2012 NEEDS AND ASSETS REPORT

Colorado River Indian Tribes Regional Partnership Council

FIRST THINGS FIRST

Ready for School. Set for Life.

FIRST THINGS FIRST

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August 28, 2012 November 15, 2012

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Message from the Chair:

The past two years have been rewarding for the First Things First Colorado River Indian Tribes 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 providing support through the funding of regional prioritized areas such as Child Care Scholarships, Professional Development, Early Literacy, and Preventive Health Care. The Regional Partnership Council also assisted in providing statewide quality improvement for the regions child care providers.

The First Things First Colorado River Indian Tribes Regional Partnership Council will continue to support and provide opportunities for the regions families by our continued commitment to assessing the community's needs, educating the public and advocating for the community's needs. With the continued funding of First Things First, the Regional Partnership Council will move forward in responding to the most vital needs of our region's children.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Colorado River Indian Tribes Region in 2008 and the 2010 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 Colorado River Indian Tribes Regional Council would like to thank our Needs and Assets Vendor, John & Doris Norton School of Family and Consumer Research Sciences at the University of Arizona for their knowledge, expertise and analysis of the Colorado River Indian Tribes region. The new report will help guide our decisions as we move forward for young children and their families within the Colorado River Indian Tribes region.

Going forward, the First Things First Colorado River Indian Tribes Regional Partnership Council is committed to meeting the needs of young children by providing essential services and advocating for social change.

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,

Veronica Homer, Chair
Colorado River Indian Tribes Regional Partnership Council

Introductory Summary and Acknowledgments

First Things First Colorado River Indian Regional Partnership Council

A Child's most important developmental years are those leading up to kindergarten. First Things First is committed to helping Arizona kids five and younger receive the quality education, healthcare and family support they need to arrive at school healthy are ready to succeed. Children's success is fundamental to the wellbeing of our communities, society and the State of Arizona.

This Needs and Assets Report for the Colorado River Indian Tribes Geographic Region provides a clear 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 in the Colorado River Indian Tribes Region include, limited access to quality childcare both regulated and family, friend and neighbor care, limited access to services to prevent the health issues caused by obesity, lack of physical activity and poor nutrition, and limited services to parents that promote understanding on child development and the importance of early literacy. The First Things First Colorado River Indian Tribes 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. A strong focus throughout the Colorado River Indian Tribes Region, in the past year has been increasing access to quality child care, increasing access to preventive health and parent education services and increasing public awareness of the importance of early childhood development. This report provides basic data points that will aid the Council's decisions and funding allocations; while building a true comprehensive statewide early childhood system.

Acknowledgments:

The First Things First Colorado River Indian Tribes Regional Partnership Council owes special gratitude to the agencies and key stakeholders who participated in numerous work sessions and community forums throughout the past two years. 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.

To the current and past members of the Colorado River Indian Tribes 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 within 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 within the region and the entire State.

We also want to thank the CRIT Tribal Council and Tribal departments for their assistance in the preparation of this report, the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral , the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, and the Arizona Health Care Cost Containment System for their contribution of data for this report.

First Things First Colorado River Indian Tribes Regional Partnership Council

Regional Council Members

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Executive Summary

The Colorado River Indian Tribes (CRIT) Region encompasses a unique and diverse area. The Colorado River Indian Tribes include four distinct Tribes—the Mohave, Chemehuevi, Hopi and Navajo. The Colorado River Indian Tribes Reservation covers about 420 square miles, of which about 84% lies in La Paz County, Arizona. The remainder is across the river, in California. The primary community in the Colorado River Indian Tribes Region is Parker, Arizona, which is located on a combination of Tribal land, leased land that is owned by the Colorado River Indian Tribes and land owned by non-tribal members. The Colorado River Indian Tribes Regional Partnership Council serves both tribal members and non-members on the Reservation, in the town of Parker, and from surrounding communities of La Paz County.

Tribal approvals for tribally-specific data collection were not available for this edition of the report. Therefore, this report presents as full a picture of the region's needs and assets as possible, using only non-tribal data sources; however, it is necessarily somewhat limited in its scope.

About 35 percent of the population of La Paz County—and 60 percent of the county's young children—live in the Colorado River Indian Tribes Region. In 2010, there were 7,077 people living on the Arizona part of the reservation, of whom 739 were children under the age of six. Most of children live in or near the town of Parker, but some live in the Poston area, or farther south. About three-quarters of these young children live with one or both parents; the remaining quarter live with grandparents or other relatives, or with unrelated persons. Forty-two percent of children under six in the region live in poverty.

In the 2010 census, the three largest racial/ethnic groups in the Colorado River Indian Tribes Region were people who identified as Hispanic (40%), as American Indians (29%), and non-Hispanic white (27%). About 30 percent of the households in the region speak a language other than English at home (primarily Spanish, though about 3% of households speak an American Indian language). Of the region's adults 25 years old or older, about 32 percent do not have a high-school diploma or GED. Only six percent have a college degree.

The state of Arizona has designated the Colorado River Indian Tribes Region as a medically underserved area. There is no labor and delivery unit in the region. Although pediatric care is available at the Parker Indian Health Center, there are no pediatricians for non-tribal members. Only 64 percent of expectant mothers get first-trimester prenatal care, and 11 percent had fewer than five prenatal visits in all. Although mothers in the region are more likely to be teen-aged than mothers statewide, their babies are less likely to have low birth weights.

There are six licensed or certified childcare providers in the region, including Head Start and Blake Preschool Program (currently housed within Wallace Elementary School). Milemarkers

Therapy provides early intervention services and Head Start and Blake Preschool Program provide services to preschool-aged special-needs children.

The local Head Start program, in addition to its educational mission, also collaborates with other agencies and service providers to benefit all of the children in the Region, including those who are not enrolled in the program. Children living in the region have high rates of up-to-date immunizations and dental screenings, for example.

There is concern in the community about the low proportion of third grade children passing the Arizona Instrument to Measure Standards (AIMS) Reading and Math tests, suggesting a need for increasing support for early literacy.

A asset of the Colorado River Tribes Region is the culturally diverse, yet often cohesive, nature of the region. Leveraging the unique opportunities for cross-community collaboration and resource sharing in the Colorado River Indian Tribes Region can help those in the community respond creatively to these challenges and to support the health, welfare and development of the families and young children who live there.

Who are the families and children living in the Colorado River Indian 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 Colorado River Indian Tribes was one of 10 Tribes who chose to be designated as its own region.

The Colorado River Indian Tribes include four distinct Tribes - the Mohave, Chemehuevi, Hopi and Navajo. The Colorado River Indian Tribes (CRIT) (region) encompasses a unique and diverse area. The primary community in the First Things First CRIT Region is Parker, Arizona, which is located on a combination of Tribal land, leased land that is owned by CRIT and land owned by non-tribal members. Therefore, the First Things First CRIT Region serves both Tribal members and non-members on the Reservation and in the Town of Parker. There are programs managed by the Colorado River Indian Tribes, such as the Women, Infants and Children's program (WIC) that serve the population of all of La Paz County.

The information included in this report was obtained from publicly available sources, data from various state agencies provided by First Things First and findings from qualitative data collection that was conducted specifically for this report. Appendix D provides more detailed information about the methods utilize to collect qualitative data. Because tribal approval for data collection has not been secured, this report presents as full a picture of the region's needs and assets as possible, using only non-tribal data sources; however, without tribal data, it is necessarily limited in its scope.

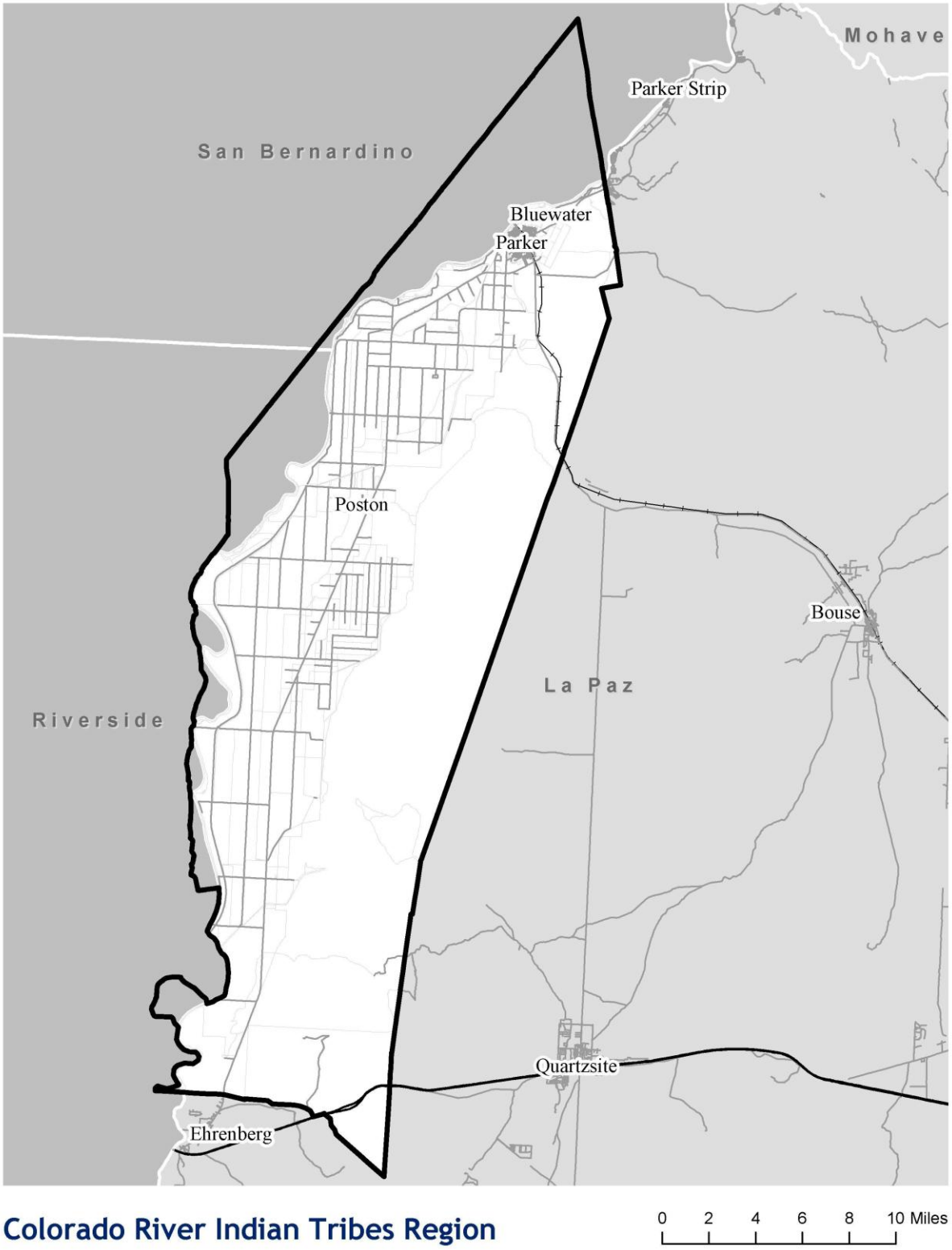
General Population Trends

The Colorado River Indian Tribes Reservation covers about 420 square miles, of which about 84 percent lies in Arizona. The remainder is across the river, in California. The US Census Bureau identifies three census tracts in the reservation: the California part (9401), the town of Parker (9402), and the remainder of the Arizona portion of the reservation (9403).

For purposes of this report, "Colorado River Indian Tribes Reservation" covers the extension of land of the Colorado River Indian Tribes. "Colorado River Indian Tribes Region" refers to the First Things First region in Arizona.

The map below (Figure 1) shows the geographical area covered by the Colorado River Indian Tribes Region (with the Colorado River Indian Reservation bounded in black).

Figure 1. Geographical area of the Colorado River Indian Tribes Region



The CRIT Region had a total population of 7,077 persons in 2010, including 739 children under the age of six. According to the CRIT website[1], approximately half of the CRIT residents (about 3,500 people) are Tribal members. Slightly more than one in five households in the Region have a young child as part of the family; this is higher than the state rate of 16 percent and over twice the rate of the county (9 percent).

Table 1, below, lists the total population and number of households for the state, county, and Colorado River Indian Tribes Region.

Table 1. Population and households by area in the Colorado River Indian Tribes Regional Partnership Council.

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Arizona	6,392,017	546,609	2,380,990	384,441	16%
All Arizona Reservations (Arizona parts only)	178,131	20,511	50,140	13,115	26%
La Paz County	20,489	1,227	9,198	822	9%
Colorado River Indian Reservation (entire)	8,764	792	3,207	526	16%
Colorado River Indian Tribes Region	7,077	739	2,336	485	21%

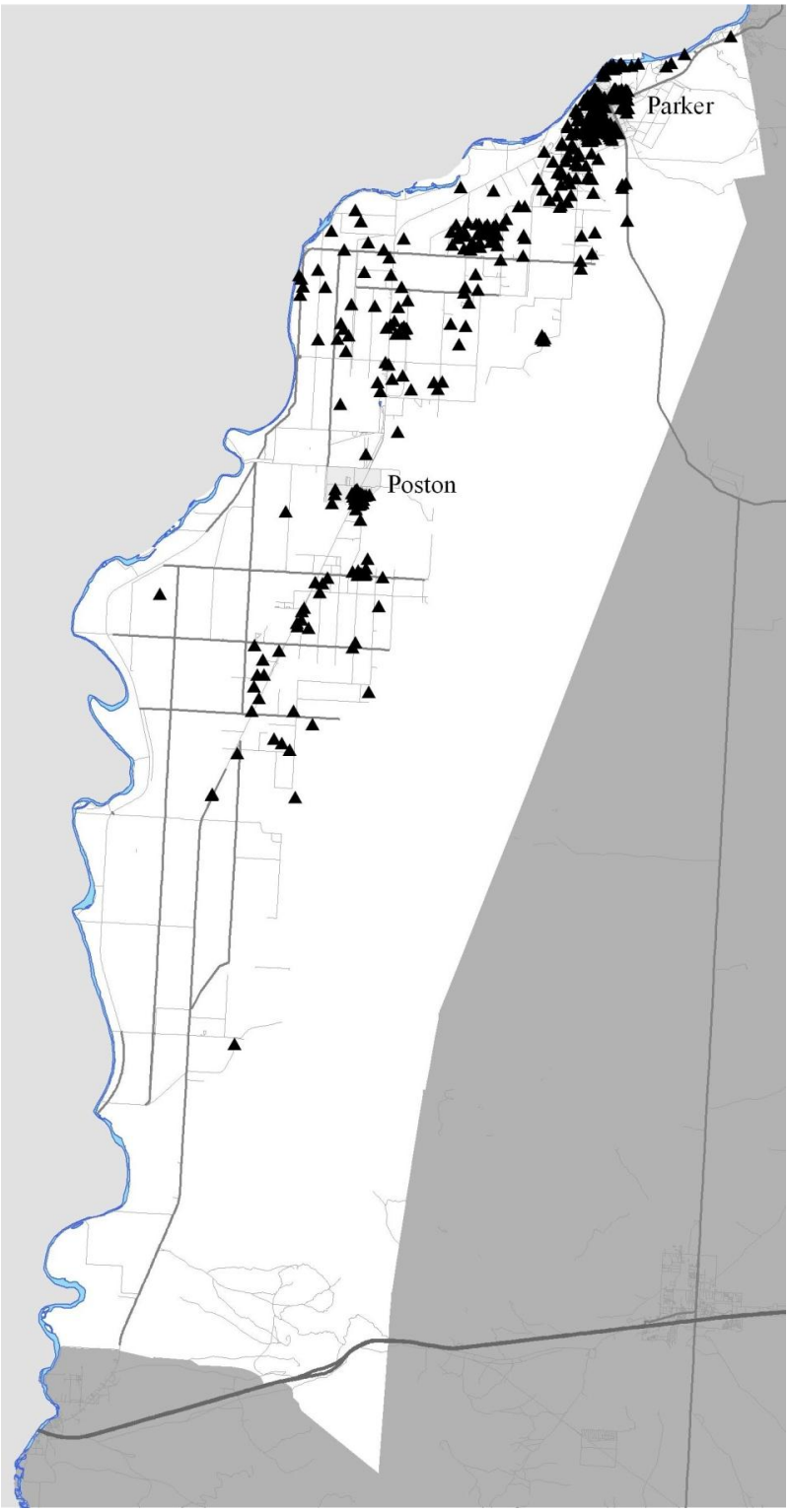
Source: US Census 2010, Tables P1, P14 & P20

In this report, it will occasionally be necessary to report La Paz County data, when more detailed regional data are not available. About 35 percent of the population of La Paz County lives within the Colorado River Indian Tribes Region, as do well over half of the county's young children (60%). When La Paz County data are used they will always be identified as such.

