



2014 NEEDS AND ASSETS REPORT

COLORADO RIVER INDIAN TRIBES REGIONAL PARTNERSHIP COUNCIL



FIRST THINGS FIRST

Ready for School. Set for Life.

Colorado River Indian Tribes Regional Partnership Council

2014

Needs and Assets Report

Prepared by the
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Funded by
First Things First Colorado River Indian Tribes Regional Partnership Council

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Letter from the Chair

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November 3, 2014

The past two years have been rewarding for the First Things First Colorado River Indian Tribes (CRIT) 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.

The CRIT Regional Partnership Council is focused upon three strategic areas: increasing access to quality child care, raising the awareness of the importance of early learning – especially literacy development, and giving children the opportunity for healthy development by promoting nutrition and physical activity for the whole family. The First Things First Colorado River Indian Tribes Regional Partnership Council will continue to advocate and provide opportunities as indicated throughout this report.

Our strategic direction has been guided by the Needs and Assets reports, The Colorado River Indian Tribes Regional Council would like to thank our Needs and Assets vendors with the University of Arizona's Norton School 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 region.

Thanks to our dedicated staff, volunteers and community partners, the First Things First Colorado River Indian Tribes 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

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Introductory Summary and Acknowledgments

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

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

The First Things First Colorado River Indian Tribes Regional Partnership Council recognizes the importance of investing in young children and empowering parents, families, and caregivers to advocate for services and programs within the region. The Colorado River Indian Tribes Regional Partnership Council has utilized past reports to prioritize strategies to: improve access to high quality and affordable early childhood education, increase the knowledge and awareness of the importance of early childhood development and health, increase access to parenting education, and build a more skilled and educated early childhood workforce. This report provides basic data points that will aid the Regional Council's decisions and approaches to continue building a truly 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 Arizona Department of Economic Security, the Arizona Child Care Resource and Referral, the Arizona Department of Health Services, the Arizona State Immunization Information System, the Arizona Department of Education, the American Community Survey, the Indian Health Service Phoenix Service Unit, the Inter Tribal Council of Arizona, and the Departments and Programs of the Colorado River Indian Tribes for their contribution of data for this report.

Table of Contents

Letter from the Chair	2
Introductory Summary and Acknowledgments.....	4
Executive Summary.....	10
Who are the families and children living in the Colorado River Indian Tribes Region?	12
The Colorado River Indian Tribes Region.....	12
Regional Boundaries and Report Data.....	12
General Population Trends	17
Additional Population Characteristics	20
Household Composition.....	20
Ethnicity and Race.....	24
Language Use and Proficiency	26
Economic Circumstances	28
Tribal enterprises	28
Income and Poverty	28
Unemployment	30
Public Assistance Programs	33
Educational Indicators	38
Educational Attainment	41
Standardized Test Scores	45
The Early Childhood System: Detailed Descriptions of Assets and Needs	49
Quality and Access	49
Early Care and Education	49
Professional Development.....	53
Scholarships	54
Opportunities for Early Childhood Professional Development	54
Health.....	56
Access to Care	56
Pregnancies and Births	58
Colorado River Indian Tribes WIC Program Maternal and Child Health Indicators.....	66
Head Start Health Screenings	69
Children’s health	70
Insurance Coverage.....	71
Developmental Screenings and Services for Children with Special Developmental and Health Care Needs	76
Parent perceptions of their children’s developmental needs	79
Immunizations	81
Behavioral Health.....	81
Oral Health	84
Overweight and Obesity	87
Substance Abuse	88
Family Support	89
Parental Involvement.....	90

Food Security	95
Homelessness	96
Child Welfare	97
Incarcerated Parents.....	99
Domestic Violence	101
Public Information and Awareness and System Coordination	103
Summary and Conclusion	105
Appendix A. Table of Regional Assets.....	108
Appendix B. Table of Regional Challenges.....	109
Appendix C. Table of Regional Strategies, FY 2015	110
Appendix D. Parent and Caregiver Survey Methodology	111
Appendix E. Sources.....	116

List of Tables

Table 1. Population and households by area.....	17
Table 2. Comparison of U.S. Census 2000 and U.S. Census 2010.....	18
Table 3. Number of children living in a grandparent's household	22
Table 4. Children (0-5) living with one or two foreign-born parents	23
Table 5. Estimated number of migrant and seasonal farmworkers, their families, and children 0 to 5 years of age in La Paz County	24
Table 6. Race and ethnicity for adults	25
Table 7. Race and ethnicity for children ages 0-4.....	26
Table 8. Home language use for individuals 5 years and older	27
Table 9. Household home language use.....	27
Table 10. Median family annual income and persons living below the U.S. Census poverty threshold level	29
Table 11. Median family annual income for families with children (0-17)	30
Table 12. Employment status of parents of young children.....	32
Table 13. Percent of housing units with housing problems	32
Table 14: Monthly estimates of children ages 0-5 receiving SNAP (Supplemental Nutritional Assistance Program)	34

Table 15. Monthly estimates of children ages 0-5 receiving TANF (Temporary Assistance for Needy Families).....	35
Table 16. Free and reduced lunch eligibility requirements for 2014-2015 school year.....	38
Table 17. Free and reduced lunch eligibility for schools in the Parker Unified School District....	38
Table 18. Educational achievement of adults.....	41
Table 19. Children (3-4) enrolled in nursery school, preschool, or kindergarten	45
Table 20. Math 3rd grade AIMS results	47
Table 21. Reading 3rd grade AIMS results.....	47
Table 22. Number of early care and education centers and their capacity	49
Table 23. Number of Local Education Agency Preschools.....	50
Table 24. Participation in Colorado River Indian Tribes Head Start	51
Table 25: Cost of full time child care in a child care center by percent of median family income	52
Table 26. Quality First Rating Scale.....	53
Table 27. Infant and child health indicators from Colorado River Indian Tribes WIC clients.....	67
Table 28. Maternal health indicators from the Colorado River Indian Tribes WIC program clients	69
Table 29. Percent of population uninsured	74
Table 30. Services for children with special developmental and health care needs in the CRIT Head Start Program	77
Table 31. Percent of preschool and elementary school children enrolled in special education .	80
Table 32. Mental health Services to children in the Colorado River Indian Tribes Head Start	82
Table 33. Family Education Services through Colorado River Indian Tribes Head Start	93
Table 34. Economic disadvantage and homelessness by school district.....	96
Table 35. Domestic Violence Shelter Services	102

List of Figures

Figure 1. The Colorado River Indian Tribes Region.....	13
Figure 2. The Colorado River Indian Tribes Region, by zip code.....	15
Figure 3. Geographic distribution of children under six according to the 2010 Census (by census block).....	19
Figure 4. Living arrangements for children (0-5)	20
Figure 5. Type of household with children (0-5).....	21
Figure 6. Annual unemployment rates in the Colorado River Indian Tribes Region, All Arizona reservations and the state (2009-2013)	31
Figure 7. Monthly estimate of children ages 0-5 receiving SNAP in January 2012	34
Figure 8. Monthly estimate of children ages 0-5 receiving TANF in January 2012	35
Figure 9. Monthly participation and enrollment in the WIC program (Total Women, Infants, and Children).....	37
Figure 10. School districts in the Colorado River Indian Tribes Region	39
Figure 11. Births by mother’s educational achievement in the Colorado River Indian Tribes Region (2009-2012).....	42
Figure 12. Results of the Arizona Instrument to Measure Standards (AIMS) Test.....	46
Figure 13. Percent of respondents who reported that necessary health care was delayed or not received.....	58
Figure 14. Total number of births in the Colorado River Indian Tribes Region and the state (2009-2012).....	59
Figure 15. Percent of births with prenatal care begun first trimester (2009-2012).....	60
Figure 16. Average percent of births with prenatal care begun first trimester (2002-2011)	61
Figure 17. Percent of births with fewer than five prenatal care visits (2009-2012)	61
Figure 18. Average percent of births with fewer than five prenatal care visits (2002-2011)	62
Figure 19. Percent of births with low birth weight (5 lbs., 8oz. or less) (2009-2012)	62
Figure 20. Average low birth weight (5 lbs., 8oz. or less) births (2002-2011).....	63
Figure 21. Percent of births to mothers ages 19 and younger (2009-2012)	64
Figure 22. Rate of Teen Births (ages 19 and younger) per 1,000 Females (2002-2011)	64
Figure 23. Percent of births that are preterm (less than 37 weeks) (2009-2012).....	65

Figure 24. Average infant mortality rate per 1,000 live births (2002-2011)	65
Figure 25. Births covered by AHCCCS or IHS by year (2009-2012)	66
Figure 26. Average percent of uninsured births (2002-2011)	66
Figure 27. Top five diagnoses by unique patients (0-5), 2011-2013, Colorado River Indian Tribes	71
Figure 28. Insurance coverage, Indian Health Service active users (0-5), 2011-2013, Colorado River Indian Tribes	76
Figure 29. Parents' and caregivers' reported levels of concern for how well their children are meeting developmental milestones.	80
Figure 30. Tooth decay among young children	86
Figure 31. Body Mass Index (BMI) of Indian Health Service active users under six.....	88
Figure 32. Reported frequencies of home literacy events: How many days per week did someone read stories to your child? How many days per week did someone tell stories or sing songs to your child?	91
Figure 33. Responses to the question "When do you think a parent can begin to make a big difference on a child's brain development?	92
Figure 34. Parent Caregiver Report of Library Use	94

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 Reservation contains lands in both the State of Arizona and the State of California; however, 84 percent of the land and 81 percent of the population live on the Arizona portion of the reservation. This portion of land constitutes the core of the First Things First Colorado River Indian Tribes (CRIT) Region. The primary community in the 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. The CRIT Region serves both Tribal members and non-members on the Arizona portions of the Colorado River Indian Reservation and in the Town of Parker.

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 the 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, with 37 percent living in a single-female headed household. Forty-two percent of children under six in the region live in poverty and 54 percent of young children in the region receive Nutrition Assistance (SNAP) benefits.

Similar percentages of adults in the region identify as Hispanic (36%), non-Hispanic White (33%), and American Indian (27%), highlighting the ethnic diversity of the CRIT Region. Half of children ages birth to four living in the CRIT Region were identified as Hispanic, and most other children were identified as American Indian (42%). About one-third of residents speak Spanish at home, but only two percent speak a Native language at home.

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 mothers in the region are more likely to be teen-aged than mothers statewide, their babies are less likely to have low birth weights. However, rates of preterm births have increased over the past few years. One in four young children in the region were identified as having untreated tooth decay, and 16 percent are obese.

There are four licensed or certified childcare providers in the region, including Head Start and Blake Preschool Program. A to Z Therapies provides early intervention services and Head Start and Blake Preschool Program provide services to preschool-aged children with special needs.

The Colorado River Indian Tribes Head Start is the largest provider of early childhood education services in the region, serving 68 percent of children ages 3-4 in the region. Many services are offered to children enrolled in Head Start and their families through the program, including

developmental and health care screenings and services, oral health screenings, mental health assessments, and family education services.

Third graders in CRIT region did not perform as well as students statewide in both the math and reading portions of Arizona's Instrument to Measure Standards (AIMS), and the high school graduation rate in the district is lower than it is statewide. These factors have led to concerns in the community about ways to engage children and families in school and in continuing education.

An asset of the Colorado River Tribes Region is the culturally diverse, yet often cohesive, nature of the region. Families report appreciating the opportunity to raise their children where "everyone knows everyone." 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 the challenges they may face 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 Tribes Region?

The Colorado River Indian Tribes 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. This decision must be ratified every two years, and the Colorado River Indian Tribes has opted to continue to be designated as its own region.

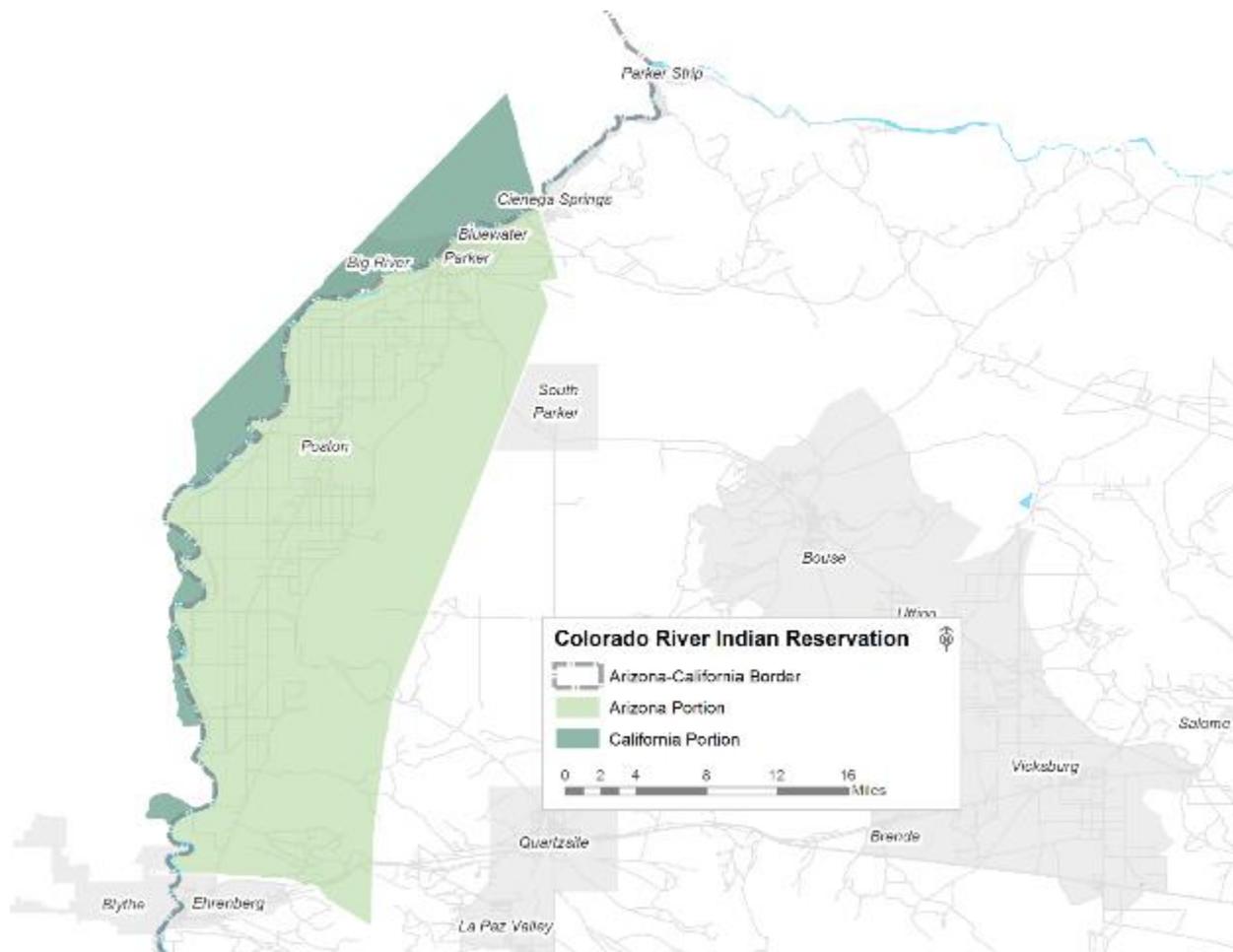
Regional Boundaries and Report Data

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). The FTF Colorado River Indian Tribes Region is comprised of census tracts 9402 and 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 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 Arizona portions of the Colorado River Indian 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), Housing and Urban Development (HUD), the CRIT Library and Joint Venture Sewer Project that serve the population of all of La Paz County.

The map below, Figure 1, shows the geographical area covered by the Colorado River Indian Tribes Region.

Figure 1. The Colorado River Indian Tribes Region



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

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources and data provided by Colorado River Indian Tribes agencies and departments. It also includes findings from additional qualitative and quantitative data collection that was conducted specifically for this report through: a) Key informant interviews with representatives from tribal agencies and departments conducted in the spring of 2014; and b) a Parent and Caregiver Survey that gathered information from 107 parents and caregivers of children ages 0 to 5 in the region. Appendix D provides more detailed information about the data collection methods and the instruments utilized.

Approval for the collection of tribal data included in this report was granted by the Colorado River Indian Tribes Tribal Council as stated on Tribal Resolution 345-13 signed on November 7, 2013.

In most of the tables in this report, the top row of data corresponds to the FTF Colorado River Indian Tribes Region. When available, the next row presents the data for the Colorado River Indian Tribes as a whole, including the California portion. The next three rows show data that are useful for comparison purposes: all Arizona reservations combined, La Paz County, and the state of Arizona.

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

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

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

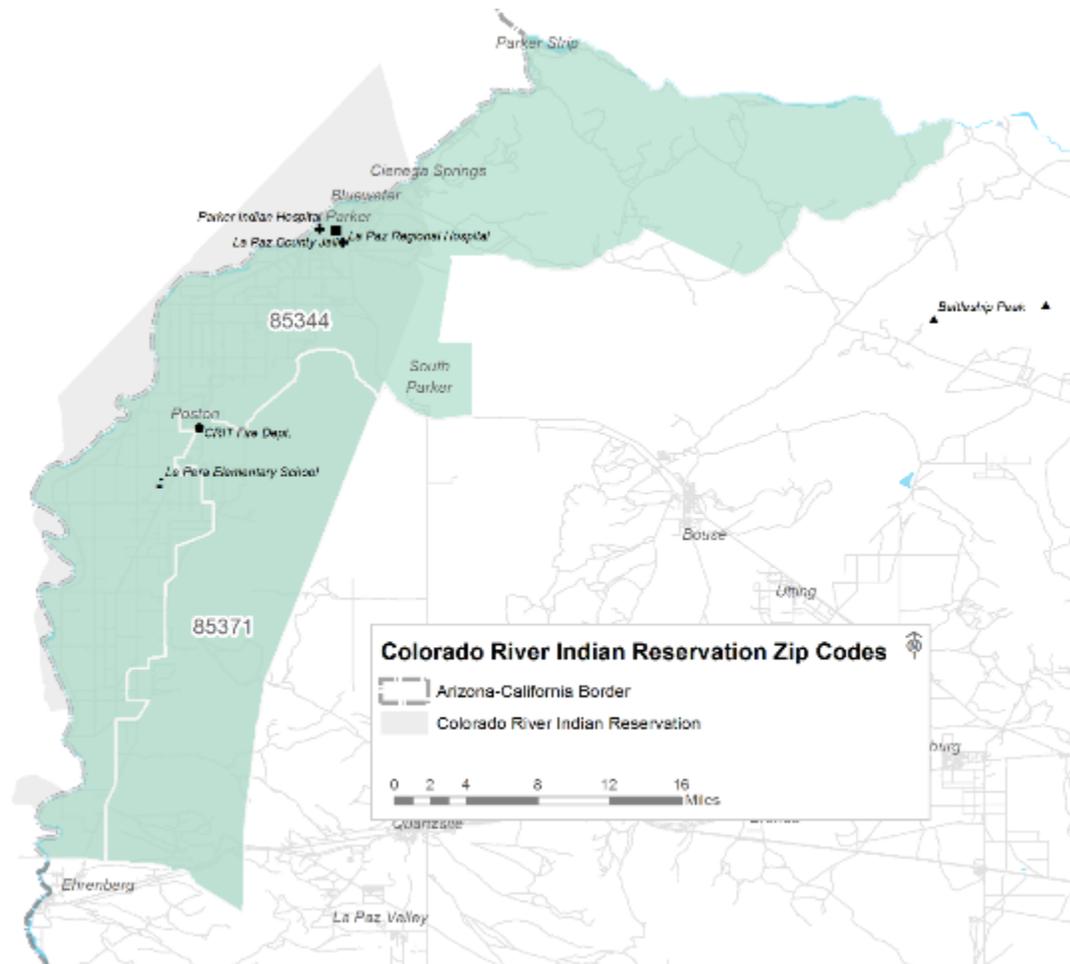
Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS (for “data suppressed”).

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

Data for certain tables were provided by FTF through their State Agency Data Request at the zip code level. Because the zip code boundaries do not exactly match those of the region we applied estimated a share of the numbers to the Colorado River Indian Tribes Region by applying the following formula: we used the percentage of each zip code area’s population of children 0-5 which are Colorado River Indian Tribes residents and then applied these percentages the zip code level agency data (e.g. SNAP, TANF) to calculate estimates for the Colorado River Indian Tribes Region.

Figure 2 shows the two zip codes included in the region (85344 & 85371).

Figure 2. The Colorado River Indian Tribes Region, by zip code



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

In this report we use two main sources of data to describe the demographic and socio-economic characteristics of families and children in the region: US Census 2010 and the American Community Survey. These data sources are important for the unique information they are able to provide about children and families across the United States, but both of them have acknowledged limitations for their use on tribal lands. Although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that “American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent.”¹ In the past, the decennial census was the only accessible source of wide-area demographic information. Starting in 2005, the Census Bureau replaced the “long form”

¹“Estimates of Undercount and Overcount in the 2010 Census” (May 22, 2012). www.census.gov/newsroom/releases/archives/2010_census/cb12-95.html

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

According to the State of Indian Country Arizona Report² this has brought up new challenges when using and interpreting ACS data from tribal communities and American Indians in general. There is no major outreach effort to familiarize the population with the survey (as it is the case with the decennial census), and the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona Report indicates that at the National level, in 2010 the ACS failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona report, ACS may be particularly unreliable for the smaller reservations in the state.

While recognizing that estimates provided by ACS data may not be fully reliable, we have elected to include them in this report because they still are the most comprehensive publically-available data that can help begin to describe the families that First Things First serve.

Considering the important planning, funding and policy decisions that are made in tribal communities based on these data, however, the State of Indian Country report recommend a concerted tribal-federal government effort to develop the tribes' capacity to gather relevant information on their populations. This information could be based on the numerous records that tribes currently keep on the services provided to their members (records that various systems must report to the federal agencies providing funding but that are not currently organized in a systematic way) and on data kept by tribal enrollment offices.

A current initiative that aims at addressing some of these challenges has been started by the American Indian Policy Institute, the Center for Population Dynamics and the American Indian Studies Department at Arizona State University. The Tribal Indicators Project³ begun at the request of tribal leaders interested in the development of tools that can help them gather and utilize meaningful and accurate data for governmental decision-making. An important part of this effort is the analysis of Census and ACS data in collaboration with tribal stakeholders. We

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

³ http://aipi.clas.asu.edu/Tribal_Indicators

hope that in the future these more reliable and tribally-relevant data will become available for use in these community assessments.

General Population Trends

According to Census 2010 data, the CRIT Region had a total population of 7,077 persons in 2010, including 739 children under the age of six. Twenty one percent of 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 La Paz 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

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
				Count	Percentage
Colorado River Indian Tribes Region	7,077	739	2,336	485	21%
Colorado River Indian Tribes (entire)	8,764	792	3,207	526	16%
All Arizona reservations	178,131	20,511	50,140	13,115	26%
La Paz County	20,489	1,227	9,198	822	9%
Arizona	6,392,017	546,609	2,380,990	381,492	16%

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

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.

