



**2014** **NEEDS AND ASSETS REPORT**  
NAVAJO NATION REGIONAL PARTNERSHIP COUNCIL

 **FIRST THINGS FIRST**  
*Ready for School. Set for Life.*

# **Navajo Nation Regional Partnership Council**

## **2014**

### **Needs and Assets Report**

Prepared by the  
Norton School of Family and Consumer Sciences  
College of Agricultural and Life Sciences  
The University of Arizona

Funded by  
First Things First Navajo Nation Regional Partnership Council

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The past two years have been rewarding for the First Things First Navajo Nation Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families by collaborating with the Navajo Nation and other community organizations and programs to implement programs that meet the needs of the families in the Navajo Nation, Arizona region.

The First Things First Navajo Nation Regional Partnership Council will continue to advocate and provide opportunities for access to quality early care and education and parent education and support.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Navajo Nation in 2008, 2012 and the new 2014 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Navajo Nation Regional Council would like to thank our Needs and Assets vendor the University of Arizona Norton School of Family and Consumer Sciences for their knowledge, expertise, and analysis of the Navajo Nation regional data.

The Navajo Nation Regional Partnership Council is committed to continuing partnerships with Navajo Nation and other community organizations and programs to meet the needs of young children by providing essential services in the region.

Thanks to our dedicated staff, volunteers and community partners, First Things First is making a real difference in the lives of our youngest citizens and throughout the entire State.

Thank you for your continued support.

Sincerely,



Grace Boyne, Vice-Chair

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## Introductory Summary and Acknowledgments

The way in which children develop from infancy to well-functioning members of society will always be a critical subject matter. Understanding the processes of early childhood development is crucial to our ability to foster each child's optimal development and thus, in turn, is fundamental to all aspects of wellbeing of our communities, society and the State of Arizona.

This Needs and Assets Report for the Navajo Nation Region provides a statistical analysis and helps us in understanding the needs, gaps, and assets for young children and points to ways in which children and families can be supported. The needs young children and families face are outlined in the executive summary and documented in further detail in the full report.

The First Things First Navajo Nation Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. This report provides information that will aid the Regional Council's decisions and funding allocations; while building a true comprehensive statewide early childhood system.

### **Acknowledgments:**

The First Things First Navajo Nation Regional Partnership Council owes special gratitude to the agencies and key stakeholders who provided assistance in development of this report. The success of First Things First was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge, and expertise. The Regional Council thanks the following agencies for their contribution of data for this report:

- American Community Survey
- Arizona Department of Economic Security
- Arizona Department of Education
- Arizona Department of Health Services
- Arizona Health Cost Containment System
- Department of Diné Education
- Navajo Head Start
- Navajo Nation Office of Special Education and Rehabilitation Services
- Navajo Nation Child Care and Development Fund Program
- Navajo Indian Health Area Office

To the current and past members of the Navajo Nation Regional Partnership Council, your dedication, commitment, and extreme passion has guided the work of making a difference in the lives of young children and families with in the region. Our continued work will only aid in the direction of building a true comprehensive early childhood system for the betterment of young children in the region and the entire State.

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## Executive Summary

The Navajo Nation extends into the states of Arizona, New Mexico and Utah, covering 27,000 square miles. This sovereign nation is home to the Navajo people, also known as Diné, The People. Window Rock is the capital of the Navajo Nation from which three branches of government administer the Navajo Tribal Code. Local governmental authority lies within 110 Chapters in which local business is conducted and tribal voting occurs.

According to U.S. Census Data, the Navajo Nation had a total population of 173,667, with 101,835 of these individuals residing within the Arizona part of the Navajo Nation (from here on referred to as “Navajo Nation Region”). Within the Navajo Nation Region, there were 10,894 children ages 0 to 5 years reported in the 2010 Census (about 11% of the total population). The Navajo Nation Region has experienced a decrease in both the overall population and the population of children 0 to 5 years of age. This trend was especially marked among young children, which declined by 12 percent from 2000 to 2010.

About 56 percent of children are living with at least one parent, and an estimated 44 percent of children in the Navajo Nation Region live with relatives other than their parents (such as grandparents, uncles, or aunts). Multigenerational households are common in the region; 15 percent of households contain three or more generations.

The vast majority (95%) of both the young children (ages 0-4) and adults living in the region identify as American Indian. About two thirds of the residents in the region speak a Native language at home, and language and cultural preservation are viewed as an essential priority in the region. Programs emphasizing Native language and culture exist in the tribally operated Navajo Head Start.

While Tribal enterprises including coal mining and gaming are important sources of revenue for the Navajo Nation, a high unemployment rate presents a substantial challenge to the region. The reported rate of unemployment hovered around 25 percent from 2009 to 2013, but this is likely an underestimate given that those rates only represent those who actively sought jobs in the prior four months. The proportion of Navajo Nation Region children who are living with one or two parents who are in the labor force (63%) is similar to that in all Arizona reservations combined (64%) but lower in the region than in the state as a whole (89%). However, the percent of children who live with a single parent who is in the labor force is higher in the region (37%) than the state as a whole (28%). This may suggest a higher need for child care in the region.

Poverty is a challenge for families in the region. Nearly 4 out of 10 people (39%) in the Navajo Nation Region are living in poverty. Furthermore, half of all children in the region are living in poverty, which is nearly double the rate in the state (27%), but comparable to the rate across all Arizona Reservations (53%).

Public assistance programs provide an important resource for families in the Navajo Nation Region. Almost three-quarters (72%) of the children ages 0-5 years in the Navajo Nation Region were enrolled in the Supplemental Nutrition Assistance Program (SNAP). The Navajo Nation Tribal TANF program, known as Navajo Nation Department for Self Reliance (NNPSR), served 10 percent of children ages 0-17 as of January 2013, down from 20 percent of children in 2011. The Navajo Nation is one of several tribes that manage their own Women, Infants, and Children (WIC) programs, and served over half (59%) of all children ages 0-4 in the Navajo Nation (including the Utah and New Mexico parts). A total of 2,472 women and 9,014 infants and children were served in FY2012. Finally, a large proportion of the children in the school districts serving children from the Navajo Nation Region (with the exception of Flagstaff and Tuba City Unified Districts) are eligible for free or reduced price meals at their school.

Thirty percent of adults in the region lack a high school diploma or GED (double the statewide rate of 15 percent). However, the majority of children in the region (80%) are born to women who have a high school diploma or GED or higher levels of educational attainment. Diné College, Navajo Technical University and Northland Pioneer College are important resources to meet adult educational needs in the region.

Child care and early education options for families in the Navajo Nation Region include: informal care through family and friends; licensed and unlicensed child care through private non-profit or for profit organizations; public preschool primarily for children with disabilities; the Bureau of Indian Education (BIE) FACE program; child care through Child Care Development Fund (CCDF); and Head Start. In 2014, there were 20 child care centers under the CCDF Program across the entire Navajo Nation, up from nine in 2011. Thirteen of those centers were located in Arizona. In 2013, eight Family and Child Education (FACE) programs provided services to a total of 461 adults and 460 children through both their center-based and home-based components. As of March 2015, there were a total of eight Quality First sites in the Navajo Nation Region. The Navajo Head Start is the largest tribal Head Start program in the United States. In 2013-2014, the Navajo Head Start Program had a total funded enrollment of 2,063 children, 1,739 in the center-based setting (four days per week) and 324 children in the home-based option.

Members of the Navajo Nation can access health care services from a variety of providers that include the Navajo Nation Division of Health (NDH), the Indian Health Services (IHS) Navajo Service Area, other tribally-operated facilities and private providers. In addition, Navajo traditional healing services are also available and sought out by families in the region.

In 2012, the most recent year data is available, there were a total of 1,436 births to mothers residing in the region. Fifteen percent of births were to mothers age 19 or younger. An estimated 64 percent of women began prenatal care in the first trimester, and about 92 percent of those women had five or more prenatal visits over the course of their pregnancies.

About 6 percent of babies annually are considered low birth weight, which is slightly lower than average overall rates in Arizona and across all reservations, and meets the Healthy People (HP) 2020 goal. The region also meets the HP2020 goal for the rate of preterm births. In 2012, the proportion of Navajo Nation WIC participants that had breastfed their babies for any portion of time was 81.2 percent. The 2010 IHS Oral Health Survey found that 86 percent of children in the Navajo Area had tooth decay, and 64 percent had pain or an infection at the time of the screening.

The tribally-operated Growing in Beauty program is the Arizona Early Intervention Program (AzEIP) provider in the Navajo Nation Region. This program, which serves children ages 0 to 3 years, is under the Navajo Nation Office of Special Education and Rehabilitation Services. There was a substantial increase in the number of services provided by Growing in Beauty between 2012 and 2014, with 348 children referred, 196 screened, and 142 served by early intervention services in 2014.

Although families in the region face challenges related to poverty and unemployment, there are considerable strengths in the region. By providing additional early childhood education and care opportunities that emphasize the importance of the Navajo culture and language, supporting the professional development of the early childhood workforce, and bringing stakeholders together through the Early Education Coalition, the Navajo Nation region continues to strengthen the support network for young children and families in the community.

## Who are the families and children living in the Navajo Nation Region?

### The Navajo Nation Region

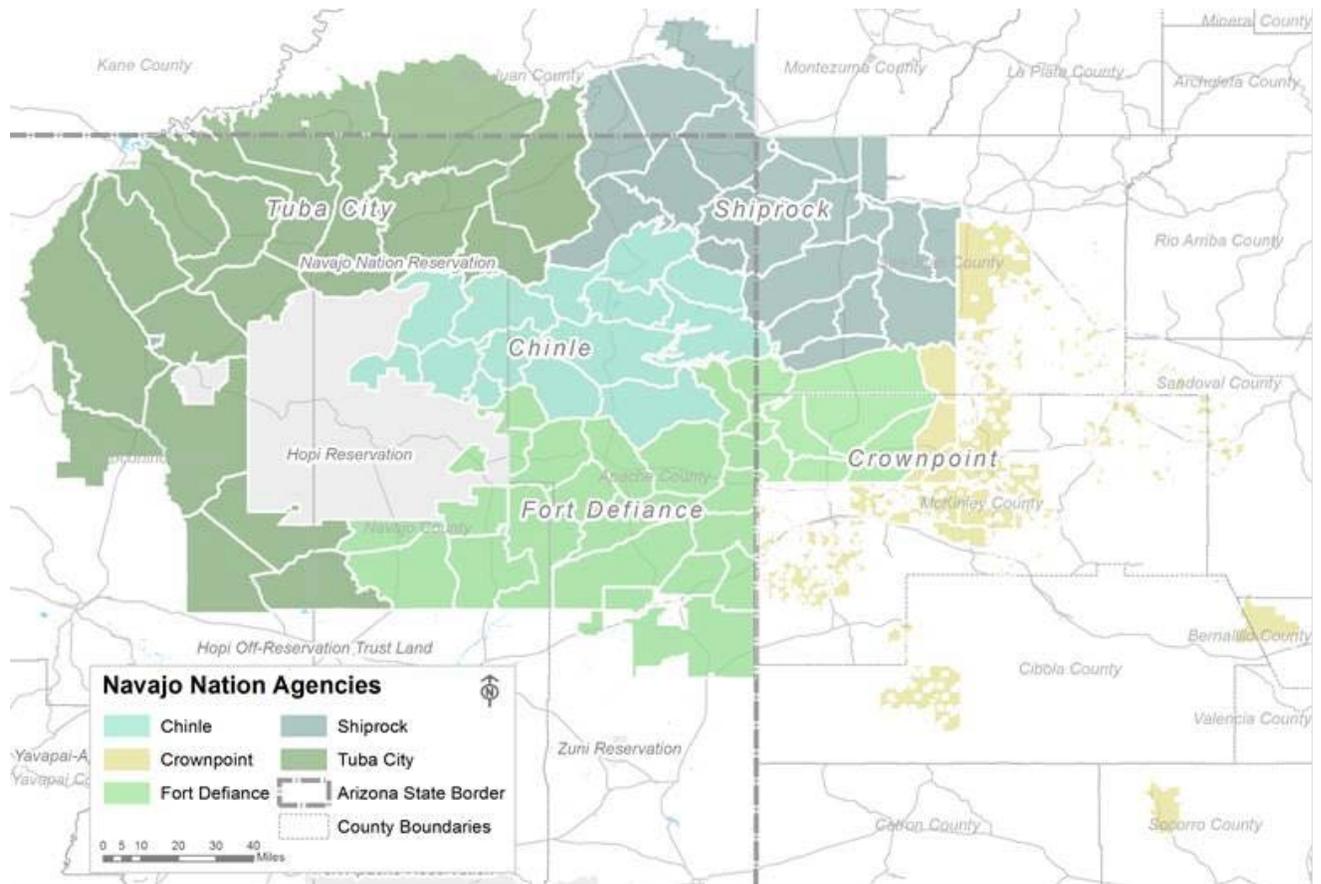
When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The Navajo Nation Region was one of 10 Tribes who chose to be designated as its own region. This decision must be ratified every two years, and the Navajo Nation has opted to continue to be designated as its own region.

### Regional Boundaries and Report Data

The Navajo Nation is a sovereign nation that extends into the states of Arizona, New Mexico and Utah, covering 27,000 square miles. The Navajo Nation is home to the Navajo people, also known as Diné, *The People*. Window Rock is the capital of the Navajo Nation from which three branches of government administer the Navajo Tribal Code. Local governmental authority lies with 110 Chapters in which local business is conducted and tribal voting occurs.

The map below shows the full area encompassed by the Navajo Nation. It shows the five agencies that group the 110 Chapters: Chinle, Crownpoint, Fort Defiance, Tuba City and Shiprock.

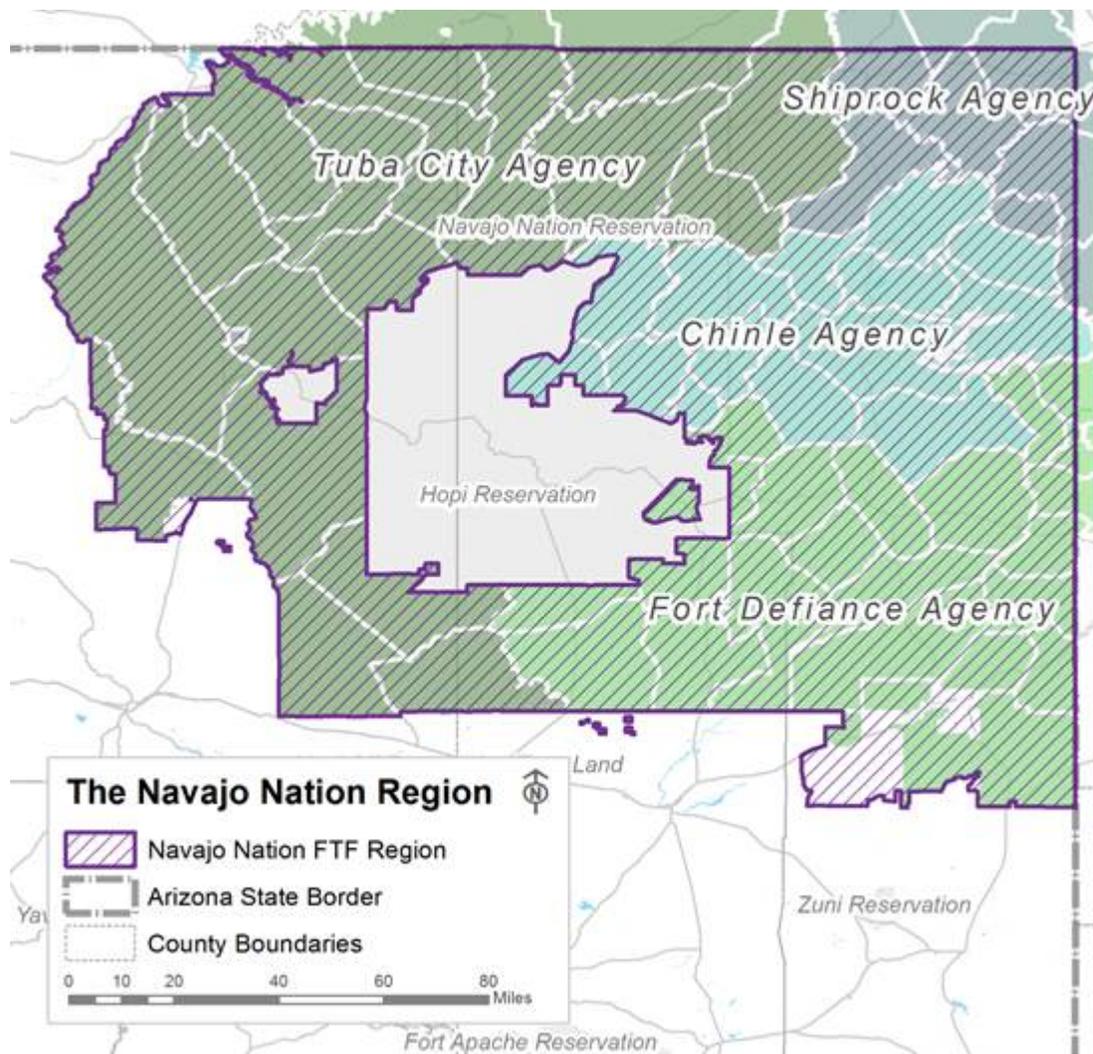
**Figure 1. Navajo Nation**



2010 TIGER/Line Shapefiles prepared by the US Census, 2010

The map in Figure 2 below shows the boundaries of the First Things First Navajo Nation Region, which is comprised by the Arizona-only portion of the Navajo Nation. The labels on the map represent the agencies that are included in the Navajo Nation Region.

**Figure 2. Navajo Nation Region**



2010 TIGER/Line Shapefiles prepared by the US Census, 2010

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publicly available sources, and publicly available data provided by Navajo Nation agencies and departments.

First Things First staff held an initial meeting with representatives from Navajo Nation agencies and programs regarding obtaining and use of public tribal data in this report. First Things First was encouraged to seek resolution approvals for access and use of public tribal data from governing boards and committees including the 638 health boards of Fort Defiance, Ganado, Tuba City, and Winslow, and the governing board of the Department of Diné Education. After

receipt of approved resolutions, a letter was sent to the Office of the President and Vice President of the Navajo Nation to seek approval to collect data as outlined in the approved resolutions and use the data in the 2014 Needs and Assets Report. Due to the nature of the resolutions, no primary data collection, including interviews with agency staff or other stakeholders, was conducted for this version of the report.

In an effort to present data in the most comprehensive manner, this report presents data at different geographic levels. For instance, data about the Navajo Nation based on the 2010 US Census are reported in several tables in this report. In each table in the main body of the text, data are reported (a) for the entire Navajo Nation; (b) for the five agencies (Chinle, Crownpoint, Ft. Defiance, Shiprock, and Tuba City); (c) for the parts of the Nation in the states of Arizona (the Navajo Nation Region), New Mexico, and Utah; and (d) all Arizona reservations combined (which includes the Navajo Nation) and the state of Arizona as a whole. Throughout the report, we will distinguish between data that refer to the Navajo Nation as a whole (*Navajo Nation*), and those that refer to the Navajo Nation First Things First Region (i.e. the Arizona portion of the Nation) (*Navajo Nation Region*).

The level of data (community, zip code, etc.) that is presented in this report is driven by the certain guidelines. The UA Norton School is contractually required to follow the First Things First Data Dissemination and Suppression Guidelines:

- “For data related to **social service** and **early education** programming, all counts of **fewer than ten**, excluding counts of zero (i.e., all counts of one through nine) are suppressed. Examples of social service and early education programming include: number of children served in an early education or social service program (such as Quality First, TANF, family literacy, etc.)”
- “For data related to **health or developmental delay**, all counts of **fewer than twenty-five**, excluding counts of zero (i.e., all counts of one through twenty-four) are suppressed. Examples of health or developmental delay include: number of children receiving vision, hearing, or developmental delay screening; number of children who are overweight; etc.”

*-First Things First—Data Dissemination and Suppression Guidelines for Publications*

Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS (for “data suppressed”).

Please also note that some data, such as those from the American Community Survey (ACS), are estimates that may be less precise for smaller areas (see additional information on caveats regarding ACS data in tribal areas, below).

Data for certain tables were provided by FTF through their State Agency Data Request at the zip code level. Because the zip code boundaries do not exactly match those of the region we



demographic information. Starting in 2005, the Census Bureau replaced the “long form” questionnaire that was used to gather socio-economic data with the American Community Survey (ACS). The ACS is an ongoing survey that is conducted by distributing questionnaires to a sample of households every month of every year. Annual results from the ACS are available but they are aggregated over five years for smaller communities, to try to correct for the increased chance of sampling errors due to the smaller samples used.

According to the State of Indian Country Arizona Report<sup>2</sup> this aggregation has brought up new challenges when using and interpreting ACS data from tribal communities and American Indians in general. There is no major outreach effort to familiarize the population with the survey (as it is the case with the decennial census), and the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona Report indicates that at the National level, in 2010 the ACS failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona report, ACS may be particularly unreliable for the smaller reservations in the state.

While recognizing that estimates provided by ACS data may not be fully reliable, we have elected to include them in this report because they still are the most comprehensive publically-available data that can help begin to describe the families that First Things First serves. However, considering the important planning, funding, and policy decisions that are made in tribal communities based on these data, the State of Indian Country report recommends a concerted tribal-federal government effort to develop tribes’ capacity to gather relevant information on their populations. This information could be based on the numerous records that tribes currently keep on the services provided to their members (records that various systems must report to the federal agencies providing funding but that are not currently organized in a systematic way) and on data kept by tribal enrollment offices.

A current initiative that aims to address some of these challenges has been started by the American Indian Policy Institute, the Center for Population Dynamics, and the American Indian Studies Department at Arizona State University. The Tribal Indicators Project<sup>3</sup> begun at the request of tribal leaders interested in the development of tools that can help them gather and utilize meaningful and accurate data for governmental decision-making. An important part of

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<sup>2</sup> Inter Tribal Council of Arizona, Inc., ASU Office of the President on American Indian Initiatives, ASU Office of Public Affairs (2013). *The State of Indian Country Arizona. Volume 1*. Retrieved from [http://outreach.asu.edu/sites/default/files/SICAZ\\_report\\_20130828.pdf](http://outreach.asu.edu/sites/default/files/SICAZ_report_20130828.pdf)

<sup>3</sup> [http://aipi.clas.asu.edu/Tribal\\_Indicators](http://aipi.clas.asu.edu/Tribal_Indicators)

this effort is the analysis of Census and ACS data in collaboration with tribal stakeholders. We hope that in the future these more reliable and tribally-relevant data will become available for use in these community assessments.

## General Population Trends

According to U.S. Census Data, the Navajo Nation had a total population of 173,667, with 101,835 of these individuals residing within the Arizona part of the Navajo Nation (from here on referred to as “Navajo Nation Region”). Of the total population of the Navajo Nation Region, 10,894 (about 11%) are children aged 0 to 5 years. Please note that the numbers presented on Table 1 reflect only the on-reservation population.