Figure 2 and 3 show 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.

[1] http://www.crit-nsn.gov/

Figure 2. Geographic distribution of children under six in the Colorado River Indian Tribes Region, according to the 2010 Census (by census block)

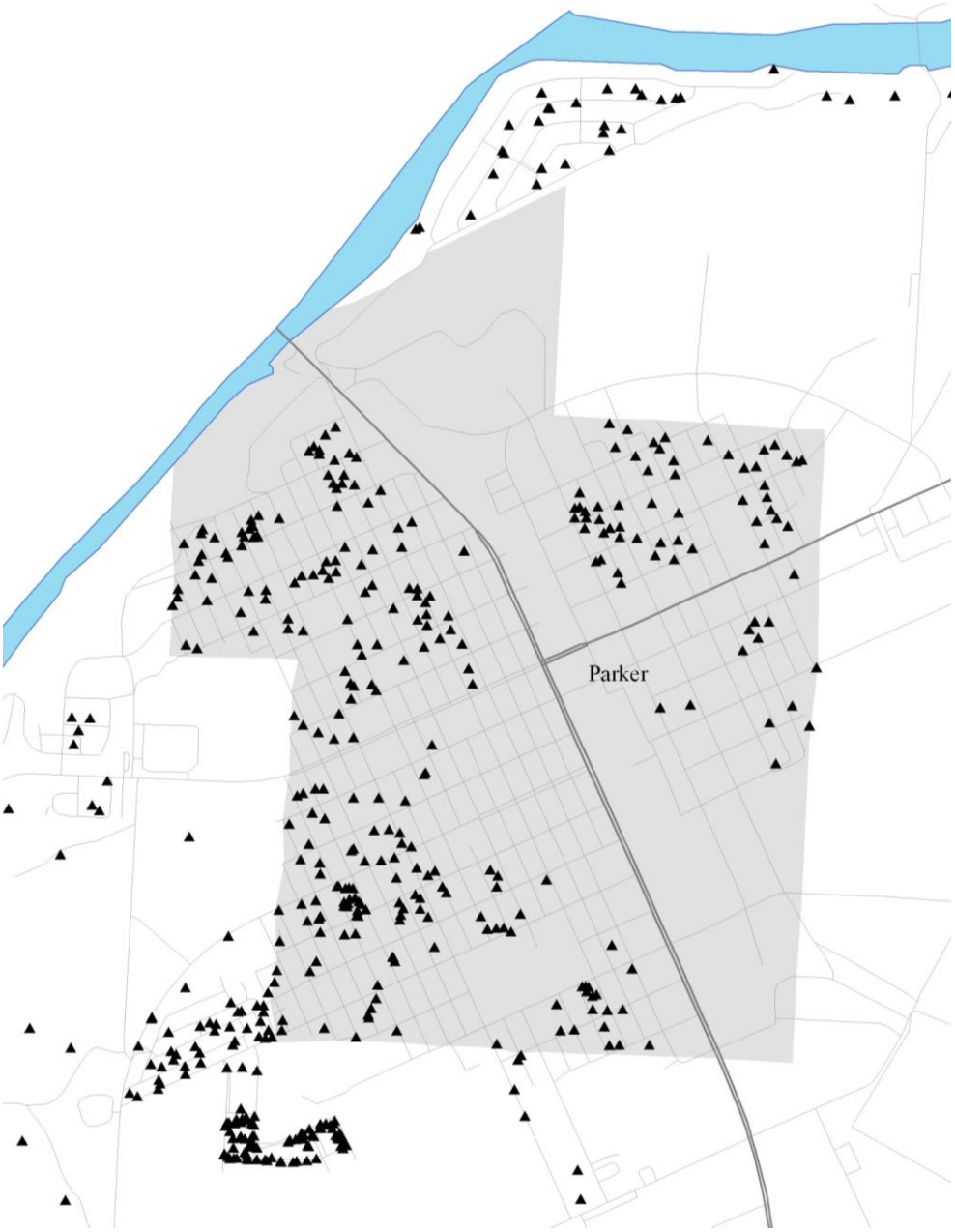


According to the 2010 US Census, in addition to the 739 young children (ages 0 to 5) who lived in the Arizona side, 53 young children lived in the California part of the reservation.

The majority of the young children live in or near the town of Parker, but a substantial number live farther away, in the community of Poston, or even farther south.

Below is an enlarged view of the previous map. According to the 2010 US Census, there were 285 children under the age of six living in the town of Parker (indicated by the gray shading). This represents almost 40 percent of the young children in the CRIT Region. There is a high concentration of young children in the neighborhood southwest of Parker, off West 16th Street.

Figure 3. Geographic distribution of children under six (by census block) in Parker



A comparison between censuses provides information about increases and decreases in population. Table 2 shows changes in population between the 2000 Census and the 2010 Census.

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

	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
GEOGRAPHY	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Arizona	5,130,632	6,392,017	+ 25%	459,141	546,609	+ 19%
All Arizona Reservations (Arizona parts only)	179,064	178,131	- 1%	21,216	20,511	-3%
La Paz County	19,715	20,489	+ 4%	1,195	1,227	+ 3%
Colorado River Indian Reservation (entire)	9,201	8,764	- 5%	808	792	- 2%
Colorado River Indian Tribes Region	7,466	7,077	- 5%	720	739	+ 3%

Source: U.S. Census 2000 and 2010 (Tables P1 and P14)

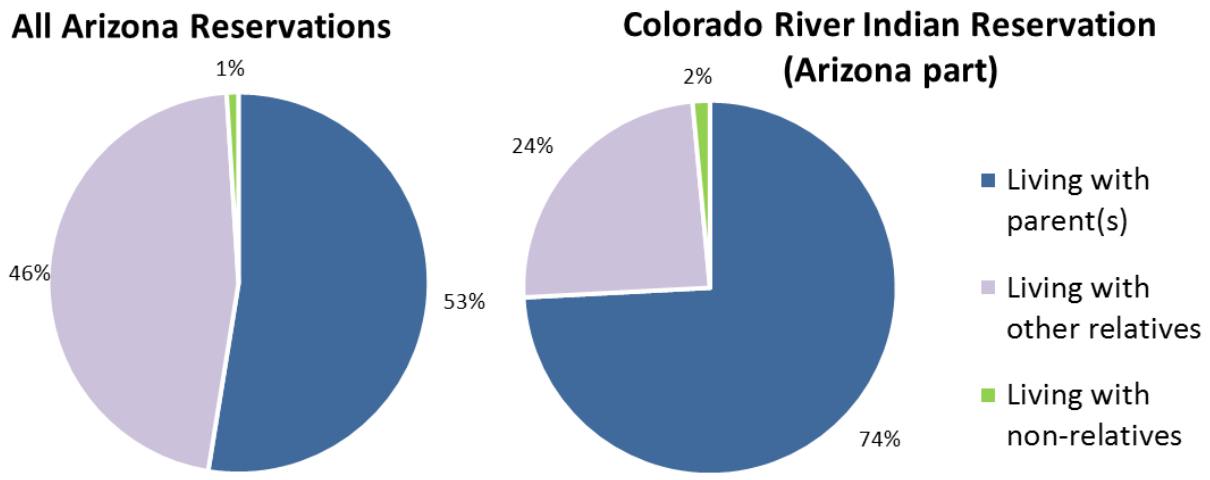
Although the population of the state of Arizona as a whole increased by about 25 percent, the Colorado River Indian Tribes Region experienced an overall population decrease. However, the population of children under the age of six in the region increased slightly. Young children now represent just over 10 percent (10.4%) of the population in the region (increasing from about 9.6% in 2000). This pattern is slightly different from the state overall, where the proportion of young children dropped slightly (from about 9% to 8.5%), and is higher than the overall county proportion of 6 percent of the population.

As the proportion of young children has grown, there are increasing needs for services and developmental opportunities for young children and their families in the Colorado River Indian Tribes Region.

Additional Population Characteristics

This section presents data on the characteristics of families living in the Colorado River Indian Tribes (CRIT) Region, which includes both tribal and non-tribal families. In the Colorado River Indian Tribes Region, about 74 percent of children are living with at least one parent according 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). This is a lower proportion than the statewide percentage of 81 percent, but substantially higher than the proportion of children living with their parents across all Arizona Reservations (46%) (Figure 4). The majority of the remaining 26 percent of children (24%) are living with relatives other than their parents (such as grandparents, uncles, or aunts).

Figure 4. Living arrangements for children in the Colorado River Indian Region



Source: U.S. Census 2010; Tables P41 & PCT14

The 2010 Census data (see Table 3) also tell us about the types of households in which young children live. In the Colorado River Indian Tribes Region, about 47 percent of the households with young children are headed by a married couple. (This could be the child's parents, grandparents, non-relative, etc.) About 37 percent of the households with young children are headed by a single female; the remaining 15 percent are headed by a single male.

Table 3. Types of households in which young children live

GEOGRAPHY	HOUSEHOLDS WITH CHILDREN (0-5)	HUSBAND-AND-WIFE HOUSEHOLDS WITH CHILDREN (0-5)		SINGLE-MALE-HEADED HOUSEHOLDS WITH CHILDREN (0-5)		SINGLE-FEMALE-HEADED HOUSEHOLDS WITH CHILDREN (0-5)	
Arizona	384,441	250,217	65%	43,485	11%	90,739	24%
La Paz County	822	432	53%	120	15%	270	33%
All Arizona Reservations (Arizona parts)	13,115	5,856	45%	1,736	13%	5,523	42%
Colorado River Indian Reservation (entire)	526	248	47%	84	16%	194	37%
Colorado River Indian Tribes Region	485	229	47%	75	15%	181	37%

Source: US Census 2010, Table P20

The 2010 Census provides additional information about multi-generational households and children 0-5 living in a grandparent's household. In Arizona, according to the 2010 Census, approximately 74,153 children aged 0-5 (14**%**) are living in a grandparent's household. The Arizona Children's Action Alliance reports that in Arizona, approximately 36 percent of grandparents caring for their grandchildren have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty[2].

In the Colorado River Indian Tribes Region, 135 children 0-5 (18**%**) are living in a grandparent's household. This is a somewhat higher percentage than both the statewide rate (14%) and the county rate (16%), though it is only half of the rate (40%) found across all Ariozna Reservations. The proportion of households with three or more generations in the CRIT Region (8%) is somewhat higher than the statewide proportion (5%) and the more than double the proportion in the county overall (3%); again, it is only half the rate across all Arizona Reservations.

[2] Children's Action Alliance. (2012). *Grandfamilies Fact Sheet.* Phoenix, AZ. Retrieved from http://www.azchildren.org/MyFiles/2012/grandfamilies%20fact%20sheet%20pic%20background.pdf.

Table 4. Number of children living in a grandparent's household by area

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH THREE OR MORE GENERATIONS	
Arizona	546,609	74,153	14%	2,380,990	115,549	5%
All Arizona Reservations (Arizona parts only)	178,131	8,239	40%	50,140	8,104	16%
La Paz County	1,227	202	16%	9,198	270	3%
Colorado River Indian Reservation (entire)	792	145	18%	3,207	194	6%
Colorado River Indian Tribes Region	739	135	18%	2,336	178	8%

Source: U.S. Census 2010; Tables P41 & PCT14

It must be noted that 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 network of support which can be very valuable when dealing with socio-economic hardships (Hoffman, 1981; Light & Martin, 1996). The rates of multigenerational households in the region falling half way between all Arizona Reservations and statewide rates most likely reflect the mix of tribal and non-tribal families in the region.

In the 2010 census, the three largest racial/ethnic groups in the CRIT Region were people who identified as Hispanic (40%), as American Indians (29%), and as non-Hispanic white (27%)(Census 2010, Table QT-P4). This contrasts sharply with the rest of the county, where about two-thirds of the population is non-Hispanic White.

Table 5. Race and Ethnicity in the Colorado River Indian Tribes Region, La Paz County, and Arizona

GEOGRAPHY	TOTAL POPULATION	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Arizona	6,392,017	30%	58%	4%	4%	3%	2%
All Arizona Reservations (Arizona parts only)	32,047	19%	9%	0%	70%	0%	2%
La Paz County	20,489	23%	63%	1%	11%	0%	2%
Colorado River Indian Reservation (entire)	8,764	35%	38%	1%	24%	0%	3%
Colorado River Indian Tribes Region	7,077	40%	27%	1%	29%	0%	3%

Source: U.S. Census 2010; Table QT-P4

The *Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona* (Larson, 2008) attempts to estimate the population of migrant and seasonal farmworkers[3] in Arizona based on data from a variety of sources. The estimates from this report are shown in

Table 6.

Based on the data available, there are an estimated 1,035 migrant and seasonal farmworkers in the Colorado River Indian Tribes Region, with an estimated 167 children 0 to 5 years of age in these households. In addition, La Paz County has the fourth largest population of migrant and seasonal farmworkers in the state (after Yuma, Maricopa, and Pinal counties). This reflects the importance of agriculture as one of the main economic activities in the county (Arizona Department of Commerce, 2009a). However, no children in the elementary schools of the Parker Unified School District are classified as migrant students (ADE Preschool and Elementary Needs, 2011).

