



2014 NEEDS AND ASSETS REPORT
WHITE MOUNTAIN APACHE TRIBE REGIONAL PARTNERSHIP COUNCIL

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

White Mountain Apache Tribe Regional Partnership Council

2014

Needs and Assets Report

Prepared by the
Frances McClelland Institute for Children, Youth and Families
Norton School of Family and Consumer Sciences
College of Agricultural and Life Sciences
The University of Arizona

Funded by
First Things First White Mountain Apache Tribe Regional Partnership Council

Norton School of Family and Consumer Sciences
College of Agricultural and Life Sciences
The University of Arizona
PO Box 210078
Tucson, AZ 85721-0462
Phone: (520) 621-8739
Fax: (520) 6214979
<http://ag.arizona.edu/fcs/>

Letter from the Chair

Chair

Laurel Endfield

Vice Chair

Dawnafe Whitesinger

Members

Aletha Burnette

Jandi Craig

Michael Gaffaney

Paula Hoyt

Nikina Whitaker

Kathleen Wynn

August 4, 2014

The past two years have been rewarding for the First Things First White Mountain Apache 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 First Things First White Mountain Apache 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, specifically created for the White Mountain Apache Tribal Region in 2012 and the new 2014 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The White Mountain Apache Tribe Regional Council would like to thank our Needs and Assets vendor, the University of Arizona Norton School of Family and Consumer Sciences, for their knowledge, expertise and analysis of the White Mountain Apache Tribal region. The new report will help guide our decisions as we move forward for young children and their families within the White Mountain Apache Tribal region.

Going forward, the First Things First White Mountain Apache Tribe Regional Partnership Council is committed to meeting the needs of young children by providing essential services and advocating for social change.

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

Thank you for your continued support.

Sincerely,



Laurel Endfield, Chair

White Mountain Apache Tribe Regional Partnership Council

4700 W. White Mountain Blvd., B1,
Lakeside, Arizona 85929
Phone: 928.532.5041
Fax: 928.532.5053



FIRST THINGS FIRST

Laurel Endfield, Chair

Dawnafe Whitesinger, Vice Chair

Aletha Burnette

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Michael Gaffaney

Paula Hoyt

Nikina Whitaker

Kathleen Wynn

Vacant

Vacant

Vacant

Report Prepared by:

Frances McClelland Institute for Children, Youth and Families
John & Doris Norton School of Family and Consumer Sciences
College of Agriculture and Life Sciences
The University of Arizona

Introductory Summary and Acknowledgments

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

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

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

Acknowledgments:

The First Things First White Mountain Apache Tribe Regional Partnership Council owes special gratitude to the agencies and key stakeholders who participated in numerous work sessions and community forums throughout the past two years. The success of First Things First was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

To the current and past members of the White Mountain Apache 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.

We also want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the American Community Survey, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, the Arizona Health Care Cost Containment System, the Indian Health Service and local centers and agencies on the Fort Apache Reservation that serve the White Mountain Apache Tribe for their contribution of data for this report.

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Executive Summary

The Fort Apache Reservation occupies 1.6 million acres on the ancestral homeland of the White Mountain Apache Tribe in the East Central region of Arizona, spread across Apache, Gila, and Navajo Counties. The reservation serves as the boundaries for the First Things First White Mountain Apache Region.

In 2010 there were about 13,400 people residing in the region, over 2,000 of whom are children under the age of six. There are many multi-generational households in the region and over one-third of the households in the region have one or more young children, which is twice the rate seen across the state as a whole. About half the children live with one or more parents, and most of the others live with their grandparents and other relatives. About 62 percent of children under six live in poverty. The vast majority of the adults (94%) and young children (97%) in the White Mountain Apache Tribe Region are American Indian. About half of the households in the region speak an Indian language (primarily Apache) at home.

Families with young children in the region face challenges of high unemployment and low-levels of educational attainment. Almost 40 percent of the women giving birth in the region have less than a high-school education. However, a number of programs, such as FACE, support parents and children, providing educational opportunities for both. Head Start is a strong resource in the community; nearly 80 percent of the region's four-year-olds are enrolled at one of the three locations, Whiteriver, Cibecue and McNary. The Reach Out and Read (ROR) program encourages families to read to their young children, to promote kindergarten readiness. Students at Alchesay High School can work toward a Child Development Associate credential, preparing them to become the next generation of educators for the region's young children. To help them continue their education, local professional development opportunities are available for early childhood education professionals at Northland Pioneer College.

Most of the primary health care in the region is provided through the Indian Health Service, which has a hospital in Whiteriver and a clinic in Cibecue. Specialized care may require a trip to Phoenix. One strong community asset is that labor and delivery services can be provided to mothers in the region at the Whiteriver Indian Hospital. The hospital was recently designated "Baby Friendly" in acknowledgement of their strong support for breastfeeding.

The teenage birthrate is high in the region, and teen pregnancies have been linked with low birth weight and preterm deliveries, both of which are an issue in the region.

The White Mountain Apache Tribe Child Find provides door to door developmental screenings for children. Support for young children and school-aged children with special needs is available from several sources, but these services may be underutilized. Providers in the region are working together to better understand the barriers which prevent or delay children from receiving the medical, educational, and other services they need.

Family support is a strength of the White Mountain community. Many parents report having strong family ties, a good connection with their Apache culture, and opportunities for outdoor family outings. By leveraging the assets of this close-knit, supportive community, community members, service providers and tribal leaders in the White Mountain Apache Tribe Region can continue to support the health, welfare and development of the young children who live where “there's family everywhere, someone to always help you.”

Who are the families and children living in the White Mountain Apache Tribe Region?

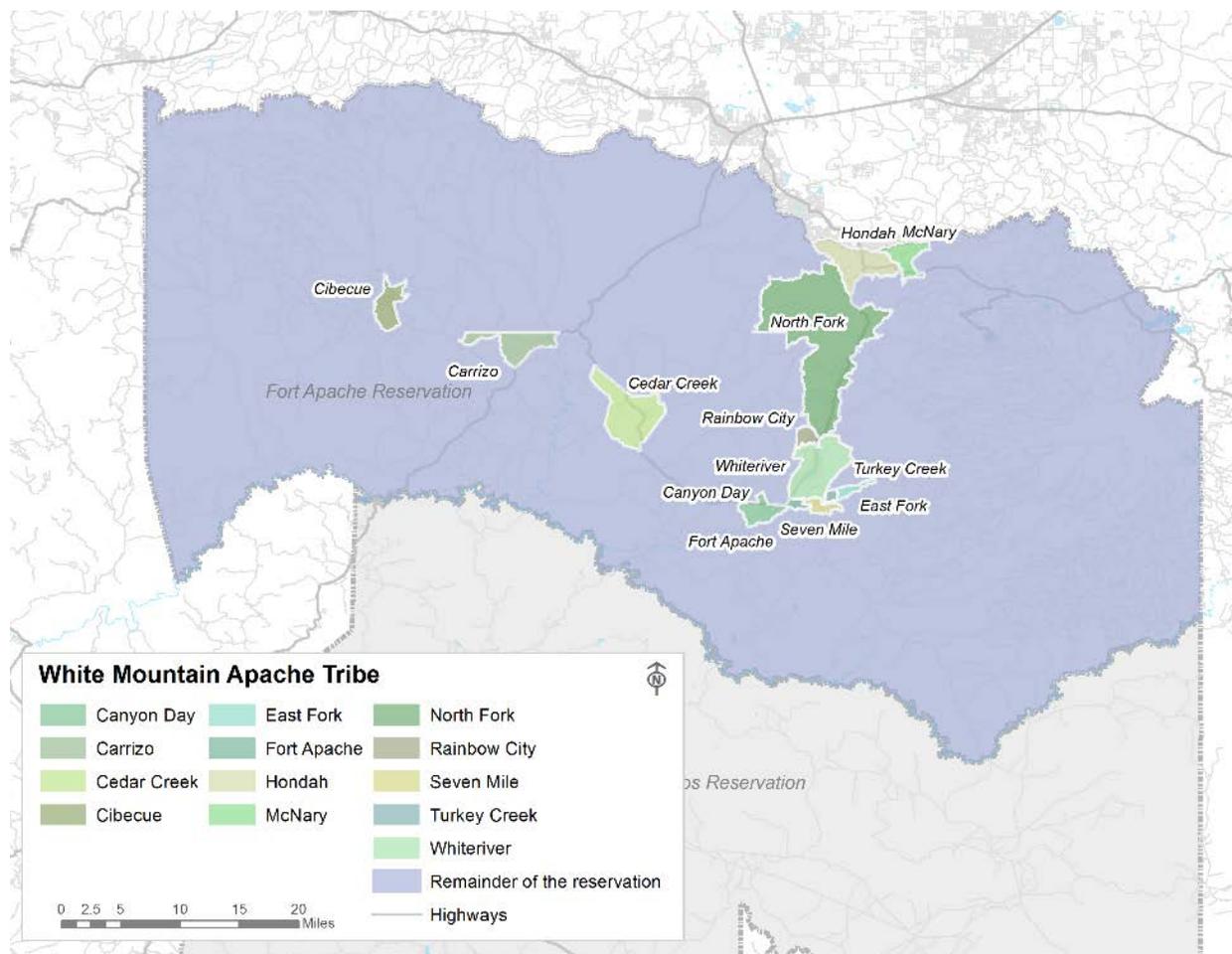
When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First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

Regional Boundaries and Report Data

The Fort Apache Reservation occupies 1.6 million acres on their ancestral homeland in the East Central region of Arizona, spread across the Apache, Gila, and Navajo Counties. The White Mountain Apache Tribal members are the direct descendants of the people who had previously occupied their land and have very strong ties with their traditions. There are twelve reservation communities: Canyon Day; Carrizo; Cedar Creek; Cibecue; East Fork; Fort Apache; Hondah-McNary; North Fork; Rainbow City; Seven Mile; Turkey Creek; and Whiteriver. The largest of these communities, Whiteriver, serves as the capital.

Geographically, the boundaries of the First Things First White Mountain Apache Tribe Region match those of the Fort Apache Reservation. The map below, Figure 1, shows the geographical area covered by the White Mountain Apache Tribe Region.

Figure 1. The White Mountain Apache Tribe Region



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

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources and data provided by White Mountain Apache Tribe agencies and departments. It also includes findings from additional qualitative data collection that was conducted specifically for this report through: a) key informant interviews with representatives from tribal agencies and departments in the fall of 2013; and b) a Parent and Caregiver Survey that gathered information from 295 parents and caregivers of children ages 0 to 5 in the region. Appendix D provides more detailed information about the data collection methods and the instruments utilized.

Approval for the collection of tribal data included in this report was granted by the White Mountain Apache Tribal Council as stated on Tribal Resolution 04-2013-85 passed on April 24, 2013.

In most of the tables in this report, the top row of data corresponds to the FTF White Mountain Apache Tribe Region. When available, the next rows present data for each of the major communities in the region. Therefore, communities are presented as: Whiteriver; Seven Mile, East Fork, Turkey Creek, Fort Apache (combined); Cibecue; North Fork; Hondah-McNary; Canyon Day; Rainbow City; Cedar Creek; and Carrizo. Community members who do not reside in one of these communities are described as residing in the “Remainder of reservation” and their data are included on that line. The last two rows show data that are useful for comparison purposes: all Arizona reservations combined, and at the bottom 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:

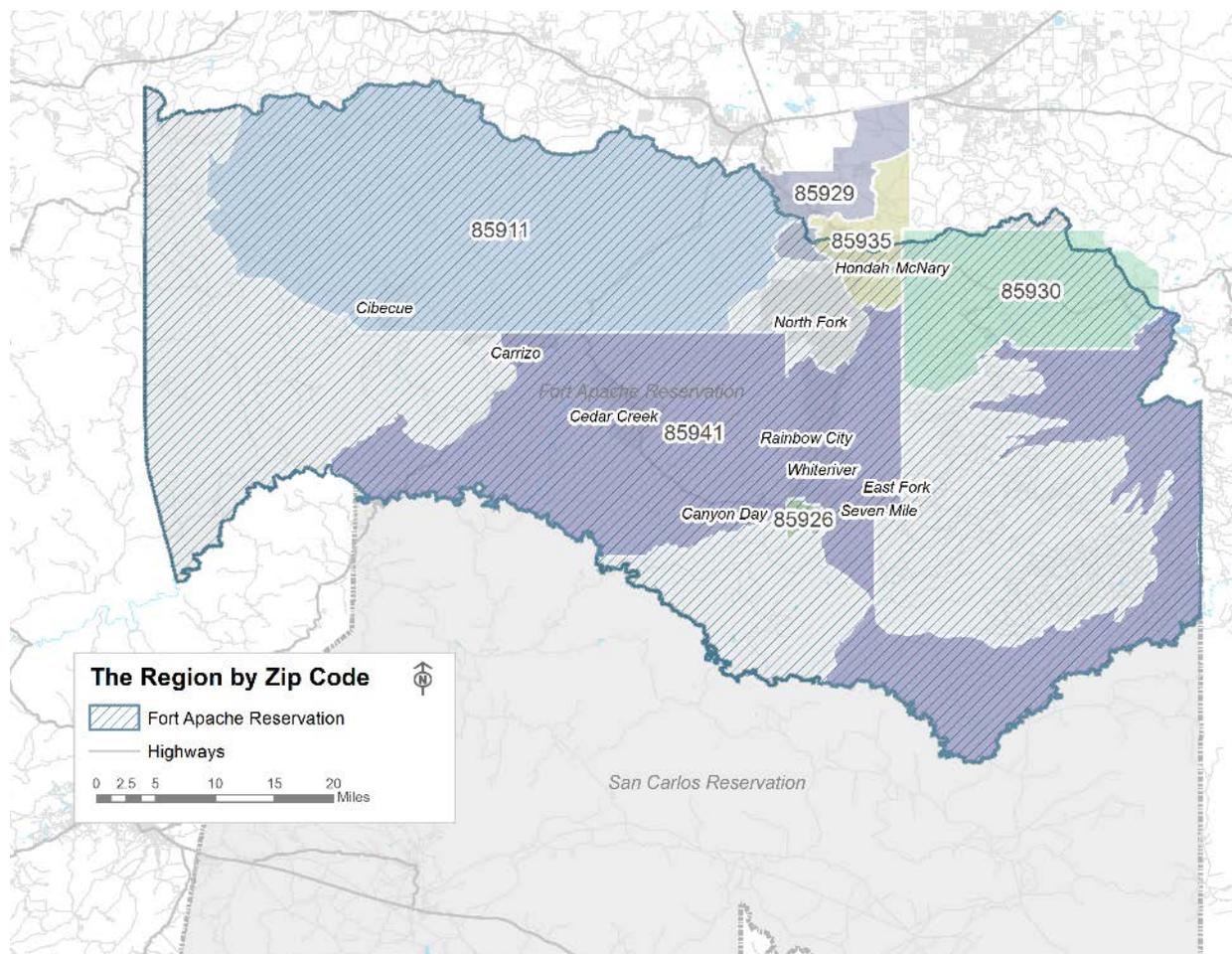
- “For data related to **social service** and **early education** programming, all counts of **fewer than ten**, excluding counts of zero (i.e., all counts of one through nine) are suppressed. Examples of social service and early education programming include: number of children served in an early education 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”).

Data for certain tables were provided by FTF through their State Agency Data Request at the zip code level. Because the zip code boundaries do not exactly match those of the region we estimated a share of the numbers to the White Mountain Apache Tribe Region by applying the following formula: we used the percentage of each zip code area’s population of children 0-5 which are White Mountain Apache Tribe Region residents and then applied these percentages to the zip code level agency data (e.g. SNAP) to calculate estimates for the White Mountain Apache Tribe Region. Figure 2 shows the zip codes included in the region.

Figure 2. The White Mountain Apache Tribe Region, by zip code



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

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

In the past, the decennial census was the only accessible source of wide-area demographic information. Starting in 2005, the Census Bureau replaced the “long form” questionnaire that

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

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

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

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

A current initiative that aims at addressing some of these challenges has been started by the American Indian Policy Institute, the Center for Population Dynamics and the American Indian Studies Department at Arizona State University. The Tribal Indicators Project³ 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

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

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

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

General Population Trends

According to U.S. Census data, the White Mountain Apache Tribe Region had a total population of 13,409 in 2010 (the most recent year for which detailed population data are available), of whom 2,003 were children under the age of six. About one-third of those young children live in Whiteriver. Table 1, below, lists the total population and number of households across communities in the region. There are a higher proportion of households with young children in the region (38%) than there are across all Arizona reservations combined (26%), and over twice the proportion than are seen in the state as a whole (16%). This suggests that early childhood issues are likely to be even more important in the White Mountain Apache Tribe Region than elsewhere in the state, since they affect such a high proportion of the region’s families.

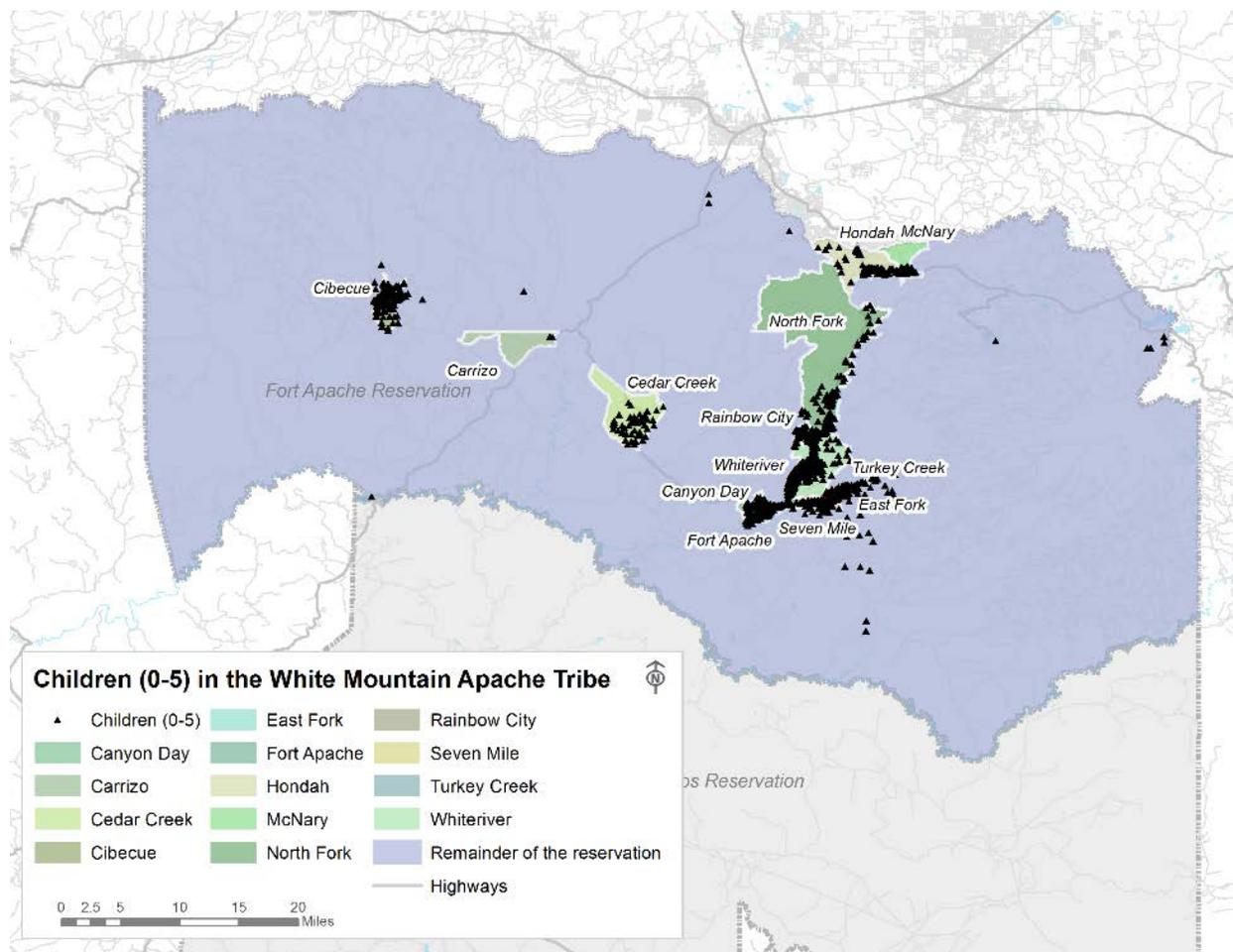
Table 1: Population and households

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
White Mountain Apache Tribe Region	13,409	2,003	3,301	1,267	38%
Whiteriver	4,104	653	1,007	403	40%
Seven Mile, East Fork, Turkey Creek, Fort Apache	1,843	261	432	163	38%
Cibecue	1,713	259	419	172	41%
North Fork	1,417	185	364	121	33%
Hondah-McNary	1,340	191	335	129	39%
Canyon Day	1,209	199	298	113	38%
Rainbow City	968	150	223	100	45%
Cedar Creek	318	52	78	31	40%
Carrizo	127	3	34	3	9%
Remainder of reservation	370	50	111	32	29%
All Arizona Reservations	178,131	20,511	50,140	13,115	26%
Arizona	6,392,017	546,609	2,380,990	381,492	16%

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

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. As of 2010, there were very few children in Carrizo, and very few living outside of the main communities on the remainder of the reservation.

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



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

A comparison between censuses provides information about increases and decreases in population. Table 2 shows changes in population between the 2000 Census and 2010 Census. The White Mountain Apache Tribe Region experienced an overall population increase as well as an increase in the population of children aged 0-5. This was counter to the trend across Arizona reservations as a whole, which showed a decrease both in total population and in the population of young children.

There were regional variations in the change in population, however. Cedar Creek doubled in total population between 2000 and 2010, and its young child population nearly tripled in that time frame; the Hondah-McNary area also saw substantial growth. The areas around Fort Apache and Cibecue both saw a boom in their young child population, and many other towns saw more modest gains. On the other hand, the population living outside of the towns decreased by about three-quarters.