**Table 1: Population and households by agency and state**

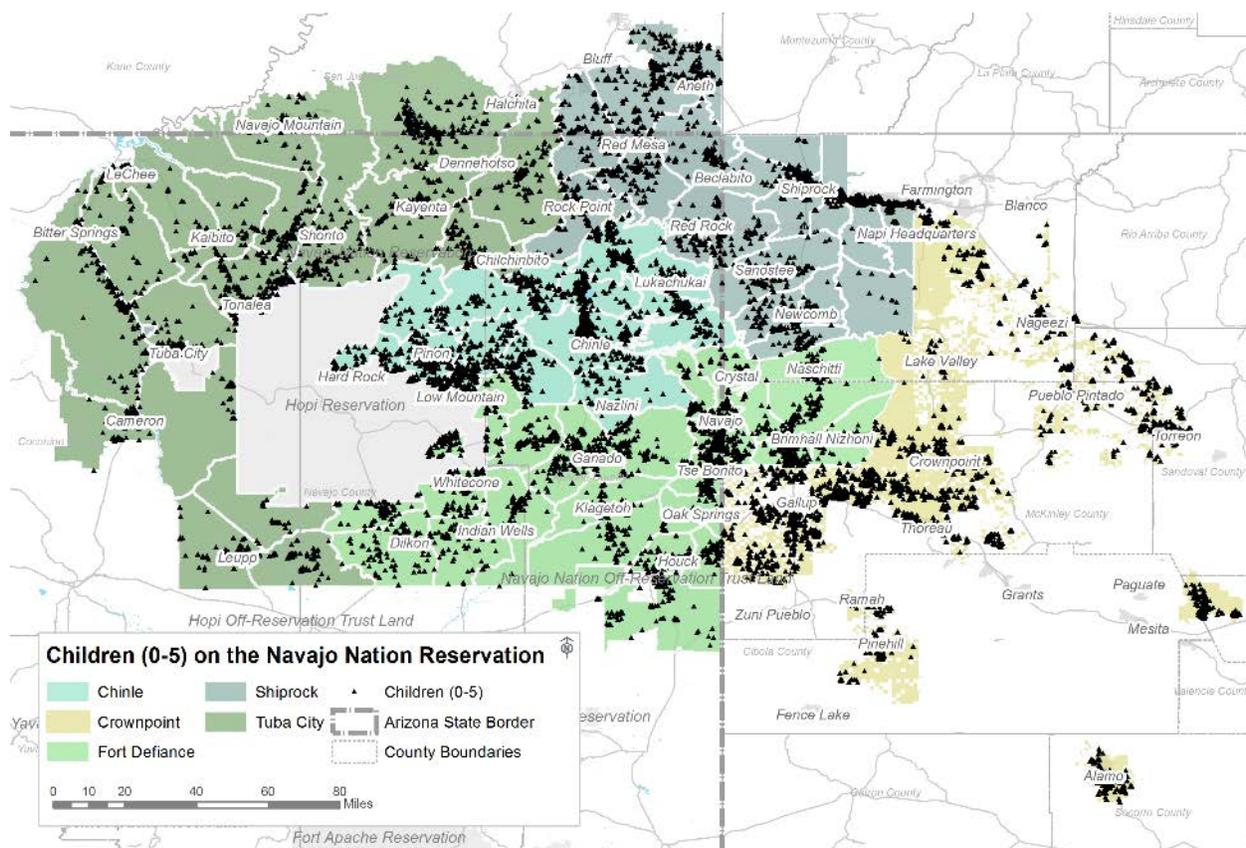
GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Navajo Nation	173,667	18,335	49,946	12,119	24%
Chinle Agency	27,823	3,134	8,047	2,065	26%
Crownpoint Agency	33,316	3,361	9,570	2,239	23%
Ft Defiance Agency	43,940	4,452	13,031	2,932	23%
Shiprock Agency	30,945	3,223	9,035	2,168	24%
Tuba City Agency	37,643	4,165	10,263	2,715	26%
Navajo Nation	173,667	18,335	49,946	12,119	24%
<b>Navajo Nation Region</b>	101,835	10,894	29,232	7,159	24%
New Mexico part	65,764	6,712	19,034	4,495	24%
Utah part	6,068	729	1,680	465	28%
All Arizona Reservations	178,131	20,511	50,140	13,115	26%
Arizona	6,392,017	546,609	2,380,990	381,492	16%

Source: US Census, 2010, Tables P1, P14, P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: “All Arizona Reservations” is the total for the 21 reservations located in the state of Arizona. For the reservations which cross state boundaries (Navajo, Zuni, Fort Mojave, Colorado River, and Fort Yuma), only the Arizona parts are included here.

Figure 4 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. A triangle on the map represents one child. The triangles do not pinpoint each child’s location, but are placed generally in each census block in which a young child was living in 2010.

**Figure 4. Geographic distribution of children under six according to the 2010 Census (by census block)**



US Census (2010) Table P14, and 2010 TIGER/Line Shapefiles prepared by the US Census. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

A comparison between the 2000 Census and the 2010 Census provides information about increases and decreases in population. According to the Census (Table 2 below), contrary to the state trend, the Navajo Nation Region experienced a decrease in both the overall population and the population of children 0 to 5 years of age. This trend was especially marked among young children.

**Table 2: Comparison of U.S. Census 2000 and U.S. Census 2010**

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Navajo Nation	180,462	173,667	-4%	21,066	18,335	-13%
Chinle Agency	28,491	27,823	-2%	3,589	3,134	-13%
Crownpoint Agency	35,517	33,316	-6%	4,165	3,361	-19%
Ft Defiance Agency	47,213	43,940	-7%	5,378	4,452	-17%
Shiprock Agency	30,962	30,945	0%	3,414	3,223	-6%
Tuba City Agency	38,279	37,643	-2%	4,520	4,165	-8%
Navajo Nation	180,462	173,667	-4%	21,066	18,335	-13%
<b>Navajo Nation Region</b>	104,565	101,835	-3%	12,352	10,894	-12%
New Mexico part	69,524	65,764	-5%	7,896	6,712	-15%
Utah part	6,373	6,068	-5%	818	729	-11%
All Arizona Reservations	179,064	178,131	-1%	21,216	20,511	-3%
Arizona	5,130,632	6,392,017	+25%	459,141	546,609	+19%

Source: US Census, 2010, Tables P1, P14; US Census, 2000, Table QT-P2. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

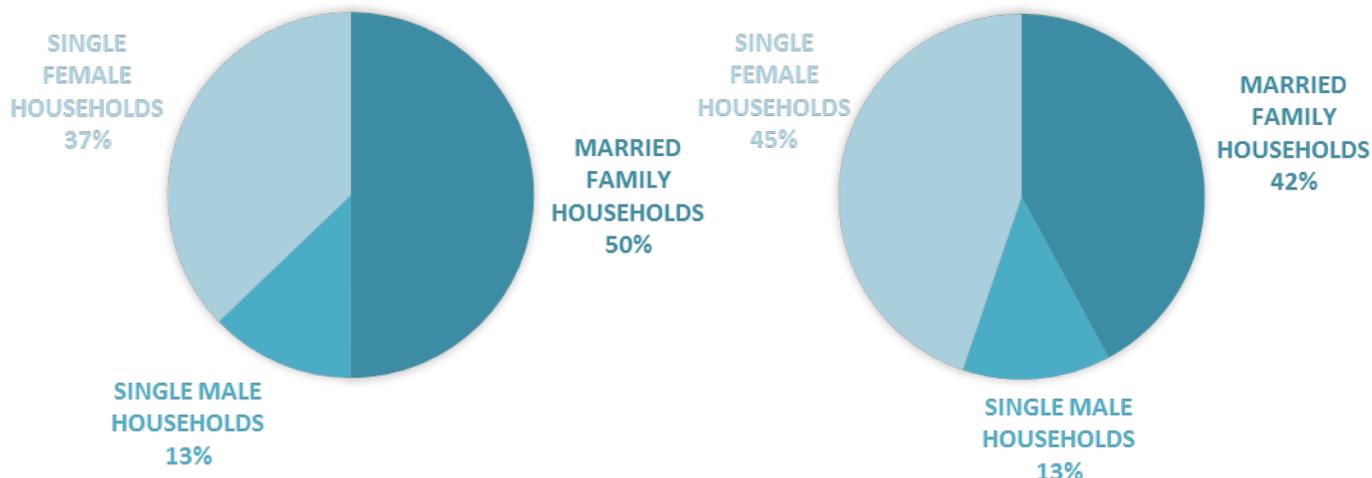
## Additional Population Characteristics

### Household Composition

This section presents data on the characteristics of families living in the Navajo Nation Region. About half of the households with young children in the region are headed by a married couple (this could be the child’s parents, grandparents, non-relative, etc.). This percent is somewhat higher than that seen on all Arizona reservations combined. About 37 percent of the households with young children are headed by a single female; the remaining 13 percent are headed by a single male.

### NAVAJO NATION REGION

### ALL ARIZONA RESERVATIONS



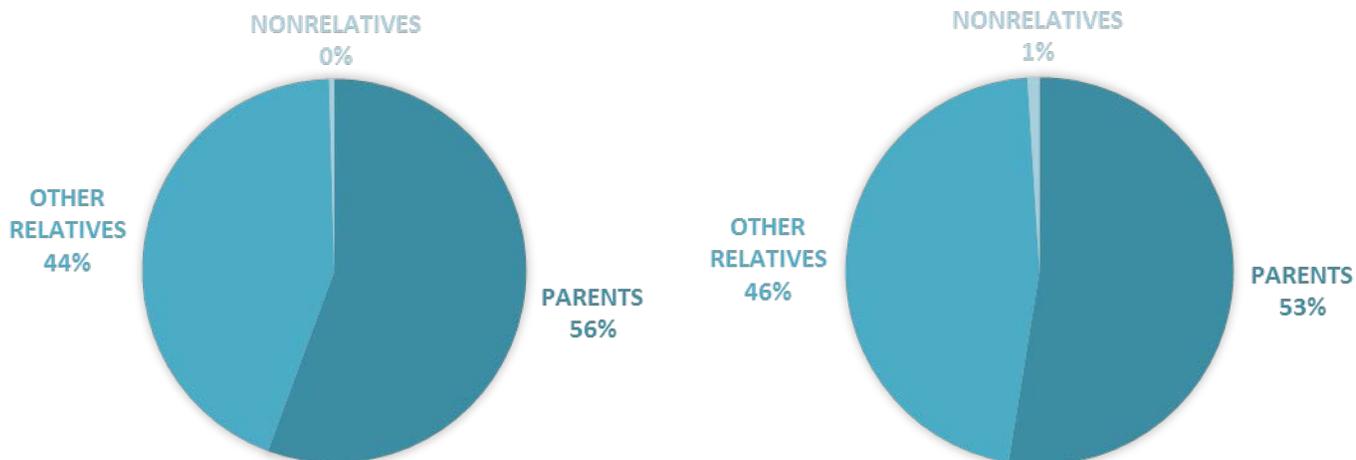
**Figure 5: Type of household with children (0-5)**

US Census, 2010, Table P32. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

In the Navajo Nation Region, about 56 percent of children are living with at least one parent according 2010 Census data. This percentage is substantially lower than that of the state as a whole (81%), but is similar to the proportion of children living with their parents across all Arizona reservations (53%, Figure 6). An estimated 44 percent of children in the Navajo Nation Region live with relatives other than their parents (such as grandparents, uncles, or aunts).

### NAVAJO NATION REGION

### ALL ARIZONA RESERVATIONS



**Figure 6. Living arrangements for children (0-5)**

US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The percentage of grandparents caring for grandchildren varies across Arizona. In the Navajo Nation Region, an estimated 4,298 children birth to five (39%) are reported to be living in a grandparent’s household. This is substantially higher than the statewide rate (14%), but is about the same as the rate in Arizona reservations overall (40%). The proportion of households with three or more generations in the Navajo Nation Region (15%) is also higher than the statewide proportion (5%) but similar to the rate for Arizona reservations overall (16%).

**Table 3: Number of children living in a grandparent's household by area in the region**

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH 3 OR MORE GENERATIONS	
Navajo Nation	18,335	7,290	40%	49,946	7,615	15%
Chinle Agency	3,134	1,063	34%	8,047	1,071	13%
Crownpoint Agency	3,361	1,347	40%	9,570	1,452	15%
Ft Defiance Agency	4,452	1,865	42%	13,031	1,976	15%
Shiprock Agency	3,223	1,304	40%	9,035	1,413	16%
Tuba City Agency	4,165	1,711	41%	10,263	1,639	16%
Navajo Nation	18,335	7,290	40%	49,946	7,615	15%
<b>Navajo Nation Region</b>	10,894	4,298	39%	29,232	4,371	15%
New Mexico part	6,712	2,741	41%	19,034	3,021	16%
Utah part	729	251	34%	1,680	223	13%
All Arizona Reservations	20,511	8,239	40%	50,140	8,104	16%
Arizona	546,609	74,153	14%	2,380,990	115,549	5%

*US Census (2010). Table P41, PCT14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>*

Extended families that involve multiple generations and relatives along both vertical and horizontal lines are an important characteristic of many American Indian families. The strengths associated with this open family structure –mutual help and respect –can provide members of these families with a support network which can be very valuable when dealing with socio-economic hardships.<sup>4</sup>

Multigenerational households may also have different needs and strengths. For example, they may be more likely to have grandparents provide home-based child care. This may result in families being less connected with the outside support services that are available to them. On the other hand, having grandparents help with child care may create greater employment opportunities for parents. Multigenerational families must find the balance between not paying

<sup>4</sup> Hoffman, F. (Ed.). (1981). *The American Indian Family: Strengths and Stresses*. Isleta, NM: American Indian Social Research and Development Associates.

for child care (which may be subsidized) and needing to distribute low wages across more household members. In other cases, grandparents and parents may both be working which results in higher income for the household but an increased need for child care.

However, there are also considerable challenges that grandparents can face when they become the primary caregivers for their grandchildren not because of choice, but because parents become unable to provide care due to the parent's death, physical or mental illness, substance abuse, incarceration, unemployment or underemployment, or because of domestic violence or child neglect in the family.<sup>5</sup> Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren. In addition, parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who themselves may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children.

There is some positive news for grandparents and great-grandparents raising their grandkids through a Department of Child Safety placement by the state of Arizona. Starting in February 2014, these families are offered a \$75 monthly stipend per child. To qualify, a grandparent or great-grandparent must have an income below 200% of the Federal Poverty Level (FPL). They also must not be receiving foster care payments or Temporary Assistance for Needy Families (TANF) cash assistance for the grandchildren in their care.<sup>6</sup>

### **Ethnicity and Race**

The following table shows the ethnic breakdown in the Navajo Nation Region. The vast majority (95%) of the adults living in the region identify as American Indian.

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<sup>5</sup> *More U.S. Children Raised by Grandparents.* (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

<sup>6</sup> Children's Action Alliance, January 15, 2014 Legislative Update email.

**Table 4: Race and ethnicity for adults**

GEOGRAPHY	POPULATION (18+)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Navajo Nation (entire)	115,823	1%	2%	0%	95%	0%	1%
Chinle Agency	17,917	1%	3%	0%	95%	0%	1%
Crownpoint Agency	22,396	2%	2%	0%	96%	0%	1%
Ft Defiance Agency	29,843	1%	2%	0%	95%	0%	1%
Shiprock Agency	21,028	1%	1%	0%	96%	0%	1%
Tuba City Agency	24,639	1%	3%	0%	95%	0%	1%
Navajo Nation (entire)	115,823	1%	2%	0%	95%	0%	1%
<b>Navajo Nation Region</b>							
New Mexico part	67,252	1%	3%	0%	95%	0%	1%
Utah part	44,714	2%	1%	0%	96%	0%	1%
Arizona	3,857	1%	2%	0%	97%	0%	0%
All Arizona Reservations	117,049	5%	5%	0%	88%	0%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

US Census (2010). Table P11. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The majority of the population of children aged birth through four living in the Navajo Nation Region were identified as American Indian (95%), and four percent as Hispanic or Latino.

**Table 5: Race and ethnicity for children ages 0-4<sup>7</sup>**

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER
Navajo Nation	15,167	4%	1%	0%	95%	0%
Chinle Agency	2,625	3%	1%	0%	95%	0%
Crownpoint Agency	2,773	5%	0%	0%	96%	0%
Ft Defiance Agency	3,667	4%	1%	0%	94%	0%
Shiprock Agency	2,664	4%	1%	0%	94%	0%
Tuba City Agency	3,438	5%	1%	0%	95%	0%
Navajo Nation	15,167	4%	1%	0%	95%	0%
<b>Navajo Nation Region</b>	<b>9,008</b>	<b>4%</b>	<b>1%</b>	<b>0%</b>	<b>95%</b>	<b>0%</b>
New Mexico part	5,561	4%	1%	0%	95%	0%
Utah part	598	4%	3%	0%	93%	0%
All Arizona Reservations	17,061	9%	1%	0%	92%	0%
Arizona	455,715	45%	40%	5%	6%	3%

US Census (2010). Table P12B, P12C, P12D, P12E, P12F, P12G, P12H, P12I. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: The number for children ages 0-5 are not readily available from the US Census, but it is likely that the percentage distribution for children 0-4 will be similar to that of children 0-5.

### Language Use and Proficiency

According to the Navajo Nation Department of Dine Education’s Office of Standards, Curriculum and Assessments Development “the Navajo Language is an essential element of the life, culture, and identity of the Navajo people” and recognizes the importance of preserving the language to ensure the survival of the Nation.<sup>8</sup>

Data about language use at home provide additional information about the characteristics of the population in the Navajo Nation Region. About two thirds of the residents in the region report speaking the Navajo language at home.

<sup>7</sup> The Census Bureau reports the race/ethnicity categories differently for the 0-4 population than they do for adults; therefore, they are reported slightly differently in this report. For adults Table 4 shows exclusive categories: someone who identifies as Hispanic would only be counted once (as Hispanic), even if the individual also identifies with a race (e.g. Black). For the population 0-4, Table 5 shows non-exclusive categories for races other than white. This means, for instance, that if a child’s ethnicity and race are reported as “Black (Hispanic)” he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, are very small.

<sup>8</sup> <http://www.odclc.navajo-nsn.gov/About-Us>

**Table 6: Home language use in the region for those 5 years and older**

	NAVAJO NATION (ENTIRE)	NAVAJO NATION REGION (ARIZONA PART)	NAVAJO NATION (NEW MEXICO PART)	NAVAJO NATION (UTAH PART)	ARIZONA
Estimated population (ages 5 and up)	159,268	93,138	60,508	5,622	6,033,147
Speak only English at home	31%	30%	34%	14%	73%
Speak Navajo at home	67%	68%	64%	85%	1%
Speak Navajo at home and do not speak English "very well"	16%	19%	12%	14%	0%
Speak other Native North American languages at home	1%	1%	1%	1%	0%
Speak other Native North American languages at home and do not speak English "very well"	0%	0%	0%	0%	0%

*US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>*

Please note that the estimates of people who report they “do not speak English very well” are based on self-report. The person answering the Census survey is asked (for each member of the household who speaks a language other than English) “How well does this person speak English?” The four response choices are “Very well,” “Well,” “Not well,” or “Not at all.” In the region, these estimates are likely to represent the proportion of people whose primary language is not English, but Navajo (or another Native North American language).

As shown on Table 7, a large proportion (90%) of the households in the Navajo Nation Region report that a language other than English is spoken at home. This proportion is substantially higher than the one for the households in the entire state (27%), and also higher than the one seen among all Arizona reservations combined (74%). The percentage of limited English-use households in the Navajo Nation Region (18%) is also much higher than that seen in the state (5%), and also higher than the proportion among all Arizona reservations combined (12%). (By Census definition, a household is considered limited English-using, or “linguistically isolated” if all adults speak a language other than English and none speaks English “very well”).

**Table 7: Household home language use**

GEOGRAPHY	TOTAL HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LIMITED ENGLISH-USE HOUSEHOLDS
Navajo Nation (entire)	49,946	90%	17%
Chinle Agency	8,047	91%	23%
Crownpoint Agency	9,570	91%	21%
Ft Defiance Agency	13,031	89%	17%
Shiprock Agency	9,035	93%	11%
Tuba City Agency	10,263	88%	15%
Navajo Nation (entire)	49,946	90%	17%
<b>Navajo Nation Region</b>	29,232	90%	18%
New Mexico part	19,034	91%	17%
Utah part	1,680	94%	4%
Arizona	2,380,990	27%	5%
All Arizona Reservations	50,140	74%	12%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: A “linguistically isolated household” is one in which all adults (14 and older) speak English less than “very well.”

### **Language Revitalization and Preservation Efforts**

Of critical concern to the Navajo Nation and its citizens is the recovery of the Navajo Language. It is a primary focus of the Navajo Nation Head Start and the Department of Diné Education.

## Economic Circumstances

### Tribal enterprises

There are over 800 employers on the Navajo Nation; 187 of these are Navajo Nation government offices. Of the remaining 636, about one-third (213) are Navajo-owned and 423 are owned by non-Navajos. The service sector, which includes all the schools, hospitals, hotels and motels, is the largest employment sector, representing 33 percent of the employers, and employing 49 percent of the total Navajo workforce. The government sector is the second largest employer, representing 29 percent of the employers and employing 27 percent of the workforce.<sup>9</sup>

Tribal enterprises include the Navajo Tribal Utility Authority, Navajo Agricultural Products Industry (NAPI), Navajo Arts and Crafts Enterprise, Navajo Nation Hospitality Enterprise, KTNN/KWRK radio stations, Dine' Power Authority, Navajo Nation Oil and Gas Company, Inc., Navajo Nation Shopping Centers, The Navajo Times, Navajo Transit System, Navajo Engineering and Construction Authority, and Navajo Housing Authority.<sup>10</sup>

### Income and Poverty

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Directions 2012 report notes that Arizona has the 5<sup>th</sup> highest child poverty rate in the country.<sup>11</sup> The effects on children living in poverty can be felt throughout their lives. Living in poverty increases the likelihood that a child will live in chaotic, crowded and substandard housing and that he or she may be exposed to violence, family dysfunction, and separation from family; all of these factors increase the risk of poorer mental health status later in life.<sup>12</sup>

According to the American Community Survey, the percentage of people living in poverty in the Navajo Nation Region (39%) was higher than the state as a whole (17%) but similar to the rate for all Arizona reservations combined (40%, see Table 8). Similarly, young children in the region have a poverty rate that is substantially higher (50%) than the rates for the state as a whole (27%), but similar to all Arizona reservations combined (53%). Please note that these estimates are based on a set of money income thresholds determined by the Census Bureau, which vary

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<sup>9</sup> These are based on 2007 figures, the most recent available, reported in the 2009-2010 Navajo Nation Comprehensive Economic Development Strategy, [http://www.navajobusiness.com/pdf/CEDS/CED\\_NN\\_Final\\_09\\_10.pdf](http://www.navajobusiness.com/pdf/CEDS/CED_NN_Final_09_10.pdf)

<sup>10</sup> <http://www.navajobusiness.com/tribalDevelopment/TribalEnterprises.htm>

<sup>11</sup> Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

<sup>12</sup> Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science*. Published online 1 October 2013. <http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496>

by family size and composition to determine who is defined as being in poverty for the sake of the Census. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. This definition of poverty is based on money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps). It also does not take into account other assets (for instance, material or cultural assets) that an individual or a family may possess.

For 2013, a single person is in poverty if his or her income was less than \$12,119 (under 65) or less than \$11,173 (65 or older). A single parent with two children would be in poverty if the family income was less than \$18,769. There are other thresholds, depending on family size and composition.

**Table 8: Median family annual income and persons living below the U.S. Census poverty threshold level**

GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
Navajo Nation (entire)	\$32,104	39%	52%
Chinle Agency	-	41%	54%
Crownpoint Agency	-	45%	61%
Ft Defiance Agency	-	39%	54%
Shiprock Agency	-	35%	46%
Tuba City Agency	-	37%	45%
Navajo Nation (entire)	\$32,104	39%	52%
<b>Navajo Nation Region</b>	\$32,272	39%	50%
New Mexico part	\$31,925	39%	54%
Utah part	\$31,064	46%	54%
Arizona	\$59,563	17%	27%
All Arizona Reservations	-	40%	53%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B17001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

In general, women are more likely to be living in poverty than men for a number of reasons: 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3) they are more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households in Arizona were headed by women.<sup>13</sup>

<sup>13</sup> Castelazo, M. (2014). Supporting Arizona Women’s Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women’s Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from [http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women\\_FINAL.pdf](http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf)

Table 9 shows the median family income by type of family in the Navajo Nation Region.

**Table 9: Median family annual income for families with children (0-17)**

GEOGRAPHY	MEDIAN FAMILY INCOME			
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE FAMILIES	SINGLE FEMALE FAMILIES
Navajo Nation (entire)	\$32,104	\$44,956	\$20,783	\$21,942
<b>Navajo Nation Region</b>	\$32,272	\$43,728	\$17,411	\$22,805
New Mexico part	\$31,925	\$48,801	\$21,194	\$20,925
Utah part	\$31,064	\$38,750	\$27,750	\$22,500
Arizona	\$59,563	\$73,166	\$36,844	\$26,314

*US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B19126. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>*

*Note: Because of small sample sizes some estimates cannot be reliably calculated*

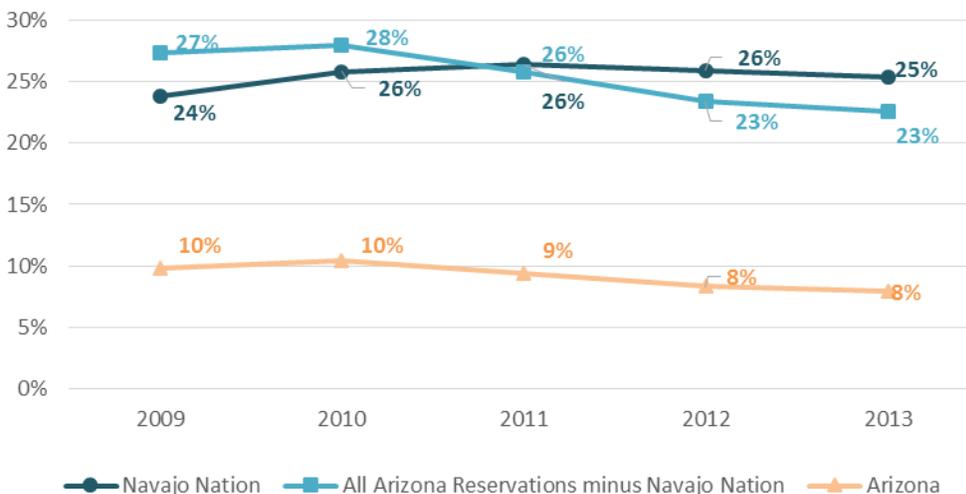
## Unemployment

Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children’s development. This is especially pronounced when the family income was already low before the job loss, the unemployed parent is the only breadwinner in the household, or parental unemployment lasts for a long period of time. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parenting behaviors. Parental job loss can also impact children’s school performance (i.e. lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs).<sup>14</sup>

Annual unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality. The overall unemployment rate in the region increased slightly from 2009 to 2013 (Figure 7). The unemployment rate for the Navajo Nation Region is higher than the state as a whole, but is similar to the rate for all Arizona reservations combined (excluding the Navajo Nation), though it has not shown the decreasing trend seen in other reservations.