[3] The Enumeration Study uses the Migrant Health Program's definition of seasonal farmworker as: "An individual whose principal employment [51% of time] is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months." The definition of a migrant farmworker is essentially the same, but includes that the farmworker "established for the purposes of such employment a temporary abode" (Larson, 2008).

Table 6. Estimated number of migrant and seasonal farmworkers, their families, and children 0 to 5 years of age in La Paz County

	Migrant and Seasonal Farmworker (MSFW)	Non-Farmworkers in these Households	Total number in MSFW Households	Estimated number of Children 0 to 5 in MSFW Households
La Paz County	2,732	2,339	5,071	442
Colorado River Indian Tribes	1,035	886	1,921	167

Source: Larson, A.C. (2008) Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona

Data about English speaking ability provides additional information about the characteristics of the population in the Colorado River Indian Tribes Region. As shown in Table 7 below, the majority of residents in the region speak only English at home, though 28 percent speak Spanish in the home (which is almost twice the rate as the county as a whole). The languages of the four different groups that comprise the Tribes (Mohave, Chemehuevi, Navajo and Hopi) are also spoken as home-languages in the region, but by only a small proportion of community residents.

Table 7. Language Use in the Colorado River Indian Region

GEOGRAPHY	POPULATION 5 AND OLDER	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK AN INDIAN LANGUAGE AT HOME	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Arizona	5,783,756	73%	21%	2%	2,326,468	27%	6%
All Arizona Reservations (Arizona parts only)	159,902	41%	4%	54%	46,954	75%	11%
La Paz County	19,514	82%	15%	1%	10,158	15%	4%
Colorado River Indian Reservation (entire)	8,900	72%	25%	2%	4,267	26%	6%
Colorado River Indian Tribes Region	7,432	68%	28%	3%	3,446	30%	6%
Parker	2,904	71%	28%	1%	1,214	28%	5%

Source: American Communities Survey, 2006-2010, Tables 16001 & 16002

A household is defined by the Census as *linguistically isolated* if none of the adults or older children (14 and older) in the household speak English "very well." The rates of linguistic isolation in the region are similar to the state and county rates.

Overall nine percent of the students in the three Parker Unified School District elementary schools are classified as English Language Learners; three percent of those in Wallace Elementary, eight percent in Blake Primary, and 18 percent in Le Pera Elementary (ADE Preschool & Elementary Needs, 2011).

Economic Circumstances

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. According to the American Communities Survey, the percentage of people living in poverty in La Paz County (20%) was higher than the state as a whole (15%; Table 8). Colorado River Indian Tribes Region residents who reside on the Reservation have a poverty rate (29%) higher than the county overall, and nearly double that of the state. Although young children residing in Parker have poverty rates similar to the state as a whole, children on the reservation have poverty rates that are substantially higher, and similar to the county as a whole.

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
Arizona	$59,840	15%	24%
All Arizona Reservations (Arizona parts only)	xx	39%	51%
La Paz County	$37,721	20%	43%
Colorado River Indian Tribes Region	$32,648	29%	42%
Parker	$44,326	16%	26%

Source: American Communities Survey 2006-2010; Tables B19126 & B17001

Although the ACS provides information on smaller communities, those data are aggregated across years and so are less sensitive to more recent fluctuations (such as the economic downturn). The 2010 Census provides more recent estimates of poverty and median income as

Small Area Income and Poverty Estimates, though these are only at the state and county level. As shown in Table 9, the more recent data shows that median household incomes have fallen in the state and region, and that a higher percentage of children and families are living in poverty. Based on the relatively higher historical rates of poverty in the region compared to the county and state, and on the rate of school-aged child poverty (see Table 10), it is likely that close to half of all children 0-5 are facing poverty.

Table 9. 2010 Poverty and Median Income Estimates

GEOGRAPHY	MEDIAN HOUSEHOLD INCOME	ESTIMATED NUMBER AND PERCENT OF PERSONS IN POVERTY (ALL AGES)		ESTIMATED NUMBER AND PERCENT OF CHILDREN IN POVERTY (AGES 0-17)		ESTIMATED NUMBER AND PERCENT OF YOUNG CHILDREN IN POVERTY (AGES 0-4)	
Arizona	$46,787	1,105,075	18%	401,664	25%	129,973	29%
La Paz County	$33,818	4,769	24%	1,377	38%	xx	xx

Source: U.S. Census Bureau, Small Area Estimates Branch, 2010 Poverty and Median Income Estimates

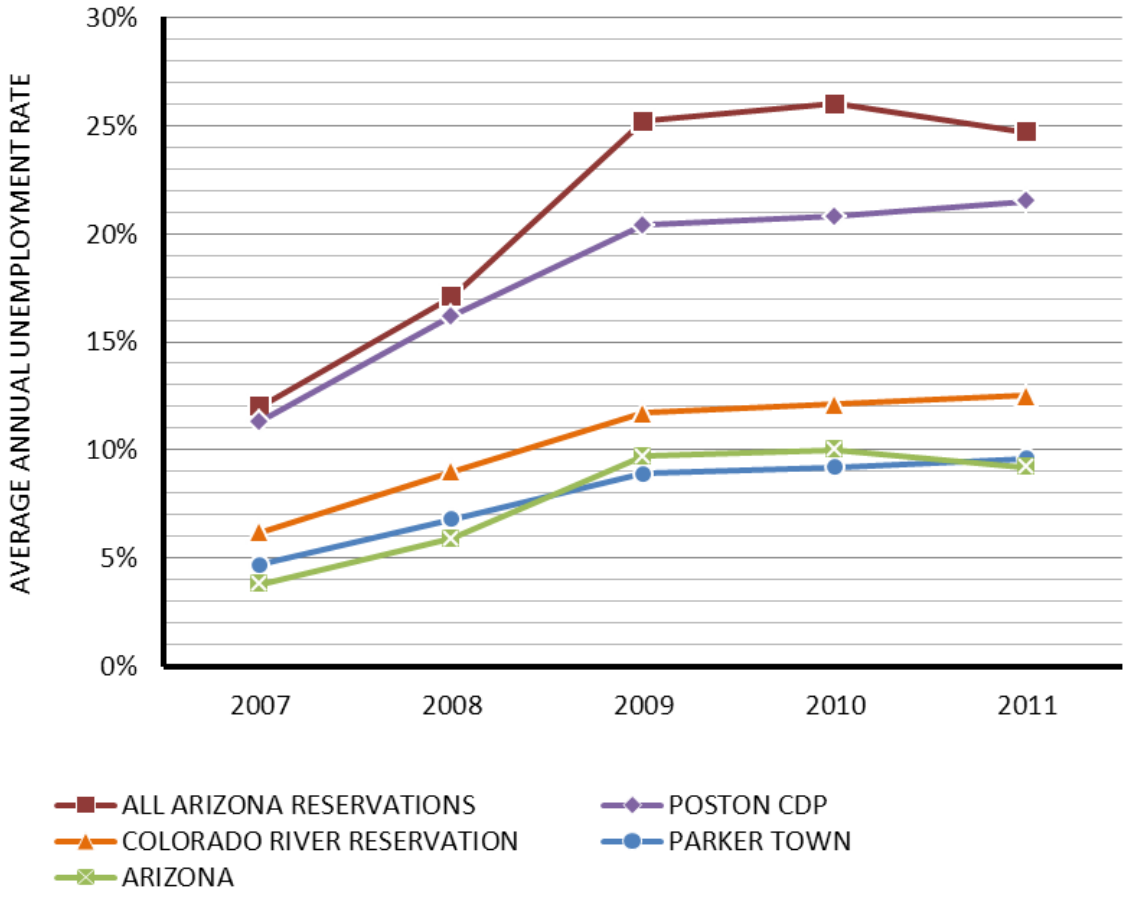
Table 10. Poverty Estimates by School District

DISTRICT NAME	ESTIMATED TOTAL POPULATION	ESTIMATED POPULATION (AGES 5-17)	ESTIMATED NUMBER AND PERCENT OF CHILDREN IN POVERTY (AGES 5-17)	
Parker Unified School District	9,554	1,735	626	36%

Source: US Census Bureau, Small Area Income & Poverty Estimates (SAIPE) for School Districts, 2010

Annual unemployment rates are another important indicator of regional economic vitality. The average unemployment rate in La Paz County in 2011 was 10.3 percent, slightly higher than the statewide average of 9.2 percent. As shown in Figure 5, below, the lowest rate of unemployment in the region is in Parker, which has remained near the state rate. The Colorado River Reservation has been consistently higher than the state rate, though much lower than the combined rate for all Arizona Reservations. The highest rate of unemployment in the region is in Poston.

Figure 5. Annual unemployment rates



Source: Arizona Department of Commerce, Research Administration, CES/LAUS Unit, 2010

Participation in public assistance programs is an additional indicator of stresses that families are facing. Public assistance programs commonly used by families with young children in Arizona include SNAP (Supplemental Nutrition Assistance Program, formerly called food stamps) and TANF (Temporary Assistance for Needy Families, part of what has been referred to in lay terms as "welfare").

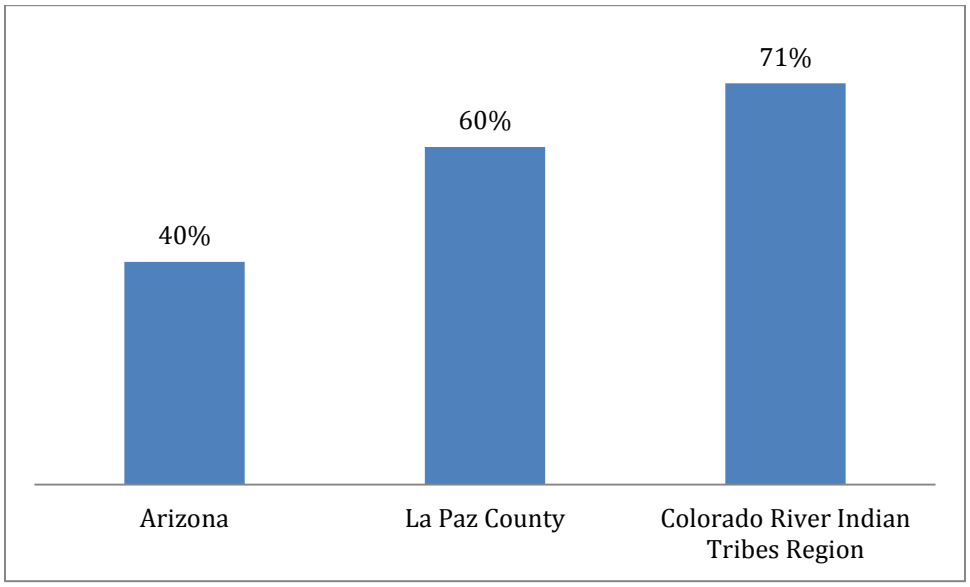
In the entire state of Arizona, the number of children receiving SNAP has risen every year since 2007, and increased by 8.5 percent between June 2009 and July 2011. In La Paz County, the number of children on SNAP increased by just three percent between June 2009 and July 2011. As illustrated in Table 11**,** in the Colorado River Indian Tribes Region the number of children on SNAP increased by just over 10 percent. The proportion of children 0-5 years of age receiving SNAP was higher in the region than in the state or county as a whole, as shown in Figure 6.

Table 11. Children 0-5 Receiving SNAP (Supplemental Nutritional Assistance Program)

	January 2007	June 2007	January 2009	June 2009	January 2010	July 2010	January 2011	July 2011
Arizona	134,697	139,170	179,831	199,367	215,837	212,465	204,058	216,398
La Paz County	606	596	676	715	734	729	735	736
Colorado River Indian Tribes Region	389	386	467	478	482	493	507	527

Source: Arizona Department of Economic Security, 2011

Figure 6. Percentage of Children 0-5 Receiving SNAP in July 2011



Source: Arizona Department of Economic Security, 2011

In contrast to SNAP, the number of children receiving TANF statewide has decreased between 2009 and 2011. This is likely due to new eligibility rules and state budget cuts to the program, which have ocurred annually for the past three fiscal years. A new rule which takes grandparent income into account has led to the decline of child-only TANF cases. Fiscal 2012 budget cuts limit the amount of time that families can receive TANF to two years, and are estimated to adversely affect 3,500 families statewide, including 6,500 children.[4]. Between June 2009 and July 2011, Arizona child TANF recipients decreased by 46 percent, La Paz County child TANF recipients decreased by 54 percent, and Colorado River Indian Region child TANF recipients decreased by 36 percent (see Table 12). The percentage of children 0-5 in the Colorado River

[4] Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run.* The Arizona Republic: Phoenix, AZ. Retrieved from http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html

Indian Tribes Region receiving TANF aid is five percent, which is slightly higher than the county rate (4%) and over twice the statewide rate (2%).

Table 12. Children 0-5 Receiving TANF (Temporary Assistance for Needy Families)

	January 2007	June 2007	January 2009	June 2009	January 2010	July 2010	January 2011	July 2011
Arizona	20,867	19,646	24,273	23,746	23,866	17,978	13,450	12,837
La Paz County	117	104	117	96	94	79	48	44
Colorado River Indian Tribes Region	72	69	76	58	69	63	41	37

Source: Arizona Department of Economic Security, 2011

Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. An estimated 76 percent of the students in the Parker Unified School District qualified for this program. For school year 2011-2012, income criteria were as follows:

Table 13. Federal Income Chart: 2011-2012 School Year[5]

FEDERAL INCOME CHART: 2011-2012 SCHOOL YEAR			
Household Size	**Yearly Income**	**Monthly Income**	**Weekly Income**
1	$20,147	$1,679	$388
2	$27,214	$2,268	$524
3	$34,281	$2,857	$660
4	$41,348	$3,446	$796
5	$48,415	$4,035	$932
6	$55,482	$4,624	$1,067
7	$62,549	$5,213	$1,203
8	$69,616	$5,802	$1,339
Each Additional Person	$7,067	$589	$136

Educational Indicators

Across the U.S., the level of educational attainment in the population is closely associated with income. Those who graduate high school make, on average, about 1.5 times the annual income of those who do not graduate, and those with a college degree average 2.5 times the annual income of those who do not graduate from high school (U.S. Census, 2004). Within Arizona, the poverty rate among those with a college degree is four percent, compared to three times that rate (12%) for high school graduates, and six times that rate (25%) for adults without a high school education (U.S. Census, n.d.) In addition to having an impact on income, low levels of adult education are correlated with low levels of overall child well-being.[6]

In the Colorado River Indian Tribes, 54 percent of children ages 3 and 4 are estimated to be enrolled in school compared to 42 percent in all Arizona reservations combined, and 34 percent in the state as a whole. This high coverage rate is due largely to the Colorado River Indian Tribes Head Start program, which serves the region (see the *Early Care and Access*, section below).

