Hualapai Tribe Regional Partnership Council

2014

Needs and Assets Report

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Funded by
First Things First Hualapai Tribe Regional Partnership Council

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Letter from the Chair

October 29, 2014

The past two years have been rewarding for the First Things First Hualapai Tribe 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 Hualapai Tribe Regional Partnership Council is focused upon addressing two priority areas, parent education and access to information, resources, and high quality care, specific to a child’s healthy start in life, and educational and professional development for early childhood providers to provide high quality care and education for the young children in the region. The First Things First Hualapai Tribe 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 Hualapai Tribe Regional Partnership Council would like to thank our Needs and Assets vendor with the University of Arizona’s Norton School of Family and Consumer Sciences for their knowledge, expertise and analysis of the Hualapai Tribe 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 Hualapai Tribe Regional Partnership Council is making a real difference in the lives of our youngest citizens and throughout the entire State.

Thank you for your continued support.

Sincerely,

Candida Hunter, Chair

Hualapai Tribe Regional Partnership Council
First Things First Hualapai Tribe Regional Partnership Council

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Introductory Summary and Acknowledgments

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

This Needs and Assets Report for the First Things First Region of the Hualapai Tribe provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported.

The First Things First Hualapai Tribe 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. A strong focus throughout the Hualapai Tribe Region is parent education and access to information, resources, and high quality care, specific to a child’s healthy start in life, as well as educational and professional development for early childhood providers to provide high quality care and education. This report provides basic data points that will aid the Regional Council’s decisions and funding allocations; while building a true comprehensive statewide early childhood system.

Acknowledgments:

The Hualapai Tribe Regional Partnership Council owes special gratitude to the key informants who participated in surveys and interviews. The success of First Things First is due, in large measure, to the contributions of numerous individuals who gave their time, support, knowledge and expertise.

To the current and past members of the Hualapai Tribe 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.

The Hualapai Tribe Regional Partnership Council would also like to acknowledge the Arizona Department of Economic Security, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the Office of Head Start, and Head Start Programs across the State of Arizona, the Arizona Health Care Cost Containment System, the Indian Health Service, the Hualapai Tribe Human Services Department, Human Resources Department, Police Department, Women, Infants and Children Program, Maternal Child Health Program, Department of Education and Training, Department of Cultural Resources, and Hualapai Day Care Center for their contribution of data to this report.
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Executive Summary

The Hualapai Tribe is a federally-recognized tribe. The 992,463-acre reservation is located in northwest Arizona. One hundred and eight miles of the northern boundary is the middle of the Colorado River. The Hualapai reservation, established in 1883, encompasses about one million acres, which lie on part of three Arizona counties: Coconino, Yavapai, and Mohave. Most residents live in the Tribe’s capital, Peach Springs, located along US Route 66. Geographically, the boundaries of the First Things First Hualapai Tribe Regional Partnership Council area essentially match those of the reservation.

According to U.S. Census data, the Hualapai Tribe had a population of 1,335 in 2010, of whom 197 (15%) were children under the age of six. According to data provided by the Hualapai Enrollment Department, in 2013, there were 225 enrolled members under the age of six, of which 143 resided on the reservation. The Hualapai Tribe Region had a higher proportion of households with children birth through five years of age (34%) than all Arizona reservations combined (26%) or the state as a whole (16%). About 36 percent of the region’s young children live with relatives other than their parents. This proportion is higher than the statewide average (16%) but lower than the average for all of Arizona’s reservations (46%). In addition, over half (51%) of young children in the region live in single-female headed households, more than all Arizona reservations (45%) and the state (26%). A quarter of the region’s children under six live in their grandparent’s household, less than all reservations in Arizona combined (40%) but more than the state (14%).

A high unemployment rate and limited job opportunities are among the main challenges faced by community members in the region. Unemployment on the Hualapai Tribe Reservation averaged 24 percent in 2013, the same as all Arizona reservations combined, but much higher than the Arizona average of eight percent. The unemployment rate in the region has decreased slightly since 2009, when it was 27 percent. Limited employment opportunities are also related to the low educational attainment in the region: 36 percent of the region’s adults do not have a high school education, or GED, which is required for employment with the Tribe. In addition, more than half (52%) of the region’s children under six live in poverty, which is nearly double the rate in Arizona as a whole (27% in poverty).

Due to this higher rate of economic disadvantage, many families in the region may benefit from public assistance programs. In 2012, 57 percent of young children participated in the Supplemental Nutrition Assistance Program (SNAP), and 11 percent participated in Temporary Assistance for Needy Families (TANF).

Third graders in the region performed less well than students statewide in both the math and reading AIMS tests, with a lower percentage of students passing in each subject (16% math,
38% reading) than the state (68% math, 75% reading). The percentage of 3rd graders passing the reading test has increased from 29 percent in 2011 to 38 percent in 2013.

Child care in the region is available through the Hualapai Child Care program. In the fall of 2013 and spring of 2014 the program underwent an important transformation from an exclusively home-based provider program to a center-based program. The Hualapai Day Care Center opened on March 16, 2014 and has the capacity to serve a total of 60 children ages six months to 12 years, and as of June 2014, was serving nine children under the age of six. In addition, the Hualapai Tribe operates a federally regulated Tribal Head Start program. With 57 three and four year old children enrolled, the Head Start Program has a very high reach among this population (83% of the preschool-age children in the region are enrolled in the program).

As it is the case in many rural areas, there are limited professional development opportunities for early childhood education staff in the region. Community colleges such as Northland Pioneer College, Rio Salado College, Mohave Community College and Yavapai College offer a variety of degrees in early childhood education to professionals in the Hualapai Tribe Region, some of which are available as online degrees. The Hualapai Tribe Regional Partnership Council also supports professional development opportunities in the region through two T.E.A.C.H. scholarships.

Health care is available to community members at the Indian Health Services Peach Springs Health Center and the Hualapai Health Education and Wellness Department. Prenatal care and education services are provided by these two agencies through a contracted Ob/Gyn physician and the Maternal and Child Health Program, respectively. In 2012, about 72 percent of expectant mothers in the region receive early (first-trimester) prenatal care. Although this is higher than the 64 percent for all Arizona reservations combined, it does not meet the Healthy People 2020 target of 78 percent. The rate of teen births is high for the region, with 117.9/1,000 females aged 19 and younger giving birth. The rates for all Arizona tribes (69.8/1,000) and the state of Arizona (50.1/1,000) are much lower.

There are generally high rates of adequate immunizations among young children, and oral health care for the youngest children in the region is also good. Childhood obesity has been identified as a problem for children in the region, however. The combined proportion of young children receiving care by the Indian Health Service (IHS) who are overweight or obese (50%) is substantially higher than that of children enrolled in the Hualapai Women, Infants and Children (WIC) program (38%), but very similar to the percent of Hualapai Head Start children who are overweight or obese (52%).

In addition to those cited above, other assets were identified in the Hualapai Tribe Region, including good access to oral health care coupled with the involvement of the Peach Springs Health Center in the IHS Early Childhood Caries (ECC) Collaborative; active language and culture
preservation programs; partnerships among agencies such as WIC and Maternal and Child Health; high rates of preschool education and high rates of immunization. By leveraging these substantial strengths, the Hualapai Tribe can continue to support young families and can help assure that “the community’s children” enter kindergarten healthy and ready to learn.
Who are the families and children living in the Hualapai Tribe Region?

The Hualapai Tribe 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 Hualapai Tribe was one of ten tribes that chose to be designated as its own region. This decision must be ratified every two years, and the Hualapai Tribe has opted to continue to be designated as its own region.

Regional Boundaries and Report Data

The Hualapai Tribe is a federally recognized tribe. The 992,463-acre reservation is located in northwest Arizona. One hundred and eight miles of the northern boundary is the middle of the Colorado River. “Hualapai” (pronounced Wal-lah-pie) means “People of the Tall Pines.” The Hualapai Reservation was established in 1883 by federal Executive Order. It encompasses about one million acres, which lie on part of three Arizona counties: Coconino, Yavapai, and Mohave. Elevations range from 1,500 feet at the Colorado River, to over 7,300 feet at the highest point of the Aubrey Cliffs. Most residents live in the Tribe’s capital, Peach Springs, located along US Route 66.

The First Things First Hualapai Tribe Region boundaries are defined by the boundaries of the Hualapai Reservation as a whole.

The map below (Figure 1) shows the geographical area covered by region.
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 Hualapai Tribe 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 Fall of 2013 and Spring of 2014; and b) a Parent and Caregiver Survey that gathered information from 107 parents and caregivers of children ages birth to five 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 Hualapai Tribe Tribal Council as stated on Tribal Resolution No. 60-2013 passed on September 6, 2013 and Tribal Resolution No. 41-2013 passed on July 8, 2013.
In most of the tables in this report, the top row of data corresponds to the First Things First Hualapai Tribe Region. The next two rows show data that are useful for comparison purposes: all Arizona reservations combined and the state of Arizona.

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

- “For data related to social service and early education programming, all counts of fewer than ten, excluding counts of zero (i.e., all counts of one through nine) are suppressed. Examples of social service and early education programming include: number of children served in an early education or social service program (such as Quality First, TANF, family literacy, etc.)”

- “For data related to health or developmental delay, all counts of fewer than twenty-five, excluding counts of zero (i.e., all counts of one through twenty-four) are suppressed. Examples of health or developmental delay include: number of children receiving vision, hearing, or developmental delay screening; number of children who are overweight; etc.”

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

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

Please also note that some data, such as 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, beginning on the following page).

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

Figure 2 below shows the zip codes that overlap with the region.
In this report we use two main sources of data to describe the demographic and socio-economic characteristics of the region: US Census 2010 and the American Community Survey. In the past, the decennial census used to be the only source of this information. Starting in 2005, the Census Bureau replaced the “long form” questionnaire that was used to gather socio-economic data with the American Community Survey (ACS). The ACS is an ongoing survey that is conducted by distributing questionnaires to a sample of households every month of every year. Annual results from the ACS are available but they are aggregated over five years for smaller communities, due to the smaller samples utilized (and thus greater chances of sampling errors).
According to the State of Indian Country Arizona Report\(^1\) 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 is the case with the decennial census). And most importantly, 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 percent 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 ACS data may not be fully reliable, we have elected to include them in this report because they still are the most comprehensive publically-available data that can help begin to describe the families that First Things First serves. 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 recommended 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 Project\(^2\) began 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 hope that in the future these more reliable and tribally-relevant data will become available for use in these community assessments.

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\(^2\) http://aipi.clas.asu.edu/Tribal_Indicators
General Population Trends

According to U.S. Census data, the Hualapai Tribe had a population of 1,335 in 2010 (the most recent year for which detailed population data are available), of whom 197 were children under the age of six. The population of children birth to five years of age in the Hualapai Tribe Region (15%) constitutes a larger proportion of the total population compared to the state as a whole, where only nine percent of the population are children under six. This same pattern is reflected in the proportion of households with one or more children birth to five years of age in the Hualapai Tribe Region, which is twice as large as the one for Arizona as a whole. Table 1, below, lists the total population and number of households for the state and the Hualapai Tribe Region.

Table 1. Population and households

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>TOTAL POPULATION</th>
<th>POPULATION (AGES 0-5)</th>
<th>TOTAL NUMBER OF HOUSEHOLDS</th>
<th>HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai Tribe Region</td>
<td>1,335</td>
<td>197</td>
<td>362</td>
<td>123</td>
</tr>
<tr>
<td>All Arizona reservations</td>
<td>178,131</td>
<td>20,511</td>
<td>50,140</td>
<td>13,115</td>
</tr>
<tr>
<td>Arizona</td>
<td>6,392,017</td>
<td>546,609</td>
<td>2,380,990</td>
<td>381,492</td>
</tr>
</tbody>
</table>


Tribal Enrollment

According to data provided by the Hualapai Enrollment Department, in 2012 there were 221 children birth to five years of age who were enrolled members of the Hualapai Tribe, of which 161 resided on the reservation. In 2013, there were 225 enrolled members under the age of six, of which 143 resided on the reservation. It is important to note that census data from federally-recognized reservations may not match tribal enrollment numbers, which are kept by the tribes. Enrollment criteria are set by each individual tribe, while census data are based on self-identification. In the case of the Hualapai Indian Tribe, it appears that the on-reservation tribal enrollment number is lower than the number of people living on the reservation according to Census 2010 data. This might be explained by the fact that members of other tribes also live on the Hualapai reservation. Another possible explanation is the fact that not all parents enroll their children right after birth.