<sup>14</sup> Isaacs, J. (2013). Unemployment from a child’s perspective. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

**Figure 7. Annual unemployment rates in the Navajo Nation, All Arizona Reservations (excluding Navajo Nation) and Arizona, 2009-2013**



Arizona Department of Administration, Office of Employment and Population Statistics (2014). *Special Unemployment Report, 2009-2014*. Retrieved from <http://www.workforce.az.gov/local-area-unemployment-statistics.aspx>

These unemployment data, however, are likely to overestimate the proportion of Navajo Nation residents who are employed for wages. According to the Navajo Nation Division of Economic Development (NNDED), their estimated unemployment rate in the Navajo Nation in 2007 was 51 percent.<sup>15</sup> The NNDED point out that even this number is an underestimate of unemployment because it adjusts for the proportion of the population over 16 who are *looking for a job during the past four months*. According to the NNDED, this “requirement generates a special problem for the Navajo people. The Navajo Nation does not have much employment opportunities; and hence, naturally, the Navajo people cannot be looking for something that does not exist. The result is that a vast majority of the young and able-bodied Navajo individuals are dropped out of the labor force. As these people are not in the labor force, they cannot be counted as unemployed either.”<sup>16</sup> Therefore, the NNDED estimates that a more accurate unemployment rate would be about 70 percent in 2007. Note that this estimate is prior to the large surge in unemployment seen across the state as an effect of the recession.

However, the NNDED also note that there is a strong underground economy on the Navajo Nation that involves informal arrangements and bartering, as well as road side vendors (selling arts, crafts, food) and railroad workers who are not officially employed. These activities help off-set the expected effects of the unemployment rate somewhat.

<sup>15</sup> Navajo Nation Comprehensive Economic Development Strategy, 2009-2010. [http://www.navajobusiness.com/pdf/CEDS/CED\\_NN\\_Final\\_09\\_10.pdf](http://www.navajobusiness.com/pdf/CEDS/CED_NN_Final_09_10.pdf)

<sup>16</sup> Ibid, page 20.

Table 10 shows the employment status of parents of young children in the Navajo Nation Region. The proportion of Navajo Nation Region children who are living with one or two parents who are in the labor force (63%) is similar to that in all Arizona reservations combined (64%). The overall proportion of children who live with at least one parent in the labor force is also lower in the region than in the state as a whole (89%). In addition, the percent of children who live with a single parent who is in the labor force is higher in the region (37%) than the state as a whole (28%). This may suggest a higher need for child care in the region.

**Table 10: Employment status of parents of young children**

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH SINGLE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
Navajo Nation (entire)	18,335	13%	13%	4%	37%	33%
Chinle Agency	3,134	19%	15%	7%	32%	27%
Crownpoint Agency	3,361	8%	15%	3%	39%	35%
Ft Defiance Agency	4,452	13%	13%	2%	34%	38%
Shiprock Agency	3,223	13%	16%	7%	38%	26%
Tuba City Agency	4,165	14%	8%	3%	40%	35%
Navajo Nation (entire)	18,335	13%	13%	4%	37%	33%
<b>Navajo Nation Region</b>	10,894	15%	12%	3%	37%	33%
New Mexico part	6,712	11%	14%	5%	36%	35%
Utah part	729	5%	22%	10%	40%	22%
Arizona	546,609	32%	29%	1%	28%	10%
All Arizona Reservations	20,511	14%	11%	2%	39%	34%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B23008. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: "In labor force" includes adults who are employed or looking for employment

The US Department of Housing and Urban Development defines housing units with "housing problems" as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1 person per room), or housing units for which housing costs exceed 30% of income. Housing units with "severe housing problems" consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1.5 person per room), or housing units for

which housing costs exceed 50% of income.<sup>17</sup> Half of the housing units in the Navajo Nation Region (50%) experience housing problems, and over 40% of all units have “severe housing problems.” The rates of housing units with problems varies regionally (Table 11), with the Tuba City agency having the highest rates within the region. The percentages of housing units in the Navajo Nation Region that have housing problems (50%) and severe housing problems (44%) are somewhat higher than the rates for all Arizona reservations combined (45% and 38%, respectively). See Table 11 below.

**Table 11. Percent of housing units with housing problems**

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
Navajo Nation	29,119	49%	43%
Chinle Agency	6,557	49%	44%
Crownpoint Agency	1,051	37%	29%
Ft Defiance Agency	8,364	48%	42%
Shiprock Agency	4,068	45%	36%
Tuba City Agency	8,863	53%	48%
Navajo Nation	29,119	49%	43%
<b>Navajo Nation Region</b>	25,058	50%	44%
New Mexico part	3,926	41%	33%
Utah part	135	70%	62%
All Arizona Reservations	45,911	45%	38%
Arizona	2,326,354	38%	20%

### Public Assistance Programs

Participation in public assistance programs is an additional indicator of the economic circumstances in the region. Public assistance programs commonly used by families with young children in Arizona include Nutrition Assistance (SNAP, Supplemental Nutrition Assistance Program, formerly known as “food stamps”), Temporary Assistance for Needy Families (TANF, which replaced previous welfare programs), and Women, Infants, and Children (WIC, food and nutrition services available to pregnant women, new mothers, infants and children up to age 5).

<sup>17</sup> US Department of Housing and Urban Development (2011). CHAS Background. Retrieved from [http://www.huduser.org/portal/datasets/cp/CHAS/bg\\_chas.html](http://www.huduser.org/portal/datasets/cp/CHAS/bg_chas.html)

## SNAP

Nutritional Assistance, or SNAP, helps to provide low income families in Arizona with food through retailers authorized to participate in the program. The Arizona Nutrition Assistance program is managed by the Arizona Department of Economic Security. According to a U.S. Department of Agriculture Economic Research Service, in 2010, about 20 percent of Arizonans lived in food deserts, defined as living more than a half-mile from a grocery in urban areas and more than 10 miles in rural areas.<sup>18</sup> Families living in food deserts often use convenience stores in place of grocery stores.

The estimated proportion of young children in the region receiving SNAP benefits remained stable between 2010 and 2012. The most recent data available (January 2012, Figure 8) show that almost three-quarters (72%) of the children ages 0-5 years in the Navajo Nation Region were enrolled in SNAP. This proportion is similar than the percent of children receiving SNAP across all Arizona reservations combined (70%). However, between 2010 and 2012, the estimated proportion of children receiving SNAP benefits across all Arizona reservations increased by 7 percent, while the rate in the Navajo Nation Region decreased by 1 percent.

**Table 12: Monthly estimates of children ages 0-5 receiving SNAP (Supplemental Nutritional Assistance Program) benefits<sup>19</sup>**

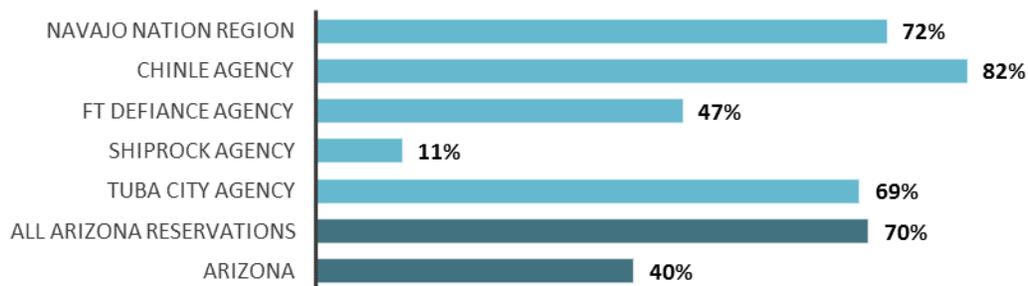
GEOGRAPHY	CENSUS 2010 POPULATION (AGES 0-5)	JANUARY 2010	JANUARY 2011	JANUARY 2012	CHANGE 2010-2012
<b>Navajo Nation Region</b>	10,894	73%	71%	72%	-1%
Chinle Agency	3,134	82%	83%	82%	+0%
Ft Defiance Agency	4,452	46%	44%	47%	+1%
Shiprock Agency	3,223	12%	11%	11%	-9%
Tuba City Agency	4,165	70%	68%	69%	-2%
All Arizona Reservations	20,511	66%	68%	70%	+7%
Arizona	546,609	39%	37%	40%	+2%

Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request. US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

<sup>18</sup> <http://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#.UxitQ4VRKwt>

<sup>19</sup> Data for this table were provided by FTF through their State Agency Data Request at the zip code level. We applied the following formula to estimate a share of the numbers to the Navajo Nation Region: we used the percentage of each zip code area's population of children 0-5 which are Navajo Nation residents and then applied these percentages SNAP data to calculate estimates of SNAP recipients for the Navajo Nation Region.

**Figure 8. Monthly estimate of children ages 0-5 receiving SNAP in January 2012 in Arizona**



Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request. US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

### **Navajo Nation Department for Self-Reliance (Tribal TANF)**

The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) is the federal agency in charge of overseeing the TANF program. In recognition of tribal sovereignty, AFC gives federally recognized tribes the option to administer their own TANF program. Tribes must submit a three-year Tribal TANF plan to ACF for review and approval. Approved Tribal TANF programs then receive a portion of the state TANF block grant funding from the state where the tribes are located.<sup>20</sup> Because of the financial hardship faced by many tribal communities, some Tribal TANF program requirements are different from those in state programs. For instance, Tribal TANF programs are allowed to extend the program’s 60-month time limit on receipt of TANF cash assistance on reservations with high unemployment rates. Tribal TANF programs also have more flexibility to design their programs to meet TANF requirements compared to state programs. This includes setting their own work participation rates, establishing work hour requirements, being able to define allowable work activities, as well as determining the types of supports (i.e. child care, transportation, job training) they provide to their clients. Tribal TANF programs often take advantage of this flexibility by finding creative ways to define allowable work activities that reflect their economic realities as well as their tribal cultural values. This may include engagement in cultural activities such as caring for elders, managing livestock, or serving as traditional practitioners that can be included in self-sufficiency plans and count towards clients’ work requirements.<sup>21</sup>

Currently, the Navajo Nation is one of six tribes in Arizona that manage their own Tribal TANF programs. The Navajo Nation Tribal TANF program is known as Navajo Nation Department for

<sup>20</sup> <http://www.acf.hhs.gov/programs/ofa/programs/tribal/tribal-tanf>

<sup>21</sup> Hahn, H., Olivia Healy, Walter Hillbrant, and Chris Narducci (2013). *A Descriptive Study of Tribal Temporary Assistance for Needy Families (TANF) Programs*. OPRE Report # 2013-34, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Self Reliance (NNDSR) and is administered by the Navajo Nation Division of Social Services. Its creation and establishment originated from a strong belief in Navajo values and teachings of living life in harmony and balance, or Hózhó K'éh liná. According to a document from NNDSR, “the concept of T'áá hwó'ájit'éego is one of these values and teachings. This powerful concept captures living life with a purpose, making conscious decisions, exercising personal discipline and taking responsibility for one's life.”<sup>22</sup>

The NNDSR adopted these values and teachings as a foundation and model for individuals and families served by the program to follow on their path to self-sufficiency. Both Hózhó K'éh liná and T'áá hwó'ájit'éego are in each of the following four development stages of learning and personal development.

- Thinking: To promote personal responsibility by educating customers on welfare reform while reducing dependency on public assistance by creating educational and career opportunities.
- Planning: To create an atmosphere encouraging personal change by assisting NNDSR customers in identifying specific opportunities which foster a positive outcome.
- Doing: To implement a plan of action based on identified strengths and barriers while establishing and providing opportunities for customers to develop skills, enhance knowledge and gain experience will help them to become self-sufficient and self-reliant.
- Growing: To develop a plan of action that results in cultivation of long range goals and achievements, and this supports the concept of self-sufficiency for the NNDSR customers and their family members.

When entering the NNDSR program, each client is assigned a caseworker. Within 45 days, clients develop a personal responsibility plan (PRP) that lists their goals towards self-sufficiency. Caseworkers assist clients with finding educational and training opportunities that help them meet their goals and find self-sustaining employment. Every adult in participating families is required to spend an average of 24 hours a week on the acceptable activities discussed with the caseworker. These may include: Traditional practices such as history teachings, culturally relevant training, job trainings, education, volunteering, treatment programs, and working with children at home.<sup>23</sup>

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<sup>22</sup> Division of Social Services, Navajo Nation Program for Self Reliance, Tribal Family Assistance Plan, For Period: 1 October 2012-30 September, 2015, [http://www.nnpnr.navajo-nsn.gov/Portals/3/docs/TFAP\\_FY13-15.pdf](http://www.nnpnr.navajo-nsn.gov/Portals/3/docs/TFAP_FY13-15.pdf) Accessed 1-30-13

<sup>23</sup> Hahn, Heather, Olivia Healy, Walter Hillbrant, and Chris Narducci (2013). *A Descriptive Study of Tribal Temporary Assistance for Needy Families (TANF) Programs*. OPRE Report # 2013-34, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Table 13 below shows the number of children ages 0 to 17 participating in the NNDSR. From January 2011 to January 2013 there was a noticeable decrease in the number of children participating in the program. Figure 9 shows this trend in more detail. The decline stabilized in 2013.

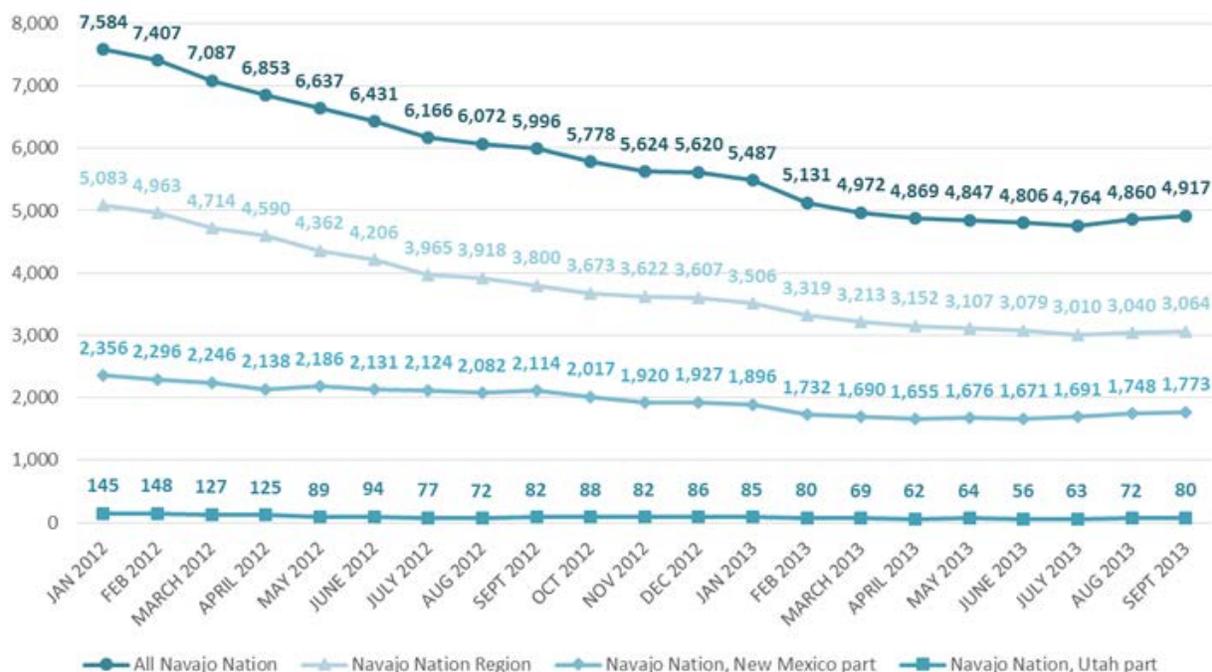
**Table 13: Monthly snapshots of children ages 0-17 receiving benefits from the Navajo Nation Department for Self Reliance**

GEOGRAPHY	CHILDREN AGES 0-17	JAN 2011		JAN 2012		JAN 2013		% CHANGE 2011-2013
		#	%	#	%	#	%	
Navajo Nation	57,844	10,692	18%	7,584	13%	5,487	9%	-49%
<b>Navajo Nation Region</b>	34,583	6,926	20%	5,083	15%	3,506	10%	-49%
New Mexico part	21,050	3,500	17%	2,356	11%	1,896	9%	-46%
Utah part	2,211	266	12%	145	7%	85	4%	-68%

US Department of Health & Human Services, Administration for Children & Families, Office of Family Assistance (2014). Tribal TANF Caseload Data [Fiscal Years 2011, 2012, 2013]. Retrieved from [http://www.acf.hhs.gov/programs/ofa/resource-library/search?area\[2394\]=2394#?area\[2394\]=2394&topic\[2388\]=2388&ajax=1](http://www.acf.hhs.gov/programs/ofa/resource-library/search?area[2394]=2394#?area[2394]=2394&topic[2388]=2388&ajax=1)

Note: The "Change from 2011 to 2013" column shows the amount of increase or decrease, using 2011 as the baseline. The percent change between two given years is calculated using the following formula: (Number in Year 2 – Number in Year 1)/Number in Year 1 x 100).

**Figure 9. Number of children ages 0-17 receiving benefits from the Navajo Nation Department for Self-Reliance**



US Department of Health & Human Services, Administration for Children & Families, Office of Family Assistance (2014). Tribal TANF Caseload Data [Fiscal Years 2011, 2012, 2013]. Retrieved from [http://www.acf.hhs.gov/programs/ofa/resource-library/search?area\[2394\]=2394#?area\[2394\]=2394&topic\[2388\]=2388&ajax=1](http://www.acf.hhs.gov/programs/ofa/resource-library/search?area[2394]=2394#?area[2394]=2394&topic[2388]=2388&ajax=1)

Effective July 1, 2010, the Lifetime Benefit Limit for TANF in the State of Arizona was reduced from 60 months to 36 months. Fiscal year 2012 budget cuts further limited the amount of time that families can receive TANF to a maximum of 24 months. However, as a Tribal TANF program, the Navajo Nation Department for Self-Reliance can establish its own time limits for the receipt of assistance, based on the needs of its own families. Individuals living on the reservation are eligible for NNDSR benefits up to 60 months, and beyond under special circumstances.

### ***Navajo Nation Women, Infants and Children (WIC) Program***

WIC is a federally-funded nutrition program which services economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. More than half of the pregnant and postpartum women, infants, and children under age five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served approximately 62 percent of the eligible population.<sup>24</sup> A primary goal of the WIC program is obesity prevention through the promotion of breastfeeding, nutritious diet, and physical activity. Changes to WIC in 2009 may in fact be impacting childhood obesity. In that year, WIC added vouchers for produce and also healthier items such as low-fat milk. Studies following the change have shown increases in purchases of whole-grain bread and brown rice,<sup>25</sup> and of reduced-fat milk,<sup>26</sup> and fewer purchases of white bread, whole milk, cheese and juice.<sup>27</sup>

In many Arizona tribal communities the WIC program was initially funded through the state of Arizona. Overtime, however, several tribes advocated for services that were directed by the tribes themselves and that met the needs of tribal members. The Navajo Nation is one of several tribes that manage their own WIC program, which is hosted within the Division of Health. In fiscal year 2012, a total of 2,472 women and 9,014 infants and children participated in the Navajo Nation WIC program. This represents an estimated 59 percent of the children birth to four in the Navajo Nation (including the Utah and New Mexico parts).

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<sup>24</sup> Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from [http://www.azdhs.gov/azwic/documents/local\\_agencies/reports/wic-needs-assessment-02-22-13.pdf](http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf)

<sup>25</sup> Andreyeva, T. & Luedicke, J. Federal Food Package Revisions Effects on Purchases of Whole-Grain Products. (2013). *American Journal of Preventive Medicine*, 45(4):422-429

<sup>26</sup> Andreyeva, T., Luedicke, J., Henderson, K. E., & Schwartz, M. B. (2013). The Positive Effects of the Revised Milk and Cheese Allowances in the Special Supplemental Nutrition Program for Women, Infants, and Children. *Journal of the academy of nutrition and dietetics*, Article in Press. [http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC\\_Milk\\_and\\_Cheese\\_Allowances\\_JAND\\_11.13.pdf](http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC_Milk_and_Cheese_Allowances_JAND_11.13.pdf)

<sup>27</sup> Andreyeva, T., Luedicke, J., Tripp, A. S., & Henderson, K. E. (2013). Effects of Reduced Juice Allowances in Food Packages for the Women, Infants, and Children Program. *Pediatrics*, 131(5), 919-927.

**Table 14. Average monthly participation of women, infants, and children in the Navajo Nation WIC program**

GEOGRAPHY	WIC PARTICIPANTS, FY 2011			WIC PARTICIPANTS, FY2012		
	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4	WOMEN	INFANTS AND CHILDREN 0-4	% INFANTS AND CHILDREN 0-4
Navajo Nation	2,579	9,366	62%	2,472	9,014	59%

*National WIC Association (2014). How WIC Impacts the People of Navajo Nation. Retrieved from <https://s3.amazonaws.com/aws.upl/nwica.org/navajonation2014.pdf>; National WIC Association (2013). How WIC Impacts the People of Navajo Nation. Retrieved from <http://www.paramountcommunication.com/nwica/NavajoNation.pdf>. Please note that the “Navajo Nation” row includes data for the entire Navajo Nation, and not only the Arizona part (i.e. Navajo Nation Region). Data at the regional level were not available to be included in this report.*

**Free and Reduced Lunch**

Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the Federal Poverty Level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch. The income criteria for the 2014-2015 school year are shown below.

**Table 15. Free and reduced lunch eligibility requirements for 2014-2015 school year**

FEDERAL INCOME CHART: 2014-2015 SCHOOL YEAR						
Household Size	FREE MEALS – 130%			REDUCED PRICE MEALS – 185%		
	Yearly Income	Monthly Income	Weekly Income	Yearly Income	Monthly Income	Weekly Income
1	\$15,171	\$1,265	\$292	\$21,590	\$1,800	\$416
2	\$20,449	\$1,705	\$394	\$29,101	\$2,426	\$560
3	\$25,727	\$2,144	\$495	\$36,612	\$3,051	\$705
4	\$31,005	\$2,584	\$597	\$44,123	\$3,677	\$849
5	\$36,283	\$3,024	\$698	\$51,634	\$4,303	\$993
6	\$41,561	\$3,464	\$800	\$59,145	\$4,929	\$1,138
7	\$46,839	\$3,904	\$901	\$66,656	\$5,555	\$1,282
8	\$52,117	\$4,344	\$1,003	\$74,167	\$6,181	\$1,427
Each Additional Person	\$5,278	\$440	\$102	\$7,511	\$626	\$145

<http://www.fns.usda.gov/sites/default/files/2014-04788.pdf>

As Table 16 shows, a large proportion of the children in the school districts serving children from the Navajo Nation Region (with the exception of Flagstaff and Tuba City Unified Districts) are eligible for free or reduced price meals at their school.

**Table 16: Free and reduced lunch eligibility by school district**

SCHOOL DISTRICT NAME	PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH
Cedar Unified District	98%
Chinle Unified District	79%
Flagstaff Unified District	44%
Ganado Unified School District	77%
Holbrook Unified District	74%
Kayenta Unified District	82%
Page Unified District	64%
Pinon Unified District	87%
Red Mesa Unified District	91%
Sanders Unified District	89%
Tuba City Unified District	54%
Window Rock Unified District	78%
Winslow Unified District	64%

Arizona Department of Education (2014). Percentage of children approved for free or reduced-price lunches, October 2013. Retrieved from <http://www.azed.gov/health-nutrition/frpercentages/>

Please note that the boundaries of some of the districts in this table extend beyond the Navajo Nation Region. Therefore the percentages presented do not necessarily refer exclusively to Navajo Nation Region children. For a map of the school districts on and around the region see Figure 10.