[5] Retrieved from the United States Department of Agriculture at http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm

[6] Annie E. Casey Foundation. (2012). Analyzing State Differences in Child Well-being. O'Hare, W., Mather, M., & Dupuis, G.

Table 14. School Enrollment

GEOGRAPHY	ENROLLED IN SCHOOL (AGES 3-4)	NOT ENROLLED IN SCHOOL (AGES 3-4)
Arizona	34%	66%
La Paz County	54%	46%
All Arizona Reservations (Arizona parts only)	42%	58%
Colorado River Indian Tribes Region	54%	46%
town of Parker	67%	33%

Source: ACS 2006-2010

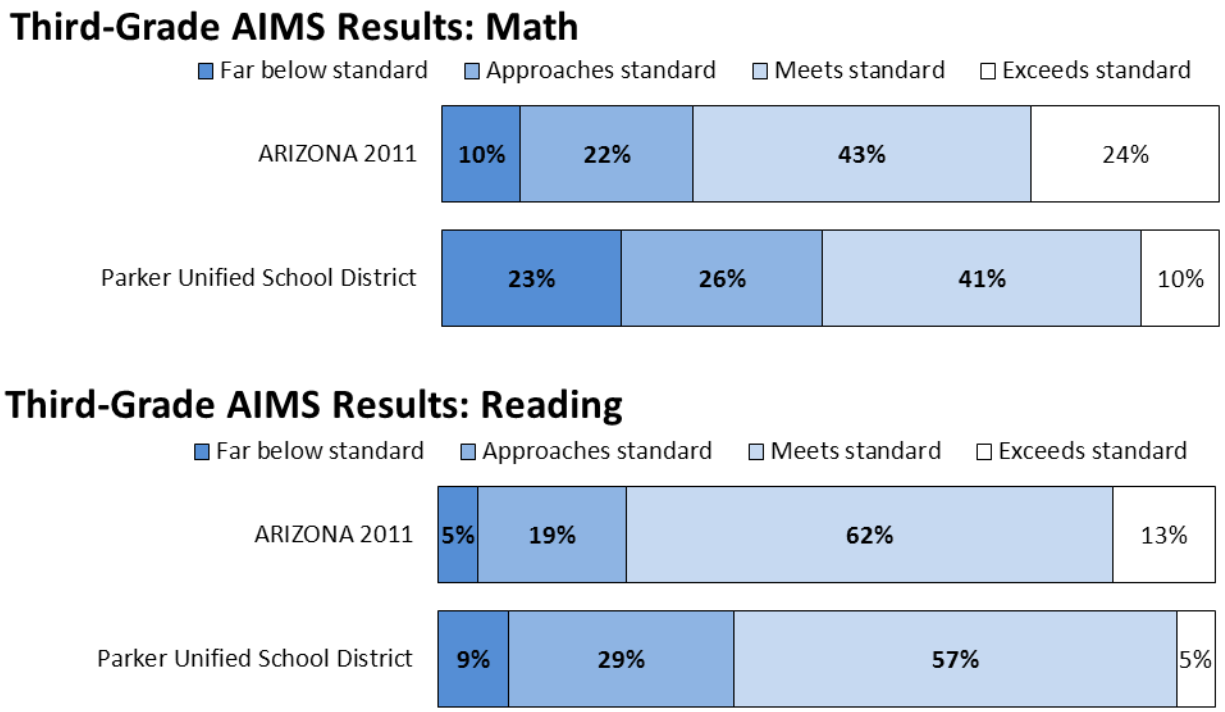
Children living within the Colorado River Indian Tribes Region attend school in the Parker Unified School District. The elementary schools in the district are Blake Primary (grades K-3), Le Pera Elementary (grades K-8) and Wallace Elementary (grades 4-6). Blake Primary School also provides a preschool program that includes services for children with special needs (see *Health* below). The region also has one private school, Parker Apostolic Christian Academy, which serves children in grades one to twelve. No charter schools serve the region.

The in-school performance of current students in the public elementary schools in the region is primarily measured by the Arizona Institute to Measure Standards (AIMS). The AIMS is a high-stakes exam used to track how well students are performing compared to state standards. As of the 2013-2014 school year, Arizona Revised Statute 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. Research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children to prepare them to succeed on later tests such as the AIMS. Students must also pass the grade 10 AIMS exams in order to graduate from high school.

As **Error! Reference source not found.** 7 shows, third graders in Parker Unified School district pass the AIMS reading portion (meets + exceeds standard) at a considerably lower rate (62%) than the state as a whole (75%). A similar pattern is apparent in math, where 51 percent of Parker Unified District third-graders pass, compared to 67 percent for the state. In addition, about twice the proportion of children in the District are falling far below the standards in both reading and math, compared to the state overall. This has implications for the likelihood that the Parker Unified School District may be faced with the challenge of retaining a number of

third graders in the coming years. In response to these concerns, the CRIT Regional Partnership Council has allocated funding to support early literacy efforts in the region by purchasing educational tools and materials and by supporting the addition of an Early Literacy Coordinator to the CRIT library staff. The Early Literacy Coordinator also offers outreach activities in early education and child care centers and school-based preschools in the area in order to increase awareness on the reading mandate of the Arizona Revised Statute. The Coordinator also provides curricula and materials to families in the region to help them be better prepared to meet the new requirement.

Figure 7. Results of the Arizona Instrument to Measure Standards (AIMS) test, 2011



Source: Arizona Department of Education, 2011

The youth in the CRIT region are served by Wallace Junior High and Parker High School. In addition, Parker Unified School District offers two alternative programs for at-risk children: the "Alternative Behavior Learning Environment" (ABLE) program for students in grades 5 to 8 who were initially enrolled at Wallace Elementary or Wallace Junior High and the Ombudsman Alternative High School for high school students. Through non-traditional programming, students who are potential dropouts are afforded the opportunity to become successful and receive their 8th grade diploma or earn a high school diploma. Those students who complete the ABLE program participate in the Wallace Junior High promotion ceremony. Students who complete the Ombudsman Program participate in the Parker High School graduation ceremony.

School drop-out rates (grades 7-12) for the Parker Unified School District (4.9%) are substantially higher than the rates for the state as a whole (2.7%) (ADE, 2009, 2010). The rate for Native American students is considerably higher (8.2%), and higher than for Native American students statewide (6.8%). This is consistent with the finding that the proportion of adults without a high school diploma (or its equivalent) in the CRIT Region is twice that of the state as a whole (32% in the region; 15% for the state). This does, however, represent an improvement over the 2000 Census finding that 40 percent of adults were not high school graduates. Higher education rates continue to be low, and are decreasing. The region has only one-fourth the state's rate of adults with college degrees (6% in the region; 26% for the State), and this rate has fallen substantially from the 15 percent of adults reported to have college degrees in the 2000 Census.

In addition Parker Unified School District reported an overall high school graduation rate (82%) and a Native American student graduation rate (78%) higher than the overall state graduation rate (76%), and considerably higher than the state Native American student graduation rate (63%).[7] This suggests that youth who do enter high school (that is, who do not drop out in the middle school years) are more likely to complete their diploma, and speaks to the need to support youth in the transition to middle school and to high school. In addition, the percent of births to women with a high-school degree or more is higher for the region than for the county, and similar to the overall state rate.

This generally low level of educational attainment in the region is linked with its higher poverty levels. It is also likely to affect employment opportunities for residents, and to have implications for the ability of employers to attract sufficient numbers of qualified staff in the region.

In addition to the financial impacts, dropping out of school is also associated with a number of social and health problems that can go on to affect not only those adolescents but the next generation, including substance abuse and unintended pregnancy (Centers for Disease Control and Prevention & Health Resources and Services Administration, 2010a). In fact, the teen birth rate is substantially higher in the region than in the state as a whole (see *Health*, below).

[7] Arizona Department of Education, http://www.azed.gov/wp-content/uploads/PDF/2010DORcountysubgroup.pdf

Table 15. Educational Indicators

	ADULTS (AGES 25+) WITHOUT HIGH SCHOOL OR GED	PERCENT OF BIRTHS TO WOMEN WITH LESS THAN A HIGH-SCHOOL EDUCATION, 2010	ADULTS (AGES 25+) WITH BACHELORS DEGREE OR MORE
Arizona	15%	22%	26%
All Arizona Reservations (Arizona parts only)[a]	32%	31%	14%
La Paz County	23%	34%	9%
Colorado River Indian Tribes Region[a]	32%	23%	6%

Source: American Community Survey 2006-2010; Arizona Department of Health Services Vital Statistics, 2010;
[a] American Community Survey 2005-2009, Arizona Department of Health Services Vital Statistics, 2009

Although the rates of childhood enrollment in nursery school, preschool, and kindergarten are higher in the Colorado River Indian Tribes (CRIT) Region than seen in the rest of the state, levels of adult education attainment tend to be substantially lower than in Arizona as a whole. Therefore, support a higher level of educational achievement among the residents continues to be one of the primary needs for the region.

Adult Education

The adult population in the region can take advantage of resources made available by both the county and the Colorado River Indian Tribes to continue their education. The La Paz Career Center has a program to provide Adult Education throughout the county. The center offers Adult Basic Education (reading, writing and math through 8th grade level), Adult Secondary Education (reading writing, math, science and social studies instruction that may lead to attainment of a high school equivalency diploma) and English Language Acquisition for Adult classes. During program year 2010-2011, 38 adults were enrolled in Adult Education classes. In this same period, 15 Arizona High School Equivalence Diplomas were issued.[8] Adult education efforts are also being supported by the CRIT Regional Partnership Council through the purchase of five laptop computers and software intended to help recruit parents of children under the age of six interested in obtaining their GED.[9]

The Colorado River Indian Tribes' Employment and Development and Training (EDT) Program provides career enhancement and adult education and literacy opportunities for qualified tribal

[8] http://www.ade.state.az.us/adult-ed/Documents/Countyinfo/La_Paz.pdf

[9] http://www.azftf.gov/RPCCouncilPublicationsCenter/CRIT_Regional_Funding_Plan_sfy13.pdf

members. The EDT's One-Stop Service Center is considered an electronic one-stop site for the Native American population in Arizona. It offers a computer lab designed and set up for students to enter training for basic education, GED preparation, typing skills, computer courses, resume software and Internet access for researching information. The Computer Lab is also available to job-seekers.[10]

The Colorado River Indian Tribes Library and Archives provides free-of-cost computer classes to the community at large. The CRIT Library and Archives has received computer equipment as well as computer training, troubleshooting and public access training through a grant from the Bill & Melinda Gates Foundation's "Native American Access to Technology Program," and laptops through an Arizona State Library Archives grant. It is now solely funded by the Colorado River Indian Tribes.

[10] http://www.crit-nsn.gov/critemployeedev

The Early Childhood System: Detailed Descriptions of Assets and Needs

Quality and Access

In the Colorado River Indian Tribes Region, there are six regulated child care providers, according to the Arizona Child Care Resource and Referral (CCR&R) report of April 2012 (see Table 16). The total licensed capacity was 354 children, which represents capacity for 48 percent of the children from 0-5 in the region. However, this is likely an overestimate of the availability of licensed care, because some slots represent afterschool care for school-aged children.

Table 16. Child Care and Early Education Providers in the Colorado River Indian Tribes Region

PROVIDER	Ages	City	Type of care	Capacity	License Type	Quality First?	Days
Blake Primary School[11]	2 to 5	Parker	School-based preschool	20		No	MWF
CRIT Head Start	3 to 5	Parker	Head Start Center	183	Reg. by Tribal Authority	Yes	MTWTF
Ms. Buni's Gingerbread House PLLC	2 to 12	Parker	Child Care Center	65	Center	No	MTWTF
Lil' Sunshine Child Care	0 to 12	Parker	Nanny/Individual (FCC)	4	Home	No	MTWTFSS
Wee Care Day Care & Preschool	0 to 12	Parker	Child Care Center	75	Center	Yes	MTWTF
Flores Family Child Care	0 to 13+	Parker	Family Child Care	4	Home	No	MTWTF

Source: Arizona Child Care Resource and Referral, April 2012

Quality First

Quality First, a First Things First program, is a statewide quality improvement and rating system for providers of center-based or home-based early care and education, with a goal to help parents identify quality care settings for their children. The Quality First Rating Scale

[11] The Blake Primary School's preschool classroom was recently moved to Wallace Elementary School because of better room availability at the latter. However, the preschool program (a half-day program) is still part of Blake Primary School.

incorporates measures of evidence-based predictors of positive child outcomes. Based on 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.

Quality First also provides financial and technical support for child care centers and homes to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, scholarships for teachers and aides, child care health consultation, and financial incentives to assist in making improvements. In the Colorado River Indian Tribes Region, two centers are currently enrolled in the Quality First program: the CRIT Head Start Program and Wee Care Day Care and Preschool.

Head Start

Head Start is a comprehensive early childhood education program for pre-school aged children whose families meet income eligibility criteria. The program addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The CRIT Region is served by the Colorado River Indian Tribes Head Start, which is a tribally-operated program open to both tribal and non-tribal members. The Colorado River Indian Tribes Head Start is located on reservation land between the town of Parker and the community of Poston and it provides transportation to all the children enrolled in the program.

Funding for the Colorado River Indian Tribes Head Start is provided by the U.S. Department of Health and Human Services, the Administration of Children and Families and the Colorado River Indian Tribes. Many of the Head Start families and other community members also provide goods and services for the children enrolled in the program. For example, there are a total of 230 community volunteers who contributed to the program in the 2010-2011 program year, 188 of whom are parents of the Head Start children (CRIT Head Start, 2011). Enrollment eligibility in the program is based on tribal membership, disabilities, foster care/homelessness and income.

In program year 2010-11 enrollment in Head Start was 183 three- and four-year-old children. There were ten classes, giving an average class size of just over 18 children per class. For the past few years, enrollment at the Head Start has been at capacity, with a waiting list of 25-30 children. Turnover, however, is very low, which results in very few children from the waiting list actually entering the program. There was approximately one classroom staff member for every nine children (CRIT Head Start, 2011).

Fifty-eight percent of the families participating in the Head Start program were two-parent families and 42 percent were single-parent families. More than two-thirds of the children (68%) were American Indian; over one-quarter (27%) were identified as Hispanic. Fourteen percent of the children came from homes in which the primary language was Spanish. The program has several classrooms that are bilingual and can accommodate children whose main language is Spanish (CRIT Head Start, 2011).

The Colorado River Indian Tribes Head Start program collaborates with the Parker Unified School District to provide services to children with special needs enrolled in the program (See Health, Developmental Screenings and Services for Children with Special Developmental and Health Care Needs, below). An Extended School year (or Summer School) program is available in the months of June/July for the children with more severe disabilities. The Colorado River Indian Tribes Head Start also provides health screenings for children birth to five which are held four times a year and are open to the community at large (See Health, Head Start Health Screenings, below).