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Table 2. Tribal enrollment

<table>
<thead>
<tr>
<th>AGES</th>
<th>ON RESERVATION</th>
<th>OFF RESERVATION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Children (0-5)</td>
<td>143</td>
<td>82</td>
<td>225</td>
</tr>
<tr>
<td>Children (6-17)</td>
<td>312</td>
<td>196</td>
<td>508</td>
</tr>
<tr>
<td>Adults (18 and older)</td>
<td>836</td>
<td>725</td>
<td>1,561</td>
</tr>
<tr>
<td>Total (all ages)</td>
<td>1,291</td>
<td>1,003</td>
<td>2,294</td>
</tr>
</tbody>
</table>


Table 3. Comparison of U.S. Census 2000 and U.S. Census 2010

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>TOTAL POPULATION</th>
<th>POPULATION OF CHILDREN (0-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2000 CENSUS</td>
<td>2010 CENSUS</td>
</tr>
<tr>
<td>Hualapai Tribe Region</td>
<td>1,353</td>
<td>1,335</td>
</tr>
<tr>
<td>All Arizona reservations</td>
<td>179,064</td>
<td>178,131</td>
</tr>
<tr>
<td>Arizona</td>
<td>5,130,632</td>
<td>6,392,017</td>
</tr>
</tbody>
</table>


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

A comparison between censuses provides information about changes in the population. The total population of the Hualapai Tribe remained fairly stable during the last ten years. However, there was an increase in the population of children birth to five years of age. Proportionately, the population of young children in the region grew at a more rapid rate than the state. Young children now represent nearly 15 percent of the population in the region (increasing from about 11.6% 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 all Arizona reservations proportion of nearly 12 percent (11.5%) 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.

There are 197 children aged birth to five on the Hualapai Reservation: 163 live in Peach Springs, 30 live near Peach Springs, three live in Valentine (on reservation land), and one lives on the side of the reservation that lies on Coconino County. According to 2010 U.S. Census Data, there are no children aged birth to five living in the southern parts of the reservation, near Wikieup.
Additional Population Characteristics

Household Composition

In the Hualapai Tribe Region, about 61 percent of children (or 121) are living with at least one parent according 2010 census data. This is a higher proportion than that of all Arizona
reservations combined (53%). The majority of the remaining children (36%) are living with relatives other than their parents (such as grandparents, uncles, or aunts).

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


According to Census 2010 data, about half (51%) of the households with young children in the region are headed by single females, a slightly higher percent than that of all Arizona reservations combined (45%) but twice the rate of households in Mohave County. (A household is a group of persons living together who may or may not be related to one another).
The 2010 census provides additional information about multi-generational households and children birth to five years of age living in a grandparent’s household. In Arizona, according to the 2010 census, approximately 74,153 children aged birth to five (14%) are living in a grandparent’s household. The percentage of grandparents caring for grandchildren varies significantly across Arizona. In all Arizona reservations combined over 8,000 children aged birth to five (40%) are living in a grandparent’s household (see Table 4 below). In the Hualapai Tribe Region, 50 children 0 to 5 years of age (25%) are living in a grandparent’s household. This is a higher percentage than the statewide rate (14%) but lower than the rate for all Arizona tribes (40%).

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

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 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

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resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children.

There is some positive news for grandparents and great-grandparents raising their grandkids through a Child Protective Services (CPS) placement by the state of Arizona. Starting in February 2014, these families were offered a $75 monthly stipend per child. To qualify, a grandparent or great-grandparent must have an income below 200 percent 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. 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. This bill, however, will not benefit grandparents whose grandchildren were placed with them by Tribal Child Protective Services or Tribal Social/Human Services departments.

**Ethnicity and Race**

In terms of ethnic/racial composition of the community, the vast majority (92%) of the adults living in the Hualapai Tribe identified themselves as American Indian. Of the rest, most identified as Hispanic (4%). Only two percent of adult residents self-identified as White and another two percent as “Other.”

**Table 5. Race and ethnicity for adults**

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>POPULATION (18+)</th>
<th>HISPANIC</th>
<th>WHITE</th>
<th>BLACK</th>
<th>AMERICAN INDIAN</th>
<th>ASIAN or PACIFIC ISLANDER</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai Tribe Region</td>
<td>842</td>
<td>3%</td>
<td>2%</td>
<td>0%</td>
<td>92%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>All Arizona reservations</td>
<td>117,049</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
<td>88%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Arizona</td>
<td>4,763,003</td>
<td>25%</td>
<td>63%</td>
<td>4%</td>
<td>4%</td>
<td>3%</td>
<td>1%</td>
</tr>
</tbody>
</table>


Nearly all of the children aged birth through four living in the Hualapai Tribe Region were identified as American Indian (99%). This racial/ethnic is similar to the one seen across all Arizona reservations combined, where the vast majority of children (92%) were also reported to be American Indian.

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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.
Table 6. Race and ethnicity for children (ages 0-4)

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>POPULATION (AGES 0-4)</th>
<th>HISPANIC OR LATINO</th>
<th>WHITE (NOT HISPANIC)</th>
<th>AFRICAN AMERICAN</th>
<th>AMERICAN INDIAN</th>
<th>ASIAN OR PACIFIC ISLANDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai Tribe Region</td>
<td>163</td>
<td>4%</td>
<td>1%</td>
<td>0%</td>
<td>99%</td>
<td>0%</td>
</tr>
<tr>
<td>All Arizona reservations</td>
<td>17,061</td>
<td>9%</td>
<td>1%</td>
<td>0%</td>
<td>92%</td>
<td>0%</td>
</tr>
<tr>
<td>Arizona</td>
<td>455,715</td>
<td>45%</td>
<td>40%</td>
<td>5%</td>
<td>6%</td>
<td>3%</td>
</tr>
</tbody>
</table>


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

Language Use and Proficiency

Data about English speaking ability provides additional information about the characteristics of the population in the Hualapai Tribe Region. As shown in Table 7 below, the majority of residents in the region speak only English at home, though 33 percent speak a Native language in their home.

Table 7. Home language use for those 5 years and older

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>POPULATION (5+)</th>
<th>PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME</th>
<th>PERSONS (5+) WHO SPEAK SPANISH AT HOME</th>
<th>PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME</th>
<th>PERSON (5+) WHO SPEAK ENGLISH LESS THAN &quot;VERY WELL&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai Tribe Region</td>
<td>714</td>
<td>66%</td>
<td>1%</td>
<td>33%</td>
<td>2%</td>
</tr>
<tr>
<td>All Arizona reservations</td>
<td>165,655</td>
<td>44%</td>
<td>4%</td>
<td>52%</td>
<td>14%</td>
</tr>
<tr>
<td>Arizona</td>
<td>5,955,604</td>
<td>73%</td>
<td>21%</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>


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.” According to American Community Survey estimates (Table 8), there are no linguistically isolated households in the region.

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10 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 5 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 6 shows non-exclusive categories for races other than White. This means, for instance, that if a child’s ethnicity and race are reported as “Black (Hispanic)” he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, are very small.
Table 8. Household home language use

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>CENSUS 2010 TOTAL HOUSEHOLDS</th>
<th>HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN</th>
<th>LINGUISTICALLY ISOLATED HOUSEHOLDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai Tribe Region</td>
<td>362</td>
<td>61%</td>
<td>0%</td>
</tr>
<tr>
<td>All Arizona reservations</td>
<td>50,140</td>
<td>74%</td>
<td>12%</td>
</tr>
<tr>
<td>Arizona</td>
<td>2,380,990</td>
<td>27%</td>
<td>5%</td>
</tr>
</tbody>
</table>


The Parent and Caregiver survey conducted in the region (see Appendix 1 for more information about the survey) asked respondents if they had suggestions for how to make sure the Hualapai language continued to be learned. Most responses revolved around fostering the use of the language at school or home. The following quotes exemplify their suggestions: “Practice and use our Hualapai language at home;” “Teach in schools and Headstart/elementary;” “Talk in home, family, and in schools.” A few mentioned role of grandparents and elders in ensuring the language continues to be used.

The First Things First Hualapai Regional Partnership Council supports language preservation in the region through the development of children’s books and a CD that can be used in the early childhood education facilities. The set of five children’s books are bilingual (Hualapai/English) with artwork developed by local artists. They are accompanied by recordings of the text on either an Mp3 player with a speaker or on a CD. These materials were developed by the Hualapai Department of Cultural Resources developed the materials with support from a First Things First Hualapai Regional Partnership Council grant. Free sets were provided to families and programs serving families with young children.

Economic Circumstances

Tribal Enterprises

The main employers in the Hualapai Tribe Region are the tribe itself, the public schools system, and the Grand Canyon Resort Corporation. Tourism, cattle ranching, and arts and crafts are the main economic activities in the community. There is no gaming on the Hualapai Tribe Reservation.

Tourism-related tribal enterprises with the Grand Canyon Resort Corporation include the Hualapai Lodge, Hualapai River Runners (the only tribally-owned and operated river rafting company on the Colorado River), Grand Canyon West resort and the Skywalk. These tribal enterprises provide the necessary resources to run the tribal government and support community programs and services.
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.\(^{11}\) 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.\(^{12}\)

According to the American Community Survey, the percentage of people living in poverty in the Hualapai Tribe Region (37%) was more than twice as high as the state of Arizona as a whole (17%) but similar to that of all Arizona reservations combined (40%) (Table 9). Young children in the Hualapai Tribe Region have poverty rates that are substantially higher than the state as a whole, but also similar to the rate of children in all Arizona reservations combined.

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)</th>
<th>POPULATION IN POVERTY (ALL AGES)</th>
<th>ALL RELATED CHILDREN (0-5) IN POVERTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai Tribe Region</td>
<td>$32,813</td>
<td>37%</td>
<td>52%</td>
</tr>
<tr>
<td>All Arizona reservations</td>
<td></td>
<td>40%</td>
<td>53%</td>
</tr>
<tr>
<td>Arizona</td>
<td>$59,563</td>
<td>17%</td>
<td>27%</td>
</tr>
</tbody>
</table>


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.\(^{14}\)

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\(^{11}\) Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.


\(^{13}\) 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.

Unemployment

Unemployment and job loss often result 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).15

Annual unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality. There has been a slight decrease in the overall unemployment rate in the region from 2009 to 2013. The average unemployment rate in the region in 2013 was 24 percent, substantially higher than the statewide average of eight percent, but similar to the 24 percent in all Arizona reservations. As shown in Figure 6, the trajectory of the unemployment rate in the region has followed very closely that of the Arizona reservations.

Figure 6. Annual unemployment rates in the Hualapai Tribe Region, all Arizona reservations and the state, 2009-2013

![Unemployment Rates Graph]


Table 10 shows the employment status of parents of young children in the Hualapai Tribe Region. More Hualapai children are living with one or two parents who are in the labor force compared to children in all Arizona reservations combined (Table 10). In addition, the percent of children who live with a single parent who is in the labor force is higher in the region (58%) 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 10. Employment status of parents of young children**

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>CENSUS 2010 POPULATION (AGES 0-5)</th>
<th>CHILDREN (0-5) LIVING WITH TWO PARENTS</th>
<th>CHILDREN (0-5) LIVING WITH SINGLE PARENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BOTH PARENTS IN LABOR FORCE</td>
<td>ONE PARENT IN LABOR FORCE</td>
</tr>
<tr>
<td>Hualapai Tribe Region</td>
<td>197</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>All Arizona reservations</td>
<td>20,511</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Arizona</td>
<td>546,609</td>
<td>32%</td>
<td>29%</td>
</tr>
</tbody>
</table>


Note: “In labor force” includes adults who are employed or looking for employment.

The percentage of housing units in the region that have housing problems and severe housing problems is higher than the county and state rates. The US Department of Housing and Urban Development defines housing units with “housing problems” as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than one 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.16 Approximately 33 percent of housing units in the region are classified as having housing problems, and of those, 22 percent are further classified as having severe housing problems. These rates are lower than those across all Arizona reservations combined (see Table 11).

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

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>TOTAL HOUSING UNITS</th>
<th>HOUSING PROBLEMS</th>
<th>SEVERE HOUSING PROBLEMS</th>
</tr>
</thead>
</table>

Hualapai Tribe Region | 167 | 33% | 22%
---|---|---|---
All Arizona reservations | 45,911 | 45% | 38%
Arizona | 2,326,354 | 38% | 20%


**Public Assistance Programs**

Participation in public assistance programs is an additional indicator of the economic circumstances in the region. Public assistance programs commonly used by families with young children in Arizona include Nutrition Assistance (Supplemental Nutrition Assistance Program (SNAP), 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 (also known as Supplemental Nutrition Assistance Program, 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. Families living in food deserts often use convenience stores in place of grocery stores. New legislation in 2014 could have an effect on what is 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. 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 Hualapai Tribe Region were enrolled in SNAP. This proportion is smaller than the combined estimate for all Arizona reservations (70%) but higher than the state of Arizona as a whole (40%).