## Educational Indicators

The primary and secondary educational system in the Navajo Nation is comprised of grant schools,<sup>28</sup> Bureau of Indian Education schools and schools managed by the Arizona Department of Education. The Department of Diné Education (DoDE) is the Navajo Nation’s designated “Tribal Education Agency” that is primarily responsible for the elementary and secondary education of Navajo students. The Navajo Sovereignty in Education Act of 2005 established the DoDE as “the administrative agency within the Navajo Nation with responsibility and authority for implementing and enforcing the educational laws of the Navajo Nation.”<sup>29</sup>

<sup>28</sup> Schools that are tribally controlled under P.L. 93-638 Indian Self Determination Contracts or P.L. 100-297 Tribally Controlled Grant Schools Act. 57

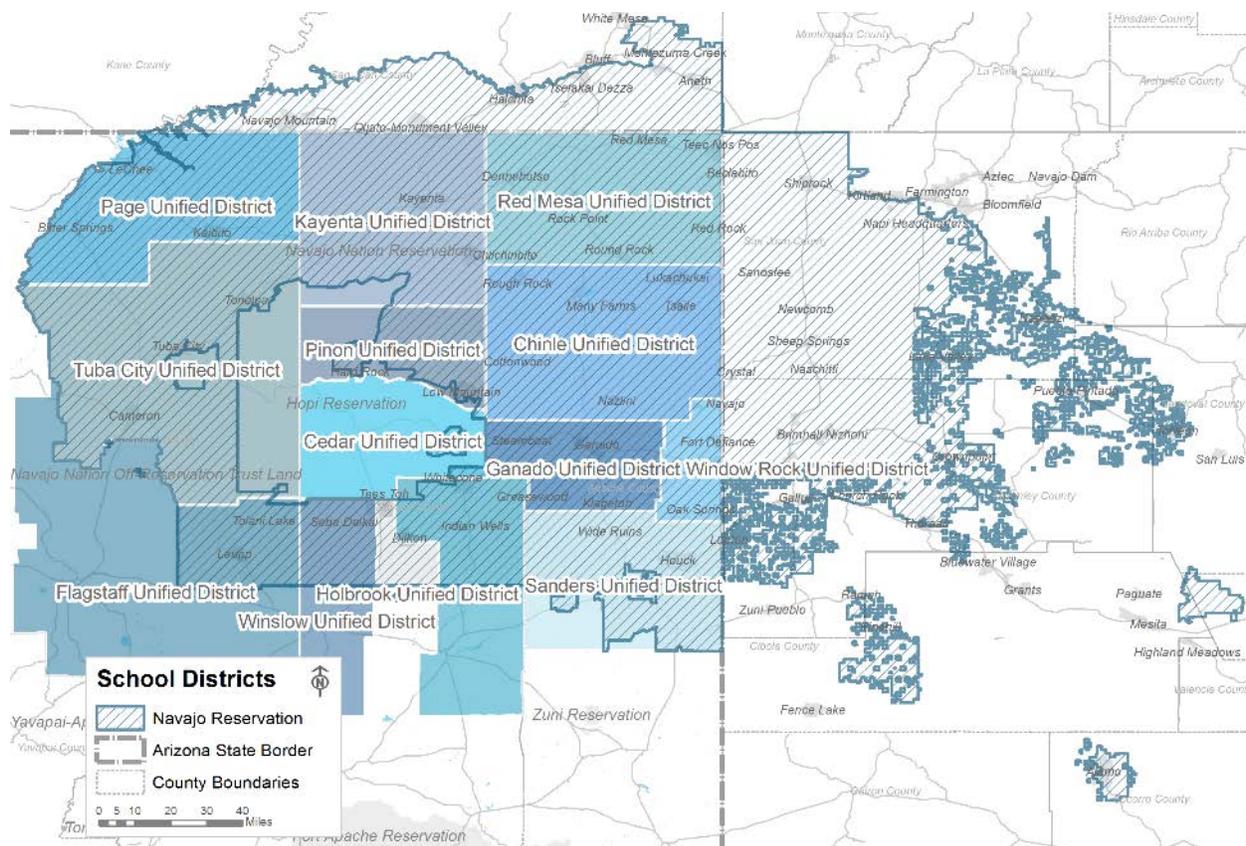
<sup>29</sup> Information provided by senior staff at the department (Greyeyes, 2012).

DoDE authorizes and renews grants and contracts for 29 Grant Schools, 17 of which are in the state of Arizona. The Navajo Nation Board of Education is responsible for the reauthorization of these grant schools based on the schools’ academic and financial stability.

DoDE works collaboratively with the Bureau of Indian Education (BIE) to address the needs of the 12 BIE Schools in the Arizona portion of the Navajo Nation. DoDE works with State Education Agencies (SEAs) primarily as an advocate for the Navajo students attending public schools. DoDE represents the sole entity involved with addressing the day-to-day needs of Navajo students especially in public schools on the Navajo Nation. There are 11 Arizona School Districts (49 Arizona Schools), 2 New Mexico School Districts (27 New Mexico Schools) and 1 Utah School District (5 Utah Schools) that operate within the boundaries of the Navajo Indian reservation.

The map below (Figure 10) shows the Arizona Department of Education school districts on and around the Navajo Nation Region boundaries.

**Figure 10. Arizona school districts serving the Navajo Nation**



2010 TIGER/Line Shapefiles prepared by the US Census, 2010

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children’s educational attainment.<sup>30</sup> More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.<sup>31</sup> A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent \$7,666 per pupil in 2011, below the national average of \$10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.<sup>32</sup>

New legislation at the federal and state levels have the objective of improving education in Arizona and nationwide. These initiatives are described in the following sections.

### **Common Core/Early Learning Standards**

The Common Core State Standards Initiative is a nationwide initiative which aims to establish consistent education standards across the United States in order to better prepare students for college and the workforce. The initiative is sponsored by the Council of Chief State School Officers (CCSSO) and the National Governors Association (NGA). Common Core has two domains of focus: English Language Arts/Literacy (which includes reading, writing, speaking and listening, language, media and technology), and Mathematics (which includes mathematical practice and mathematical content). The initiative provides grade-by-grade standards for grades K-8, and high school student standards (grades 9-12) are aggregated into grade bands of 9-10 and 11-12.

To date, 44 states and the District of Columbia have adopted the Common Core State Standards. Arizona adopted the standards in June of 2010 with the creation of Arizona’s College and Career Ready Standards (AZCCRS). A new summative assessment system which reflects AZCCRS will be implemented in the 2014-2015 school year. More information about the Common Core State Standards Initiative can be found at [www.corestandards.org](http://www.corestandards.org), and additional information about AZCCRS can be found at <http://www.azed.gov/azccrs>.

### **Move on When Ready**

The Arizona Move on When Ready Initiative is a state law (A.R.S. Title 15, Chapter 7, Article 6) and is part of the National Center on Education and the Economy's *Excellence For All* pilot

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<sup>30</sup> Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O’Hare, W., Mather, M., & Dupuis, G.

<sup>31</sup> Education Week. (2014). *Quality Counts 2013 Highlights*. Retrieved from [http://www.edweek.org/media/QualityCounts2013\\_Release.pdf](http://www.edweek.org/media/QualityCounts2013_Release.pdf)

<sup>32</sup> Dixon, M. (2013). *Public Education Finances: 2011, Government Division Reports*. Retrieved from <http://www2.census.gov/govs/school/11f33pub.pdf>.

effort. Move on When Ready is a voluntary performance-based high school education model that aims to prepare all high school students for college and the workforce.

Key components of the Move on When Ready model include offering students individualized education pathways; moving away from a “one-size-fits-all” educational approach; and a new performance-based diploma called the Grand Canyon Diploma that can be awarded voluntarily to students. Grand Canyon Diplomas have been available since the 2012-2013 academic year. They can be awarded to high school students who have met the subject area requirements specified by the statute and who also meet college and career qualification scores on a series of exams. After a student earns a Grand Canyon Diploma, he or she can opt to remain in high school, enroll in a full-time career and technical education program, or graduate from high school with the Grand Canyon Diploma and attend a community college.

Schools may participate in Move on When Ready on a voluntary basis. As of April 2014, the Center for the Future of Arizona reported that 38 schools were participating in Move on When Ready. None of the schools in the region are currently participating in this program.<sup>33</sup>

### **Educational Attainment**

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment.<sup>34</sup> Some studies have indicated that the level of education a parent has attained when a child is in elementary school can predict educational and career success for that child forty years later.<sup>35</sup>

Adults in Navajo Nation Region show lower levels of education than the state of Arizona overall. Thirty percent of adults in the region lack a high school diploma or GED (double the statewide rate of 15 percent, see Table 17). However, the majority of children in the region (80%) are born to women who have a high school diploma or GED or higher levels of educational attainment (see Figure 11 below).

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<sup>33</sup> <http://www.arizonafuture.org/mowr/participating-schools.html>

<sup>34</sup> Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

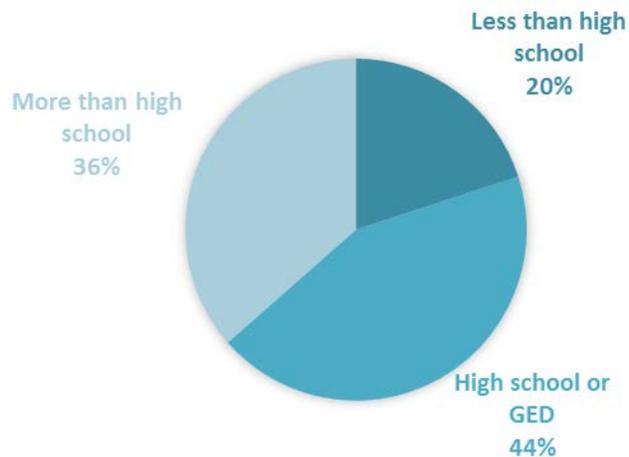
<sup>35</sup> Merrill, P. Q. (2010). Long-term effects of parents’ education on children’s educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*, Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/>

**Table 17: Educational achievement of adults**

GEOGRAPHY	Adults (ages 25+) without a high school diploma or GED	Adults (ages 25+) with a high school diploma or GED	Adults (ages 25+) with any education beyond high school
Navajo Nation (entire)	31%	33%	36%
Chinle Agency	32%	31%	37%
Crownpoint Agency	41%	31%	28%
Ft Defiance Agency	29%	33%	38%
Shiprock Agency	27%	36%	37%
Tuba City Agency	28%	35%	37%
Navajo Nation (entire)	31%	33%	36%
<b>Navajo Nation Region</b>	30%	32%	37%
New Mexico part	33%	33%	34%
Utah part	28%	45%	27%
All Arizona Reservations	30%	33%	37%
Arizona	15%	24%	61%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B15002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

**Figure 11. Births by mother's educational achievement, Navajo Nation Region (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

## Graduation and Drop-out Rates

Living in poverty decreases the likelihood of completing high school: a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.<sup>36</sup> This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

The table below shows the graduation and drop-out rates in the Arizona Department of Education school districts on and around the Navajo Nation Region. Kayenta and Winslow Unified Districts have the highest graduation rates (81%), while Cedar Unified District has the highest drop-out rate in the region (16%, see Table 18). Please note that the estimates shown below are for the district as a whole; they include schools both in and not in the Navajo Nation Region, and students who do not live in the Navajo Nation Region, as well as those who do.

**Table 18. Graduation rates and drop-out rates for ADE schools on and around the Navajo Nation Region**

GEOGRAPHY	PERCENT GRADUATED (2012)	DROPOUT RATES (2012-2013)
Cedar Unified District	31%	16%
Chinle Unified District	74%	5%
Flagstaff Unified District	77%	4%
Ganado Unified School District	68%	7%
Kayenta Unified District	81%	6%
Pinon Unified District	65%	10%
Red Mesa Unified District	56%	5%
Sanders Unified District	69%	8%
Tuba City Unified District	62%	10%
Window Rock Unified District	71%	5%
Winslow Unified District	81%	5%

Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates/>; Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from <http://www.azed.gov/research-evaluation/dropout-rate-study-report/>

<sup>36</sup> Hernandez, D. (2011). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation*. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

*Please note that the boundaries of some of the districts in this table extend beyond the Navajo Nation Region. Therefore the percentages presented do not necessarily refer exclusively to Navajo Nation Region children. For a map of the school districts on and around the region see Figure 10.*

The Arizona Department of Education calculates four-year graduation rates according to federal education guidelines. The four-year graduation rate consists of the number of students who graduate with a regular high school diploma within four years divided by the number of students in the cohort of the graduating class. A cohort consists of the number of students who enter 9<sup>th</sup> grade for the first time, adjusted each year by adding any students who transfer into the cohort and subtracting any students who transfer out of the cohort, emigrate out of the US, or die.<sup>37</sup> The drop-out rate is calculated by dividing the number of drop-outs by the number of students currently enrolled in school. Students who are enrolled at any time in the school year but are not enrolled at the end of the school year are counted as drop-outs if they did not transfer to another school, graduate, or die.<sup>38</sup>

### **Early Education and School Readiness**

The positive impacts of quality early education have been well-documented. Previous research indicates that children who attend high-quality preschools have fewer behavior problems in school later on, are less likely to repeat a grade, are more likely to graduate high school, and have higher test scores.<sup>39</sup> Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. In 2012 in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked third-to-last nationally in the number of preschool aged children enrolled in preschool.<sup>40</sup> In the Navajo Nation Region, 41 percent of the three and four year old children are estimated to be enrolled in early education settings. This proportion is higher than that of the state (34%) and similar to the proportion of all Arizona reservations combined (41%) (see Table 19).

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<sup>37</sup> United States Department of Education (2008). High School Graduation Rate: Non-regulatory guidance. Retrieved from [http://www.azed.gov/research-evaluation/files/2012/08/grad\\_rate\\_guidance.pdf](http://www.azed.gov/research-evaluation/files/2012/08/grad_rate_guidance.pdf)

<sup>38</sup> Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from <http://www.azed.gov/research-evaluation/dropout-rate-study-report/>

<sup>39</sup> Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

<sup>40</sup> Children's Action Alliance. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf>

**Table 19: Children (3-4) enrolled in nursery school, preschool, or kindergarten**

GEOGRAPHY	PRESCHOOL-AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
Navajo Nation (entire)	6,204	44%
Chinle Agency	1,080	42%
Crownpoint Agency	1,134	50%
Ft Defiance Agency	1,531	42%
Shiprock Agency	1,103	44%
Tuba City Agency	1,356	42%
Navajo Nation (entire)	6,204	44%
<b>Navajo Nation Region</b>	3,661	41%
New Mexico part	2,317	49%
Utah part	226	31%
All Arizona Reservations	6,881	41%
Arizona	185,196	34%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B14003. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Arizona reduced funding for kindergarten from full-day to half-day in 2010, and eliminated funds for pre-K programs in 2011. First Things First funds a limited number of preschool scholarships across the state, including \$13.7 million for Pre-K Scholarships and \$39 million for Quality First Scholarships in FY 2013.<sup>41</sup>

First Things First has developed Arizona School Readiness Indicators, which aim to measure and guide progress in building an early education system that prepares Arizona’s youngest citizens to succeed in kindergarten and beyond. The Arizona School Readiness Indicators are: children’s health (well-child visits, healthy weight, and dental health); family support and literacy (confident families); and child development and early learning (school readiness, quality early education, quality early education for children with special needs, affordability of quality early education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).<sup>42</sup>

The School Readiness Indicators selected to be benchmarked in the Navajo Nation Region are:

<sup>41</sup> The Build Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

<sup>42</sup> First Things First. *Arizona School Readiness Indicators*. Retrieved from: [http://www.azftf.gov/Documents/Arizona\\_School\\_Readiness\\_Indicators.pdf](http://www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf)

- Number and percent of children demonstrating school readiness at kindergarten entry in the development domains of social- emotional, language and literacy, cognitive, and motor and physical
- Number and percent of children enrolled in an early care and education program with a Quality First rating of 3 - 5 stars
- Number and percent of children ages 2 - 5 at a healthy weight (Body Mass Index - BMI)
- Number and percent of children receiving timely well child visits
- Percent of families who report they are competent and confident about their ability to support their child's safety, health and well being

### **Standardized Test Scores**

Until school year 2013-2104, the primary in-school performance of current students in the public elementary schools in the state was measured by the Arizona's Instrument to Measure Standards (AIMS). AIMS was required by both state and federal law, and was used to track how well students are performing compared to state standards. Performance on AIMS directly impacts students' future progress in school. As of the 2013-2014 school year, Arizona's revised statute (also known as Move on When Reading) states that a student shall not be promoted from the third grade "if the pupil obtains a score on the reading portion of the Arizona's Instrument to Measure Standards (AIMS) test... that demonstrates that the pupil's reading falls far below the third-grade level." Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities. In November 2014 the Arizona State Board of Education adopted a new statewide achievement test called AzMERIT. This new statewide achievement assessment for English language arts and mathematics will be implemented starting in school year 2014-2015.<sup>43</sup>

Tables 20 and 21 below show the 2013 AIMS results for the schools districts on and around the Navajo Nation Region. There is a wide variability in the math and reading passing rates, with Holbrook, Tuba City and Winslow Unified School Districts having the highest passing rates and Cedar, Red Mesa and Sanders Unified School Districts having the lowest passing rates.

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<sup>43</sup> <http://www.azed.gov/assessment/azmerit/>

**Table 20: Math 3rd grade AIMS results**

Local Education Agency (LEA) Name	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
Cedar Unified District	39%	48%	13%	0%	13%
Chinle Unified District	23%	44%	31%	3%	33%
Ganado Unified School District	16%	28%	48%	8%	57%
Holbrook Unified District	5%	29%	53%	14%	67%
Kayenta Unified District	10%	47%	33%	10%	43%
Page Unified District	18%	36%	38%	8%	46%
Pinon Unified District	9%	44%	41%	6%	47%
Red Mesa Unified District	31%	41%	27%	2%	28%
Sanders Unified District	36%	30%	24%	9%	33%
Tuba City Unified District	7%	29%	44%	20%	64%
Window Rock Unified District	24%	41%	32%	3%	35%
Winslow Unified District	5%	28%	46%	21%	67%
Arizona (All charter and district schools)	9%	23%	43%	26%	68%

Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Please note that the boundaries of some of the districts in this table extend beyond the Navajo Nation Region. Therefore the percentages presented do not necessarily refer exclusively to Navajo Nation Region children. For a map of the school districts on and around the region see Figure 10.

**Table 21: Reading 3rd grade AIMS results**

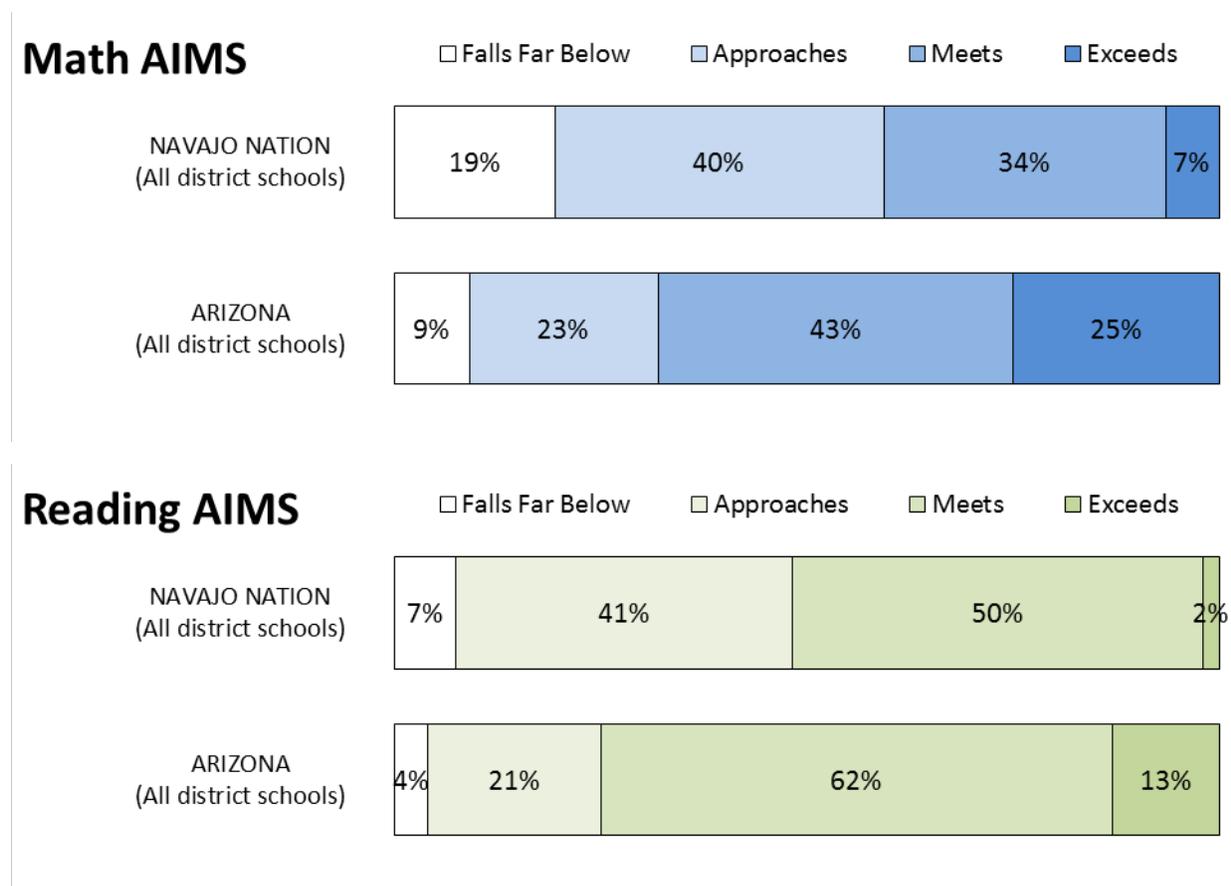
Local Education Agency (LEA) Name	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
Cedar Unified District	4%	83%	13%	0%	13%
Chinle Unified District	11%	46%	41%	2%	43%
Ganado Unified School District	5%	28%	65%	2%	67%
Holbrook Unified District	5%	19%	68%	8%	77%
Kayenta Unified District	2%	38%	58%	2%	60%
Page Unified District	12%	39%	46%	3%	49%
Pinon Unified District	4%	38%	57%	0%	57%
Red Mesa Unified District	6%	41%	53%	0%	53%
Sanders Unified District	15%	45%	37%	3%	40%
Tuba City Unified District	3%	39%	51%	7%	58%
Window Rock Unified District	8%	40%	51%	1%	52%
Winslow Unified District	3%	20%	66%	11%	78%
Arizona (All charter and district schools)	4%	21%	62%	13%	75%

Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Please note that the boundaries of some of the districts in this table extend beyond the Navajo Nation Region. Therefore the percentages presented do not necessarily refer exclusively to Navajo Nation Region children. For a map of the school districts on and around the region see Figure 10.

Figure 12 below shows an aggregate of the AIMS results of the ADE district schools on the Navajo Nation listed in the tables above. About twice the proportion of third-graders on the Navajo Nation fall far below the standards compared to all Arizona third-graders. This has implications for the likelihood that the district schools may be faced with the challenge of retaining a number of third graders in the coming years.

**Figure 12. Results of the Arizona Instrument to Measure Standards (AIMS) Test, Navajo Nation Region school districts, 2013**



Arizona Department of Education (2013). AIMS and AIMSA 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Detailed data about academic achievement on the performance of students in grant and Bureau of Indian Education (BIE) schools in the region were also available from the BIE’s School Report Cards. The table below lists all the schools under the different BIE regions in the Navajo Nation (Central, North and South). Figure 13 below shows aggregate achievement testing data for the schools under each BIE region.