The Colorado River Indian Tribes Head Start program is one of the main assets for families with young children in the region. The program, however, works at capacity and is restricted in the number of children that it can accommodate. For those who do not meet eligibility requirements, other affordable early care and education options can be limited. In addition, it can only provide services to children aged three to five. There are very limited options for child care and services for children from birth to three in the region.

Cost of Child Care

The table below shows the average estimated cost of child care in a child care center by percent of median family income in the CRIT Region. It should be noted that although data about median income is available at the community level, average cost of child care data is available at the state and district level only. Districts are child care provider regions designated by the Child Care Market Rate Survey, and may consist of multiple counties. The CRIT Region falls into District 4, which includes La Paz, Mohave, and Yuma counties. The calculations in the tables below were therefore made with community-level median income data and district-level data about average cost of child care.

Table 17. Cost of full time child care in a child care center by percent of median family income

GEOGRAPHY	CHILDREN UNDER 1 YEAR OLD	CHILDREN 1 TO 2 YEARS OLD	CHILDREN 3 TO 5 YEARS OLD
Arizona	16%	15%	13%
Colorado River Indian Tribes	20%	18%	17%

Source: Census 2010; Child Care Market Rate Survey 2010

As Table 17 shows, infant care is most costly to families, and subsumes 20 percent of married-couple family income. The Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care. However, to secure regulated center-based child care other than Head Start, more than half the families (those at median income or below) in each of the communities in the CRIT Region would need to exceed this recommendation for nearly all age groups.

It is important to note that the percentages above were calculated with the average median family income for the region. Single parent homes, particularly those with a single female householder, typically have a substantially lower median income, resulting in a higher cost of child care by percent of median income. Single parent families may also be more likely to need full-time child care than married-couple families.

Unregulated homes are typically a less expensive child care option. Table 18 shows the average estimated cost of full time child care in an unregulated home by percent of median family income. In the CRIT Region, cost of child care in an unregulated home is almost double the Department of Health and Human Services recommendation. For this reason, many families are likely to turn to kith and kin care that may be provided free of charge.

Table 18. Cost of full time child care in unregulated homes by percent of median family income

GEOGRAPHY	CHILDREN UNDER 1 YEAR OLD	CHILDREN 1 TO 2 YEARS OLD	CHILDREN 3 TO 5 YEARS OLD
Arizona	11%	11%	10%
Colorado River Indian Tribes	19%	19%	19%

Source: Census 2010; Child Care Market Rate Survey 2010

Professional Development

Formal education attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. The Compensation and Credentials Survey is a statewide survey that assesses the education and pay of the early care and education workforce in Arizona (Arizona Children's Action Alliance, 2008). Results from the 2007 survey, the most recent data available, show that across the state of Arizona, 27 percent of employers required at least some college for Teachers and 12 percent required the same for Assistant Teachers. The percentage of employers across the state requiring this level of education from Teachers had decreased over the previous 10 years, from a high of 39 percent in 2009. The median salary for Assistant Teachers was $9.00 per hour and the median salary for teachers was $9.75 per hour in 2007, and these wages for early care and education workers across the state increased little over a 10 year period.

The Colorado River Indian Tribes Head Start program engages 10 classroom teachers and 13 preschool assistant teachers. Of the teachers, 7 (70%) have Early Childhood Education(ECE) associate degrees, with 4 enrolled in an ECE BA program; 3 teachers (30%) have Child Development Associate (CDA) credentials. Of the assistant teachers, 3 (23%) have ECE associate degrees, and 3 (23%) have CDA credentials, with one further enrolled in an ECE associate degree program. Seven (54%) of the assistant teachers have no formal ECE credentials.

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers, directors and 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 (Child Development Associates) credential. A Bachelor's Degree model of the TEACH program is also currently being developed.

According to the First Things First CRIT Regional Partnership Council Funding Plan, in fiscal year 2011 there was low participation in the TEACH scholarship program by the region's child care professionals; at the end of the year, only a portion of the scholarships were being utilized. This resulted in the number of scholarships being reduced from 4 to 2 for fiscal year 2012. The CRIT Head Start program staff had been the main recipients of the TEACH funds. However, the Head Start director has indicated that all the teaching staff in the center has by now completed their associate's level courses. Other early childhood professionals in the region do not meet the eligibility requirements for TEACH scholarships (i.e. the Parker Unified School District's preschool program runs on a limited number of hours per week, so program staff do not meet the work hour requirement for TEACH), or have been reluctant to engage in the program.[12] In

[12] http://www.azftf.gov/RPCCouncilPublicationsCenter/CRIT_Regional_Funding_Plan_sfy13.pdf

order to address this challenge, the CRIT Regional Partnership Council is funding the Professional Career Pathways Program (PCPP). The PCPP will provide professional development opportunities to the local school district's early education paraprofessional staff by providing scholarships to attend college courses on a part-time basis in order to obtain a Certified Child Development Associate degree.

In addition, the CRIT Regional Partnership Council hopes that the Bachelor's Degree model of the TEACH program being developed will provide more opportunities for professionals in the area, specifically for the Head Start staff, to increase their participation in the program. However, the lack of a college-going culture, as identified by the very low rates of residents with college degrees in the region, may be a barrier to professionals in the region to enroll in college courses. Because of this, there may need to be very specific, localized recruitment and follow-up efforts in order to facilitate take up of the program.

Availability of certification, credentials or degree programs

In 2009 the Arizona Western College (AWC) inaugurated two new facilities for the Parker Learning Center and the Quartzsite Learning center. Through these facilities, AWC offers an Associate of Arts (A.A.) degree in Elementary Education and Secondary Education, an Associate of Applied Sciences (A.A.S.) degree in Child Development and a Certificate in Early Childhood Education. These degrees can be completed in a combination of live and online classes, and represent an expansion in the opportunities for professional development offered in the County.

Despite the availability of these opportunities, barriers remain for people to access and continue with post-high school education. Distance learning classes might be challenging for people with low computer literacy. Older residents in particular might not even have a computer at home. The availability of instructors varies, which in turn affects the consistency of the programs that are offered. Low salaries make it difficult to find and retain qualified instructors in the community to teach. In addition, other general socioeconomic factors in the region may prevent more residents from taking advantage of the local educational opportunities offered. The low overall educational attainment of many families in the region and inexperience with the higher education system might make it more difficult for first generation college students to successfully navigate that system. Many students, for instance, may qualify for financial aid but they may also find it challenging to follow through with all the steps required in the process.

Table 14. Available certification, credential, or degree programs

School	Location	Degree or Certificate
Arizona Western College	Parker Learning Center	Associate of Arts in Elementary Education
		Associate of Arts in Secondary Education
		Certificate in Early Childhood Education
		Associate of Applied Sciences in Child Development
Northern Arizona University	Lake Havasu City and online	Masters of Education in Early Childhood Education
Northern Arizona University	Online	Bachelors of Applied Science in Early Childhood Education

Health

Access to Care

The region is served by two hospitals: the La Paz Regional Hospital, a county facility, and the Parker Indian Health Center, which is operated by the Indian Health Service (IHS). The Parker Indian Health Center is part of the IHS Colorado River Service Unit, which includes the Colorado River Indian Tribes, Hualapai, Havasupai, Chemehuevi and Fort Mojave tribes.[13] The Parker Indian Health Center is a 20-bed facility that provides general medical care and pediatric services to IHS eligible patients. In fact, the only pediatrician practicing in La Paz County is the one affiliated with the Parker Indian Health Center, though family practice physicians and nurse practitioners provide care for children, as well. There is no pediatric care available in the region for non-tribal members. The La Paz Regional Hospital also provides general medical care, as well as inpatient, outpatient and emergency room services to the local community. However, there is no Labor and Delivery Unit available at either one of these two Hospitals, so women have to travel outside of the region (to Lake Havasu City, Phoenix, or Blythe, California) to give birth.

[13] The Colorado River Service Unit also includes the following smaller clinics: Peach Springs Health Center, Supai Clinic and the Chemehuevi Clinic. http://www.ihs.gov/facilitiesServices/areaoffices/Phoenix/phx_su_coloradoRiver.cfm

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas as geographically based areas in which most residents seek primary medical care within the same places. The labels for the Primary Care Areas are drawn from the major population centers for those areas. (Arizona Department of Health Services, Bureau of Health Systems Development, 2010).

The Primary Care Area Program also designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. To make this designation, each Primary Care Area 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. Primary Care Areas are also designed as medically underserved if they can be categorized as a Health Professional Shortage Area (HPSA). Based on its scores on these indicators, the Colorado River Indian Tribes Primary Care Area is designated as Medically Underserved.

For purposes of comparison on health indicators, where available, we will provide information for the state as a whole, for La Paz County and for all American Indian Reservation lands in Arizona combined.[14]

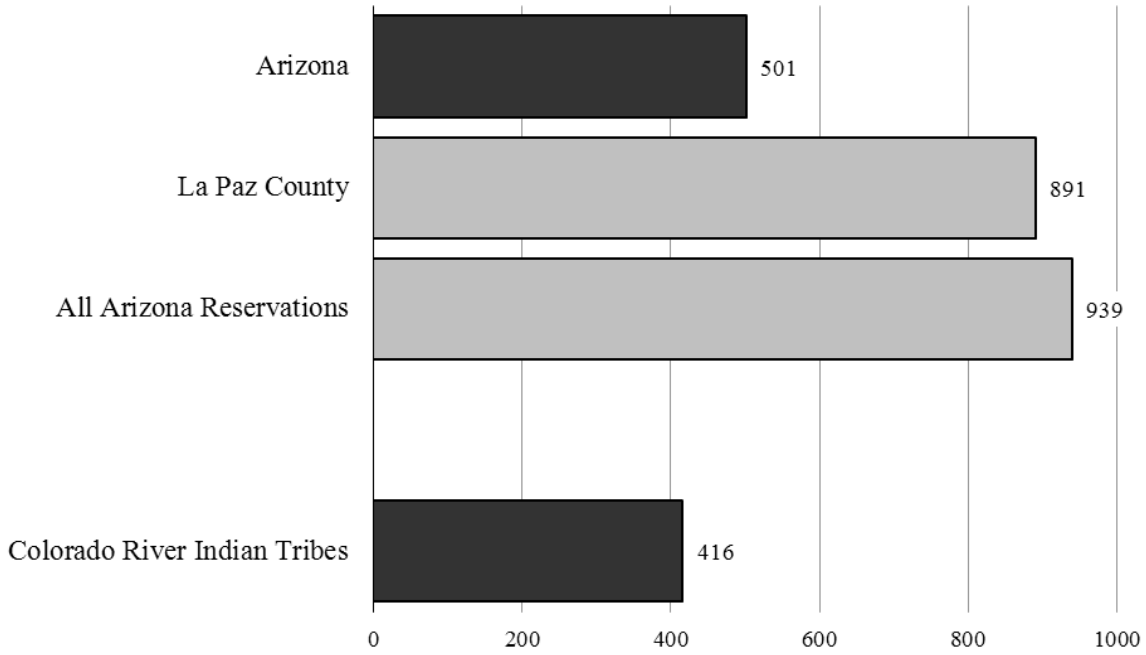
One asset to the region, though, is that the ratio of the population to primary care providers in the region (416 residents per provider) is lower than in La Paz County, in all Arizona American Indian Reservations considered together, and even in the state as the whole, meaning that there are more providers available to care for the people in the region (see Figure 8).[15] In addition, there are 5.5 hospital beds available per 1,000 residents in the region, over twice the proportion of those in the state as a whole (two per 1,000 residents)[16] (Arizona Department of Health Services, Bureau of Health Systems Development, 2011).

[14] Based on the 2010 Indian Nations Special Area Statistical Profile 2010 compiled by special request by the Arizona Department of Health Services Bureau of Health Systems Development in April of 2012.

[15] Primary care providers were considered to be active providers in Family Practice, General Practice, Gynecology, Internal Medicine, Obstetrics and Gynecology, Obstetrics, Pediatrics (MD's) physicians, all active Osteopathic Physicians (DO's), Nurse Practitioners (NP's) and Physician Assistants (PA's) working in Primary Care (includes federal doctors) in 2009.

[16] The ratios of population to Primary Health Care Providers and hospital beds were obtained from the CRIT Primary Care Area Statistical Profile, which does not include Indian hospitals (*see* http://www.azdhs.gov/hsd/profiles/datadocu.pdf). This means that the in the calculation of these two rations the Providers and bed capacity of the Parker Indian Health Center were not included.

Figure 8. Ratio of Population to Primary Care Providers



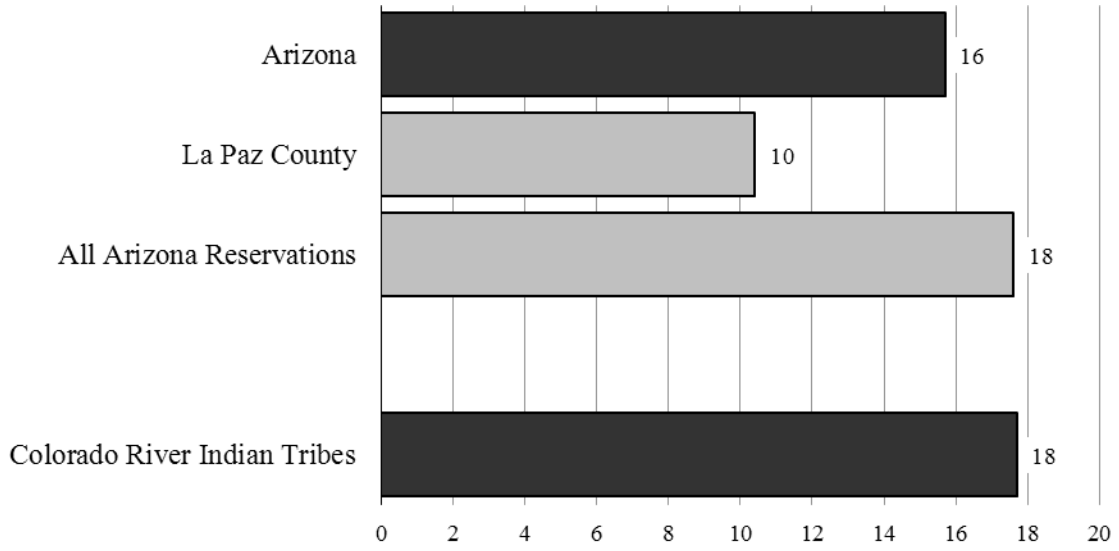
Source: Arizona Department of Health Services, January 2012)

Pregnancies and Births

Because the CRIT Region is relatively sparsely populated, data from any one year for rare occurrences (such as births) tend to be quite variable from one year to the next. Therefore, the data illustrated below are an average of the birth rates across ten years (2000-2009). These data are based on the Colorado River Indian Tribes Primary Care Area, described above. For comparison, they include the State average, the La Paz County average, as well as the averages for all of the Arizona reservations combined.