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

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
White Mountain Apache Tribe Region	12,429	13,409	+8%	1,594	2,003	+26%
Whiteriver	3,889	4,104	+6%	526	653	+24%
Seven Mile, East Fork, Turkey Creek, Fort Apache	1,235	1,843	+49%	154	261	+69%
Cibecue	1,331	1,713	+29%	163	259	+59%
North Fork	1,257	1,417	+13%	153	185	+21%
Hondah-McNary	709	1,340	+89%	100	191	+91%
Canyon Day	1,103	1,209	+10%	141	199	+41%
Rainbow City	996	968	-3%	123	150	+22%
Cedar Creek	158	318	+101%	15	52	+247%
Carrizo	135	127	-6%	13	3	-77%
Remainder of reservation	1,616	370	-77%	206	50	-76%
All Arizona Reservations	179,064	178,131	-1%	21,216	20,511	-3%
Arizona	5,130,632	6,392,017	+25%	459,141	546,609	+19%

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

It is important to note that although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that “American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent.”⁴ Although Census data may not fully capture the numbers of people living on the Fort Apache Reservation, they are the most comprehensive publically-available data that can help describe the families that First Things First serve.

Tribal Enrollment

Tribal enrollment data from the White Mountain Apache Tribe show a declining number of young children being enrolled in the tribe. Given that these numbers are substantially lower than the census numbers, it is not clear whether this represents a decreasing number of young tribal members living in the White Mountain Apache Tribe Region, or a decreasing number of enrollment-eligible children, or whether it reflects changes in enrollment policies or procedures. Key informants indicated that parents in the region often wait until their children are 3 or 4 years old and are eligible to participate in the White Mountain Apache Tribe Head Start to enroll them.

⁴“Estimates of Undercount and Overcount in the 2010 Census” (May 22, 2012).

www.census.gov/newsroom/releases/archives/2010_census/cb12-95.html

Table 3: Tribal enrollment numbers, children 0-5

	2011	2012
TRIBAL ENROLLMENT OF CHILDREN AGES 0-5	1,668	1,473

White Mountain Apache Tribe Office of Vital Records. (April, 2014). Tribal enrollment of children 0-5. Unpublished data provided by the White Mountain Apache Tribe Office of Vital Records

Additional Population Characteristics

Household Composition

This section presents data on the characteristics of families living in the White Mountain Apache Tribe Region. In the White Mountain Apache Tribe Region, about 51 percent of children are living with at least one parent according 2010 Census data. This is similar to the proportion seen across all Arizona reservation. The majority of the remaining young children in the region are living with relatives other than their parents (such as grandparents, aunts or uncles). Very few young children (1%) are living with unrelated persons.

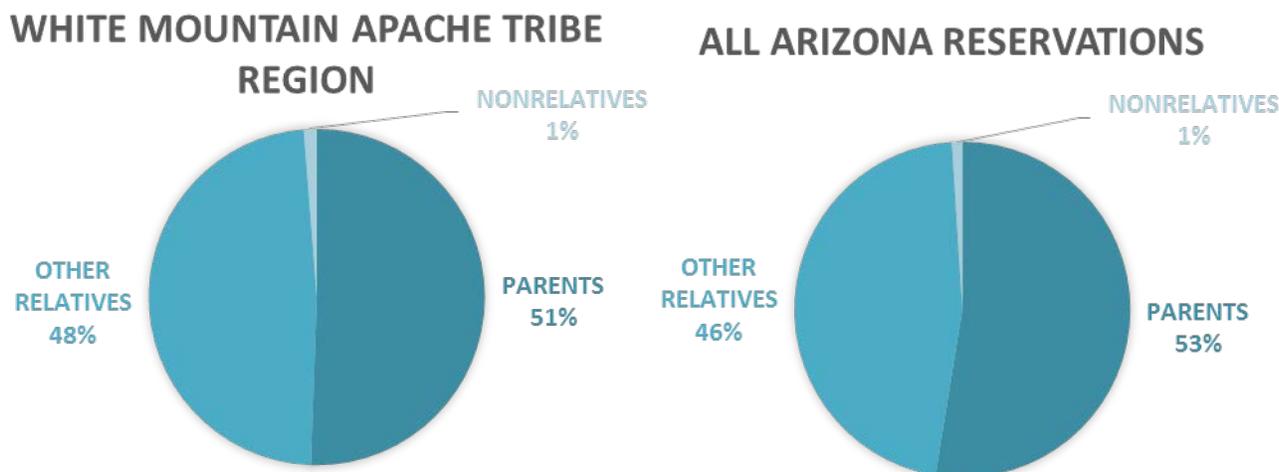


Figure 4. Living arrangements for children (0-5)

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

In the White Mountain Apache Tribe Region, about 46 percent of the households with young children are headed by a married couple (this could be the child’s parents, grandparents, non-relatives, etc.), which is slightly higher than the proportion seen across all Arizona reservations (42%). About 43 percent of the households with young children are headed by a single female; 46 percent are married family households; and the remaining 11 percent are headed by a single male.

WHITE MOUNTAIN APACHE TRIBE REGION

ALL ARIZONA RESERVATIONS

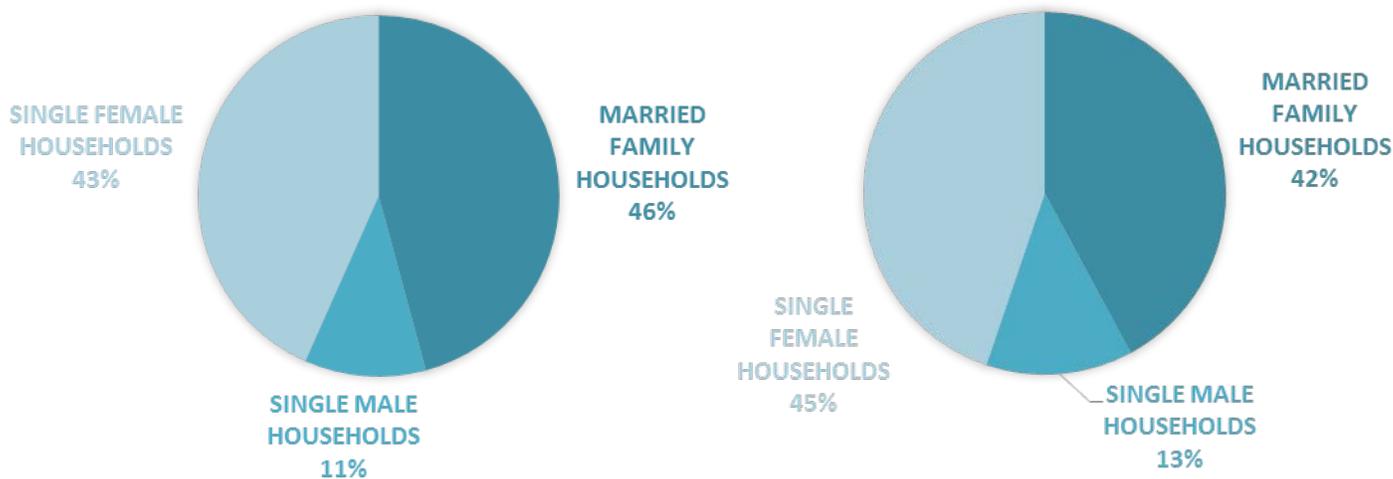


Figure 5. Type of household with children (0-5)

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

The 2010 Census provides additional information about multi-generational households and children birth through five living in a grandparent’s household. In the White Mountain Apache Tribe Region, over 800 children birth to five (about 41% of the young children) are living in a grandparent’s household. This is similar to the rate seen across Arizona reservations as a whole (40%). However, there is some regional variations, with over half of young children in Cedar Creek and Rainbow City, and nearly half in North Fork, living in a grandparent’s household. The proportion of households with three or more generations in the White Mountain Apache Tribe Region (22%) is higher than that seen across all Arizona reservations (16%), and over four times higher than proportion across the state as a whole (5%).

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

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH 3 OR MORE GENERATIONS	
White Mountain Apache Tribe Region	2,003	824	41%	3,301	734	22%
Whiteriver	653	245	38%	1,007	219	22%
Seven Mile, East Fork, Turkey Creek, Fort Apache	261	121	46%	432	99	23%
Cibecue	259	90	35%	419	88	21%
North Fork	185	90	49%	364	81	22%
Hondah-McNary	191	56	29%	335	56	17%
Canyon Day	199	83	42%	298	67	22%
Rainbow City	150	86	57%	223	73	33%
Cedar Creek	52	28	54%	78	23	29%
Carrizo	3	1	33%	34	8	24%
Remainder of reservation	50	24	48%	111	20	18%
All Arizona Reservations	20,511	8,239	40%	50,140	8,104	16%
Arizona	546,609	74,153	14%	2,380,990	115,549	5%

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

The rates of multigenerational households in the region are higher in the WMAT Region than in the state, and all Arizona reservations combined.

It must be noted that extended families that involve multiple generations and relatives along both vertical and horizontal lines are an important characteristic of many American Indian families. The strengths associated with this open family structure -mutual help and respect- can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships.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. This may result in families being less connected with outside support services available to them. On the other hand, having grandparents help with child care may create greater employment opportunities for parents. Multigenerational families must find the balance between not paying for child care (which may be subsidized) and needing to distribute low wages across more household members. In other cases, grandparents and parents may both be working, which results in higher income for the household, but also an increased need for child care.

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

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

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

Ethnicity and Race

In the 2010 census, the vast majority of the adult population in the White Mountain Apache Tribe Region identified as American Indian (94%), which is a higher rate than across all Arizona reservations (88%). There was little regional variation, with the exception of North Fork, which had 7 percent of their population identifying as White, and Hondah-McNary, which had 9 percent of their population identifying as Hispanic.

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

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 5. Race and ethnicity for adults

GEOGRAPHY	POPULATION (18+)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
White Mountain Apache Tribe Region	8,341	2%	2%	0%	94%	1%	1%
Whiteriver	2,505	2%	1%	0%	96%	1%	1%
Seven Mile, East Fork, Turkey Creek, Fort Apache	1,169	3%	1%	0%	95%	0%	1%
Cibecue	1,057	2%	1%	0%	95%	2%	0%
North Fork	918	1%	7%	0%	90%	1%	0%
Hondah-McNary	773	9%	4%	0%	83%	0%	3%
Canyon Day	776	1%	0%	0%	98%	0%	0%
Rainbow City	618	1%	1%	0%	97%	0%	1%
Cedar Creek	189	3%	4%	0%	92%	0%	1%
Carrizo	92	0%	2%	0%	98%	0%	0%
Remainder of reservation	244	3%	10%	0%	83%	0%	3%
All Arizona Reservations	117,049	5%	5%	0%	88%	0%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

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

Similarly, nearly all of the population of children aged birth through four living in the White Mountain Apache Tribe Region were identified as American Indian (97%). Nearly 10 percent of the young children in Hondah-McNary are also reported to be Hispanic.

Table 6. Race and ethnicity for children ages 0-4¹⁰

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
White Mountain Apache Tribe Region	1,693	3%	1%	0%	97%	0%
Whiteriver	539	3%	0%	0%	97%	0%
Seven Mile, East Fork, Turkey Creek, Fort Apache	218	3%	0%	0%	99%	0%
Cibecue	222	2%	0%	0%	97%	2%
North Fork	158	1%	0%	0%	100%	0%
Hondah-McNary	166	8%	2%	0%	97%	0%
Canyon Day	173	5%	1%	0%	97%	0%
Rainbow City	128	0%	0%	0%	100%	0%
Cedar Creek	42	0%	0%	0%	100%	0%
Carrizo	3	0%	0%	0%	100%	0%
Remainder of reservation	44	5%	14%	2%	77%	2%
All Arizona Reservations	17,061	9%	1%	0%	92%	0%
Arizona	455,715	45%	40%	5%	6%	3%

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

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

Language Use and Proficiency

Data about language use provides additional information about the characteristics of the population in the White Mountain Apache Tribe Region. As shown in Table 7 below, over half (55%) of residents in the region speak a Native language at home, which is slightly higher than across all Arizona reservations. About two-thirds of the population in some communities (Cibecue, Rainbow City and Carrizo) report speaking a Native language at home. Ten percent of the population speaks Spanish at home in the Hondah-McNary area.

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

GEOGRAPHY	POPULATION (5+)	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME	PERSON (5+) WHO SPEAK ENGLISH LESS THAN "VERY WELL"
White Mountain Apache Tribe Region	12,185	43%	1%	55%	3%
Whiteriver	3,809	43%	1%	55%	2%
Seven Mile, East Fork, Turkey Creek, Fort Apache	1,496	42%	0%	58%	4%
Cibecue	1,298	30%	1%	69%	9%
North Fork	1,501	48%	0%	50%	2%
Hondah-McNary	1,018	58%	10%	32%	8%
Canyon Day	826	51%	0%	49%	12%
Rainbow City	1,087	33%	0%	67%	1%
Cedar Creek	237	77%	0%	23%	13%
Carrizo	115	37%	0%	63%	37%
Remainder of reservation	798	39%	1%	60%	4%
All Arizona Reservations	165,655	44%	4%	52%	14%
Arizona	5,955,604	73%	21%	2%	2%

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

Data on language use in the region are also available from the White Mountain Apache Tribe Head Start 2013 Community Assessment Parent Survey. This survey asked respondents “What language do you use most of the time at home?” Of the 297 parents and caregivers who responded to this item, 11 percent responded “Apache,” 2 percent said “Navajo” and 4 percent indicated that they speak “another Native language.” The remainder 83 percent responded that English is the language they use most at home.¹¹

A household is defined by the Census as *linguistically isolated* if none of the adults or older children (14 and older) in the household speak English “very well.” As shown in Table 8, a very small proportion of households in the White Mountain Apache Tribe Region (1%) are considered linguistically isolated, and this rate is less than the state rate (5%) and the rate of all Arizona reservations (12%).

¹¹ White Mountain Apache Tribe Head Start Program. (September 2013). *2013 Community Assessment Parent Survey*. Unpublished data provided by the White Mountain Apache Tribe Head Start Program.

Table 8. Household home language use

GEOGRAPHY	TOTAL HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
White Mountain Apache Tribe Region	3,301	82%	1%
Whiteriver	1,007	81%	1%
Seven Mile, East Fork, Turkey Creek, Fort Apache	432	88%	1%
Cibecue	419	89%	3%
North Fork	364	80%	0%
Hondah-McNary	335	67%	2%
Canyon Day	298	89%	5%
Rainbow City	223	93%	0%
Cedar Creek	78	72%	0%
Carrizo	34	77%	0%
Remainder of reservation	111	79%	0%
All Arizona Reservations	50,140	74%	12%
Arizona	2,380,990	27%	5%

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

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

Language Revitalization and Preservation Efforts

Language revitalization and preservation efforts in the White Mountain Apache Tribe Region are conducted through the Johnson O’Malley (JOM) Program. JOM is a federal program that provides services unique to Indian children within public schools located on or near reservations. The White Mountain Apache Tribe Johnson O’Malley Program incorporates a variety of special services within the White Mountain public schools, including providing cultural identity and language preservation programs to students.

Economic Circumstances

Tribal enterprises

The White Mountain Apache tribe owns and operates several tribal enterprises, including the Hon-Dah Resort, Casino and Conference Center. Hon-Dah, located near Pinetop, Arizona, is a popular attraction offering numerous amenities including accommodations for 120 RVs. In addition to Hon-Dah, the White Mountain Apache Timber Company works to promote economic development with the use of timber resources managed by the tribe. This company also offers numerous other services including automotive repair, welding services, road work,

heavy equipment rentals, boiler work, scaling services, electrical services, and transportation services all of which provide employment opportunities and job training. The Fort Apache Reservation is also home to the tribally owned Sunrise Ski Resort, the largest ski resort in Arizona. Sunrise Park Resort offers a diverse landscape and opportunities for numerous outdoor recreational activities including fishing for Brook and Apache Trout in Sunrise Lake. The White Mountain Apache Community Development Cooperation owns and maintains cabins for rent at Hawley Lake.

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.¹² 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.¹³

According to the American Community Survey, the percentage of people living in poverty in the White Mountain Apache Tribe Region (45%) was higher than across all Arizona reservations (40%). Young children in the region have poverty rates (62%) that are over twice as high as the state as a whole (27%), and higher than all Arizona reservations (53%).

¹² Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

¹³ Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science*. Published online 1 October 2013. <http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496>

Table 9. Median family annual income and persons living below the U.S. Census poverty threshold level

GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
White Mountain Apache Tribe Region	\$32,473	45%	62%
Whiteriver	\$28,750	48%	56%
Seven Mile, East Fork, Turkey Creek, Fort Apache	-	54%	77%
Cibecue	\$25,481	65%	58%
North Fork	\$46,375	31%	51%
Hondah-McNary	-	33%	81%
Canyon Day	\$32,292	52%	67%
Rainbow City	\$34,438	48%	54%
Cedar Creek	\$19,485	60%	91%
Carrizo	\$21,118	26%	100%
Remainder of reservation	\$51,250	21%	41%
All Arizona Reservations	-	40%	53%
Arizona	\$59,563	17%	27%

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

Between 2007 and 2012, whereas the population of Arizona increased by three percent, the percent of the population living below the Federal Poverty Level grew by 37 percent. In 2012, women in Arizona had a poverty rate of 20 percent, compared to 18 percent for men. 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 were headed by women.¹⁴ With over 40 percent of the young families in the White Mountain Apache Tribe Region being headed by single women, a number of families in the region are likely to face these challenges.

The proposed increase in the federal minimum wage would have an effect on a number of Arizona families, including families on tribal lands. A recent study estimated that 21 percent of the Arizona workforce would be affected by increasing the federal minimum wage to \$10.10 by July 2016, and this in turn would impact 18 percent of Arizona children (who have at least one

¹⁴ Castelazo, M. (2014). Supporting Arizona Women’s Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women’s Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

of their parents affected by this change)¹⁵. Table 10 shows the median family income by type of family in the WMAT Region.

Table 10. Median family annual income for families with children (0-17)¹⁶

GEOGRAPHY	MEDIAN FAMILY INCOME			
	ALL FAMILIES	HUSBAND-WIFE FAMILIES	SINGLE MALE FAMILIES	SINGLE FEMALE FAMILIES
White Mountain Apache Tribe Region	\$32,473	\$44,159	\$21,429	\$10,952
Whiteriver	\$28,750	\$23,281	\$7,230	\$8,839
Seven Mile, East Fork, Turkey Creek, Fort Apache	-	-	-	-
Cibecue	\$25,481	\$27,614	-	-
North Fork	\$46,375	\$49,896	-	\$6,635
Hondah-McNary	-	-	-	-
Canyon Day	\$32,292	\$30,833	-	\$47,778
Rainbow City	\$34,438	\$45,714	\$20,536	\$12,019
Cedar Creek	\$19,485	-	-	-
Carrizo	\$21,118	-	-	-
Remainder of reservation	\$51,250	\$73,563	-	-
Arizona	\$59,563	\$73,166	\$36,844	\$26,314

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

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

Unemployment

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

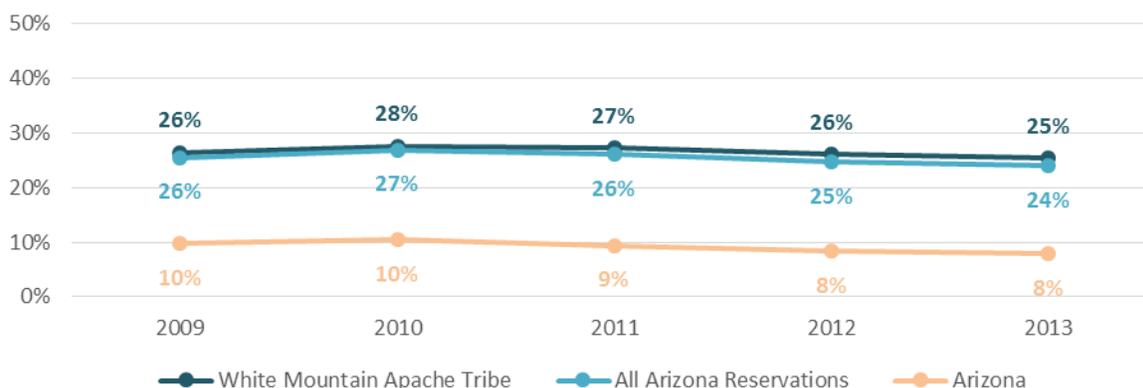
¹⁵ Raising the Federal Minimum Wage to \$10.10 Would Lift Wages for Millions and Provide a Modest Economic Boost. Cooper, D. Economic Policy Institute, Briefing Paper #371, December 19, 2013. Retrieved from <http://www.epi.org/publication/raising-federal-minimum-wage-to-1010>

¹⁶ 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.

higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs).¹⁷

Annual unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality. The overall unemployment rate in the region has remained steady since 2009, and though it is similar to the rates seen across all Arizona reservations, it is much higher than the state as a whole (Figure 6).

Figure 6. Annual unemployment rates in the White Mountain Apache Tribe Region, all Arizona Reservations and the state, 2009-2013



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

Table 11 shows the employment status of parents of young children in the White Mountain Apache Tribe Region. A higher proportion of children are living with one or two parents who are in the labor force (that is, employed, or looking for employment) compared to children in all Arizona reservations combined (Table 11). In addition, the percent of children who live with a single parent who is in the labor force is higher in the region (48%) than across all Arizona reservations (39%) and the state as a whole (28%). This may suggest a higher need for formal or informal child care in the region, to help these families obtain or retain employment.