**Table 22. Grant and BIE schools on and around the Navajo Nation Region**

REGION	SCHOOL NAME	GRADES SERVED	INCLUDED IN BIE FIGURES
Navajo Central	Black Mesa Community School	K-8	Y
	Chinle Boarding School	K-8	N
	Cottonwood Day School	K-5	Y
	Jeehdeez'a Academy Inc. (Low Mountain)	K-5	Y
	Lukachukai Community School	K-8	Y
	Many Farms High School	9-12	N
	Nazlini Community School	K-6	Y
	Pinon Community School	K-12	N
	Rock Point Community School	K-12	Y
	Rough Rock Community School	K-12	Y
Navajo North	Chilchinbeto Community School	K-8	Y
	Dennehotso Boarding School	K-8	Y
	Greyhills Academy High School	9-12	N
	Kaibeto Boarding School	K-8	Y
	Kayenta Community School	K-8	Y
	Kinlani Bordertown Dormitory	9-12	N
	Leupp School, Inc	K-12	Y
	Little Singer Community	K-6	Y
	Naa Tsis'Aan Community School (Navajo Mountain)	K-8	N
	Rocky Ridge Boarding	K-8	Y
	Shonto Preparatory School	K-8	Y
	Tonalea Day School	K-8	Y
	Tuba City Boarding School	K-8	Y
Navajo South	Crystal Boarding School	K-6	Y
	Dilcon Boarding School Inc.	K-8	Y
	Greasewood Springs Community School Inc.	K-8	Y
	Hunters Point Boarding School	K-5	Y
	Kin Dah Lichi'i Olta' (Kinlichee)	K-6	Y
	Pine Springs Day School	K-4	Y
	Seba Dalkai Boarding School	K-9	Y
	Tiisyakin Residentail Hall (Holbrook)	9-12	N
	Wide Ruins Community School	K-6	N
Winslow Residential Hall	7-12	N	

Bureau of Indian Education (2011). Bureau of Indian Education National Directory. Retrieved from <http://www.bie.edu/cs/groups/xbie/documents/text/idc014129.pdf>

**Figure 13. Achievement testing data, Navajo Nation Region grant and BIE schools, 2012-2013**



U.S. Bureau of Indian Education Division of Performance and Accountability. (2013). School Report Card 2012-2013. Retrieved from <http://www.bie.edu/HowAreWeDoing/Scorecards/index.htm>

## The Early Childhood System: Detailed Descriptions of Assets and Needs

### Quality and Access

#### Early Care and Education

Children who take part in high-quality early education programs have better success in school, are less likely to enter the criminal justice system,<sup>44</sup> and have better long-term outcomes into adulthood as seen through higher high school graduation rates, increased employment opportunities and earnings, and lower rates of depression and drug use.<sup>45</sup> Studies of the cost-effectiveness of investing in early education (pre-kindergarten) programs show a substantial return on investment in the long term through increases in economic productivity and decreases in expenses to the criminal justice system.<sup>46</sup>

Child care and early education options to families in the Navajo Nation Region include: informal care through family and friends, licensed and unlicensed child care through private non-profit or for profit organizations, public preschool primarily for children with disabilities, the Bureau of Indian Education (BIE) FACE program, child care through Child Care Development Fund, and Head Start.

#### ***Center and Home-based Care***

In the Navajo Nation Region, the Child Care Development Fund system is one of the largest providers of care for children ages 0-5. The Navajo Nation Division of Social Services Child Care and Development Fund (CCDF) Program aims to “increase the availability and quality of child care services for income eligible parents who are working, attending job training or an educational program and/or for children who have special needs or are under protective custody.” Over the course of the past two years, the Navajo Nation Division of Social Services has worked closely with the Arizona Department of Economic Security to enhance child care and achieve its mission.

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<sup>44</sup> Lynch, R. (2007). *Enriching Children, Enriching the Nation* (Executive Summary). Washington, DC: Economic Policy Institute. Retrieved from [http://www.epi.org/content.cfm/book\\_enriching](http://www.epi.org/content.cfm/book_enriching)

<sup>45</sup> The Annie E Casey Foundation. *The first eight years; giving kids a foundation for lifetime success*. (2013). Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

<sup>46</sup> Castelazo, M. (2014). *Supporting Arizona Women’s Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs*. Report Produced for the Women’s Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from [http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women\\_FINAL.pdf](http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf)

In FY 2014 the Navajo Nation total CCDF funding was \$8,636,524.<sup>47</sup> The program served a total of 1,099 children ages 0 to 13 at either home-based or center-based settings. Of those, 720 (66%) were children under the age of six.<sup>48</sup>

In 2014, there were 20 child care centers under the CCDF Program across the entire Navajo Nation, up from nine in 2011.<sup>49</sup> Thirteen of those centers were located in the Arizona portion of the Nation: four in the Fort Defiance Agency (Little Miss Muffet, Fort Defiance Child Care Center, Karigan Child Care Center and Leupp) and nine in the Chinle Region (Nooselti, Tsaile, Many Farms, Cottonwood, Pinon, Rough Rock, Rock Point, Kiidoobaah I and II). Typical working hours of these centers are 7:30 am to 5:30 pm, although the schedule may vary by location, with some centers opening earlier.

Also in 2014, there were 127 home-based child care providers in the entire Navajo Nation. Of those, 64 are located in Arizona and 63 in New Mexico. In addition, children also received care at 10 non-CCDF child care centers in Arizona and five non-CCDF centers in New Mexico. These providers cared for a total of 413 children in the Arizona portion of the Navajo Nation: 105 in Fort Defiance, 33 in Chinle, 138 in Tuba City and 137 in Greasewood.<sup>50</sup> As of February of 2015, there were 150 children on the waiting list for CCDF slots.

The CCDF Program has set up goals and objectives around early literacy, nutrition and physical activities in their child care centers. The program also emphasizes professional development for their staff.

### ***Navajo Nation Early Head Start and Head Start Program***

Head Start is an early education program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. Eligibility requirements for the Head Start program include: the child must be three or four years old by September 1st, parents must meet income eligibility guidelines, and priority is given to four year old children with special needs.

Early Head Start is a similar program targeted at families with children aged 0 to 3. Children and families who receive TANF, SSI, are homeless or in foster care are eligible for services. The goal of the program is to aid young mothers in being better teachers and caregivers for their

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<sup>47</sup> <http://www.acf.hhs.gov/programs/occ/resource/fy-2014-ccdf-final-tribal-allocations>

<sup>48</sup> Navajo Nation Child Care Development Fund. [2014]. *Annual Report*. Unpublished data provided by the Navajo Nation Child Care Development Fund Program.

<sup>49</sup> First Things First Navajo Nation Regional Partnership Council. (2012). *2012 Needs and Assets Report*.

<sup>50</sup> Unpublished data provided by the Navajo Nation Child Care Development Fund.

children, and to enhance the development of participating children. Until school year 2013-2014, the Early Head Start Program provided both home-based and center-based care. In that year, there were 42 children enrolled in the program, 18 in the center-based option, and 16 in home-based services.<sup>51</sup> Starting in school year 2014-2015, only center-based services are being provided.

The Navajo Head Start is the largest tribal Head Start program in the United States. It is the only educational program completely run by the Navajo Nation and is one of the largest employers across the Nation.

A major focus of the Navajo Head Start is Navajo Language Recovery. The program assists predominantly English speaking Navajo children in learning Navajo language, culture, history and traditions through a professionally developed home-based curriculum that is aligned with the Diné Content Standards, established by the Department of Diné Education.

**Table 23. Head Start and Early Head Start centers and home-based programs, 2013-2014**

GEOGRAPHY	HEAD START CENTERS	EARLY HEAD START CENTERS	HOME BASE PROGRAMS	TOTAL CENTERS
Navajo Nation (entire)	89	3	13	105
Chinle Agency	21	1	6	28
Ft Defiance Agency	22	1	1	24
Shiprock/Crownpoint Agency	32	1	2	35
Tuba City Agency	14	0	4	18
Navajo Nation (entire)	89	3	13	105
<b>Navajo Nation Region</b>	52	3	11	66
New Mexico part	33	0	2	35
Utah part	4	0	0	4

Navajo Head Start. [Center location list]. Retrieved from <http://www.navajohs.org/Facilities.aspx>

In 2013-2014, the Navajo Head Start Program funded enrollment was 2,063 children. This included 1,739 children in the center-based setting (four days per week) and 324 children in the home-based option.<sup>52</sup>

Although in the past the Navajo Head Start Program struggled to keep the program open, concerned administrators and Navajo Nation leaders have been working with the Office of Head Start and national consultants to assess the needs of the communities served, analyze the

<sup>51</sup> Navajo Nation Early Head Start. (2014). 2013-2014 Program Information Report. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>

<sup>52</sup> Navajo Head Start. (2014). 2013-2014 Program Information Report. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>.

existing capacity of facilities, infrastructure, and staff to address programmatic and administrative issues.

***FACE Program***

Family and Child Education (FACE) is an early childhood and parental involvement program for American Indian families in schools sponsored by the Office of Indian Education Programs, Bureau of Indian Affairs. The goals of the FACE program include increasing family literacy; strengthening family-school-community connections; promoting the early identification and provision of services to children with special needs; and promoting the preservation of the unique cultural and linguistic diversity of the communities served by the program. FACE services and activities are currently taking place in 46 Bureau of Indian Education schools, 12 of which are located in the state of Arizona.

FACE has both a center-based and a home-based component. The home-based component includes personal visits and screenings by parent educators and is aimed at families with children from birth to age three, although families can join the program from pregnancy on. In the Navajo Nation, the home-based component is known as Baby FACE.

The FACE center-based preschool component includes an early childhood education program for children aged three to five, adult education for the children’s parents, and Parent and Child Time (PACT).

Table 24 below shows the enrollment at FACE programs on the Navajo Nation Region (i.e. the Arizona portion of the Navajo Nation). In 2013, there were eight FACE programs serving families in the region located in Chinle (2), Kayenta (2), Ganado (2) and Winslow (2). These programs provided services to a total of 461 unique adults and 460 unique children through both their center-based and home-based components. A small number of children and adults enrolled in both center-based and home-based programs.

**Table 24. Enrollment in FACE programs on the Navajo Nation Region, 2013**

CENTER	FACE PROGRAMS ON THE NAVAJO NATION REGION						
	CENTER BASED		HOME BASED		UNDUPLICATED		TOTAL
	ADULT	CHILD	ADULT	CHILD	ADULT	CHILD	
Greasewood Springs Community School	19	22	18	18	35	40	75
Kayenta Community School	19	15	40	42	58	57	115
Kin Dah Lichi'I Olta	10	<10	22	25	29	33	62
Leupp School	<10	10	37	45	42	52	94
Little Singer Community School	15	17	46	35	61	50	111
Many Farms High School	19	16	61	68	75	82	157
Rough Rock Community School	25	17	92	70	104	83	187
T'iis Nazbas Community School	10	13	52	57	57	63	120
<b>TOTAL</b>	<b>121</b>	<b>118</b>	<b>368</b>	<b>360</b>	<b>461</b>	<b>460</b>	<b>921</b>

U.S. Department of the Interior, Bureau of Indian Affairs, Bureau of Indian Education. (May 2014). BIE Family and Child Education Program, 2013 Report. Retrieved from <http://faceresources.org/index.php?page=evaluation-reports>

### **Local Education Agency Preschools**

Under the No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally disadvantaged children, in meeting the state’s academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase parent involvement, additional instructional services, and school wide reform efforts.<sup>53</sup> The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.<sup>54</sup>

Table 25 below shows the number of Local Education Agency Preschool programs and enrollment in schools on and around the Navajo Nation Region. Please note that the table shows the total number of preschool programs in a given district, some of which may operate more than one classroom.

<sup>53</sup> Arizona Department of Education, 2011. Retrieved from: <http://www.ade.az.gov/asd/title1/MissionProgDescription.asp>

<sup>54</sup> Using Title I of ESEA for Early Education Retrieved from: <http://www.clasp.org/admin/site/publications/files/titleifaq-1.pdf>

**Table 25. Local Education Agency Preschools**

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF PRESCHOOL PROGRAMS	PRESCHOOL STUDENTS ENROLLED
Cedar Unified District	1	<10
Chinle Unified District	1	16
Ganado Unified District	1	<10
Holbrook Unified District	2	78
Kayenta Unified District	1	73
Page Unified District	1	109
Pinon Unified District	1	29
Sanders Unified District	1	39
Tuba City Unified District	1	33
Window Rock Unified District	1	47
Winslow Unified District	1	25

Arizona Department of Education (2014). October 1 Enrollment 2013-2014. Retrieved from <http://www.azed.gov/research-evaluation/arizona-enrollment-figures/>

Please note that the boundaries of some of the districts in this table extend beyond the Navajo Nation Region. Therefore the numbers presented do not necessarily refer exclusively to Navajo Nation Region children. For a map of the school districts on and around the region see Figure 10.

The First Things First Navajo Nation Regional Partnership Council has funded the expansion of preschool programs in Pinon and Kayenta. Four new classrooms are currently operating in Kayenta and one in Pinon. In addition, the Regional Partnership Council is also supporting the expansion of the preschool program at Red Mesa Unified District. The classroom is expected to start operating in school year 2015-2016.

In addition to the early childhood care and education options described above, faith-based organizations in the region also provide child care services. Data on the number of children served by faith-based organizations were not available.

### **Cost of child care**

In Arizona in 2012, the average annual cost of center-based full-time child care for an infant was \$8,671, and for a four year old, \$7,398.<sup>55</sup> The average cost of a year’s tuition and fees at an Arizona public college was only 10 percent more. The costs of child care increase with more than one child in a household, with the average annual cost for one infant and one four year old at \$16,069. Family based providers cost slightly less, with the annual cost for an infant at \$6,641 and for a four year old at \$6,285. Arizona was ranked 16<sup>th</sup> in the nation for least-affordable

<sup>55</sup> Child Care Aware® of America. Parents and the High Cost of Child Care. 2013 Report. <http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf>

child care for an infant in a center, and 14<sup>th</sup> for least affordable for a four year old in a center. At the state level, to pay for center-based child care for a four year old, a family of three at the federal poverty level would spend nearly 40% of their annual income, while a family of three at 200 percent of the federal poverty level would spend almost 20 percent of their annual income.

The table below shows the average estimated cost of child care in the two child care centers in the region by percent of median family income.<sup>56</sup> As can be seen, the average cost for full-time center-based care in the region may exceed the Department of Health and Human Services recommendation that parents spend no more than 10 percent of their family income on child care. In addition, the percent of income spent on child care by the average single parent would be substantially higher because their median income tends to be lower (see Table 9 above).

**Table 26. Cost of full time child care in a child care center by percent of median family income**

GEOGRAPHY	MEDIAN FAMILY INCOME	PERCENT OF MEDIAN INCOME NEEDED TO PAY COST OF CHILD CARE (CHILDREN UNDER 1)	PERCENT OF MEDIAN INCOME NEEDED TO PAY COST OF CHILD CARE (CHILDREN 1-2 YEARS OLD)	PERCENT OF MEDIAN INCOME NEEDED TO PAY COST OF CHILD CARE (CHILDREN 3-5 YEARS OLD)
Navajo Nation (entire)	\$32,104.00	16%	15%	14%
Navajo Nation Region	\$32,272.00	15%	15%	14%
New Mexico part	\$31,925.00	16%	15%	14%
Utah part	\$31,064.00	16%	16%	14%
Arizona	\$59,563.00	17%	15%	13%

*US Census (2013). American Community Survey 5-year estimates, 2008-2012. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.*

### **Quality First**

Quality First, a signature program of First Things First, is a statewide continuous quality improvement and rating system for child care and preschool providers, with a goal to help parents identify quality care settings for their children.

Quality First provides financial and technical support for child care providers to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, child care scholarships, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on

<sup>56</sup> These estimates were calculated using community-level median income data for the entire region as well as data available from the Child Care Referral and Resource database for each center using the minimum cost per day, which is \$18/day for Alchesay Beginnings and \$14/day for Chaghache Day Care Center. The annual cost comes from multiplying the daily costs by 240 (assuming that children are in child care on weekdays year-long with about 2 weeks of vacation).

these, a center is given a star rating that ranges from 1-star – where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements – to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.<sup>57</sup> Quality First providers with higher star ratings receive higher financial incentives and less coaching while those with lower ratings receive more coaching and lower financial incentives.<sup>58</sup>

Table 27 describes the rating scale as defined by First Things First.

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<sup>57</sup> First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from [http://www.azftf.gov/WhoWeAre/Board/Documents/Policy\\_Brief\\_Q2.pdf](http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf) (April 2012)

<sup>58</sup> The BUILD Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

**Table 27. Quality First Rating Scale**

<b>1 Star (Rising Star)</b>	<b>2 Star (Progressing Star)</b>	<b>3 Star (Quality)</b>	<b>4 Star (Quality Plus)</b>	<b>5 Star (Highest Quality)</b>
Demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements.	Demonstrates a commitment to provide environments that are progressing in the ability to foster the health, safety and development of young children.	Demonstrates a level of quality that provides an environment that is healthy and safe with access to developmentally appropriate materials. Curriculum is aligned with the early learning standards. Interactions between adults and children are enhanced. Staff qualifications exceed state regulatory requirements.	Demonstrates a level of quality that provides an environment of developmentally appropriate, culturally sensitive learning experiences. Curriculum is aligned with the early learning standards. Relationships between adults and children are nurturing and promote language development and reasoning skills.	Demonstrates a level of quality that provides an environment of lower ratios/group size and higher staff qualifications that supports significant positive outcomes for young children in preparation for school. Curriculum is aligned with the early learning standards and child assessment. Relationships between adults and children are nurturing and promote emotional, social, and academic development.

As of March 2015, there were a total of eight Quality First sites in the Navajo Nation Region: Tsehootsoi Integrated Preschool Program in Fort Defiance, Little Folks Daycare and Preschool in Navajo, Chinle Elementary School preschool in Chinle, Indian Wells Preschool in Indian Wells, and Pinon Preschool, in Pinon; COPE, in Kayenta and Kayenta ABC School (both part of the Kayenta Unified School District); Tuba City High School Child Development Center (at Tuba City High School).

## Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and

Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers holding a college degree rose from 47 to 50 percent over the same time period. During that same period however, the wages of assistant teachers, teachers and administrative directors working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona only make about half the annual income of kindergarten and elementary school teachers across the state.<sup>59</sup> It is likely that these issues impact retention and turnover of early care and education professionals across the state.

**Table 28. Child Care Development Fund Program staff credentials, Spring 2015**

	Number	Professionals with Child Development Associate Credential (CDA)	Professionals with Associate Degree	Professionals with a Bachelor degree	Professionals with a MA degree
Program manager	1				1
Early Childhood Teachers	35	12	15	8	

*Navajo Nation Child Care Development Fund Program. (2014). Unpublished staff credential data provided by the Navajo Nation Child Care Development Fund Program.*

### Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in the pursuit of their Child Development Associates CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA credential or AA degree. A bachelor’s degree model of the TEACH program is also currently being piloted in one FTF Region. According to the Navajo Nation Region SFY15 Regional Funding Plan, in FY2014 there were 17 TEACH Scholarships available to early childhood professionals in the region. In addition, since FY 2012 the Navajo Nation Regional Partnership Council has funded non-TEACH scholarships for early childhood professionals to obtain their AA degree in early childhood education and CDA certifications.<sup>60</sup>

<sup>59</sup> Arizona Early childhood Development and Health Board (First Things First). (2013). Arizona’s Unknown Education Issue: Early Learning Workforce Trends. Retrieved from <http://www.azftf.gov/WhoWeAre/Board/Documents/FTF-CCReport.pdf>

<sup>60</sup> Navajo Nation FTF Regional Partnership Council. (2014). *SFY 2015 Regional Funding Plan*. Retrieved from

## Opportunities for Professional Development

The Navajo Head Start website provides up-to-date information on professional development opportunities in the region, including the requirements for obtaining a CDA credential and opportunities provided locally by Northland Pioneer College.<sup>61</sup>

The table below lists the early childhood education degrees offered by institutions on or near the Navajo Nation Region.

**Table 29. Early childhood education professional opportunities**

INSTITUTION	LOCATION	ASSOCIATE DEGREES OFFERED	BACHELOR DEGREE OFFERED
Northland Pioneer College	Holbrook, AZ	Early Childhood Infant/Toddler A.G.S.; Special Needs Edu. Assistant A.G.S.; Early Childhood Preschool A.G.S.; Early Childhood Management A.G.S.	
Northern Arizona University	Flagstaff, AZ		Early Childhood B.A.S.
Diné College	Tsaile, AZ	Early Childhood Education A.A.S.	
Coconino Community College (Page/Lake Powell Campus)	Page, AZ	Early Childhood Education A.A.S.	
Arizona State University	Tempe, AZ		Early Childhood B.A.S.; Early Childhood Special Education B.A.S.
Navajo Technical University	Crownpoint, NM	Early Childhood Multicultural Education A.S.	Early Childhood Multicultural Education, B.A.S

<http://www.navajohs.org/educational-resource-listing.aspx>

The public institutions of higher education in the region are an important asset to the community. These include Diné College, Navajo Technical University and Northland Pioneer College.

Diné College is an institution of higher education chartered by the Navajo Nation. Founded in 1968, Diné College was the first of 37 tribal colleges. Its mission is “to apply the Sá’ah Naagháí Bik’eh Hózhóón principles to advance quality student learning through Nitsáhákees (Thinking),

<sup>61</sup> <http://www.navajohs.org/professional-development.aspx>

Nahatá (Planning), liná (Living) and Siih Hasin (Assuring).”<sup>62</sup> Diné College has two main campuses and six community centers that serve approximately 2000 students. Diné College is renowned for its programs in Navajo language, history, and culture, and also provides coursework and professional development opportunities for early childhood education professionals. In addition, Diné College prepares students for transfer to four year institutions or for career employment.

The Center for Diné Teacher Education contains all education programs at the college. Education programs offered by the college include an A.A. in Early Childhood Education, and A.A. in Elementary Education, and a B.A. in Elementary Education.

Navajo Technical University (NTU) is another tribally-operated institution of postsecondary education available to early childhood professionals in the region. Located in Crownpoint, New Mexico, NTU provides college readiness programs, certificates, associate, baccalaureate and graduate degrees. These include an Associate of Science and Bachelor of Science degrees in Early Childhood Multicultural Education.

Northland Pioneer College (NPC), has a center in Kayenta, which provides academic degree programs and student support services. Classes are provided in-person and via distance learning and include interactive audio, interactive video, and internet. NPC also provides special interest classes in communities throughout the Navajo Nation, most notably classes in Early Childhood Education, Adult Basic Education, and college credit courses for high school students.

## Health

### Access to Care

Members of the Navajo Nation can access health care services from a variety of providers that include the Navajo Nation Division of Health (NDH), the Indian Health Services (IHS) Navajo Service Area, other tribally-operated facilities and private providers. In addition, Navajo traditional healing services are also available and sought out by families in the region.

The Navajo Nation Division of Health has the mission of “ensuring that quality and culturally acceptable health care is available and accessible to Native Americans through coordination, regulation, and where necessary, direct service delivery.”<sup>63</sup> The Navajo Nation Division of Public Health administers health and wellness and outreach programs including:

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<sup>62</sup> <http://www.dinecollege.edu/>. Retrieved August 12, 2012

<sup>63</sup> United States Department of Health and Human Services Indian Health Service. n. d. Navajo Area. Retrieved from: [http://www.ihs.gov/navajo/index.cfm?module=nao\\_main](http://www.ihs.gov/navajo/index.cfm?module=nao_main)

- Behavioral Health
- Community Health Representatives
- Health Education
- Public Health Nursing services
- Aging (Senior citizen centers)
- Diabetes prevention, outreach, and education
- Women Infants and Children (WIC)
- Commodity Food Distribution
- Breast and Cervical Cancer outreach and preventative education program
- Public Health Emergency Preparedness
- New Dawn (a Horticulture program)<sup>64</sup>

Community Health Representatives (CHRs) provide many services to families at the Chapter level. CHRs are paraprofessional American Indian health care workers who live and work in communities and provide citizens with information on current medical issues, education on public health promotion, and help solving health problems in homes and local communities. The Community Health Representative program was begun in 1968 as a means to provide greater involvement of American Indians in their own health programs and to promote local health problem solving. Part of a national program, the local Community Health Representative program is part of the Navajo Nation Division of Health and part of the Indian Health Services tribally contracted/direct programs.

Examples of CHR activities include home visits, referrals to appropriate Navajo Nation health services, explaining available services and supports, transportation to health facilities, and organizing community health promotion (e.g., on topics such as immunization campaigns, promoting breastfeeding, home safety, medication storage, smoking cessation, and eating habits and nutrition). In addition, CHRs work closely with the Tribal WIC program to assist young parents and parents of new babies get accustomed to feeding schedules and nutritional practices. The CHRs are considered a major asset to the medical community as well as to families across Navajo Nation.<sup>65</sup>

The Navajo Area Indian Health Service (NAIHS) provides health care services to American Indians who reside in the “four corners” area of the US Southwest which includes portions of the states of Arizona, New Mexico and Utah. Most service users are members of the Navajo Nation but NAIHS also serves the Southern Band of San Juan Paiutes, Zuni and Hopi populations.