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

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Colorado River Indian Tribes Region	7,468	7,077	-5%	720	739	+3%
Colorado River Indian Tribes (California Part)	1,768	1,687	-5%	88	53	-40%
Colorado River Indian Tribes (entire)	9,201	8,764	-5%	808	792	-2%
All Arizona reservations	179,064	178,131	-1%	21,216	20,511	-3%
La Paz County	19,715	20,489	+4%	1,173	1,227	+5%
Arizona	5,130,632	6,392,017	+25%	459,141	546,609	+19%

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

Note: The "Change from 2010 to 2012" column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: (Number in Year 2 – Number in Year 1)/Number in Year 1 x 100

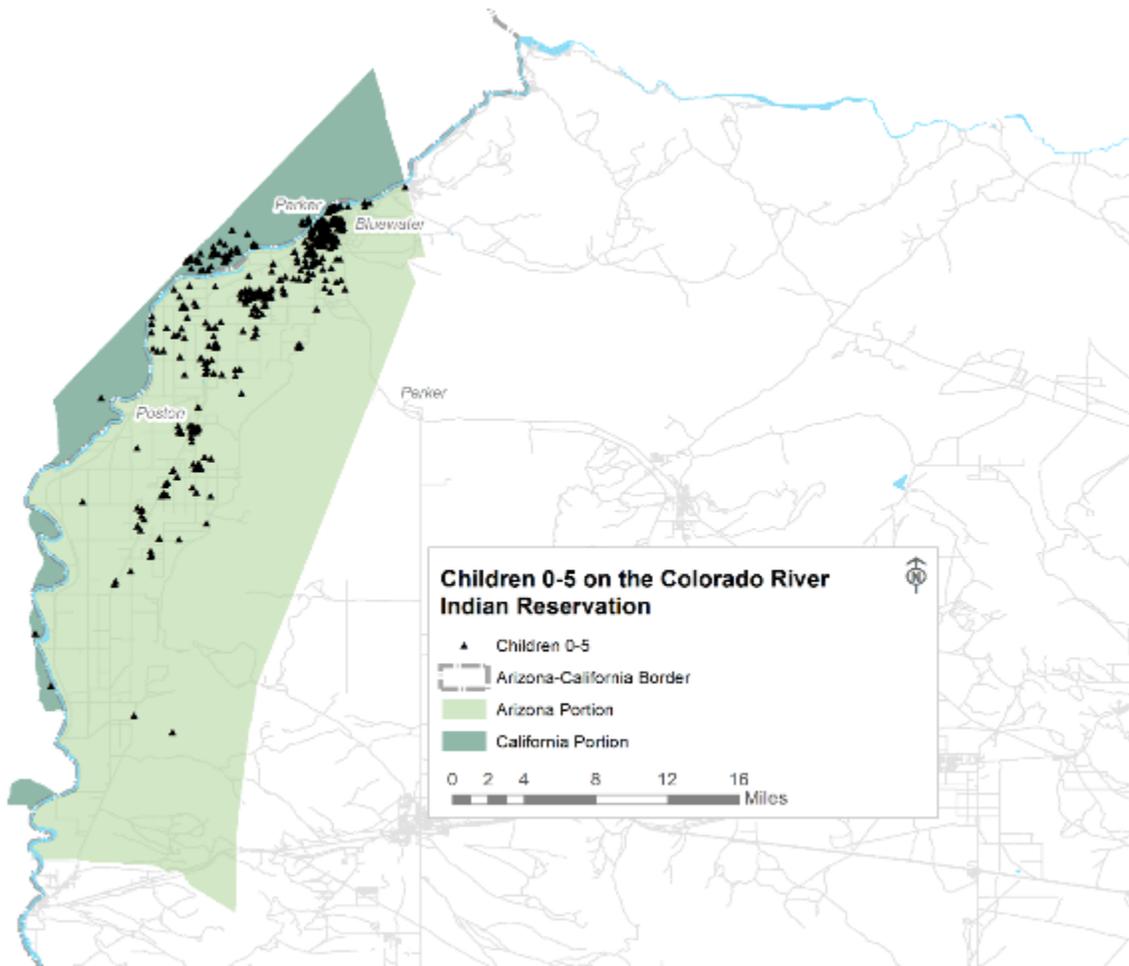
Although the population of the state of Arizona as a whole increased by about 25 percent, the Colorado River Indian Tribes Region experienced an overall population decrease. However, the population of children under the age of six in the region increased slightly. Young children now represent just over 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.

Figure 3 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. A triangle on the map represents one child. The triangles do not pinpoint each child's location, but are placed generally in each census block in which a young child was living in 2010.

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.

Almost 40 percent (or 285) of the young children in the CRIT Region live in or near the town of Parker. However, a substantial number live farther away, in the community of Poston, or even farther south.

Figure 3. Geographic distribution of children under six according to the 2010 Census (by census block)



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

Tribal Enrollment

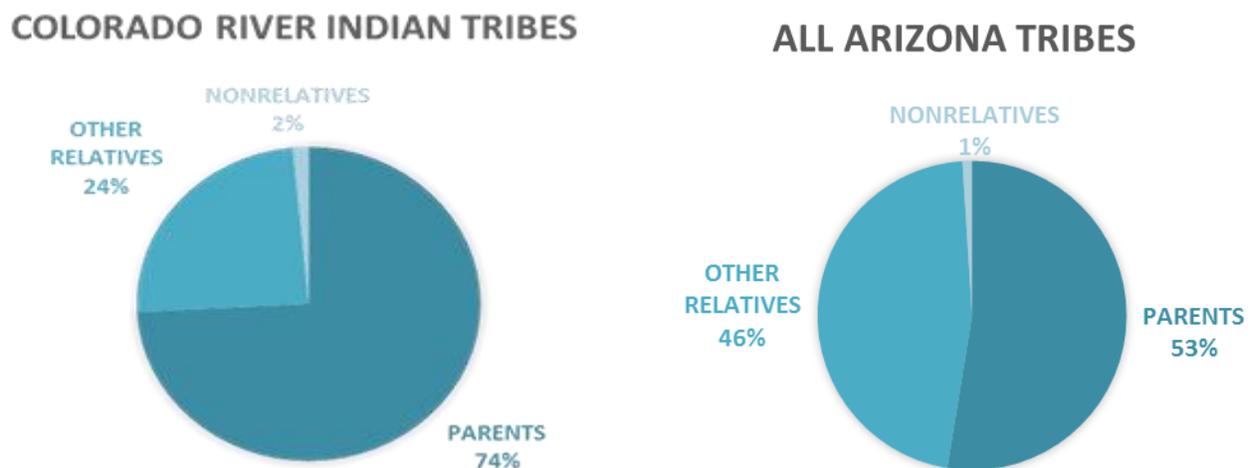
Data from the CRIT Enrollment Office, show that as of May 22, 2014 there were 4,073 active tribal members. Of those, 2,256 were living on the reservation, 1,602 resided off the reservation, and 215 had missing addresses. Of the 2,256 tribal members living within the reservation boundaries, 146 were children ages birth to five. This represents about one-third of the young children in the Colorado River Indian Tribes Region. It is important to note that according to key informants, a large number of young children (approximately 71) were recently enrolled as tribal members, but their enrollment had not yet been recorded and is not included in the number shown above.

Additional Population Characteristics

Household Composition

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 to 2010 Census data. This is a lower proportion than the statewide percentage (81%), 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).

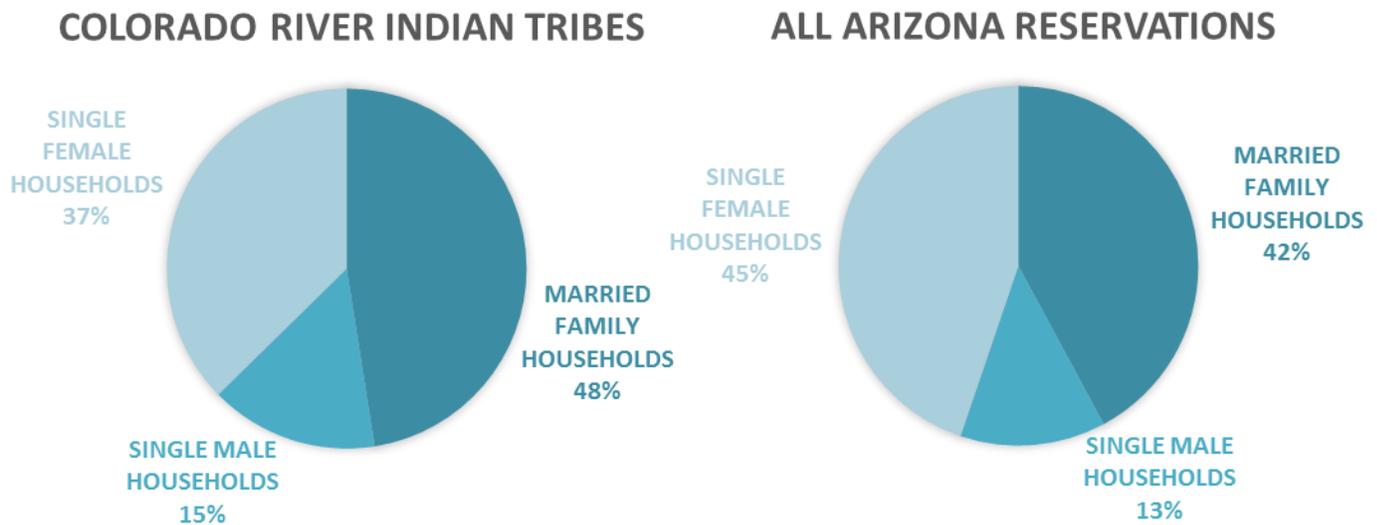
Figure 4. Living arrangements for children (0-5)



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

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.

Figure 5. Type of household with children (0-5)



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

The 2010 Census provides additional information about multi-generational households (those with three or more generations) and children birth through five living in a grandparent’s household. Just over 50 percent of grandparents with a child living in their household are estimated to be the primary caregivers for their grandchildren.⁴ In all Arizona reservations combined over 8,000 children aged birth to five (40%) are living in a grandparent’s household (see Table 3 below). In the Colorado River Indian Tribes Region 135 children 0-5 (or 18%) are living in a grandparent’s household. This is a slightly 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 Arizona reservations. The proportion of households with three or more generations living together (i.e., multigenerational) is somewhat higher in the CRIT Region (8%) than statewide (5%) and more than double the proportion in the county overall (3%); again, it is only half the rate across all Arizona reservations.

⁴ More U.S. Children Raised by Grandparents. (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

Table 3. Number of children living in a grandparent's household

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH 3 OR MORE GENERATIONS	
Colorado River Indian Tribes Region	739	135	18%	2,336	178	8%
Colorado River Indian Tribes (California Part)	53	10	19%	871	16	2%
Colorado River Indian Tribes (entire)	792	145	18%	3,207	194	6%
All Arizona reservations	20,511	8,239	40%	50,140	8,104	16%
La Paz County	1,227	202	16%	9,198	270	3%
Arizona	546,609	74,153	14%	2,380,990	115,549	5%

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

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.

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.⁵

Multigenerational households may also have different needs and strengths. For example, they may be more likely to have grandparents provide home-based child care. Having grandparents help with child care may create greater employment opportunities for parents. However, this can also result in families being less connected with outside support services available to them. In other cases, grandparents and parents may both be working which results in higher income for the household but an increased need for child care.

There are also considerable challenges that grandparents can face when they become the primary source of care for their grandchildren not because of choice, but because parents become unable to provide care due to the parent's death, physical or mental illness, substance abuse, incarceration, unemployment or underemployment or because of domestic violence or child neglect in the family.⁶ Caring for children who have experienced family trauma can pose

⁵ Hoffman, F. (Ed.). (1981). *The American Indian Family: Strengths and Stresses*. Isleta, NM: American Indian Social Research and Development Associates.

⁶ *More U.S. Children Raised by Grandparents*. (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren. In addition, parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who themselves may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children. In order to support grandparents and other relatives caring for young children First Things First funds the Parent Outreach Awareness strategy with a focus on kith and kin caregivers.

There is some positive news for grandparents and great-grandparents raising their grandkids through a Child Protective Services (CPS) placement by the state of Arizona. Starting in February 2014, these families are offered a \$75 monthly stipend per child. To qualify, a grandparent or great-grandparent must have an income below 200% of the FPL. They also must not be receiving foster care payments or Temporary Assistance for Needy Families (TANF) cash assistance for the grandchildren in their care.⁷ Those grandparents raising grandkids not in the CPS system might also be eligible for this stipend in coming months if Arizona Senate Bill 1346 is passed.⁸ This bill, however, will not benefit grandparents whose grandchildren were placed with them by Tribal Child Protective Services departments.⁹

The diversity of the families in the region (a mix of tribal and non-tribal families) is also visible in the high proportion of young children who live with one or two foreign-born parents in the CRIT Region (26%), compared to only a small fraction in all Arizona reservations (3%; see Table 4 below).

Table 4. Children (0-5) living with one or two foreign-born parents

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS
Colorado River Indian Tribes Region	739	26%
Colorado River Indian Tribes (entire)	792	26%
All Arizona reservations	20,511	3%
La Paz County	1,227	29%
Arizona	546,609	29%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
 American Community Survey 5-Year Estimates, 2008-2012, Table B05009

⁷ Children’s Action Alliance, January 15, 2014 Legislative Update email.

⁸ Children’s Action Alliance, February 21, 2014 Legislative Update email.

⁹ Information provided by staff from the Arizona Department of Child Safety on June 25, 2024 through personal correspondence.

The *Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona* attempts to estimate the population of migrant and seasonal farmworkers¹⁰ in Arizona based on data from a variety of sources. The estimates from this report are shown in Table 5.

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. However, fewer than 10 children in the Parker Unified School District are classified as migrant students.¹¹

Table 5. 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 THIS HOUSEHOLD	TOTAL NUMBER OF MSFW HOUSEHOLDS	ESTIMATED NUMBER OF CHILDREN 0-5 IN MSFW HOUSEHOLDS
Colorado River Indian Tribes	1,035	886	1,921	167
La Paz County	2,732	2,339	5,071	442

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

Ethnicity and Race

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%). This contrasts sharply with the rest of the county, where about two-thirds of the population is non-Hispanic White, and also with all Arizona reservations combined, where the vast majority of the population (88%) identify as American Indian.

¹⁰ Larson, A.C. (2008) *Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona*, Larson Assistance Services. 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).

¹¹ Arizona Department of Education (2014). *October 1 Enrollment 2013-2014*. Retrieved from <http://www.azed.gov/research-evaluation/arizona-enrollment-figures/>

Table 6. Race and ethnicity for adults

GEOGRAPHY	POPULATION (18+)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Colorado River Indian Tribes Region	4,961	36%	33%	1%	27%	1%	2%
Colorado River Indian Tribes (California part)	1,476	9%	85%	1%	2%	0%	3%
Colorado River Indian Tribes (entire)	6,437	30%	45%	1%	21%	0%	2%
All Arizona reservations	117,049	5%	5%	0%	88%	0%	1%
La Paz County	16,811	18%	70%	1%	9%	0%	2%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

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

Half of the population of children aged birth through four living in the CRIT region were identified as Hispanic, and most other children were identified as American Indian (42%). This racial/ethnic distribution varies substantially from the one seen across all Arizona reservations combined, where the vast majority of children (92%) were reported to be American Indian.

Table 7. Race and ethnicity for children ages 0-4¹²

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
Colorado River Indian Tribes Region	616	50%	12%	1%	42%	0%
Colorado River Indian Tribes (California Part)	39	28%	56%	5%	8%	0%
Colorado River Indian Tribes (entire)	655	49%	15%	1%	40%	0%
All Arizona reservations	17,061	9%	1%	0%	92%	0%
La Paz County	1,028	50%	24%	1%	27%	0%
Arizona	455,715	45%	40%	5%	6%	3%

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

Note: The number for children ages 0-5 are not readily available from the US Census, but it is likely that the percentage distribution for children 0-4 will be similar to that of children 0-5. These categories are not mutually exclusive (children may be multi-racial); thus percentages may not sum to 100 percent.

Language Use and Proficiency

Data about English speaking ability provides additional information about the characteristics of the population in the Colorado River Indian Tribes Region. As shown in below, the majority of residents in the region speak only English at home, though 31 percent speak Spanish in the home (which is almost twice the rate in the county as a whole and also higher than rate in the state of Arizona). 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.

¹² The Census Bureau reports the race/ethnicity categories differently for the 0-4 population than they do for adults; therefore, they are reported slightly differently in this report. For adults, Table 6 shows exclusive categories: someone who identifies as Hispanic would only be counted once (as Hispanic), even if the individual also identifies with a race (e.g. Black). For the population 0-4, Table 7 shows non-exclusive categories for races other than white. This means, for instance, that if a child's ethnicity and race are reported as "Black (Hispanic)" he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, tend to be very small.

Table 8. Home language use for individuals 5 years and older

GEOGRAPHY	2010 CENSUS POPULATION (5+)	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME	PERSON (5+) WHO SPEAK ENGLISH LESS THAN "VERY WELL"
Colorado River Indian Tribes Region	7,225	66%	31%	2%	4%
Colorado River Indian Tribes (entire)	8,690	70%	27%	2%	3%
All Arizona reservations	165,655	44%	4%	52%	14%
La Paz County	19,480	81%	17%	1%	2%
Arizona	5,955,604	73%	21%	2%	2%

US Census (2010). Table P12. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

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.” As shown in Table 9, the rate of linguistic isolation in the region is similar to the state rate but only half of the all Arizona reservations rate. Considering the high proportions of families who speak Spanish at home and of children living with foreign-born parents, is likely that Spanish is the language spoken in most of the “linguistically isolated” households.

Table 9. Household home language use

GEOGRAPHY	2010 CENSUS TOTAL HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Colorado River Indian Tribes Region	2,336	34%	6%
Colorado River Indian Tribes (entire)	3,207	29%	5%
All Arizona reservations	50,140	74%	12%
La Paz County	9,198	16%	3%
Arizona	2,380,990	27%	5%

US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml> US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

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

Data from the Colorado River Indian Tribes Head Start Program Information Report show that Spanish was the primary language of the family at home for 20 percent of the children enrolled

in the program. None of the families reported speaking primarily a Native North American Language at home.¹³

In 2013 a total of 84 students (or 7%) in the Parker Unified School District were classified as English Language Learners.¹⁴

Language Revitalization and Preservation Efforts

Mohave language classes are offered through the Colorado River Indians Library. Adult classes are offered year-round on a weekly basis. During the summer, Mohave language classes for children ages 6 to 10 are also available at the library.

Economic Circumstances

Tribal enterprises

The Colorado River Indian Tribes own and operate several enterprises in the region. Blue Water Resort and Casino is located only steps away from the Colorado River, with 450 gaming machines and card tables, RV park, and 200 hotel rooms. The nearby marina, also offers outdoor water activities with a beach area, cabanas sites, dock, and boat launch.

In addition to Blue Water Resort and Casino, there are many other nearby attractions including the Colorado River Indian Tribes Museum, which houses historic artifacts and photographs; the Ahakhav Preserve, which offers over 1,000 acres of wilderness and a 3.5 acre park with opportunities for fishing, canoeing, swimming and a fitness trail; and the Poston Monument.

Other tribally owned enterprises include the Colorado River Indian Tribes Farms, established in 1995. On the farms, over 15,000 acres of various crops are grown throughout the year. Colorado River Indian Tribes Sand and Gravel, Colorado River Indian Tribes Utilities and Colorado River Building Materials are all tribally-owned and operated.¹⁵

Income and Poverty

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Directions 2012 report notes that Arizona has the 5th highest child poverty rate in the country.¹⁶ The effects on children of

¹³ Office of Head Start (2013). *2013 Performance Indicator Report Data Extract*. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>

¹⁴ Arizona Department of Education (2014). *ADE Data Set*. Unpublished raw data received from the First Things First State Agency Data Request.

¹⁵ Colorado River Indian Tribes. Business Opportunities, Tourism. *Colorado River Indian Tribes*. Retrieved from <http://www.critnsn.gov/index.shtml>; Colorado River Indian Tribes. Blue Water Resort and Casino. *Colorado River Indian Tribes*. Retrieved from <http://bluewaterfun.com/>

¹⁶ Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

living in poverty can be felt throughout their lives. Living in poverty increases the likelihood that a child will live in chaotic, crowded and substandard housing and that he or she may be exposed to violence, family dysfunction, and separation from family; all of these factors increase the risk of poorer mental health status later in life.¹⁷

According to the American Community Survey, the percentage of people living in poverty in La Paz County (20%) was higher than the state as a whole (17%; Table 10). Colorado River Indian Tribes Region residents who reside on the reservation have a poverty rate (27%) higher than the county and the state overall. Young children in the region have poverty rates that are substantially higher than the state as a whole, but lower than all Arizona reservations.

Table 10. Median family annual income and persons living below the U.S. Census poverty threshold level¹⁸

GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
Colorado River Indian Tribes Region	\$35,642	27%	42%
Colorado River Indian Tribes (entire)	\$37,299	24%	42%
All Arizona reservations	-	40%	53%
La Paz County	\$40,786	20%	44%
Arizona	\$59,563	17%	27%

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

In general, women are more likely to be living in poverty than men for a number of reasons: 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3) they are more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households in Arizona were headed by women.¹⁹

Table 11 shows the median family income by type of family in the CRIT Region.

¹⁷ Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science*. Published online 1 October 2013. <http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496>

¹⁸Please note that a child’s poverty status is defined as the poverty status of the household in which he or she lives. “Related” means that the child is related to the householder, who may be a parent, stepparent, grandparent, or another relative. In a small proportion of cases in which the child is not related to the householder (e.g., foster children), then the child’s poverty status cannot be determined.

¹⁹ Castelazo, M. (2014). Supporting Arizona Women’s Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women’s Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

Table 11. Median family annual income for families with children (0-17)²⁰

GEOGRAPHY	MEDIAN FAMILY INCOME			
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE FAMILIES	SINGLE FEMALE FAMILIES
Colorado River Indian Tribes Region	\$35,642	\$46,032	\$27,848	\$25,155
Colorado River Indian Tribes (entire)	\$37,299	\$45,992	\$28,022	\$25,033
All Arizona reservations	-	-	-	-
La Paz County	\$40,786	\$47,586	\$28,117	\$25,683
Arizona	\$59,563	\$73,166	\$36,844	\$26,314

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

Unemployment

Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children’s development. This is especially pronounced when the family income was already low before the job loss, the unemployed parent is the only breadwinner in the household, or parental unemployment lasts for a long period of time. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parenting behaviors. Parental job loss can also impact children’s school performance (i.e. lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs).²¹

Annual unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality. The overall unemployment rate in the region has remained steady since 2009 and is only slightly higher than the state as a whole. Nevertheless, and as Figure 6 shows, the rates vary widely within the region. Data from 2013 show that Poston continues to have the highest unemployment rate (20%), closer to the combined rate of all Arizona reservations. Parker, on the other hand, has a much lower rate (9%), which is similar to the state rate.

²⁰ Please note that a child’s poverty status is defined as the poverty status of the household in which he or she lives. “Related” means that the child is related to the householder, who may be a parent, stepparent, grandparent, or another relative. In a small proportion of cases in which the child is not related to the householder (e.g., foster children), then the child’s poverty status cannot be determined.

²¹ Isaacs, J. (2013). Unemployment from a child’s perspective. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

Figure 6. Annual unemployment rates in the Colorado River Indian Tribes Region, All Arizona reservations and the state (2009-2013)



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

Table 12 shows the employment status of parents of young children in the CRIT Region. More children are living with one or two parents who are in the labor force in the CRIT region compared to children in all Arizona reservations combined. The overall proportion of children who live with at least one parent in the labor force is also slightly higher in the region than in La Paz County as a whole. In addition, the percent of children who live with a single parent who is in the labor force is higher in the region (49%) than across all Arizona reservations (39%) and the state as a whole (28%). This may suggest a higher need for child care in the region.

Table 12. Employment status of parents of young children

GEOGRAPHY	2010 CENSUS POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH SINGLE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
Colorado River Indian Tribes Region	739	17%	14%	--	49%	20%
Colorado River Indian Tribes (entire)	792	17%	14%	--	49%	19%
All Arizona reservations	20,511	14%	11%	2%	39%	34%
La Paz County	1,227	15%	19%	--	42%	24%
Arizona	546,609	32%	29%	1%	28%	10%

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

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

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

Note: Due to small sample sizes, some estimates cannot be reliably calculated.

The US Department of Housing and Urban Development (HUD) defines housing units with "housing problems" as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1 person per room), or housing units for which housing costs exceed 30 percent of income. Housing units with "severe housing problems" consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1.5 person per room), or housing units for which housing costs exceed 50 percent of income.²² Over 40 percent of housing units in the region are classified as having housing problems. This rate is higher than the percent in La Paz County (29%), suggesting that most of the housing units with problems or severe problems concentrate in the CRIT Region (see Table 13).

Table 13. Percent of housing units with housing problems

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
Colorado River Indian Tribes Region	3,445	42%	28%
All Arizona reservations	45,911	45%	38%
La Paz County	10,158	29%	18%
Arizona	2,326,354	38%	20%

US Department of Housing and Urban Development (2011). CHAS 2008-2010 ACS 3-year average data by place. Retrieved from http://www.huduser.org/portal/datasets/cp/CHAS/data_download_chas.html

²² US Department of Housing and Urban Development (2011). CHAS Background. Retrieved from http://www.huduser.org/portal/datasets/cp/CHAS/bg_chas.html

Public Assistance Programs

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

SNAP

Nutrition Assistance, or SNAP, helps to provide low income families in Arizona with food through retailers authorized to participate in the program. The Arizona Nutrition Assistance program is managed by the Arizona Department of Economic Security. According to a U.S. Department of Agriculture Economic Research Service, in 2010, about 20 percent of Arizonans lived in food deserts, defined as living more than a half-mile from a grocery in urban areas and more than 10 miles in rural areas.²³ Families living in food deserts often use convenience stores in place of grocery stores. New legislation in 2014 could have an effect on what’s available in these stores, as they will have to begin stocking “staple foods” (such as bread or cereals, vegetables or fruits, dairy products, and meat, poultry or fish) to continue accepting SNAP.²⁴ The estimated proportion of young children in the region receiving SNAP benefits has remained stable in the past few years. The most recent data available (January 2012, Figure 7) show that over half of the children birth to five in the CRIT region were enrolled in SNAP. This proportion is similar to the percent of children receiving SNAP La Paz County (58%) but much smaller than the combined estimate for all Arizona reservations (70%).