¹⁷ Isaacs, J. (2013). Unemployment from a child's perspective. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

Table 11. Employment status of parents of young children

GEOGRAPHY	CENSUS 2010 POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH SINGLE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
White Mountain Apache Tribe Region	2,003	16%	10%	2%	48%	25%
Whiteriver	653	13%	15%	4%	50%	18%
Seven Mile, East Fork, Turkey Creek, Fort Apache	261	6%	5%	0%	82%	7%
Cibecue	259	26%	14%	13%	41%	5%
North Fork	185	8%	0%	0%	56%	36%
Hondah-McNary	191	29%	6%	1%	38%	26%
Canyon Day	199	68%	0%	0%	16%	16%
Rainbow City	150	19%	0%	0%	71%	10%
Cedar Creek	52	25%	6%	0%	9%	60%
Carrizo	3					
Remainder of reservation	50	0%	26%	0%	0%	74%
All Arizona Reservations	20,511	14%	11%	2%	39%	34%
Arizona	546,609	32%	29%	1%	28%	10%

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

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

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

These unemployment data, however, are likely to overestimate the proportion of White Mountain Apache Tribe Nation residents who are employed for wages. According to data from the White Mountain Apache Tribe Planning Department, over 50 percent of adults in the region are unemployed or have given up looking for jobs.¹⁸ Data from the Head Start 2013 Community Assessment Parent Survey appears to support this estimate. The table below shows parents' responses to a question about their employment status. Fifty eight of the 242 parents who answered this question indicated that they have either been laid off, lost their jobs, or have never worked. Only 25 percent of respondents were employed full time, and the remaining 17 percent had only temporary or seasonal employment.

¹⁸ White Mountain Apache Tribe Head Start. (2013). *2013 Community Assessment*. Unpublished report provided by the White Mountain Apache Tribe Head Start Program.

Table 12. Employment status, White Mountain Apache Tribe Head Start parents and caregivers

Employed full time	Employment is temporary/seasonal	You are laid off	You have lost your job	You have never worked
25%	17%	12%	12%	34%

White Mountain Apache Tribe Head Start. (2013). 2013 Community Assessment. Unpublished report provided by the White Mountain Apache Tribe Head Start Program.

The US Department of Housing and Urban Development defines housing units with “housing problems” as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1 person per room), or housing units for which housing costs exceed 30 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 more severely overcrowded (with more than 1.5 person per room), or housing units for which housing costs exceed 50 percent of income.¹⁹ The percentage of housing units in the region that have housing problems and severe housing problems is similar to that across all Arizona reservations, but the rate of severe housing problems (37%) is nearly twice the rate seen across the state as a whole (20%) (see Table 13). Cibecue, in particular, appears to have some of the most widespread housing issues, with two-thirds of the homes there being classified as having severe problems.

¹⁹ US Department of Housing and Urban Development (2011). CHAS Background. Retrieved from http://www.huduser.org/portal/datasets/cp/CHAS/bg_chas.html

Table 13. Percent of housing units with housing problems

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
White Mountain Apache Tribe Region	3,089	43%	37%
Whiteriver	265	43%	43%
Seven Mile, East Fork, Turkey Creek, Fort Apache	465	41%	37%
Cibecue	380	71%	67%
North Fork	420	36%	32%
Hondah-McNary	250	38%	36%
Canyon Day	201	17%	0%
Rainbow City	265	53%	45%
Cedar Creek	55	55%	18%
Carrizo	20	0%	0%
Remainder of reservation	91	26%	31%
All Arizona Reservations	45,911	45%	38%
Arizona	2,326,354	38%	20%

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

Public Assistance Programs

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

SNAP

Nutritional Assistance, or SNAP, helps to provide low income families in Arizona with food through retailers authorized to participate in the program. 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 store in urban areas and more than 10 miles in rural areas.²⁰ Families living in food deserts often use convenience stores in place of grocery stores. New legislation in 2014 could have an effect on what’s available in these stores, as they will have to begin stocking “staple foods” (such as bread or cereals,

²⁰ <http://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#.UxitQ4VRKwt>

vegetables or fruits, dairy products, and meat, poultry or fish) to continue accepting SNAP.²¹ The estimated proportion of young children in the region receiving SNAP benefits has increased between 2010 and 2012. The most recent data available (January 2012, Figure 7) show that eighty-five percent of children in the White Mountain Apache Tribe Region were enrolled in SNAP. This proportion is higher than that of all Arizona reservations combined (70%) and more than twice the rate of the state as a whole (40%).

Table 14. Monthly estimates of children ages 0-5 enrolled in the Supplemental Nutritional Assistance Program (SNAP)²²

GEOGRAPHY	CENSUS 2010 POPULATION (AGES 0-5)	JANUARY 2010	JANUARY 2011	JANUARY 2012	CHANGE 2010-2012
White Mountain Apache Tribe Region	2,003	77%	82%	85%	+10%
All Arizona Reservations	20,511	66%	68%	70%	+7%
Arizona	546,609	39%	37%	40%	+2%

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

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



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

White Mountain Apache Tribal TANF Program

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

²¹ <http://cronkitenewsonline.com/2014/02/new-food-stamp-requirements-could-affect-arizona-convenience-stores/>

²² 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 WMAT Region: we used the percentage of each zip code area's population of children 0-5 which are WMAT's residents and then applied these percentages SNAP data to calculate estimates of SNAP recipients for the WMAT Region.

cuts limited the amount of time that families can receive TANF to two years.²³ Table 15 shows the proportion of young children being served in January 2010 in the White Mountain Apache Tribe Region, and the decline in the percentage of young children being served by TANF across all reservations and the state between 2010 and 2012.

Table 15: Monthly estimates of children ages 0-5 receiving TANF (Temporary Assistance for Needy Families)²⁴

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2010	JANUARY 2011	JANUARY 2012	CHANGE 2010-2012
White Mountain Apache Tribe Region	2,003	47%	N/A	N/A	N/A
All Arizona Reservations	20,511	9%	5%	4%	-53%
Arizona	546,609	4%	2%	2%	-48%

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

The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) is the federal agency in charge of overseeing the TANF program. In recognition of tribal sovereignty, AFC gives federally recognized tribes the option to administer their own TANF program. Tribes must submit a three-year Tribal TANF plan to ACF for review and approval. Approved Tribal TANF programs then receive a portion of the state TANF block grant funding from the state where the tribes are located.²⁵ Because of the financial hardship faced by many tribal communities, some Tribal TANF program requirements are different from those in state programs. For instance, Tribal TANF programs are allowed to extend the program’s 60-month time limit on receipt of TANF cash assistance on reservations with high unemployment rates. Tribal TANF programs also have more flexibility to design their programs to meet TANF requirements compared to state programs. This includes setting their own work participation rates, establishing work hour requirements, being able to define allowable work activities, as well as determining the types of supports (i.e. child care, transportation, job training) they provide to their clients. Tribal TANF programs often take advantage of this flexibility by finding creative ways to define allowable work activities that reflect their economic realities as well as their tribal cultural values. This may include engagement in cultural activities such as caring for

²³ Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

²⁴ Data for this table were calculated in the same way as the data for the SNAP table above.

²⁵ <http://www.acf.hhs.gov/programs/ofa/programs/tribal/tribal-tanf>

elders, managing livestock, or serving as traditional practitioners that can be included in self-sufficiency plans and count towards clients' work requirements.²⁶

The White Mountain Apache Tribe was one of the first tribes in the nation to establish their own program (in 1997). Currently, there are six tribes in Arizona that manage their own Tribal TANF programs. Maintaining their own program allows these tribes to continue to serve the needs of families in their communities. Table 16 below shows monthly snapshots of the number and proportion of children 0-5 receiving tribal TANF in 2010-2014.

Table 16 . Monthly snapshots of children (ages 0-5) receiving tribal TANF (Temporary Assistance for Needy Families)

GEOGRAPHY	POPULATION (AGES 0-5)	JANUARY 2011		JANUARY 2013		JANUARY 2014		CHANGE 2011-2014
White Mountain Apache Tribe	2,003	81	4%	382	19%	381	19%	370%

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

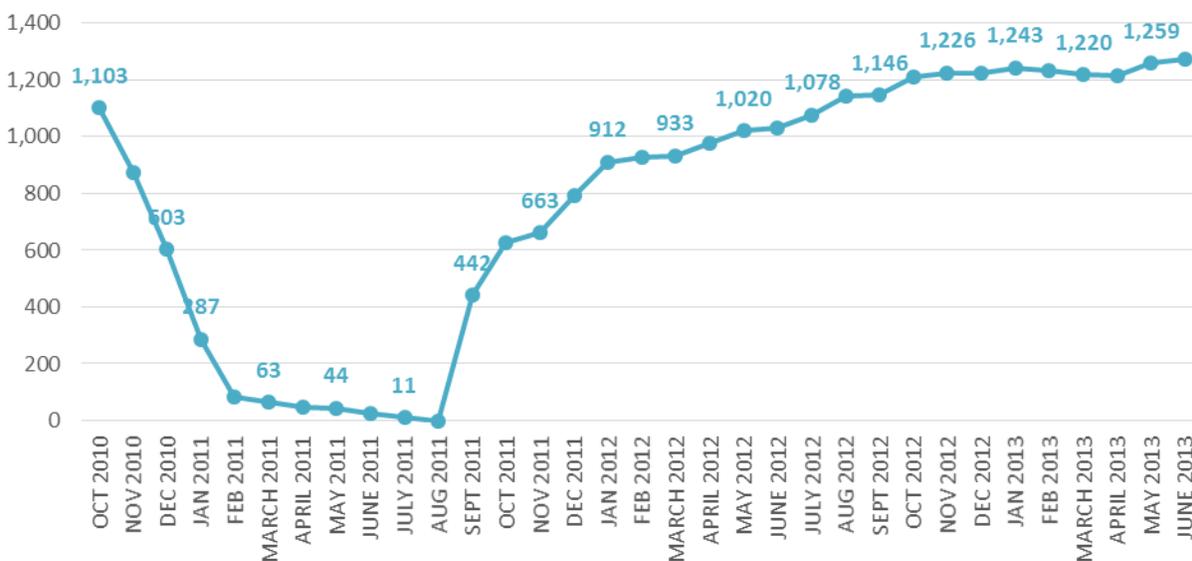
White Mountain Apache Tribe Social Services Department. (2014). TANF data. Unpublished data provided by the White Mountain Apache Tribe Social Services Department

Figure 8 below shows TANF data for the White Mountain Apache Tribe Region from 2011 to 2013 (for all children ages 0 to 17). It is important to note that the White Mountain Apache Tribe utilized the Arizona state system for eligibility determination and enrollment until July 2010, when they transitioned to their own system. Due to technical issues, enrollment dropped during the first half of 2011; however enrollment has since recovered and surpassed the 2010 enrollment levels.²⁷

²⁶ Hahn, H., Olivia Healy, Walter Hillabrant, and Chris Narducci (2013). *A Descriptive Study of Tribal Temporary Assistance for Needy Families (TANF) Programs*. OPRE Report # 2013-34, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

²⁷ White Mountain Apache Tribe Social Services Department, personal correspondence.

Figure 8. Number of children (ages 0-17) receiving tribal TANF (Temporary Assistance for Needy Families)



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

White Mountain Apache Women, Infants and Children (WIC) Program

WIC is a federally-funded nutrition program which services economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. More than half of the pregnant and postpartum women, infants, and children under age five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served approximately 62 percent of the eligible population.²⁸ 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,²⁹ and of reduced-fat milk,³⁰ and fewer purchases of white bread, whole milk, cheese and juice.³¹

²⁸ Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf

²⁹ Andreyeva, T. & Luedicke, J. Federal Food Package Revisions Effects on Purchases of Whole-Grain Products. (2013). American Journal of Preventive Medicine, 45(4):422-429

³⁰ Andreyeva, T., Luedicke, J., Henderson, K. E., & Schwartz, M. B. (2013). The Positive Effects of the Revised Milk and Cheese Allowances in the Special Supplemental Nutrition Program for Women, Infants, and Children. Journal of the academy of

In many Arizona tribal communities the WIC program was initially funded through the state of Arizona. Over time, however, several tribes advocated for services that were directed by the tribes themselves and that better met the needs of tribal members. As part of this effort, in 1986 the Inter Tribal Council of Arizona (ITCA) applied for and received approval to become a WIC state agency through the USDA, initially funding seven Tribes. Currently, the ITCA WIC program provides services to 13 reservation communities and the Indian urban populations in the Phoenix and Tucson area.³² The White Mountain Apache Tribes WIC program is one of the tribally operated programs under the ITCA WIC umbrella.

In FY2012, the average monthly client participation was 222 women (pregnant, breastfeeding and postpartum), and 1026 children from birth-four. The difference between the number of clients who are certified (and therefore enrolled in the program) and those who actually participate each month (by showing up for their appointment) is called the 'no-show' rate. In FY 2012 the average no-show rate for the White Mountain Apache Tribe WIC program was 12 percent.

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.

nutrition and dietetics, Article in Press.

http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC_Milk_and_Cheese_Allowances_JAND_11.13.pdf

³¹ Andreyeva, T., Luedicke, J., Tripp, A. S., & Henderson, K. E. (2013). Effects of Reduced Juice Allowances in Food Packages for the Women, Infants, and Children Program. *Pediatrics*, 131(5), 919-927.

³² <http://itcaonline.com/wp-content/uploads/2012/01/2010-Annual-Report.pdf>

Table 17. Free and reduced lunch eligibility requirements for 2014-2015 school year

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

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

As Table 18 shows, a large proportion of the children attending schools in the White Mountain Apache Tribe Region are eligible for free or reduced price meals at their school.

Table 18. Free and reduced lunch eligibility in the region

SCHOOL DISTRICT NAME	PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH
McNary Elementary District	90%
Whiteriver Unified District	86%

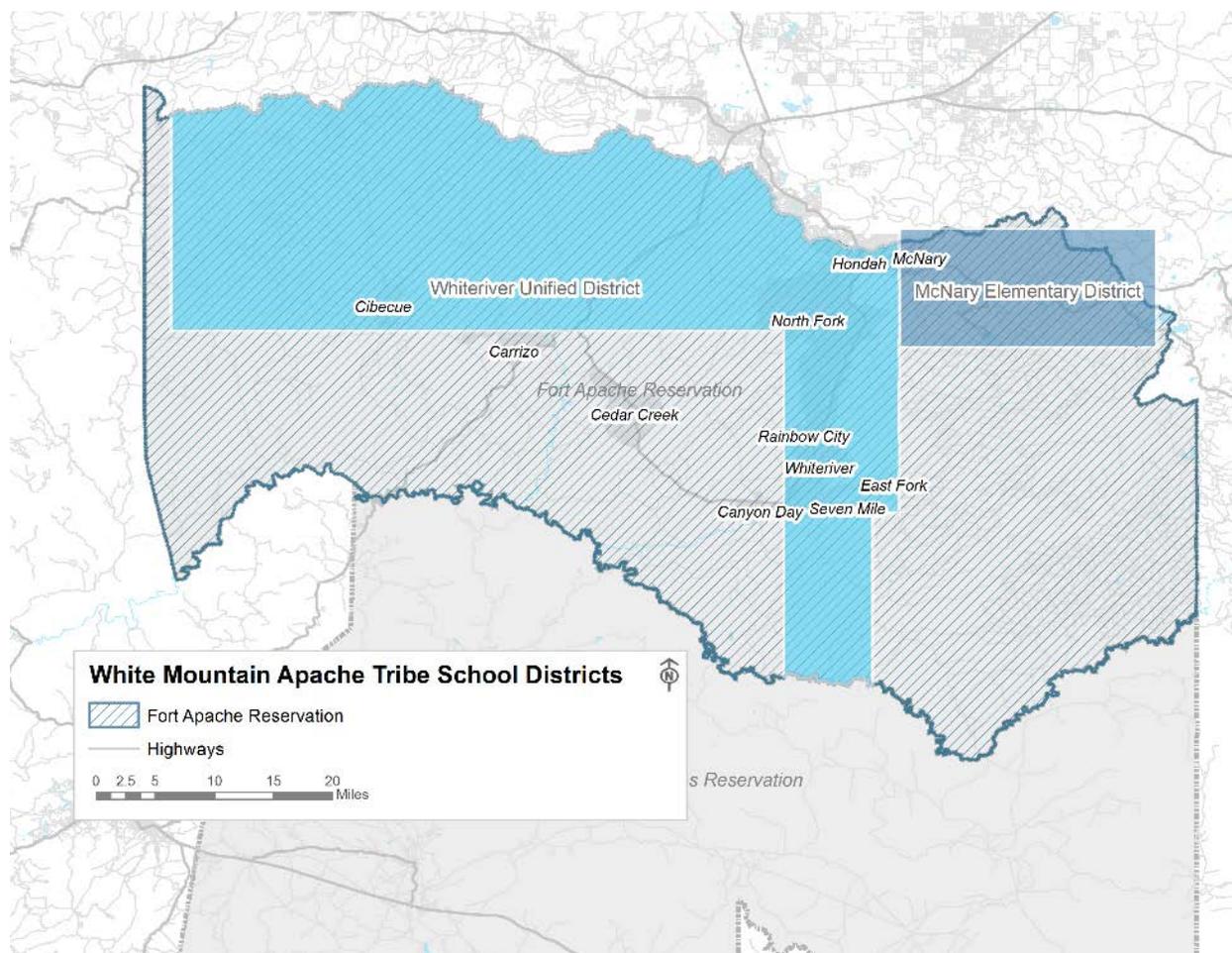
Arizona Department of Education (2014). Percentage of children approved for free or reduced-price lunches, October 2013. Retrieved from <http://www.azed.gov/health-nutrition/frpercentages/>

Educational Indicators

Residents of the White Mountain Apache Tribe Region participate in a number of different educational systems. The Whiteriver Unified School District offer public education for children residing in the White Mountain Region. The Whiteriver Unified School District is a public school

district containing the Cradleboard Elementary School, Whiteriver Elementary, Seven Mile Elementary, Canyon Day Elementary, Canyon Day Junior High, and Alchesay High School. Aside from public schools, other schools located in the region include the Dishchii’bikoh Community (Cibecue Community) School, the Theodore Roosevelt School, and the John F. Kennedy School, operated by the Bureau of Indian Education, and the East Fork Lutheran Mission School. The Dishchii’bikoh Community (Cibecue Community) School is a K-12 Title I grant school funded primarily through the BIA that, in addition to academic achievement, focuses on the preservation of the Apache language and culture. The Theodore Roosevelt School is a boarding school that now also serves local students in grades three through eight while the John F. Kennedy Day School serves students from kindergarten through the eighth grade. The East Fork Lutheran School is a private religious education for students in kindergarten through eighth grade. The other school district serving the region is the McNary Elementary District.

Figure 9. School districts serving the White Mountain Apache Tribe Region



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

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children’s educational attainment.³³ More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.³⁴ 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 2011.³⁵

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

Common Core/Early Learning Standards

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

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

Move on When Ready

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

³³ Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O’Hare, W., Mather, M., & Dupuis, G.

³⁴ Education Week. (2014). *Quality Counts 2013 Highlights*. Retrieved from http://www.edweek.org/media/QualityCounts2013_Release.pdf

³⁵ Dixon, M. (2013). *Public Education Finances: 2011, Government Division Reports*. Retrieved from <http://www2.census.gov/govs/school/11f33pub.pdf>.

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

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

Schools may participate in Move on When Ready on a voluntary basis. As of April 2014, the Center for the Future of Arizona reported that 38 schools were participating in Move on When Ready. None of the schools in the region are currently participating in this program.³⁶

Educational Attainment

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment.³⁷ 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.³⁸

Adults in the White Mountain Apache Tribe show lower levels of education than the state of Arizona overall, with 35 percent of adults in the region without a high school diploma or GED (over double the statewide rate of 15 percent; see Table 19). In addition, almost forty percent of births in the WMAT region are to women without a high school diploma or GED (Figure 10).

³⁶ <http://www.arizonafuture.org/mowr/participating-schools.html>

³⁷ Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

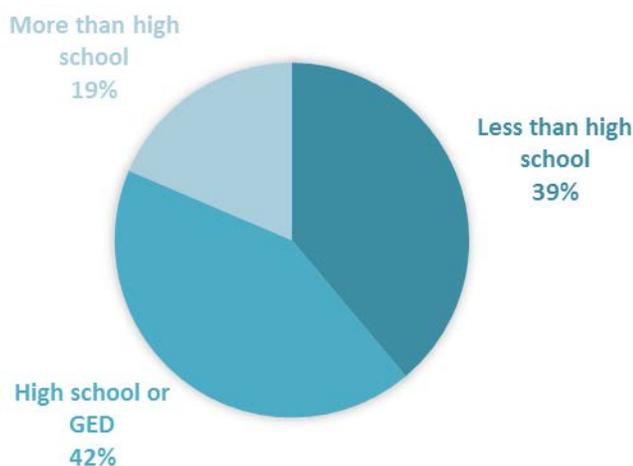
³⁸ Merrill, P. Q. (2010). Long-term effects of parents’ education on children’s educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*, Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/>

Table 19. Educational achievement of adults

GEOGRAPHY	Adults (ages 25+) without a high school diploma or GED	Adults (ages 25+) with a high school diploma or GED	Adults (ages 25+) with some college or professional training	Adults (ages 25+) with a bachelor's degree or more
White Mountain Apache Tribe Region	35%	30%	28%	7%
Whiteriver	35%	32%	27%	5%
Seven Mile, East Fork, Turkey Creek, Fort Apache	42%	32%	26%	3%
Cibecue	58%	23%	14%	5%
North Fork	20%	28%	43%	9%
Hondah-McNary	20%	25%	55%	15%
Canyon Day	27%	32%	37%	5%
Rainbow City	45%	30%	20%	5%
Cedar Creek	26%	40%	17%	17%
Carrizo	86%	14%	0%	0%
Remainder of reservation	19%	42%	23%	16%
All Arizona Reservations	30%	33%	29%	7%
Arizona	15%	24%	34%	27%

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

Figure 10. Births by mother's educational achievement on the White Mountain Apache Tribe Region (2009-2012)



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

To support ongoing education and training, the White Mountain Apache Tribe Education Department offers adult vocational training, in order to help enrolled members gain

employment both on and off of the reservation by providing them with financial assistance and placement in vocational training programs. The tribe also contracts with the Bureau of Indian Affairs Higher Education Grants Program and the Hon-Dah Casino to provide financial assistance for students pursuing a university/college level education for scholarships.