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<sup>64</sup>National Indian Health Board. (2012). 2012 National Tribal Public Health Summit. Retrieved from: [http://www.nihb.org/communications/phs\\_2012\\_presentations.php](http://www.nihb.org/communications/phs_2012_presentations.php)

<sup>65</sup> Begay, et al, 2011

NAIHS services are provided through inpatient, outpatient contract, and community health programs based out of six hospitals, seven health centers, and 15 health stations. Health Centers also operate full-time clinics and a few of these offer emergency services. In smaller communities health stations operate on a part-time basis. The health care facilities that operate under NAIHS are listed, and a brief description of the services each provides is given below.<sup>66</sup>

- Chinle Comprehensive Health Care Facility
- Crownpoint Health Care Facility
- Dzilth-Na-O-Dith-Hle Health Center
- Four Corners Regional Health Center
- Gallup Indian Medical Center
- Inscription House Health Center
- Kayenta Health Center
- Pinon Health Center
- Shiprock-Northern Navajo Medical Center
- Tohatchi Health Care Center
- Tsaile Health Center

The *Chinle Comprehensive Health Care Facility (CCHCF)* is a 60 bed hospital which also provides a number of medical services to residents of the region, including family physicians, pediatricians, OB/GYN's, general surgeons, anesthesiologists, and additionally offers a psychiatrist. General surgery offered includes operative obstetrics, and CCHCF reports delivering approximately 700 babies each year.

*Crownpoint Health Care Facility* offers primary care and emergency services, as well as a 32 bed hospital. The Health Care Facility reports serving approximately 20,000 Navajo people. This facility is located in northwest New Mexico, on the eastern edge of the Navajo Nation.

The *Dzilth-Na-O-Dith-Hle Health Center* provides family medicine services, as well as dental, optometry, x-ray, laboratory, and mental health specialty services. The Center is part of the Shiprock Service Unit, which is situated in the eastern part of the Navajo Nation.

The *Four Corners Regional Health Center (FCRHC)* is situated in the "four corners" portion of Arizona, at which Arizona, Colorado, Utah and New Mexico conjoin. FCRHC provides a wide variety of primary and specialty healthcare services, including family medicine, internal medicine, dental, optometry, x-ray, laboratory, pharmacy, mental health, diabetes education, and disease prevention services. The FCRHC serves about 7,000 Navajo people.

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<sup>66</sup> United States Department of Health and Human Services Indian Health Service. n. d. Navajo Area. Retrieved from: [http://www.ihs.gov/navajo/index.cfm?module=nao\\_main](http://www.ihs.gov/navajo/index.cfm?module=nao_main)

*Gallup Indian Medical Center (GIMC)* provides primary and emergency medical services, and offers specialty services in pediatrics, cardiology, urology, OB/GYN, ophthalmology, ENT, pathology, radiology, psychiatry and orthopedics. GIMC has the largest staff and serves the largest number of patients annually of all Navajo Area IHS facilities.

The *Inscription House Health Center (IHHC)* provides pediatric and family medicine services, and also offers x-ray, laboratory, optometry, dental, mental health, and health education care. The Center reports that the majority of their outpatient visits are for preventative health, well child exams, prenatal care, diabetes, and respiratory illness. The IHCC is not able to offer inpatient services, but provides referrals to the Tuba City Regional Health Care Corporation to meet inpatient needs. The Tuba City Regional Health Care Corporation is 65 miles away from the IHHC.

The *Kayenta Health Center* offers primary care, emergency services, and specialty services including surgery. The clinic is open daily, and also offers disease prevention services and special diabetes programs, including the Hooghan Project, which provides people newly diagnosed with diabetes with in-home education.

*Shiprock-Northern Navajo Medical Center* offers both inpatient and outpatient care. The Center also offers several field clinics, each of which is open between one and five days per week and is staffed by a Shiprock medical doctor.

The *Tohatchi Health Care Center* offers pediatric, family medicine, and internal medicine services, as well as some specialty services (including x-ray, laboratory, physical therapy, optometry, and dental services). The Tohatchi Facility is not able to provide inpatient care, but provides referrals to the Gallup Indian Medical Center to meet inpatient care needs. The Health Care Center reports that it provides care for certain serious conditions endemic to the region, including the Hantavirus.

*Tsaile Health Center* has 3 physicians and 1 physician assistant, and offers clinic hours Monday through Friday. The clinic provides a range of services, including prenatal care and geriatrics.

As a result of the Indian Self-Determination and Education Assistance Act (PL-93-638), federally recognized tribes have the option to receive the funds that the Indian Health Service (IHS) would have used to provide health care services to tribal members. The tribes can then utilize these funds to directly provide services to tribal members (they can also opt to take the funds from IHS and provide the services through another entity). The process is commonly known as utilizing “638 contracts”.

This means that tribes have three options regarding the overall management of their health services: 1) Having IHS fully manage all services; 2) Having IHS manage some services and taking over responsibility for other services (a 638 contract); or 3) Taking over control of *all* services from IHS and have them be fully managed by the tribe (known as 638 compact).

In addition to the centers listed above, three other facilities are managed by the Navajo Nation under 638 contracts.<sup>67</sup>

- Tuba City Regional Health Care Corporation
- Tsehootsoi Medical Center
- Winslow Indian Health Care Center

*Tuba City Regional Health Care Corporation* (TCRHCC) offers primary medicine, emergency medicine, and extensive specialty medical services, including occupational therapy and speech language pathology. TCRHCC serves as a referral center for both Navajo Nation as well as the Hopi Reservation.

*Tsehootsoi Medical Center* offers emergency services including an Intensive Care Unit, an OB/GYN ward, a pediatric ward, a medical-surgical unit, and an inpatient Adolescent Psychiatric Care Unit. The hospital has 56 inpatient beds, and also has an outpatient center with 65 exam rooms.

*Winslow Indian Health Care Center* (WIHCC) uses a family medicine model, and offers general healthcare, dental care, women's healthcare, health promotion, and diagnostic laboratory services. The Center also offers mobile services, including a two-chair dental van, a mobile medical van, and mobile on-site mammography services. WIHCC has four non-mobile locations: a health care center in Winslow, an urgent care center in Winslow, a field clinic in Leupp, and a field clinic in Dilkon.

The Arizona Department of Health Primary Care Area (PCA) Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA is given a score based on 14 weighted items including points given for: ambulatory sensitive conditions; population ratio; transportation score; percentage of population below poverty; percentage of uninsured births; low birth weight births; prenatal care; percentage of death before the U.S. birth life expectancy; infant mortality rate; and percent minorities, elderly, and unemployed. Based on its scores on these indicators, the Navajo Nation Primary Care Area is designated as an Arizona Medically Underserved Area.<sup>68</sup>

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<sup>67</sup> United States Department of Health and Human Services Indian Health Service. n. d. Navajo Area. Retrieved from: [http://www.ihs.gov/navajo/index.cfm?module=nao\\_main](http://www.ihs.gov/navajo/index.cfm?module=nao_main)

<sup>68</sup> Arizona Medically Underserved Areas (2013). Retrieved from <http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf>

## Pregnancies and Births

Annually since the economic downturn in 2008, the number of babies born each year in the Navajo Nation Region has been less than the number born the year before. This decreasing trend paralleled state trends, although the number of births statewide in 2012 (85,652) was greater than the number in 2011 (84,810). In 2012, the most recent year data are available, there were a total of 1,436 births to mothers residing in the region (see Figure 14 below).

**Figure 14. Total number of births per year in the Navajo Nation and the state (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

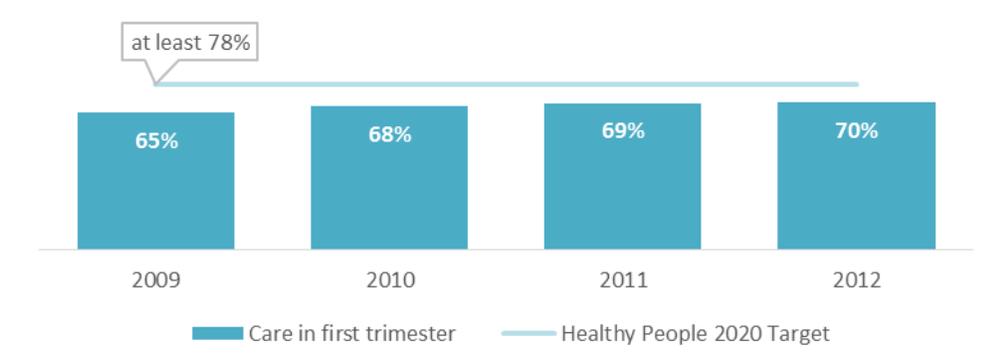
Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births.<sup>69</sup> Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent or more. Statewide, 79 percent of births meet this standard; however, the percent of births with early prenatal care in the Navajo Nation Region has been below the target, although it has

<sup>69</sup> Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf>

increased since 2009. In 2012, the latest year for which data are available, in the Navajo Nation Region 70 percent of babies born were to mothers who received early prenatal care.

**Figure 15. Percent of births with prenatal care begun first trimester (2009-2012)**

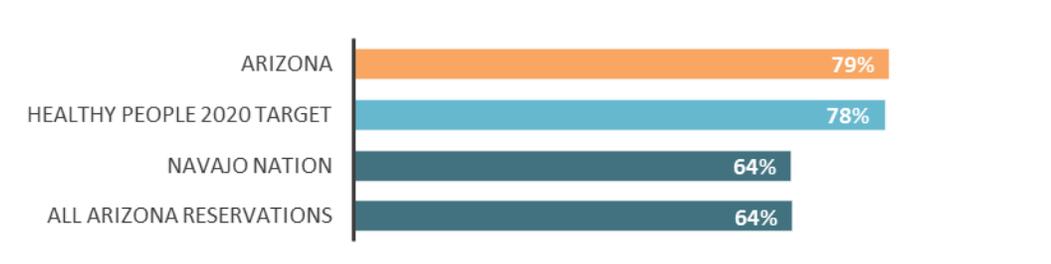


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

Because the Navajo Nation Region is relatively sparsely populated, data from any one year for rare occurrences (such as births) tend to vary from one year to the next. The Navajo Nation Primary Care Area Statistical (PCA) Profile compiled by the Arizona Department of Health Services provides data on a number of maternal and child health indicators averaged over a ten-year span (2002-2011). PCA data are also available for all Arizona Tribes combined and the state as a whole. Where available, in this report we will present both the yearly trend data provided to First Things First by the Arizona Department of Health Services (as shown in Figure 15) and the PCA data that allows for comparisons to all Arizona reservations, and the state, as shown in Figure 16.

The graph below shows that, averaged across 10 years, women in the Navajo Nation Region begin early prenatal care at a rate similar to women across all Arizona reservations, but still at a rate below the Healthy People 2020 goal.

**Figure 16. Average percent of births with prenatal care begun first trimester (2002-2011)**

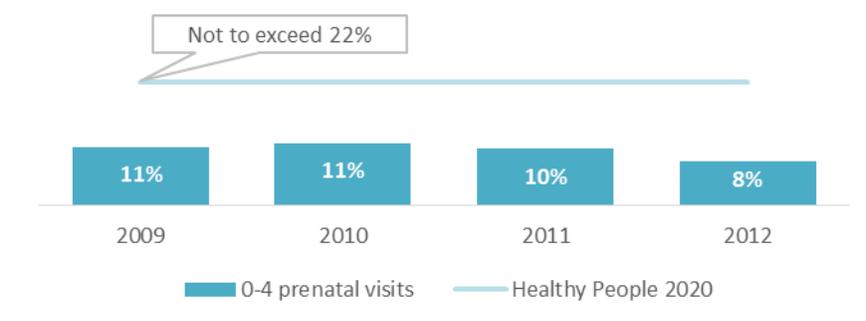


Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a

healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number.<sup>70</sup> The Healthy People 2020 target for receiving fewer than five prenatal care visits is less than 22 percent of pregnancies. In the Navajo Nation Region the percent of births with an inadequate number of prenatal care visits has decreased slightly since 2009. In 2012, the last year for which data are available, eight percent of births were to women who had fewer than five prenatal care visits. The Navajo Nation Region has met the Healthy People 2020 target since 2009 as shown in Figure 17 below).

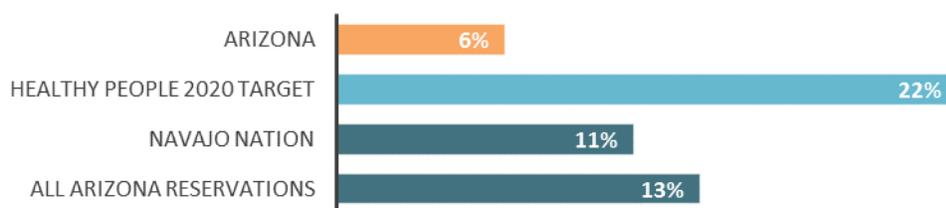
**Figure 17. Percent of births with fewer than five prenatal care visits (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The figure below shows that the Navajo Nation has met the Healthy People 2020 target for adequate number of prenatal care visits averaged over the ten-year span of 2002-2011.

**Figure 18. Average percent of births with fewer than five prenatal care visits (2002-2011)**



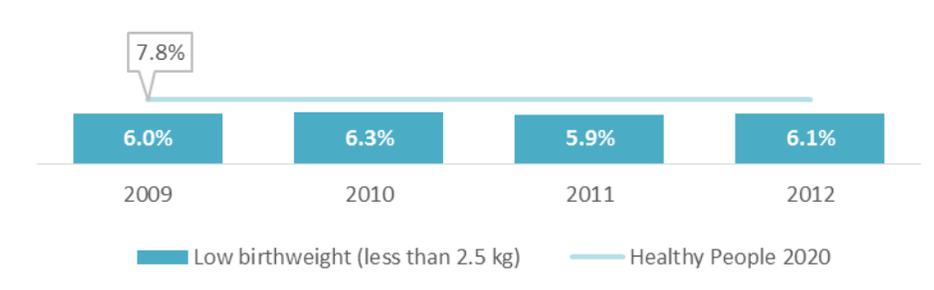
Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or

<sup>70</sup> American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 5th ed. Elk Grove Village, Ill.: American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists, 2002

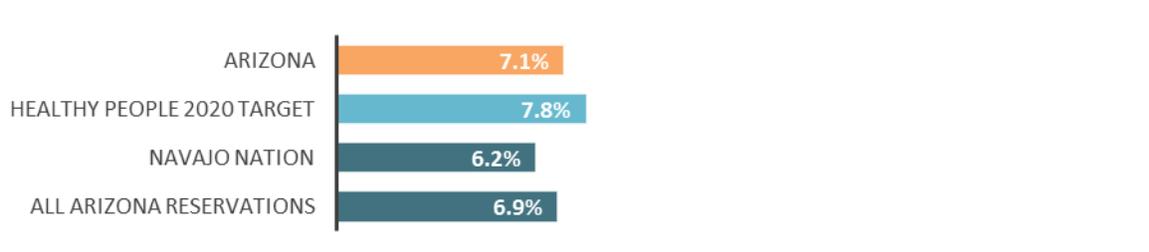
older than 35 years, infections involving the uterus or in the fetus, placental problems, birth defects,<sup>71</sup> and air pollution.<sup>72</sup> The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. The Navajo Nation Region met this target in all of the years examined (2010) (see Figure 19 below). As can be seen in Figure 20, the region has a slightly lower ten-year average rate of low birth weight (6.2%) than all Arizona tribes and the state of Arizona (6.9% and 7.1%, respectively).

**Figure 19. Percent of birth with low birth weight (5 lbs., 8oz. or less) (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

**Figure 20. Average percent of low birth weight (5 lbs., 8oz. or less) births (2002-2011)**



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

Teenage parenthood, particularly when mothers are under 18 years of age, is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child abuse and neglect.<sup>73</sup> In addition, the children of teenage mothers are more likely to have lower school achievement, drop out of high school, be incarcerated at some time

<sup>71</sup> Arizona Department of Health Services. Preterm Birth and Low Birth Weight in Arizona, 2010. Retrieved from: <http://www.azdhs.gov/phs/owch/pdf/issues/Preterm-LowBirthWeightIssueBrief2010.pdf>

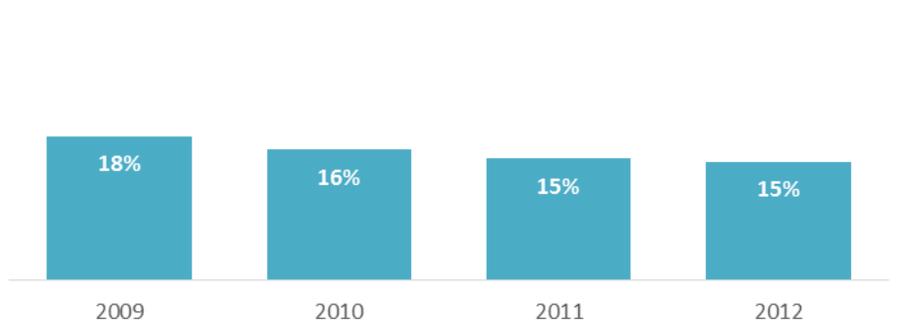
<sup>72</sup> Pedersen, M., et al. (2013). Ambient air pollution and low birth weight: A European cohort study (ESCAPE). The Lancet Respiratory Medicine. Advance online publication. Doi: 10.1016/S2213-2600(13)70192-9

<sup>73</sup> Office of Population Affairs, Department of Health and Human Services, (2010). Focus area 9: Family Planning, Healthy People 2010. Retrieved from: <http://www.healthypeople.gov/Document/HTML/Volume1/09Family.htmgov/Document/HTML/Volume1/09Family.htm>

during adolescence, become teen parents themselves, and face unemployment as a young adult. Teenage mothers themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.<sup>74</sup>

The percent of teen births in the region has decreased slightly since 2009. In 2012, 15 percent of births in the region were to mothers age 19 or younger. In the same year, across Arizona nine percent of births were to mothers in that age range.

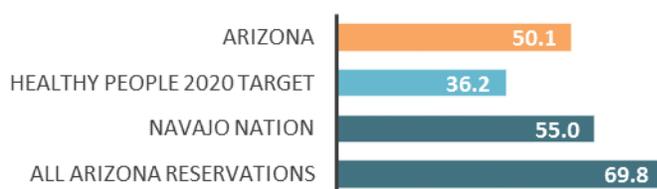
**Figure 21. Percent of births to mothers age 19 and younger in the Navajo Nation Region (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

PCA data averaged over ten years show that the rate of teen births per 1,000 females in the region (55) is lower than the rate across all Arizona reservations (69.8), but somewhat higher than the rate in the state as a whole (50.1. See Figure 22).

**Figure 22. Rate of Teen Births (age 19 and younger) per 1,000 Females (2002-2011)**



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

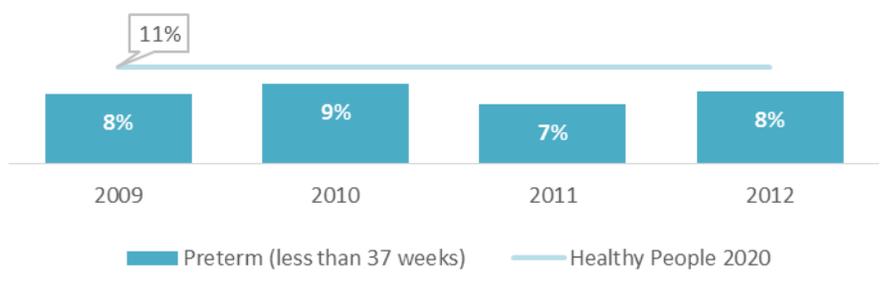
Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment, reducing the rate of teen pregnancy among youth less than 19 years of age is one of the ten State Title V priorities for 2011-2016 for Arizona's maternal and child health population.<sup>75</sup>

<sup>74</sup> Centers for Disease Control and Prevention. Teen Pregnancy. About Teen Pregnancy. Retrieved from: <http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm>

<sup>75</sup> Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

The percent of preterm births in the region meets the Healthy People 2020 target of 11 percent or less (see Figure 23).

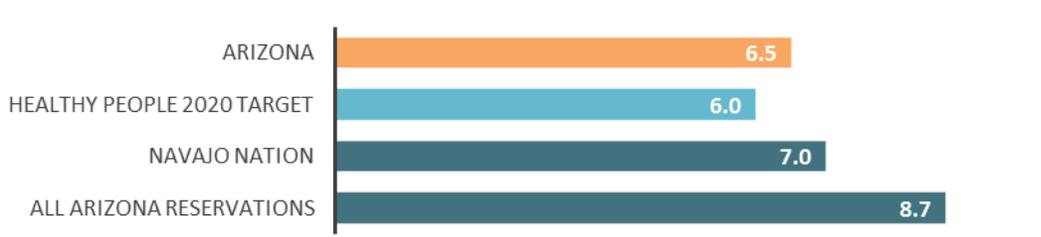
**Figure 23. Percent of births that are preterm (less than 37 weeks) (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

One of the consequences that has been linked to high teen birth rates and preterm birth is high infant mortality. The Healthy People 2020 target for all infant deaths is 6.0 infant deaths or fewer per 1,000 live births. The Primary Care Area Statistical Profiles include data about the average infant mortality rate. As shown in Figure 24 below, the infant mortality rate in the Navajo Nation (7.0) is slightly higher than for Arizona overall (6.5), but substantially lower than the rate for all Arizona reservations combined (8.7). The Healthy People 2020 target for all infant deaths is 6.0 infant deaths or fewer per 1,000 live births.

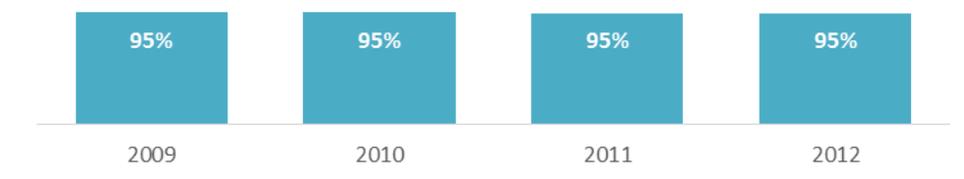
**Figure 24. Average infant mortality rate per 1,000 live births (2002-2011)**



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

The number of births that were covered by the Arizona Health Care Cost Containment System (AHCCCS, Arizona’s Medicaid) or the Indian Health Service (IHS) has remained stable at 95 percent since 2009 (Figure 25). This is considerably higher than the state as a whole, which had 55 percent of births with AHCCCS or IHS as the payee in 2012.

**Figure 25. Births covered by AHCCCS or IHS by year (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The average percent of uninsured births (defined as self-pay or ‘unknown’ payee in the Vital Statistics birth record) in the region is less than one percent, as is the rate across all Arizona reservations combined.<sup>76</sup> This is substantially lower than the Arizona state rate in the same year, which is just under four percent.<sup>77</sup>

### Navajo Nation WIC Program Maternal and Child Health Indicators

WIC programs collect data on maternal and child health indicators from participating clients. The table below shows selected indicators from Navajo Nation WIC program participants and compares them to Healthy People 2020 Targets.<sup>78</sup>

The low birth weight among children participating in the Navajo Nation WIC Program meets the Healthy People 2020 target of 7.8 percent or less, which is consistent with the data presented on Figure 19 and Figure 20 above.

Nearly two-thirds (65%) of participating WIC mothers were overweight or obese at the beginning of pregnancy, which did not meet the Healthy People 2020 target of having no more than 46.6% of the population be overweight or obese. In 2012, 81.3 percent of Navajo Nation WIC participants reported ever-breastfeeding their child, which was very close to meeting the Healthy People 2020 target (81.9%), and was substantially higher than the Arizona rate (66%).<sup>79</sup>

<sup>76</sup> Arizona Department of Health Services. Bureau of Public Health Statistics. (March 2014). *Health Status Profile of American Indians in Arizona, 2012 Data Book*.