The birthrate in the CRIT region is slightly higher than the state as a whole, and quite a bit higher than the surrounding county (Arizona Department of Health Services, Bureau of Health Systems Development, 2010). This suggests that there may be relatively high demand for services related to the care and development of infants and young children in the region.

Figure 9. Birth Rate per 1000 residents, 2000-2009



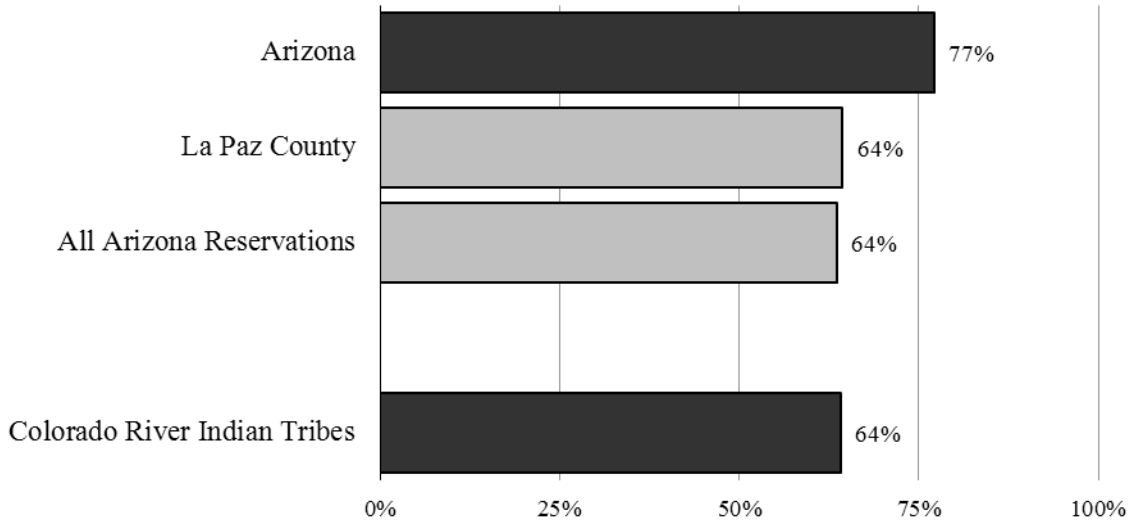
Source: Arizona Department of Health Services, January 2012

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[17]. Care should ideally begin in the first trimester, and 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 (ACOG, 2002).

Expectant mothers in the CRIT Region receive first trimester prenatal care at the same rate (64%) as other women in La Paz County and on all Arizona reservations, though this rate is lower than the percentage who receive early care in the state as a whole (77%). Women in the region are receiving early prenatal care at a rate lower than the Healthy People 2020 target of at least 78 percent of pregnant women receiving prenatal care in the first trimester (Figure 11).

[17] 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

Figure 10. Average Percent of Births with Prenatal Care Begun First Trimester, 2000-2009

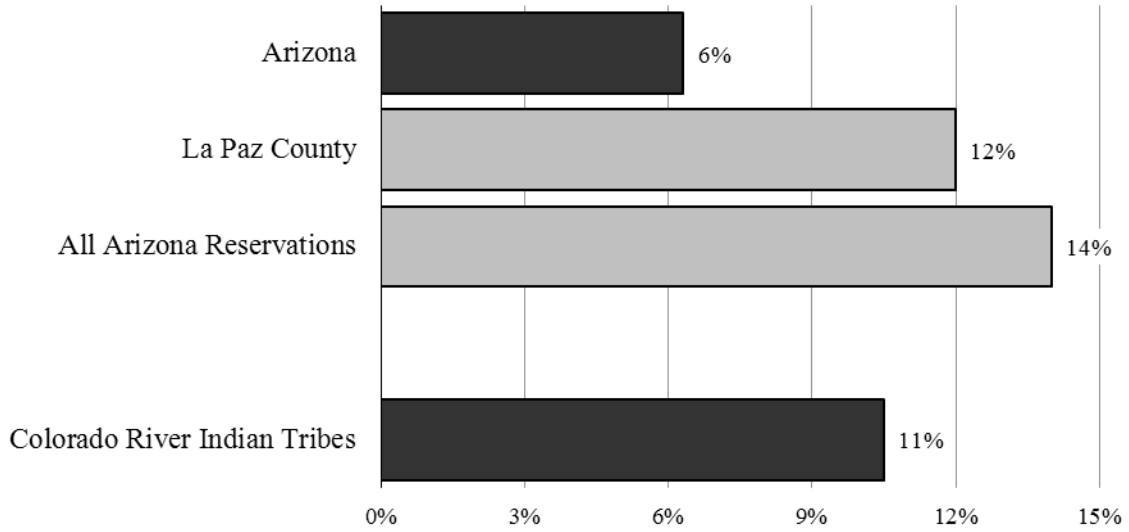


Source: Arizona Department of Health Services, January 2012

In addition, women in the CRIT Region are more likely to receive an inadequate number of prenatal care visits.[18] The proportion of those receiving fewer than five prenatal visits are about twice as high as all women in Arizona (see Figure 11), though they are similar to rates in the county. It is clear that expectant mothers throughout the region are in need of increased prenatal care, which can help reduce poor birth outcomes and better prepare infants for a healthy start in life.

[18] According to the American College of Obstetrics and Gynecology, seven or less prenatal care visits are considered "inadequate" prenatal care. The ADHS CRIT PCA Statistical Profile rates presented here are for four or less prenatal care visits.

Figure 11. Average Percent of Births with Fewer Than Five Prenatal Care Visits, 2000-2009



Source: Arizona Department of Health Services, January 2012

Teenage parenthood is associated with a number of other negative outcomes for infants, including neonatal death, sudden infant death syndrome, child abuse and neglect, as well as putting infants at risk for behavioral and educational problems later (Office of Population Affairs, 2010). In addition, teenaged mothers are less likely to get or stay married, 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.

Figure 13 shows that the rate of births to teen mothers in the CRIT PCA (74 per thousand teen-aged females) was similar to the rate of all Arizona Reservations, but it was higher than La Paz County's (70 per thousand) and also higher than the state as a whole (55 per thousand.)[19] It is important to note that Arizona ranks fifth highest nationally for teen births, with a birthrate 23 percent higher than the most recent national estimates (Guttmacher Institute, 2010). Teen pregnancy and teen birth continues to be a statewide issue, as well as a prominent issue for the region.

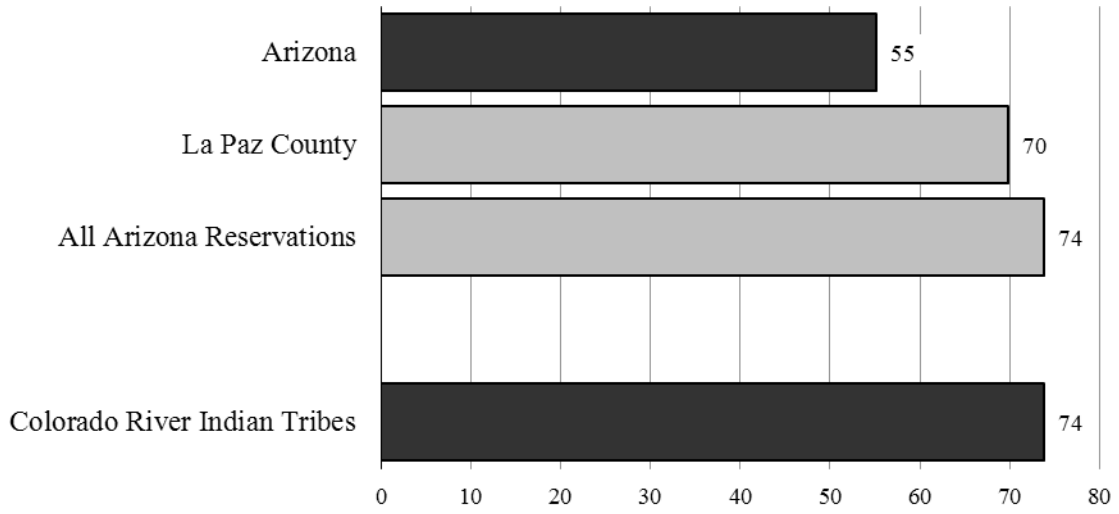
Although teen birth has been linked to low birth weight, and the accompanying poor infant outcomes, the rate of low-weight births in the CRIT PCA (52 of every 1000 live births) was lower than in La Paz County (59 per thousand) and in the state (71 per thousand) (Arizona Department of Health Services, Bureau of Health Systems Development, 2012).

The rate of uninsured births (defined as self-pay or 'unknown' payee in the Vital Statistics birth record) in the region (10%) was lower than in the rest of the county (12%), but higher than the

[19] The ADHS CRIT PCA Statistical Profile 2011 rates are averages for 2000-2009

rate of all Arizona Reservations (7%) and the state as a whole (4%) (Arizona Department of Health Services, January 2012).

Figure 12. Average Number of Teen Births per 1,000 Females 14-19 years old, 2000-2009



Source: Arizona Department of Health Services, January 2012

Women, Infants and Children (WIC) Program

Arizona's WIC program is a federally funded nutrition program which services pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of 5 who are eligible for the program.

In many Arizona tribal communities the WIC program was initially funded through the state of Arizona. Over time, however, several tribes advocated for services that were directed by the tribes themselves and that met the needs of tribal members. As part of this effort, in 1986 the Inter Tribal Council of Arizona (ITCA), led by the by Colorado River Indian Tribes, Gila River Indian Community, Salt River Pima-Maricopa Indian Community and the Tohono O'odham Nation, applied for and received approval to become a WIC state agency through the USDA, initially funding seven Tribes. Currently, the ITCA WIC program provides services to 13 reservation communities and the Indian urban populations in the Phoenix and Tucson area.

Although the WIC program is operated by ITCA, services are provided through Tribal health departments and Urban Indian Centers. The WIC program in the CRIT Region is managed by the Colorado River Indian Tribes but offers services to the population in the entire La Paz County, regardless of tribal membership. Ninety-six percent of the families enrolled in the CRIT Head Start received WIC services in the 2010-2011 program year (CRIT Head Start, 2011).

AHCCCS Insurance Coverage

Health care coverage for residents of the Colorado River Indian Tribes Region is provided by the Indian Health Service (IHS), the Arizona Health Care Cost Containment System (AHCCCS, or Arizona's Medicaid) and through private providers.

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) (Arizona State Legislature, Joint Legislative Budget Committee, 2010).

KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100-200 percent of the Federal Poverty Level. However, due to budget cuts at the state level, enrollment in the KidsCare Program has been frozen since January 1, 2010. When an application is submitted, the Department of Economic Security first verifies whether the child is eligible for AHCCCS Health Insurance. If the child is not eligible for AHCCCS Health Insurance, but he/she may be eligible for KidsCare and the family is willing to pay the monthly premium required by the program, the application is referred to the KidsCare Office to be added to a waiting list. This waiting list was started since the enrollment freeze was put in place in the event that new applications could be accepted.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through December 31, 2013, for a limited number of eligible children. KidsCare II is the result of an agreement between AHCCCS, the Centers for Medicare and Medicaid Services (CMS) and three hospital systems in the state: UA Health Network, Phoenix Children's Hospital, and Maricopa Integrated Health Systems. The Safety Net Care Pool (SNCP) program provides hospitals with funds to cover the costs for providing uncompensated care to AHCCCS members or to the uninsured. CMS approval of the SNCP program was contingent on making a portion of the funding available to provide coverage to children in the KidsCare program. As the three hospital systems agreed, the KidsCare II program started to enroll children that had been placed in the KidsCare waiting list.

KidsCare II has the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility –it is only open to children in households with incomes from 100 to 175 percent of the Federal Poverty Level, based on family size. Monthly premium payments, however, are lower for KidsCare II than for KidsCare.[20] At the end of the KidsCare II coverage

[20] 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

period, AHCCCS will assist children enrolled in this program to transition to the Health Insurance Exchange, expected to be open for enrollment and coverage by that date. [21]

American Indians in Arizona who qualify for AHCCCS have a choice to enroll in an acute managed care health plan (just like any other AHCCCS member) or the AHCCCS American Indian Health Program (formerly known as IHS/AHCCCS). The AHCCCS American Indian Health Program (AHCCCS AIHP) is a fee-for-case service and members enrolled in this option can see any provider that accepts AHCCCS insurance. While enrolled in the AIHP members may still receive care at any IHS or 638 facilities. American Indian AHCCCS members can switch between a managed care plan and the AIHP at any time by notifying AHCCCS. As of January of 2011, the majority of the American Indian AHCCCS members in the Acute Care program (68%) were enrolled in the AIHP option (Chicharello, 2011).

In 2010, about 19 percent of the population of the region was enrolled in AHCCCS, which was lower than the rate for the county (26%, the state (22%) and all Arizona Reservations (38%). As of September 2010, 1.1 percent of children 0-17 in the region were enrolled in KIDSCARE, which was similar to the rate of all Arizona Reservations (1.2%) but less than the rate for the state (1.5%), and half the rate of children in the county as a whole (2.2%).

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

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 assure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. The National Survey on Children with Special Health Care Needs estimated that 7.9 percent of children from birth to five 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” (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2008).

The Arizona Department of Economic Security, Division of Developmental Disabilities (DDD) provides screening and services for young children with developmental delays and those “at risk” of delays. According to the DDD, “Children under the age of six years old may be eligible if there is a strongly demonstrated potential he/she has or will have a developmental disability. Any child from birth to 36 months who has a developmental delay or who has an established

[21] http://www.azahcccs.gov/applicants/categories/KidsCare.aspx

condition, which has a high probability of resulting in a developmental delay, as defined by the State, may be eligible for supports and services. A child who has a developmental delay is defined as a child who has not reached fifty percent of the developmental milestones expected at his/her chronological age in one or more of the following areas of child development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. An established condition is defined as a diagnosis of a physical or mental condition which has a high probability of resulting in a developmental delay" (Arizona Department of Economic Security, Division of Developmental Disabilities, 2010).

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), who also provide services or make 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 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 or 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). The region's AzEIP service provider is Milemarkers Therapy, an agency based in Lake Havasu City.

Data from the region suggest that very young children may not be being screened and evaluated for services consistent with the likely rate of delay in the area. In FY 2011 and 2012 Milemarkers Therapy received funding from the La Paz/Mohave First Things First Region to conduct developmental screening fairs for children 0 to 5 years old in the region, which includes the town of Parker. Data from Milemarkers Therapy indicates that in the time period covered by this report (2010-2012) there were two developmental screenings fairs held in Parker in July 2011 and March 2012. During the July 2011 fair a total of 16 children ages 4 to 62 months were screened. No children were screened during the March 2012 fair (Milemarkers Therapy Inc., 2012)

In 2009 to 2010, 27 children were referred for possible service, and 11 were found eligible for services through AzEIP. Eight children birth to 3 were served by the Department of

Developmental Disabilities and six children 3-6 were served in 2010. However, data from ADE show that 19 percent of children in Parker Unified School districts are receiving special education services.