Additionally, the Johnson O’Malley (JOM) program was designed to meet the needs of White Mountain Apache children attending public schools off of the reservation in an effort to provide supplemental services to help maintain cultural identity, language preservation, student incentives, classroom supplies, academic enrichment, tutoring, and support services. Under this program, a Tribal Youth Council was formed as a non-school organization to serve the youth through various activities and programs while promoting youth leadership.

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.³⁹ This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

In 2012, fifty-seven percent of students at Alchesay High School (in the Whiteriver Unified District) graduated in four years. This is a lower rate than that of all Arizona Native American students (65%) and the statewide rate (77%). The dropout rate at Alchesay High School is almost twice as high as the rate among Native American students in the state as a whole.

Table 20. High school graduation and drop-out rates, ADE schools

GEOGRAPHY	PERCENT GRADUATED (2012)	DROPOUT RATES (2012-2013)
Alchesay High School	57%	14%
Arizona Native American	65%	8%
Arizona	77%	4%

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

³⁹ Hernandez, D. (2011). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation*. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

It is important to note, however, that the most recent graduation and dropout rates at Alcheyay High School represent an improvement from the 2007-2010 rates reported on the 2012 Needs and Assets Report (in 2009, for instance, only 41 percent of students graduated in four years and in 2009-2010 the dropout rate was 26 percent).⁴⁰

Graduation and dropout rates are also available from the Dishchii'bikoh Cibecue Community School. As shown in Table 21, students at Dishchii'bikoh Cibecue Community School graduate at a slightly higher rate than students across all BIE schools but the dropout rate in the school is nearly three times the rate of all BIE schools.

Table 21. High school graduation and drop-out rates, Dishchii'bikoh Community School

SCHOOL	PERCENT GRADUATED (2013)	DROPOUT RATES (2012-2013)
Dishchii'bikoh Cibecue Community School	64%	23%
All BIE schools (nationwide)	60%	8%

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

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.⁴¹ Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. In 2012 in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked 3rd to last nationally in the number of preschool aged children enrolled in preschool.⁴² In the White Mountain Apache Tribe Region, just over a third (36%) of the three and four year old children are estimated to be enrolled in early education settings. This is a similar rate to the estimated percent of children enrolled in early education settings in the state (34%), but below the rate of all Arizona reservations combined (41%; see Table 22). The rate varies regionally, however, ranging from an estimate of about one in five children in the Cibecue and Fort Apache areas, to over half in the North Fork, Canyon Day and Rainbow City areas.

⁴⁰ White Mountain Apache Tribe Regional Partnership Council. (2012). Needs and Assets Report. Retrieved from http://www.azftf.gov/RPCCouncilPublicationsCenter/White_Mountain_Apache_Tribe_Needs_and_Assets_Report_2012.pdf

⁴¹ Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

⁴² Children's Action Alliance. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf>

Table 22. Children (3-4) enrolled in nursery school, preschool, or kindergarten

GEOGRAPHY	PRESCHOOL-AGE CHILDREN (AGES 3-4)	ESTIMATED PERCENT OF CHILDREN (AGES 3-4) ENROLLED IN NURSERY SCHOOL, PRESCHOOL, OR KINDERGARTEN
White Mountain Apache Tribe Region	647	36%
Whiteriver	218	24%
Seven Mile, East Fork, Turkey Creek, Fort Apache	75	23%
Cibecue	84	20%
North Fork	70	56%
Hondah-McNary	71	44%
Canyon Day	55	61%
Rainbow City	50	70%
Cedar Creek	8	-
Carrizo	1	-
Remainder of reservation	15	-
All Arizona Reservations	6,881	41%
Arizona	185,196	34%

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

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

Arizona reduced funding for kindergarten from full-day to half-day in 2010, and eliminated funds for pre-K programs in 2011. First Things First funds a limited number of preschool scholarships across the state, including \$13.7 million for Pre-K Scholarships and \$39 million for Quality First Scholarships in FY 2013.⁴³ More information about how these scholarships are used in the White Mountain Apache Tribe Region can be found in the *Early Childhood System* section of this report.

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

⁴³ The Build Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).⁴⁴

The White Mountain Apache Tribe Regional Partnership Council has selected the following school readiness indicators (SRI) for the region:

SRI 1. 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.

SRI 2. Number and percent of children enrolled in an early care and education program with a Quality First rating of 3 - 5 stars.

SRI 5. Number and percent of children with newly identified developmental delays during the kindergarten year.

SRI 7. Number and percent of children ages 2 - 5 at a healthy weight (Body Mass Index-BMI).

SRI 8. Number and percent of children receiving timely well child visits.

SRI 9. Number and percent of children age 5 with untreated tooth decay

Standardized Test Scores

The primary in-school performance of current students in the public elementary schools in the state is measured by Arizona's Instrument to Measure Standards (AIMS).⁴⁵ 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 AIMS directly impacts students' future progress in school. As of the 2013-2014 school year, Arizona's revised statute⁴⁶ (also known as *Move on When Reading*) states that a student shall not be promoted from the third grade "if the pupil obtains a score on the reading portion of the Arizona's Instrument to Measure Standards (AIMS) test... that demonstrates that the pupil's reading falls far below the third-grade level." Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities. Table 23 and 24 show the AIMS results for the schools/districts that serve the region.

⁴⁴ First Things First. *Arizona School Readiness Indicators*. Retrieved from: http://www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf

⁴⁵ For more information on the AIMS test, see the Arizona Department of Education's Website: <http://www.ade.az.gov/AIMS/students.asp>

⁴⁶ Arizona Revised Statute §15-701

Table 23. Math 3rd grade AIMS results

School Name	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
McNary Elementary School	0%	25%	67%	8%	75%
Cradleboard School	15%	52%	31%	2%	33%
Seven Mile School	15%	44%	38%	3%	41%
Whiteriver Elementary	14%	33%	49%	4%	53%

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

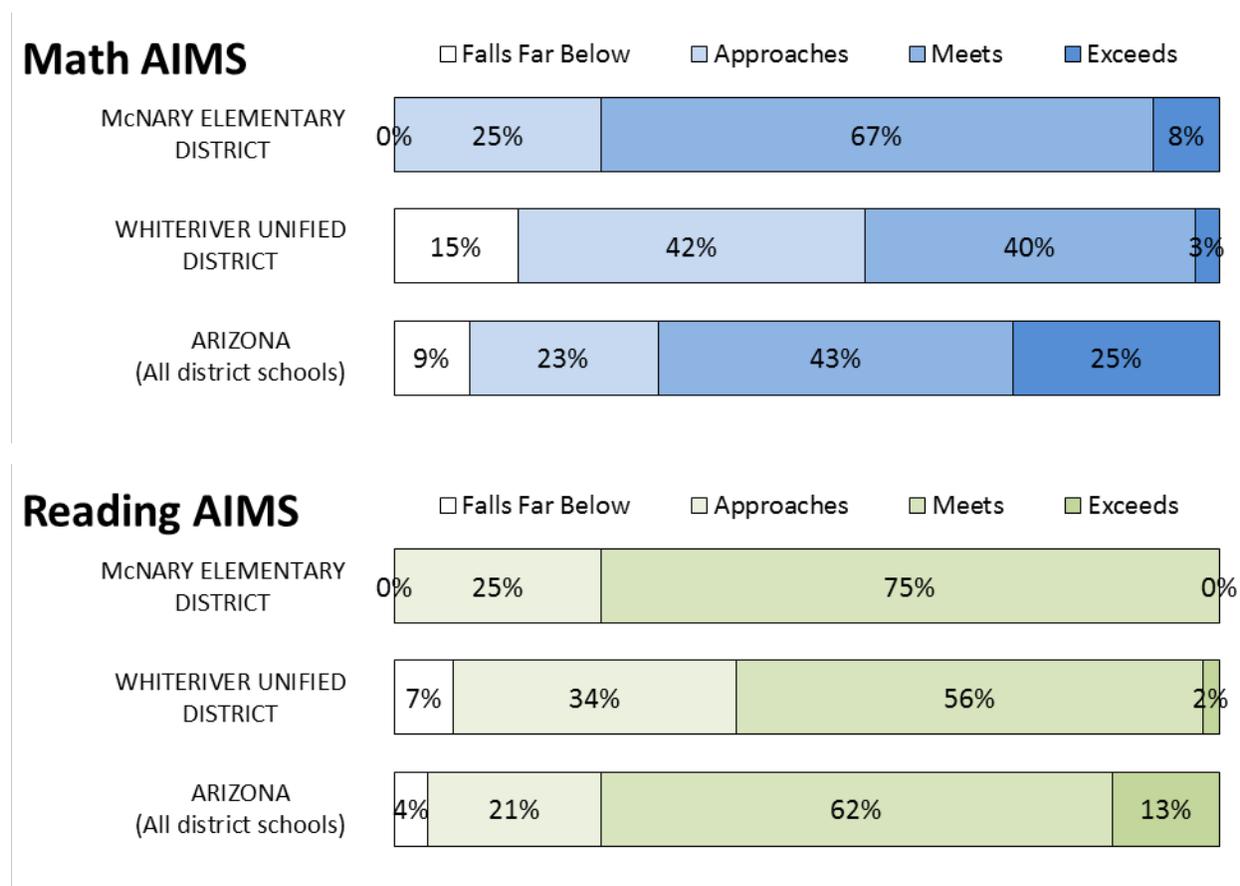
Table 24. Reading 3rd grade AIMS results

School Name	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
McNary Elementary School	0%	25%	75%	0%	75%
Cradleboard School	4%	37%	56%	4%	60%
Seven Mile School	11%	37%	51%	1%	52%
Whiteriver Elementary	6%	31%	63%	1%	64%

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

Figure 11 shows AIMS results for the two school districts where most students in the region attend school: McNary Elementary District and Whiteriver Unified District. Third-graders in McNary Elementary District passed the math portion of the AIMS (as indicated by a combination of the percentages for “Meets” and “Exceeds”) at a higher rate (75%) than the state as a whole (68%). A substantially lower proportion of third-graders (43%) passed the math portion in the Whiteriver Unified District. Third-graders from McNary Elementary passed the AIMS at a rate very similar to Arizona as a state, while third-graders from Whiteriver Unified District passed at a rate lower than that of the state as a whole.

Figure 11. Results of the Arizona Instrument to Measure Standards (AIMS) Test

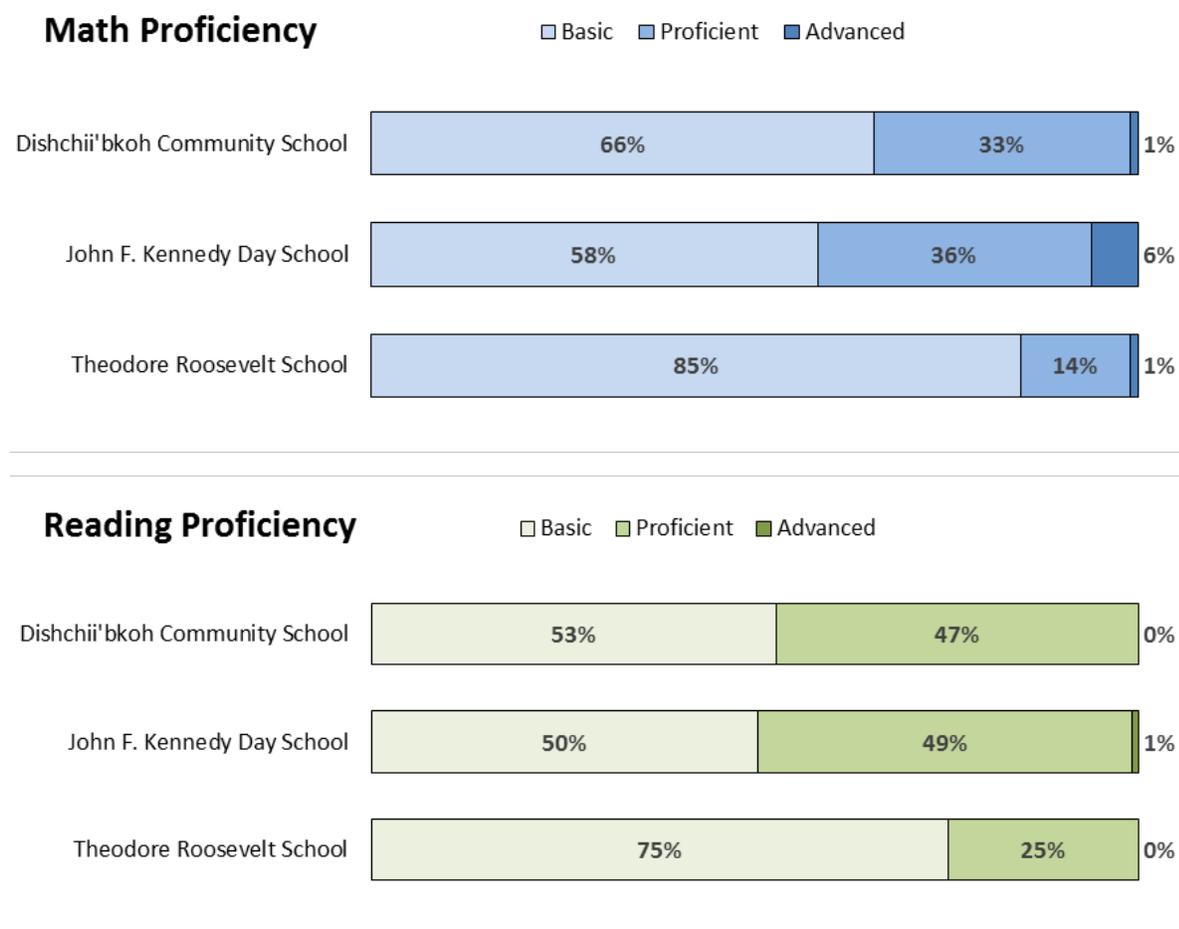


Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Detailed data about academic achievement on the performance of students in BIE schools in the region were also available from the BIE’s School Report Cards.⁴⁷ Students in the John F. Kennedy Day School have the highest academic achievement (as judged by the combined percent of proficient+advanced rates) of the three schools in the region in both math and reading.

⁴⁷ Please note that some of these data may not be directly comparable to the AIMS test data shown above. The three BIE schools represent different grade ranges (K-12 at Dishchii’bikoh Community School, K-8 at John F. Kennedy Day School, and 6-8 at Theodore Roosevelt School), while the AIMS data above are for third graders only.

Figure 12. Achievement testing data, Dishchii'bikoh Community School, John F. Kennedy Day School and Theodore Roosevelt School 2012-2013



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

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

⁴⁸ Annie E. Casey Foundation. (2014). Early Reading Proficiency in the United States. January 2014. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/E/EarlyReadingProficiency/EarlyReadingProficiency2014.pdf>

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 use⁵². 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

Center-based care is provided in the region by Chaghache Day Care and Alchesay Beginnings Child Development Center (also known as ABC Day Care).

Chaghache Day Care, located in Whiteriver, operates Monday to Friday from 6:45 am to 5:30 pm and it has a total licensed capacity to serve 115 children from 6 months to 12 years of age. Of those, 85 are children under the age of six. Chaghache Day Care has four classrooms for

⁴⁹ Carey, B. (2013). Language gap between rich and poor children begins in infancy, Stanford psychologists find. Retrieved from Stanford News <http://news.stanford.edu/news/2013/september/toddler-language-gap-091213.html>

⁵⁰ First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

⁵¹ Lynch, R. (2007). *Enriching Children, Enriching the Nation (Executive Summary)*. Washington, DC: Economic Policy Institute. Retrieved from http://www.epi.org/content.cfm/book_enriching

⁵² The Annie E Casey Foundation. *The first eight years; giving kids a foundation for lifetime success*. (2013). Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

⁵³ Castelazo, M. (2014). *Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs*. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf

young children with the following typical distribution: 10 infants (6-22 months), 22 toddlers (22-36 months), 25 preschoolers (ages 3 and 4) and 25 children in the pre-k classroom (ages 4 and 5). Chaghache Day Care has a waiting list of children in all age groups. Staff from the center indicated that parents must go through an established process of staying in touch with the center continuously so that they are able to remain in the waiting list after completing an application. A high proportion of the parents who submit an application end up dropping out of the waiting list because of failure to meet the requirements of this program. Table 25 shows the number of children for whom applications were submitted and the actual number on the current waiting list as of June 2014.

Table 25. Chaghache Day Care waiting list, June 2014

CLASSROOM	APPLICATIONS SUBMITTED	CHILDREN ON THE ACTUAL WAITING LIST
Infant	102	11
Toddler	80	3
Preschool	80	12
Pre-K	50	18
Total	312	44

Chaghache Day Care. (2014). Enrollment and waiting list data. Unpublished records provided by the Chaghache Day Care.

Staff with the Day Care indicated that most of the times slots open only when children transfer from one classroom to the next. A few children do leave the center either because their families move out of the community or because they do not meet the attendance requirements set by the center.⁵⁴ These requirements are in place to ensure children can adequately follow the center’s curriculum but also to free up unused slots for families in the waiting list. Slots also tend to open seasonally in the summer, when families may use the help of older siblings to take care of younger children.

In the past, a home-based care provider program was also administered by Chaghache Day Care. Since 2011, however, no home-based providers have been available in the region. Key informants indicated that this may be due to new safety regulations set in place by the Department of Economic Security that may have had an impact on the providers’ ability to continue participating in the program. Currently, there are no licensed home-based providers available in the region.

Alchesay Beginnings Child Development Center (or ABC Day Care) is the other center-based child care provider in the region. It operates Monday to Friday from 7:00 am to 5:30 pm and it

⁵⁴ Children who are enrolled in the program full time must attend at least four days a week. Children who attend part-time must be present at least two days a week. There is no requirement for the specific amount of hours that children must be present each day, as long as they come in on those set number of days each week.

serves children ages 0 to 10. As of May 2014, there were 88 children ages 0-5 enrolled in the program and only four children in the same age range on the waiting list (the program has a total capacity to serve 102 children under the age of six, but is currently understaffed and thus serving a smaller number of children). ABC Day Care has four classrooms with a total of four teachers and two teacher’s assistants in the morning and two in the afternoon.

ABC Day Care also functions as a training lab for students in Alchesay High School interested in earning a Child Development Associate (CDA) degree. *(For additional information on this component of the program see the Professional Development section below).*

Local Education Agency Preschools

Under the No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally disadvantaged children, in meeting the state’s academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase parent involvement, additional instructional services, and school wide reform efforts.⁵⁵ The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.⁵⁶ Whiteriver Unified District is utilizing these funds to provide a range of programmatic and support services for young children.

Table 26. Local Education Agency Preschools

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF PRESCHOOL PROGRAMS	PRESCHOOL STUDENTS ENROLLED
Whiteriver Unified District	1	12
All Arizona Districts	220	10,063

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

In addition, as of February of 2014, Seven Mile Elementary School (part of the Whiteriver Unified District) began a preschool program that is fully funded by the White Mountain Apache Tribe Regional Partnership Council. This program offers two half-day sessions (in the morning and afternoon) for a total of 20 children each. Children are selected from the Head Start waiting list if they live within the attendance boundary of the Seven Mile Elementary School.⁵⁷

⁵⁵ Arizona Department of Education, 2011. Retrieved from: <http://www.ade.az.gov/asd/title1/MissionProgDescription.asp>

⁵⁶ Using Title I of ESEA for Early Education Retrieved from: <http://www.clasp.org/admin/site/publications/files/titleifaq-1.pdf>

⁵⁷ White Mountain Apache Tribe Regional Partnership Council. (August 12, 2013). *Meeting Packet*. Retrieved from <http://www.azftf.gov/RC028/RegionalCalendar/Pages/PublicNotices.aspx>

White Mountain Apache Tribe Head Start

Head Start is a comprehensive early childhood education program for pre-school aged children whose families meet income eligibility criteria. The program addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The WMAT Region is served by the White Mountain Apache Tribe Head Start, which provides services to children in the region who are four years old in Whiteriver, Cibecue and McNary. According to Census 2010 data, in that year there were 321 four year-old children in the region (about one third of those (104) resided in Whiteriver). This means that the Head Start program can enroll an estimated 79 percent of the children of that age in the region.

Table 27. Participation in Head Start, 2012-2013

GEOGRAPHY	CENSUS 2010 POPULATION OF CHILDREN FOUR YEARS OLD	HEAD START	
		CHILDREN ENROLLED	% ENROLLED
White Mountain Apache Tribe Region	321	252	79%

US Census (2010). Table P14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>; US Census (2013). Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>

There appears to be strong support in the community for the provision of Early Head Start Program. The 2013 Head Start parent survey asked a question about whether or not they would like to see Early Head Start services be provided to children ages 0 to 3. Of the 251 parents and caregivers who responded to this item, the vast majority (83%) answered “yes.”⁵⁸

At the end of each school year, the White Mountain Apache Tribe Head Start Program offers a series of Health Screenings held over several days and open to all young children in the community. Staff from programs providing services to young children such as WIC, Child Find, and IHS all participate in the screenings that bring in over 300 families each year.

John F. Kennedy Day School FACE Program

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

⁵⁸ White Mountain Apache Tribe Head Start. (2013). *2013 Head Start Community Assessment Parent Survey*. Unpublished data provided by the White Mountain Apache Tribe Head Start Program.

which are located in the state of Arizona. In the White Mountain Apache Tribe Region, a FACE Program has been available at John F. Kennedy Day School in Cedar Creek since school year 2005-2006.