²³ <http://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#.UxitQ4VRKwt>

²⁴ <http://cronkitenewsonline.com/2014/02/new-food-stamp-requirements-could-affect-arizona-convenience-stores/>

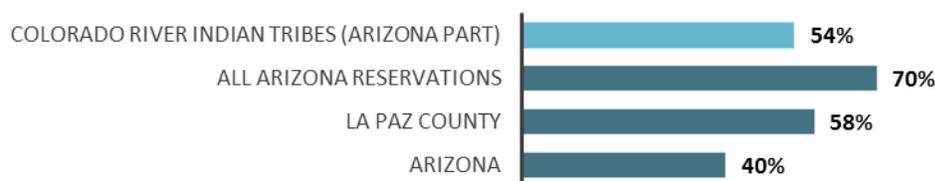
Table 14: Monthly estimates of children ages 0-5 receiving SNAP (Supplemental Nutritional Assistance Program)²⁵

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010	JANUARY 2011	JANUARY 2012	CHANGE 2010-2012
Colorado River Indian Tribes Region	739	56%	57%	54%	-4%
All Arizona reservations	20,511	66%	68%	70%	+7%
La Paz County	1,227	60%	60%	58%	-4%
Arizona	546,609	39%	37%	40%	+2%

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

Note: The “Change from 2010 to 2012” column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: (Number in Year 2 – Number in Year 1)/Number in Year 1 x 100

Figure 7. Monthly estimate of children ages 0-5 receiving SNAP in January 2012



Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

TANF

At the state level, the number of children receiving TANF has decreased over the last several years. This is likely due to new eligibility rules and state budget cuts to the program, which have been enacted annually by state lawmakers. In addition, a 2011 rule which takes grandparent income into account has led to a decline in child-only TANF cases, and fiscal year 2012 budget cuts limited the amount of time that families can receive TANF to two years.²⁶ Over the last decade federal TANF funds have also been increasingly re-directed from cash assistance, jobs programs and child care assistance to Child Protective Services. Federal cuts to funding to

²⁵ Data for this table were provided by FTF through their State Agency Data Request at the zip code level. We applied the following formula to estimate a share of the numbers to the Colorado River Indian Tribes Region: we used the percentage of each zip code area’s population of children 0-5 which are Colorado River Indian Tribes residents and then applied these percentages SNAP data to calculate estimates of SNAP recipients for the Colorado River Indian Tribes Region.

²⁶ 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>

support TANF, including supplemental grants to high growth states, have also been enacted. It is estimated that there will be a deficit in Arizona TANF funds between 10 and 29 million dollars in fiscal year 2014, with a projected increase to 20-39 million dollars in fiscal year 2015.²⁷ This decreasing trend in the number of TANF recipients can be seen in the CRIT Region and the state as a whole (Table 15).

Table 15. Monthly estimates of children ages 0-5 receiving TANF (Temporary Assistance for Needy Families)²⁸

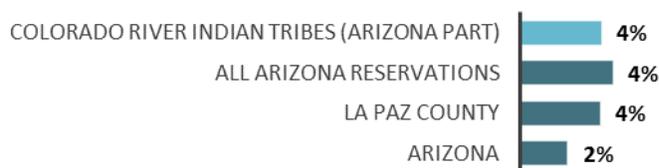
GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010	JANUARY 2011	JANUARY 2012	CHANGE 2010-2012
Colorado River Indian Tribes Region	739	7%	4%	4%	-46%
All Arizona reservations	20,511	9%	5%	4%	-53%
La Paz County	1,227	8%	4%	4%	-50%
Arizona	546,609	4%	2%	2%	-48%

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

Note: The "Change from 2010 to 2012" column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: (Number in Year 2 – Number in Year 1)/Number in Year 1 x 100

As Figure 8 shows, the estimated proportion of children enrolled in the TANF program in the CRIT Region is similar to the combined all Arizona reservations rate.

Figure 8. Monthly estimate of children ages 0-5 receiving TANF in January 2012



Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

Colorado River Indian Tribes Women, Infants and Children (WIC) Program

WIC is a federally-funded nutrition program which services economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. More than half of the pregnant and postpartum women, infants, and children under age

²⁷ The Arizona Children’s Action Alliance. *Growing up Poor in Arizona: State Policy at a Crossroads*. May 2013. http://azchildren.org/wp-content/uploads/2013/06/TANF_report_2013_ForWeb.pdf

²⁸ Data for this table were calculated in the same way as the data for the SNAP table above.

five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served approximately 62 percent of the eligible population.²⁹ A primary goal of the WIC program is obesity prevention through the promotion of breastfeeding, nutritious diet, and physical activity. Changes to WIC in 2009 may in fact be impacting childhood obesity. In that year, WIC added vouchers for produce and also healthier items such as low-fat milk. Studies following the change have shown increases in purchases of whole-grain bread and brown rice,³⁰ and of reduced-fat milk,³¹ and fewer purchases of white bread, whole milk, cheese and juice.³²

In many Arizona tribal communities the WIC program was initially funded through the state of Arizona. Overtime, however, several tribes advocated for services that were directed by the tribes themselves and that met the needs of tribal members. 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.³³ The Colorado River Indian Tribes WIC continues to be one of the tribally operated programs under the ITCA WIC umbrella.

The CRIT WIC program offers services to the entire population in La Paz County and some communities in California, including the Chemehuevi tribe. Services outside of Parker are provided through rotating weekly field clinics in the outlying communities of Ehrenberg, Quartzsite and Salome, in Arizona as well as Havasu Lake, Big River and Parker Dam in California. All eligible participants must reside in the service area but services are offered to the community at large regardless of tribal membership.

In FY2012 the average monthly client enrollment was 899 clients (for women, infants and children combined) and the average monthly participation was 852 clients. In FY2013, the average enrollment was 842 while the average client participation was 767 clients per month

²⁹ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

³⁰ Andreyeva, T. & Luedicke, J. Federal Food Package Revisions Effects on Purchases of Whole-Grain Products. (2013). *American Journal of Preventive Medicine*, 45(4):422–429

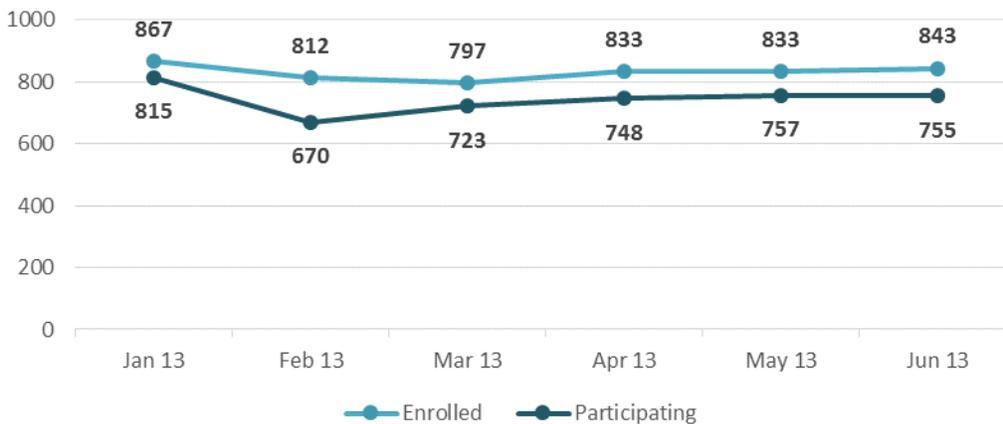
³¹ Andreyeva, T., Luedicke, J., Henderson, K. E., & Schwartz, M. B. (2013). The Positive Effects of the Revised Milk and Cheese Allowances in the Special Supplemental Nutrition Program for Women, Infants, and Children. *Journal of the academy of nutrition and dietetics*, Article in Press. http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC_Milk_and_Cheese_Allowances_JAND_11.13.pdf

³² Andreyeva, T., Luedicke, J., Tripp, A. S., & Henderson, K. E. (2013). Effects of Reduced Juice Allowances in Food Packages for the Women, Infants, and Children Program. *Pediatrics*, 131(5), 919-927.

³³ <http://itcaonline.com/wp-content/uploads/2012/01/2010-Annual-Report.pdf>

per month. The difference between the number of clients who are certified (and therefore enrolled in the program) and those who actually participate each month (by showing up for their appointment) is called the ‘no-show’ rate. In FY2012 the average no-show rate for the CRIT WIC program was 5 percent. In FY2013, the average no-show rate was 9 percent.³⁴ Please note that these, and the numbers shown on Figure 9 below, are for the entire WIC program, including clients outside of the CRIT Region in La Paz County and California.

Figure 9. Monthly participation and enrollment in the WIC program (Total Women, Infants, and Children)



Colorado River Indian Tribes WIC program (2014). [2013 WIC participation data]. Unpublished raw data from the Colorado River Indian Tribes WIC Program.

Free and Reduced Lunch

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

³⁴ Colorado River Indian Tribes WIC program (2014). [2013 WIC participation data]. Unpublished raw data from the Colorado River Indian Tribes WIC Program.

Table 16. Free and reduced lunch eligibility requirements for 2014-2015 school year

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

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

As Table 17 shows, in two of the elementary schools in the region (Blake and Wallace) approximately three-quarters of their students were eligible for free or reduced lunch. In Le Pera Elementary, the vast majority of students (92%) qualified for this program.

Table 17. Free and reduced lunch eligibility for schools in the Parker Unified School District

SCHOOL NAME	PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH
Blake Primary School	78%
Le Pera Elementary School	92%
Parker High School	64%
Wallace Elementary School	73%

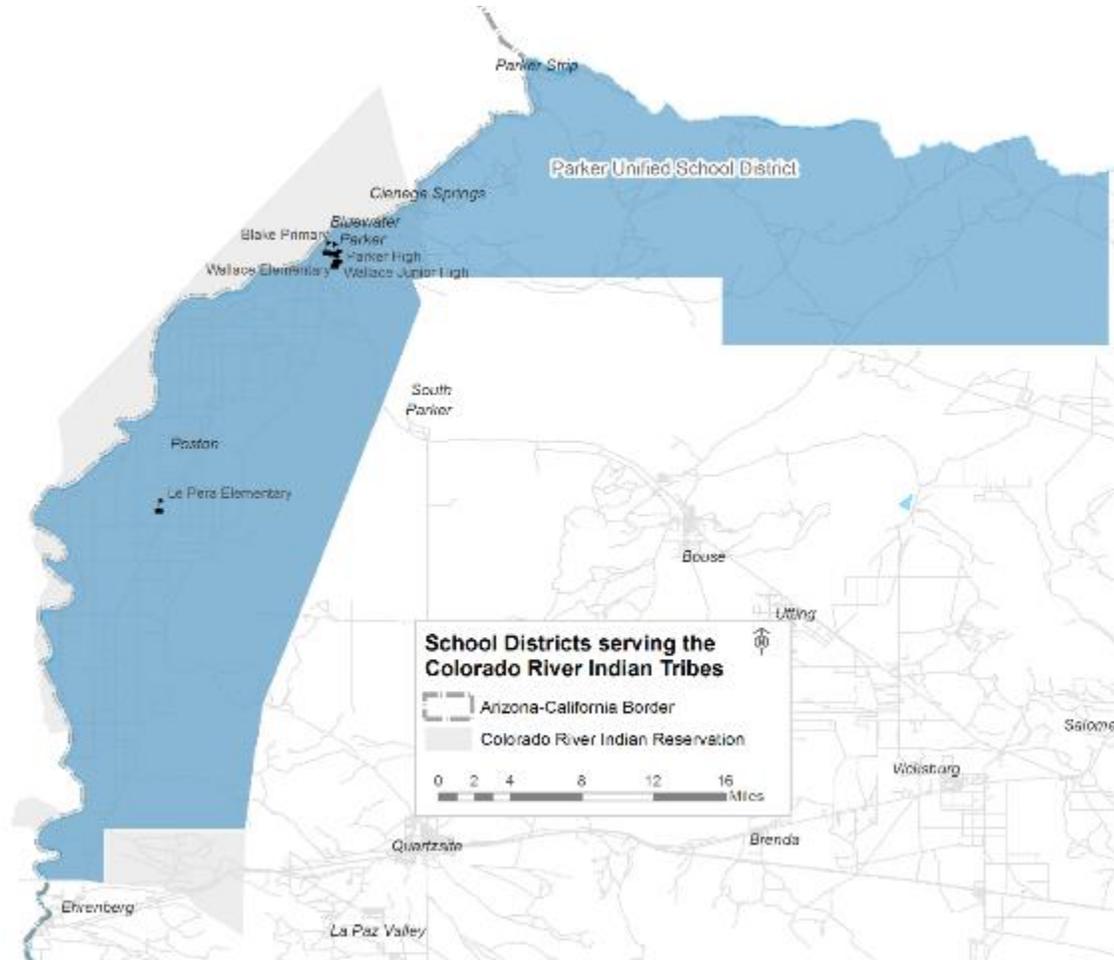
Arizona Department of Education (2014). Percentage of children approved for free or reduced-price lunches, October 2013. Retrieved from <http://www.azed.gov/health-nutrition/frpercentages/>

Educational Indicators

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 map in Figure 10 below shows the schools in Parker Unified School District.

Figure 10. School districts in the Colorado River Indian Tribes Region



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

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children’s educational attainment.³⁵ More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.³⁶ A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a

³⁵ Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O’Hare, W., Mather, M., & Dupuis, G.

³⁶ Education Week. (2014). *Quality Counts 2013 Highlights*. Retrieved from http://www.edweek.org/media/QualityCounts2013_Release.pdf

national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent \$7,666 per pupil in 2011, below the national average of \$10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.³⁷

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

Common Core/Early Learning Standards

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

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

Move on When Ready

The Arizona Move on When Ready Initiative is a state law (A.R.S. Title 15, Chapter 7, Article 6) and is part of the National Center on Education and the Economy's *Excellence For All* pilot effort. Move on When Ready is a voluntary performance-based high school education model that aims to prepare all high school students for college and the workforce.

Key components of the Move on When Ready model include offering students individualized education pathways; moving away from a "one-size-fits-all" educational approach; and a new performance-based diploma called the Grand Canyon Diploma that can be awarded voluntarily to students. Grand Canyon Diplomas have been available since the 2012-2013 academic year. They can be awarded to high school students who have met the subject area requirements specified by the statute and who also meet college and career qualification scores on a series of

³⁷ Dixon, M. (2013). *Public Education Finances: 2011, Government Division Reports*. Retrieved from <http://www2.census.gov/govs/school/11f33pub.pdf>.

exams. After a student earns a Grand Canyon Diploma, he or she can opt to remain in high school, enroll in a full-time career and technical education program, or graduate from high school with the Grand Canyon Diploma and attend a community college.

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

Educational Attainment

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment.³⁸ Some studies have indicated that the level of education a parent has attained when a child is in elementary school can predict educational and career success for that child forty years later.³⁹

Adults in the Colorado River Indian Tribes show lower levels of education than the state of Arizona overall, with 33 percent of adults in the region without a high school diploma or GED (nearly double the statewide rate of 15 percent). The adult educational attainment rates in the region though are comparable to those in all Arizona reservations. (Table 18). In addition, a third of the births in the Colorado River Indian Tribes Region are to women without a high school diploma or GED (Figure 11).

Table 18. Educational achievement of adults

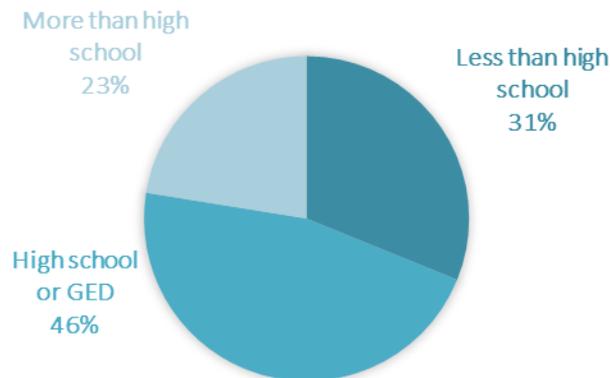
GEOGRAPHY	Adults (ages 25+) without a high school diploma or GED	Adults (ages 25+) with a high school diploma or GED	Adults (ages 25+) with some college or professional training	Adults (ages 25+) with a bachelor's degree or more
Colorado River Indian Tribes Region	33%	31%	28%	9%
Colorado River Indian Tribes (entire)	28%	33%	30%	9%
All Arizona reservations	30%	33%	29%	7%
La Paz County	26%	32%	32%	10%
Arizona	15%	24%	34%	27%

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

³⁸ Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

³⁹ Merrill, P. Q. (2010). Long-term effects of parents' education on children's educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*, Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/>

Figure 11. Births by mother's educational achievement in the Colorado River Indian Tribes Region (2009-2012)



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

Key informants note that there are often barriers to access and retention in post-high school education for people in rural areas. 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. All of these issues can impede continuing education in the region.

Graduation and Drop-out Rates

Living in poverty decreases the likelihood of completing high school: a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in

poverty for at least a year.⁴⁰ This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

The Arizona Department of Education calculates four-year graduation rates according to federal education guidelines. The four-year graduation rate consists of the number of students who graduate with a regular high school diploma within four years divided by the number of students in the cohort of the graduating class. A cohort consists of the number of students who enter 9th grade for the first time, adjusted each year by adding any students who transfer into the cohort and subtracting any students who transfer out of the cohort, emigrate out of the US, or die.⁴¹ The drop-out rate is calculated by dividing the number of drop-outs by the number of students currently enrolled in school. Students who are enrolled at any time in the school year but are not enrolled at the end of the school year are counted as drop-outs if they did not transfer to another school, graduate, or die.⁴² In 2012, 69 percent of the students in the Parker Unified School District graduated in four years, compared to 77 percent in the state as a whole. Seven percent of students at Parker Unified School District dropped out of school compared to four percent across the state.⁴³

The FTF CRIT Region Parent and Caregiver Survey asked respondents about their perceptions of why school-age children are not attending school every day, a factor that key informants in the region felt was contributing to children's lack of engagement in school and possibly contributes to their higher dropout rates. About 80 percent of those who responded indicated that the parents of children were, in some way, responsible to their children) missing school. Although about half of respondents noted that it was some sort of general "irresponsibility" of parents not to make sure children attended, others gave more detailed responses about the challenges that parents face: 18 percent indicated they felt parents did not find it to be important that their child attend school; 11 percent indicated they felt parents were not waking up and/or not waking their children up in time to get ready or to catch the school bus (three percent of those mentioned that this was because parents work late at night) ; four percent specifically mentioned children are missing school because their parents are very young and so tend to act less responsibly and are more unpracticed; two percent felt it is because the parents of many

⁴⁰ Hernandez, D. (2011). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation*. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

⁴¹ United States Department of Education (2008). High School Graduation Rate: Non-regulatory guidance. Retrieved from http://www.azed.gov/research-evaluation/files/2012/08/grad_rate_guidance.pdf

⁴² Arizona Department of Education (2014). *2012-2013 Dropout Rates*. Retrieved from <http://www.azed.gov/research-evaluation/dropout-rate-study-report/>

⁴³ Arizona Department of Education (2014). *2012 Four Year Graduation Rate Data*. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates/>

children are in poor health; and one percent of respondents indicated they felt it is because the parents of many children are going through a hard time.⁴⁴

Survey takers also indicated that illness (15%) and lack of transportation (12%) were other reasons why children are missing school. About eight percent of survey takers mentioned that children stay up too late then have a difficult time waking up for school in the morning. Other responses to the question as to why children are missing school included children simply not wanting to go to school (3%); children not wanting to go to school because of bullying (2%) or not wanting to ride the bus (1%); children were doing other things (2%) including attending holidays and celebrations (1%); and because some children live far away from school (2%).

Early Education and School Readiness

The positive impacts of quality early education have been well-documented. Previous research indicates that children who attend high-quality preschools have fewer behavior problems in school later on, are less likely to repeat a grade, are more likely to graduate high school, and have higher test scores.⁴⁵ Enrollment in preschool can provide children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. In 2012 in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked 3rd to last nationally in the number of preschool aged children enrolled in preschool.⁴⁶ In the CRIT Region, however, over half (57%) of the three and four year old children are estimated to be enrolled in early education settings. This proportion is substantially higher than the estimated percent of children enrolled in early education settings in both the state (34%) and all Arizona reservations combined (41%; see Table 19). The ACS estimate, although useful for comparison to the state and all other reservations, which were estimated by the same methodology, is likely to be an underestimate of the children served in the region. Based on 2013 Head Start enrollment numbers, Head Start alone serves about 68 percent of the census-estimated 3 and 4 year olds in the region (see Table 24, on page 51).

⁴⁴ Some respondents gave multiple reasons, and so the numbers add up to more than 100 percent

⁴⁵ Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

⁴⁶ Children's Action Alliance. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf>

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

GEOGRAPHY	CENSUS 2010 PRESCHOOL-AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
Colorado River Indian Tribes Region	269	57%
Colorado River Indian Tribes (entire)	287	57%
All Arizona reservations	6,881	41%
La Paz County	448	41%
Arizona	185,196	34%

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

Arizona reduced funding for kindergarten from full-day to half-day in 2010, and eliminated funds for pre-K programs in 2011. First Things First funds a limited number of preschool scholarships across the state, including \$13.7 million for Pre-K Scholarships and \$39 million for Quality First Scholarships in FY 2013.⁴⁷ More information about how these scholarships are used in the Colorado River Indian Tribes Region can be found in the *Early Childhood System* section of this report.

First Things First has developed Arizona School Readiness Indicators, which aim to measure and guide progress in building an early education system that prepares Arizona’s youngest citizens to succeed in kindergarten and beyond. The Arizona School Readiness Indicators are: children’s health (well-child visits, healthy weight, and dental health); family support and literacy (confident families); and child development and early learning (school readiness, quality early education, quality early education for children with special needs, affordability of quality early education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).⁴⁸

Standardized Test Scores

The primary in-school performance of current students in the public elementary schools in the state is measured by Arizona’s Instrument to Measure Standards (AIMS).⁴⁹ AIMS is required by

⁴⁷ The Build Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

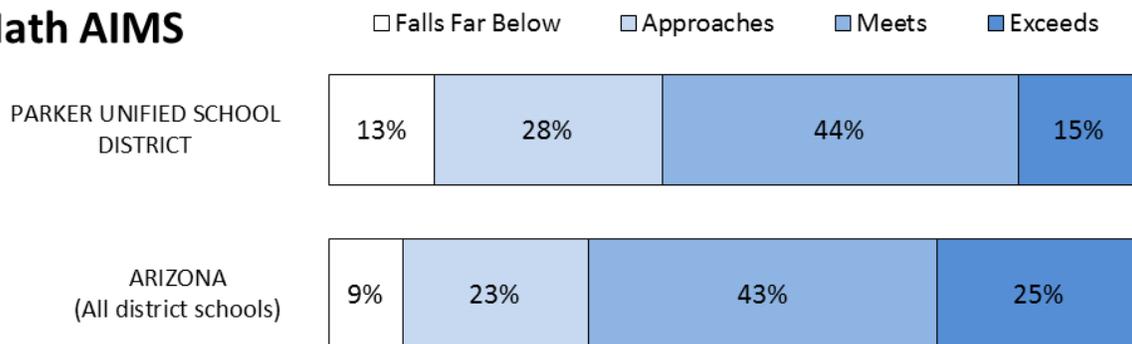
⁴⁸ First Things First. *Arizona School Readiness Indicators*. Retrieved from: http://www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf

⁴⁹ For more information on the AIMS test, see the Arizona Department of Education’s Website: <http://www.ade.az.gov/AIMS/students.asp>

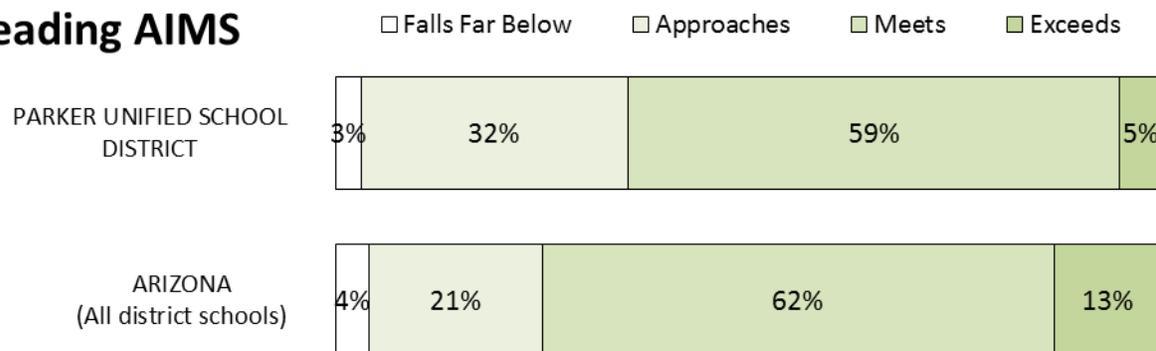
both state and federal law, and is used to track how well students are performing compared to state standards. Performance on AIMS directly impacts students’ future progress in school. As of the 2013-2014 school year, Arizona’s revised statute⁵⁰ (also known as *Move on When Reading*) states that a student shall not be promoted from the third grade “if the pupil obtains a score on the reading portion of the Arizona’s Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil’s reading falls far below the third-grade level.” Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies.