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Table 12. Monthly estimates of children ages 0-5 receiving SNAP (Supplemental Nutritional Assistance Program)\(^{19}\)

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>POPULATION (AGES 0-5)</th>
<th>JANUARY 2010</th>
<th>JANUARY 2011</th>
<th>JANUARY 2012</th>
<th>CHANGE 2010-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai Tribe Region</td>
<td>197</td>
<td>51%</td>
<td>51%</td>
<td>57%</td>
<td>+12%</td>
</tr>
<tr>
<td>All Arizona reservations</td>
<td>20,511</td>
<td>66%</td>
<td>68%</td>
<td>70%</td>
<td>+7%</td>
</tr>
<tr>
<td>Arizona</td>
<td>546,609</td>
<td>39%</td>
<td>37%</td>
<td>40%</td>
<td>+2%</td>
</tr>
</tbody>
</table>


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: \((\text{Number in Year 2} - \text{Number in Year 1})/\text{Number in Year 1} \times 100\).

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


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.\(^{20}\) 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 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

\(^{19}\) 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 Hualapai Tribe Region: we used the percentage of each zip code area’s population of children 0-5 which are Hualapai Tribe Region residents and then applied these percentages SNAP data to calculate estimates of SNAP recipients for the Hualapai Tribe Region.

in fiscal year 2014, with a projected to increase to 20-39 million dollars in fiscal year 2015. This decreasing trend in the number of TANF recipients is not reflected in the Hualapai Tribe Region, but is, however, in all Arizona reservations (Table 13).

**Table 13. Monthly estimates of children ages 0-5 receiving TANF (Temporary Assistance for Needy Families)**

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>POPULATION (AGES 0-5)</th>
<th>JANUARY 2010</th>
<th>JANUARY 2011</th>
<th>JANUARY 2012</th>
<th>CHANGE 2010-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai Tribe Region</td>
<td>197</td>
<td>6%</td>
<td>7%</td>
<td>11%</td>
<td>+102%</td>
</tr>
<tr>
<td>All Arizona reservations</td>
<td>20,511</td>
<td>9%</td>
<td>5%</td>
<td>4%</td>
<td>-53%</td>
</tr>
<tr>
<td>Arizona</td>
<td>546,609</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
<td>-48%</td>
</tr>
</tbody>
</table>


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

**Hualapai Tribe Women, Infants and Children (WIC) Program**

WIC is a federally-funded nutrition program which serves economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. More than half of the pregnant and postpartum women, infants, and children under age five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served approximately 62 percent of the eligible population. 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, and of reduced-fat milk, and fewer purchases of white bread, whole milk, cheese and juice.

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 areas. The Hualapai WIC is one of the tribally operated programs under the ITCA WIC umbrella. The WIC program in the Hualapai Tribe is housed at the Hualapai Health Education and Wellness Department.

**Free and Reduced Lunch**

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

---


Table 14. Free and reduced lunch eligibility requirements for 2014-2015 school year

<table>
<thead>
<tr>
<th>Household Size</th>
<th>FREE MEALS – 130%</th>
<th>REDUCED PRICE MEALS – 185%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yearly</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Income</td>
<td>Income</td>
</tr>
<tr>
<td>1</td>
<td>$15,171</td>
<td>$1,265</td>
</tr>
<tr>
<td>2</td>
<td>$20,449</td>
<td>$1,705</td>
</tr>
<tr>
<td>3</td>
<td>$25,727</td>
<td>$2,144</td>
</tr>
<tr>
<td>4</td>
<td>$31,005</td>
<td>$2,584</td>
</tr>
<tr>
<td>5</td>
<td>$36,283</td>
<td>$3,024</td>
</tr>
<tr>
<td>6</td>
<td>$41,561</td>
<td>$3,464</td>
</tr>
<tr>
<td>7</td>
<td>$46,839</td>
<td>$3,904</td>
</tr>
<tr>
<td>8</td>
<td>$52,117</td>
<td>$4,344</td>
</tr>
<tr>
<td>Each Additional Person</td>
<td>$5,278</td>
<td>$440</td>
</tr>
</tbody>
</table>


In the Peach Springs Unified School District nearly all of the students were eligible for free or reduced lunch (98%).

Educational Indicators

Children living in the Hualapai Tribe Region attend schools in the Peach Springs Unified District, which is the only district within the reservation boundaries, as well as the Valentine, Hackberry, Seligman, and Kingman districts. The Peach Springs School enrolls children from kindergarten to eighth grade. In the 2013-2014 a total of 195 students were enrolled in grades K-8. In 2013-2014 there were 67 children in grades K-8 in the Valentine District; 27 children in the Seligman

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Unified School District in grades K-12, and 29 students from the Hualapai Tribe Region enrolled at Kingman High School.²⁹

Figure 9 below shows the school districts serving the Hualapai Tribe Region.

Figure 9. School districts serving the Hualapai Tribe Region

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.³⁰ More recent reports have illustrated similar concerns: Quality Counts, an annual publication of the Education Week

²⁹ Hualapai Tribe Education Department. (2014). Education data indicators 2013-2014. Unpublished data provided by the Hualapai Tribe Education Department. Note that this includes enrolled Hualapai Tribal members living on the reservation; non-Hualapai tribal member enrolled in another tribe but living on the Hualapai Reservation; and enrolled Hualapai tribal members living off the reservation and attending a school within the service area.

Research Center, gave Arizona an overall K-12 education rank of 43 in 2013. A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent $7,666 per pupil in 2011, below the national average of $10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.

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 (CCSCO) 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 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. There are no high schools in the Hualapai Tribe Region, but three schools within the nearby Kingman Unified School District (Lee Williams High School, Kingman Middle School, and White Cliffs Middle School) are currently participating in this program.33

**Educational Attainment**

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment.34 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.35

Adults in the Hualapai Tribe Region show lower levels of education than the state of Arizona overall, with 36 percent of adults in the region without a high school diploma or GED (over 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 15). In addition, almost half of the births in the Hualapai Tribe Region (47%) are to women without a high school diploma or GED (Figure 10).


Table 15. Educational achievement of adults

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>Adults (ages 25+) without a high school diploma or GED</th>
<th>Adults (ages 25+) with a high school diploma or GED</th>
<th>Adults (ages 25+) with some college or professional training</th>
<th>Adults (ages 25+) with a bachelor’s degree or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai Tribe Region</td>
<td>36%</td>
<td>30%</td>
<td>31%</td>
<td>3%</td>
</tr>
<tr>
<td>All Arizona reservations</td>
<td>30%</td>
<td>33%</td>
<td>29%</td>
<td>7%</td>
</tr>
<tr>
<td>Arizona</td>
<td>15%</td>
<td>24%</td>
<td>34%</td>
<td>27%</td>
</tr>
</tbody>
</table>


Figure 10. Births by mother’s educational achievement on the Hualapai Tribe Region (2009-2012)


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.36 This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

There is no high school within the reservation boundaries. Music Mountain High School closed down in 2007 and since then children in the Hualapai Tribe Region attend high school in the

tends near the reservation (including Kingman and Seligman) but also in a number of boarding schools.

Overall, school drop-out rates (which are calculated for grades 7-12) are low for American Indian youth attending the Arizona unified districts that provide middle school and high school services for youth from the Hualapai Tribe. Of the 188 American Indian youth reported enrolled across the four districts (Peach Springs, Valentine, Seligman, and Kingman) in the 2012-13 school year, only 12 students were reported to have dropped out, a rate (6.4%) higher than the rate for the state as a whole (3.5%), but lower than for Native American students statewide (7.6%). However, in 2012, the two Arizona unified school districts that serve Hualapai Tribe high school students reported lower graduation rates for Native American students (63% in the Seligman School District, and 43% in the Kingman School District) than the statewide Native American student graduation rate (65%). The overall state graduation rate is 77 percent.

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. 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.

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. Enrollment in preschool provides children with social, emotional and

37 www.azed.gov/research-evaluation/dropout-rate-study-report.
38 www.azed.gov/research-evaluation/graduation-rates/)
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.\textsuperscript{42} In the Hualapai Tribe Region, however, the Head Start program enroll an estimated 83 percent of the pre-school age children (see \textit{Hualapai Head Start} section below). This constitutes a major asset in the region.

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).\textsuperscript{43} The Hualapai Tribe Regional Partnership Council selected the following School Readiness Indicators (SRI) for the region:

- Number and percent of children demonstrating school readiness at kindergarten entry in the development domains of social - emotional, language and literacy, cognitive, and motor and physical
- Number and percent of children with newly identified developmental delays during the kindergarten year
- Number and percent of families who report they are competent and confident about their ability to support their child’s safety, health and well being

**Standardized Test Scores**

The primary in-school performance of current students in the public elementary schools in the state is measured by the Arizona’s Instrument to Measure Standards (AIMS).\textsuperscript{44} The AIMS is required by both state and federal law, and is used to track how well students are performing compared to state standards. Performance on the AIMS directly impacts students’ future progress in school. As of the 2013-2014 school year, Arizona Revised Statute\textsuperscript{45} (also known as


\textsuperscript{43} First Things First. \textit{Arizona School Readiness Indicators}. Retrieved from: http://www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf

\textsuperscript{44} For more information on the AIMS test, see the Arizona Department of Education’s Website: http://www.ade.az.gov/AIMS/students.asp

\textsuperscript{45} A.R.S. §15-701
Move on When Reading) states that a student shall not be promoted from the third grade “if the pupil obtains a score on the reading portion of the Arizona’s Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil’s reading falls far below the third-grade level.” Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities.

In order for children to be prepared to succeed on tests such as the AIMS, research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.46

Figures 11, 12 and 13 below show that Peach Springs Unified District’s overall percentage of 3rd graders passing the reading and math AIMS tests continues to be lower than the state, which has implications for the likelihood of students facing retention in third grade. Figure 11 shows that while the percentage of 3rd graders passing the math test has decreased from 2011 to 2013, the percent who passed the reading test increased over the same period.

**Figure 11. Percent of Peach Springs Unified District Third Graders passing AIMS third grade Math and Reading Exams, 2011-2013**

![Graph showing percentages of passing AIMS tests for reading and math for Peach Springs Unified District from 2011 to 2013.]


Table 16 and Table 17 show a breakdown of AIMS scores for the Peach Springs Unified District, the Valentine Elementary District and all schools in Arizona. As Table 16 shows, third-graders in Peach Springs Unified District and Valentine Elementary District passed the math portion of the AIMS (as indicated by a combination of the percentages for “Meets” and “Exceeds”) at a lower rate (16% and 50% respectively) than the state as a whole (68%). Similarly, 38 percent of third-graders from Peach Springs Unified District and 40 percent from Valentine Elementary District passed the reading component compared to 75 percent for the state (see Table 17). However, reading scores improved somewhat from 2011 to 2013, with fewer 3rd graders in the Peach Springs Unified District falling far below standards (18% in 2011 vs 6% in 2013) and more 3rd graders passing the reading test (29% in 2011 vs 38% in 2013). Fewer students also fell far below standards in math (41% in 2011 compared to 25% in 2013), though a lower proportion passed the test (18% in 2011, compared to 16% in 2013).

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Table 16: Results of the Arizona Instrument to Measure Standards (AIMS) Test, 2013

<table>
<thead>
<tr>
<th></th>
<th>Falls Far Below</th>
<th>Approaches</th>
<th>Meets</th>
<th>Exceeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEACH SPRINGS UNIFIED DISTRICT</td>
<td>25%</td>
<td>59%</td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td>ARIZONA (All district schools)</td>
<td>9%</td>
<td>23%</td>
<td>43%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Table 17: Results of the Arizona Instrument to Measure Standards (AIMS) Test, 2013

<table>
<thead>
<tr>
<th></th>
<th>Falls Far Below</th>
<th>Approaches</th>
<th>Meets</th>
<th>Exceeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEACH SPRINGS UNIFIED DISTRICT</td>
<td>6%</td>
<td>56%</td>
<td>38%</td>
<td>0%</td>
</tr>
<tr>
<td>ARIZONA (All district schools)</td>
<td>4%</td>
<td>21%</td>
<td>62%</td>
<td>13%</td>
</tr>
</tbody>
</table>


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Table 16. Math 3rd grade AIMS results

<table>
<thead>
<tr>
<th>Local Education Agency (LEA)</th>
<th>Math Percent Falls Far Below</th>
<th>Math Percent Approaches</th>
<th>Math Percent Meets</th>
<th>Math Percent Exceeds</th>
<th>Math Percent Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peach Springs Unified District</td>
<td>25%</td>
<td>59%</td>
<td>13%</td>
<td>3%</td>
<td>16%</td>
</tr>
<tr>
<td>Valentine Elementary District</td>
<td>10%</td>
<td>40%</td>
<td>50%</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>Arizona (All charter and district schools)</td>
<td>9%</td>
<td>23%</td>
<td>43%</td>
<td>26%</td>
<td>68%</td>
</tr>
</tbody>
</table>


Table 17. Reading 3rd grade AIMS results

<table>
<thead>
<tr>
<th>Local Education Agency (LEA)</th>
<th>Reading Percent Falls Far Below</th>
<th>Reading Percent Approaches</th>
<th>Reading Percent Meets</th>
<th>Reading Percent Exceeds</th>
<th>Reading Percent Passing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peach Springs Unified District</td>
<td>6%</td>
<td>56%</td>
<td>38%</td>
<td>0%</td>
<td>38%</td>
</tr>
<tr>
<td>Valentine Elementary District</td>
<td>0%</td>
<td>60%</td>
<td>40%</td>
<td>0%</td>
<td>40%</td>
</tr>
<tr>
<td>Arizona (All charter and district schools)</td>
<td>4%</td>
<td>21%</td>
<td>62%</td>
<td>13%</td>
<td>75%</td>
</tr>
</tbody>
</table>


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.48

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.49 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.50

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,51 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.52 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.53

Center-based Care

Child care in the region is available through the Hualapai Child Care program. In the fall of 2013 and spring of 2014 the program underwent an important transformation from an exclusively home-based provider program to a center-based program. A new facility for the Hualapai Day Care Center Hma:ny Ba Viso:jo’ was constructed adjacent to the Hualapai Head Start program. The Hualapai Day Care Center opened on March 16, 2014 and has the capacity to serve a total of 60 children ages six months to 12 years. Services are available Monday through Friday from 7:45 am to 5:15 pm. In order to be eligible for services, parents must be working, in school, in training or in the process of completing their GED. The Day Care Center operates on a sliding scale fee based on family income. Daily fees (for a full-day) range from one to seven dollars per day. Caregivers of children in foster care or Tribal Child Protective Services placements are exempt from payment. In SFY14 the Hualapai FTF Regional Partnership Council provided one-


time funding to the Hualapai Day Care Center through its Expansion Strategy to assist with the Center’s start-up costs.  