FACE has both a center-based and a home-based component. The home-based component includes personal visits and screenings by parent educators and is aimed at families with children from birth to age three, although families can join the program from pregnancy on. As of December of 2013, the FACE Program at John F. Kennedy Day School had 20 families enrolled in the home-based component. At the time, the program had only one parent educator but was in the process of hiring another one. Each parent educator has the capacity to work with up to 24 parents each, and they can cover the entire reservation area. Depending on the caseload, parent educators meet with families weekly or biweekly for 1-2 hours depending on the age of the children. The program is open to any parents who are interested in participating. Recruitment is done through the radio station and fliers in town, as well as word of mouth.

The FACE center-based preschool component includes an early childhood education program for children aged three to five, adult education for the children's parents, and Parent and Child Time (PACT). The FACE preschool program at John F. Kennedy Day School serves about 12 children ages 3-5. All children must have an accompanying adult who comes to class with them every day, preferably an immediate relative. Children and adults spend part of the day in separate classrooms and throughout the day they come together for PACT where they participate in activities together.

The adult education component can be tailored to each participant's needs: some may work on getting their GED, or if they are looking for a job they can work on their resume, job and interview skills, etc.

The program goes from 8 am to 2 pm Monday to Thursday. Breakfast and lunch is served to all participants and transportation to and from the program is also available. As of December of 2013, most of the program participants were transported every day. Although the program is open to all families in the region, most participants reside in the communities of Whiteriver and Cibecue.

As of December of 2013 there was only one FACE classroom staffed by a teacher with a Master's degree and a teacher aide.

The John F. Kennedy Day School FACE Program aims at enrolling a total of 20 children in the preschool component, but key informants indicated that sometimes it is challenging to get to that number of participants due to the adult participation requirement. Often, adults who would like to enroll in the program are not able to clear the background check required for participation, which can become a major obstacle for the program as many of the interested parents must be turned away because of this.

Parenting skills are also taught and instructors provide a mix of both adult education (job skills) and parenting education and skills, depending on parent need. The educational component can be individualized. For instance, a couple of the parents currently enrolled are taking college courses, while others are working towards their Commercial Drivers' License (CDL). The topics of parenting classes are similarly individualized, depending on what parents in the current cohort are interested in and feel would be useful. Besides the classroom instructors, outside speakers are brought in to cover some topics.

Adults can stay in the program until their children are in 3rd grade although key informants indicated that in most cases they stop participating in the program once their children enter Kindergarten at age 5. Key informants also pointed out that one of the main successes in the adult education component of the program is the fact that parents can come into an actual classroom where a teacher is available to provide a lot of one-on-one support, and where they can access resources that are otherwise limited to them, such as computers. The FACE program also organized monthly meetings for parents where they work on a variety of topics with their child, such as early literacy and physical activity. In addition, the FACE program also provides unique opportunities for parent/child quality time such as field trips to Phoenix and Tucson. For many of the participating parents with limited financial resources this may represent one of the few opportunities for them to travel with their children, something they could otherwise not afford on their own (given that transportation and the cost of gasoline are a concern in general in the community).

Another important characteristic of FACE programs is their emphasis on traditional Native culture and language preservation. Children at the John F. Kennedy Day School FACE program receive lessons on Apache language from the same teacher that imparts the Apache courses at the elementary school (where the FACE program is based). The teacher comes into both the preschool and adult classrooms to teach the language course on a weekly basis.

Through FACE, children are also screened for developmental delays and health concerns, including yearly vision and hearing tests. If learning or health special needs are identified, parents and caregivers are then connected to the appropriate programs or agencies in the "Resource Network" so that services can be provided to the child. The John F. Kennedy Day School FACE program has a system in place for screening and referrals of children with special needs. *(For additional information on this see the "Developmental Screenings and Services for Children with Special Developmental and Health Care Needs" section below).*

Cost of Childcare

In Arizona in 2012, the average annual cost of center-based full-time child care for an infant was \$8,671, and for a four year old, \$7,398.⁵⁹ The average cost of a year’s tuition and fees at an Arizona public college was only 10 percent more. The costs of childcare increase with more than one child in a household, with the average annual cost for one infant and one four year old at \$16,069. Family based providers cost slightly less, with the annual cost for an infant at \$6,641 and for a four year old at \$6,285. Arizona was ranked 16th in the nation for least-affordable childcare for an infant in a center, and 14th for least affordable for a four year old in a center. At the state level, to pay for center-based child care for a four year old, a family of three at the federal poverty level would spend nearly 40% of their annual income, while a family of three at 200 percent of the federal poverty level would spend almost 20 percent of their annual income.

The table below shows the average estimated cost of child care in the two child care centers in the region by percent of median family income.⁶⁰ As can be seen, the average cost for full-time center-based care in the region may exceed the Department of Health and Human Services recommendation that parents spend no more than 10 percent of their family income on child care. In addition, the percent of income spent on childcare by the average single parent would be substantially higher because their median income tends to be lower (see Table 10 above).

Table 28. Cost of full time child care in a child care center by percent of median family income

CHILD CARE PROVIDER	WHITE MOUNTAIN APACHE TRIBE MEDIAN FAMILY INCOME	COST OF CHILDCARE FOR ONE CHILD (AGES 0-5)
Alchesay Beginnings Child Development Center	\$32,473.00	13%
Chaghache Day Care Center	\$32,473.00	10%

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

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

⁵⁹ Child Care Aware® of America. Parents and the High Cost of Child Care. 2013 Report. <http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf>

⁶⁰ These estimates were calculated using community-level median income data for the entire region as well as data available from the Child Care Referral and Resource database for each center using the minimum cost per day, which is \$18/day for Alchesay Beginnings and \$14/day for Chaghache Day Care Center. The annual cost comes from multiplying the daily costs by 240 (assuming that children are in child care on weekdays year-long with about 2 weeks of vacation).

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.⁶¹ 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.⁶²

Table 29 describes the rating scale as defined by First Things First.

⁶¹ First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf (April 2012)

⁶² The BUILD Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

Table 29. Quality First Rating Scale

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

There are currently two Quality First providers in the region: Alchesay Beginnings Child Development Center and the White Mountain Apache Head Start program.⁶³ According to the White Mountain Apache Tribe Region SFY 2015 Regional Funding Plan, there are 29 Quality First Scholarships currently available for children 0-5 in the region.⁶⁴

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

⁶³ <http://qualityfirstaz.com>

⁶⁴ White Mountain Apache Tribe FTF Regional Partnership Council. (2014). *SFY 2015 Regional Funding Plan*. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20White%20Mountain%20Apache%20SFY15.pdf>

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.⁶⁵ It is likely that these issues impact retention and turnover of early care and education professionals across the state.

Scholarships

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in the pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential or AA degree. A Bachelor's Degree model of the TEACH program is also currently being piloted in one FTF Region. According to the White Mountain Apache Tribe Region SFY15 Regional Funding Plan, in fiscal year 2014 there were 12 TEACH Scholarships utilized by child care professionals in the region. In fiscal year 2015, the Regional Partnership Council is funding a total of five TEACH scholarships in the region.⁶⁶

Opportunities for Professional Development

There are various professional development opportunities available to child care professionals in the region. The Northland Pioneer College has campuses in both Navajo and Apache counties, with a center in Whiteriver. The college offers a program in Early Childhood Development that trains people to work in or operate preschools, assist primary school teachers as assistants, work in family home provider settings, and work in other areas related to the education and care of young children. The program has a number of areas students can specialize in, including early childhood management, family care, infant toddler, preschool, and special needs.⁶⁷

⁶⁵ Arizona Early childhood Development and Health Board (First Things First). (2013). Arizona's Unknown Education Issue: Early Learning Workforce Trends. Retrieved from <http://www.azftf.gov/WhoWeAre/Board/Documents/FTF-CCReport.pdf>

⁶⁶ White Mountain Apache Tribe FTF Regional Partnership Council. (2014). *SFY 2015 Regional Funding Plan*. Retrieved from <http://www.azftf.gov/RPCCouncilPublicationsCenter/Funding%20Plan%20-%20White%20Mountain%20Apache%20SFY15.pdf>

⁶⁷ <http://www.npc.edu/course/early-childhood-development>

In an effort to promote the ‘grow your own’ approach to increasing the child care labor force in the region, Alchesay Beginnings Child Development Center offers a program where students from Alchesay High School can receive on-the-job training as part of a four-level program with the ultimate goal of having students graduate high school with a Child Development Associate (CDA) credential. In the first nine weeks of the program students learn about careers in education in general. Once this initial introduction is over, those students that choose to remain in the program continue their training mostly in a classroom setting focused on early-childhood specific topics. If they elect to continue onto the next phase as juniors and seniors they can take up to 27 dual enrollment credits in the CDA competency area. Students can then graduate with a certificate from Northern Pioneer College. If then they elect to continue working towards their CDA degree, they can take an additional course in their senior year that takes place entirely in the childcare classroom so they can practice for the observation component of the CDA credentialing. As juniors or seniors, students spend a minimum of three hours per week at the Alchesay Beginnings Child Development Center. All college-related fees for course credit are waived for the students, and funds are also available to help students cover the cost of the CDA assessment fee. According to staff from the center, in the freshman year, about 160 students participate in the early childhood component of the program, but only a small proportion of those continue onto the next phases. From the program’s first cohort, five students earned their CDA credentials; in 2013, 13 students were awarded their credentials; and the program expects a total of 22 students to obtain their CDA in the coming year.

Other early childhood education professional development opportunities are available in the region. One is the DES Early Childhood Professional Training,⁶⁸ offered through Yavapai College. This training is a no-cost, 60-hr course covering the basics of child development, nutrition, early reading and math activities and child-care licensing to prepare participants to enter the early care and education workforce. The grant provides up to 15, 60-hour workshops in 11 counties in Arizona each year. Upon completion, students can earn college credits. Arizona Childcare Resource and Referral also publishes a quarterly newsletter on early childhood training opportunities in Navajo and Apache Counties.⁶⁹ The most recent newsletter⁷⁰ listed four trainings in Apache County and six trainings in Navajo County, one of which was being held in Whiteriver.

Additional support in the region for child care providers seeking professional development support is the Professional Career Pathways Project (PCPP).⁷¹ This program, sponsored by DES

⁶⁸ <https://v5.yc.edu/v5content/academics/divisions/visual-and-performing-and-liberal-arts/DES.htm>

⁶⁹ <http://www.arizonachildcare.org/providers/professional-development.html>

⁷⁰ <http://www.arizonachildcare.org/pdf/quarterly.pdf>

⁷¹ <https://v5.yc.edu/v5content/academics/divisions/visual-and-performing-and-liberal-arts/DES.htm>

provides tuition and textbook support for early childhood education classes for those working as childcare providers, and is available for coursework taken at Northland Pioneer College.

Data on the early childhood education professionals were available from the Head Start Program, Alchesay Beginnings Child Development Center and Chaghache Day Care.

As the table below shows, half of the Head Start teachers hold an Associate degree in Early Childhood Education and at least four teachers were in the process of obtaining their CDA, Associate or Baccalaureate degree in Early Childhood Education.

Table 30. White Mountain Apache Tribe Head Start Teacher Credentials, 2012-2013

WHITE MOUNTAIN APACHE TRIBE HEAD START TEACHER CREDENTIALS	
Total number of preschool classroom teachers	14
Number of teachers with an Associate degree in Early Childhood Education (ECE)	7
Number of teachers enrolled in a Baccalaureate ECE or related field degree program	3
Number of teachers with Child Development Associate (CDA) credentials	5
Number of CDA teachers who are enrolled in an Associates ECE or related field degree program	5
Number of teachers without ECE credentials	2
Number of teachers without ECE credentials enrolled in an Associates ECE or related field degree program	1
Number of teachers without ECE credentials enrolled in a CDA or appropriate related training	1

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

At Alchesay Beginnings Child Development Center, staff credentials include: one staff member with graduate-level (all but dissertation) degree in Early Childhood Education, another one with an Associate in Early Childhood Education, 10 with CDA credentials and 23 with high school degrees. There are three staff members utilizing TEACH scholars to further their education in the Early Childhood field, and all other staff members are currently enrolled at the local Northland Pioneer College campus on scholarships.⁷²

⁷² Alchesay Beginnings Child Development Center. Information obtained from personal communication.

At Chaghache Day Care, all four classroom teachers have either a CDA or Associate degree in Early Childhood Education. Some of the teacher assistants also have a CDA credential and the rest are in the process of obtaining it.⁷³

The FACE program staff credentials include two graduate degrees in Education.

Professional development opportunities are available in the region and early childhood professionals appear to be taking advantage of these opportunities. Nevertheless, key informants indicated that continued emphasis on professional development for center-based childcare staff should be a priority in the community.

Health

Access to Care

Health services to residents of the White Mountain Apache Tribe Region are available from the Indian Health Service Whiteriver Service Unit which includes the Whiteriver Hospital and the Cibecue Health Center. The hospital in Whiteriver is a 45-bed facility staffed by 22 physicians, 1 podiatrist, 5 dentists (including 1 pediatric dentist), 2 optometrists, and approximately 80 nursing staff members. The hospital also has a psychiatrist on staff available via tele-health for consultation and in-person on a regular basis. A radiology department is also available locally at the hospital. Whiteriver Hospital has an ambulatory surgery department with the ability to perform minor outpatient surgeries. Patients who require inpatient surgical procedures and complex medical care are referred to the Phoenix Indian Medical Center or contract-care hospitals. Ground and air transportation is available. A total of five clinics serve the region, four at the Whiteriver Hospital and one in Cibecue. Similarly, there are four total pharmacy sites, three of which are located at the hospital and one in Cibecue. The pharmacy department holds immunization clinics Monday through Friday so children and adults have the opportunity to receive immunizations while they are receiving other services. The Cibecue Health Center also offers health care services, including outpatient, urgent care, and dental care.⁷⁴

Services are also available from the White Mountain Apache Division of Health Programs, which offers a number of tribally owned and operated health services, including Apache Behavioral Health Services (ABHS) and Apache Diabetes and Wellness Center.

Parents and caregivers of young children who participated in the Parent and Caregiver Survey (see Appendix D for more information about the survey), were asked where they take their young children for health care, what they like about their health care services and whether they would change anything about the services they receive. The vast majority of parents indicated

⁷³ Chaghache Day Care. Information obtained from personal communication.

⁷⁴ http://www.ihs.gov/phoenix/index.cfm?module=dsp_phx_hf_whiteriver

that they access care through the Indian Health Service, and a few also mentioned facilities outside of the region such as Summit Healthcare and other facilities in Pinetop. Most respondents indicated liking the fact that the services are free of cost. However, the most common issues that parents would like to change were to reduce the long wait to receive care and to increase the number of providers available.

The parent/caregiver survey also included a similar question about dental care. Once again, Whiteriver Hospital was by far the most common response. A few respondents mentioned other providers including: Pinetop Family Dental, Around the Mountain Pediatric Dentistry and others in the Pinetop and Show Low areas.

Key informants interviewed for this report indicated that the quality of health care services is generally good for basic care, but specialized services are limited and patients often need to be referred outside of the community. In addition, key informants confirmed that dental care appointments are difficult to obtain and local residents must often be in line from 6 or 7 am in order to make an appointment.

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.⁷⁵ The White Mountain Apache Tribe is designated as its own PCA.

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA is given a score based on 14 weighted items including points given for: ambulatory sensitive conditions; population ratio; transportation score; percentage of population below poverty; percentage of uninsured births; low birth weight births; prenatal care; percentage of death before the U.S. birth life expectancy; infant mortality rate; and percent minorities, elderly, and unemployed. Based on its scores on these indicators, the White Mountain Apache Tribe Primary Care Area is designated as an Arizona Medically Underserved Area.⁷⁶

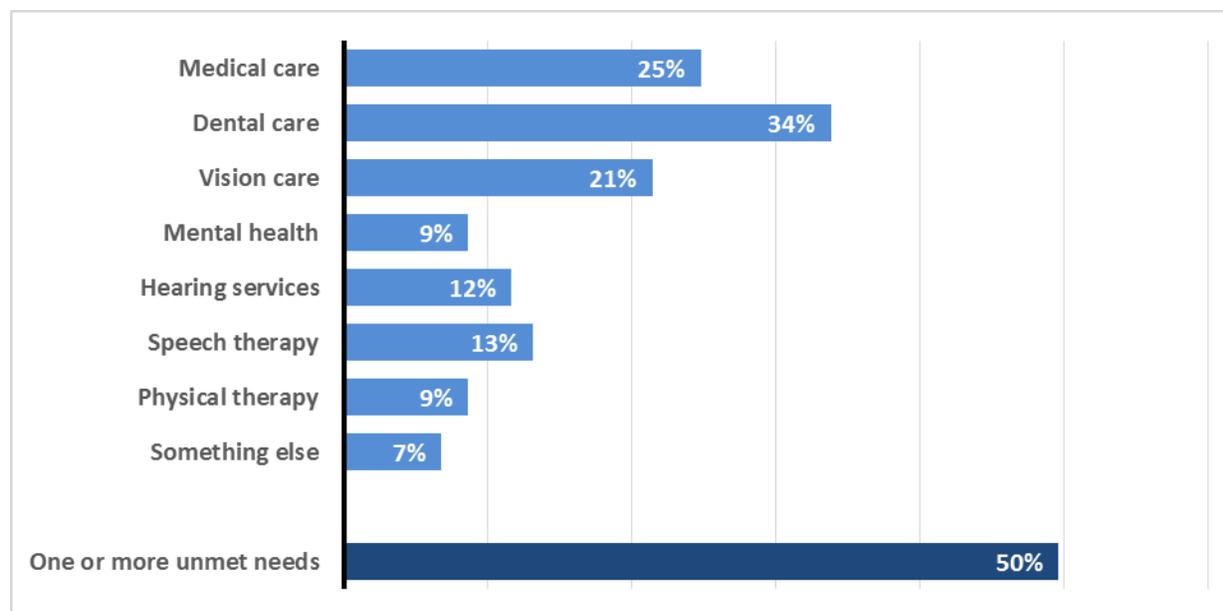
One of the Arizona Title V priorities for 2011-2016 for Arizona's maternal and child health population is to improve access to and quality of preventive health services for children. An indicator of access to health services is whether or not a child was able to receive care in a timely manner when he or she needs it. A set of questions on the White Mountain Apache Tribe Parent and Caregiver Survey (see Appendix D for more information about the survey)

⁷⁵ 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.

⁷⁶ Arizona Medically Underserved Areas (2013). Retrieved from <http://www.azdhs.gov/hsd/designations/DownloadWindow/BaseMaps/AZMUA.pdf>

asked whether their child had needed health care in the past year, but the care was delayed or never received. Half (50%) of the parents and caregivers reported that their child (or children) had not received timely health care at least once during the previous year. Most frequently, it was dental care (34%), medical care (25%), or vision care (21%) that was delayed or not received.

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



Source: Parent and Caregiver Survey, 2014

Pregnancies and Births

Prenatal care in the region is available at the local IHS facilities. The Whiteriver Hospital is one of the few facilities in the IHS Phoenix Area with the capacity to deliver babies, although only women with low-risk pregnancies can deliver there. High-risk patients are referred outside of the community to Summit Healthcare. Child birth and postpartum classes are available locally at the hospital. The IHS Public Health Nursing department provides home-based prenatal, postpartum and newborn services. Key informants indicated that all babies born prematurely in the region are automatically referred to Northland Therapy Services for an evaluation.⁷⁷ In February of 2014, the Whiteriver Hospital achieved the designation of Baby Friendly Hospital for its policies and practices that foster exclusive breastfeeding.⁷⁸ Key informants indicated that

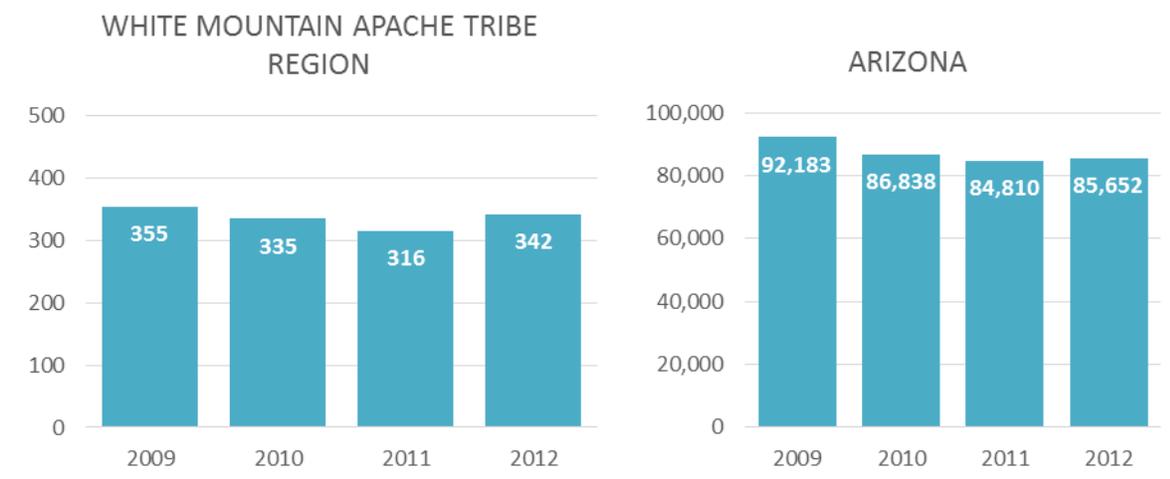
⁷⁷ Northland Therapy Services is the local AzEIP provider. For more information see the AzEIP Referrals section below.

⁷⁸ <http://www.ihs.gov/newsroom/index.cfm/announcements/2014announcements/whiteriverindianhospitalachievesbabyfriendlydesignation/>. For additional information on the Baby Friendly Standard of Care go to http://www.ihs.gov/babyfriendly/index.cfm?module=dsp_bf_policies

breastfeeding rates appear to be improving in recent months, with women breastfeeding for longer periods of time. Key informants pointed out that mothers who deliver at the local Whiteriver Hospital receive a lot of breast-feeding support from the providers but that this is not always the case with women who deliver outside of the community because providers may be encouraging them to also try formula feeding. According to ADHS Vital Statistics, there were 103 births at the Whiteriver Hospital in 2012 and 66 in 2013.