Figure 12. Results of the Arizona Instrument to Measure Standards (AIMS) Test

Math AIMS



Reading AIMS



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

As Table 20 shows, third-graders in Parker Unified School District passed the math portion of the AIMS (as indicated by a combination of the percentages for “Meets” and “Exceeds”) at a lower rate (59%) than the state as a whole (68%). Similarly, 65 percent of third-graders passed the reading component compared to 75 percent for the state. This, however, is an

⁵⁰ Arizona Revised Statute §15-701

improvement from the rates shown in the 2012 CRIT Region Needs and Assets Report⁵¹, where almost one quarter of the Parker Unified School District students scored as “Falls far below standard” and only 51 percent passed the math portion of the test. Reading scores overall also improved slightly from 2011 to 2013, with fewer students falling far below standards (9% vs 3% respectively). However, the rates in Le Pera elementary continue to be high (10%) which has implications for their students facing retention in third grade.

Table 20. Math 3rd grade AIMS results

Local Education Agency (LEA)	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
Parker Unified School District	13%	28%	44%	15%	59%
Blake Primary School	11%	27%	44%	18%	62%
Le Pera Elementary School	19%	32%	45%	3%	48%
Arizona (All district schools)	9%	23%	43%	25%	68%

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

Table 21. Reading 3rd grade AIMS results

Local Education Agency (LEA)	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
Parker Unified School District	3%	32%	59%	5%	65%
Blake Primary School	2%	29%	64%	6%	69%
Le Pera Elementary School	10%	45%	42%	3%	45%
Arizona (All district schools)	4%	21%	62%	13%	75%

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

In recognition that children from diverse backgrounds may face unique challenges with standardized testing, the AIMS technical report states that they included a bias/sensitivity review of the reading passages and other items by reviewers who represented “Arizona’s rich ethnic and cultural diversity” (p. 26) to assure that, among other criteria, they “avoided stereotyping and controversial, confusing, or emotionally-charged topics”; “reflected a range of multi-cultural content”; “some reflected the diversity of Arizona and the Southwest region”; “all

⁵¹ CRIT Regional Partnership Council (2012). 2012 Needs and Assets Report: Colorado River Indian Tribes Regional Partnership Council. Retrieved from: http://www.azftf.gov/RPCCouncilPublicationsCenter/Colorado_River_Indian_Tribes_Needs_and_Assets_Report_2012.pdf

were written in such a way that no group would have an advantage or disadvantage” (p. 24-25).⁵²

A sample of Arizona students in grades 4, 8, and 12 also takes the National Assessment of Educational Progress (NAEP), which is a nationally administered measure of academic achievement that allows for comparison to national benchmarks. Using these data, it is clear that strong disparities in reading achievement exist in the state based on income. Eighty-five percent of low-income fourth graders in Arizona were reading below proficiency by the NAEP standards, compared to 57 percent of fourth graders from high income households.⁵³

Other studies have shown that five year-olds with lower-income, less-educated parents tend to score more than two years behind on standardized language development tests by the time they enter kindergarten. Further, new research suggests that this gap in language development begins as early as 18 months of age.⁵⁴ In order for children to be prepared to succeed in school, and on tests such as the AIMS and NAEP, early reading experiences, opportunities to build vocabularies and literacy rich environments are effective ways to support the literacy development of young children.⁵⁵

⁵² Pearson Education (2013). *Arizona’s Instrument to Measure Standards 2013 Technical Report*. Retrieved from http://www.azed.gov/standards-development-assessment/files/2014/03/aims_tech_report_2013_final.pdf

⁵³ Annie E. Casey Foundation. (2014). *Early Reading Proficiency in the United States*. January 2014. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/E/EarlyReadingProficiency/EarlyReadingProficiency2014.pdf>

⁵⁴ Carey, B. (2013). Language gap between rich and poor children begins in infancy, Stanford psychologists find. Retrieved from Stanford News <http://news.stanford.edu/news/2013/september/toddler-language-gap-091213.html>

⁵⁵ First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

The Early Childhood System: Detailed Descriptions of Assets and Needs Quality and Access

Early Care and Education

Children who take part in high-quality early education programs have better success in school, are less likely to enter the criminal justice system,⁵⁶ and have better long-term outcomes into adulthood as seen through higher high school graduation rates, increased employment opportunities and earnings, and lower rates of depression and drug use.⁵⁷ Studies of the cost-effectiveness of investing in early education (pre-kindergarten) programs show a substantial return on investment in the long term through increases in economic productivity and decreases in expenses to the criminal justice system.⁵⁸

Early childhood education and care programs in the region are available through the Colorado River Indian Tribes Head Start Program and private providers.

Center and Home-based Care

According to data provided to First Thing First by the Department of Economic Security and Child Care Resource and Referral (CCR&R), there are two child care centers in the region with a combined capacity of 115 children. This excludes the Colorado River Indian Tribes Head Start Program, which will be discussed below. No home-based providers are currently available in the region. Another two child care centers are available in La Paz County but outside of the regional boundaries.

Table 22. Number of early care and education centers and their capacity

GEOGRAPHY	CHILD CARE CENTERS	
	NUMBER	CAPACITY
Colorado River Indian Tribes Region	2	115
La Paz County	4	150
Arizona	1,907	113,468

Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

⁵⁶ Lynch, R. (2007). *Enriching Children, Enriching the Nation* (Executive Summary). Washington, DC: Economic Policy Institute. Retrieved from http://www.epi.org/content.cfm/book_enriching

⁵⁷ The Annie E Casey Foundation. *The first eight years; giving kids a foundation for lifetime success*. (2013). Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

⁵⁸ Castelazo, M. (2014). *Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs*. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

Local Education Authority Preschools

Under the No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally disadvantaged children, in meeting the state’s academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase parent involvement, additional instructional services, and school wide reform efforts.⁵⁹ The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.⁶⁰ Parker Unified School District is utilizing these funds to provide a range of programmatic and support services for young children in the region. In 2013-2014 there were 21 children enrolled in Parker Unified School District’s preschool program.

Table 23. Number of Local Education Agency Preschools

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF PRESCHOOL PROGRAMS	PRESCHOOL STUDENTS ENROLLED
Parker Unified School District	1	21
All La Paz County Districts	2	35
All Arizona Districts	220	10,063

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

CRIT 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 were a total of 274 community volunteers who contributed to the program in the 2012-2013 program year,

⁵⁹ Arizona Department of Education, 2011. Retrieved from: <http://www.ade.az.gov/asd/title1/MissionProgDescription.asp>

⁶⁰ Using Title I of ESEA for Early Education Retrieved from: <http://www.clasp.org/admin/site/publications/files/titleifaq-1.pdf>

137 of whom were parents of the Head Start children.⁶¹ Enrollment eligibility in the program is based on a point system where children who are tribal members (of CRIT or another federally recognized tribe), live in low-income homes, have special needs, are homeless or in foster care have priority.

Table 24. Participation in Colorado River Indian Tribes Head Start⁶²

GEOGRAPHY	CENSUS 2010 CHILDREN (3-4)	HEAD START	
		ENROLLMENT	% ENROLLED
Colorado River Indian Tribes	269	183	68%

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

Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>

As of April of 2014, the CRIT Head Start Program had no children on the waiting list. Key informants indicated that the program recently had a high number of children dropping out due to families moving out of the region. Because of this the CRIT Head Start was able to enroll all of the children on the waiting list, which usually has about 12 children.

A number of key informants in the region asserted that the CRIT Head Start program is one of the main assets for families with young children in the region.

Cost of Childcare

In Arizona in 2012, the average annual cost of center-based full-time child care for an infant was \$8,671, and for a four year old, \$7,398.⁶³ Arizona was ranked 16th in the nation for least-affordable childcare for an infant in a center, and 14th for least affordable for a four year old in a center. At the state level, to pay for center-based child care for a four year old, a family of three at the federal poverty level would spend nearly 40 percent of their annual income.

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.

⁶¹ Colorado River Indian Tribes Head Start. Program Information Report 2012-2103. Retrieved from <https://hses.ohs.acf.hhs.gov/>

⁶² Please note that the number used in this table is the CRIT Head Start *funded* enrollment (183 children). For all other tables or references to Head Start data in this report (like those in the Health Section below) we used the *cumulative* enrollment (197 children). Cumulative enrollment describes the total number of children ever enrolled regardless of how long they participated in the program. Head Start data indicators are reported for the total cumulative enrollment number. However, at any given point, the CRIT Head Start program serves a total of 183 children when operating at full capacity.

⁶³ Child Care Aware® of America. Parents and the High Cost of Child Care. 2013 Report. <http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf>

Table 25: Cost of full time child care in a child care center by percent of median family income⁶⁴

CHILD CARE PROVIDER	COLORADO RIVER INDIAN TRIBES MEDIAN FAMILY INCOME	COST OF CHILDCARE FOR ONE CHILD (AGES 0-5)
Lil Blessings Inc	\$35,642.00	12%
Ms Buni's Gingerbread House PLLC	\$35,642.00	14%

Sources: US Census (2013). American Community Survey 5-year estimates, 2008-2012, and Arizona Department of Economic Security (2014). [Childcare Resource and Referral Guide]. Unpublished raw data received from the First Things First State Agency Data Request.

These are estimates for one child in care, so needing child care for multiple children would increase these costs.

Quality First

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

Quality First provides financial and technical support for child care providers to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, child care scholarships, and financial incentives to assist in making improvements. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on 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.⁶⁵ Quality First providers with higher star ratings receive higher financial incentives and less coaching while those with lower ratings receive more coaching and lower financial incentives.⁶⁶

Table 26 describes the rating scale as defined by First Things First.

⁶⁴ Note: Median Income data is available at the community level, but average cost of child care are available at the state and county levels only. These calculations were made with community-level median income data and county-level data about average child care costs. Additionally, child care cost figures assume that child care will be utilized for 240 days per year.

⁶⁵ First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf (April 2012)

⁶⁶ The BUILD Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

Table 26. Quality First Rating Scale

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

There are currently two Quality First providers in the region: Lil Blessings, Inc. and the Colorado River Indian Tribes Head Start Program. As of July 2014, both of these centers were rated as “Progressing Star.”⁶⁷ According to the CRIT SFY 2015 Regional Funding Plan, there are 18 Quality First Scholarships available for children 0-5 in the region.⁶⁸

Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers holding a college degree rose from 47 to 50 percent over the same time period. During that same period however, the wages of assistant teachers, teachers and administrative directors

⁶⁷ <http://qualityfirstaz.com>

⁶⁸ Colorado River Indian Tribes FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20CRIT%20SFY15.pdf>

working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona only make about half the annual income of kindergarten and elementary school teachers across the state.⁶⁹ It is likely that these issues impact retention and turnover of early care and education professionals across the state.

Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in the pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential or AA degree. A Bachelor's Degree model of the TEACH program is also currently being piloted in one FTF Region. According to the CRIT Region SFY 2015 Regional Funding Plan, in fiscal year 2014 there were two TEACH Scholarships available to child care professionals in the region.⁷⁰

Opportunities for Early Childhood Professional Development

Arizona Western College (AWC) has two facilities at 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. Mohave Community College, although not immediately in the region, is relatively nearby in Lake Havasu, and offers an AA in Early Childhood Education, as well as the first two years of the Bachelor's degree in Early Childhood Education.

Early childhood educators in the CRIT Region have access to group training session provided in Parker by the Association for Supportive Child Care (ASCC). These are part of a Professional Development Program for early childhood educators provided in La Paz and Mohave Counties and funded by the First Things First La Paz/Mohave Regional Partnership Council. This program provides evidence-based and best-practice community-based training for child care providers, teachers, directors, and others in the region working with children birth through five years of

⁶⁹ Arizona Early childhood Development and Health Board (First Things First). (2013). Arizona's Unknown Education Issue: Early Learning Workforce Trends. Retrieved from <http://www.azftf.gov/WhoWeAre/Board/Documents/FTF-CCReport.pdf>

⁷⁰ Colorado River Indian Tribes FTF Regional Partnership Council. (2014). SFY 2015 Regional Funding Plan. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20CRIT%20SFY15.pdf>

age. The program includes a series of workshops offered in three tiers, on-site coaching and mentoring, professional conferences, guest speakers, as well as incentive and reward programs for participating early childhood educators. Through the program, participants are eligible to earn college credits for coursework completed. The intent is to create stepping stones that facilitate the completion of educational milestones.

Other opportunities for training are provided by state agencies. The Early Childhood Education unit of the Arizona Department of Education provides professional development opportunities that are particularly provided at no cost. These include trainings on the Arizona Infant and Toddler Developmental Guidelines and the Arizona Early Learning Standards. These sessions can be provided locally, but often require travel to other regions of the state.⁷¹

Another professional development opportunity available in the region is the DES Professional Career Pathway Program (PCPP),⁷² offered in La Paz County through Yavapai College. This training is a no-cost, 60-hr course covering the basics of child development, nutrition, early reading and math activities and child-care licensing to prepare participants to enter the early care and education workforce. The grant provides up to 15, 60-hour workshops in 11 counties in Arizona each year. Upon completion, students can earn college credits. In FY 2013 and FY 2014 the Colorado River Indian Tribes Regional Partnership Council made funding available for two PCPP scholars for FY13 and FY14. These scholarships, however, were not utilized so the Regional Partnership Council did not fund that program in FY 2015 (the program is still available through DES, however).

Arizona Childcare Resource and Referral publishes a quarterly newsletter on early childhood training opportunities, including those in La Paz County⁷³.

Although trainings are occasionally available locally, some key informants discussed the need for additional training opportunities in La Paz County.

⁷¹ A list of available opportunities are maintained at <http://www.azed.gov/early-childhood/>

⁷² <https://v5.yc.edu/v5content/academics/divisions/visual-and-performing-and-liberal-arts/DES.htm>

⁷³ <http://www.arizonachildcare.org/providers/professional-development.html>

Health

Access to Care

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas (PCAs) as geographically based areas in which most residents seek primary medical care within the same places.⁷⁴ The Colorado River Indian Tribes Region is designated as its own PCA.

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA is given a score based on 14 weighted items including points given for: ambulatory sensitive conditions; population ratio; transportation score; percentage of population below poverty; percentage of uninsured births; low birth weight births; prenatal care; percentage of death before the U.S. birth life expectancy; infant mortality rate; and percent minorities, elderly, and unemployed. Based on its scores on these indicators, the Colorado River Indian Tribes Primary Care Area is designated as Medically Underserved. In addition, the entire county of La Paz is designated as a Dental Health Professionals Shortage area.⁷⁵

Health care services for families in the region are available through two hospitals that serve the Colorado River Indian Tribes Region: 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, as well as the Moapa Paiute Tribe in Nevada.⁷⁶ The Parker Indian Health Center is a 20-bed facility that provides general medical care and pediatric services to IHS eligible patients. Between October 2011 and September 2013 there were 3,823 IHS active users (as defined by those who had one or more visits during the previous two years) who resided in the towns of Parker and Poston. Of those, 509 were children birth to five.⁷⁷

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

⁷⁴ Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

⁷⁵ ADHS, Bureau of Health Systems Development, Arizona Dental HPSA Designations, 2012 <http://www.azdhs.gov/hsd/data/documents/maps/dentalhpsas.pdf>

⁷⁶ 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

⁷⁷ Indian Health Service – Phoenix Area. (2014). [Phoenix Area active users]

region to give birth. In general, their options are to travel to: Lake Havasu City, about 40 miles (45 minutes); Phoenix, 155 miles (nearly 3 hours); or Blythe, California, 50 miles (about 1 hour).

Health care services are also provided by the CRIT Health and Social Services Department, which includes the following programs: Behavioral Health Services, Community Health Representatives (CHR), Diabetes Prevention, and WIC among others.

Parents and caregivers of young children who participated in the Parent and Caregiver Survey (see Appendix D for more information about the survey), were asked where they take their young children for health care, what they like about their health care services and whether they would change anything about the services they receive. The majority of survey participants indicated that they take their children to the Indian Health Services (IHS) facilities in the town of Parker (45%) or IHS facilities elsewhere (unspecified; 26%). Of those who take their children to the IHS facilities, respondents indicated they liked IHS because they felt the staff were friendly and caring. They also liked that services were affordable, and found it convenient that so many services were available at one, near-by location.

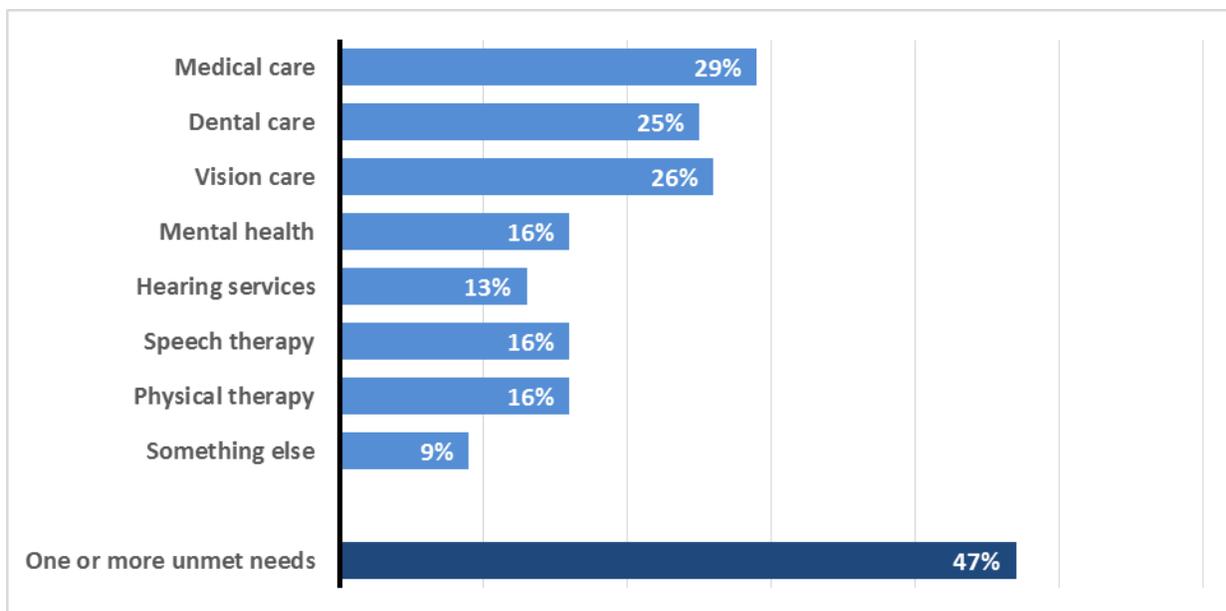
With regards to “wait time” and appointment availability at IHS, parent and caregiver responses were mixed. Some survey participants mentioned that the services were good, while others indicated not being satisfied with the services received; similarly, parents appeared to have mixed experiences with regards to the ease of getting appointments scheduled, although more parents seemed to have experienced difficulties with appointments and recommended changing the appointment policy at the IHS facility.

In terms of what they would change, a few of the parents who take their children to the Parker Indian Health Center mentioned that they would increase the size of the facility and the number of services available locally. However, several other parents whose children receive care at IHS services in Parker noted that they would not change anything about the services they receive from the IHS in Parker and/or elsewhere.

In addition to IHS facilities, parents also take their children to other healthcare facilities in the town of Parker (14%), Lake Havasu City (14%), and Blythe, California. La Paz Regional Hospital and Parker Family Medicine were the two other Parker facilities mentioned by parents and caregivers. Other private providers listed by survey respondents included: Dr. Ronald Paker (Parker Family Services), Dr. Tequa Salehi-Rad (Tequa Med-Peds LLC), and Dr. Phillip Gear. For children who receive services in Lake Havasu, Havasu Rainbow Pediatrics and Praise Pediatrics were cited as preferred, good quality providers. Parents’ and caregivers’ opinions with regard to the quality of health care services in Blythe, California, were mixed. Some expressed satisfaction with the services, while others thought of them as being of poor quality (without specifying providers).

One of the Arizona Title V priorities for 2011-2016 for Arizona's maternal and child health population is to improve access to and quality of preventive health services for children. An indicator of access to health services is whether or not a child was able to receive care in a timely manner when he or she needs it. A set of questions on the Colorado River Indian Tribes Parent and Caregiver Survey asked whether their child had needed health care in the past year, but the care was delayed or never received. Nearly half (47%) of the parents and caregivers reported that their child (or children) had not received timely health care at least once during the previous year. Most frequently, it was medical care (29%), vision care (26%), or dental care (25%) that was delayed or not received.

Figure 13. Percent of respondents who reported that necessary health care was delayed or not received.



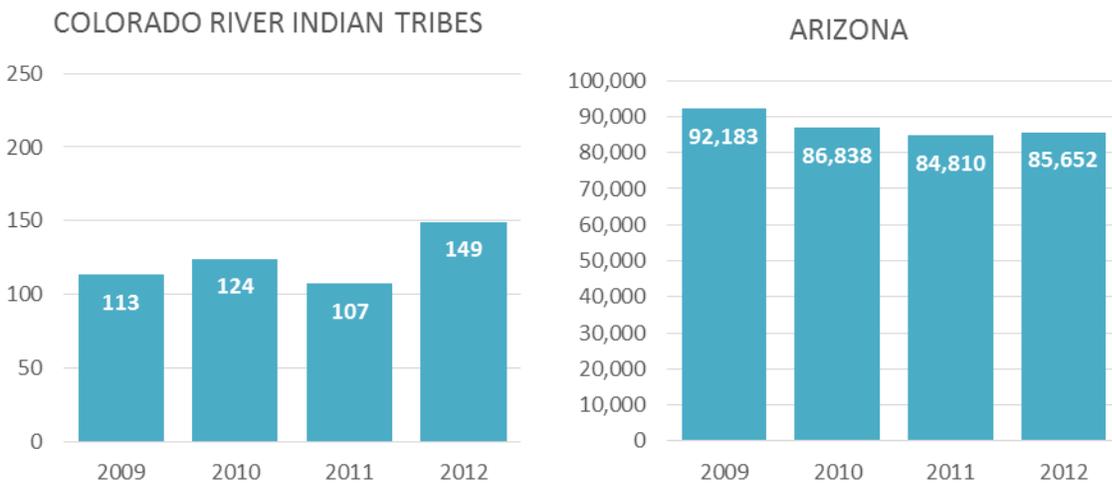
Source: Parent and Caregiver Survey, 2014

Pregnancies and Births

From the 1950's until the economic downturn in 2008, the number of babies born in Arizona had increased each year. From 2008, the number of babies born each year in the state began to decrease until 2012. In the CRIT Region, however, the number of births has increased overall since 2009. In 2012 a total of 149 babies were born to mothers residing in the region.⁷⁸

⁷⁸ Births in the region were coded by the zip code of the mother's residence, as reported to ADHS, and aggregated to the region level.

Figure 14. Total number of births in the Colorado River Indian Tribes Region and the state (2009-2012)



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

For those covered by IHS, the Parker Indian Health Center provides a number of pre- and post-natal services. Initial prenatal screenings are provided by family practice physicians, and public health nurses provide follow-up and referral services for expectant mothers (to WIC, DES, AHCCCS, etc.). Prenatal follow-ups with public health nurses can be conducted in the home or at the Center, depending on the mother’s preference. After two initial prenatal appointments at the Parker Indian Health Center, expectant mothers are followed by an IHS-contracted obstetrician in Lake Havasu City. An obstetrician also visits the Parker Indian Health Center from Phoenix Indian Medical Center (PIMC) once a month for high risk pregnancies.

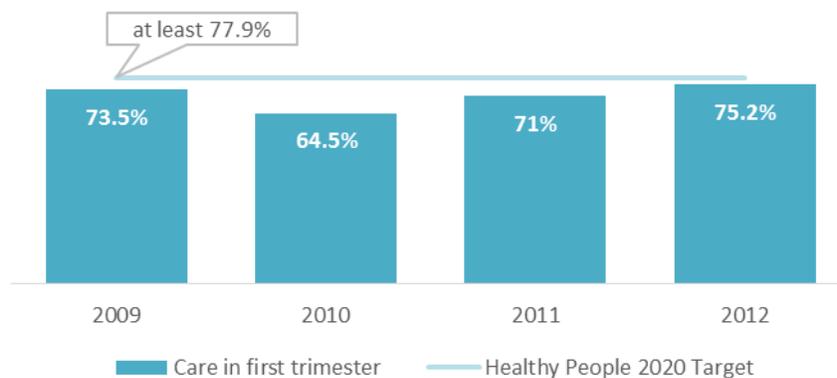
Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits 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.⁷⁹ Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement.