<sup>77</sup> Arizona Department of Health Services (2014). [Vital Statistics Dataset]. Unpublished raw data received from the First Things First State Agency Data Request

<sup>78</sup> Please note that the WIC numbers are from the Navajo Nation WIC program, which covers the entire Navajo Nation and not only the Arizona portion

<sup>79</sup> National WIC Association (2014). How WIC Impacts the People of Arizona. Retrieved from <https://s3.amazonaws.com/aws.upl/nwica.org/arizona2014.pdf>;

**Table 30. Infant, child and maternal health indicators from Navajo Nation WIC Clients, Navajo Nation WIC Program, 2014.**

	NAVAJO NATION WIC (2012)	HEALTHY PEOPLE 2020 TARGET
<b>BIRTH WEIGHT FOR CHILDREN</b>		
High birth weight (4 kg or more)	6.3%	
Normal birth weight	80.7%	
Low birth weight (2.5 kg or less)	6.4%	7.8%
<b>INFANT BREASTFEEDING (AGES 7-11 MONTHS)</b>		
Ever breastfed*	81.3%	81.9%
<b>PRE-PREGNANCY BODY MASS INDEX (BMI) FOR MOTHERS</b>		
Normal weight (or Underweight)	34.3%	53.4%
Overweight (BMI 25 to 30)	28.9%	
Obese (BMI over 30)	36.1%	

Johnson, B., Thorn, B., McGill, B., Suchman, A., Mendelson, M., Patlan, K.L., Freeman, B., Gotlieb, R., & Connor, P. (2013). *WIC Participant and Program Characteristics 2012*. Prepared by Insight Policy Research under Contract No. AG -3198 - C - 11-0010. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service. Retrieved from <http://www.fns.usda.gov/sites/default/files/WICPC2012.pdf>

Please note that the numbers on this table reflect the entire WIC Navajo Nation Program population, and not only those participants in Arizona (i.e. the Navajo Nation FTF Region).

\*The ever-breastfeed rate reflects the proportion of infants who were breastfed for any period of time, regardless of the duration.

Additional breastfeeding data from Navajo Nation WIC infants (ages 7 to 11 months) show that in 2012, the median breastfeeding duration was 18 weeks, compared to 15 weeks among Arizona WIC clients and 13 weeks among WIC participants at the national level. Within their first six months, Navajo Nation WIC infants were breastfed an average of 15.6 weeks, compared to 14.7 weeks in Arizona and 13.9 weeks at the national level.<sup>80</sup> An estimated 34 percent of Navajo Nation WIC infants (ages 7 to 11 months) were breastfed for six months or more compared to 23.6 percent of Arizona WIC infants and 22.5 percent of WIC infants nationally.<sup>81</sup>

<sup>80</sup> Johnson, B., Thorn, B., McGill, B., Suchman, A., Mendelson, M., Patlan, K.L., Freeman, B., Gotlieb, R., & Connor, P. (2013). *WIC Participant and Program Characteristics 2012*. Prepared by Insight Policy Research under Contract No. AG -3198 - C - 11-0010. Alexandria, VA: U.S. Department of Agriculture, Food and Nutrition Service. Retrieved from <http://www.fns.usda.gov/sites/default/files/WICPC2012.pdf>

<sup>81</sup> These are “Lower bound” estimates which includes only those infants who reported 6 or more months of breastfeeding. Ibid, p. C-17.

## Insurance Coverage

### *Affordable Care Act and Medicaid Expansion*

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13 percent of the state's children (those under 18 years of age) uninsured.<sup>82</sup>

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA aims to expand access to health care coverage, requires insurers to cover preventative and screening services such as vaccinations, and ensures coverage for those with pre-existing conditions. In 2013, states could choose to expand Medicaid, with the federal government covering the entire cost for three years and 90 percent thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately \$14,000 for an individual and \$29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 percent and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the cost of insurance premiums.<sup>83</sup> These individuals can purchase health insurance thru health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover a number of "essential" services relevant to children. These include routine eye exams and eye glasses for children once per year, and dental check-ups for children every six months.<sup>84</sup> However, in Arizona, offered health plans are not required to include these pediatric vision and oral services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.<sup>85</sup> A potential barrier to this method is that a separate, additional premium for this supplemental plan is required,<sup>86</sup> and subsidies will not be available for these separately purchased plans.<sup>87</sup> Both these factors may make these supplemental pediatric dental and vision plans unaffordable for some families. In addition, when these "essential" services are offered in a stand-alone plan,

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<sup>82</sup> Mancini, T. & Alker, J. (2013). Children's Health Coverage on the Eve of the Affordable Care Act. Georgetown University Health Policy Institute, Center for Children and Families. <http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>

<sup>83</sup> The Affordable Care Act Resource Kit. National Partnership for Action to End Health Disparities. <http://health.utah.gov/disparities/data/ACAResourceKit.pdf>

<sup>84</sup> Arizona EHB Benchmark Plan. Centers for Medicare & Medicaid services. <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/arizona-ehb-benchmark-plan.pdf>

<sup>85</sup> Essential Health Benefits. Arizona Department of Insurance. June 1, 2012. <http://www.azgovernor.gov/hix/documents/Grants/EHBReport.pdf>

<sup>86</sup> Can I get dental coverage in the Marketplace? <https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/>

<sup>87</sup> Kids' Dental Coverage Uncertain under ACA. Stateline, The Daily News of the Pew Charitable Trusts. <http://www.pewstates.org/projects/stateline/headlines/kids-dental-coverage-uncertain-under-aca-85899519226>

families are not required to purchase them to avoid penalties. These factors may limit the use of pediatric dental and vision coverage in Arizona.

### ***Affordable Care Act and American Indians and Alaska Natives***

As mentioned, the ACA aims to improve the health of all Americans by increasing health care coverage and health care services. The ACA also permanently reauthorizes the Indian Health Care Improvement Act, which legalizes the provisions of healthcare to be provided to American Indians and Alaska Natives (AIANs). Under the ACA, all Indian Health Service providers and functions will continue to operate as before; and AIANs who acquire health care coverage through the Market Place are still eligible to receive services from Indian Health Service and tribal and urban health clinics/programs. In addition, the ACA contains several mandates concerning American Indians and Alaska Natives (AIANs), tribal health delivery systems, and tribal employers that are important to take note of.

American Indians who are members of federally recognized tribes (and Alaska Natives who are members of ANCSA Corporations) have special privileges under the ACA that other Americans do not have. One such privilege is the ability to enroll in a health insurance plan at any time during the year, regardless of open enrollment time frames. AIANs are also able to change their health insurance plans as often as once a month. Qualified AIANs are also eligible for special insurance plan rates. Those who make below 300 percent of the federal poverty level (approximately \$34,500 for an individual and \$70,700 for a family of four) are eligible to enroll in Zero Cost Sharing plans which require no out-of-pocket costs to enrollees. Additionally, qualified AIANs who make above 300 percent of the federal poverty level, are eligible to enroll in Limited Cost Sharing plans. AIANs are also eligible to apply for exemption from the fee (Shared Responsibility Fee) that applies to Americans who can afford to buy health insurance, but choose not to buy it. Those who are not members of a federally recognized tribe but are still eligible to receive Indian health care services, can also benefit from special cost eligibility requirements for Medicaid.

Enrolling in Medicaid and private insurance plans offers both individual health benefits and benefits for entire tribal communities and all AIAN people. Individuals who enroll in a health insurance plan gain increased access to health care services by being able to visit their insurance plan providers and Indian Health Services, Tribes and Tribal Organizations, and Urban Indian Organizations (I/T/Us). Entire AIAN communities benefit because when an outside insurer is billed for medical services there is a savings in Contract Health Service. The money saved through outside billing (3<sup>rd</sup> party billing) can then be used in other ways to benefit all tribal citizens.

Another mandate of the ACA is that many employers must offer health care insurance coverage to their employees. Tribes are unique in this sense because many tribes also function as

employers, therefore, this mandate will apply. However, this mandate will affect tribes and tribal employers differently, depending on the number of full-time and full-time equivalent employees the tribe/tribal enterprise has. As a basic rule of thumb, employers who employ 50 or more full-time or full-time equivalent employees are classified as a ‘Large Employer’ and required to offer health insurance to their employees or pay a fine. More information regarding employer health insurance mandates and an interactive questionnaire that employers can use to find out what their business is classified as and what their health insurance responsibilities are can be found at <http://tribalhealthcare.org/tribal-employers/>.

According to data from the American Community Survey (ACS), the estimated proportions of uninsured population overall (27%) and uninsured young children in the region (19%) are lower than the estimated rates for all Arizona reservations combined (29% and 23% respectively, see Table 31 below), but higher than the proportions for the state of Arizona (17% and 11%).

**Table 31: Percent of population uninsured**

GEOGRAPHY	POPULATION (ALL AGES)	ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)	POPULATION (0-5)	ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)
Navajo Nation (entire)	173,667	35%	18,335	21%
Chinle Agency	27,823	26%	3,134	20%
Crownpoint Agency	33,316	45%	3,361	26%
Ft Defiance Agency	43,940	34%	4,452	25%
Shiprock Agency	30,945	44%	3,223	23%
Tuba City Agency	37,643	25%	4,165	13%
Navajo Nation (entire)	173,667	35%	18,335	21%
<b>Navajo Nation Region</b>	101,835	27%	10,894	19%
New Mexico part	65,764	45%	6,712	23%
Utah part	6,068	42%	729	33%
Arizona	6,392,017	17%	546,609	11%
All Arizona Reservations	178,131	29%	20,511	23%

*US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B27001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>  
 Note: Because of small sample sizes estimates for some communities cannot be reliably calculated*

### **Medicaid (AHCCCS) Coverage**

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100 percent of the Federal Poverty Level or FPL) and the Title XXI program (Arizona’s Children’s Health Insurance Program known as

KidsCare). KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100 percent -200 percent of the FPL. However, due to budget cuts at the state level, enrollment in the KidsCare Program was frozen on January 1, 2010, and eligible new applicants were referred to the KidsCare Office to be added to a waiting list.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 percent to 175 percent of the FPL, based on family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.<sup>88</sup>

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered thru the KidsCare II program. On February 1, 2014, KidsCare II was eliminated. Families of these children then had two options for insurance coverage; they could enroll in Medicaid (AHCCCS) if they earn less than 133 percent of the FPL, or buy subsidized insurance on the ACA health insurance exchange if they made between 133 percent and 200 percent of the FPL. However this leaves a gap group of up to 15,000 kids in Arizona whose families can't afford insurance because they don't qualify for subsidies. A solution proposed by Arizona legislators is to again allow children whose families earn between 133 percent and 200 percent of the poverty level to enroll in KidsCare.<sup>89</sup>

Currently, enrollment for the original KidsCare remains frozen in 2014. Children enrolled in KidsCare with families making between 133 percent and 200 percent of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, and continue paying the monthly premium. Children enrolled in KidsCare whose families make between 100 percent and 133 percent of the FPL will be moved to Medicaid (AHCCCS). New applicants to KidsCare with incomes below 133 percent of the FPL will be eligible for Medicaid (AHCCCS). Applicants with

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<sup>88</sup> Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application.

<http://www.azahcccs.gov/applicants/categories/KidsCare.aspx> and  
<http://www.azahcccs.gov/applicants/KidsCareII.aspx>

<sup>89</sup> Thousands of Kids Could Lose Health Coverage Saturday. January 30, 2014, Arizona Public Media.  
<https://news.azpm.org/p/local-news/2014/1/30/29919-thousands-of-az-kids-could-lose-health-coverage-saturday/>

incomes above 133 percent of the FPL will be referred to the ACA health insurance exchanges to purchase (potentially subsidized) health insurance.<sup>90</sup>

No data on children on AHCCCS coverage for young children in the Navajo Nation region were available to be included in this report.

### **Developmental Screenings and Services for Children with Special Developmental and Health Care Needs**

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to 5 (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”<sup>91</sup> The survey also estimates that nearly one in three Arizona children with special health care needs has an unmet need for health care services (compared to about one in four nationally).

In addition, although all newborns in Arizona are screened for hearing loss at birth, approximately one third of those who fail this initial screening do not receive appropriate follow up services to address this auditory need.<sup>92</sup>

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to ensure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start.

### ***Growing in Beauty (AzEIP) Program Referrals and Services***

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), which also provides services or makes referrals to other appropriate agencies (e.g. for Department of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50 percent of the

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<sup>90</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

<sup>91</sup> “Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs.” NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/06/12] from [www.childhealthdata.org](http://www.childhealthdata.org).

<sup>92</sup> Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services).

In 2012 state budget shortfalls led AzEIP to institute a system of fees for certain services (called “Family Cost Participation”). However, starting July 1, 2014, AzEIP eliminated the Family Cost Participation fees, and services are again being offered free-of-cost. AzEIP providers continue to gather insurance information from families receiving services so they can charge AHCCCS or private insurers for services provided.<sup>93</sup>

The region’s AzEIP service provider is the tribally-operated Growing in Beauty program, under the Navajo Nation Office of Special Education and Rehabilitation Services. According to its website, *Growing In Beauty* “meets the needs of Navajo children with delays or disabilities from birth to five years of age while honoring the unique culture and language of the Navajo people.” Both service coordination and direct services are available through the program and these include:<sup>94</sup>

- Receiving and processing referrals from pediatricians, health care professionals, and other service providers
- Providing developmental assessment and evaluation for at-risk children along with staff from Northern Arizona University-Institute of Human Development and St. Michaels Association for Special Education
- Making referrals and ensuring that support and services are provided via a Team Based approach by Early Intervention specialists
- Provide transition supports into appropriate early childhood settings or preschool programs

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<sup>93</sup> <https://www.azdes.gov/main.aspx?menu=98&id=14388>

<sup>94</sup> Navajo Nation Office of Special Education and Rehab Services. n.d. *Growing in Beauty: Navajo Nation Early Intervention Program*. Retrieved from: [http://nnosers.sks.com/GrowingInBeauty/Growing\\_in\\_Beauty.aspx](http://nnosers.sks.com/GrowingInBeauty/Growing_in_Beauty.aspx)

- Providing ongoing developmental screening and family support
- Providing advocacy and training for families

Table 32 below shows the number of children referred, screened and served (with an Individual Family Service Plan, or IFSP, in place) by the *Growing in Beauty* Program in Arizona. There has been a substantial increase in the number of services provided between 2012 and 2014.

**Table 32. Growing in Beauty services in the Navajo Nation Region**

	FY2012	FY2013	FY2014	% CHANGE 2012-2014
Total Referred	133	233	348	+162%
Total Screened	73	174	196	+168%
Total Served	48	85	142	+196%

*Office of Special Education and Rehabilitation Services, Growing in Beauty Program. [2014]. Arizona service data. Unpublished data provided by the Office of Special Education and Rehabilitation Services, Growing in Beauty Program.*

In addition, *Growing in Beauty* is responsible for coordination of special education services provided to children ages 3 to 5, focusing primarily on referral and facilitation of family support services. It coordinates with local programs, including Head Start, for the provision of early childhood intervention services, parent training, and support. *Growing in Beauty* also coordinates with the Arizona Department of Education for the provision of special education and other related services for preschool-aged children with special needs.

***Preschool and elementary school children enrolled in special education***

Another indicator of the needs for developmental services and services for children with special needs is the number of children enrolled in special education within schools. As can be seen in Table 33 the percentage of preschool and elementary school students enrolled in special education varies across school districts on and around the region, with a high of 19 percent in the Page School District. Across the state, 12 percent of preschool and elementary school students are enrolled in special education.

**Table 33. Percent of preschool and elementary school children enrolled in special education**

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	STUDENTS ENROLLED IN SPECIAL EDUCATION	
Cedar Unified District	2	138	<25	N/A
Chinle Unified District	10	1,971	241	12%
Flagstaff Unified District	26	5,467	705	13%
Ganado Unified School District	4	664	33	5%
Holbrook Unified District	8	1,207	147	12%
Kayenta Unified District	4	965	82	8%
Page Unified District	6	1,591	298	19%
Pinon Unified District	4	660	52	8%
Red Mesa Unified District	6	366	37	10%
Sanders Unified District	4	374	46	12%
Tuba City Unified District	8	764	123	16%
Window Rock Unified District	10	1,333	122	9%
Winslow Unified District	6	1,119	123	11%
All Arizona Public and Charter Schools	2846	610,079	72,287	12%

Arizona Department of Education (2014). [Preschool and Elementary Needs data set]. Unpublished raw data received from the First Things First State Agency Data Request

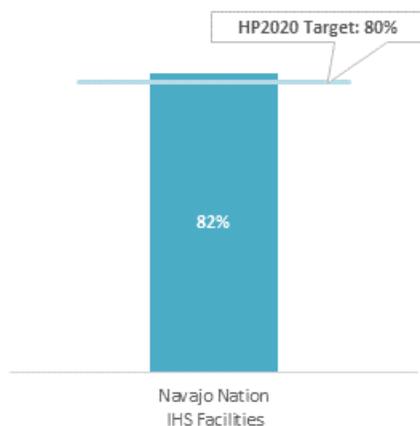
## Immunizations

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.<sup>95</sup> Maintaining high vaccine coverage rates in early childhood is the best way of preventing the spread of certain diseases in childhood, and provides a foundation for controlling these diseases among adults, as well. Healthy People 2020 sets a target of at least 80 percent for full vaccination coverage among young children (19-35 months). According to the Navajo Area Indian Health Service 2014 Health Profile, 82.3 percent of children in that age range seen at IHS facilities in the region are up-to-date on their required immunizations (using series 4:3:1:3:3:1:4), meeting the Healthy People 2020 target.<sup>96</sup>

<sup>95</sup> Centers for Disease Control and Prevention. Immunization Schedules. Retrieved from <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>

<sup>96</sup> Please note that this rate is based on the Navajo Area GPRA report data from FY2013 and it includes all facilities in the Navajo IHS Area (in the three states, AZ, NM and UT) with the exception of those that do not participate in GPRA reporting: Tuba City Regional Health Care Corporation, Utah Navajo Health Systems, and Sage Memorial Hospital. Navajo Area Indian Health Service Office of Program Planning and Evaluation. (January 2014). *Navajo Area Indian Health Service 2-14 Health Profile*. Unpublished data provided by the Navajo Area Indian Health Service Office of Program Planning and Evaluation.

**Figure 26. Children (19-35 months old) with up-to-date immunizations**



Indian Health Service Phoenix Area. 2014 3rd Quarter GPRA Dashboard Report. Unpublished data provided by the Indian Health Service Phoenix Area Statistician.

## Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.<sup>97</sup> Infant and toddler mental health is the young child’s developing capacity to “experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn.”<sup>98</sup> When young children experience stress and trauma they have limited responses available to react to those experiences. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior.<sup>99</sup> A number of interacting factors influence the young child’s healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.<sup>100</sup>

<sup>97</sup> *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012:

[http://csefel.vanderbilt.edu/documents/rs\\_infant\\_mental\\_health.pdf](http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf)

<sup>98</sup> Zero to Three Infant Mental Health Task force Steering Committee, 2001

<sup>99</sup> Zero to Three Policy Center. *Infant and Childhood Mental Health: Promoting Health Social and Emotional Development*. (2004). Retrieved from

[http://main.zerotothree.org/site/DocServer/Promoting\\_Social\\_and\\_Emotional\\_Development.pdf?docID=2081&AdInterest=1144](http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AdInterest=1144)

<sup>100</sup> Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services would include 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.<sup>101</sup>

### **Enrollment in Public Behavioral Health System**

In Arizona, the Division of Behavioral Health Services (DBHS) of the Arizona Department of Health Services contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer behavioral health services. Each TRBHA contracts with a network of service providers similar to health plans to deliver a range of behavioral health services, including treatment programs for adults with substance abuse disorders, and services for children with serious emotional disturbance.

The Navajo Nation Regional Behavioral Health Authority is the contracted agency providing services in the region.

Behavioral Health services for community members in the Navajo Nation are also available through the Navajo Nation Division of Behavioral Health Services (NDBHS). NDBHS services are federally-funded, tribally operated and provided under a 638 contract. NDBHS is administratively located within the Navajo Nation Division of Health.

### **Oral Health**

Oral health is an essential component of a young child's overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children 0-4 have never seen a dentist. In a statewide survey conducted by the ADHS Office of Oral

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<sup>101</sup> Zero to Three Policy Center. *Infant and Childhood Mental Health: Promoting Health Social and Emotional Development*. (2004). Retrieved from [http://main.zerotothree.org/site/DocServer/Promoting\\_Social\\_and\\_Emotional\\_Development.pdf?docID=2081&AdInterest=1144](http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AdInterest=1144)

Health, parents most frequently cited difficulties in finding a provider who will see very young children (34%), and the belief that the young child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.<sup>102</sup>

In 2009, the Indian Health Service launched a national initiative called Early Childhood Caries (ECC) Collaborative with the overall goal of the program being to draw attention to, and prevent Early Childhood Caries, which affects more than half of American Indian children nationwide. Early Childhood Caries (ECC, also known as early childhood tooth decay) is an infectious disease that can start as early as when an infant's teeth erupt having lasting detrimental impact on a child's health and well-being. Various health care facilities in the Navajo Nation Region such as Tuba City Regional Health Care, Fort Defiance Indian Hospital and Chinle Service Unit participate in the Indian Health Service (IHS) Early Childhood Caries (ECC) Collaborative.

The ECC Collaborative is a multi-faceted program designed to enhance knowledge about early childhood caries prevention and early intervention among dental providers, healthcare providers in general, other programs working with young children (such as WIC and Head Start) and the community at large. The IHS Division of Oral Health provides funding for this Collaborative for printed materials, and training for conducting dental health surveillance in participating communities by conducting the Oral Health Survey. In 2010, the IHS Oral Health Survey was the first one to utilize a community-based sample of children (rather than dental patients, as has been done in the past). One preliminary finding of the 2010 Oral Health survey of particular importance was that nationwide, by the age of two years old, 44 percent of children seen by IHS already had some form of dental carries. This led the IHS ECC Collaborative Committee to make the statement that "two is too late" for children to be receiving their first oral exam by a dentist.

Arizona sites participating in the 2010 Oral Health Survey included: Chinle, Colorado River, Keams Canyon, Pascua Yaqui, Phoenix, San Carlos, Sells and Tuba City.<sup>103</sup> A total of 472 children ages 1 to 5 in the IHS Navajo Area participated in the 2010 Oral Health survey, representing an estimated 2.1 percent of the Navajo Area active users in that age range. Please note that an active user is an individual that has registered at an I.H.S. facility or P.L. 93-638 Service Unit and has had at least one direct or contract inpatient stay, outpatient, or dental visit during the last three years.<sup>104</sup>

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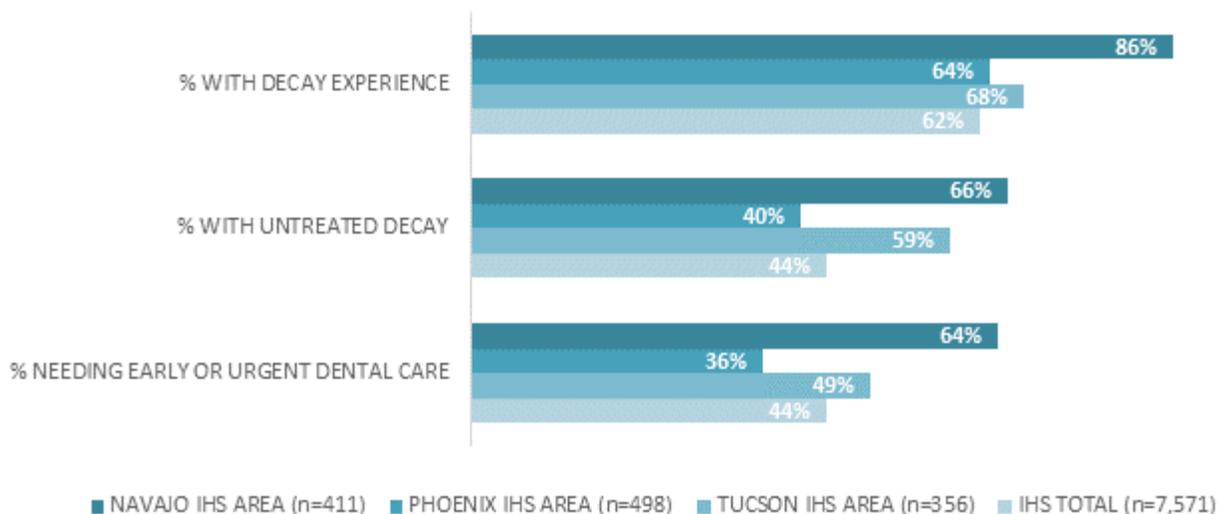
<sup>102</sup> Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

<sup>103</sup> [Indian Health Service]. [n.d]. *The Oral Health Survey of American Indian and Alaska Native Preschool Children. Results for the state of Arizona*.

<sup>104</sup> Indian Health Service. (2014). *The 2010 Indian Health Service Oral Health Survey of American Indian and Alaska Native Preschool Children*. Rockville, MD: U.S. Department of Health and Human Services, Indian Health Service.

The figures below show the results of the 2010 Oral Health survey by IHS Area.<sup>105</sup>

**Figure 27. Percent of AI/AN children 2-5 years old\* with decay experience, untreated decay, and needing dental care\*\*, by IHS Area**



\*Because the Tucson Area only screened a small number of one year old children Area comparisons are restricted to children 2-5.