The Center has four classrooms: the infant room, the toddler room, preschool room and the school-age room. Each is staffed by a provider and a provider assistant. Currently, the Hualapai Day Care is the only center with the capacity to serve infants and toddlers in the region. Children from the neighboring Head Start Program can come to the Day Care Center after the Head Start day is over at 2:30 and remain there until 5 pm. According to key informants, in the past fiscal year there were about 12 Head Start children enrolled in the Day Care center for the after school hours. As of June 2014, a total of 30 children ages six months to nine years were enrolled in the Hualapai Day Care Center. Of those, nine were under the age of six. There were no children on the waiting list.

**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. 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.

Table 18 describes the rating scale as defined by First Things First.

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Table 18. Quality First Rating Scale

<table>
<thead>
<tr>
<th>1 Star (Rising Star)</th>
<th>2 Star (Progressing Star)</th>
<th>3 Star (Quality)</th>
<th>4 Star (Quality Plus)</th>
<th>5 Star (Highest Quality)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements.</td>
<td>Demonstrates a commitment to provide environments that are progressing in the ability to foster the health, safety and development of young children.</td>
<td>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.</td>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

The newly opened Hualapai Day Care Center will be offered the opportunity to participate in Quality First. According to the Hualapai Tribe Region SF15 Funding Plan, funds have been allocated to the Quality First Assessment Strategy in SFY15 to support the Day Care center’s participation in Quality First.  

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

The Hualapai Tribe operates a federally regulated Tribal Head Start program. The Hualapai Tribe Head Start program is funded through the Office of Head Start as well as through in-kind and tribal funding and it is overseen by the Tribal Council and a Parent Policy Council. The Hualapai Head Start program runs four classrooms serving a total of 57 children in and around the Peach Springs area. Transportation is provided to all participating children. The program runs on a 4-day week, following the local school district calendar.

According to Census 2010 data there are 68 children ages three and four in the Hualapai Tribe. With 57 children enrolled, the Head Start Program has a very high reach among this population (83% of the preschool-age children are enrolled in the program). This means that supporting the Head Start program in its mission of getting children ready for school can potentially be leveraged to have a high impact in the community.

Professional Development

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers holding a college degree rose from 47 to 50 percent over the same time period. During that same period however, the wages of assistant teachers, teachers and administrative directors working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona, only make about half the annual income of kindergarten and elementary school teachers across the state. It is

58 http://hualapai-nsn.gov/community/head-start/

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 Hualapai Tribe Region SFY Regional Funding Plan, in fiscal year 2014 there was one TEACH Scholarship available to child care professionals in the region. In SFY15 no TEACH scholarships will be funded at the regional level due to low utilization. The funding plan indicates that the statewide allotment for TEACH scholarships will be available to early childhood education professionals in the region and that other funding is also available from the Department of Hualapai Education & Training.\(^6^0\)

**Opportunities for Professional Development**

As is the case in many rural areas in the state, professional development opportunities in the region are limited. Professionals in early childhood education interested in advancing their education have the option of pursuing online degrees through Northland Pioneer College (for an Associate in Applied Science –AAS- in Early Childhood Education) or Rio Salado College, where they can obtain AAS degrees in Early Learning and Development, and Early Childhood Administration and Management. However, online education may be difficult for professionals with limited computer literacy and accessibility.

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Health

Access to Care

The Hualapai Tribe Region is served by the Peach Springs Health Center and the Hualapai Health Education and Wellness Department.

The Peach Springs Health Center is operated by the Indian Health Service (IHS) Phoenix Service Area through the Colorado River Service Unit. It is a 40-hour (open Monday to Friday) ambulatory care facility that provides outpatient services, dental care and preventative services that is meant to supplement the services provided at the Parker Indian Hospital, the main facility of the Colorado River Service Unit. Services offered at the Peach Springs Health Center include: General Medicine, Family Practice, Preventative Health, Nutrition, Dental, Public Health Nursing, Health Education, Environmental Health and Social Services. For emergency services after-hours patients are transported to the nearest hospital in Kingman.

The Hualapai Health Education and Wellness Department currently provides the following services: Behavioral Health, Diabetes/Fitness Program, Women, Infants and Children Program (WIC), Non-Emergency Medical Transportation, Youth Services, Healthy Heart (Cardiovascular Diabetes Program). The Health Education and Wellness Department also hosts the Community Health Representatives, Injury Prevention and Maternal Child Health Programs, as well as the Native American Research Center for Health (NARCH) Project, which aims at involving community youth to promote healthy behaviors and is currently operating a youth-led internet radio station.

Parents and caregivers of young children who participated in the Parent and Caregiver Survey (see Appendix 1 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 vast majority of parents and caregivers indicated that they take their children to the local IHS facility, Peach Springs Health Center. Survey respondents appreciated that services are available locally and free of cost but some indicated that the wait time can at times be long. A few respondents also reported accessing services from private providers in Kingman.

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. The labels for the Primary Care Areas are drawn from the major population

61 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.
centers for those areas. Each Primary Care Area also carries a designation based on its population density. The Hualapai Tribe Region is a PCA.

Medically Underserved Areas and Populations (MUAs and MUPs) are federally designated areas or populations that have a need for medical services based on: too few primary care providers; high infant mortality; high poverty; and/or high elderly population. Groups designated as an MUP include those with economic barriers such as being largely low-income or Medicaid-eligible populations, or those with culture and/or linguistic access barriers to primary care services. With 36 MUAs and 10 MUPs in Arizona, each of Arizona’s 15 counties has some areas designated as medically underserved areas or population.

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 Hualapai Tribe Primary Care Area (which includes all of the Hualapai Tribe plus Hindu Canyon, Robbers Roost and Valentine) is designated as Medically Underserved.

A new priority for the State 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. According to a 2013 report, Arizona may have increasing capacity to provide preventive health services for children ages birth though five years through funding from First Things First, and through potential funding for home visiting programs through the Affordable Care Act.

**Pregnancies and Births**

Prenatal care for women in the Hualapai Tribe is available through the Peach Springs Health Center, but it is provided by a contracted Ob/Gyn physician who visits the community from

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62 Primary Care Areas can receive one of four designations: Urban, Rural, Frontier or Indian. Urban Primary Care Areas are PCAs in counties with a population greater than 400,000 and where the Census County Division (CCD) population is greater than or equal to 50,000. Rural Primary Care Areas are those which a) do not meet the criteria for Frontier and b) are in counties with a population less than 400,000, or where the county population is above 400,000 but the CCD population is less than 50,000. Frontier Primary Care Areas are those with fewer than 6 persons per square mile for the latest population estimates. Tribal Primary Care Areas are Primary Care Areas on tribal lands. A Census County Division (CCD) is a relatively permanent subdivision of a county made by the Census Bureau for statistical purposes.


Kingman twice a month. The Public Health Nurses at the Health Center can initiate a pregnancy test. If the results are positive, prenatal laboratory testing is started at this facility. Prenatal care is then provided locally during regular visits by the contracted physician. Towards the end of their pregnancy, when appointments take place weekly, women from the community travel to Kingman to see their provider. Transportation is available from the Transportation and Community Health Representatives programs at the Hualapai Health Education and Wellness Department. Most women in the community give birth in Kingman, at the Kingman Regional Medical Center, with a few giving birth in Flagstaff.

Health care services for infants and children are available locally at the Peach Springs Health Center. The Public Health Nurses are also available and they usually do the initial home visits with newborns and subsequent visits as needed. The physicians at the clinic are available for the routine Well Baby/Well Child visits. In fiscal years 2012 and 2013 there were 210 unique patients, ages birth to five years, in the region who were served by the Indian Health Services.65

The First Things First Hualapai Tribe Regional Partnership Council requested that an item related to prenatal care services be included in the Parent and Caregiver survey (see Appendix 1 for additional information on the survey). The question asked respondents: “When you (or when your children’s mother/wife/partner…) first learned you were pregnant, where did you first go for health care (or prenatal) services? (check all that apply).” Response options included the Hualapai Tribe Health Education and Wellness Department, IHS Peach Springs Health Center or Another health care provider outside of Peach Springs. As shown in Figure 13 two-thirds of survey participants reported that they (or the mother of the child they care for) first received services at the IHS Peach Springs Health Center. Seventeen percent responded that they obtained care form a provider outside of Peach Springs, and only two percent said that they first received care for the Hualapai Tribe Health Education and Wellness Department.

65 An active user is an American Indian/Alaska Native patient who has had at least one inpatient, ambulatory, dental, or contract health services (CHS Referral) visit in the past three years. In this case, an active user would have had at least one visit between October 1, 2011 and September 30, 2013. The data are based on the patient’s place of residence (i.e. Peach Springs, Valentine and Truxton), not on where they obtained services. Nevertheless, it can be assumed that the majority of them received services at the Peach Springs Health Center. The number of active users under the age of six (210) is slightly higher than the total number of children in that same age residing in the region according to census data (197). This is likely due to the fact that the IHS data include children living in Valentine and Truxton.
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. Data provided by the Arizona Department of Health services indicate that in the Hualapai Tribe Region there has been a slight increase in the number of births. In 2012, the year for which most recent data are available, a total of 36 babies were born to women in the region.
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. Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 77.9 percent or more. In Arizona as a whole, 79 percent of births meet this standard. The percent of births with early prenatal care in the Hualapai Region has been above the Healthy People 2020 target across multiple years.

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

![Figure 15. Percent of births with prenatal care begun first trimester (2009-2012), Hualapai Tribe Region](image)


Figure 16 below shows that between 2002 and 2011, women in the Hualapai Region received early prenatal care at a higher rate than women in all Arizona reservations.

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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. The Healthy People 2020 target for receiving fewer than five prenatal care visits is 22.4 percent or less. The average percent of births with fewer than five prenatal care visits in the Hualapai Tribe Region (from 2009 to 2012) was 13 percent.

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, as well as air pollution. The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. In the Hualapai Tribe Region, the average percent of low birth weight births (5 lbs., 8 oz. or less) over the 2009-2012 period was 8.5 percent.

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

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infant death syndrome, and child abuse and neglect. 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.

The teen birth rate in Arizona in 2012 was 18.7/1,000 for females aged 15-17, and 66.1/1,000 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. 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.

The rate of teen births (ages 19 or younger) in the region is substantially higher than that of all Arizona tribes combined, and also higher than the statewide rate.

**Figure 17. Rate of Teen Births (ages 19 and younger) per 1,000 Females (2002-2011)**

In the 2009-2012 period, the average percent of births to teenage mothers in the Hualapai Tribe Region was 14 percent. This is slightly higher than the percent of births to teenage mothers in Arizona (11%) and in Mohave County (13%).

Arizona had the largest decline in teen pregnancy in the nation between 2007 and 2010, with a 29 percent decline. However the teen birth rate in Arizona is still higher than the national

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average, for both girls aged 10-14 and 15-19. In Arizona, teen pregnancy was estimated to have cost the state $240 million in 2010. The costs in previous years had been much higher and if the declines in teen pregnancy seen in recent years had not occurred, the state would have needed to spend an estimated $287 million more in 2010.\textsuperscript{74} 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.\textsuperscript{75}

Teen pregnancy is often linked with preterm births,\textsuperscript{76} and the percent of preterm births in the region falls above the Healthy People 2020 target (see Figure 18. Percent of births that are preterm (less than 37 weeks) (2009-2012)).