⁷⁹ 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>

The Healthy People 2020 target for receiving prenatal care in the first trimester is 77.9 percent or higher. In Arizona as a whole, seventy-nine percent of births meet this standard. The percent of births with early prenatal care in the CRIT Region has been below the Healthy People 2020 target across multiple years. In 2012, the latest year for which data are available, the CRIT Region was closer to meeting the Healthy People 2020 target, with 75.2 percent of babies born to mothers who received early prenatal care. Although the Parent and Caregiver Survey asked participants about the barriers they had encountered in accessing prenatal care, only three respondents completed this question, citing lack of transportation (2) and lack of health insurance (1) as barriers. It may be that outreach around the importance of early prenatal care is an area that continues to need emphasis in the region.

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



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

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

The graph below shows that women in the CRIT Region receive early prenatal care at a slightly higher rate than women in all Arizona reservations.

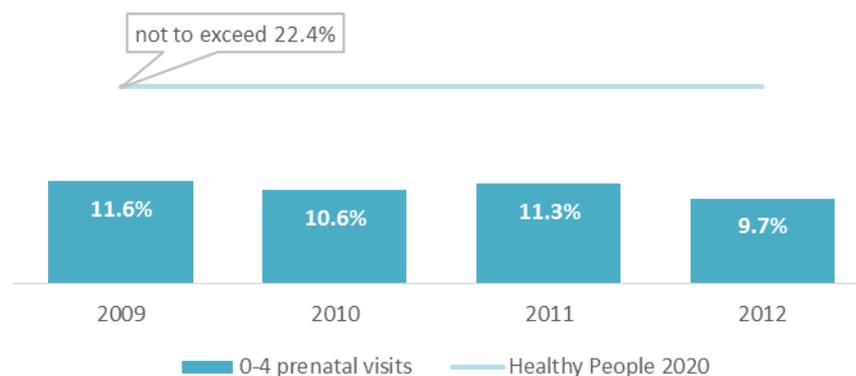
Figure 16. Average percent of births with prenatal care begun first trimester (2002-2011)



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

In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number.⁸⁰ The Healthy People 2020 target for receiving fewer than five prenatal care visits is 22.4 percent or less. The CRIT Region has consistently met this target since 2009, at a lower rate (9.1%) than all Arizona reservations combined and La Paz County as a whole (10.8%, see Figure 18).

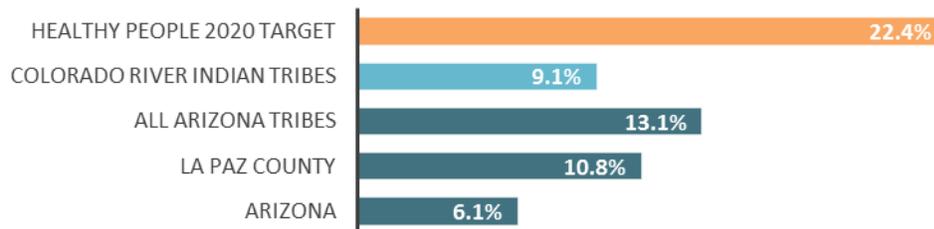
Figure 17. Percent of births with fewer than five prenatal care visits (2009-2012)



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

⁸⁰ American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 5th ed. Elk Grove Village, Ill.: American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists, 2002

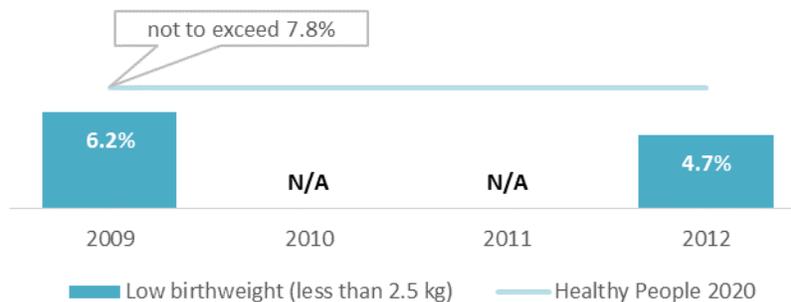
Figure 18. Average percent of births with fewer than five prenatal care visits (2002-2011)



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

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or older than 35 years, infections involving the uterus or in the fetus, placental problems, and birth defects,⁸¹ as well as air pollution.⁸² The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. The CRIT Region met this target in 2009 and 2012 the two years for which data were available. But even more notably, the region’s low birth weight rate is lower than those of the county, all Arizona reservations, and the state (see Figure 20 below).

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

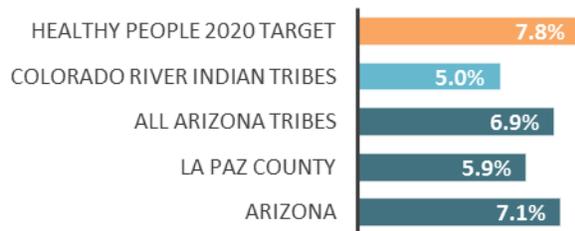


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

⁸¹ Arizona Department of Health Services. *Preterm Birth and Low Birth Weight in Arizona, 2010*. Retrieved from: <http://www.azdhs.gov/phs/owch/pdf/issues/Preterm-LowBirthWeightIssueBrief2010.pdf>

⁸² Pedersen, M., et al. (2013). Ambient air pollution and low birth weight: A European cohort study (ESCAPE). *The Lancet Respiratory Medicine*. Advance online publication. Doi: 10.1016/S2213-2600(13)70192-9

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



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

Teenage parenthood, particularly when teenage mothers are under 18 years of age, is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child abuse and neglect.⁸³ In addition, the children of teenage mothers are more likely to have lower school achievement and drop out of high school, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult. Teenaged mothers themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.⁸⁴

The teen birth rate in Arizona in 2012 was 18.7/1000 for females aged 15-17, and 66.1/1000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 11th highest teen birth rate nationally.⁸⁵ Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment, these rates indicate that teen parenthood services for teen parents may be important strategies to consider in order to improve the well-being of young children in these areas. Reducing the rate of teen pregnancy among youth less than 19 years of age is one of the ten State Title V priorities for 2011-2016 for Arizona's maternal and child health population.⁸⁶

⁸³ Office of Population Affairs, Department of Health and Human Services, (2010). Focus area 9: Family Planning, Healthy People 2010. Retrieved from:

<http://www.healthypeople.gov/Document/HTML/Volume1/09Family.htm>

⁸⁴ Centers for Disease control and Prevention. Teen Pregnancy. About Teen Pregnancy. Retrieved from:

<http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm>

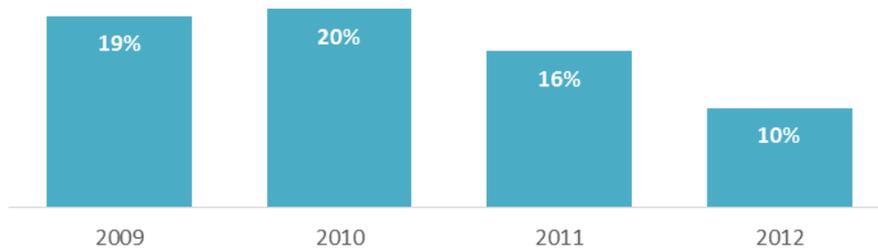
⁸⁵ The National Campaign to Prevent Teen and Unplanned Pregnancy. Teen Birth Rate Comparison, 2012.

<http://thenationalcampaign.org/data/compare/1701>

⁸⁶ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

The decreasing trend in the number of teen births at the state level is also visible in the CRIT Region, where the percent of births to mothers ages 19 or younger fell by almost half between 2009 and 2012. In 2012, nine percent of all births in Arizona were to mothers aged 19 or younger, a very similar proportion to the one in the CRIT Region (10%).

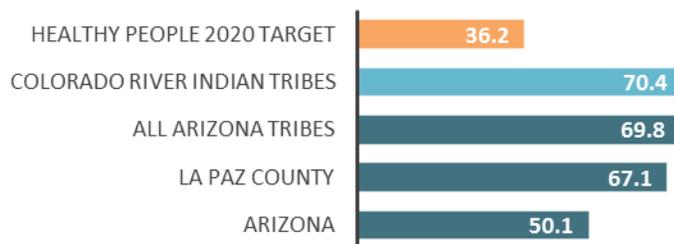
Figure 21. Percent of births to mothers ages 19 and younger (2009-2012)



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

PCA data averaged over ten years show that the rate of teen births per 1,000 females in the region is similar to the combined all Arizona reservations rate, but higher than the state as a whole.

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



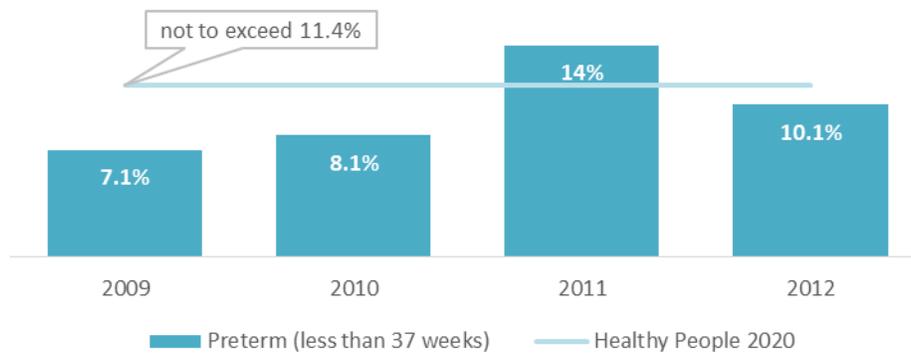
Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

The percent of preterm births in the CRIT Region has increased somewhat since 2009, approaching the Healthy People 2020 cut off (and exceeding it in 2011). Teen pregnancy is often linked with preterm births,⁸⁷ and young women in particular may need prenatal support to help avoid this negative pregnancy outcome. Because preterm birth can be linked to a number of serious disabilities in a child (including cerebral palsy, developmental delays, and

⁸⁷ Chen, X-K, Wen, SW, Fleming, N, Demissie, K, Rhoads, GC & Walker M. (2007). International Journal of Epidemiology; 36:368–373. Retrieved from: <http://ije.oxfordjournals.org/content/36/2/368.full.pdf+html>

vision and hearing problems), the trend towards higher preterm births in the region is of concern and should be monitored over time.

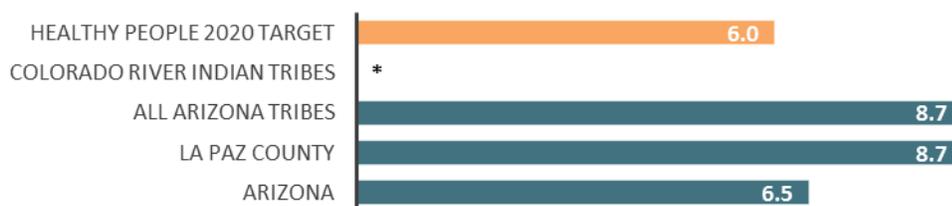
Figure 23. Percent of births that are preterm (less than 37 weeks) (2009-2012)



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

One of the consequences that has been linked to high teen birth rates and preterm birth is high infant mortality. The Healthy People 2020 target for all infant deaths is 6.0 infant deaths or fewer per 1,000 live births. The Primary Care Area Statistical Profiles include data about the average infant mortality rate. However, there were insufficient data for ADHS to report this rate for the CRIT Region in the 2012 Profile. Nevertheless, the rate across all Arizona reservations (which includes CRIT) was 8.7 per 1,000 live births, which is higher than the state rate of 6.5 per 1,000 live births. Both of these rates exceed the Healthy People 2020 target of 6.0 per 1,000 live births or less.

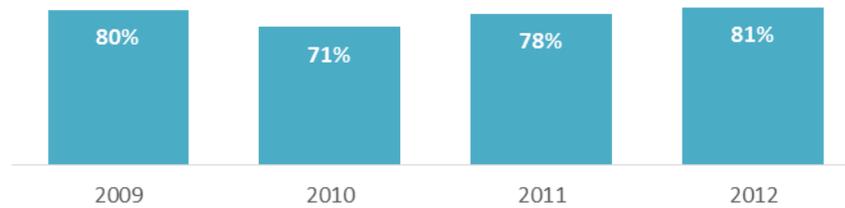
Figure 24. Average infant mortality rate per 1,000 live births (2002-2011)



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

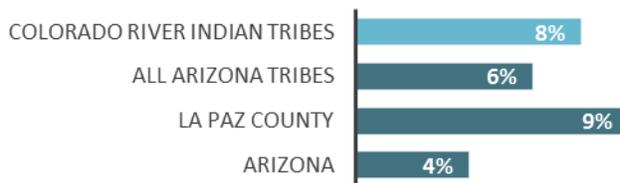
The percent of births that were covered by the Arizona Health Care Cost Containment System (AHCCCS, Arizona’s Medicaid) or the Indian Health Service (IHS) has remained stable at about 80 percent since 2009 (Figure 25). This is considerably higher than the statewide rate of 55 percent of births with AHCCCS or IHS as the payee in 2012. The average percent of uninsured births (defined as self-pay or ‘unknown’ payee in the Vital Statistics birth record) in the region (8%) is twice the Arizona rate (4%) and also higher than the all Arizona reservations rate (6%, see Figure 26).

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



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

Figure 26. Average percent of uninsured births (2002-2011)



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

Colorado River Indian Tribes WIC Program Maternal and Child Health Indicators

As mentioned above, the Colorado River Indian Tribes WIC Program is managed by the Colorado River Indian Tribes' Department of Health and Social Services and it operates under the Inter Tribal Council of Arizona (ITCA) WIC Program umbrella. ITCA regularly produces a *WIC Program Maternal and Child Health Profile* for each of the participating tribal programs. The tables below show a selection of the maternal and child health indicators contained in the 2014 Profile (please note that the actual data in the report are for the year 2012).⁸⁸ Data from the ITCA WIC program as a whole are included in the tables below for comparison.⁸⁹ These data are useful, as they provide a snapshot of mothers and families who meet the WIC low-income criteria, and so reflect the status of some of the neediest children in the region (though they do

⁸⁸ Please note that the CRIT WIC program provides services to the entire population in La Paz County and some communities in California, including the Chemehuevi tribe. Thus, the data contained in the Maternal and Child Health Profile shown in these tables reflect the entire service area and not only the population of the Colorado River Indian Tribes Region.

⁸⁹ The "ITCA WIC" rates include aggregated data from all the tribal and urban Indian programs under the ITCA umbrella which include: Colorado River Indian Tribes WIC, Gila River Indian Community WIC, Havasupai Tribe WIC, Hopi Tribe WIC, Hualapai Tribe WIC, Native Health WIC, Pascua Yaqui Tribe WIC, Salt River Pima Maricopa WIC, San Carlos Apache Tribe WIC, Tohono O'odham Nation WIC, White Mountain Apache Tribe WIC and Yavapai Apache Nation WIC.

not include the many mothers and children who are eligible but do not participate; see page 35, above for more detail on the CRIT WIC program).

About seven percent of the CRIT WIC newborns had a low birth weight (defined as weighing less than 2.5 kilograms, or 5.5 pounds). This rate is just below the Healthy People 2020 cutoff of eight percent. Nine percent of CRIT WIC babies were premature (defined as a gestation of less than 37 weeks). This rate is meets the Healthy People target of 11 percent or less.

The CRIT WIC ever-breastfed rate (51%) falls far below the Healthy People 2020 target (82%) and is also much lower than the ITCA WIC rate overall (68%). Nevertheless, the 3-month and 6 month breastfeeding rates are similar in the CRIT Region and ITCA WIC. This suggests that fewer CRIT WIC mothers initiate breastfeeding but those who do, tend to do so for similar lengths of time as those in ITCA WIC programs overall.

The rate of obesity in the older children in the CRIT WIC program (20%) is lower than the ITCA WIC rate (26%), but exceeds the Healthy People 2020 target of 10 percent. [For more information about this topic see the *Overweight and Obesity* section below].

Table 27. Infant and child health indicators from Colorado River Indian Tribes WIC clients

	COLORADO RIVER INDIAN TRIBES WIC (2012)	ITCA WIC (2012)	HEALTHY PEOPLE 2020 TARGET
AGES OF INFANTS AND CHILDREN			
0	23.4%	25.0%	
1	18.6%	21.4%	
2	18.5%	17.9%	
3 to 4	39.5%	35.7%	
BIRTH WEIGHT			
High birth weight (4 kg or more)	9.2%	7.8%	
Normal birth weight	77.4%	73.3%	
Low birth weight (2.5 kg or less)	6.7%	9.4%	8.0%
PRETERM BIRTHS			
Less than 37 weeks	9.1%	7.1%	11.0%
INFANT BREASTFEEDING			
Ever breastfed	50.6%	67.5%	81.9%
Breastfed 3+ months*	21.0%	20.1%	46.2%
Breastfed 6+ months*	7.2%	9.5%	25.5%
OVERWEIGHT AND OBESITY IN CHILDREN (2-4 YEARS OLD)			
Overweight (85th to 95 percentile)	16.1%	20.9%	
Obese (95th percentile or greater)	19.8%	25.5%	10.0%

Inter Tribal Council of Arizona, Inc. (February 2014). Colorado River Indian Tribes WIC Program Maternal and Child Health Profile. Unpublished report provided by the Colorado River Indian Tribes WIC Program

In terms of maternal health (see Table 28), three percent of the mothers enrolled in the CRIT WIC program in 2012 were under the age of 18. This is slightly lower than the percent of teen mothers enrolled in the ITCA WIC programs overall (5%).

A mother's weight before birth can impact a baby's birth weight,⁹⁰ and may subsequently impact overweight or obesity in childhood.⁹¹ Nearly three-quarters of the CRIT WIC mothers were overweight or obese at the beginning of pregnancy. Furthermore, the overweight/obesity rate for CRIT WIC mothers has increased since 2006, from 64 percent to 71 percent in 2012.

Mothers in the CRIT WIC program received early prenatal care at a rate (80%) that exceeds the Healthy People 2020 target. The proportion is also higher than the rate reported by AHDS for all births in the region (75%), suggesting that women who participate in the CRIT WIC program may begin prenatal care in the first trimester at higher rates than women in the region as a whole (see Figure 15 and Figure 16 above).

Rates of smoking at the time of enrollment in the WIC program and of second hand smoke exposure in the home are higher among CRIT WIC mothers than ITCA WIC women overall. The percent of women smoking at the time of enrollment in the CRIT WIC program is almost three times the rate among ITCA WIC women. Smoking during pregnancy has been shown to increase the risk of pregnancy complications, premature delivery, low birth weight infants, stillbirth and sudden infant death syndrome.⁹²

Reported alcohol consumption (less than 1%) during the third trimester meets the Healthy People 2020 target (not to exceed 2%), though these self-reported rates are typically seen as an underestimate of the likely number of alcohol-exposed pregnancies.⁹³

⁹⁰ Koepp UMS, Andersen LF, Dahl-Joergensen K, Stigum H, Nass O, Nystad W. Maternal pre-pregnant body mass index, maternal weight change and offspring birthweight. *Acta Obstet Gynecol Scand* 2012; 91:243–249.

⁹¹ O'Reilly, JR, & Reynolds RM. The Risk of Maternal Obesity to the Long-term Health of the Offspring. *Clinical Endocrinology*. 2013; 78(1):9-16. Retrieved from: http://www.medscape.com/viewarticle/776504_3

⁹² U.S. Department of Health and Human Services (2004). *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Retrieved from http://www.cdc.gov/tobacco/data_statistics/sgr/2004/complete_report/index.htm

⁹³ See, for example, Mengel, M., Searight, H.R., & Cook, K. (2006). Preventing alcohol-exposed pregnancies. *Journal of the American Board of Family Medicine*, 19, pp. 494-505.

Table 28. Maternal health indicators from the Colorado River Indian Tribes WIC program clients

	COLORADO RIVER INDIAN TRIBES WIC (2012)	ITCA WIC (2012)	HEALTHY PEOPLE 2020 TARGET
MATERNAL AGE			
17 or younger	3.0%	5.1%	
18 to 19	9.1%	11.9%	
20 to 29	66.5%	59.6%	
30 to 39	20.1%	22.1%	
40 or older	1.2%	1.2%	
PRE-PREGNANCY BODY MASS INDEX (BMI)			
Normal weight (or Underweight)	28.8%	28.2%	53.0%
Overweight (BMI 25 to 30)	33.2%	28.1%	
Obese (BMI over 30)	38.0%	43.8%	
PRE-PREGNANCY OVERWEIGHT OR OBESE			
2006	64.0%	61.7%	
2007	69.1%	69.1%	
2010	65.2%	72.9%	
2011	72.9%	73.0%	
2012	71.2%	71.9%	
PRENATAL CARE			
Begun during first trimester	80.3%	82.4%	78.0%
ALCOHOL AND TOBACCO			
Mother smokes at initial WIC visit	7.8%	2.9%	1.0%
Smoker present in the household	12.8%	8.0%	
Alcohol consumption in last trimester	0.6%	0.3%	2.0%

Inter Tribal Council of Arizona, Inc. (February 2014). Colorado River Indian Tribes WIC Program Maternal and Child Health Profile. Unpublished report provided by the Colorado River Indian Tribes WIC Program

Head Start Health Screenings

The Colorado River Indian Tribes Head Start provides free-of-cost health screenings for children birth to five in the community at large. These screenings, which include a physical exam, vision and dental examination, nutrition and immunization assessments and developmental screenings are open to all children regardless of tribal membership. The screenings are three or four times a year and represent a very important resource for families that might otherwise not have easy access (or access at all) to these services.

The Head Start health screenings are a very good example of effective inter-agency collaboration. The Colorado River Indian Tribes Head Start has a strong relationship with the Parker Unified School District, whose Speech Pathologist and Child Psychologist participate in the health screenings (see *Developmental Screenings and Services for Children with Special Developmental and Health Care Needs* below, for more details). The Colorado River Indian Tribes Head Start also has a close working relationship with the Parker Indian Health Center, detailed in a Memorandum of Understanding that is renewed annually. Members of the Parker Indian Health Center that participate in the health screenings include: pediatrician, nutritionist,

optometrist, pedi-dentist and other dental health staff, laboratory staff, and public health nursing staff, who provide consultations on children's immunization status.

The CRIT Women, Infants and Children (WIC) program also participates in the health screenings by providing hemoglobin tests, as well as nutrition and diet education to all children and their families. The collaboration with the Head Start program shows how the coordination of services can yield mutually beneficial results. By being present at the health screenings, the WIC program is able to recruit new participants and reestablish contact with past participants.

This strong network of community partners and allies is a very important component of the Colorado River Indian Tribes Head Start program that makes it such a key resource. Some of these specialized services provided at the health screenings may not be available to children in the region who are not IHS-eligible (e.g. pediatric and pedi-dental). Therefore the Head Start health screenings, which are open to the community at large, provide a unique opportunity for all children in the region to be examined by high quality health care providers.

