 86504
 Kindergarten – 8th Grade; 233 Students Enrolled 2007-08
Diné BÍOlta Immersion School is performing.

Window Rock Unified District Years of Teaching Experience (2006-2007)				
Experience	Bachelor	Master	Doctorate	Other
< 4 years	16	1	0	1
4 to 6 years	22	9	0	0
7 to 9 years	21	11	0	0
9 years	38	53	2	1

Source: Arizona Department of Education, School Report Cards, 2007.

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Description of Methodologies Employed for Data Collection

The needs and assets assessment commenced on May 1, 2008 and all data were collected by July 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 child care 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 Nation Region, this rapid needs and assets assessment approach consisted of consultants working with the RPC to create a survey to collect information on early care and education centers in the region (SWI ECE Centers Survey). Sixteen questions were included in the survey and questions were created in collaboration with the RPC coordinator to address issues important for future regional planning efforts. The survey was conducted by phone. Data collected from the centers were analyzed using Microsoft Excel. Results are reported as sums, averages, and percentages as applicable to each question for which survey data were supplied.

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. In particular, data for children 0-5 years were especially difficult to unearth and in many cases indicators are shown that include all children under the age of 18 years, or school age children beginning at age six. One exception to this case is the Head Start data that are reported which do pertain to children under the age of five years; however, these data also represent all Head Start children receiving services in the County and do not zero in on those children residing only within the geographic boundaries of the Navajo Nation RPC region. 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 (0-5 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 0-5 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. ■■■



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