\textit{Figure 18. Percent of births that are preterm (less than 37 weeks) (2009-2012)}

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{figure18.png}
\caption{Percent of births that are preterm (less than 37 weeks) (2009-2012)}
\end{figure}

The Primary Care Area Statistical Profiles include data about the average infant mortality rate. However, there were insufficient data to report this rate for the Hualapai Region in the 2012 Profile. In the same year, the rate across all Arizona reservations (which includes Hualapai) was 8.7/1,000 live births, which is higher than the state rate of 6.5/1,000 live births. Both of these rates exceed the Healthy People 2020 target of 6.0/1,000 live births or less.

\begin{itemize}
\end{itemize}
Data on 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) in the region were available from ADHS for years 2009 and 2010. About three-quarters of the births in the region in those years were covered by either AHCCCS or IHS (Figure 20. Births covered by AHCCCS or IHS by year (2009-2012)). 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 (6%) is the same as the rate across all Arizona reservations combined but higher than the Arizona rate of four percent (see Figure 21).

As mentioned above, the Hualapai Tribe WIC Program is housed within the Hualapai Department of Health Education and Wellness 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). Data from the ITCA WIC program as a whole are included in the tables below for comparison.77

Of the Hualapai WIC newborns, 5.6 percent had a low birth weight (defined as weighing less than 2.5 kilograms, or 5.5 pounds) compared to 9.4 percent across all ITCA WIC programs. The Hualapai WIC rate meets the Healthy People 2020 target of 7.8 percent.

The Hualapai Tribe WIC ever breastfed rate (48%) does not meet the Healthy People 2020 target (81.9%), and is substantially lower than the rate reported by all ITCA WIC programs (67.5%) and WIC clients across the US (63%).

The rate of obesity in the older children (two to four years old) in the Hualapai Tribe WIC program (13.9%) is substantially lower than the ITCA WIC rate (25.5%). However, data reported on the 2012 Needs and Assets Report indicates that the obesity rate among children in the WIC program was substantially higher (23%) and much closer to the ITCA WIC rate. (For more information about this topic see the *Overweight and Obesity* section below).

77 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.
Table 19. Infant and child health indicators from Hualapai Tribe WIC clients

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<tr>
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<tbody>
<tr>
<td>0</td>
<td>22%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>20%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>19%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>3 to 4</td>
<td>40%</td>
<td>36%</td>
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<tr>
<td>BIRTH WEIGHT</td>
<td></td>
<td></td>
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<tr>
<td>High birth weight (4 kg or more)</td>
<td>8.3%</td>
<td>7.8%</td>
<td></td>
</tr>
<tr>
<td>Normal birth weight</td>
<td>80.6%</td>
<td>73.3%</td>
<td></td>
</tr>
<tr>
<td>Low birth weight (2.5 kg or less)</td>
<td>5.6%</td>
<td>9.4%</td>
<td>7.8%</td>
</tr>
<tr>
<td>PRETERM BIRTHS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 37 weeks</td>
<td>17%</td>
<td>7%</td>
<td>11.4%</td>
</tr>
<tr>
<td>INFANT BREASTFEEDING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever breastfed</td>
<td>48%</td>
<td>67.5%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Breastfed 3+ months</td>
<td>21.7%</td>
<td>20.1%</td>
<td></td>
</tr>
<tr>
<td>Breastfed 6+ months</td>
<td>16.1%</td>
<td>9.5%</td>
<td></td>
</tr>
<tr>
<td>OVERWEIGHT AND OBESITY IN CHILDREN (2-4 YEARS OLD)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight (85th to 95 percentile)</td>
<td>24.1%</td>
<td>20.9%</td>
<td></td>
</tr>
<tr>
<td>Obese (95th percentile or greater)</td>
<td>13.9%</td>
<td>25.5%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

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

Table 20 displays a number of indicators related to maternal health. Seven percent of the mothers enrolled in the Hualapai WIC program in 2012 were under the age of 18. This is slightly higher 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, and may subsequently impact overweight or obesity in childhood. Nearly 80 percent of Hualapai WIC mothers were overweight or obese at the beginning of pregnancy. Furthermore, and as shown in Table 20, the overweight/obesity rate for Hualapai WIC mothers has increased substantially over the last years from 48.5 percent in 2006 to 78.9 percent in 2012.

Mothers in the Hualapai WIC program received early prenatal care at a rate (97%) that exceeds the Healthy People 2020 target.

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Smoking at the time of enrollment in the WIC program and second hand smoke exposure in the home appear to be more of a concern among Hualapai WIC mothers than ITCA WIC women overall. 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.80

Reported alcohol consumption (0%) 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.81

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Table 20. Maternal health indicators from the Hualapai Tribe WIC clients

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<tr>
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<tbody>
<tr>
<td>17 or younger</td>
<td>6.7%</td>
<td>5.2%</td>
<td></td>
</tr>
<tr>
<td>18 to 19</td>
<td>6.7%</td>
<td>11.9%</td>
<td></td>
</tr>
<tr>
<td>20 to 29</td>
<td>73.3%</td>
<td>59.6%</td>
<td></td>
</tr>
<tr>
<td>30 to 39</td>
<td>13.3%</td>
<td>22.1%</td>
<td></td>
</tr>
<tr>
<td>40 or older</td>
<td>0%</td>
<td>1.2%</td>
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<tr>
<th></th>
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<tbody>
<tr>
<td>Normal weight (or Underweight)</td>
<td>21.1%</td>
<td>28.2%</td>
<td>53.4%</td>
</tr>
<tr>
<td>Overweight (BMI 25 to 30)</td>
<td>13.2%</td>
<td>27.1%</td>
<td></td>
</tr>
<tr>
<td>Obese (BMI over 30)</td>
<td>65.8%</td>
<td>43.8%</td>
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<tbody>
<tr>
<td>2006</td>
<td>48.5%</td>
<td>44.1%</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>58.1%</td>
<td>43.8%</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>82.4%</td>
<td>72.9%</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>83.3%</td>
<td>73.0%</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>78.9%</td>
<td>71.9%</td>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Begun during first trimester</td>
<td>97.4%</td>
<td>82.4%</td>
<td>77.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALCOHOL AND TOBACCO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother smokes at initial WIC visit</td>
</tr>
<tr>
<td>Smoker present in the household</td>
</tr>
<tr>
<td>Alcohol consumption in last trimester</td>
</tr>
</tbody>
</table>

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

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 210 children). For more information on the definition of ‘active users’ and how these estimates were calculated see Footnote 91
below, shows the top five diagnoses for children under the age of six residing in the Hualapai Tribe 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 22 reflect the most frequent specific diagnostic codes for ear infections and asthma. When all codes for those diagnoses are considered, an estimated 63 percent of active users under the age of six in the region were seen for an ear infection in that two-year period,\textsuperscript{83} and 21 percent were seen because of asthma.\textsuperscript{84}

\textit{Figure 22. Top five diagnoses by unique patients (0-5), 2011-2013}

\begin{figure}
\centering
\begin{tabular}{|l|c|}
\hline
Diagnosis & Percentage \\
\hline
Upper Respiratory Infection & 90\% \\
Ear Infection & 61\% \\
Asthma & 19\% \\
Conjunctivitis & 30\% \\
Sore Throat & 32\% \\
\hline
\end{tabular}
\caption{Top five diagnoses by unique patients (0-5), 2011-2013}
\end{figure}

\textit{Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area}

\section*{Insurance Coverage}

\textbf{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.\textsuperscript{85}

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

\textsuperscript{83} 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 somewhat

\textsuperscript{84} Indian Health Service Phoenix Area. [2014]. \textit{Health Indicators}. Unpublished data provided by the Indian Health Service Phoenix Area

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.\textsuperscript{86} These individuals can purchase health insurance thru health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover a number of “essential” services relevant to children. These include routine eye exams and eye glasses for children once per year, and dental check-ups for children every six months.\textsuperscript{87} However, in Arizona, offered health plans are not required to include these pediatric vision and oral services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.\textsuperscript{88} A potential barrier to this method is that a separate, additional premium for this supplemental plan is required,\textsuperscript{89} and subsidies will not be available for these separately purchased plans.\textsuperscript{90} 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.

\textit{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.


\textsuperscript{89} Can I get dental coverage in the MarketPlace? https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/

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).

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. Generally, 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 proportion of uninsured young children in the region is seven percent and the uninsured population overall is 17 percent. Both of these percentages are substantially lower than the estimated percent of uninsured young children and the population overall in all Arizona reservations combined (23 percent and 29 percent respectively).
Table 21. Percent of population uninsured

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>CENSUS 2010 POPULATION (ALL AGES)</th>
<th>ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)</th>
<th>CENSUS 2010 POPULATION (0-5)</th>
<th>ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai Tribe Region</td>
<td>1,335</td>
<td>17%</td>
<td>197</td>
<td>7%</td>
</tr>
<tr>
<td>All Arizona reservations</td>
<td>178,131</td>
<td>29%</td>
<td>20,511</td>
<td>23%</td>
</tr>
<tr>
<td>Arizona</td>
<td>6,392,017</td>
<td>17%</td>
<td>546,609</td>
<td>11%</td>
</tr>
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</table>


The ACS estimated proportion of children birth to five who are uninsured in the region shown on the table above (7%), however, is lower than the rate of children without third-party insurance coverage in the region as reported by the Indian Health Service (14%; see Figure 24 below). The insurance coverage data provided by the Indian Health Service were based on 210 children ages 0 to 5,\(^\text{91}\) a number that is very 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.

The Parent and Caregiver survey conducted in the region asked participants a question about their awareness of the Health Insurance Marketplace (Affordable Care Act or ACA). The figures below show that the majority of them had heard about the ACA but almost half of the respondents said they had no intention of enrolling. Twenty two percent indicated that they had not heard about the ACA but would be interested in more information about it.

Figure 23. Awareness of the Health Insurance Marketplace (ACA)

\[^{91}\text{Please note that the IHS estimates are based on data from the active users (defined as any child who had one or more visits during this two-year period) under the age of six in fiscal years 2011-2013. These data are based on the children’s place of residence and not on where the service was provided. In this report we are including data from children residing in the communities of Peach Springs, Truxton and Valentine. It can be assumed that in most cases services were received at the local Peach Springs Health Center.}\]
**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 and 200 percent of the FPL. However, due to budget cuts at the state level, enrollment in the KidsCare Program was frozen on January 1, 2010, and eligible new applicants were referred to the KidsCare Office to be added to a waiting list.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 percent to 175 percent of the FPL, based on family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.92

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92 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.

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered through 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 cannot afford insurance because they do not 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.93

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.94

Data on Medicaid (or AHCCCS) coverage for young children in the Hualapai Tribe Region were available from the Indian Health Service.95 Of the 210 children, ages birth to five, for whom data were available, 75 percent were covered by Medicaid.


95 Please see Footnote 91 above for information of how these estimates were calculated.
High rates of enrollment in Medicaid or private insurance plans can offer benefits both at the individual and community levels. Community members who enroll in a health insurance plan can gain increased access to health care services by being able to receive care through their insurance plan providers, Indian Health Service facilities, Tribes and Tribal Organizations, and Urban Indian Organizations. At the community level, tribes can benefit when IHS or tribally-operated 638 facilities bill an outside insurer for medical services resulting in savings in Contract Health Service funds. The money saved through outside billing (3rd party billing) can then be used in other ways to benefit all tribal members.

**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 five (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.”96 The survey also estimates that nearly one in three Arizona children with special health care needs has an unmet need for health care services (compared to about one in four nationally).

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

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to ensure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start. In the Hualapai Tribe Region, the Peach Springs Unified School District partners with the Hualapai Head Start program to provide these services. The Peach Springs Elementary School has a Director of Exceptional Student Services who assists the school in complying with federal and state mandates around special education. The Director also helps coordinate the services available at school for children with special needs and those available at the Hualapai Head Start program. The school has a Memorandum of Understanding with the Head Start program to serve any child in the community. When children with special needs are identified by Head Start, contracted staff with the Peach Springs School are available to provide occupational and speech therapy. In addition, one of the two special education teachers at the school regularly works with the Head Start program to provide support to teachers and to work with the children.

According to data from the Hualapai Head Start Program, in 2012-2013 five percent of the children enrolled had an Individualized Education Plan (IEP). Five percent (likely the same children) were diagnosed with, and received services for speech impairment.