Children's health

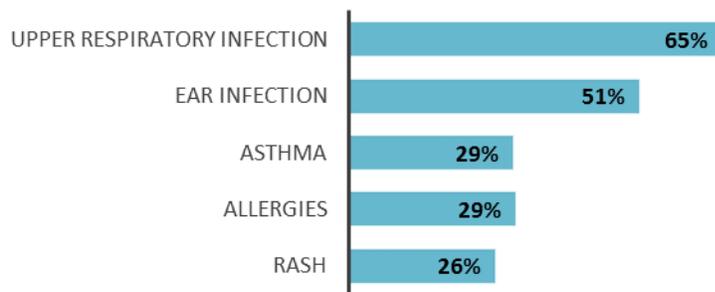
Data on a number of child health indicators were available from the Indian Health Service for active users under the age of six residing in the region (a total of 509 children).⁹⁴ Figure 27, below, shows the top five diagnoses for children under the age of six residing in the Colorado River Indian Tribes Region who received care at IHS facilities. (Children could be seen for more than one diagnosis, so the totals exceed 100 percent.) Children were most frequently seen for upper respiratory infections. The data in Figure 27 reflect the most frequent specific diagnostic codes for ear infections and asthma. When all codes for those diagnoses are considered, an estimated 53 percent of active users under the age of six in the region were seen for an ear infection in that two-year period,⁹⁵ and 35 percent were seen because of asthma.⁹⁶

⁹⁴ For more information on the definition of 'active users' and how these estimates were calculated see Footnote 104

⁹⁵ A slightly more broad definition of ear infections and asthma was used to query "any care" compared to the top five diagnoses; hence those numbers differ some what

⁹⁶ Indian Health Service Phoenix Area. [2014]. *Health Indicators*. Unpublished data provided by the Indian Health Service Phoenix Area

Figure 27. Top five diagnoses by unique patients (0-5), 2011-2013, Colorado River Indian Tribes



Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

Insurance Coverage

Affordable Care Act and Medicaid Expansion

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13 percent of the state’s children (those under 18 years of age) uninsured.⁹⁷

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA aims to expand access to health care coverage, requires insurers to cover preventative and screening services such as vaccinations, and ensures coverage for those with pre-existing conditions. In 2013, states could choose to expand Medicaid, with the federal government covering the entire cost for three years and 90 percent thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately \$14,000 for an individual and \$29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 percent and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the cost of insurance premiums.⁹⁸ These individuals can purchase health insurance thru health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover of a number of “essential” services relevant to children. These include routine eye exams and eye glasses for children once per year, and dental check-ups for children every six months.⁹⁹ However, in Arizona, offered health plans are not required to include these pediatric vision and oral

⁹⁷ Mancini, T. & Alker, J. (2013). Children’s Health Coverage on the Eve of the Affordable Care Act. Georgetown University Health Policy Institute, Center for Children and Families. <http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>

⁹⁸ The Affordable Care Act Resource Kit. National Partnership for Action to End Health Disparities. <http://health.utah.gov/disparities/data/ACAResourceKit.pdf>

⁹⁹ Arizona EHB Benchmark Plan. Centers for Medicare & Medicaid services. <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/arizona-ehb-benchmark-plan.pdf>

services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.¹⁰⁰ A potential barrier to this method is that a separate, additional premium for this supplemental plan is required,¹⁰¹ and subsidies will not be available for these separately purchased plans.¹⁰² Both these factors may make these supplemental pediatric dental and vision plans unaffordable for some families. In addition, when these “essential” services are offered in a stand-alone plan, families are not required to purchase them to avoid penalties. These factors may limit the uptake of pediatric dental and vision coverage in Arizona.

Affordable Care Act and American Indians and Alaska Natives

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

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

¹⁰⁰ Essential Health Benefits. Arizona Department of Insurance. June 1, 2012.
<http://www.azgovernor.gov/hix/documents/Grants/EHBReport.pdf>

¹⁰¹ Can I get dental coverage in the Marketplace? <https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/>

¹⁰² Kids’ Dental Coverage Uncertain under ACA. Stateline, The Daily News of the Pew Charitable Trusts.
<http://www.pewstates.org/projects/stateline/headlines/kids-dental-coverage-uncertain-under-aca-85899519226>

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

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

The estimated proportions of uninsured young children in the region (20%) and uninsured population overall (22%) are very similar. Both of these rates are higher than the state estimates, but they remain lower than the estimated percent of uninsured young children and the population overall in all Arizona reservations combined. (Based on the US Census Bureau definition, Indian Health Services does not provide "comprehensive" health care coverage; thus, persons who depend on Indian Health Services alone for health care are counted by the US Census and American Community Survey as "uninsured").

Table 29. Percent of population uninsured¹⁰³

	CENSUS 2010 POPULATION (ALL AGES)	ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)	CENSUS 2010 POPULATION (0-5)	ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)
Colorado River Indian Tribes Region	7,077	22%	739	20%
Colorado River Indian Tribes (entire)	8,764	22%	792	20%
La Paz County	20,489	16%	1,227	14%
All Arizona reservations	178,131	29%	20,511	23%
Arizona	6,392,017	17%	546,609	11%

US Census (2010). Tables P1 and P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table 27001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The ACS estimated proportion of children birth to five who are uninsured in the region shown on the table above (20%), however, is lower than the rate of children without third-party insurance coverage in the region as reported by the Indian Health Service (29%) (see Figure 28 below). The insurance coverage data provided by the Indian Health Service were based on 509 children ages 0 to 5,¹⁰⁴ a number that is somewhat close to the total population of children in that age range reported by the Census 2010; ACS data are based on survey estimates. Therefore, it is likely that the IHS estimate is the more accurate one.

Medicaid (AHCCCS) Coverage

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100 percent of the Federal Poverty Level or FPL) and the Title XXI program (Arizona’s Children's Health Insurance Program known as KidsCare). KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100 percent -200 percent of the FPL. However, due to budget cuts at the state level, enrollment in the KidsCare Program was frozen on January 1, 2010, and eligible new applicants were referred to the KidsCare Office to be added to a waiting list.

¹⁰³ Please note that if an individual indicated that his only coverage for health care services is through the Indian Health Service (IHS), the ACS considers this person to be “uninsured.”

¹⁰⁴ Please note that the IHS estimates are based on data from the active users (defined as any child who had one or more visits during this two-year period) under the age of six in fiscal years 2011-2013. These data are based on the children’s place of residence and not on where the service was provided. In this report we are including data from children residing in the communities of Parker and Poston.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 percent to 175 percent of the FPL, based on family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.¹⁰⁵

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered thru the KidsCare II program. On February 1, 2014, KidsCare II was eliminated. Families of these children then had two options for insurance coverage; they could enroll in Medicaid (AHCCCS) if they earn less than 133 percent of the FPL, or buy subsidized insurance on the ACA health insurance exchange if they made between 133 percent and 200 percent of the FPL. However this leaves a gap group of up to 15,000 kids in Arizona whose families can't afford insurance because they don't qualify for subsidies. A solution proposed by Arizona legislators is to again allow children whose families earn between 133 percent and 200 percent of the poverty level to enroll in KidsCare.¹⁰⁶

Currently, enrollment for the original KidsCare remains frozen in 2014. Children enrolled in KidsCare with families making between 133 percent and 200 percent of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, and continue paying the monthly premium. Children enrolled in KidsCare whose families make between 100 percent and 133 percent of the FPL will be moved to Medicaid (AHCCCS). New applicants to KidsCare with incomes below 133 percent of the FPL will be eligible for Medicaid (AHCCCS). Applicants with incomes above 133 percent of the FPL will be referred to the ACA health insurance exchanges to purchase (potentially subsidized) health insurance.¹⁰⁷

Based on data provided by IHS, nearly 60 percent of children under six who are active IHS users are also enrolled in Medicaid (AHCCCS) (Figure 28).

¹⁰⁵ 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>

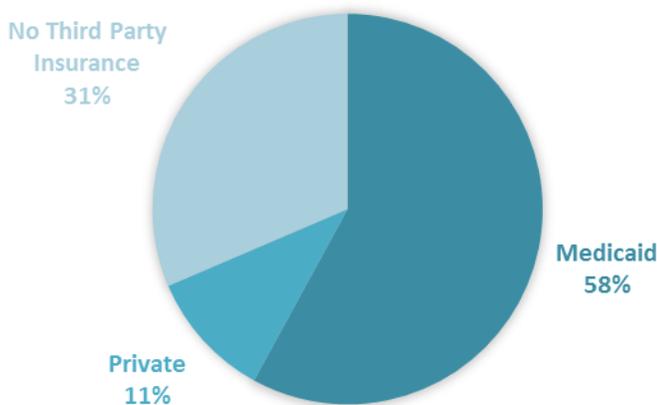
¹⁰⁶ Thousands of Kids Could Lose Health Coverage Saturday. January 30, 2014, Arizona Public Media.

<https://news.azpm.org/p/local-news/2014/1/30/29919-thousands-of-az-kids-could-lose-health-coverage-saturday/>

¹⁰⁷ Arizona State Health Assessment, December 2013. Arizona Department of Health Services.

<http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

Figure 28. Insurance coverage, Indian Health Service active users (0-5), 2011-2013, Colorado River Indian Tribes



Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

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

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to 5 (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”.¹⁰⁸ The survey also estimates that nearly one in three Arizona children with special health care needs has an unmet need for health care services (compared to about one in four nationally).

In addition, although all newborns in Arizona are screened for hearing loss at birth, approximately one third of those who fail this initial screening don’t receive appropriate follow up services to address this auditory need.¹⁰⁹

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to ensure that they receive the supports and services they need. Children

¹⁰⁸ “Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs.” NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/06/12] from www.childhealthdata.org.

¹⁰⁹ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start. In the CRIT Region, the Parker Unified School District is responsible for providing these services. Parker Unified School District’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 typically-developing children for a set fee, but priority is given to children with special needs.

Another important resource for children with special needs in the Region is the Colorado River Indian Tribes Head Start Program. All children enrolled in the program receive periodic developmental screenings and services are provided in-house for those who are identified as having special needs. The Colorado River Indian Tribes Head Start program has a detailed Memorandum of Understanding (MOU) in place with Parker Unified School District that allows both agencies to effectively work together to serve the children with special needs enrolled in Head Start. Through the MOU, Parker Unified School District Special Education Department provides Head Start with one Pre-school Special Education Coordinator who in turn has instructional aides that are assigned to work in the Head Start classrooms with the teachers and teacher assistants.

At the beginning of each year every child enrolled in Head Start is screened by the speech and language pathologist. Children either pass the screening, are placed on a list to be rescreened later in the year or are referred for a full evaluation. Children identified as having a speech and language delay are seen by staff from the Speech and Language department on a weekly basis.

The Parker Unified School District’ preschool coordinator and school psychologist work with the Head Start’s disabilities specialist, health specialist and education/mental specialist to identify children with developmental delays. An Individualized Education Plan (IEP) is written for these children with input from the parents, teachers and specialists. Parents also receive advice as to how they can best support their children at home. During the 2012-13 school year, 16 percent of the enrolled children had been identified as having a diagnosed disability or health impairment and had an IEP in place (see Table 30).

Table 30. Services for children with special developmental and health care needs in the CRIT Head Start Program

PROGRAM	% CHILDREN WITH AN IEP	RECEIVING SERVICES FOR SPEECH IMPAIRMENT	RECEIVING SERVICES FOR INTELLECTUAL DISABILITIES	RECEIVING SERVICES FOR HEARING IMPAIRMENT	RECEIVING SERVICES FOR DEVELOPMENTAL DELAY
Head Start	16%	9%	1%	0%	6%

Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>

The collaboration between PUSD and Head Start also ensures that children with special needs have a smooth transition and placement into the public school system by having a kindergarten readiness specialist from PUSD work with teachers and children in the four-year-old-classrooms.

AzEIP Referrals and Services

Children birth to three who are screened and found to be in need of early intervention services, can be referred to the Arizona Early Intervention Program (AzEIP). 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 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).

Private insurance often does not cover the therapies needed for children with special needs. The 2009-2010 National Survey of Children with Special Health Care Needs found that 22 percent of families with a child with special health care needs pay \$1000 or more in out of pocket medical expenses.¹¹⁰ The cost of care has become an even more substantial issue as state budget shortfalls led AzEIP to institute a system of fees for certain services (called “Family Cost Participation”). Although no fees are associated with determining eligibility or developing an Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, now have fees. The families of AHCCCS-enrolled children are not required to pay the fees. The cost of services is based on location and how difficult an area is to serve; urban areas are considered “base” and have lower rates per hour compared to rural areas. According to the AzEIP website, the agency is in the process of updating their Early Intervention Policies and Procedures. The proposed revisions would eliminate

¹¹⁰ U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2013

the Family Cost Participation, and public comment on the new policy was accepted through June 16, 2014.¹¹¹

Regional AzEIP data was unavailable for the current report, however some state-level summaries were provided. During the month of February 2013, there were 5,451 AzEIP eligible children with an Individualized Family Service Plan. The total number of children served in Arizona in 2012 based on an October 1st count was 5,100. Of those, 667 were one year old or younger, 1,561 were between the ages of one and two and 2,872 were between two and three years of age. The total number of infants and toddlers receiving early intervention services from July 1, 2011, through June 30, 2012 was 9738 (this includes all AzEIP eligible children including children served by AzEIP only; Division of Developmental Disabilities (DDD) and Arizona Schools for the Deaf and the Blind (ASDB)).¹¹² The region's AzEIP service provider is A to Z Therapies.

Parent perceptions of their children's developmental needs

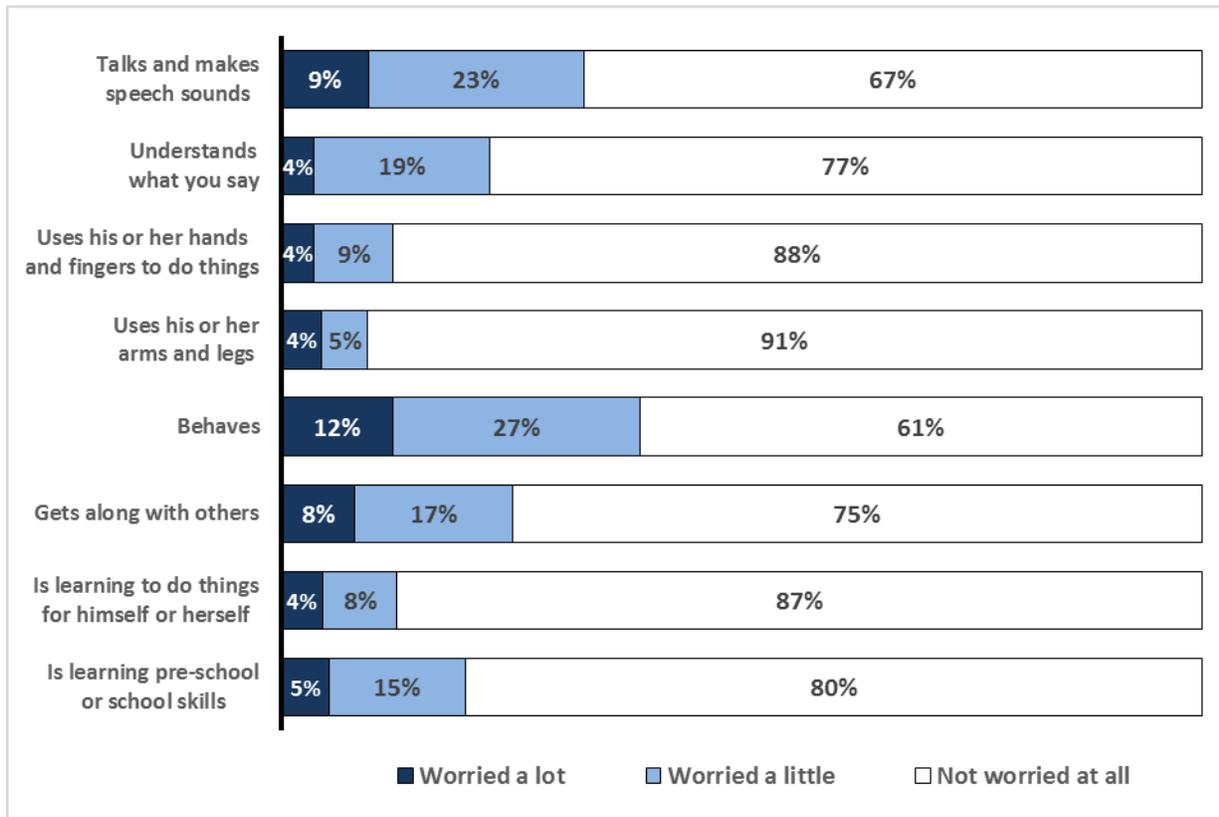
The FTF CRIT Region Parent and Caregiver Survey conducted in the region in the Spring of 2014 (see Appendix D for more information on the survey) included an item aimed at gauging the parents' and caregivers' concerns about their children's development. The question asked respondents to indicate how concerned they were about several developmental events and stages (response options included "not at all worried," "worried a little" and "worried a lot"). The two questions which revealed the greatest degree of concern were "How well your child behaves" (39% worried) and "How well your child talks and make speech sounds" (33% worried) (see Figure 29). Other items that parents expressed concern about were "How well your child gets along with others" and "How well your child understands what you say."

Across the eight questions, 20 percent of the respondents reported being "worried a lot" about one or more, and 43 percent were "not worried at all" about all eight. (The remaining 37 percent were "worried a little" about at least one of the eight.)

¹¹¹ <https://www.azdes.gov/main.aspx?menu=98&id=13684>

¹¹² Arizona Department of Economic Security. (2014). [AzEIP data set]. Unpublished raw data received through the First Things First State Agency Data Request.

Figure 29. Parents’ and caregivers’ reported levels of concern for how well their children are meeting developmental milestones.



Source: FTF Colorado River Indian Tribes Region Parent and Caregiver Survey, 2014

Preschool and elementary school children enrolled in special education

Another indicator of the needs for developmental services and services for children with special needs is the number of children enrolled in special education within schools. As can be seen in Table 31, the percentage of preschool and elementary school students enrolled in special education in Parker Unified School District is much higher than the state rate.

Table 31. Percent of preschool and elementary school children enrolled in special education

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	ELEMENTARY SCHOOL STUDENTS ENROLLED IN SPECIAL EDUCATION		PRESCHOOL STUDENTS ENROLLED IN SPECIAL EDUCATION	
Parker Unified School District	6	1,184	208	18%	32	3%
All Arizona Public and Charter Schools	2846	610,079	63,398	10%	8,889	1%

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

Immunizations

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.¹¹³ Maintaining high vaccine coverage rates in early childhood is the best way of preventing the spread of certain diseases in childhood, and provides a foundation for controlling these diseases among adults, as well. Healthy People 2020 sets a targets of 80 percent for full vaccination coverage among young children (19-35 months). IHS data for the Colorado River Indian Tribes Region (FY2013) indicate that 68.9 percent of children 19-35 months have had the recommended vaccine series (using series 4:3:1:3:3:1:4), which is below the Healthy People Target.

According to the CRIT Head Start Performance Information Report for the year 2012-2013, 89 percent of the children enrolled in the program were up-to-date in their immunizations at the end of the enrollment year.¹¹⁴

Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.¹¹⁵ Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."¹¹⁶ When young children experience stress and trauma they have limited responses available to react to those experience. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior.¹¹⁷ A number of interacting factors influence the young child's healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.¹¹⁸

¹¹³ Centers for Disease Control and Prevention. Immunization Schedules. Retrieved from <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>

¹¹⁴ Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>

¹¹⁵ *Research Synthesis: Infant Mental health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012: http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf

¹¹⁶ Zero to Three Infant Mental Health Task force Steering Committee, 2001

¹¹⁷ Zero to Three Policy Center. *Infant and Childhood Mental Health: Promoting Health Social and Emotional Development*. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144

¹¹⁸ Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant*

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services would include 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.¹¹⁹ Table 32 shows information about the mental health services to children in the CRIT Head Start Program.

Table 32. Mental health Services to children in the Colorado River Indian Tribes Head Start

PROGRAM	MENTAL HEALTH PROFESSIONAL ON-SITE (AVERAGE)	% CHILDREN WITH INDIVIDUAL MENTAL HEALTH ASSESSMENTS	% CHILDREN REFERRED FOR OUTSIDE MENTAL HEALTH SERVICES
Head Start	60 hours/month	40%	0%

Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>

Enrollment in Public Behavioral Health System

In Arizona, the Division of Behavioral Health Services (DBHS) of the Arizona Department of Health Services contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer behavioral health services. Arizona is divided into separate geographical service areas served by various RBHAs.¹²⁰ Cenpatico Behavioral Health Services (CBHS) serves La Paz, Yuma, Greenlee, Graham, Cochise, Santa Cruz, Gila, and Pinal Counties. In 2012, there were 25,166 enrollees in CBHS, representing 8.5 percent of those enrolled in Arizona RBHAs.¹²¹

Mental Health in Early Childhood Systems. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

¹¹⁹ Zero to Three Policy Center. Infant and Childhood Mental Health: Promoting Health Social and Emotional Development. (2004). Retrieved from http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144

¹²⁰ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. [://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf](http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf)

¹²¹ Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System.* Phoenix, Arizona. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

Each RBHA contracts with a network of service providers similar to health plans to deliver a range of behavioral health services, including treatment programs for adults with substance abuse disorders, and services for children with serious emotional disturbance.

In 2012, over 213,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 68,743 (32%) of enrollees were children or adolescents, up from 21 percent in 2011; children aged birth through five years comprised almost 5 percent of all enrollees¹²² in 2012, compared to four percent in 2011.¹²³ With about 546,609 children aged birth to five in Arizona, this means that almost two percent of young children statewide are receiving care in the public behavioral health system. It is likely that there is a much higher proportion of young children in need of these types of services than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood and therapies specific to interacting with children, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children. Children in foster care are also more likely to be prescribed psychotropic medications than other children, likely due to a combination of their exposure to complex trauma and the lack of available assessment and treatment for these young children.¹²⁴ Violence-exposed children who get trauma-focused treatment can be very resilient and develop successfully. To achieve this there needs to be better and quicker identification of children exposed to violence and trauma and in need of mental health intervention, and more child-specific, trauma-informed services available to treat these children.¹²⁵

In the CRIT Region, behavioral health services are available through the CRIT Behavioral Health Services (BHS), whose clinicians and staff endeavor to incorporate culture and traditions in all services provided. CRIT BHS provide individual and group counseling services to CRIT enrolled members and their families, to other tribal members, and to CRIT employees, in an outpatient setting. Parenting groups are provided twice a week, and transportation is provided. There are currently no local in-patient facilities, and so clients requiring a higher level of care are typically placed in care in Yuma or Tucson.

¹²² Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

¹²³ Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

¹²⁴ Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

¹²⁵ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

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.¹²⁶ Among Arizona 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).¹²⁷

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.

Parents and caregivers of young children who participated in the Parent and Caregiver Survey, were asked where they take their young children for dental care, what they like about the services they receive, and what they would change about them. Three percent of respondents indicated they do not take their child to receive dental care and 2 percent indicated their child was not yet old enough to see a dentist. Of those who had taken their children to receive dental care, the majority indicated they received dental care from the Indian Health Services (IHS) facility in Parker (46%) or an IHS facility, without specifying where the facility is located (22%). Of those who take their children to an IHS facility for dental care, 8 percent specifically indicated they like the dentist and dental services provided at IHS. Other survey takers specifically mentioned appreciation for the IHS's ability to make one appointment time for multiple children to be seen by the dentist during the same time-frame (1%) and appreciation

¹²⁶ Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

¹²⁷ *Arizona American Indian Oral Health Summit, Final Report* (2011). Retrieved from <http://www.azdhs.gov/diro/tribal/pdf/reports/OralHealthSummit2011.pdf>

for the convenient location of the IHS dental facility (3%). Other survey takers, however, specifically indicated they experienced difficulty getting an appointment for their children to receive dental care (6%).

The remaining survey takers who did not use IHS for their children's dental care, indicated they take their children to other facilities in Parker (9%), facilities in Lake Havasu City (21%) or facilities in Blythe, California (3%). Survey takers who take their children to Parker for dental care indicated they utilize services from Parker Family Dental and specifically mentioned Dr. Adams as being "friendly." Parents and caregivers who take their children to Lake Havasu City for dental care indicated they take their children to Kids Little Smiles (15% of all survey takers) or did not specify the dental clinic located in Lake Havasu City (6% of all survey takers). Those who take their children to Lake Havasu City indicated the services were of high quality, and that the staff at Kids Little Smiles are friendly. However, there were mixed reviews about the affordability of the dental services in Lake Havasu City, some survey takers indicated services were affordable while other indicated they were not. The reviews were also mixed among survey takers who indicated they take their child(ren to facilities in Blythe, California for dental services; some indicated the services were of high quality, and others indicating the services were of poor quality. Those who indicated they take their children to Blythe did not specify what facility they use for dental services for their children.

In 2009 IHS launched a national initiative called Early Childhood Caries (ECC) Collaborative with the overall goal of the program being to draw attention to, and prevent Early Childhood Caries, which affects more than half of American Indian children nationwide. Early Childhood Caries (ECC, also known as early childhood tooth decay) is an infectious disease that can start as early as when an infant's teeth erupt having lasting detrimental impact on a child's health and well-being.

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. One finding of the 2010 BSS survey of particular importance was that nationwide, by the age of two years old, 44 percent of children already had some form of dental carries, leading the IHS ECC Collaborative Committee to make the statement that "two is too late" for children to be receiving their first oral exam by a dentist.

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. Currently, the IHS ECC Collaborative is in its 5th and final year of operation, final data collection will take place in the fall of 2014. After final data is collected, the IHS ECC Collaborative will then evaluate various interventions that have been on-going since the initiative began, and identify which interventions were most the most effective in reducing the prevalence of ECC in American Indian Children.¹²⁸

Data from the 2010 and 2011 ECC Basis Screening Survey (BSS) show that a total of 92 children 0 to 5 participated in the survey at the Colorado River Service Unit. Almost half (49%) of surveyed children had tooth decay. About one-quarter (26%) of the children participating had untreated tooth decay and the mean number of teeth with decay among them was 2.87. In the IHS Phoenix Area overall, more than half of the young children surveyed (52%) had caries by age two. By five years of age, 75 percent of the children had caries.¹²⁹

Figure 30. Tooth decay among young children

GEOGRAPHY	% CHILDREN (0-5) WITH TOOTH DECAY	% CHILDREN (0-5) WITH UNTREATED TOOTH DECAY	MEAN NUMBER OF TEETH WITH DECAY	NUMBER OF PARTICIPATING CHILDREN
Colorado River Service Unit	49%	26%	2.87	92
Phoenix Area IHS	57%	36%	3.69	571
National IHS	54%	39%	3.5	NA

Huber, D. (2013, June). Arizona Basic Screening Survey Results 2010, 2011. Presentation delivered at the 2013 Intertribal Circle of Caring and Sharing Training Conference, Prescott, Arizona.