From the 1950's until the economic downturn in 2008, the number of babies born each year in Arizona had increased each year. Since 2008, the number of babies born each year has been less than the number born the year before. This decreasing trend may be over, as the number of births in 2012 (85,652) was greater than the number in 2011 (84,810). A similar pattern was seen in the White Mountain Apache Tribe Region. The total number of births decreased since 2009, with the lowest number of births taking place in 2011. In 2012, the most recent year data is available, the number of births increased to 342 in the region.

Figure 14. Total number of births by year for the White Mountain Apache Tribe Region and the state (2009-2012)



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

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant

mortality, premature births, and low-birth-weight births.⁷⁹ Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent or more. In Arizona as a whole, seventy-nine percent of births meet this standard. The percent of births with early prenatal care in the White Mountain Apache Tribe Region has been slightly below the Healthy People 2020 target across multiple years. In 2012, the latest year for which data are available, the White Mountain Apache Tribe Region was below the Healthy People 2020 target, with 62 percent of births to mothers with prenatal care begun in the first trimester.

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



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

Because the White Mountain Apache Tribe Region is relatively sparsely populated, data from any one year for rare occurrences (such as births) tend to vary from one year to the next. The White Mountain Apache Tribes Primary Care Area Statistical (PCA) Profile provides data on a number of maternal and child health indicators averaged over a ten-year span (2002-2011). PCA data are also available for all Arizona Tribes combined, and the state as a whole. Where available, in this report we will present both the yearly trend data provided to First Things First by the Arizona Department of Health Services (as shown in Figure 165) and the PCA data that allows for comparisons to all Arizona reservations, and the state, as shown in Figure 16 .

The graph below shows that women in the White Mountain Apache Tribe Region begin early prenatal care at a slightly lower rate than women across all Arizona reservations.

⁷⁹ Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from: <http://www.cdc.gov/reproductivehealth/ProductsPubs/DataAction/pdf/rhow8.pdf>

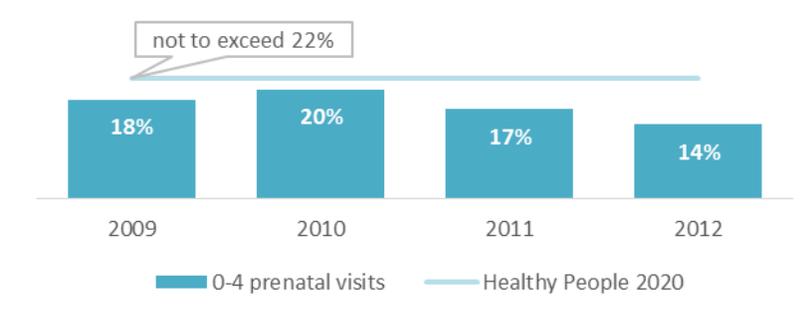
Figure 16. Average percent of births with prenatal care begun first trimester (2002-2011)



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

In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a healthy pregnancy and post-natal period. The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number.⁸⁰ The Healthy People 2020 target for receiving fewer than five prenatal care visits is less than 22 percent. In the last year for which data is available, 14 percent of births in the White Mountain Apache Tribe Region were to women with fewer than five prenatal visits (see Figure 17).

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

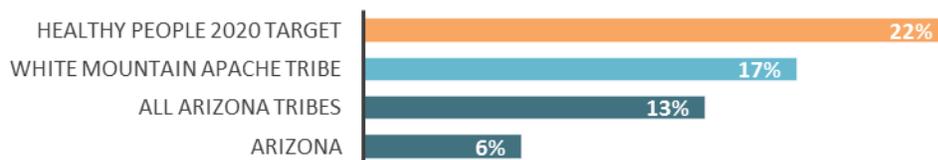


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

The figure below shows the variability of births with infrequent prenatal care for the White Mountain Apache Tribe PCA, all Arizona Tribes and the state (averaged over the years 2002-2011). While all fall far below the Healthy People 2020 target of less than 22 percent, the White Mountain Apache Tribe PCA has consistently met the Healthy People 2020 target since 2009, though at a higher average rate (17%) than all Arizona reservations combined and the state as a whole (13% and 6%, respectively).

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

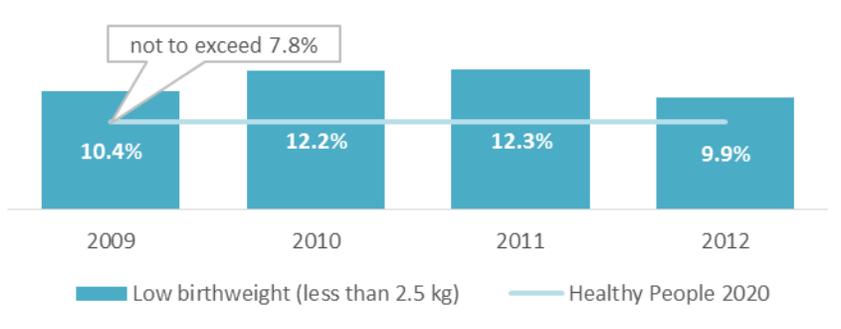
Figure 18. Average percent of births with fewer than five prenatal care visits (2002-2011)



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

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or older than 35 years, infections involving the uterus or in the fetus, placental problems, and birth defects⁸¹, as well as air pollution.⁸² The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. The White Mountain Apache Tribe Region did not meet this target in any of the years examined, although in 2012, the percent of births with low birth weight in the region was the lowest since 2009 at 9.9 percent. As can be seen in Figure 20, the region also has a higher ten year average of low birth weight than all Arizona tribes, and the state of Arizona.

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

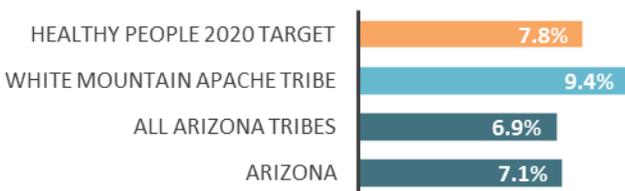


Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

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

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

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



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

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

The teen birth rate in Arizona in 2012 was 18.7/1000 for females aged 15-17, and 66.1/1000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 11th highest teen birth rate nationally.⁸⁵ Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment, these rates indicate that teen parenthood services for teen parents may be important strategies to consider in order to improve the well-being of young children in these areas.

The decreasing trend in the number of teen births at the state level is also visible in the White Mountain Apache Tribe Region, where the percent of births to mothers ages 19 and younger fell by 7 percent between 2009 and 2012, with 18 percent of births in the region to mothers aged 19 and younger in 2012 (see Figure 21). In comparison, nine percent of all births across Arizona were to mothers aged 19 or younger in 2012.

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

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

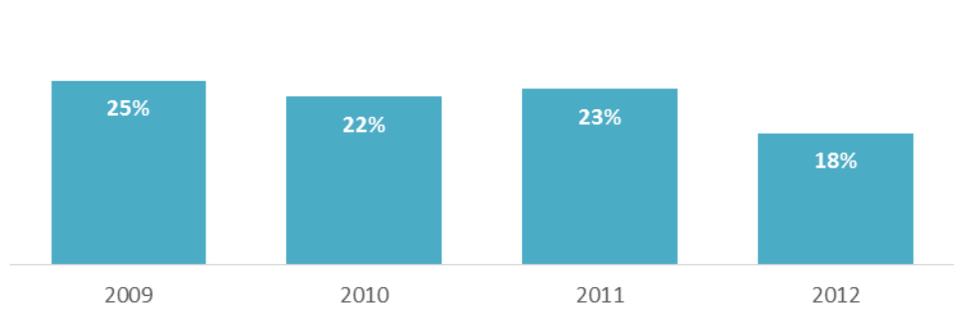
⁸⁴ Centers for Disease control and Prevention. Teen Pregnancy. About Teen Pregnancy. Retrieved from:

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

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

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

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



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

PCA data averaged over ten years show that the rate of teen births per 1,000 females in the region is substantially higher than the rate across all Arizona reservations, and over twice the rate in the state as a whole (see Figure 22).

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



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

Arizona had the largest decline in teen pregnancy in the nation between 2007 and 2010, with a 29% decline.⁸⁶ However the teen birth rate in Arizona is still higher than the national 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 2010.⁸⁷ 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.⁸⁸

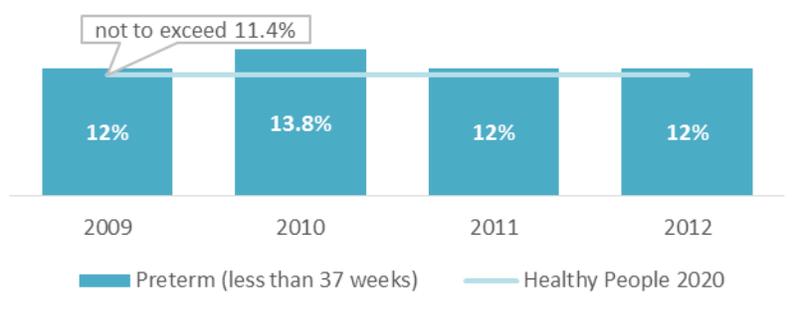
⁸⁶ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

⁸⁷ The National Campaign to Prevent Teen and Unplanned Pregnancy. Counting It Up. The Public Costs of Teen Childbearing in Arizona in 2010. April 2014. Retrieved from: <http://thenationalcampaign.org/sites/default/files/resource-primary-download/fact-sheet-arizona.pdf>

⁸⁸ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

Teen pregnancy is often linked with preterm births,⁸⁹ and the percent of preterm births in the region falls just above the Healthy People 2020 target (see Figure 23).

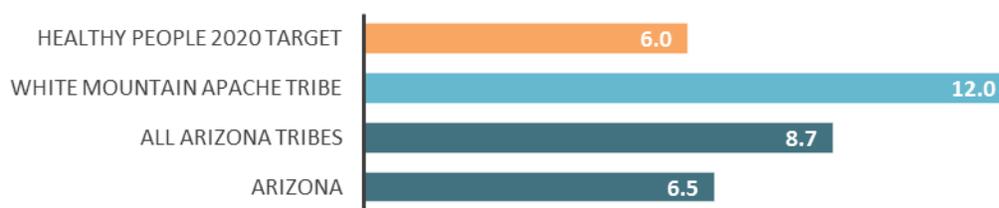
Figure 23. Percent of births that are preterm (less than 37 weeks) (2009-2012)



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

One of the consequences that has been linked to high teen birth rates is high infant mortality. The Healthy People 2020 target for all infant deaths is 6.0 infant deaths or fewer per 1,000 live births. As can be seen in Figure 24, averaged over ten years, the rates for the White Mountain Apache Tribe Region, all Arizona reservations and the state, exceeded that rate.

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

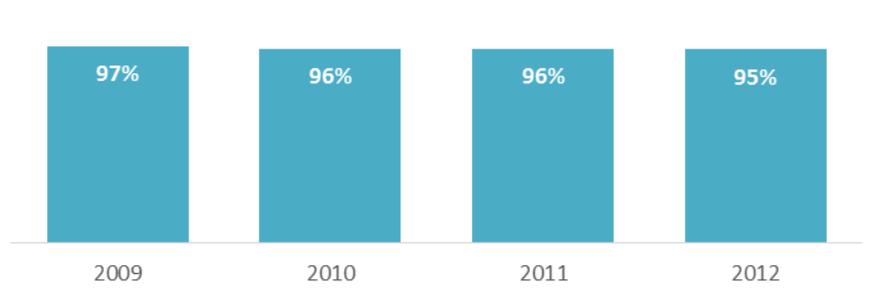


Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

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

⁸⁹ Chen, X-K, Wen, SW, Fleming, N, Demissie, K, Rhoads, GC & Walker M. (2007). International Journal of Epidemiology; 36:368–373. Retrieved from: <http://ije.oxfordjournals.org/content/36/2/368.full.pdf+html>

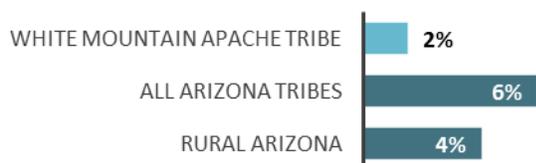
Figure 25. Births covered by AHCCCS or IHS by year (2009-2012)



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

The average percent of uninsured births (defined as self-pay or ‘unknown’ payee in the Vital Statistics birth record) in the region (2%) is half the Arizona rate and also less than the all Arizona reservations rate (6%, see Figure 26).

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



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

White Mountain Apache Tribe WIC Program Maternal and Child Health Indicators

As mentioned above, the White Mountain Apache Tribe WIC Program 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.⁹⁰

About 16 percent of the White Mountain Apache Tribe WIC newborns had a low birth weight (defined as weighing less than 2.5 kilograms, or 5.5 pounds). This rate is twice as large as the Healthy People 2020 target of eight percent or less. Seven percent of White Mountain Apache

⁹⁰ 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.

Tribe WIC babies were premature (defined as a gestation of less than 37 weeks). This rate meets the Healthy People target of 11 percent or less.

The White Mountain Apache Tribe WIC ever-breastfed rate (67%) falls far below the Healthy People 2020 target (82%) but is slightly higher than the ITCA WIC rate overall (65%).

The rate of obesity in the older children in the White Mountain Apache Tribe WIC program (30%) is higher than the ITCA WIC rate (26%), and exceeds the Healthy People 2020 target of 9.6 percent. *(For more information about this topic see the Overweight and Obesity section below).*

Table 31. Infant and child health indicators from White Mountain Apache Tribe WIC clients

	WHITE MOUNTAIN APACHE TRIBE WIC (2011)	ITCA WIC (2011)	HEALTHY PEOPLE 2020 TARGET
AGES OF INFANTS AND CHILDREN DURING 2010			
0	21%	24%	
1	20%	22%	
2	19%	18%	
3 to 4	40%	36%	
BIRTH WEIGHT			
High birth weight (4 kg or more)	3%	7.4%	
Normal birth weight	65.7%	73.5%	
Low birth weight (2.5 kg or less)	15.7%	9.5%	7.8%
PRETERM BIRTHS			
Less than 37 weeks	7.1%	6.8%	11.4%
INFANT BREASTFEEDING			
Ever breastfed	67.4%	64.8%	81.9%
OVERWEIGHT AND OBESITY IN CHILDREN (2-4 YEARS OLD)			
Overweight (85th to 95 percentile)	25%	20.9%	-
Obese (95th percentile or greater)	29.7%	25.5%	9.6%

Inter Tribal Council of Arizona, Inc. (December 2011). White Mountain Apache Tribe WIC Program Maternal and Child Health Profile. Unpublished report provided by the White Mountain Apache Tribe WIC Program

Ten percent of the mothers enrolled in the White Mountain Apache Tribe WIC program in 2012 were under the age of 18. This is 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,⁹¹ and may subsequently impact overweight or obesity in childhood.⁹² Nearly three-quarters of the White Mountain

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

Apache Tribe WIC mothers were overweight or obese at the beginning of pregnancy. Furthermore, the overweight/obesity rate for WMAT WIC mothers increased by 10 percent between 2006 and 2011.

Mothers in the WMAT WIC program received early prenatal care at a rate (62%) that falls short of the Healthy People 2020 target. The proportion of WMAT WIC mothers who begin prenatal care in the first trimester is less than the one reported by AHDS for all births in the region in 2012 (75%, see Figure 15 above).

Smoking at the time of enrollment in the WIC program and second hand smoke exposure in the home appear to be less of a concern among WMAT WIC mothers than ITCA WIC women overall. The percent of women smoking at the time of enrollment in the WMAT WIC program is below the rate among ITCA WIC-served women in general.

Reported alcohol consumption (0%) during the third trimester meets the Healthy People 2020 target (2% or less).

⁹² O'Reilly, JR, & Reynolds RM. The Risk of Maternal Obesity to the Long-term Health of the Offspring. *Clinical Endocrinology*. 2013; 78(1):9-16. Retrieved from: http://www.medscape.com/viewarticle/776504_3

Table 32. Maternal health indicators from the White Mountain Apache Tribe WIC program clients

	WHITE MOUNTAIN APACHE TRIBE WIC (2011)	ITCA WIC (2011)	HEALTHY PEOPLE 2020 TARGET
MATERNAL AGE			
17 or younger	10%	7%	-
18 to 19	15%	14%	-
20 to 29	59%	59%	-
30 to 39	15%	20%	-
40 or older	1%	1%	-
PRE-PREGNANCY BODY MASS INDEX (BMI)			
Normal weight (or Underweight)	28.9%	27%	53.4%
Overweight (BMI 25 to 30)	32.1%	27.5%	-
Obese (BMI over 30)	39%	45.5%	-
PRE-PREGNANCY OVERWEIGHT OR OBESE			
2006	60.7%	61.7%	-
2007	59.2%	60.1%	-
2010	74.2%	72.9%	-
2011	71.1%	73%	-
PRENATAL CARE			
Begun during first trimester	77.9%	81.1%	77.9%
ALCOHOL AND TOBACCO			
Mother smokes at initial WIC visit	1.3%	2.0%	1.4%
Smoker present in the household	5.6%	8.5%	-
Alcohol consumption in last trimester	0%	0.2%	1.7%

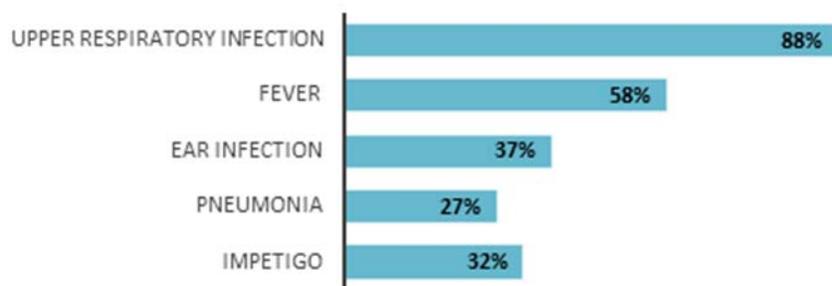
Inter Tribal Council of Arizona, Inc. (December 2012). White Mountain Apache Tribe WIC Program Maternal and Child Health Profile. Unpublished report provided by the White Mountain Apache Tribe WIC Program

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 2,049 children).⁹³ The figure below shows the top five diagnosis for children under the age of six who received care at IHS facilities. Nearly 90 percent of the young children who are IHS active users in the region were seen for an upper respiratory infection.

⁹³ For more information on how these estimates were calculated see Footnote 98

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



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

The data in Figure 27 reflect the most frequent specific diagnostic codes for ear infections and asthma. When all codes for those diagnoses are considered an estimated 41 percent of active users under six in the region were seen for an ear infection in that two-year period,⁹⁴ while 7 percent were seen because of asthma.

Insurance Coverage

Affordable Care Act and Medicaid Expansion

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13 percent of the state’s children (those under 18 years of age) uninsured.⁹⁵

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% thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately \$14,000 for an individual and \$29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 percent and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the cost of insurance premiums.⁹⁶ These individuals can purchase health insurance through health insurance exchanges.

⁹⁴ A slightly more broad definition of ear infections was used to query “any care” compared to the top five diagnoses; hence those numbers differ some what

⁹⁵ Mancini, T. & Alker, J. (2013). Children’s Health Coverage on the Eve of the Affordable Care Act. Georgetown University Health Policy Institute, Center for Children and Families. <http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>

⁹⁶ The Affordable Care Act Resource Kit. National Partnership for Action to End Health Disparities. <http://health.utah.gov/disparities/data/ACAResourceKit.pdf>

Affordable Care Act and American Indians and Alaska Natives

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

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

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

Another mandate of the ACA is that many employers must offer health care insurance coverage to their employees. Tribes are unique in this sense because many tribes also function as employers, therefore, this mandate will apply. However, this mandate will effect tribes and tribal employers differently, depending on the number of full-time and full-time equivalent employees the tribe/tribal enterprise has. As a basic rule of thumb, employers who employ 50

or more full-time or full-time equivalent employees are classified as a ‘Large Employer’ and required to offer health insurance to their employees or pay a fine. More information regarding employer health insurance mandates and an interactive questionnaire for employers can use to find out what their business is classified as and what their health insurance responsibilities are can be found at <http://tribalhealthcare.org/tribal-employers/>.

According to data from the American Community Survey (ACS), the estimated proportions of uninsured population overall (22%) and uninsured young children in the region (13%) are lower than the estimated rates for the state as a whole and all Arizona reservations combined. However, estimates of the uninsured population vary greatly within the White Mountain Apache Tribe Region with North Fork and Cedar Creek having the highest rates.

Table 33. Percent of population uninsured⁹⁷

GEOGRAPHY	CENSUS 2010 POPULATION (ALL AGES)	ESTIMATED PERCENT OF POPULATION UNINSURED (ALL AGES)	CENSUS 2010 POPULATION (0-5)	ESTIMATED PERCENT OF POPULATION UNINSURED (0-5)
White Mountain Apache Tribe	13,409	22%	2,003	13%
Whiteriver	4,104	13%	653	2%
Seven Mile, East Fork, Turkey Creek, Fort Apache	1,843	14%	261	2%
Cibecue	1,713	21%	259	10%
North Fork	1,417	43%	185	42%
Hondah-McNary	1,340	30%	191	9%
Canyon Day	1,209	28%	199	17%
Rainbow City	968	23%	150	6%
Cedar Creek	318	59%	-	-
Carrizo	127	0%	-	-
Remainder of reservation	370	18%	-	-
All Arizona Reservations	178,131	29%	20,511	23%
Arizona	6,392,017	17%	546,609	11%

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

The ACS estimated proportion of children birth to five who are uninsured in the region shown in Table 33 (13%), however, differs greatly from the rate of children without third-party insurance coverage in the region as reported by the Indian Health Service (45%) (see Figure 28 below). The insurance coverage data provided by the Indian Health Service were based on 2,049

⁹⁷ Please note that if an individual indicated that his only coverage for health care services is through the Indian Health Service (IHS), the ACS considers this person to be “uninsured.”

children ages 0 to 5,⁹⁸ 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.