Children over age three with developmental delays are supported by the public schools in their home district that are responsible for "finding" and evaluating eligible children, and for arranging appropriate classes and therapies. If the school, parents or other provider feel that the child is delayed sufficiently to qualify for Department of Developmental Disabilities, a referral can be made. In the CRIT Region, the Parker Unified School District (PUSD) is responsible for providing these services. PUSD's Blake Elementary Preschool Program serves children ages two years-9 months to five years old with special needs in their three-day-per-week program. Blake Preschool also serves typical children for a set fee, but priority is given to children with special needs.

Private insurance often does not cover the therapies needed for their children. The 2005-2006 National Survey of Children with Special Health Care Needs found that about 22 percent of families with a child with special health care needs pay $1000 or more in out of pocket medical expenses (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2008). The cost of care has become an even more substantial issue as state budget shortfalls have led AzEIP to begin instituting a system of fees for certain services. Although no fees are associated with determining eligibility or developing and Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, will have fees (Arizona Department of Economic Security, 2012). The families of AHCCCS-enrolled children will not be required to pay the fees.

Head Start Screenings

Children enrolled in the CRIT Head Start program receive medical, behavioral and developmental screenings to identify the need for further assessments. In the 2010-2011 program year, about one-third of the children completed all medical screenings; about half of those (17% of all enrolled children) were diagnosed as needing medical treatment. About five percent of enrolled children had identified hearing problems, and 13 percent had vision problems. Following behavioral screenings, 12 percent of newly-enrolled children were identified as needing follow-up disability assessment. Overall, twenty-three children (12% of those enrolled) in the CRIT Head Start program had an individualized education plan (IEP). About 35 percent of children with IEPs were receiving services for speech impairment; the remaining 65 percent were receiving services for developmental delays. About 44 percent of

enrolled children received mental health assessments, with one referral to outside services. (CRIT Head Start, 2011)

Immunizations

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.[22] Data from the Arizona Department of Health Services show that, in 2011, 83 percent of children under three in La Paz County had received the full recommended course of immunizations. Immunizations for children who are tribal members are also provided by the Parker Indian Health Center. The CRIT Head Start program reports that 100 percent of the children enrolled were fully immunized.

Table 19. 2010 Immunization Coverage Levels of 24-35 Month Olds

IMMUNIZATIONS	LA PAZ COUNTY
4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B and 1 Varicella by 24 months of age	84%
4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella and 4 PCV by 24 months of age	83%

Source: Arizona Department of Health Services, 2011

[22] Office of Population Affairs, Department of Health and Human Services, (2010). Focus area 14: Immunization and Infectious Disease, Healthy People 2010. Retrieved on August 13, 2010 from http://www.healthypeople.gov/document/HTML/Volume1/14Immunization.htm

Table 20. Arizona Childcare Immunization Coverage Levels, Children 19-59 Months of Age; 2010-2011 School Year

IMMUNIZATION	ARIZONA	LA PAZ COUNTY
4+ DTaP	94.7%	97.4%
3+ Polio	96.5%	98.7%
1+ MMR	96.4%	98.7%
3+ HIB	94.4%	94.8%
2 Hep A	81.8%	88.3%
3+ Hep B	95.7%	98.7%
1+ Varciella or Hx	96.2%	98.7%
Number Enrolled	76,659	77

Source: Arizona Department of Health Services, 2011

Diabetes Prevention

Childhood obesity is associated with a number of health and psycho-social problems, and with increased health care costs. Children who are obese are more likely to have Type 2 diabetes, asthma, and lower health-related quality of life, particularly in severely obese children.[23] Among low-income children from 2-5 years old participating in WIC programs across Arizona, about one in three (29.9%) are considered overweight or obese. Among low-income American Indian children, this rate is 41 percent, with 21 percent being classified as obese[24]. Obese children are more likely to become obese adults, and their obesity in adulthood is likely to be more severe.[25] Adult obesity is related to a number of serious health conditions, reduces quality of life and leads to a shorter life span.[25] In fact, the present premature mortality (the percent of deaths below the US Life Expectancy) is much higher in the Colorado River Indian Tribes Region (67%) than in the state as a whole (51%) (ADHS, 2012).

[23] E.g., Schwimmer, Burwinkle, & Varni, 2003; Speiser et al., 2005

[24] http://www.azdhs.gov/azwic/documents/F2F/PediatricPregnancySurveillanceSystems_PedNSS_PNSS.pdf

[25] Biro & Wien, 2010

The Colorado River Indian Tribes is one of three Arizona tribes that have been awarded a grant from the Indian Health Service's "Special Diabetes Program for Indians" to provide Type 2 diabetes-related services that can help to address some of these issues . In addition to the Special Diabetes Program, CRIT's Women Infant and Children's Program also has a Diabetes Prevention Program which is supplemented by a First Things First CRIT Regional Nutrition, Obesity and Physical Activity grant to address childhood obesity and diabetes prevention.

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 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.[26] Among third-grade children screened in 2009-2010, American Indian children showed higher rates of decay experience (treated and untreated) than did non-Native children (93 percent compared with 76 percent), with 62 percent showing signs of untreated decay (compared to 41 percent among non-American Indian children). American Indian children were also less likely to have seen a dentist during the year prior to their screening (59 percent, compared to 73 percent for non-American Indian children).[27]

Dental services for children 6 months of age to 5 years of age are available at the Parker Indian Health Center. These services are available to children who are eligible for Indian Health Service coverage and services are provided free of charge. The Center has a full-time pediatric dentist on staff and dental services provided include checkups, fluoride varnish, sealants, and cavity treatment. There are no pediatric dentists in the town of Parker, though local dentists do see children.

The Parker Indian Health Center participates in the Indian Health Service (IHS) Early Childhood Caries (ECC) Collaborative. The goal of the IHS ECC Collaborative is to draw attention to, and prevent Early Childhood Caries, which affects more than half of American Indian children nationwide.

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[26] Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children.*

[27] *Arizona American Indian Oral Health Summit, Final Report* (2011). Retrieved from http://www.azdhs.gov/diro/tribal/pdf/reports/OralHealthSummit2011.pdf

Early Childhood Caries (ECC, also known as early childhood tooth decay) is an infectious disease that can start as early as an infant's teeth erupt. ECC is defined as any caries experience in a child under 6 years of age and it can progress rapidly, having lasting detrimental impact on a child's health and well-being.

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, training for conducting dental health surveillance in participating communities utilizing the Basic Screening Survey (BSS), travel costs for presentations to engage community partners at many levels, and the conduction of the actual BSS.

The ECC Collaborative promotes ECC early intervention through "caries stabilization" utilizing ionomer interim therapeutic restorations (ITRs) or glass ionomer sealants. A social marketing campaign has been designed around ITRs, giving them the more appealing name of "Mighty Mouth" fillings, and a Native American "super hero" character was created by a team from the Portland, Nashville and Albuquerque Dental Support Centers to help promote ITRs among children.

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 ITRs applications for American Indian/Alaska Native children 0 to 5 years of age. It compares all Service Areas in terms of the change in these four objectives by classifying them into three different categories: <10 percent increase, 10-20 percent increase and >20 percent increase. According to a report from September 2011, the IHS Phoenix Area (which provides services to the Colorado River Indian Tribes) increased its access to care (Objective 1) by 10-20 percent. The Phoenix Area stood out in terms of the number of sealants applied (Objective 2) compared to other areas by showing an increase of more than 20 percent (Indian Health Service, 2011).

The IHS ECC encourages collaboration between dental providers and key partners such as Head Start programs. In 2009 the IHS Head Start Program teamed up with IHS to develop an online fluoride varnish course available online to Head Start staff and health care providers. In 2010, the IHS Head Start Program purchased 20,000 doses of fluoride varnish to be distributed to local Head Start programs. New parent materials and bracelets were also developed to promote oral health among families. In 2010-2011 all children enrolled in the CRIT Head Start program received an oral health exam and preventative dental care. Thirty percent of the

children examined were found to need dental treatment, and all of those children were reported to have received treatment [Colorado River Indian Tribes Head Start, 2011)

Family Support

Family well-being has been identified as an important factor in child success.[28] 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.[29] Providing resources, education, and supports to families can reduce childhood stresses and help young children reach their fullest potential in school and in life.

Head Start Family Services

The CRIT Head Start Program provides a number of family support services and referrals to enrolled families. The types of services offered, and the proportion of families who took advantage of those services in the 2010-2011 program year, are listed in Table 21, below. Overall, 63 percent of families in the program received at least one family service.

[28] Martinez, Mehesy, & Seeley, 2003

[29] 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.

Table 21. Types of services received by families enrolled in CRIT Head Start, 2010-2011

Service	Percent of families receiving service
Emergency/Crisis Intervention	21%
Housing Assistance	7%
Mental Health Services	35%
English as a Second Language (ESL) Training	7%
Adult Education	22%
Job Training	27%
Substance Abuse Prevention or Treatment	4%
Child Abuse and Neglect Services	3%
Domestic Violence Services	2%
Child Support Assistance	1%
Health Education	39%
Assistance to Families of Incarcerated Individuals	2%
Parenting Education	38%
Marriage Education	4%

Source: CRIT Head Start Program Information Report, 2011

Early Literacy Opportunities

The CRIT Library and Archives offers outreach and programs for children around early literacy. An Early Literacy Coordinator has been added to the library's staff to provide educational opportunities to young children at the library and other locations throughout the region. Story Time programs are also available on a regular basis at the CRIT Library. The Coordinator will also offer outreach activities in early education and child care centers and school-based

preschools in the area in order to increase awareness on the reading mandate of the Arizona Revised Statute.

A new Student Learning Center is available at the CRIT library through a collaborative effort between the library and the La Paz Career Center. Two children computers or Early Literacy Stations are housed at the CRIT Library and provide additional tools to promote early literacy among young children in the region. As part of these efforts, the library also purchased educational materials in the form of Brain Boxes[30]. These will be available to families with young children at the library, the local WIC office, the CRIT Children's Residential Center Program and the Colorado River Regional Crisis Shelter. Staff at all of these locations has received training on how to utilize these materials.

Story time for children under the age of six is also available at the Parker Public Library.

Parental Education

Parental involvement has been identified as a key factor in the positive growth and development of children,[31] and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus. The table below contains survey data illustrating parental involvement in a variety of activities known to contribute positively to healthy development, as described by the Arizona Health Survey, 2010. The Arizona Health Survey parses survey data into 5 different regions. The families in the Colorado River Indian Tribes Region fall into AHS Region 2 (La Paz County), with Yuma County. Families in that region reported lower levels of involvement in literacy activities with their children.

[30] According to the New Directions Institute, the Brain Box® is an educational product for caregivers to use with children from birth to 5½ years old. It contains activity guides and materials for adult-child interaction. A Brain Box® set includes 12 individual boxes: two for infants, two for babies, two for toddlers and six for preschool children. http://www.newdirectionsinstitute.org/brainboxes.htm

[31] 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.

Table 22. Parental Involvement in Child's Growth and Development

	READ OR TELL STORIES PER WEEK			PLAY MUSIC OR SING PER WEEK			GO TO PARK PER MONTH			GO TO THE LIBRARY PER MONTH		
	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days	2 or Less	Every Day	3-6 Days	2 or Less
State Totals	65.6%	24.0%	10.4%	71.1%	18.6%	10.3%	19.4%	24.9%	55.7%	57.5%	20.1%	22.4%
Regions												
Region 1 (Mohave, Coconino, Navajo, Apache, Yavapai)	74.0%	19.7%	6.2%	71.8%	23.0%	5.2%	22.7%	23.6%	53.7%	60.6%	15.7%	23.7%
Region 2 (Yuma, La Paz)	43.2%	32.4%	24.4%	60.0%	25.3%	14.7%	25.6%	24.0%	50.4%	59.7%	24.1%	16.2%
Region 3 (Graham, Greenlee, Cochise, Santa Cruz, Pinal, Gila)	61.4%	29.0%	9.7%	71.6%	17.0%	11.4%	17.8%	32.4%	49.8%	67.0%	17.7%	15.3%
Region 4 (Pima)	36.4%	26.0%	10.6%	68.8%	22.9%	8.3%	24.4%	27.5%	48.1%	57.6%	22.5%	19.9%
Region 5 (Maricopa)	66.7%	23.1%	10.2%	71.9%	16.8%	11.3%	17.7%	23.5%	58.8%	54.8%	20.4%	24.8%

Source: Arizona Health Survey, 2010

Poverty status and educational status emerged as important factors influencing parental involvement in this survey. Higher poverty rates were generally associated with less frequent engagement in development activities, and higher levels of education were generally associated with more frequent engagement in development activities. One exception to this was frequency of library visits; less educated adults were *more* likely to take their children to the library on a daily basis. As described above, the CRIT library is attempting to increase access to early literacy opportunities for families with young children.

Child Abuse and Neglect

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 while 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 to child maltreatment, as it can change the outlook for young children, and also ultimately save state and federal agencies money in the usage of other services.[32]

The Arizona Department of Economic Security's Division of Children, Youth and Families is the state-administrated child welfare services agency that oversees Child Protective Services (CPS), the state program mandated for the protection of children alleged to abuse and neglected. This program receives screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors.

Data on the number of children removed from their homes by CPS is available by zip code (Arizona Department of Economic Security, Division of Children, Youth and Families, 2011). The table below shows the number of removals for the Parker zip code (85344) from 2007 to 2010. (These data are provided by the state's Child Protective Services; they do not include cases managed by the Tribal Child Protective Services office in Parker.) Nine children enrolled in the CRIT Head Start program in program year 2010-2011 were foster children (CRIT Head Start, 2011).

Table 23. Number of Children Removed

	NUMBER OF CHILDREN REMOVED (ALL AGES)		
	CALENDAR YEAR 2007	CALENDAR YEAR 2009	CALENDAR YEAR 2010
Arizona	7,418	7,532	7,872
Parker (85344)	< 25	< 25	< 25

Source: Arizona Department of Economic Security, Division of Children, Youth and Families, 2011

Child welfare numbers are difficult to interpret across years because they are influenced by numerous factors, including the availability of trained staff to investigate allegations of abuse and neglect, the services available to maintain children safely in their home, and the availability of out-of-home placements. The 2011 semi-annual report on child welfare in Arizona acknowledged that the Division of Children, Youth and Families has been impacted by vacancies in specialist positions, economic factors creating increasingly complex family situations, and a reduction in behavioral health services for both adults and children. The report also notes

[32] 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.

challenges in substantiating many allegations of abuse and neglect due to omissions in current state laws about many situations related to child sexual abuse or neglect[33].

The Colorado River Indian Tribes operate a Children's Residential Center which is available to tribal members.