The IHS ECC encourages collaboration between dental providers and key partners such as Head Start programs. In 2012-2013 almost all children enrolled in the CRIT Head Start program received an oral health exam (99%) and preventative dental care (99%). Twenty six percent of the children examined were found to need dental treatment, and all of those children were reported to have received treatment.¹³⁰

Additional IHS data provided for active users 0-5 from the Colorado River Indian Tribes Region over a two year period (2011-2013) show 1,073 unique visits to IHS dental facilities, 366 of

¹²⁸ Indian Health Service Early Childhood Caries Collaborative (2014). The IHS ECC Collaborative: Beginning the 5th and Final Year. *The IHS Dental Explorer*, 1-14.

¹²⁹ Huber, D. (2013, June). *Arizona Basic Screening Survey Results 2010, 2011*. Presentation delivered at the 2013 Intertribal Circle of Caring and Sharing Training Conference, Prescott, Arizona.

¹³⁰ Office of Head Start (2013). *2013 Performance Indicator Report Data Extract*. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>

these by Head Start program participants, with fewer than 10 patients being diagnosed with baby bottle tooth decay.

According to Broderick et al. (1989), baby bottle tooth decay (BBTD) is a specific pattern of tooth decay that affects young children, usually attributed to feeding practices such as putting a child to sleep with a bottle containing a drink with sugar. Tooth decay caused by BBTD may cause serious oral health problems later in life. Multiple IHS surveys have suggested that BBTD is more prevalent among Native American populations than the US population as a whole.¹³¹

Overweight and Obesity

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also strong predictor of adult obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten.¹³²

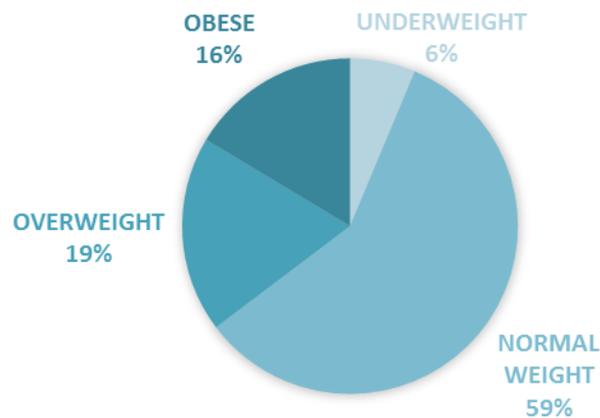
In addition to the CRIT WIC data shown in Table 27, data on overweight and obesity rates among young children are also available from the Indian Health Service (IHS) for children who reside in the region.¹³³ Of the active users under the age of six in fiscal years 2012 and 2013, Body Mass Index (BMI) data were available for 238 children ages 2 to 5. Of these, 6 percent were underweight, 58 percent had a normal weight, 19 percent were overweight and 16 percent were obese. The combined proportion of children receiving care by IHS who are overweight or obese (35%) is similar to that of children enrolled in the CRIT WIC program (36%).

¹³¹ Broderick E, Mabry J, Robertson D, Thompson J. (1989). Baby bottle tooth decay in Native American children in Head Start centers. Public Health Rep 104:50-54

¹³² Cunningham, S. A., Kramer, M. R., & Venkat Narayan, K. M. (2014). Incidence of Childhood Obesity in the United States. The New England Journal of Medicine. 370 (5); 403-411.

¹³³ Data from IHS were provided to us based on place of residence, regardless of what IHS facility provided services to them (although it can be assumed that most of the active users received services at the Parker Indian Health Center). The data being used for this report refer to the active users (individuals with one or more visits in the past two years) residing in the towns of Parker and Poston.

Figure 31. Body Mass Index (BMI) of Indian Health Service active users under six



Note: Weight Categories are determined by the CDC 2000 BMI Guidelines. Definitions are as follows: Underweight (>5th Percentile), Health Weight (5th-85th Percentile), Overweight (85th-95th Percentile), Obese (>95th Percentile) Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

Substance Abuse

Exposure to adverse childhood experiences including abuse, neglect and household dysfunction can lead to a variety of consequences, including increased risk of alcoholism and increased likelihood of initiating drug use and experiencing addiction.¹³⁴

Key informants indicated that substance abuse is one of the main challenges faced by families in the region and that additional services are needed to support parents in this area. In particular, key informants pointed to a need for more programs for pregnant substance-using women, or women with young children. According to key informants, there are not enough programs to support mothers in this situation, neither within the region nor in La Paz County. Mothers must go outside of La Paz County for treatment and have to petition to bring their children with them. Specific needs identified for these expectant mothers included tailored treatment programs and wrap-around services, as well as more housing options, because these women are often living with others who are also using illicit substances.

According to key informants, another major challenge related to substance abuse in the region is in-utero substance exposure and its impact in the babies' and children's health. Key informants expressed concern about children experiencing developmental delays that may be related to fetal alcohol syndrome. Public Health Nurses with the Parker Indian Health Center are able to track children born of women who indicated having been substance users during pregnancy and provide referrals for developmental screenings and early intervention. However,

¹³⁴ United States Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention. (2008). The effects of childhood stress on health across the lifespan. Retrieved from http://www.cdc.gov/ncipc/pub-res/pdf/childhood_stress.pdf.

key informants pointed out that there continues to be a strong need for additional services to support both parents and children in families with a history of substance use.

Family Support

Family well-being has been identified as an important factor in child success.¹³⁵ 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.¹³⁶ Providing resources, education, and supports to families can reduce childhood stresses and help young children reach their fullest potential in school and in life.

Parents and caregivers who participated in the FTF CRIT Region Parent and Caregiver Survey were asked what they liked best about raising children in their community, and participants noted a number of community strengths. Twenty-two percent of parents and caregivers indicated that they like the fact that their community is small and “everyone knows everyone”. Along these lines, another 16 percent mentioned their community is close-knit and supportive of one another. Eighteen percent indicated being able to raise children near their family was one of the best parts about raising children in their community. A number of survey responders (14%) reported liking the community and family events that take place, and others indicated they liked having the opportunity to teach children about their culture and life-lessons (14%). Parents and caregivers also indicated many other aspects they liked about raising children in their community, including: feeling their children are safe (7%); that there many opportunities and activities for children and youth (5%); being able to watch their child(ren) grow-up (3%); that the community is quiet (3%); that there are many opportunities and resources for community members (3%); the diversity of their community (2%); that there are good schools (3%) and a good Head Start program (3%); that there are parks (2%), sporting activities (2%), nature (2%), libraries (1%), playgrounds (1%), church activities (1%), and friends (1%) around for their children.

Parents and caregivers were also asked to consider what would improve the lives of young children birth and their families in the region. In response to this question, 29 percent of survey responders indicated that the most important thing that could happen would be for parents to be involved in their child’s life and spend time with their child(ren). Thirteen percent of parents and caregivers recommended increasing the number of activities within the community for children and families. Twelve percent of survey takers indicated they felt it was important for

¹³⁵ Martinez, Mehesy, & Seeley, 2003

¹³⁶ 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.

children to begin their education early and to stay in school. Nine percent of survey takers felt children and their families would benefit if there were more opportunities for recreation in their community (a community pool or a multipurpose room for sporting events). A number of responders (6%) mentioned that they felt better communication within a family was important, a similar proportion (6%) indicated they felt a higher degree of community involvement would benefit children and families in the community, and another six percent recommended providing additional services to parents who have problems with drugs and/or alcohol. Other responses to this question included: ensuring children stay healthy (5%); ensuring children have a stable environment to grow up in (5%); providing more cultural education (5%); providing more resources/assistance for low-income families (4%); ensuring children have a stable home environment (4%); providing more health and child development education to parents (4%), including parenting classes for young/teen parents (3%); teaching parents healthy discipline skills (3%); increasing the opportunities for parents to increase their own education (3%); ensuring children have all their basic needs met (2%); increasing public transportation in the community (2%); keeping families together (2%); increasing the opportunities children have to spend time with elders (1%); increasing job opportunities for parents (1%); increasing the number of day care facilities in the community (1%) and providing free or reduced cost child care for working parents (1%); and increasing public awareness about community activities that take place (1%).

Parental Involvement

Parental involvement has been identified as a key factor in the positive growth and development of children,¹³⁷ and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

Children need exposure to responsive and stimulating interactions in the early years for later success in school and life.¹³⁸ Parents do not need expensive toys or resources to lay the early groundwork for later school success. Talking to children, singing songs and telling stories, reading books, playing simple games like peek-a-boo, and providing consistent and affectionate responses are all behaviors that promote healthy social-emotional development. Reading regularly to young children is linked to better cognitive and language development, stronger literacy skills, and higher academic achievement when children start school.¹³⁹

¹³⁷ 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.

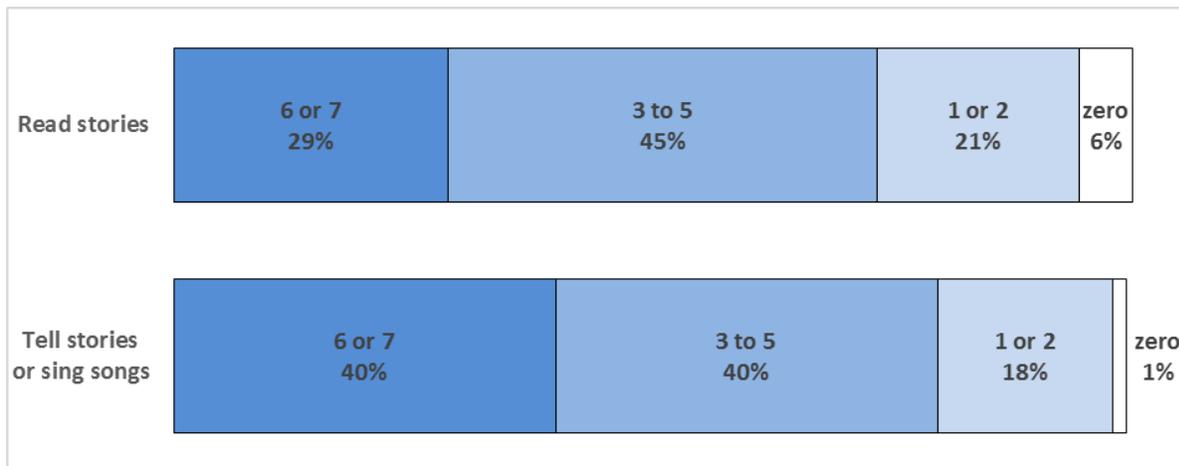
¹³⁸ Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. <http://www.developingchild.harvard.edu>

¹³⁹ Rodriguez, E., & Tamis-LeMonda, C. S. (2011). *Trajectories of the Home Learning Environment across the First Five Years: Associations with Children's Language and Literacy Skills at PreKindergarten*. *Child Development*, Vol. 82(4), pp. 1058-1075.

The Parent and Caregiver Survey conducted in the region in the spring of 2014 collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development, including two items about home literacy events.

Twenty-nine percent of the respondents reported that someone in the home read to their child six or seven days in the week prior to the survey (Figure 32). A slightly smaller fraction (27%) reported that the child was not read to, or only once or twice during the week. In comparison, telling stories or singing songs was more frequent than reading. In more than three-quarters of the homes (80%), children are hearing stories or songs three or more days per week. On average, respondents reported reading stories 4 days per week, and singing songs or telling stories about 5 days per week.

Figure 32. Reported frequencies of home literacy events: How many days per week did someone read stories to your child? How many days per week did someone tell stories or sing songs to your child?



Source: FTF Colorado River Indian Tribes Region Parent and Caregiver Survey, 2014

Parent Education

Parenting education supports and services can help parents better understand the impact that a child’s early years have on their development and later readiness for school and life success.

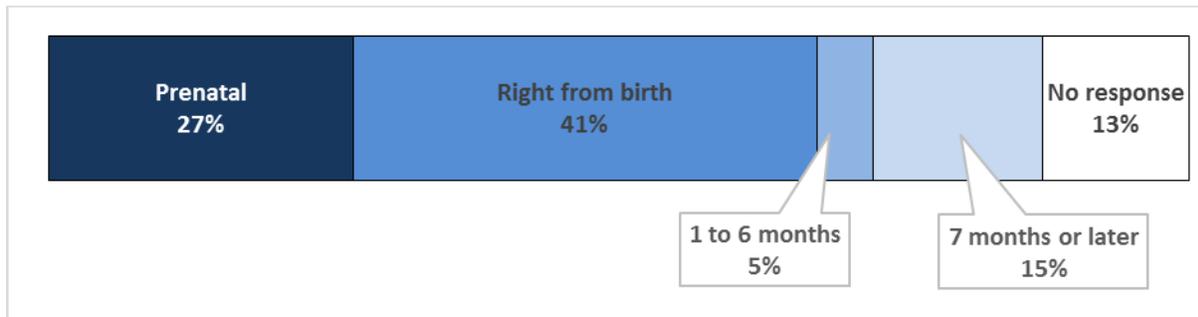
Recognizing that children are active participants in the world from day one is critical for supporting a child’s healthy brain development and learning. It has been shown that babies only a few days old recognize and turn to their mother’s voice over other voices.¹⁴⁰ In addition, when mothers experience prenatal stress, there may be direct effects on the brain of the developing baby.¹⁴¹

¹⁴⁰ Brazelton, T. B. (2010). *Infants and mothers: Differences in development*. Random House LLC.

¹⁴¹ Charil, A., Laplante, D. P., Vaillancourt, C., & King, S. (2010). Prenatal stress and brain development. *Brain Research Reviews*, 65(1), 56-79.

The FTF CRIT Region Parent and Caregiver Survey conducted in the region (see Appendix D for more information on the survey) included an item aimed at eliciting information about parents' and caregivers' awareness of their influence on a child's brain development. More than two-thirds (68%) of the respondents recognized that they could influence brain development prenatally or right from birth. Still, a sizeable proportion (15%) responded that a parent's influence would not begin until after the infant was 7 months old.

Figure 33. Responses to the question "When do you think a parent can begin to make a big difference on a child's brain development?"



Source: FTF Colorado River Indian Tribes Region Parent and Caregiver Survey, 2014

Community members were also asked through the Parent and Caregiver survey how they received information about events and resources regarding child development. Survey respondents said they get this type of information from a number of different sources. One quarter (25%) of parents and caregivers indicated they receive information regarding events and resources about child development from Head Start. Another 23 percent of parents and caregivers reported getting information from local schools in the region, including through fliers and letters brought home by students. Parents and caregivers (14%) also indicated that they receive information regarding child development events and resources from local hospitals. Other common responses to this question include online sources (12%), such as Facebook and social media outlets; word-of-mouth (13%) from other community and family members; libraries in the region (10%); community postings (8%) at places such as the post office, grocery stores, and the community center; letters and fliers in the mail (5%); the local newspaper (5%); the CRIT Department of Health and Social Services (4%); the WIC offices in the region (4%); First Things First (3%); phone calls (2%); emails (2%); public health nurses (1%); and at work (1%). Of the parents and caregivers who participated in the study, five percent indicated they do not receive information about child development events and resources from any source.

The CRIT Head Start Program provides a number of family support services and referrals to enrolled families. Table 33 below summarizes the types of services received by families in the 2012-2013 school year.

Table 33. Family Education Services through Colorado River Indian Tribes Head Start

PROGRAM	% FAMILIES RECEIVING AT LEAST ONE FAMILY SERVICE	% RECEIVING HEALTH EDUCATION	% RECEIVING PARENTING EDUCATION	% RECEIVING ADULT EDUCATION	% RECEIVING JOB TRAINING
Head Start	30%	6%	5%	9%	9%

Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>

The CRIT Department of Health and Social Services, in conjunction with the Arizona Kith and Kin Project, also provide a series of First Things First-funded Parent Outreach and Awareness Workshops. These all-day workshops provide meals to participants, and cover a number of developmental, health and safety topics for parents and caregivers, such as creating enriching interactive learning environments, injury prevention, and First Aid and CPR training.

Early Literacy Opportunities

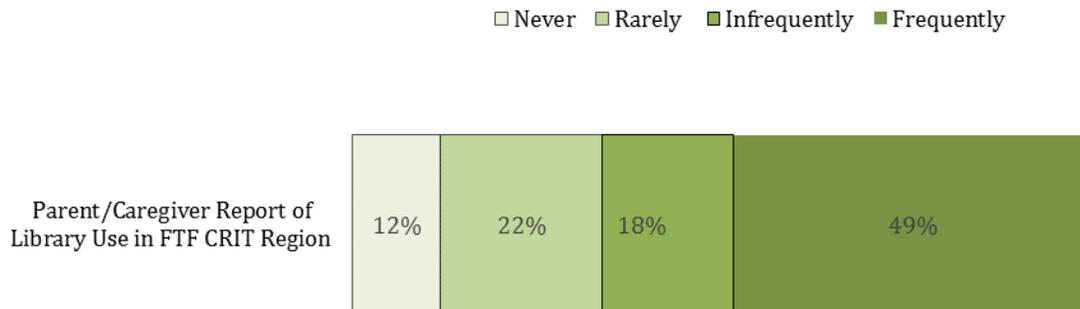
The CRIT Library and Archives offers outreach and programs for children around early literacy. The First Things First Colorado River Indian Tribes Regional Partnership Council provides funding for an Early Literacy Coordinator at the library. The Early Literacy Coordinator offers story time at the library twice a week, on Thursdays and more recently on Saturdays too. In addition, the program reaches out to the two local child care centers and the CRIT Head Start Program where story time is brought into the centers once a month. Hand-outs are also available to parents to take home with them and reach the children who may not be able to come to the library or participate in the child care center story time. Outreach to programs under the CRIT Department of Health and Social Services such as the CRIT WIC Program and CRIT Child Protective Services is another important component of the Early Literacy program at the CRIT Library. A new initiative was recently started with families in both the state and the CRIT Child Protective Services programs where parents can read out loud and record story books that can be given to their children while the families are working toward reunification. Participation in the CRIT Library story time sessions varies a lot. Transportation is a challenge for families in the region in general, and for those who are not within walking distance the library can only be accessed by car. This may have an impact on the number of families that can take advantage of the early literacy opportunities regularly.

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

When asked how often they take their children to the library, nearly half of parents and caregivers reported that they took their child to the library at least once a week (see Figure 34),

with 24 percent saying once a week, 19 percent saying two to three times a week, and three percent saying they took their child every day.

Figure 34. Parent Caregiver Report of Library Use



Rarely (less than once a month); Infrequently (once or twice a month); Frequently (once a week or more)
FTF CRIT Parent and Caregiver Survey 2014

It appears parents and caregivers in the region utilize both the Parker library and the CRIT library; 51 percent of those who take their children to the library reported having taken them to the Parker library at least once, and 49 percent reported they had taken their child to the CRIT library on at least one occasion. Of the parents and caregivers who report going to the CRIT library, a handful of survey takers specifically mentioned “Baby Story Time” as an event they enjoy attending. Most survey respondents who reported *never, rarely or infrequently* taking their children to the library did not specify what prevented them from using the library more often, but a few (7%) mentioned work schedules and living out of town as barriers to going to the library. Twenty-three percent of survey takers reported having books or electronic learning devices at home that their children use instead of, or in addition to, going to the library; and two percent of survey takers specifically mentioned getting books for their children from a book fair.

In response to the question of where parents and caregivers take their children to interact with language learning through stories, song, and books, many parents and caregivers (23%) indicated this type of learning and interaction takes place in their home. Additionally, survey takers indicated interaction and language learning took place for their children through interactions with family members (6%); family outings/trips and at community events (5%); at school (5%), at the park (4%); at Head Start (3%); at church (3%); and at daycare (2%).

Food Security

Food insecurity is defined as a “household-level economic and social condition of limited or uncertain access to adequate food”.¹⁴² Episodes of food insecurity are often brought on by changes in income or expenses caused by events like job loss, the birth of a child, medical emergencies, or an increase in gas prices, all of which create a shift in spending away from food.¹⁴³ Participating in Nutritional Assistance (SNAP) has been shown to decrease the percentage of families facing food insecurity in all households (10.6%) and in households with children (10.1%) after six months in the SNAP program.¹⁴⁴

In 2012, 18 percent of all Arizonans and 28 percent of children in Arizona experienced food insecurity.¹⁴⁵ Data on food insecurity are only available at the county level (but as it was mentioned above in the General Population Trends section, 60% of the children in La Paz County live in the CRIT Region). In La Paz County 17 percent of all residents and 31 percent of children (birth to 17) faced food insecurity in 2012. The fact that about one-third of children in the county are food-insecure would suggest that expansion of available school-based free breakfast and lunch programs, such as use of the “community eligibility” provision,¹⁴⁶ would be advised. This is particularly important since one hundred percent of children in La Paz County would likely be eligible for these programs (compared to 71 percent at the state level).¹⁴⁷

The Yuma Food Bank provides services to residents of Parker through the Parker Food Bank, St. Vincent DePaul and the Parker Senior Center.

¹⁴² United States Department of Agriculture. Definitions of Food Security. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#.UyDjQIVRKws>

¹⁴³ United States Department of Agriculture, Food and Nutrition Service. (2013). Snap food security in-depth interview study: Final report. Retrieved from <http://www.fns.usda.gov/sites/default/files/SNAPFoodSec.pdf>

¹⁴⁴ United States Department of Agriculture, Food and Nutrition Service, Office of Policy Support. (2013). Measuring the effect of supplemental nutrition assistance program (SNAP) participation on food security executive summary. Retrieved from http://www.mathematicampr.com/publications/pdfs/Nutrition/SNAP_food_security_ES.pdf

¹⁴⁵ Feeding America (2014). Map the Meal Gap, 2012. Retrieved from <http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap.aspx>

¹⁴⁶ Center on Budget and Policy Priorities (CBPP) and the Food Research and Action Center (FRAC) (2013). Community Eligibility and Making High-Poverty Schools Hunger Free. Retrieved from http://frac.org/pdf/community_eligibility_report_2013.pdf

¹⁴⁷ Feeding America (2014). Map the Meal Gap, 2014: Child Food Insecurity in Arizona by County in 2012. Retrieved from http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~media/Files/a-map-2012/AZ_AllCountiesCFI_2012.ashx

Homelessness

In Arizona in 2013, 27,877 adults and children experienced homelessness. The population of rural counties makes up a quarter of the state population, but only nine percent of those experiencing homelessness in 2013.¹⁴⁸ Children are defined as homeless if they lack a fixed, regular, and adequate night-time residence. According to this definition, 31,097 children in Arizona were reported as homeless in 2013. Almost three-quarters of these children were living temporarily with other families, with the rest residing in shelters, motels/hotels or unsheltered conditions.¹⁴⁹

School districts collect data on the number of economically disadvantaged and homeless students in their schools. As defined by the Arizona Department of Education, youth at economic disadvantage includes children who are homeless, neglected, refugee, evacuees, unaccompanied youth, or have unmet needs for health, dental or other support services. Although there is a high percent of students classified as economically disadvantaged in the county and the region, there were less than 10 homeless students enrolled in county schools in 2013, all of whom were attending schools in the Parker Unified School District.

Table 34. Economic disadvantage and homelessness by school district

SCHOOL DISTRICT	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	ECONOMICALLY DISADVANTAGED STUDENTS		HOMELESS STUDENTS	
			NUMBER	PERCENT	NUMBER	PERCENT
Parker Unified School District	3	1,184	957	81%	<10	0%
All La Paz County Schools	64	1,575	1,347	86%	<10	0%
All Arizona Schools	11,316	610,079	311,879	51%	10,800	2%

Arizona Department of Education (2014). Unpublished raw data received from the First Things First State Agency Data Request

The CRIT Head Start program reported serving twenty seven homeless families in the 2012-2013 school year. Eleven of the families were able to acquire housing during the program year.¹⁵⁰

¹⁴⁸ Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf

¹⁴⁹ Homelessness in Arizona Annual Report 2013. Arizona Department of Economic Security. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/des_annual_homeless_report_2013.pdf

¹⁵⁰ Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>

Child Welfare

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that although infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention for child maltreatment, as it cannot only change the outlook for young children, but also ultimately save state and federal agencies money in the usage of other services.¹⁵¹

Child Welfare services in the Colorado River Indian Tribes Region are provided by the CRIT Department of Health and Social Services. According to the CRIT Child Abuse and Neglect Report for fiscal year 2012-2013, there were a total of 141 referrals for child abuse and neglect received by CRIT Child Protective Services. Of those, 33 (or 23%) were for child abuse, 109 (or 77%) were for neglect, and 14 (or 10%) were for sexual abuse. After investigations were conducted on these referrals, a total of 97 (or 69%) were determined to be substantiated. Eighty six (or 61%) of the total number of referrals received involved alcohol and substance abuse.¹⁵²

According to the CRIT Department of Health and Social Services' April 2014 Monthly Report submitted to the Tribal Health Board, during that month there were 158 child welfare cases (ages birth to 17). Of these, 104 (66%) were cases where the children had been placed with relatives and 14 (9%) were ICWA cases. During the same month, there were 30 children (birth to 17) placed in foster care. As of August of 2014 there were 6 tribally licensed foster homes available in the region with a combined capacity of 16 beds.¹⁵³

An additional resource in the Colorado River Indian Tribes Region is the tribally-operated Children's Residential Center (CRC), which serves as placement for children who have been removed from their homes. There are only a limited number of foster care homes in the region, so the Children's Residential Center allows for more children to stay within the

¹⁵¹ 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.