Table 22. Head Start services for children with special developmental and health care needs

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>% CHILDREN WITH AN IEP</th>
<th>RECEIVING SERVICES FOR SPEECH IMPAIRMENT</th>
<th>RECEIVING SERVICES FOR HEARING IMPAIRMENT</th>
<th>RECEIVING SERVICES FOR DEVELOPMENTAL DELAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai Head Start</td>
<td>5%</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>


AzEIP Referrals and Services

Screening and evaluation for children from birth to three are provided by the Arizona Early Intervention Program (AzEIP), which also provides services or makes referrals to other

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appropriate agencies (e.g. for Division of Developmental Disabilities case management). Children eligible for AzEIP services are those who have not reached 50 percent of the developmental milestones for his or her age in one or more of the following areas: physical, cognitive, communication/language, social/emotional or adaptive self-help. Children who are at high risk for developmental delay because of an established condition (e.g., prematurity, cerebral palsy, spina bifida, among others) are also eligible. Families who have a child who is determined to be eligible for services work with the service provider to develop an Individualized Family Service Plan that identifies family priorities, child and family outcomes desired, and the services needed to support attainment of those outcomes.

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

AzEIP moved to a team based model for delivery of early intervention services in 2013. In this model, a team lead is the primary partner with the family in the provision of services. The team lead’s focus is on collaborative coaching of families as the primary intervention strategy. The lead is supported by other team members, through regular team meetings and joint visits with the family. The move to this team model required that contracted agencies be able to provide multiple therapeutic services (such as OT, PT, speech therapy, etc.) which lead to specialized and smaller agencies being excluded from participation, and resulted in more contracts with larger agencies in urban settings who either sub-contracted services out to more rural communities, or had to travel to the areas to provide 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 $1,000 or more in out of pocket medical expenses (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2013). 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

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99 https://www.azdes.gov/AzEIP/KeyPrinciples/
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 Invention Policies and Procedures. The proposed revisions would eliminate the Family Cost Participation (public comment on the new policy was received through June 16, 2014).100

Regional AzEIP data was unavailable for the current report, however some state-level summaries were provided. Data provided include AzEIP statewide data for the total unduplicated number of children served for 2012 (note: these numbers include children served in AzEIP only, Division of Developmental Disabilities (DDD) and ASDB (AZ Schools for the Deaf and the Blind)). During the month of February 2013, there were 5,451 AzEIP eligible children with an Individualized Family Service Plan. In addition, 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 9,738 (this includes all AzEIP eligible children including AzEIP only, DDD and ASDB).101

**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 23, the percentage of preschool and elementary school students enrolled in special education in Peach Springs Unified District is higher than the state.

**Table 23. Percent of preschool and elementary school children enrolled in special education**

<table>
<thead>
<tr>
<th>LOCAL EDUCATION AGENCY (LEA)</th>
<th>NUMBER OF SCHOOLS</th>
<th>NUMBER OF STUDENTS</th>
<th>STUDENTS ENROLLED IN SPECIAL EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peach Springs Unified District</td>
<td>1</td>
<td>166</td>
<td>26</td>
</tr>
<tr>
<td>All Arizona Public and Charter Schools</td>
<td>2846</td>
<td>610,079</td>
<td>72,287</td>
</tr>
</tbody>
</table>


An important effort led by the Hualapai Tribe First Things First Regional Partnership Council was recently started in the region around children with special needs. “Helping Parents Help Their Kids: a Community Conversation” was the result of a partnership of the Hualapai First Things First Regional Partnership Council, the Peach Springs Unified School District, Hualapai Youth

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Services Partners and other service providers in the region to assist parents in the identification of needed resources for their children, particularly those with developmental delays. This initiative gained momentum in September of 2013 with a meeting in Peach Springs that convened community stakeholders such as the Peach Springs School District Special Education Department, and representatives from the region’s AzEIP provider (A to Z Therapies).

The Community Conversation was part of an overall system building approach of the Hualapai Regional Council with the goal of decreasing the number of newly identified developmental delays at kindergarten entry, and to coordinate a better system for early intervention services for the region. One of the challenges identified early on at the initial Community Conversation meeting was the need for early identification of children (prior to them participating in a formal early education setting such as Head Start or even Kindergarten). As part of this Partnership’s efforts, a number of community-wide screening events have been planned, with one taking place in the spring of 2014.102

**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.103 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 Hualapai Tribe Region (FY2013) indicate that 83.8 percent of children 19-35 months have had the recommended vaccine series (using series 4:3:1:3:1:4), which exceeds the Healthy People Target.

According to the Hualapai Head Start Performance Information Report for the year 2012-2013, all of the children enrolled in the program were up-to-date in their immunizations at the end of the enrollment year.104

**Behavioral Health**

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.105 Infant and toddler

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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.”

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. 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.

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.

Table 24 shows information about the mental health services to children in the Hualapai Head Start Program.

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


Table 24. Child Mental Health Services through the Hualapai Head Start Program

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>MENTAL HEALTH PROFESSIONAL ON-SITE (AVERAGE)</th>
<th>% CHILDREN WITH INDIVIDUAL MENTAL HEALTH ASSESSMENTS</th>
<th>% CHILDREN REFERRED FOR OUTSIDE MENTAL HEALTH SERVICES</th>
<th>% CHILDREN REFERRED FOR MENTAL HEALTH SERVICES THAT RECEIVED SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai Head Start</td>
<td>6 hours/month</td>
<td>9%</td>
<td>9%</td>
<td>100%</td>
</tr>
</tbody>
</table>


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;\(^{110}\) Northern Arizona Behavioral Health Authority (NARBHA) serves Mohave, Coconino, Apache, Navajo, and Yavapai Counties. In 2012, there were 30,745 enrollees in NARBHA representing 14.4 percent of those enrolled in Arizona RBHAs.

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 though five years comprised almost five percent of all enrollees\(^ {111}\) in 2012, compared to four percent in 2011.\(^ {112}\) 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. 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.

Behavioral Health services for community members in the Hualapai Tribe are also available at the Tribe’s Health Education and Wellness Department. Services include individual and group counseling which can be provided in-office, at home, and also at the Juvenile Detention Center or Adult Jail. Counselors with the Behavioral Health Program also work in collaboration with the local school and other tribal departments such as Police and Social Services. After care services are available for community members after they are discharged from residential facilities.

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. 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).

Dental services for children are available at the Peach Springs Health Center. A dentist is available at this facility on a daily basis as well as a team of three dental hygienists.

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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. Most parents and caregivers indicated that they take their children to the local IHS Peach Springs Health Center. Survey participants also mentioned accessing services at a private provider in Kingman (Just 4 Kids) and being satisfied with the services they provide.

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.\(^\text{117}\)

\[^{117}\text{Indian Health Service Early Childhood Caries Collaborative (2014). The IHS ECC Collaborative: Beginning the 5th and Final Year. The IHS Dental Explorer, 1-14.}\]
Data from the 2010 and 2011 ECC Basis Screening Survey (BSS) for the Phoenix Area (which serves the Hualapai Tribe) show that more than half (57%) of the 571 children ages birth to five years who participated in the survey had tooth decay. Over one third (36%) of the children participating had untreated tooth decay and the mean number of teeth with decay among them was 3.69. 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.\textsuperscript{118}

\textit{Table 25. Tooth decay in children (0-5)}

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>% CHILDREN (0-5) WITH TOOTH DECAY</th>
<th>% CHILDREN (0-5) WITH UNTREATED TOOTH DECAY</th>
<th>MEAN NUMBER OF TEETH WITH DECAY</th>
<th>NUMBER OF PARTICIPATING CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phoenix Area IHS</td>
<td>57%</td>
<td>36%</td>
<td>3.69</td>
<td>571</td>
</tr>
<tr>
<td>All IHS</td>
<td>54%</td>
<td>39%</td>
<td>3.5</td>
<td></td>
</tr>
</tbody>
</table>


The Peach Springs Health Center participates in the Indian Health Service (IHS) Early Childhood Caries (ECC) Collaborative. The IHS ECC encourages collaboration between dental providers and key partners such as Head Start programs. In the 2012-2013 school year all children enrolled in Head Start received an oral health examination; 32 percent were diagnosed as needing dental treatment, and they all received it.

\textit{Table 26. Child Oral Health to children enrolled in the Hualapai Head Start Program}

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>% CHILDREN WITH CONTINUOUS ACCESSIBLE DENTAL CARE</th>
<th>% CHILDREN RECEIVING DENTAL PREVENTATIVE CARE</th>
<th>% CHILDREN WITH ORAL HEALTH EXAM</th>
<th>% CHILDREN DIAGNOSED AS NEEDING DENTAL TREATMENT</th>
<th>% CHILDREN RECEIVING DENTAL TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai Head Start</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>32%</td>
<td>32%</td>
</tr>
</tbody>
</table>


Additional IHS data provided for active users aged birth to five years from the Hualapai Tribe Region over a two year period (2011-2013) show 644 unique visits to IHS dental facilities, 336 of these by Head Start program participants, with fewer than 10 patients being diagnosed with baby bottle tooth decay.

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.
life. Multiple IHS surveys have suggested that BBTD is more prevalent among Native American populations than the US population as a whole. 119

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

**Overweight and Obesity**

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also strong predictor of adult obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten. 120

Data on overweight and obesity rates among young children in the region are available from three different sources: Hualapai WIC Program (see Table 19 above), the Indian Health Service121 and the Hualapai Head Start program. Of the Indian Health Service active users122 in fiscal years 2012 and 2013, Body Mass Index (BMI) data were available for 130 children aged two to five. The WIC percentages are derived from data on 142 children ages two to four years; the Head Start estimates were calculated based on all 57 children enrolled in the program, ages

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121 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 Peach Springs 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 Peach Springs, Truxton and Valentine.

122 See previous note.
three and four (there were fewer than ten five year-old children enrolled in the program in 2012-2013, the year for which data are presented). Table 27 summarizes the data from these three sources. The combined proportion of young children receiving care by IHS who are overweight or obese (50%) is substantially higher than that of children enrolled in the Hualapai WIC program (38%), but very similar to the percent of Hualapai Head Start children who are overweight or obese (52%). This may be due to the fact that the WIC data include younger children.

Table 27. Healthy weight, overweight and obesity rates

<table>
<thead>
<tr>
<th>Ages</th>
<th>Underweight</th>
<th>Normal Weight</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hualapai WIC 2012</td>
<td>2-4</td>
<td>1%</td>
<td>61%</td>
<td>24%</td>
</tr>
<tr>
<td>Head Start 2012-2013</td>
<td>3-4</td>
<td>0%</td>
<td>48%</td>
<td>26%</td>
</tr>
<tr>
<td>Indian Health Service (FY2011-2013)</td>
<td>2.5-5</td>
<td>1%</td>
<td>50%</td>
<td>25%</td>
</tr>
</tbody>
</table>


Note: Weight Categories are determined by the CDC 2000 BMI Guidelines. Definitions are as follows: Underweight (>5th Percentile), Healthy Weight (5th-85th Percentile), Overweight (85th-95th Percentile), Obese (>95th Percentile)

Family Support

Family well-being has been identified as an important factor in child success. 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. 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 Hualapai Tribe 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. Most parents and caregivers valued the fact that their children are growing up close to their families, so children get to know their relatives and caregivers benefit from the support provided by family members. As some

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123 Martinez, Mehesy, & Seeley, 2003
parents and caregivers put it: “Extended family [is] everywhere!;” “[I like best] being home around my people.” Parents and caregivers also emphasized the positive aspects of living in a small, quiet, tight-knit community where they feel their children are being cared for by the community as a whole: “Everyone knows everyone,” one parent said. “We all look out for one another.” And another pointed out: “Everybody is related, so they keep tabs on all children.”

Another positive aspect of raising children in the region that was cited by survey respondents was related to children growing up learning about their Native language and traditions. Parents also expressed liking the natural environment that their children grow up in. The following quotes exemplify some of these perceptions among parents and caregivers:

- We have every opportunity to raise our children in the best way possible (language and culture).
- Family is so well knit
- I like that they get to know who their relatives are [and] know where they come from, know the land
- [I like best] the nature and environment. A lot of learning can take place around our community with trees, plants, etc.
- This is home, generation after generation!
- [I like best that] he gets to be a part of his culture

Parents and caregivers were also asked about the most difficult aspects of raising children in the Hualapai Tribe Region. The majority of survey respondents indicated that the negative influences of drug and alcohol use in the community, as well as the violence that often results from substance abuse are among the most challenging aspects of raising children in the region.

Parents and caregivers also pointed out that they also struggle with the lack of facilities, events or activities for young children available locally. Along the same lines, survey participants also reported difficulties with having to travel long distances to access family activities (such as movie theaters) but also to tend to family needs for shopping, buying groceries and emergency health care.

Finally, a few parents also indicated that finding reliable child care for young children (or finding alternatives for when babysitters get sick) is often a challenge for them.

The Parent and Caregiver Survey also included an item asking parents what they thought were the most important things that should happen in order to improve the lives of children and families in the Hualapai Tribe Region. Responses to this question were diverse with some including specific suggestions about additional services (or an increase in existing services). Responses are presented in order of most to least cited.