Medicaid (AHCCCS) Coverage

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

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 percent to 175 percent of the FPL, based on family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.⁹⁹

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

⁹⁸ 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 Canyon Day, Carrizo, Cedar Creek, Cibecue, Diamond Creek, East Fork, Fort Apache, Hon-Dah/Indian Pine, McNary, North Fork, Rainbow City, Seven Mile, Turkey Creek and Whiteriver. It can be assumed that in most cases services were received at the local Whiteriver Hospital or the Cibecue Health Center.

⁹⁹ Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application.

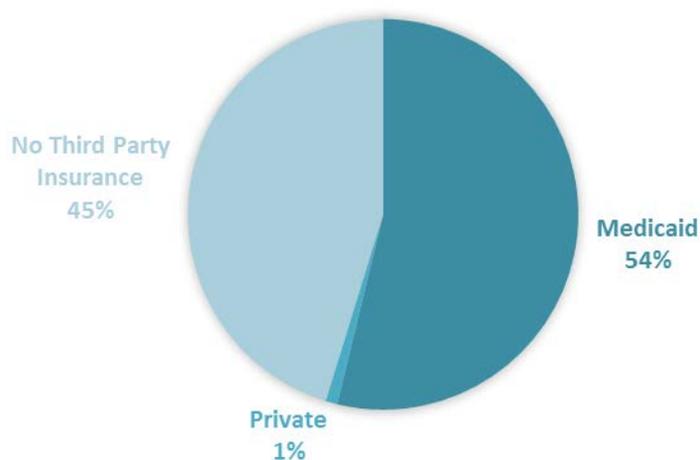
<http://www.azahcccs.gov/applicants/categories/KidsCare.aspx> and <http://www.azahcccs.gov/applicants/KidsCareII.aspx>

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.¹⁰⁰

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.¹⁰¹

Data on Medicaid (or AHCCCS) coverage for young children in the region were available from the Indian Health Service.¹⁰² Of the 2,049 children ages 0 to 5 for whom data were available, 54 percent were covered by Medicaid.

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



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

¹⁰⁰ Thousands of Kids Could Lose Health Coverage Saturday. January 30, 2014, Arizona Public Media. <https://news.azpm.org/p/local-news/2014/1/30/29919-thousands-of-az-kids-could-lose-health-coverage-saturday/>

¹⁰¹ Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

¹⁰² Please see Footnote 98 above for information of how these estimates were calculated.

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

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to 5 (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”.¹⁰³ 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.¹⁰⁴

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 White Mountain Apache Tribe Region, Child Find services are provided by the Whiteriver Unified School District and by the tribe’s Child Find Program.

The Whiteriver Unified School District website indicates that the Special Education Preschool provides services to children with special needs ages 3 to 5 based on the following eligibility categories: preschool-severe delay, developmental delay, and speech-language impairment. Available services through the program include occupational and physical therapy, audiology and vision-related.¹⁰⁵ According to the White Mountain Apache Tribe Head Start Community Assessment, there were 64 children receiving special education services at the Whiteriver Unified School District Special Education Preschool program.¹⁰⁶

¹⁰³ “Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs.” NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/06/12] from www.childhealthdata.org.

¹⁰⁴ Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

¹⁰⁵ <http://www.wusd.k12.az.us/default.aspx?name=spec.ed>

¹⁰⁶ White Mountain Apache Tribe Head Start Program. (September 2013). *Community Assessment*. Unpublished report provided by the White Mountain Apache Tribe Head Start Program.

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

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic 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).

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.¹⁰⁷ 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 may have led 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 \$1000 or more in out of pocket medical expenses (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 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

¹⁰⁷ <https://www.azdes.gov/AzEIP/KeyPrinciples/>

with determining eligibility or developing an Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, now have fees. The families of AHCCCS-enrolled children are not required to pay the fees. The cost of services is based on location and how difficult an area is to serve; urban areas are considered “base” and have lower rates per hour compared to rural areas. However, in an effort to help reduce the financial burden for services on families, AzEIP has recently proposed to eliminate Family Cost Participation, which requires families to share in the costs of early intervention services based upon family size and income. AzEIP received public comment about this proposed change in policy through June of 2014.¹⁰⁸

Regional AzEIP data were 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, 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 9738 (this includes all AzEIP eligible children including AzEIP only, DDD and ASDB).¹⁰⁹

The region’s AzEIP service provider is Northland Therapy Services, which provides services in Southern Navajo and Apache Counties.

Parent perceptions of their children’s developmental needs

The FTF White Mountain Apache Tribe Region Parent and Caregiver Survey conducted in the region in the Spring of 2014 (see Appendix D for more information on the survey) included an item aimed at gauging the parents’ and caregivers’ concerns about their children’s development. The question asked respondents to indicate how concerned they were about several developmental events and stages (response options included “not at all worried,” “worried a little” and “worried a lot”). The question, which revealed the greatest degree of concern, was “How well your child behaves.” Nearly half (47%) of the respondents reported being worried, either a lot or a little, about this item. The next most worrisome items were “How well your child talks and makes speech sounds,” “How well your child gets along with

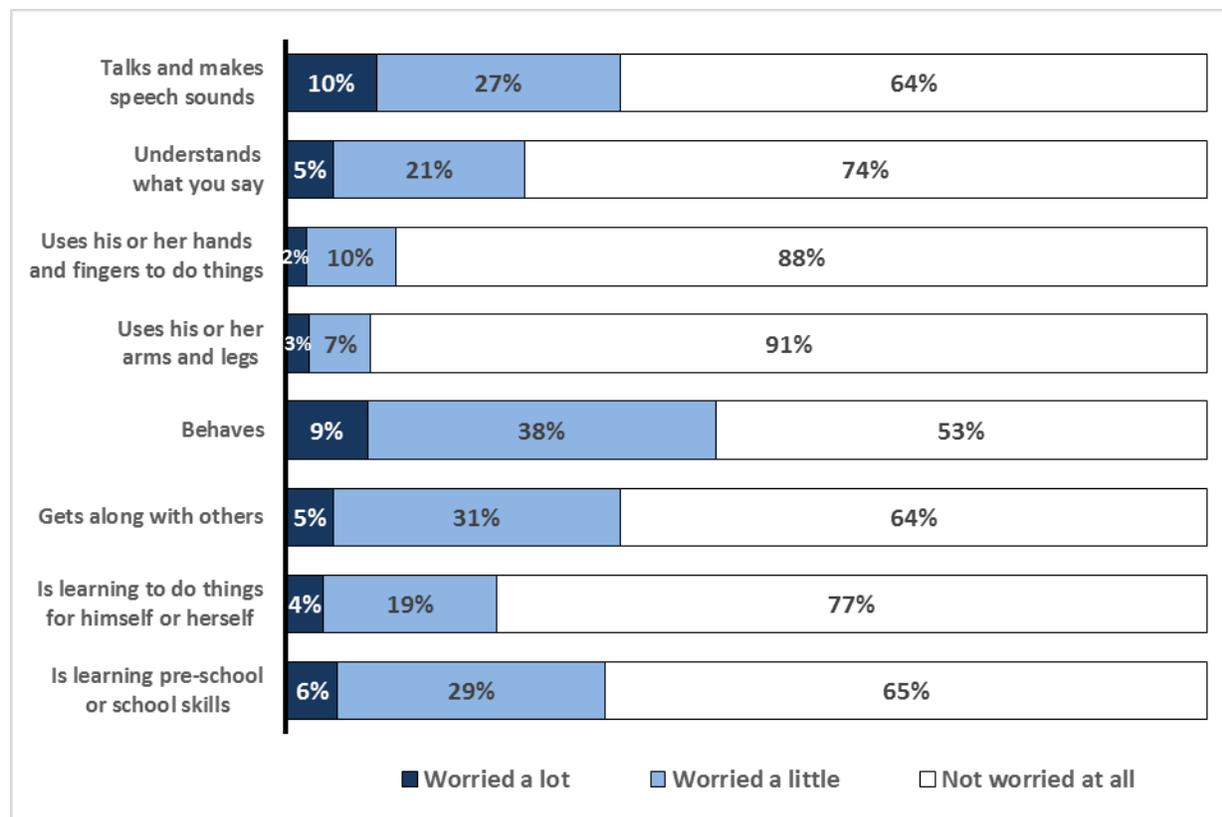
¹⁰⁸ <https://www.azdes.gov/main.aspx?menu=98&id=13684>

¹⁰⁹ Arizona Department of Economic Security. (2014). [AzEIP data set]. Unpublished raw data received through the First Things First State Agency Data Request.

others,” and “How well your child is learning pre-school or school skills,” each of which was of concern to about a third of the respondents.

Across the eight questions, 20 percent of the respondents reported being “worried a lot” about one or more, and 31 percent were “not worried at all” about all eight. (The remaining 49 percent were “worried a little” about at least one of the eight.)

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



Source: Parent and Caregiver Survey, 2014

Preschool and elementary school children enrolled in special education

Another indicator of the needs for developmental services and services for children with special needs is the number of children enrolled in special education within schools. Table 34 shows the percentage of preschool and elementary school students enrolled in special education. Of the school districts serving the region, Whiteriver Unified District has the highest proportion of students enrolled in special education (16%).

Table 34. Percent of preschool and elementary school children enrolled in special education

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	STUDENTS ENROLLED IN SPECIAL EDUCATION	
McNary Elementary District	2	110	<25	DS
Whiteriver Unified District	6	1,494	245	16%
All Arizona Public and Charter Schools	2846	610,079	72,287	12%

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

Local resources

In addition to the services provided by the Whiteriver Unified District and the region’s AzEIP provider (Northland Therapy Services), other local resources also provide screenings, referrals and intervention services for children in the region with special needs. These include the White Mountain Apache Tribe Child Find Program, the White Mountain Apache Tribe Head Start Program, Alchesay Beginnings Child Development Center, the John F. Kennedy Day School FACE Program and the IHS Public Health Nurse Parent Coaching Program.

The *White Mountain Apache Tribe Child Find Program* receives funding from the Bureau of Indian Education to screen and refer children with potential developmental delays in the community.¹¹⁰ The tribal Child Find Program, with offices in Whiteriver and Cibecue, conducts regular screenings in the community that are advertised on the radio, through fliers and through large signs on the main road so parents can bring their children into the program’s office to be screened. If children are identified as in the need of further evaluation or services, they are referred to the appropriate services providers in the region like the Whiteriver Unified School District or Northland Therapy Services, the local AzEIP provider. Key informants indicated that there is good collaboration between the Child Find Program and these other providers (for instance, Northland Therapy Services staff have been available to provide training to Child Find staff on how to conduct the screenings).

The Child Find Program conducts a yearly door-to-door survey and initial screening of children in the community. A brief interview is conducted with each family and if staff with the program identify a child who may be in need of further screening they provide the family with additional information about the program and invite them to schedule an appointment for a full evaluation.

Key informants indicated that young parents may still not be well aware of the services available to help children with special needs. This perception is supported by the data from the 2013 Head Start Community Assessment Parent Survey, which included an item asking parents

¹¹⁰ Key informants indicated that the Child Find Program was closed for a period of approximately four months but it re-opened in July of 2012.

whether services for children with special needs were available in the community: of the 252 parents and caregivers who responded to this question, well over half (59%) selected “I don’t know” as the answer and 11 percent responded “no.”¹¹¹

Another barrier may be the challenge parents encounter when they learn their child may need additional help due to a developmental delay because of the perceived stigma associated with it. In addition, transportation may be a barrier for some parents to access services, so the program is able to provide transportation for parents to their screening appointment. Key informants pointed out that transportation may be a particular challenge for parents living outside of Whiteriver, where a lot of the services for children with special needs concentrate.

In order to address the challenge that many families are not aware of services, the tribal Child Find Program puts an emphasis on outreach and dissemination of information on services to children with special needs among parents in the region. Presentations with invited speakers are organized on a monthly basis on a variety of parenting skills topics in both Whiteriver and Cibecue. In addition, two conferences have been recently offered to parents in the Child Find program and also in the community at large. The tribal Child Find program also offers incentives to parents when they come in for their child’s screening appointment.

Child Find Program is able to provide some direct services. The program has an audiologist on staff, and recently hired a speech pathologist as speech impairment is a concern in the community. Staff with the program indicated that it is often a challenge to find qualified specialists who can provide services in the community (the program did not have a speech pathologist for more than one year). The table below shows that in 2013, a total of 125 children ages 3 to 5 were screened by the Child Find Program and were found to have some type of disability. In addition to these 125 children, in the same year there were 220 additional children who were screened by the program and were found to be developing typically.

Table 35. Children (ages 3-5) with an IEP served by the White Mountain Apache Tribe Child Find Program, 2013

CHILDREN (AGES 3-5) WITH AN IEP	HEARING or VISUAL IMPAIRMENT	SPEECH/LANGUAGE IMPAIRMENT	DEVELOPMENTAL DELAY*	OTHER
125	33%	21%	33%	14%

White Mountain Apache Tribe Child Find program (December 2013). Report of Indian Infants and toddlers with disabilities residing on reservations in accordance with Part C of the IDEA. Unpublished data received from the White Mountain Apache Tribe Child Find Program.

**Not defined*

¹¹¹ White Mountain Apache Tribe Head Start Program. (2013). *2013 Head Start Community Assessment Parent Survey*. Unpublished data provided by the White Mountain Apache Tribe Head Start Program.

Special need services are also provided through the *White Mountain Apache Tribe Head Start program*. Table 36 shows that in 2012-2013 five percent of the enrolled children received services for developmental delays and seven percent of children received services for speech impairment. Thirty one (or 12%) of the children in the program had an Individualized Education Plan (IEP).

Table 36. White Mountain Apache Tribe Head Start Services for children with special developmental and health care needs, 2012-2013

PROGRAM	% CHILDREN WITH IEP	RECEIVING SERVICES FOR SPEECH IMPAIRMENT	RECEIVING SERVICES FOR HEARING IMPAIRMENT	RECEIVING SERVICES FOR DEVELOPMENTAL DELAY
Head Start	12%	7%	0%	5%

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

Another source of information regarding the rate of children with special needs in the region is the Head Start Parent Survey. In 2013, results from the survey indicate that 16 percent of parents reported having at least one child with special needs.¹¹²

Developmental screenings of the children enrolled are also conducted by Alchesay Beginnings Child Development Center using the Ages and Stages Questionnaires (ASQ).

The *John F. Kennedy Day School FACE Program* also screens all participating children at the beginning of the year using the Ages and Stages Questionnaires. The FACE program has a Memorandum of Understanding with the Whiteriver Unified School District to provide services for children with special needs in the FACE program, which is able to provide transportation to children who may need services. Vision and hearing tests for the children are conducted by the Special Education Department at the School District. In addition, the FACE program also collaborates with other agencies that provide services to children with special needs in the community such as Apache Behavioral Health, the tribal Child Find Program and the local AzEIP provider, Northland Therapies. Key informants indicated that often children who are identified in need of special services may end up transferring to the Whiteriver Unified School District’s preschool program. Although some collaboration exists between FACE and other programs providing screening and referrals services for children with special needs, key informants indicated that additional coordination in this area could help avoid duplication of efforts for the benefit of all young children in the community.

Parent Coaching is another important resource available in the community to parents of children who may be experiencing developmental delays but who do not qualify for support from any of the other programs available (such as DDD or AzEIP). This program originated after

¹¹² White Mountain Apache Tribe Head Start Program. (2013). *2013 Head Start Community Assessment Parent Survey*. Unpublished data provided by the White Mountain Apache Tribe Head Start Program.

previous Needs and Assets Reports in the region identified a gap in the services for families in the “gray zone” (those who score below average on the screenings, but who do not qualify for services by AzEIP or local school districts because their developmental delays are not severe enough). The program is funded by the White Mountain Apache Tribe First Things First Regional Partnership Council and operated by the Public Health Nurses at the local IHS facilities. Public Health Nurses focus on preventative health, and this program’s approach fits with that focus in that it provides support to families so that children can continue developing typically instead of further lagging behind.

Parent Coaching serves children who have been screened by the other providers in the region (Head Start, Child Find, Alchesay Beginnings Child Development Center, AzEIP, the school district or IHS providers that do screenings at the Whiteriver Hospital). Children at-risk for developmental delays who are identified through these providers’ screenings but do not qualify for further services can be referred to Parent Coaching. Families get enrolled in the program and the Public Health Nurses can work with them anywhere from 3 months to one year, or longer if needed, until the child is brought up to a ‘typically developing level. Staff with the Parent Coaching program work in close collaboration with the local AzEIP provider, Northland Therapy Services, to make sure that children who are referred to them by other providers are also evaluated by Northland Therapy Services in case they qualify for services.

Parent Coaching has two Public Health Nurses working on the program, each with a caseload of about 15-20 families each. Services include an hour-long home visitation per month, working with Ages and Stages Questionnaires (ASQs) activity sheets, but also tailoring to parents’ needs. Staff with the program are able to provide any additional parenting information requested by parents (e.g. discipline, potty training) and emphasize the role of parents as the child’s first teacher. Key informants interviewed for this report indicated that it is important for service providers in the region to earn the trust of community members in order for families to fully access the resources available. Public Health Nurses have been present in the region for over two decades and are well known and trusted, and have built a relationship with community members through prenatal care, immunizations, and elder care, among other services. This makes the Parent Coaching an important asset in the community. Key informants indicated that the services are generally very well received by parents, who often request additional time with the staff. In fact, Parent Coaching might be a first step for parents whose children qualify for AzEIP services but may not feel comfortable with staff from this program coming into their homes. Once they learn the types of support available to them from the Parent Coaching staff, they may be more receptive to AzEIP services.

As can be seen from the programs described in this section, there are various services available to children with special needs in the region. Key informants indicated that although this is a positive change from the past when resources were scarce, there is still a big need for

coordinated programs that can serve this population. Additional education and awareness among parents are also needed to help them understand the importance of early identification and intervention for children at risk of developmental delays. Furthermore, key informants indicated that few services are available locally for children with more severe delays who are often referred outside of the community for care.

Immunizations

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.¹¹³ Maintaining high vaccine coverage rates in early childhood is the best way of preventing the spread of certain diseases in childhood, and provides a foundation for controlling these diseases among adults, as well. Healthy People 2020 sets a targets of 80 percent for full vaccination coverage among young children (19-35 months). IHS data for the White Mountain Apache Tribe Region (FY2013) indicate that 70.5 percent of children 19-35 months have had the recommended vaccine series (using series 4:3:1:3:3:1:4), which is below the Healthy People Target.

According to data from the White Mountain Apache Tribe Head Start for the year 2012-2013, ninety-nine percent of the children enrolled in the program were up-to-date in their immunizations at the end of the enrollment year.¹¹⁴

Table 37. Percent of White Mountain Apache Tribe Head Start children up-to-date on immunizations

PROGRAM	% UP-TO-DATE ON IMMUNIZATIONS BY END OF YEAR
Head Start	99%

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

As it was mentioned above, the local IHS pharmacy department holds immunization clinics Monday through Friday so children and adults have the opportunity to receive immunizations while they are receiving other services.

Behavioral Health

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children.¹¹⁵ Infant and toddler

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

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

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

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

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services would include 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.¹¹⁹ Table 38 shows information about the mental health services provided to children in the White Mountain Apache Tribe Head Start Program.

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

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

¹¹⁸ Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

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

Table 38. Child Mental Health Services through the White Mountain Apache Tribe Head Start

PROGRAM	MENTAL HEALTH PROFESSIONAL ON-SITE (AVERAGE)	% CHILDREN WITH INDIVIDUAL MENTAL HEALTH ASSESSMENTS	% CHILDREN REFERRED FOR OUTSIDE MENTAL HEALTH SERVICES	% CHILDREN REFERRED FOR MENTAL HEALTH SERVICES THAT RECEIVED SERVICES
Head Start	17 hours/month	5%	5%	100%

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

Enrollment in Public Behavioral Health System

In Arizona, the Division of Behavioral Health Services (DBHS) of the Arizona Department of Health Services contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer behavioral health services. Arizona is divided into separate geographical service areas served by various RBHAs or TRBHAs.¹²⁰

In 2012, over 213,000 Arizonans were enrolled in the public behavioral health system. According to Arizona Department of Health data, 68,743 (32%) of enrollees were children or adolescents, up from 21 percent in 2011; children aged birth through five years comprised almost 56 percent of all enrollees¹²¹ in 2012, compared to four percent in 2011.¹²² With about 546,609 children aged birth to five in Arizona, this means that almost two percent of young children statewide are receiving care in the public behavioral health system. It is likely that there is a much higher proportion of young children in need of these types of services than are receiving them.

The lack of highly trained mental health professionals with expertise in early childhood and therapies specific to interacting with children, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children. Children in foster care are also more likely to be prescribed psychotropic medications than other children, likely due to a combination of their exposure to complex trauma and the lack of available assessment and treatment for these young children.¹²³ Violence-exposed children who get trauma-focused treatment can be very resilient and develop successfully. To achieve this there

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

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

¹²² Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

¹²³ Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

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.¹²⁴

Apache Behavioral Health Services (ABHS) is the TRBHA serving the White Mountain at three sites: Whiteriver, Cibecue and McNary. ABHS has a Child, Adolescent and Family Services (CAFS) team that specializes in working with children at risk for out-of-home placement and their families by providing home, office and community-based support. Services include assessments and evaluations, individual, family, and group therapy, case management and child and family teams. The Child, Adolescent and Family Services team also refers clients to partner agencies such as San Tan Behavioral Health, and Helping Every Day Youth (HEDY) for respite care and life skills training, among other services.¹²⁵

Key informants indicated that ABHS provides services to only a handful of clients under the age of six, as it receives some referrals from the White Mountain Apache Tribe Head Start and Child Find. Most of these referrals are for behavioral problems and a few for autism-related concerns. However, ABHS does not have the capacity to conduct a full autism evaluation on site. ABHS clinicians work with schools in the community starting in kindergarten. Key informants also indicated that a barrier to accessing services continues to be the stigma associated with behavioral health services.