¹⁵² Colorado River Indian Tribes Department of Health and Social Services. [2013]. *Child Abuse and Neglect Report Fiscal Year 2012-2013*. Unpublished data provided by the Colorado River Indian Tribes Department of Health and Social Services.

¹⁵³ Colorado River Indian Tribes Department of Health and Social Services. (2014). *April 2014 Monthly Report to the Tribal Health Board*. Unpublished data provided by the Colorado River Indian Tribes Department of Health and Social Services.

community instead of being sent out with foster families outside of the region. CRC also provides respite care for tribally-licensed foster care families. According to data provided by the Center, in fiscal year 2012-2013, an average of eight children per month were placed in the CRC.¹⁵⁴

The CRC is licensed by the Colorado River Indian Tribes, as stated on a Tribal Resolution recently passed, acknowledging tribal sovereignty and the Tribes' right to license its own group home. The CRC is 100 percent funded by the Colorado River Indian Tribes, and key informants noted that there is strong and generous support for the Center from both tribal leadership and community members in general.

Staff from the Children's Residential Center (CRC) meet on a regular basis with Tribal Child Protective Services and the CRIT Social Services Department to review children's cases, make necessary referrals for medical care, dental care, etc. CRC also collaborates closely with other programs in the region that serve families with children such as Head Start and WIC, the IHS Parker Indian Health Center and both local libraries (Parker Public Library and CRIT Library).

Indian Child Welfare Act (ICWA) - Special federal guidelines are currently in place to regulate how Native children and their families interact with the state's child welfare system. In 1978, Congress passed the Indian Child Welfare Act (ICWA) after investigations found that a disproportionately high number of Native (American Indian and Alaska Native) children were being placed in foster care and adoptive care with non-Native families and that those children who were being placed in non-Native families were experiencing problems adjusting to life away from their Native families and communities. Directly prior to the passing of the ICWA, under the Indian Adoption Project between 1961 and 1976, approximately 12,500 Native children had been removed from their reservation homes and placed with non-Natives parents through adoption procedures. Investigations conducted in 1969 and 1974 by the Association of American Indian Affairs found that at the time, between 25 percent and 35 percent of Native children were living in homes or institutions away from their families and communities. These findings, coupled by past policies and the practice of forcibly removing Native children from their homes into boarding schools, led Congress to passing the Indian Child Welfare Act. Representative Morris Udall of Arizona, a strong supporter of the ICWA, stated "there is no resource that is more vital to the continued existence and integrity of Indian tribes than their children." ICWA established federal guidelines that are to be followed when an Indian child enters the welfare system in all state custody proceedings.¹⁵⁵

¹⁵⁴ Colorado River Indian Tribes Children's Residential Center. (2014). *Client Census*. Unpublished data provided by the Colorado River Indian Tribes Children's Residential Center.

¹⁵⁵ ICWA defines an "Indian child" as any unmarried person, below the age of 18 who is either a member of a federally recognized tribe, or eligible to become a member and is the biological child of a recognized tribal member.

Under ICWA, an Indian child's family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts. If and Indian child is removed by state Child Protective Services, ICWA requires preference for the child's placement to be first, with the child's relatives; second, with fellow tribal members; third, with another Indian person. Under IWCA, only in extreme cases can a tribal child be placed somewhere other than the preferences that have been established by the law.¹⁵⁶

According to the CRIT Department of Health and Social Services' April 2014 Monthly Report submitted to the Tribal Health Board, during that month 14 (or 9%) of the 158 child welfare cases (ages birth to 17) were ICWA cases.¹⁵⁷

Incarcerated Parents

A 2011 report from the Arizona Criminal Justice Commission estimates that in Arizona, about three percent of youth under 18 have one or more incarcerated parent. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers.¹⁵⁸ More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8th, 10th, and 12th graders in all 15 counties across Arizona every other year. In 2012, three percent of youth indicated that they currently have a parent in prison. Fifteen percent of youth indicated that one of their parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.

¹⁵⁶ Frichner, T.G. (2010). *The Indian Child Welfare Act: A National Law Controlling the Welfare of Indigenous Children*. American Indian Law Alliance.

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

National Indian Child Welfare Association. Frequently Asked Questions About ICWA. Retrieved from http://www.nicwa.org/indian_child_welfare_act/faq/#active_efforts

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

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

¹⁵⁷ Colorado River Indian Tribes Department of Health and Social Services. (2014). *April 2014 Monthly Report to the Tribal Health Board*. Unpublished data provided by the Colorado River Indian Tribes Department of Health and Social Services.

¹⁵⁸ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

This represents a population of Arizona youth who are at great risk for negative developmental outcomes. Previous research on the impact parental incarceration has on families demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents.¹⁵⁹ In recent studies, even when caregivers have indicated that children were coping well with a parent's incarceration, the youth expressed extensive and often secretive feelings of anger, sadness, and resentment. Children who witness their parents arrest also undergo significant trauma from experiencing that event and often develop negative attitudes regarding law enforcement.¹⁶⁰

The emotional risk to very young children (0-5) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder¹⁶¹. Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so¹⁶² and the Arizona Department of Corrections states that it endeavors to support interactions between parents and incarcerated children, as long as interactions are safe.¹⁶³ Research suggests that strong relationships with other adults is the best protection for youth against risk factors associated with having an incarcerated parent. This person can be, but does not necessarily need to be, the caregiver of the child. Youth also benefit from developing supportive relationships with other adults in their community.¹⁶⁴ Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.¹⁶⁵

¹⁵⁹ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

¹⁶⁰ Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. <http://nau.edu/SBS/CCI/Children-Incarcerated-Parents/>

¹⁶¹ Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

¹⁶² Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

¹⁶³ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

¹⁶⁴ La Vigne, N. G., Davies, E. & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: The Urban Institute Justice Policy Center.

¹⁶⁵ Dallaire, D. H. & Zeman, J. L. (2013). Empathy as a protective factor for children with incarcerated parents. *Monographs of the Society for Research in Child Development*, 78(3), 7-25.

According to the US Department of Justice,¹⁶⁶ the number of inmates confined in tribal jails increased between 2011 and 2012 by about 6 percent. Of the 14 tribal jail facilities that held the majority of inmates, six were in Arizona. About 43 percent of all inmates in custody in tribal jails were held in Arizona. This increases the likelihood that there may need to be supports for children of incarcerated parents.

There are two tribally operated detention facilities in the region: the Colorado River Indian Tribe Detention Center, a 36-bed facility that houses both men and women.¹⁶⁷ On March 25, 2013, the Colorado River Indian Tribe Juvenile Detention Center opened. This 38-bed facility, offers youth inmates training opportunities through a program called IN2Work. This program offers classes and vocational certificates in the field of culinary arts and food preparation that can be used by youth to obtain employment once they are released.

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 up in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety.¹⁶⁸ Physically abused children are at an increased risk for gang membership, criminal behavior, and violent relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.¹⁶⁹

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended.¹⁷⁰ In order for interventions to be effective they must take the age of the child into consideration since children's developmental stage will affect how they respond to trauma. While trauma-specific services are important (those that treat the symptoms of trauma), it is vital that all the providers a child interacts with provide services in a trauma-informed manner (with knowledge

¹⁶⁶ Minton, T. (2013). *Jails in Indian Country, 2012*. Bureau of Justice Statistics, Office of Justice Programs, US Department of Justice

¹⁶⁷ Colorado River Indian Tribes Police Department (2014). Adult Detention Center. *Colorado River Indian Tribes Police Department*. Retrieved from <http://critpd.srtbrc.org/services/adult-detention/>

¹⁶⁸ Davies, Corrie A.; Evans, Sarah E.; and DiLillo, David K., "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes" (2008). Faculty Publications, Department of Psychology. Paper 321. <http://digitalcommons.unl.edu/psychfacpub/321>

¹⁶⁹ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

¹⁷⁰ United States Department of Justice, National Advisory Committee on Violence against Women. (2012). Final report. Retrieved from <http://www.ovw.usdoj.gov/docs/nac-rpt.pdf>

of the effects of trauma to avoid re-traumatizing the child). Children exposed to violence need ongoing access to safe, reliable adults who can help them regain their sense of control.

The Colorado River Regional Crisis Shelter, located in Parker, provides referrals, support services and housing for those affected by domestic violence. Table 35 below shows the numbers served by the Colorado River Regional Crisis Shelter, and reflects the fact that it is the only domestic violence shelter in the county.

Table 35. Domestic Violence Shelter Services

DOMESTIC VIOLENCE SHELTERS	POPULATION SERVED			UNITS OF SERVICE PROVIDED			
	Total Served	Adults	Children	Bed Nights	Average Length of Stay (in days)	Hours of Support Services	Hotline and I & R Calls
Colorado River Regional Crisis Shelter	98	61	37	3,895	40	3,128	111
La Paz County Total	98	61	37	3,895		3,128	111
Arizona Total	8,916	4,676	4,240	330,999	37	176,256	22,824

Arizona Department of Economic Security (2013). *Domestic Violence Shelter Fund Annual Report for FY 2013*. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/dv_shelter_fund_report_sfy_2013.pdf

The challenges within family life that can contribute to issues of substance abuse and domestic violence were recognized by participants at the 27th Arizona Indian Town Hall, hosted by the Arizona Commission of Indian Affairs and attended by elected and appointed public and tribal officials, policy advisors, community and business leaders, health and education leaders, and youth. Their collective recommendations were to turn to the strengths of the community to support families.¹⁷¹ Their specific recommendations to do this included (page 14 of the report):

- Develop and/or coordinate foundational workshops that can be adapted by different tribes and communities that can train families on how to nurture healthy family behaviors such as being present, showing respect, teaching, nurturing, loving, motivating, instilling identity, learning, discipline, providing, listening, communicating, nourishing, being a role model, protecting, supporting, be understanding, forgiving, cooperating, develop unity, honor, and integrity; building awareness of support networks.
- Offer more counseling services and classes from traditional spiritual leaders, elders, and others that focus on behavioral health: expand counseling time and variety of classes, peer mentors; advertise programs; increase availability of youth-oriented talking circles; increase availability of treatments programs for Indian youth; have more traditional practitioners, and support for traditional services when appropriate.

¹⁷¹ Arizona Commission of Indian Affairs (2007) *State of Indian Youth 2007: Strength in Youth (Report of the 27th Arizona Indian Town Hall)*. Accessed at http://azcia.gov/Documents/AITH/AITH_FinalReport2007.pdf

- Offer more options for parenting and life skills classes for all parents and guardians, with specific programs tailored for young people.
- Teach community-oriented native languages, culture, values, and traditions and ask elders to participate in teaching cultural related activities; increase communication among people with cultural knowledge.
- Identify best practices for elder participation (ex. develop Saturday and after-school culture and language classes).
- Increase and expand communication between state/tribal/local entities to foster improved collaboration, implementation, and planning of family-nurturing programs through emails, websites, or other electronic media.

Public Information and Awareness and System Coordination

Starting in the summer of 2013, the First Things First Colorado River Indian Tribes Regional Partnership Council (RPC) initiated a series of discussions around systems building efforts in the region, the possible partners that should be engaged in those efforts and the potential outcomes of building a stronger early childhood system in the region. As a result, CRIT RPC members agreed on the following System Focus Areas:

1. Early Head Start or similar comprehensive home-based early care and family support model – this area has been identified based on the high need for quality infant child care.
2. Best for Babies Court Team approach – coordination with Mohave County Superior Court Infant and Toddler Mental Health Team would be part of this effort. It should also address the need for additional Native foster families in the region to care for infants.
3. A comprehensive web of support and services around Infant/child mental health – this effort would place a strong emphasis on preventative services. A strong need for education around infant/child mental health among community members in the region has been identified, including a better understating among parents about developmental stages.

The potential impacts on concentrating on these System Focus Areas include: enhanced education and support to families around substance use; increased understanding of infant development and the importance of early and adequate prenatal care services; a recognition of the challenges posed by poverty, depression and isolation among families with young children and possible plans for providing support to parents facing these issues;

overall improved mental health among infants and children in the region; a comprehensive, knowledgeable and connected “community circle” to support parents in the region.¹⁷²

¹⁷² Colorado River Indian Tribes Regional Partnership Council. [2014]. *System Focus Areas*. Unpublished data provided by the CRIT Regional Partnership Council.

Summary and Conclusion

This Needs and Assets Report is the fourth biennial assessment of early education, health and support for families in the First Things First Colorado River Indian Tribes Region.

Through both quantitative data assembled, and through interviews with regional service providers and brief surveys of parents, it is clear that the region has substantial strengths. One clear asset is 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

There has been an interest expressed among Regional Partnership Council members to learn more about the broader impact that the Head Start program has had in the region. These question is beyond the scope of this needs assessment. However, the Regional Partnership Council may wish to consider future efforts to examine whether internal data from the Head Start program and the CRIT Education Department could provide additional information on the impact of the program in the community, such as addressing whether students who attended Head Start were more likely to graduate compared to those who did not, and to work more closely with parents to document the changes they and their children undergo through participating in the program.

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

In spite of these considerable strengths, 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 2015 is provided in Appendix C.

- **A lack of affordable, high quality and accessible child care** – Two strategies in the region are focusing on this crucial area. Quality First provides supports to so that existing and new centers in the region can continue to improve the quality of the care they provide. To address the challenge of affordability, child care scholarships allow 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.
- **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 parents as their children’s first teacher** –Key informants and other parents have noted that lack of parent engagement in children’s education, as evidenced by low rates of participation in early education programs, and in challenges getting children to school, is a challenge in the region. Workshops will be provided in community-based settings to attempt to reach out and support parents and others who may be caring for young children by providing information on child development, health and safety, and early learning and literacy. Including messaging about the importance of continued involvement throughout the school-age years, could be useful, as well.
- **Concern about community levels of obesity and accompanying health risks, including diabetes** – One strategy aims to support educational outreach efforts in the community on obesity prevention to children, families and early care and education professionals.

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

- **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. These efforts may also help reduce the increasing rates of preterm births seen in the region. Facilitating more teenage mother enrollment in WIC could be helpful.
- **A need to improve oral health in young children**—About half of young children in the region were identified as having tooth decay, and nearly one quarter of them as having untreated tooth decay. Many children in the region are eligible for free pediatric dental care through IHS or through AHCCCS. Outreach to parents to assure that they know that dental visits should be begun by age 1 could help increase prevention, early detection and treatment.
- **Increased access to services for families with a history of substance abuse** – Key informants and parents themselves have noted a lack of services for families facing issues related to substance abuse. Finding ways to provide these, and to provide outreach to families who could have use of them, would benefit from drawing on the many strong cultural traditions in the region and from cross-agency collaboration.

- **Continued educational and vocational supports for adults** –The effects on children of living in poverty can be felt throughout their lives. Living in poverty increases the likelihood that a child will live in chaotic, crowded and substandard housing and that he or she may be exposed to violence, family dysfunction, and separation from family; all of these factors increase the risk of poorer mental health status later in life. Additional education and job opportunities to parents to help them move out of poverty is likely to have an overall positive impact on the quality of life of children in the region.

Although there are many challenges for families, the Colorado River Indian Tribes Region has 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

<i>First Things First Colorado River Indian Tribes Regional Assets</i>
Close-knit, supportive community where children are recognized as a high priority by community members and tribal leaders
Culturally diverse, yet cohesive community
High proportion of 3-4 year olds enrolled in early education
CRIT Head Start program
Availability of emergency shelter for children through the Children’s Residential Center
Pediatric care available locally

Appendix B. Table of Regional Challenges

First Things First Colorado River Indian Tribes Regional Challenges

A high percentage of young children in the region are living in poverty

Lack of transportation

Low adult educational attainment, including graduation rates lower than state overall

Low levels of parental involvement and participation in programs available in the region

High proportion of young children with tooth decay

Appendix C. Table of Regional Strategies, FY 2015

CRIT Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
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. Parent and Caregiver Survey Methodology

First Things First collects data from parents and caregivers of children 0 to 5 through its Family and Community Survey, a statewide survey that has been conducted by phone every two years since 2008. The Family and Community Survey includes a series of items designed to measure many critical areas of parent knowledge, skills and behaviors related to their young children.

After receiving feedback about phone-based surveys not being the most appropriate method of collecting data in tribal communities, First Things First allocated additional resources to gather data from a subset of survey items in a face-to-face manner as part of the Needs and Assets data collection effort. We will subsequently refer to this subset of items as the Parent and Caregiver Survey.

A total of nine core items from the Family and Community Survey were included in the Parent and Caregiver Survey (see below). The Norton School team obtained input from First Things First Regional Partnership Council members and other stakeholders in tribal communities regarding the wording of the items, its cultural appropriateness and its reading level to make sure the items would be well received by parents and caregivers in tribal communities. The wording of the items was subsequently modified in a way that could still be comparable to the original Family and Community Survey but that could also be more accessible to survey participants.

In addition to the nine core items, the First Things First Research and Evaluation Office recommended that a few other quantitative and qualitative items be included in the survey to gather exploratory data around health needs in tribal communities. Three additional qualitative items were added to the survey to elicit parent and caregiver input with regards to the best and most challenging aspects of raising a young child in their communities.

Finally, the First Things First Colorado River Indian Tribes Regional Partnership Council asked that a few additional items be included in the survey to explore areas of interest to the Council.

The vendor for the Colorado River Indian Tribes Region, the University of Arizona Norton School, worked in close collaboration with the Regional Director and Regional Partnership Council to find opportunities to collect data from parents and caregivers in a face-to-face manner. Members of the Norton School team attended community events and partnered with other agencies and departments that provide services to families with young children in the region such as the Colorado River Indian Tribes Head Start Program.

Eligibility for participation was based on parents or caregivers having a child under the age of six living in their household, even if they were not the main caregiver. A total of 143 surveys with parents and caregivers were conducted in the region in the Spring of 2014.

Results from a selected set of individual items are presented in the Health and Family Support sections of this report. Please note that in this report we refer to the face-to-face survey as the Parent and Caregiver Survey in order to distinguish it from the statewide Family and Community Survey.

The instrument utilized to gather information from parents and caregivers is included below.

FTF Colorado River Indian Tribes Parent and Caregiver Survey

Are there any children ages 5 or younger living in your household?

Yes (go to the next question)

No → PARTICIPANT NOT ELIGIBLE – THANK HIM FOR HIS INTEREST **“This survey is only for people with children ages 5 or younger. Thank you!”**

Are you one of this child(ren)’s main caregivers?

Yes No

How old are the child(ren) 5 or younger that you care for?

1. **When do you think a parent can begin to make a big difference on a child’s brain development? (For example: impact the child’s ability to learn?)**

2. **At what age do you think an infant or young child begins to really take in and react to the world around them?**

3. **At what age do you think a baby or young child can begin to sense whether or not his parent is depressed or angry, and can be affected by how his parents are feeling?**

4. **During the past week, how many days did you or other family members read stories to your child/children?**

<input type="checkbox"/> None	<input type="checkbox"/> 4 days
<input type="checkbox"/> 1 days	<input type="checkbox"/> 5 days
<input type="checkbox"/> 2 days	<input type="checkbox"/> 6 days
<input type="checkbox"/> 3 days	<input type="checkbox"/> 7 days

5. **During the past week, how many days did you or other family members tell stories or sing songs to your child/children?**

<input type="checkbox"/> None	<input type="checkbox"/> 4 days
<input type="checkbox"/> 1 day	<input type="checkbox"/> 5 days
<input type="checkbox"/> 2 days	<input type="checkbox"/> 6 days

3 days

7 days

6. *Children's capacity for learning is pretty much set from birth and cannot be greatly changed by how the parents interact with them. **This statement is...***

Definitely True Probably True Probably False Definitely False

7. *In learning about language, children get the same benefit from hearing someone talk on TV as hearing a person in the same room talking to them. **This statement is...***

Definitely True Probably True Probably False Definitely False

8. ***I feel I am able to support my child's safety, health and well-being.***

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

9. ***I feel I am able to support my child's learning and ability to think (cognitive development).***

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

Now I'm going to ask you some questions about your child/ren's health

10. **Sometime people have difficulty getting health care when they need it. During the past 12 months, was there any time when any of your children needed these types of care but it was delayed or not received?**

Medical care	<input type="checkbox"/> yes <input type="checkbox"/> no
Dental care	<input type="checkbox"/> yes <input type="checkbox"/> no
Vision care	<input type="checkbox"/> yes <input type="checkbox"/> no
Mental health services	<input type="checkbox"/> yes <input type="checkbox"/> no
Hearing services	<input type="checkbox"/> yes <input type="checkbox"/> no
Speech therapy	<input type="checkbox"/> yes <input type="checkbox"/> no
Physical therapy	<input type="checkbox"/> yes <input type="checkbox"/> no
Something else	<input type="checkbox"/> yes <input type="checkbox"/> no (Describe: _____)

11. **Please tell me if you are currently worried a lot, a little or not at all about how well your child(ren):**

◆Talks and makes speech sounds? (ages 4 months- 5 years)

Worried a lot A little worried Not at all worried **I don't have a child this age**

◆Understands what you say? (ages 4 months- 5 years)

Worried a lot A little worried Not at all worried **I don't have a child this age**

◆Uses his/her hands and fingers to do things? (**ages 4 months- 5 years**)
 Worried a lot A little worried Not at all worried **I don't have a child this age**

◆Uses his/her arms and legs (**ages 4 months- 5 years**)
 Worried a lot A little worried Not at all worried **I don't have a child this age**

◆Behaves? (**ages 4 months- 5 years**)
 Worried a lot A little worried Not at all worried **I don't have a child this age**

◆Gets a long with others? (**ages 4 months- 5 years**)
 Worried a lot A little worried Not at all worried **I don't have a child this age**

◆Is learning to do things for himself/herself? (**ages 10 months- 5 years**)
 Worried a lot A little worried Not at all worried **I don't have a child this age**

◆Is learning pre-school or school skills? (**ages 18 months- 5 years**)
 Worried a lot A little worried Not at all worried **I don't have a child this age**

We are almost done! We now have a few questions for you to answer about yourself.

12. **Do you currently have a paid job?**

Yes No

13. **Are you currently?**

Married Widowed
Single Living with a partner
Divorced/Separated

14. **What is your age?** _____

15. **Gender?** Male Female

16. **What is the highest grade or year of school you have completed?**

Less than high school
 Still in high school
 High school graduate
 GED
 Technical or vocational school
 Some college

College graduate or postgraduate

17. How would you describe your ethnic or racial background:

- | | |
|---|--|
| <input type="checkbox"/> Native American/ American Indian | <input type="checkbox"/> White/European/Anglo |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Hawaiian/Pacific Islander |
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other (Specify): _____ |

18. Is your total family income before taxes...

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$60,000 to \$74,999 |
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> \$75,000 or more |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$50,000 to \$59,999 | |

19. Where do you live? Town: _____ Zip code: _____

Thank you very much. We're done with this part of the survey. We just have a couple of final questions to help us better understand the needs of parents in your community:

- 20. What do you like best about raising young children in your community?**
- 21. What are the hardest things about raising young children in your community?**
- 22. Where do you typically go for health care for your child? Can you tell us about the quality of your child's healthcare? What do you like about it? What would you change about it, if you could? Is it affordable?**
- 23. Where do you typically go for dental care for your child? Is it affordable?**
- 24. Did you receive prenatal care? Did you experience any barriers to accessing prenatal care?**
- 25. Have you or your children been visited in your home by a community health provider?**
- 26. How do you receive information regarding events and resources for child development?**
- 27. How often do you take your children to the library, or other places to interact with literacy outside of the home? (also include a why/why not question)**
- 28. When children are school-aged, what is the main reason for missing school (or biggest barrier to getting to school each day)?**
- 29. What do you think are the two most important things that should happen to improve the lives of kids 0-5 and their families in your community?**

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