\*\*Children needing urgent care had pain or an infection at the time of the screening.

Indian Health Service. (2014). *The 2010 Indian Health Service Oral Health Survey of American Indian and Alaska Native Preschool Children*. Rockville, MD: U.S. Department of Health and Human Services, Indian Health Service.

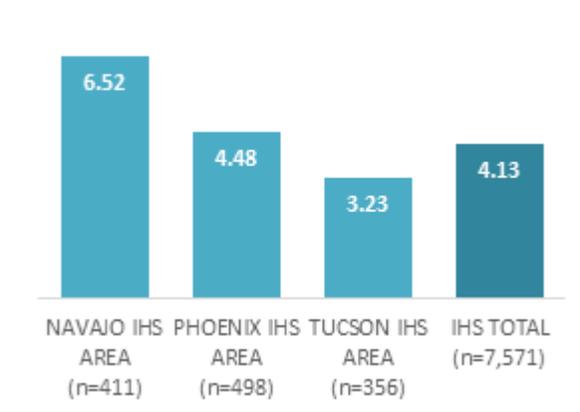
Another study conducted by researchers at the University of Colorado among Navajo Head Start children found similar results with regards to the percent of children with untreated decay (69.5%).<sup>106</sup>

The Decayed, Missing, Filled Teeth (DMFT) Index is a measure of caries experience that reflects the total number of teeth in an individual that are decayed, missing or filled. When written in lowercase letters, the dmft index is a variation that is applied to the primary dentition. Data from the 2010 Oral Health Survey show that in the Navajo Area, the average dmft for children ages to five in 2010 was 6.52 (compared to 4.48 for the IHS Phoenix Area and 3.23 for the IHS Tucson Area and 4.13 for the entire IHS population. See Figure 28).

<sup>105</sup> The IHS Phoenix Area oversees the delivery of health care services to Native Americans in the tri-state area of Arizona, Nevada and Utah. The Tucson Area serves southern Arizona including members of the Pascua Yaqui and Tohono O’odham Nation.

<sup>106</sup> Batliner, T., Wilson, A. R., Tiwari, T., Glueck, D., Henderson, W., Thomas, J., ... & Albino, J. (2014). *Oral health status in Navajo Nation Head Start Children*. *Journal of public health dentistry*, 74(4), 317-325.

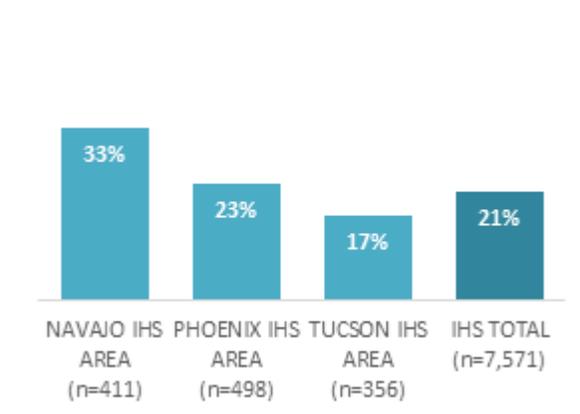
**Figure 28. Mean number of decayed, missing, or filled teeth (dmft) among AI/AN children ages 2-5 years old, by IHS Area**



Indian Health Service. (2014). *The 2010 Indian Health Service Oral Health Survey of American Indian and Alaska Native Preschool Children*. Rockville, MD: U.S. Department of Health and Human Services, Indian Health Service.

Figure 29 below shows that about one-third of the erupted teeth in young children in the Navajo Nation Area had experienced decay.

**Figure 29. Percent of erupted teeth with decay experience among AI/AN children ages 2-5 years old, by IHS Area**



Indian Health Service. (2014). *The 2010 Indian Health Service Oral Health Survey of American Indian and Alaska Native Preschool Children*. Rockville, MD: U.S. Department of Health and Human Services, Indian Health Service.

The ECC Collaborative has collected oral health data from IHS Service Areas 6 months prior to, and 6 months after the ECC was launched around their four objectives of: 1) Increasing access to care, 2) Increasing number of sealants applied, 3) Increasing the number of fluoride varnish applications, and 4) Increasing the number of Interim Therapeutic Restorations (ITR) for American Indian/Alaska Native children 0 to 5 years of age. Currently, the IHS ECC Collaborative is in its 5<sup>th</sup> and final year of operation; final data collection took place in the fall of 2014. The IHS ECC Collaborative intends to use surveillance data to evaluate various interventions that have

been on-going since the initiative began, and identify which interventions were most the most effective in reducing the prevalence of ECC in American Indian Children.<sup>107</sup>

In additional to the IHS ECC Collaborative going on at the national level, there are other local initiatives at the state level promoting awareness on the importance of early childhood oral health among Native children in Arizona. In April of 2011 the first Arizona American Indian Oral Health Summit was held at the Fort McDowell Yavapai Nation. One of the recommendations that originated from this gathering was the creation of an Arizona American Indian Oral Health Coalition with the goal of improving oral health literacy, prevent oral health disease, increase the quality of treatment, and increase the number of Native oral health professionals in the state. The Arizona American Indian Oral Health Coalition was awarded a grant from the DentaQuest Foundation to conduct a series of Tribal Leaders' Roundtables with representatives from all Arizona tribes. These gatherings provided recommendations for the structure and future goals of the Coalition, whose overall goal is to advocate for improved oral health among American Indians living in Arizona.

### **Overweight and Obesity**

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also strong predictor of adult obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten.<sup>108</sup>

According to the IHS Navajo Area FY2013 Government Performance and Results Act (GPRA) report data, an estimated 19.7 percent of children who are active users<sup>109</sup> in the region were

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<sup>107</sup> Indian Health Service Early Childhood Caries Collaborative (2014). The IHS ECC Collaborative: Beginning the 5<sup>th</sup> and Final Year. *The IHS Dental Explorer*, 1-14.

<sup>108</sup> Cunningham, S. A., Kramer, M. R., & Venkat Narayan, K. M. (2014). Incidence of Childhood Obesity in the United States. *The New England Journal of Medicine*. 370 (5); 403-411.

<sup>109</sup> Defined by the Indian Health Service as an individual that has registered at an I.H.S. facility or P.L. 93-638 Service Unit and has had at least one direct or contract inpatient stay, outpatient, or dental visit during the last three years

obese (i.e. had a Body Mass Index at or above the 95<sup>th</sup> percentile for their age and sex),<sup>110</sup> compared to 24.9 percent in the IHS Phoenix Area 2013.<sup>111</sup>

## Family Support

Family well-being has been identified as an important factor in child success.<sup>112</sup> Warm, nurturing, responsive, and consistent interactions can be protective factors for young children and help buffer them from adversities. Young children who experience exposure to abuse, neglect or trauma, however, are more likely to show abnormal patterns of development.<sup>113</sup> Providing resources, education, and supports to families can reduce childhood stresses and help young children reach their fullest potential in school and in life.

## Parental Involvement

Parental involvement has been identified as a key factor in the positive growth and development of children,<sup>114</sup> and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

The Navajo Nation Regional Partnership Council has recognized the importance of supporting parental involvement in early childhood development by allocating funding to the “Parent Outreach and Awareness” strategy. This strategy funds the “Early Literacy Companion Kit,” which is distributed to parents at the three hospitals where women give birth on the Navajo Nation Region. This kit includes culturally relevant materials such as a “Navajo Nursery Lullabies.” Additionally, a component of this strategy funds the Reach Out and Read program in the region.

Parenting classes are also available through the Navajo Nation Department for Self Reliance, which offers the Motherhood is Sacred™ and Fatherhood is Sacred™ curricula, consisting of 12 four-hour sessions.<sup>115</sup>

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<sup>110</sup> Please note that this rate is based on the Navajo Area GPRA report data from FY2013 and it includes all facilities in the Navajo IHS Area (in the three states, AZ, NM and UT) with the exception of those that do not participate in GPRA reporting: Tuba City Regional Health Care Corporation, Utah Navajo Health Systems, and Sage Memorial Hospital. Navajo Area Indian Health Service Office of Program Planning and Evaluation. (January 2014). *Navajo Area Indian Health Service 2-14 Health Profile*. Unpublished data provided by the Navajo Area Indian Health Service Office of Program Planning and Evaluation.

<sup>111</sup> Indian Health Service Phoenix Area. *2014 3<sup>rd</sup> Quarter GPRA Dashboard Report*. Unpublished data provided by the Indian Health Service Phoenix Area Statistician.

<sup>112</sup> Martinez, Mehesy, & Seeley, 2003

<sup>113</sup> Scheeringa, M. S., & Zeanah, C. H. (1995). Symptom expression and trauma variables in children under 48 months of age. *Infant Mental Health Journal*, 16(4), 259–270.

<sup>114</sup> Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

## Home Visitation Programs

In FY 2014 the Navajo Nation Regional Partnership Council funded a home visitation program through CPLC Parenting Arizona, a program of Chicanos Por La Causa (CPLP). The Home Visitation program provides in-home services for families, and focuses on education about topics such as parenting skills, child development, early literacy, and health, using the Parents-As-Teachers curriculum.

## Child Welfare

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that although infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention for child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.<sup>116</sup>

Child welfare services in tribal communities are often managed by the tribes themselves. In the Navajo Nation the Division of Social Services Navajo Children and Family Service (NCFS) Program is the entity in charge of meeting the needs of children and families in crisis. NCFS is also responsible for ensuring compliance with Indian Child Welfare Act and permanent placement of Native children.

*Indian Child Welfare Act (ICWA)* - Special federal guidelines are currently in place to regulate how Native children and their families interact with the state's child welfare system. In 1978, Congress passed the Indian Child Welfare Act (ICWA) after investigations found that a disproportionately high number of Native (American Indian and Alaska Native) children were being placed in foster care and adoptive care with non-Native families and that those children who were being placed in non-Native families were experiencing problems adjusting to life away from their Native families and communities. Directly prior to the passing of the ICWA, under the Indian Adoption Project between 1961 and 1976, approximately 12,500 Native

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<sup>115</sup> [http://www.nnpsr.navajo-nsn.gov/Portals/3/docs/NNPSR%20Newsletters/2014/Newsletter\\_September%202014\\_DSR\\_Website.pdf](http://www.nnpsr.navajo-nsn.gov/Portals/3/docs/NNPSR%20Newsletters/2014/Newsletter_September%202014_DSR_Website.pdf)

<sup>116</sup> Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

children had been removed from their reservation homes and placed with non-Natives parents through adoption procedures. Investigations conducted in 1969 and 1974 by the Association of American Indian Affairs found that at the time, between 25 percent and 35 percent of Native children were living in homes or institutions away from their families and communities. These findings, coupled by past policies and the practice of forcibly removing Native children from their homes into boarding schools, led Congress to passing the Indian Child Welfare Act. Representative Morris Udall of Arizona, a strong supporter of the ICWA, stated “there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children.” ICWA established federal guidelines that are to be followed when an Indian child enters the welfare system in all state custody proceedings.<sup>117</sup>

Under ICWA, an Indian child’s family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts. If an Indian child is removed by state Child Protective Services, ICWA requires preference for the child’s placement to be first, with the child’s relatives; second, with fellow tribal members; third, with another Indian person. Under IWCA, only in extreme cases can a tribal child be placed somewhere other than the preferences that have been established by the law.<sup>118</sup>

The Division of Social Services also manages the Navajo Treatment Center for Children and their Families (NTCCF). This program provides outpatient therapeutic services to children who are traumatized by sexual and/or physical abuse. Services are available to children ages 4- to 18.

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<sup>117</sup> ICWA defines an “Indian child” as any unmarried person, below the age of 18 who is either a member of a federally recognized tribe, or eligible to become a member and is the biological child of a recognized tribal member.

<sup>118</sup> Frichner, T.G. (2010). *The Indian Child Welfare Act: A National Law Controlling the Welfare of Indigenous Children*. American Indian Law Alliance.

National Congress of American Indians. Child Welfare & TANF. National Congress of American Indians. Retrieved from <http://www.ncai.org/policy-issues/education-health-human-services/child-welfare-and-tanf>

National Indian Child Welfare Association. Frequently Asked Questions About ICWA. Retrieved from [http://www.nicwa.org/indian\\_child\\_welfare\\_act/faq/#active\\_efforts](http://www.nicwa.org/indian_child_welfare_act/faq/#active_efforts)

Palmiste, C. (2011). From the Indian Adoption Project to the Indian Child Welfare Act: the resistance of Native American communities. *Indigenous Policy Journal* 22(1), 1-10.

Senate Report 104-288. 104th Congress. Retrieved from <http://www.gpo.gov/fdsys/pkg/CRPT-104srpt288/html/CRPT-104srpt288.htm>

Clinics are located in Chinle, Crownpoint, Dilkon, Fort Defiance, Kayenta, Shiprock, and Tuba City.<sup>119</sup>

### **Incarcerated Parents**

A 2011 report from the Arizona Criminal Justice Commission estimates that in Arizona, about three percent of youth under 18 have one or more incarcerated parent. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers.<sup>120</sup> More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders in all 15 counties across Arizona every other year. In 2012, three percent of youth indicated that they currently have a parent in prison. Fifteen percent of youth indicated that one of their parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.

This represents a population of Arizona youth who are at great risk for negative developmental outcomes. Previous research on the impact parental incarceration has on families demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents.<sup>121</sup> In recent studies, even when caregivers have indicated that children were coping well with a parent's incarceration, the youth expressed extensive and often secretive feelings of anger, sadness, and resentment. Children who witness their parents arrest also undergo significant trauma from experiencing that event and often develop negative attitudes regarding law enforcement.<sup>122</sup>

The emotional risk to very young children (0-5) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and

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<sup>119</sup> Navajo Nation Division of Social Services. (n.d.) Navajo Treatment Center for Children and their Families. Retrieved from: <http://www.nndss.navajo-nsn.gov/NavajoTreatmentCtrChildrenFamilies.html>

<sup>120</sup> Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

<sup>121</sup> Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

<sup>122</sup> Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. <http://nau.edu/SBS/CCJ/Children-Incarcerated-Parents/>

attention deficit disorder.<sup>123</sup> Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so<sup>124</sup> and the Arizona Department of Corrections states that it endeavors to support interactions between parents and incarcerated children, as long as interactions are safe.<sup>125</sup> Research suggests that strong relationships with other adults is the best protection for youth against risk factors associated with having an incarcerated parent. This person can be, but does not necessarily need to be, the caregiver of the child. Youth also benefit from developing supportive relationships with other adults in their community.<sup>126</sup> Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.<sup>127</sup>

According to the US Department of Justice, the number of inmates confined in Indian Country jails decreased between 2012 and 2013 by 3.3 percent. In 2013, of the 13 facilities in Indian Country that held the majority of inmates, six were in Arizona. About 22 percent of all inmates in custody in Indian Country were held in Arizona.<sup>128</sup>

In June 2013, there were 115 inmates in custody during the peak day in Navajo Nation Department of Corrections facilities in Chinle, Kayenta, Tuba City and Window Rock. The facility in operated at 200% capacity on peak day (10 inmates above its 10-inmate capacity).<sup>129</sup>

### **Food Security**

In March of 2015 the Navajo Nation was awarded a \$2.4 million grant by the USDA to help fight food insecurity as part of an initiative to end childhood hunger with a focus on rural areas. The Navajo Nation Division of Health will implement the Food Access Navigation Project, using Food Access Navigators to evaluate assets and gaps in food access in selected regions of the

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<sup>123</sup> Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

<sup>124</sup> Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

<sup>125</sup> Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

<sup>126</sup> La Vigne, N. G., Davies, E. & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: The Urban Institute Justice Policy Center.

<sup>127</sup> Dallaire, D. H. & Zeman, J. L. (2013). Empathy as a protective factor for children with incarcerated parents. *Monographs of the Society for Research in Child Development*, 78(3), 7-25.

<sup>128</sup> Minton, T. (2013). *Jails in Indian Country, 2013*. Bureau of Justice Statistics, Office of Justice Programs, US Department of Justice. Retrieved from <http://www.bjs.gov/content/pub/pdf/jic13.pdf>

<sup>129</sup> "On peak day" refers to the number of inmates held on the day in June in which the custody population of a facility was the largest. Minton, T. (2013). *Jails in Indian Country, 2013*. Bureau of Justice Statistics, Office of Justice Programs, US Department of Justice. Retrieved from <http://www.bjs.gov/content/pub/pdf/jic13.pdf>

reservation and to provide technical assistance for connecting eligible households to nutrition assistance programs.<sup>130</sup>

The Navajo Nation Regional Partnership Council also funds a strategy to support families facing food insecurity in the region. A mobile food pantry service is available through St. Jude Food Bank. Emergency food boxes are also distributed by St. Mary's Food Bank Alliance.

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<sup>130</sup> <http://www.usda.gov/wps/portal/usda/usdahome?contentid=2015/03/0053.xml&contentidonly=true>

## **Public Information and Awareness and System Coordination**

Efforts to enhance the coordination among agencies and programs serving young children and their families in the region include:

- Updates to the Navajo Nation Health, Education, and Human Service Committee, and Navajo Nation Board of Education.
- Participation in networking meetings in the region (Navajo Head Start Health Service Advisory Committee, Dilkon Community Networking, Tuba City Networking Meetings, and Fort-A Team meetings, among others)
- First Things First-funded Grantee Coordination meetings
- Development of the Early Education Coalition facilitated by the Regional Partnership Council (since August of 2014)

## Summary and Conclusion

This Needs and Assets Report is the fourth biennial assessment of early education, health and support for families in the First Things First Navajo Nation Region. It is clear that the region has substantial strengths that can be leveraged to support the families of young children. These include: Community Health Representatives who can provide paraprofessional services at the Chapter level; a low rate of low birth weight babies; high breastfeeding rates among WIC clients; and a commitment to Navajo language recovery and sustainability.

A table containing a summary of identified regional assets can be found in Appendix A.

However, there continue to be substantial challenges to fully serving the needs of young children throughout the region. Many of these have been recognized as ongoing issues by the Navajo Nation Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region. Some of these needs, and the strategies proposed to deal with them, are highlighted below. A table of Navajo Nation Regional Partnership Council First Things First planned strategies for FY2015 is provided in Appendix C.

- **Increased efforts to facilitate uptake of professional development opportunities for early childhood education professionals** – One funding strategy is targeted towards promoting the availability of a skilled early childhood workforce in the area by providing professional development opportunities through scholarships for early childhood professionals in the region.
- **A need for additional quality child care services** – Although the early childhood education system in the region offers a variety of programs to families, such as the Navajo Nation CCDF Program, Navajo Head Start and FACE, there are long waiting lists for these programs. Lack of quality child care can have an impact not only on the well-being of the child, but on a family's employment situation. Having reliable child care makes it easier for parents to avoid missing work or being late. The Regional Partnership Council has recognized this need and supported Pre-K program expansion initiatives at Pinon, Kayenta and Red Mesa Unified Districts.
- **A need to improve oral health in young children**—Almost 90 percent of young children in the region were identified by IHS as having experienced tooth decay, and two thirds of them as having untreated tooth decay. The Oral Health strategy in the region is addressing this need by providing fluoride varnishes to young children and oral health education opportunities for their parents.
- **Concern about levels of obesity and accompanying health risks, including diabetes** – About one in every five young children (2-5) seen by IHS in the region are obese.

Childhood obesity is associated with a number of health and psycho-social problems, and with increased health care costs. The Nutrition/Obesity/Physical activity strategy supports education focused on prevention addresses the high rates of childhood obesity in the region.

This report also highlighted some additional areas that could be considered as targets by stakeholders in the region:

- **Support for children living with grandparents and other relatives** – Almost half of young children in the region are living with relatives other than their parents, many of those with grandparents. Family caregivers in other regions have identified a number of supports that would be helpful to them in facing the unique physical, emotional, legal and financial challenges of raising their young relatives. Among these were: financial assistance similar to that provided to foster parents; respite support that provides safe child care; support groups of other grandparents that include child care; and a resource guide targeted specifically at the needs of elders taking care of grandchildren. Efforts to identify the specific needs of grandparents and other family caregivers in the Navajo Nation could be worthwhile in supporting these families.
- **Continue to increase enrollment in third-party insurance** –Facilitating enrollment in Medicaid or private insurance plans can offer benefits both at the individual and community levels. Community members who enroll in a health insurance plan can gain increased access to health care services by being able to receive care through their insurance plan providers, Indian Health Service facilities, Tribes and Tribal Organizations, and Urban Indian Organizations. At the community level, tribes can benefit when IHS or tribally-operated 638 facilities bill an outside insurer for medical services resulting in savings in Contract Health Service funds. The money saved through outside billing (3<sup>rd</sup> party billing) can then be used in other ways to benefit all tribal citizens.

Although there are challenges that families face, the Navajo Nation Region has substantial strengths that can help it deal effectively with these. In reaching out to families in remote areas with limited access to early childhood settings, emphasizing the importance of the Navajo culture and language, and working to improve collaborations across the early childhood system, the Navajo Nation Region will continue to strengthen the support network for the youngest members of the community.

## Appendix A. Table of Regional Assets

### *First Things First Navajo Nation Regional Assets*

A rate of low birth weight births that meets the Healthy People 2020 target and is substantially lower than the rate in both the state as a whole and all Arizona Reservations combined

High breastfeeding rate

Immunization rate that meets the Healthy People 2020 target

High rate of households where members speak a Native language at home

Strong community commitment to Navajo language recovery and sustainability

Community Health Representatives who can provide paraprofessional services at the Chapter level

## Appendix B. Table of Regional Challenges

### *First Things First Navajo Nation Regional Challenges*

A high unemployment rate

A high percent of housing units with housing problems and severe housing problems

High rates of tooth decay among young children

Need for expanding the capacity of current child care and early education programs

High levels of childhood obesity rates

## Appendix C. Table of Regional Strategies, FY 2015

### Navajo Nation Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015

Goal Area	Strategy	Strategy Description
Quality and Access	Quality First	Expands the number of children who have access to high quality care and education, including learning materials that are developmentally appropriate, a curriculum focused on early literacy and teachers trained to work with infants, toddlers and preschoolers. Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.
	Quality First Scholarships	Helps low-income families afford a better educational beginning for their children. Provides scholarships to children to attend quality early care and education programs.
	Family, Friends, and Neighbors	Improves the quality of care and education that children receive in unregulated child care homes. Supports provided to family, friend and neighbor caregivers include training and financial resources.
	Expansion: Start Up and/or Capital Expense	Increases the number of child care providers who are state/tribal licensed or certified, and strengthens the skills of caregivers in those settings who are working with children birth to 5 years old. Recruits new or existing providers to begin to serve or expand services. May assist with planning, licensing or certification process for new centers or homes, or provide support to a provider to improve the quality of facility or programs.
Professional Development	Scholarships non-TEACH	Improves the professional skills of those providing care and education to children 5 and younger. Provides scholarships for higher education and credentialing to early care and education teachers.
	FTF Professional REWARD\$	Keeps the best teachers with our youngest kids by rewarding longevity and continuous improvement of their skills. Improves retention of early care and education teachers through financial incentives
Family Support	Home Visitation	Gives young children stronger, more supportive relationships with their parents through in-home services on a variety of topics, including parenting skills, early childhood development, literacy, etc. Connects parents with community resources to help them better support their child's health and early learning. Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connect families to resources to support their child's health and early learning.
	Native Language Preservation	Connects children in tribal communities to their native language and culture in the critical early years. Provides materials, awareness and outreach to promote native language and cultural acquisition for the young children of Tribal families.
	Food Security	Improves the health and nutrition of children 5 and younger and their families. Distribute food boxes and basic necessity items to families in need of assistance who have children birth to 5 years old.

	Parenting Outreach and Awareness	Improves child development by educating parents and connecting them to resources and activities that promote healthy growth and school readiness. Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness.
	Reach Out and Read	Expands children's access to reading by promoting child literacy as a part of pediatric primary care. Trains pediatric practices to engage parents and young children in early literacy activities; provides books to pediatricians or their staff to distribute to families with young children.
Health / Mental Health	Child Care Health Consultation	Improves the health and safety of children in a variety of child care settings. Provides qualified health professionals who assist child care providers in achieving high standards related to health and safety for the children in their care.
	Nutrition/Obesity/Physical Activity	Improves the health and safety of young children by providing community-based health education on a variety of topics including: healthy food choices and appropriate physical activity. Provides health education focused on obesity prevention to children, families and early care and education professionals.
	Recruitment-Stipends/Loan Forgiveness	Improves the quality and range of therapeutic and intervention services in underserved communities. Offers professionals financial incentives to work in underserved communities.
	Oral Health	Decreases preventable oral health problems in young children. Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system
Community Outreach	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.
	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.
	Media	Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.

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