Increased parent education and involvement was a common response to this item. Survey participants agreed that supporting parents in their parenting skills would have a strong impact on the wellbeing of families with young children. As one respondent suggested: “[Having]
parenting classes for parents to teach them how to be involved and read to their kids." Another common suggestion was to increase the availability of activities for young children and families with young children in the region. Some parents and caregivers also pointed out that decreasing drug and alcohol use in the community would make a big difference in the lives of young children.

**Parental Involvement**

Parental involvement has been identified as a key factor in the positive growth and development of children, 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. 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.

The Parent and Caregiver Survey (see Appendix 1 for more information on the survey) collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development, including two items about home literacy events.

Ten 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. A much larger fraction (56%) reported that the child was not read to, or only once or twice during the week. In comparison, telling stories or singing songs was somewhat more frequent. In more than half of the homes (61%), children are hearing stories or songs three or more days per week. The average respondent reported reading stories 2.9 days per week, and singing songs or telling stories 3.3 days per week.

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Figure 25. 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?

<table>
<thead>
<tr>
<th>Read stories</th>
<th>6 or 7</th>
<th>3 to 5</th>
<th>1 or 2</th>
<th>zero</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>43%</td>
<td>31%</td>
<td>14%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tell stories or sing songs</th>
<th>6 or 7</th>
<th>3 to 5</th>
<th>1 or 2</th>
<th>zero</th>
</tr>
</thead>
<tbody>
<tr>
<td>19%</td>
<td>42%</td>
<td>22%</td>
<td>15%</td>
<td></td>
</tr>
</tbody>
</table>

Source: 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.

Parents in the Hualapai Tribe Region have access to parent education and home visitation services from the Maternal Child Health (MCH) Program, which is funded by the First Things First Hualapai Tribe Regional Partnership Council and is housed at the Hualapai Department of Health Education and Wellness. Starting in 2013, the MCH program began to utilize the Parents as Teachers (PAT) model to do a series of eight home visits with families who enroll in the program. Prior to that, the MCH program utilized a combination of a Nurse Home Visitor and Parents as Teachers Model, as they were striving to become an affiliated PAT program.

In the current model of the program, parents receive developmental information and guided support on positive interactions with their children as well as tips on how to handle behavior problems they may encounter. The content of the sessions can also be tailored to the family’s specific needs. As of June 2014, 12 families were enrolled in the program, and individuals interested in participating are eligible to enroll from pregnancy up until their child turns five years of age.

In addition to the home visitation component, the MCH program also offers Group Connection, bi-monthly gatherings open to the parents of children birth to five in the community. An early-childhood related topic is presented at each of these gatherings by either the MCH staff or invited speakers. Topics vary from health-related (e.g. dental hygiene) to cultural themes (e.g. cradleboard making).
A third element of the MCH program is the provision of diapers and baby formula to families in need in the region. When parents come in to request emergency supplies, staff with the program invite families to participate in the home visitation and Group Connection components.

The MCH program works in close collaboration with the Hualapai WIC program, from which it routinely gets referrals. MCH staff also reach out to other stakeholders working with young children in the region such as the newly open Day Care Center and Hualapai Head Start Program.

Upon request by the First Things First Hualapai Tribe Regional Partnership Council a question was added to the Parent and Caregiver Survey that asked parents about access to services from the MCH program. The question asked: “Have you ever received services from the Maternal and Child Health program?” Response options included: “Yes, prenatal care services,” “Yes, services for my child(ren),” and “I have not received services from the Maternal and Child Health Program.” Over half (54%) of survey participants indicated having received services from the MCH program (prenatal, child services, or a combination of both). Thirty nine percent said they had not received services from the program, and 8 percent did not provide an answer to this item (Figure 26).

Figure 26. Services received from the Maternal and Child Health Program

The FTF Hualapai Tribe Region Parent and Caregiver Survey also included an item aimed at eliciting information about parents’ and caregivers’ awareness of their influence on a child’s brain development. 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.\textsuperscript{128} In addition, when mothers experience prenatal stress, there may be direct effects on the brain of the developing baby.\textsuperscript{129}

More than three-quarters (76%) of the respondents recognized that they could influence brain development prenatally or right from birth. Only a small proportion (4%) responded that a parent’s influence would not begin until after the infant was 7 months old.

\textit{Figure 27. Responses to the question “When do you think a parent can begin to make a big difference on a child’s brain development?”}

\begin{figure}[h]
\centering
\includegraphics[width=0.8\textwidth]{figure27.png}
\caption{Responses to the question “When do you think a parent can begin to make a big difference on a child’s brain development?”}
\end{figure}

Source: Parent and Caregiver Survey, 2014

\section*{Food Security}

Food insecurity is defined as a “household-level economic and social condition of limited or uncertain access to adequate food.”\textsuperscript{130} 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.\textsuperscript{131} Participating in Nutritional Assistance (SNAP) has been shown to decrease the

\begin{itemize}
\item \textsuperscript{128} Brazelton, T. B. (2010). Infants and mothers: Differences in development. Random House LLC.
\end{itemize}
percentage of families facing food insecurity in all households (10.6%) and households with children (10.1%) after six months in the SNAP program.\textsuperscript{132}

In the Hualapai Tribe Region, St. Mary's Food Bank Alliance receives funding from First Things First to provide food assistance to families with young children in the region. The distribution of food boxes is done through a partnership with the Hualapai Department of Human Services.

**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.\textsuperscript{133}

Child welfare services in the Hualapai Tribe Region are overseen by the Hualapai Human Services Department. In calendar year 2012, there were fewer than 10 substantiated cases of child abuse and neglect that involved children birth to five. In the same year, there were 58 children (0-17) in foster care and fewer than ten foster homes available to serve this children on the reservation as well as off the reservation.\textsuperscript{134} When young children must be placed outside of the reservation boundaries, they normally stay within the Kingman area. Older children who are placed off-reservation usually go to residential care facilities in the Phoenix area.

Data on child abuse were also available from the Hualapai Police Department, as shown on Table 28. Although there has been an increase in the number of child abuse offenses reported by the Hualapai Police Department, key informants indicated that this may be in part due to the fact that a better record-keeping system is now available.


\textsuperscript{134} Hualapai Human Services (2013). *[CY2012 Child Welfare Data]*. Unpublished data received from Hualapai Human Services
### Table 28. Child abuse offenses (2010-2013)

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2012</th>
<th>2013</th>
<th>CHANGE 2010-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Child Abuse Offenses</td>
<td>94</td>
<td>127</td>
<td>189</td>
<td>+101%</td>
</tr>
</tbody>
</table>


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

**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.\(^{135}\)

Under ICWA, an Indian child’s family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts. If an Indian child is removed by state Child Protective Services, ICWA requires preference for the child’s placement to be first with the child’s relatives; second, with fellow tribal members; third, \(^{135}\) 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.
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.\textsuperscript{136}

**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.\textsuperscript{137} More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8\textsuperscript{th}, 10\textsuperscript{th}, and 12\textsuperscript{th} graders in all 15 counties across Arizona every other year. In 2012, three percent of youth indicated that they currently have a parent in prison. Fifteen percent of youth indicated that one of their parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.

This represents a population of Arizona youth who are at great risk for negative developmental outcomes. Previous research on the impact parental incarceration has on families demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents.\textsuperscript{138} 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.  

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 disorder.  

Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so, and the Arizona Department of Corrections states that it endeavors to support interactions between incarcerated parents and their children, as long as interactions are safe.  

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.  

Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.

According to the U.S. Department of Justice, the number of inmates confined in tribal jails increased between 2011 and 2012 by 5.6%. Of the 14 facilities in tribal jails 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.

The Hualapai Adult Detention Center is a 40-bed facility located in Peach Springs, Arizona. The facility offers a variety of services to inmates, including GED classes, counseling services (provided by the Hualapai Health Department), and drug and alcohol services including Alcoholics Anonymous and Wellbreity. Part of the mission of the Hualapai Adult Detention

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Center is to “assist offenders to become productive citizens upon their release to the community.”

The Hualapai Juvenile Detention and Rehabilitation Center is a 30-bed facility in which youth are offered a wide variety of services and opportunities aimed to prepare them for a better future after their release. The Positive Warrior Work Services program began in 2011. This program gives youth the opportunity to give back to the Hualapai community by chopping wood for community elders, cleaning yards, and assisting with community functions. The Positive Warrior Work Services program also includes a culinary program that teaches basic cooking and sanitation skills.

The juvenile center is also one of three to have been awarded a 4-year grant to implement the Tribal Juvenile Detention and Reentry Green Demonstration Program. Through this program, and the University of Arizona Agricultural Extension Office, Hualapai youth in the detention center have worked with community elders to build garden beds and green houses, both at the detention center and at the Hualapai Boys and Girls Club. The produce that is comes from these gardens is used in the culinary program at the detention center, which teaches youth how to cook and prepare meals using the traditional foods that are grown in the garden. The produce is also delivered by the youth to elders in the Peach Springs community. With an additional grant from the U.S. Department of Energy, youth inmates also worked to construct a solar powered energy system for the Hualapai youth detention center.

**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. Physically abused children are at an increased risk for gang membership, criminal behavior, and violent

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relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.\footnote{149}

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended.\footnote{150} 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 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.

A four-bedroom shelter for victims of domestic violence is available in the Hualapai Tribe Region, operated by the Hualapai Human Services Department.

Data on domestic violence incidents were available from the Hualapai Police Department. As shown on the table below, the number of offenses related to domestic violence has decreased since 2010.

\textit{Table 29. Domestic Violence Offenses (2010-2013)}

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2012</th>
<th>2013</th>
<th>CHANGE 2010-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Domestic Violence Offenses</td>
<td>298</td>
<td>276</td>
<td>256</td>
<td>-14%</td>
</tr>
</tbody>
</table>

\textit{Hualapai Tribal Police Department (2014). [Crime Statistics, 2010-2013]. Data received from the Hualapai Tribal Police Department.}

\textit{Note: The “Change from 2010 to 2013” 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}

Key informants attribute the decrease in domestic violence arrests at least in part to the cooperation of the police and the Human Services Department services in developing wrap-around services for victims. This includes a domestic violence investigator who is funded by a grant to the Department of Human Services and hired and trained by the Hualapai Police Department. This investigator responds to domestic violence calls and is able to serve as a “bridge” to Human Services. The Police Department also has been increasing their ability to gather and track data, which also is seen to be contributing to better identifying families who may need additional supports because of histories of substance use and/or violence. Informants felt that increasing the number of investigators could help reach more victims with services.


Public Information and Awareness

Key informants indicated that, while additional awareness on the importance of early childhood among parents is still needed, a lot of progress has been made in the last years in this area. Key informants indicated that community members, and particularly parents of young children, are speaking more about the topic. There is an increased emphasis on early education and on the importance of early identification of developmental delays in young children.


System Coordination

With the opening of the new Hualapai Day Care Center additional coordination and collaboration opportunities have arisen in the region. The physical proximity of the Day Care Center with the Head Start Program and other key services to families with young children in the region (such as the Maternal and Child Health Program) represents a unique opportunity to enhance system coordination efforts in the community.

First Things First-directed efforts and funded services offer important coordination opportunities in the region. For instance, an important aspect of the First Things First-funded Maternal and Child Health program (MCH) services is the opportunity to connect parents to other resources available to them in the community. Because of this, MCH staff put a strong emphasis on networking and making connections with stakeholders within the region (i.e. Hualapai WIC Program, Hualapai Day Care Center, Head Start) and in the surrounding communities (i.e. Mohave County Health Department and other organizations that provide services to young children countywide). This has resulted in additional resources (such as car seats) being available to parents in the community. Key informants indicated, however, that enhanced coordination and collaboration with providers of health services such as the Peach Springs Health Center could benefit the families in the region.

In addition, and as it was mentioned above in the Developmental Screenings and Services for Children with Special Developmental and Health Care Needs section, another important effort led by the Hualapai Tribe First Things First Regional Partnership Council is a gathering of stakeholders in the region focused on children with special needs. The “Helping Parents Help
their Kids: A Community Conversation” is a partnership of the Hualapai First Things First Regional Partnership Council, the Peach Springs Unified School District, Hualapai Youth Services Partners and other service providers in the region to assist parents in the identification of needed resources for their children, particularly those with developmental delays. One of the goals of this Community Conversation is to increase awareness and collaboration among tribal departments and other service providers in the region such as the IHS Peach Springs Health Center with regards to early identification of developmental delays as well as the appropriate referrals.