Domestic Violence

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught in the crossfire in a variety of ways, thereby becoming director or indirect targets of abuse, potentially jeopardizing the their physical and emotional safety (e.g., Evans, Davies, & DeLillo, 2008). Therefore, promoting a safe home environment is key to providing a healthy start for young children.

The Colorado River Regional Crisis Shelter, located in Parker, provides referrals, support services and housing for those affected by domestic violence. Table 24 compares the services offered by the Colorado River Regional Crisis Shelter to those offered by all domestic violence shelters in the state (Arizona Department of Economic Security, 2011). The Colorado River Regional Crisis Shelter has the same average length of stay as seen across the state, and provides a similar amount of support services per person served than seen across the state (an average of 19 hours versus 16 hours for Arizona as a whole).

Table 24. Domestic Violence Shelter Services

	POPULATION SERVED			UNITS OF SERVICE PROVIDED			
DOMESTIC VIOLENCE SHELTERS	TOTAL SERVED	ADULTS	CHILDREN	BED NIGHTS	AVERAGE LENGTH OF STAY (IN DAYS)	HOURS OF SUPPORT SERVICES	HOTLINE AND I&R CALLS
ARIZONA	9,769	5,117	4,652	332,967	29	157,615	28,273
Colorado River Regional Crisis Shelter	115	58	57	4,023	29	2,194	142

Source: Department of Economic Security, Division of Aging and Adult Services: Domestic Violence Shelter Fund Report, SFY 2011.

The 2011 Domestic Violence Shelter Fund Report identifies child care, transitional housing, and transportation services as the most needed services statewide.

[33] Arizona Department of Economic Security, Division of Children, Youth and Families, Administration for Children, Youth and Families (2011). *Child Welfare Reporting Requirements Semi-Annual Report for the Period of October1, 2010 through March 31, 2011.* Phoenix, Arizona.

The Colorado River Indian Tribes (CRIT) have recently started a Domestic Violence Advocacy Program. Staff with the Colorado River Regional Crisis Shelter indicated that CRIT community members utilize the shelter while also accessing the services of the CRIT Domestic Violence Advocacy Program. Staff members from both agencies work closely together. In addition, shelter staff also receives awareness trainings in order to provide culturally sensitive services to American Indian and Hispanic populations.

Homelessness

In Arizona in 2011, 10,504 people were documented as homeless, designating a homelessness rate of 16 per 10,000. Of these people, 4,101 (39%) were part of families.

School districts collect data on the number of economically disadvantaged and homeless students in their schools. The Parker Unified School District has 80 percent of their students classified as economically disadvantaged and it reports 2 percent of the students in the district as homeless. The CRIT Head Start program reported serving four homeless families, and four homeless students, in the 2010-2011 program year. Three of the families were able to acquire housing during the program year (CRIT Head Start, 2011).

Table 25. Homeless and disadvantaged school-aged children

	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	NUMBER AND PERCENT OF ECONOMICALLY DISADVANTAGED STUDENTS		NUMBER AND PERCENT OF HOMELESS STUDENTS	
Parker Unified School District	3	1,045	834	80%	< 25	2%

SOURCE: ADE Preschool & Elementary Needs, 2011

Additional qualitative findings

A community forum was conducted in May of 2012 with representatives from various agencies that provide services to community members in the town of Parker. Focus group questions were aimed at eliciting participants' perceptions regarding the needs of, and challenges to families with young children in Parker. In addition, key informant interviews were conducted with representatives from agencies that provide services to the population of La Paz County. Appendix D provides more detailed information about the methods utilized in these qualitative data gathering efforts and about participating agencies.

Below is a summary of the responses from focus group and key informant interview participants:[34]

Assets:

- Safe community, safe environment; "it's manageable"
- Children grow up knowing everyone; strong sense of community
- Small classes at the local schools allow for more individualized attention from teachers
- People care; "It's a very giving community." Civic club agencies do a lot of activities
- Good natural resources and recreational activities
- Good collaboration and communication among various agency representatives
- Culturally diverse community
- Good and supportive local media that help get the word out about services and events

Challenges and needs:

- Limited after-school care and services for children, and child care options for parents who work night shifts (it is difficult for parents to access jobs that require night shifts, like those in the casino industry, when they are unable to find child care)
- Need for higher quality child care options
- Limited job opportunities
- Limited housing availability and high housing costs
- Lack of locally available specialty care – community members must travel to Lake Havasu for services
- Need more nutrition programs; would like to provide weekend backpack food program for children (staff with the Blake Elementary school have brought up this concern too)
- Need for better teen pregnancy prevention programs
- Need more indoors and outdoors recreational activities
- Limited parent involvement; low parent participation in school activities; few parents volunteering at school activities makes it difficult to organize events
- Parents not taking advantage of the opportunities available, even if they are free-of-cost
- Community norms are a challenge: acceptance of drinking and alcohol abuse (prevention programs focus mostly on other substances, but do not put so much emphasis on alcohol abuse); there is limited enforcement of existing ordinance against hosting underage drinking.
- Although having a culturally diverse community was identified as an asset, it may also be a challenge to make sure that the needs of the various cultures in the area are addressed

[34] This community forum was conducted as part of the data collection efforts for the First Things First La Paz/Mohave Region 2012 Needs and Assets Report. The Norton School was selected as the 2012 vendor for the Colorado River Indian Tribes and La Paz/Mohave Regions, both of which provide services to the town of Parker. Thus, we are able to include qualitative data collected at the Parker community forum in this report too. Please note that because tribal approval from the Colorado River Indian Tribes was not granted in time for this report, we were not able to interview representatives from tribal agencies. The qualitative data presented above is from individuals working for agencies that provide services to the entire population of Parker, not just residents of the CRIT Region. See Appendix D for more detailed information about data collection methods.

Public Awareness and System Coordination

This section describes how parents in the region understand early childhood development. The primary data source used is the First Things First Family and Community survey (First Things First, 2009).

The overall results of the 2009 First Things First Family and Community Survey demonstrated challenges to access to and awareness of serves for families with young children. For example:

- 38 percent of respondents indicated that the available family support services do not meet their family's needs
- 32 percent of respondents indicated that existing services do not adequately screen for problems or intervene appropriately
- 20 percent of respondents indicated that the available family support services are not offered at times that are convenient to them

Socioeconomic status emerged as an important factor in service satisfaction. While less than a third of higher SES parents reported being dissatisfied with family support service comprehensiveness, 56 percent of lower SES parents reported being dissatisfied with the comprehensiveness of available services. Lower SES parents also reported more challenges in obtaining early intervention services.[35]

Key informants in the region emphasized the importance of making sure that programs and services offered are culturally appropriate. In some cases, this has been made possible through collaboration between representatives of tribal and non-tribal agencies where training and education is provided to staff in non-tribal agencies. The Colorado River Regional Crisis Shelter is an example of partnership between tribal and non-tribal agencies. The shelter works with the CRIT Domestic Violence advocate, who assists victims who are tribal members; the advocate also provides training to increase awareness and sensitivity among shelter staff with regards to coping and healing mechanisms among the Native population.

Communication between CRIT and county health programs also allows for more clients to access the multiple resources available in the region.

Currently, there are at least three existing coalitions of agencies that provide services to families in the region: the Safe Home Network, hosted by the Colorado River Regional Crisis Shelter; the Parker Area Alliance for Community Empowerment (PAACE) Coalition; and another coalition that is being started at the Parker Indian Health Center.

The Safe Home Network at the Colorado River Regional Crisis Shelter started approximately four years ago, with only 3 or 4 agency representatives. Currently, about 20 individuals from a

[35] First Things First (2009). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination.* Phoenix, AZ.

wide variety of agencies (including CRIT agencies and programs) regularly attend the Network's monthly meeting. The Safe Home Network has built up trust and a good reputation in the community by consistently holding its meetings and bringing in good presenters that discuss a broad range of issues affecting the various ethnic and cultural groups that live in the area. Monthly meetings include a general information sharing session where participants provide information about new services or changes to existing programs. Participants can also use this space to discuss specific challenges they may be facing with their clients to see how they can assist each other. Discussion and planning of upcoming community events also takes place at these meetings. Each month one speaker is invited to present at length about a specific program or service so all participants have a chance to learn in detail about it. Hosting the Safe Home Network has also allowed to shelter to serve as a hub for information and referrals about services available to families in the region. The Network gives participants an opportunity to build good working relationships with each other and thus be able to better meet the needs of their clients.

Although good collaborative networks exist in the region, community forum participants expressed a need for improved coordination among programs where there is still limited communication. Participants emphasized the need to increase the number of mutual referrals among agencies that serve the same population but are currently not referring clients to each other. A fear of "loosing clients" (and consequently loosing funding for their programs) constitutes a barrier to improved collaboration and referrals, especially at a time of frequent budget cuts and dwindling funding.

Summary and Conclusion

This Needs and Assets Report is the third biennial assessment of early education, health and support for families in the First Things First Colorado River Indian Tribes Region. Tribal permissions to gather tribal-specific data were not available for this report. Therefore, this edition presents as full a picture of the region's needs and assets as possible, using only publically available and non-tribal data sources; however, it is necessarily limited in its scope.

Through both quantitative data assembled, and through interviews with regional service providers, it is clear that the region has substantial strengths. These include a strong Head Start program that provides high quality care, early education and health services to a large proportion of children in the area, as well as access to support and education for their parents; and the Parker Indian Health Center, which provides a variety of services for tribal families, including pediatric care. A table containing a full 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 Colorado River Indian Tribes 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 Colorado River Indian Tribes Regional Partnership Council First Things First planned strategies for fiscal year 2013 is provided in Appendix C.

- **A lack of affordable, high quality and accessible child care** – Three strategies in the region are focusing on this crucial area. To address the challenge of affordability, one strategy will provide childcare scholarships so that parents can continue to utilize the services of licensed, quality early childcare and education centers, giving priority to low income families, parents of children with special needs, single-parent homes and those with infants and toddlers. Two more strategies will focus on improving the quality of new and existing childcare programs, which includes supporting home-base childcare settings to become regulated.
- **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 scholarships for higher education and credentialing to early care and education teachers. It is also important to recognize that the lack of a college-going culture, as identified by the very low rates of residents with college degrees in the region, may be a barrier to professionals in the region to enroll in college courses. Because of this, there

may need to be very specific, localized recruitment and follow-up efforts in order to facilitate take up of the program.

- **Support for kith and kin care providers** – High cost of care and a lack of available quality care mean that many families in the region often turn to family, friends and neighbors for child care. Workshops will be provided in community-based settings to support those who may be caring for young children by providing information on child development, health and safety, and early learning and literacy.
- **A need to support early literacy, to help children arrive in school ready to succeed.** Although the proportion of children who are enrolled in some kind of childcare setting is higher in the Colorado River Indian Tribes Region than in the rest of the state, levels of adult educational attainment tend to be substantially lower than in Arizona as a whole. Because this has a direct effect on the wellbeing of families with young children, the Colorado River Indian Tribes Regional Partnership Council will fund early language and family literacy programs aimed at supporting adult literacy levels in order to help encourage the child's early literacy development. This strategy also supports outreach activities in early education and child care centers and school-based preschools in the area.
- **Concern about community levels of obesity and accompanying health risks, including diabetes** – One strategy aims to support educational outreach efforts in the community and to increase access for pregnant women and children to diabetes prevention, with an emphasis on early screening and intervention.

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

- **Improved access to and utilization of early and continuous prenatal care** – Prenatal care provides opportunities to monitor the health of the expectant woman and to improve birth outcomes, as well as to educate parents on the importance of early development.
- **A high rate of births to teen mothers** – Because of the impact that unplanned teen births can have on the life of a teen mother and the health and welfare of her child, programs that encourage and provide prenatal care for expectant teen mothers, as well as education and support to enable them to continue their education and care well for their infant, are needed.

Although the dire economic climate in the State presents challenges for families across the rural areas, the Colorado River Indian Tribal Region has some substantial strengths that can help it deal effectively with these. Leveraging the unique opportunities for cross-community

collaboration and resource sharing in the Colorado River Indian Tribes Region can help those there respond creatively to these challenges and to support the health, welfare and development of the families and young children who live there.

Appendix A. Table of Regional Assets

First Things First Colorado River Indian Tribe Regional Assets
CRIT Head Start Program
High proportion of children ages 3 and 4 enrolled in school
Pediatric care available locally
Small, safe community
Culturally diverse, yet cohesive community
High rates of children under six with up-to-date immunizations
Smaller school classrooms that allows for more individual attention for students
Existing coalitions that allow for better coordination of services and collaboration among agencies

Appendix B. Table of Regional Challenges

First Things First Colorado River Indian Tribe Regional Challenges
A lack of affordable, high quality child care
Low uptake of professional development opportunities for early childhood professionals
Low achievement scores in 3rd grade standardized testing suggesting a need for early literacy improvement
Low adult educational attainment

Appendix C. Colorado River Indian Tribes Regional Partnership Council Funded Regional Strategies, FY 2013

CRIT Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2013		
Goal Area	**Strategy**	**Strategy Description**
Quality and Access	Quality First	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 Child Care Scholarships (addition to QF package)	Provides scholarships to children to attend quality early care and education programs.
Professional Development	Scholarships non-TEACH	Provides scholarships for higher education and credentialing to early care and education teachers.
Health	Child Care Health Consultation	Support safety, healthy practices and child development in early care and education centers and regulated homes.
	Nutrition/Obesity/Physical Activity	Provides health education focused on obesity prevention to children, families and early care and education professionals.
Family Support	Parent Outreach and Awareness	Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness.
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.

Appendix D. Qualitative Data Collection Methods

The information included in this report was obtained from publicly available sources and from data provided by various state agencies via First Things First. In addition, the qualitative data collection was conducted specifically for this report with key informants from non-tribal agencies. These included staff with La Paz County Health Department and the Colorado River Regional Crisis Shelter. Please note that because tribal approval from the Colorado River Indian Tribes was not granted in time for this report, we were not able to conduct individual key informant interviews with representatives from tribal agencies.

A community forum was conducted in May of 2012 as part of the data collection efforts for the First Things First La Paz/Mohave Region 2012 Needs and Assets Report. The Norton School was selected as the 2012 vendor for the Colorado River Indian Tribes and La Paz/Mohave Regions, both of which provide services to the town of Parker. Thus, we were able to include data collected at the Parker community forum in this report too. The qualitative data collected is from individuals working for agencies that provide services to the entire population of Parker, not just residents of the CRIT Region.

A total of 16 individuals participated in the Parker community forum representing nine different agencies: the Colorado River Regional Crisis Shelter, Hospice of Havasu, La Paz County Education Service Agency (La Paz County Superintendent of Schools), La Paz CASA, La Paz County Public Health Education and Prevention Program, First Things First CRIT Region, Community Legal Services, Gingerbread House and DES/Child Protective Services.

Focus group questions were aimed at eliciting participants' perceptions regarding the needs of, and challenges to families with young children in Parker.

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