In parallel to the Community Conversation process, in the fall of 2013 and spring of 2014 another series of First Things First-led “Systems Building” conversations took place among Regional Partnership Council (RPC) members. RPC members engaged in discussions about the focus areas they should prioritize when working towards an early childhood system in the region. The Systems Building and Community Conversation on Children with Special Needs efforts converged when Hualapai RPC members agreed that “early identification of children with special needs and earlier provision of interventions” should be one of the top priorities in the Hualapai Tribe Region. Council members recognized that this would entail an improved partnership between the school district, Hualapai Head Start, the region’s AzEIP provider (A to Z Therapies), and the local IHS clinic (Peach Springs Health Center). As part of this Community Conversation a number of next steps were identified:

1. Identification of gaps in the system currently in place to assist the families of children with special needs- this was started by convening the group of stakeholders who participated in the Conversation itself. Additional community meetings were organized as part of this effort, and Peach Springs School District’s Director Exceptional Student Services provided training to those interacting with families so that they can provide better guidance to them.
2. Co-hosting a screening fair to identify children in needs of additional developmental evaluations, referrals and services – this event was held in the spring of 2014 and was very successful.
3. Distribution of an easy-to-follow brochure to link families and providers with the support system for child development and intervention.151

Successful participation of stakeholders in the above mentioned meetings as well as good community participation in the screening fair suggest that the Community Conversation on Special Needs and the Systems Building efforts are already yielding positive results.

151 Unpublished information provided by the FTF Hualapai Tribe Regional Director.
Summary and Conclusion

This Needs and Assets Report is the fourth biennial assessment of early education and health services in the First Things First Hualapai Tribe Region. Through both quantitative data assembled, and through the interviews with key informants in the community, it is clear that the region has substantial strengths. These include high rates of childhood vaccinations, a strong Head Start program that provides care, early education and health services to a large proportion of three and four year old children in the area; a Maternal and Child Health Program that provides important parent education to expecting families and families with young children and that also serves as a hub for referrals to other services; the new effort to assist children with special needs, “Helping Parents Help Their Kids: a Community Conversation”, and a strong sense among community members that children and youth are a priority population. A table containing a full summary of identified Regional assets can be found in Appendix 2.

However, there continue to be substantial challenges to fully serving the needs of young children throughout the region. A table containing a full summary of identified regional challenges can be found in Appendix 3. Many of these have been recognized as ongoing issues by the Hualapai Tribe 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.

- **Low educational attainment combined with a need to raise the awareness of the importance of early childhood and a parent’s role in supporting health and development.** Although the proportion of children who are enrolled in a preschool setting is higher in the Hualapai Tribe Region than in the rest of the state, the percentage of 3rd graders passing AIMS reading and math tests, and levels of adult educational attainment, are substantially lower than in Arizona as a whole. The Hualapai Tribe Regional Partnership Council has recognized this need and has invested and will continue to fund the Home Visitation strategy to provide educational opportunities for young children and support for parents in a home setting.

- **The need for increased access to quality early care and learning settings.** While the number of three and four year olds attending these settings is high, a need for child care in the region for other young children remains. The Hualapai Tribe Regional Partnership Council has added to the number of quality child care slots available by funding the Expansion strategy in FY2014. In addition, in FY2015, the Council will fund Quality First Coaching & Incentives to continue to improve the quality of early care and education in the region.

A table of Hualapai Tribe Regional Partnership Council First Things First planned strategies for fiscal year 2015 is provided in Appendix 4.
This report also highlighted some additional areas that could be considered as targets by stakeholders in the region.

- **Additional support for teen parents.** The rate of teen pregnancy in the region far exceeds that of all Arizona reservations combined and the state of Arizona, pointing to a need for support for these mothers. Because of the impact that unplanned pregnancies 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.

- **Continued high rates of childhood obesity.** The percentage of young children in the region who are overweight or obese is high. Childhood obesity is associated with a number of health and psycho-social problems, and with increased health care costs. Prevention and intervention programs that address the high rates of childhood obesity in the region can be highly beneficial for the community as a whole, as obesity is also a concern among the adult population.

- **A high percentage of young children living in poverty.** More than half of the children under six years of age living in the region live in poverty. To counteract the multitude of effects that this can have on a child, supporting additional resources for families and children in the region in early literacy, health care access and family support programs might be advised.

Although families across the state, including those in the Hualapai Tribe Region, continue to face challenges in tight economic times, coupled with challenges posed by the geographic isolation of the region, the Hualapai Tribe has substantial strengths that it can leverage to help support young families in the region and to help assure that “the community’s children” enter kindergarten healthy and ready to learn.
Appendix 1. Parent and Caregiver Survey Methodology

First Things First collects data from parents and caregivers of children birth to five 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 Hualapai Tribe 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 Hualapai Tribe Region, the University of Arizona Norton School, worked in close collaboration with the Regional Director 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 Hualapai Tribe WIC Program, Education Division, and the Hualapai Tribe 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 93 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 collect data for the survey is included below.

**First Things First Hualapai Parent and Caregiver Survey**

Thank you for participating in this survey! Your input will help guide the services funded by the Hualapai Tribe First Things First Regional Partnership Council.

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

- Yes (go to the next question)
- No → This survey is only for people with children ages 5 or younger. Please return this form to the facilitator. 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?**
   - None
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days
   - 6 days
   - 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?**
   - None
   - 1 day
   - 2 days
   - 3 days
   - 4 days
   - 5 days
   - 6 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. **Sometimes people have difficulty getting health care when they need it. During the past 12 months, was there any time when any of your young children needed these types of care but it was delayed or not received?**

    Medical care  
    - yes, needed care was delayed or not received
    - no

    Dental care  
    - yes, needed care was delayed or not received
    - no

    Vision care  
    - yes, needed care was delayed or not received
    - no

    Mental health services  
    - yes, needed care was delayed or not received
    - no

    Hearing services  
    - yes, needed care was delayed or not received
    - no
11. Have you ever received services from the Maternal and Child Health program? (check all that apply)

- Yes, prenatal care services
- Yes, services for my child(ren)
- I have not received services from the Maternal and Child Health Program

12. When you (or when your children’s mother/wife/partner…) first learned you were pregnant, where did you first go for health care (or prenatal) services? (check all that apply)

- Hualapai Tribe Health Education and Wellness Department
- IHS Peach Springs Health Center
- Another health care provider outside of Peach Springs
  (specify____________________________________)

13. Have you heard about the Health Insurance Marketplace (aka “Affordable Care Act” or “Obamacare”)?

- Yes, I have enrolled
- Yes, I have heard about it and want to enroll
- Yes, I have heard about it but don’t want to enroll
- No, I have not heard about it but would like more information
- No, I have not heard about it and I’m not interested in more information

14. Are you currently worried a lot, worried a little or not worried at all about how well your child(ren):

• Talks and makes speech sounds? (ages 4 months- 5 years)
  - Worried a lot  □ Worried a little  □ Not worried at all  □ I don’t have a child this age

• Understands what you say? (ages 4 months- 5 years)
  - Worried a lot  □ Worried a little  □ Not worried at all  □ 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  □ Worried a little  □ Not worried at all  □ I don’t have a child this age

• Uses his/her arms and legs (ages 4 months- 5 years)
We are almost done! We now have a few questions for you to answer about yourself. These allow us to describe who has completed these surveys overall. They are not used to identify you individually.

15. Do you currently have a paid job?
   □ Yes       □ No

16. Are you currently?
   □ Married     □ Widowed
   □ Single      □ Living with a partner
   □ Divorced/Separated

17. What is your age? _________

18. What languages are spoken in your home? (check all that apply)
   □ English    □ Hualapai    □ Navajo    □ Other (Specify: ________________________ )

19. Gender? Male  Female

More questions on the back!  

20. What is the highest grade or year of school you have completed?
21. **How would you describe your ethnic or racial background:**
- Native American/ American Indian
- White/European/Anglo
- Hispanic/Latino
- Hawaiian/Pacific Islander
- African American/Black
- Two or more races
- Asian
- Other (Specify: ____________________________)

22. **Is your total family income before taxes...**
- Less than $10,000
- $10,000 to $19,999
- $20,000 to $29,999
- $30,000 to $39,999
- $40,000 to $49,999
- $50,000 to $59,999
- $60,000 to $74,999
- $75,000 or more

23. **Where do you live?**
   - Town: ____________________________
   - Zip code: __________

*Thank you very much for participating in the survey! Below are some final questions that would help the First Things First Hualapai Regional Partnership Council better understand the needs of parents in your community. We appreciate any thoughts you would like to share on these issues.*

**What do you like best about raising young children in your community?**

**What are the hardest things about raising young children in your community?**

**Where do you typically go for health care for your child? Is it affordable? What would you change about it, if you could?**

**Where do you typically go for dental care for your child? Is it affordable?**

**Do you have any suggestions for how to make sure the Hualapai language continues to be learned and used?**

**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?**
## Appendix 2. Table of Regional Assets

<table>
<thead>
<tr>
<th>First Things First Hualapai Tribe Regional Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than half (57%) of young children in the region are benefitting from Nutrition Assistance (SNAP).</td>
</tr>
<tr>
<td>Young children in the region are served by both the Hualapai Tribal Head Start program and the Hualapai Child Care program, which recently opened a Day Care Center.</td>
</tr>
<tr>
<td>Eighty-three percent of the preschool-age children in the region are enrolled in the Tribal Head Start program.</td>
</tr>
<tr>
<td>High rates of child immunizations.</td>
</tr>
<tr>
<td>Good access to oral health care including the involvement of the Peach Springs Health Center in the Indian Health Service (IHS) Early Childhood Caries (ECC) Collaborative.</td>
</tr>
<tr>
<td>The percent of births in the region with early prenatal care exceeds the Healthy People 2020 target.</td>
</tr>
<tr>
<td>The Maternal and Child Health Program housed within the Hualapai Department of Health Education and Wellness.</td>
</tr>
<tr>
<td>The Hualapai Tribe WIC Program housed within the Hualapai Department of Health Education and Wellness.</td>
</tr>
<tr>
<td>The effort recently begun to assist children with special needs; “Helping Parents Help Their Kids: a Community Conversation.”</td>
</tr>
<tr>
<td>A domestic violence shelter operated by the Hualapai Human Services Department.</td>
</tr>
<tr>
<td>The Hualapai Community Resource Directory.</td>
</tr>
<tr>
<td>Low rate of uninsured children birth to five years of age compared to the rate of all Arizona reservations combined</td>
</tr>
<tr>
<td>High rate of Medicaid enrollment among children birth to five which allows for third-party billing of health care services</td>
</tr>
</tbody>
</table>
Appendix 3. Table of Regional Challenges

<table>
<thead>
<tr>
<th>First Things First Hualapai Tribe Regional Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than half (51%) of the region’s young children live in single-female headed households.</td>
</tr>
<tr>
<td>Almost a quarter (24%) of the region’s adults are unemployed.</td>
</tr>
<tr>
<td>Over a third (36%) of adults in the region lack a high school diploma or GED.</td>
</tr>
<tr>
<td>More than half (52%) of the young children in the region live in poverty.</td>
</tr>
<tr>
<td>Third graders performance on both the reading and math AIMS tests falls far below the state.</td>
</tr>
<tr>
<td>High rate of teen births in the region compared to all Arizona tribes and the state.</td>
</tr>
<tr>
<td>About half of young children in the region are estimated to be overweight or obese.</td>
</tr>
<tr>
<td>The Hualapai Tribe Primary Care Area is designated as a Medically Underserved area.</td>
</tr>
<tr>
<td>Very low breastfeeding rates</td>
</tr>
</tbody>
</table>
### Appendix 4. Table of Regional Strategies, FY 2015

<table>
<thead>
<tr>
<th>Goal Area</th>
<th>Strategy</th>
<th>Strategy Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality and Access</td>
<td>Quality First</td>
<td>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.</td>
</tr>
<tr>
<td>Family Support</td>
<td>Home Visitation</td>
<td>The Maternal and Child Health strategy provides home visitation combined with community-based group training for pregnant women and parents of young children. It is a comprehensive intervention and home visitation program aiming for outcomes of healthier pregnancies, competent parents, and improved child development and health.</td>
</tr>
<tr>
<td>Family Support</td>
<td>Food security</td>
<td>Increase access to nutritious food assistance for families with children ages birth through five in the region. The strategy is responsive to the additional needs of the region due to its remote location and extensive travel requirement to the nearest grocery store; it makes available a three-day supply of nutritionally balanced food for families in the region.</td>
</tr>
<tr>
<td>Native Language Preservation</td>
<td>Native Language Preservation</td>
<td>Engage families in reading activities that encourage the development of early literacy skills and also reinforce the cultural importance of learning and preserving the Hualapai language. This strategy will support the development of a bilingual (Hualapai/English) children’s board book and accompanying activities.</td>
</tr>
<tr>
<td>Goal Area</td>
<td>Strategy</td>
<td>Strategy Description</td>
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<tr>
<td></td>
<td>compact disc.</td>
<td>The compact disc will correspond to the children’s book to encourage literacy skill development in parents as well. The board book and compact disc will be assembled as a kit to provide to families with young children.</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Statewide Evaluation</td>
<td>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.</td>
</tr>
</tbody>
</table>
Appendix 5: Data Sources


Indian Health Service Phoenix Area (2014). [2012-2013 Health Indicators]. Unpublished data provided by the Indian Health Service Phoenix Area

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