Oral Health

Oral health is an essential component of a young child's overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children 0-4 have never seen a dentist. In a statewide survey conducted by the ADHS Office of Oral Health, parents most frequently cited difficulties in finding a provider who will see very young children (34%), and the belief that the young child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.¹²⁶ Among Arizona third-grade children screened in 2009-2010, American Indian children showed higher rates of decay experience (treated and untreated) than did non-Native children (93 percent compared with 76 percent),

¹²⁴ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

¹²⁵ <http://www.wmabhs.org/child.html>

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

with 62 percent showing signs of untreated decay (compared to 41 percent among non-American Indian children). American Indian children were also less likely to have seen a dentist during the year prior to their screening (59 percent, compared to 73 percent for non-American Indian children).¹²⁷

Dental services for children are available at the local IHS facilities. These services are available to children who are eligible for Indian Health Service coverage, and services are provided free of charge. However, parents in the area have indicated that appointments are difficult to get and there is often a long wait for care (see Access to Care, page 64).

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

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

since the initiative began, and identify which interventions were most the most effective in reducing the prevalence of ECC in American Indian Children.¹²⁸

Data from the 2010 and 2011 ECC Basis Screening Survey (BSS) for the Phoenix Area (which serves the White Mountain Apache Tribe) show that more than half (57%) of the 571 children 0 to 5 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.¹²⁹

Figure 30. Tooth decay among young children

GEOGRAPHY	% CHILDREN (0-5) WITH TOOTH DECAY	% CHILDREN (0-5) WITH UNTREATED TOOTH DECAY	MEAN NUMBER OF TEETH WITH DECAY	NUMBER OF PARTICIPATING CHILDREN
Phoenix Area IHS	57%	36%	3.69	571
All IHS	54%	39%	3.5	NA

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

The IHS ECC encourages collaboration between dental providers and key partners such as Head Start programs. In 2012-2013 all children enrolled in the WMAT Head Start program received an oral health exam and preventative dental care. Seventy-one percent of the children examined were found to need dental treatment, and 65 percent of children were reported to have received treatment.¹³⁰

Table 39. Child Oral Health Services to children enrolled in the White Mountain Apache Tribe Head Start

PROGRAM	% CHILDREN WITH CONTINUOUS ACCESSIBLE DENTAL CARE	% CHILDREN RECEIVING DENTAL PREVENTATIVE CARE	% CHILDREN WITH ORAL HEALTH EXAM	% CHILDREN DIAGNOSED AS NEEDING DENTAL TREATMENT	% CHILDREN RECEIVING DENTAL TREATMENT
Head Start	100%	100%	100%	71%	65%

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

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

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

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

Untreated decay can become a medical problem. Additional IHS data provided for active users 0-5 from the White Mountain Apache Tribe Region over a two year period (2011-2013) show 2,165 unique visits to IHS dental facilities, with 786 patients being diagnosed with baby bottle tooth decay.

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

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.¹³²

Data on the rates of overweight and obesity among young children in the region are available from the White Mountain Apache Tribe WIC Program, and the Indian Health Service for the

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

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

active users under the age of six in the region.¹³³ The data cover slightly different age ranges, but show very similar rates. The obesity rate among young children in the region who are active users of IHS services (27%) is slightly higher than the rate among children in the entire IHS Phoenix Area as a whole in 2013 (24.9%).¹³⁴

Table 40. Body Mass Index (BMI) WIC and Indian Health Service users

	Ages	Underweight	Healthy Weight	Overweight	Obese
Women, Infants and Children (WIC)	2-4	1%	45%	25%	30%
Indian Health Service	2.5-5	1%	49%	23%	27%

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

Inter Tribal Council of Arizona, Inc. (December 2012). White Mountain Apache Tribe WIC Program Maternal and Child Health Profile. Unpublished report provided by the White Mountain Apache Tribe WIC Program

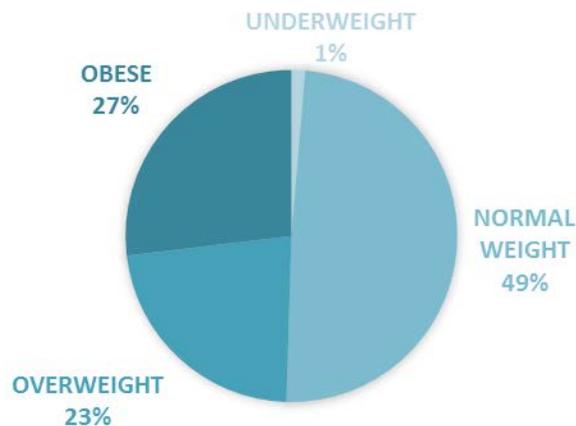
Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area

¹³³ Please see Footnote 98 for additional information on how IHS estimates were calculated.

¹³⁴ Indian Health Service Phoenix Area. 2014 3rd Quarter GPRA Dashboard Report. Unpublished data provided by the Indian Health Service Phoenix Area Statistician. The IHS Phoenix Area, which includes the Whiteriver Service Unit, oversees the delivery of health care services to Native Americans in the tri-state area of Arizona, Nevada and Utah. Except for the Tohono O’odham Nation and the Navajo Nation, all other tribes in Arizona are served by the IHS Phoenix Area.

<http://www.ihs.gov/phoenix/>

Figure 31. Children (ages 2.5-5) served by the Indian Health Service in White Mountain Apache Tribe Region by BMI Category



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

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

Family Support

Family well-being has been identified as an important factor in child success.¹³⁵ Warm, nurturing, responsive, and consistent interactions can be protective factors for young children and help buffer them from adversities. Young children who experience exposure to abuse, neglect or trauma, however, are more likely to show abnormal patterns of development.¹³⁶ Providing resources, education, and supports to families can reduce childhood stresses and help young children reach their fullest potential in school and in life.

Parents and caregivers who participated in the FTF White Mountain Apache 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. The majority responded that being close to family and enjoying the support of relatives in extended families is one of the things they appreciate most. “I enjoy the sense of family and the support they provide,” one of the respondents said. And another stated: “There's family everywhere, someone to always help you.”

The opportunity for children to be in touch with their Native culture and tradition was another important theme among survey respondents; as one of them pointed out: “Being around the culture and being able to do stuff that my father was able to do with me.”

¹³⁵ Martinez, Mehesy, & Seeley, 2003

¹³⁶ Scheeringa, M. S., & Zeanah, C. H. (1995). Symptom expression and trauma variables in children under 48 months of age. *Infant Mental Health Journal*, 16(4), 259–270.

The natural environment in the community that provides children with an open space to run and explore was another aspect of raising children in the region mentioned by a few parents.

These responses were mirrored by those of key informants, who coincided that the local cultural and traditions, as well as the opportunities for outdoors activities are some of the positive aspects of raising young children in the region. Strong family ties, a strong sense of 'knowing who you are and where you come from,' as well as the fact that the community 'comes together' when there is a need to support each other were highlighted as important assets in the region.

Key informants also highlighted the strong commitment that families have towards the wellbeing of their children, including for instance, grandparents who are caring for their grandchildren and continuously look for resources available to them. In addition, key informants emphasized the asset represented by community members who left the community to attend college and are coming back with a strong commitment to serve and make a difference in the lives of families in the region.

In addition, key informants also spoke of the fact that there are many programs and services available to families in the region (although some pointed out that most of them are concentrated in or around Whiteriver, and that families in the more remote communities may have a hard time accessing some of the services if they lack transportation).

Although parents reported that their extended families and the local traditional culture are important resources for them when it comes to raising children, they also pointed out that one of the hardest things about being a parent in the community is the lack of resources that often comes with living in rural isolated communities. They also pointed out to a lack of facilities and activities for young children and their families.

In addition, parents and caregivers indicated that one of the main challenges about raising children in the region is the high prevalence of alcohol and substance use in the community.

Key informants also indicated that substance use and its impacts on newborns is a concern and that additional awareness of the long-term consequences of alcohol consumption during pregnancy is needed in the community.

Other challenges to families in the region mentioned by key informants included: a lack of transportation, particularly challenging in an area that is so spread-out with some communities being far away from where most services are located (in Whiteriver); a lack of jobs available locally (although key informants also pointed out that in recent years new employment opportunities have been created by Tribal Council legislation); and a lack of continuity among some grant-based services and programs that become unavailable after grant funding. This can impact the level of trust that community members have towards new services that are made available to them, not knowing for how long the programs will be in place.

Parents and caregivers were also asked to consider what would improve the lives of young children birth to five and their families in the region. In response to this question, most parents and caregivers said that increasing safety, primarily by reducing the use of drugs and alcohol, would be a priority for them. Parents also suggested that creating better employment opportunities would make a significant difference in the lives of families with young children. In the words of one respondent: "Create more jobs so people can at least have a stable household." Survey respondents also pointed out that more parent involvement in school and community events would be important. Parents and caregivers also emphasized the need for additional parent education opportunities, including parenting classes that focus on positive discipline. As one respondent summarized it: "More parent training, since most parents are very young. More job skills training for parents. More training on drug and alcohol abuse in the community."

Parents and caregivers also suggested having more community events that can bring families together.

Other specific community resources that were mentioned by survey participants included:

- A library
- A children's learning center
- A children's gym
- A safe park
- A juvenile detention center
- Additional Head Start and preschool openings or child care

Key informants were also asked their opinions about the most important things that would make a positive impact in the lives of families with young children. Most of them emphasized the need of additional educational and economic opportunities for parents in the region. These included opportunities for parents to obtain their GED credential and other general training to provide young parents with the necessary skills to get a job within the reservation boundaries. Key informants also suggested the availability of additional housing for young parents, whose families are not yet stable enough to sustain a large home on their own and for whom smaller apartments may be a better option.

Parental Involvement

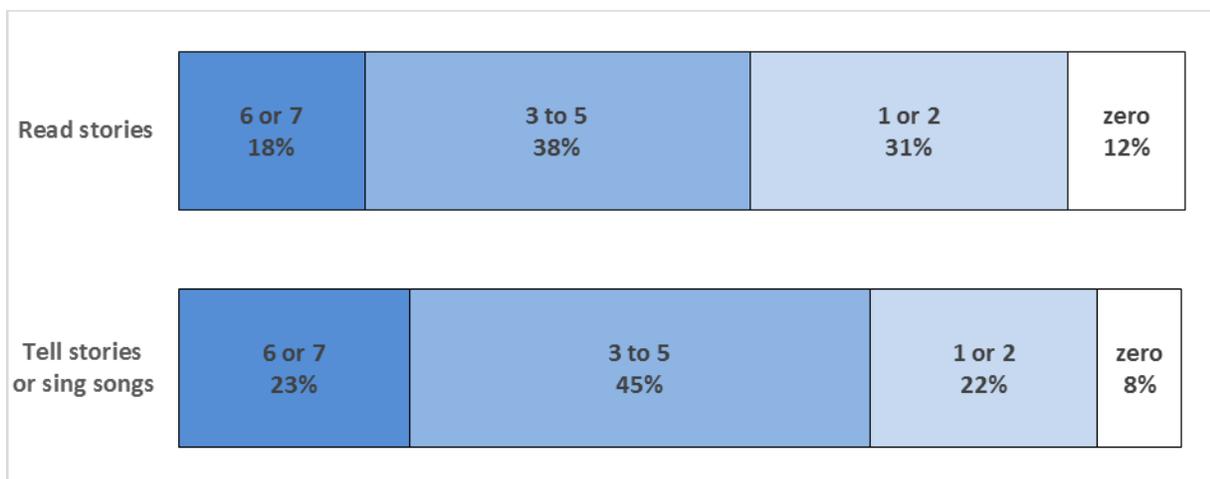
Parental involvement has been identified as a key factor in the positive growth and development of children,¹³⁷ and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

¹³⁷ Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

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

The Parent and Caregiver Survey conducted in the region in the Spring of 2014 collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development, including two items about home literacy events. Eighteen 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 larger fraction (43%) reported that the child was not read to, or read to once or twice during the week. In comparison, telling stories or singing songs was somewhat more frequent. In more than three-quarters of the homes (68%), children are hearing stories or songs three or more days per week. The average respondent reported reading stories 3.1 days per week, and singing songs or telling stories 3.7 days per week.

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



Source: Parent and Caregiver Survey, 2014

The White Mountain Apache Tribe Regional Partnership Council provides funding for a local Reach Out and Read (ROR) program in the region. ROR works with pediatricians and family

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

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

doctors to provide young children with books when they come in for Well Child appointments. Health care providers are able to “prescribe” that parents read to children, which may have a big impact on the likelihood that parents actually utilize the books they receive. Staff with the White Mountain Apache Tribe Region ROR program work in close collaboration with the Whiteriver Hospital and Cibecue Health Center, providing them with books for the well child appointments and also with gently-used books for the waiting area. ROR staff also work closely with other programs that serve young children in the region such as Head Start and Child Find; ROR staff are regularly invited to present at staff and parent meetings organized by these two programs. In addition to the early literacy-specific component, ROR staff are often asked to do presentations and training on other parenting skills as requested by partner programs in the region. In these presentations, ROR staff are able to read out loud and model to parents how they can do this at home with the books the program distributes. Key informants indicated that the program has been increasingly well accepted in the community.

Parent Education

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

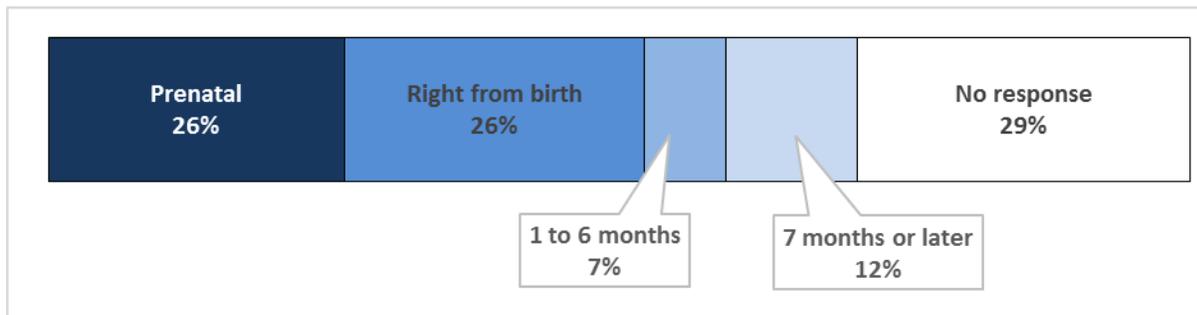
Recognizing that children are active participants in the world from day one is critical for supporting a child’s healthy brain development and learning. It has been shown that babies only a few days old recognize and turn to their mother’s voice over other voices.¹⁴⁰ In addition, when mothers experience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

The Parent and Caregiver Survey conducted in the region (see Appendix D for more information on the survey) included an item aimed at eliciting information about parents’ and caregivers’ awareness of their influence on a child’s brain development. More than half (52%) of the 278 survey participants recognized that they could influence brain development prenatally or right from birth. Still, a sizeable proportion (12%) responded that a parent’s influence would not begin until after the infant was 7 months old.

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

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

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



Source: Parent and Caregiver Survey, 2014

Food Security

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

In 2012, 18 percent of all Arizonans and 28 percent of children in Arizona experienced food insecurity.¹⁴⁵ Data on food insecurity are only available at the county level. In Apache County, 26 percent of all residents and 38 percent of children (birth to 17) faced food insecurity in 2012 (compared to 18 percent and 28 percent at the state level, respectively). In Navajo County, 22 percent of the total population and 35 percent of the children faced food insecurity in that same year. These high food-insecurity rates suggest that expansion of available school-based

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

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

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

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

free breakfast and lunch programs such as use of the “community eligibility” provision¹⁴⁶ would be advised, particularly since a very high proportion of children in these two counties (96% in Apache County and 86% in Navajo County) would likely be eligible for these programs (compared to 71% at the state level).¹⁴⁷

As was indicated above in the *Public Assistance Programs* section, a very high proportion of children in the region (85%) are enrolled in the Arizona Department of Economic Security (DES) Nutrition Assistance Program, or SNAP. Key informants indicated that the cost of food at the local grocery store is higher than in stores outside of the community, which means that SNAP benefits (formerly known as food stamps) are used up more quickly when families must shop locally.

Food distribution is also available in the community from the Hope Center. A truck distributes food at the Veteran’s building once a month. Key informants indicated, however, that parents of young children may not be aware of this service because of the location and the hours of distribution (from 8-10 am, when parents drop off children at school).

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.¹⁴⁸

Child Welfare services in the White Mountain Apache Tribe Region are provided by the White Mountain Apache Tribe Department of Social Services. According to data provided by the White Mountain Apache Tribe Department of Social Services, there were a total of 98 substantiated

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

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

¹⁴⁸ Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

cases of child abuse and neglect between January and May 2014 for children under the age of 18. During the same period, 39 children were removed from their homes by Tribal Child Protective Services, and 14 children under the age of 18 were in foster care. Fewer than 10 children between the ages of birth and five years were placed on-reservation, and fewer than 10 were placed off-reservation. In mid-2014, there were no tribal foster homes available on the reservation, requiring that children be placed in state licensed foster homes or in the tribal group home. A resource in the White Mountain Apache Tribe Region is the tribally-operated Our Children's Shelter, a tribal group home that can house up to 12 children aged birth through 18 years.¹⁴⁹

Key informants indicated that large caseloads among social services caseworkers are a challenge in the region, and that additional resources and staff are needed to better serve the families involved with the child welfare system. Key informants also pointed out that more Native foster parents are needed to care for children who are removed from their homes and that additional resources for grandparents who are caring for their grandchildren with a limited income would also be important.

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

¹⁴⁹ White Mountain Apache Tribe, Department of Social Services (2014). 2014 Tribal CPS and Foster placement numbers received through correspondence.

children.” ICWA established federal guidelines that are to be followed when an Indian child enters the welfare system in all state custody proceedings.¹⁵⁰

Under ICWA, an Indian child’s family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts. If an Indian child is removed by state Child Protective Services, ICWA requires preference for the child’s placement to be first, with the child’s relatives; second, with fellow tribal members; third, with another Indian person. Under IWCA, only in extreme cases can a tribal child be placed somewhere other than the preferences that have been established by the law.¹⁵¹

According to data provided by the White Mountain Apache Tribe Department of Social Services, there were fewer than 10 children in ICWA placements (of children 0 to 17) between January and May 2014.¹⁵²

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.¹⁵³ More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8th, 10th, and 12th graders in all 15

¹⁵⁰ 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.

¹⁵¹ Frichner, T.G. (2010). *The Indian Child Welfare Act: A National Law Controlling the Welfare of Indigenous Children*. American Indian Law Alliance.

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

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

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

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

¹⁵² White Mountain Apache Tribe, Department of Social Services (2014). 2014 Tribal CPS and Foster placement numbers received through correspondence.

¹⁵³ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

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.¹⁵⁴ 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.¹⁵⁵

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.¹⁵⁶ Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so¹⁵⁷ and the Arizona Department of Corrections states that it endeavors to support interactions between parents and incarcerated children, as long as interactions are safe.¹⁵⁸ 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

¹⁵⁴ Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

¹⁵⁵ Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. <http://nau.edu/SBS/CCJ/Children-Incarcerated-Parents/>

¹⁵⁶ Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

¹⁵⁷ Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

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

other adults in their community.¹⁵⁹ Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.¹⁶⁰

According to the US Department of Justice,¹⁶¹ the number of inmates confined in Indian Country jails increased between 2011 and 2012 by 5.6%. In Indian country jails 89% of the incarcerated population are adults and 8 out of 10 are male. The majority of inmates (32%) in Indian country are jailed due to violent offenses; however this number has decreased by 8% since 2009. Of the 14 facilities in Indian Country that held the majority of inmates, six were in Arizona. About 43 percent of all inmates in custody in Indian Country were held in Arizona. This increases the likelihood that there may need to be supports for children of incarcerated parents.

The White Mountain Apache Detention Center, located in White River Arizona, serves both adults and juveniles. In 2009, the White Mountain Adult and Juvenile Detention Center received grant funding from the Bureau of Justice Assistance to renovate the existing facility (BJA, 2009).

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.¹⁶² Physically abused children are at an increased risk for gang membership, criminal behavior, and violent relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.¹⁶³

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended.¹⁶⁴ In order for

¹⁵⁹ La Vigne, N. G., Davies, E. & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: The Urban Institute Justice Policy Center.

¹⁶⁰ Dallaire, D. H. & Zeman, J. L. (2013). Empathy as a protective factor for children with incarcerated parents. *Monographs of the Society for Research in Child Development*, 78(3), 7-25.

¹⁶¹ Minton, T. (2013). *Jails in Indian Country, 2012*. Bureau of Justice Statistics, Office of Justice Programs, US Department of Justice

¹⁶² Davies, Corrie A.; Evans, Sarah E.; and DiLillo, David K., "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes" (2008). Faculty Publications, Department of Psychology. Paper 321. <http://digitalcommons.unl.edu/psychfacpub/321>

¹⁶³ United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

¹⁶⁴ United States Department of Justice, National Advisory Committee on Violence against Women. (2012). Final report. Retrieved from <http://www.ovv.usdoj.gov/docs/nac-rpt.pdf>

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.

Services for community members who struggle with domestic violence are available from Apache Behavioral Health Services.

Public Information and Awareness and System Coordination

Key informants interviewed for this report agreed that the wide range of services and programs available to families with young children in the region represent an asset in the community. Parents appear to be increasingly aware of the importance of early childhood education and of a child's early years in general. Nevertheless, key informants also agreed that many parents in the community still do not know about the services available to them and their young children, particularly for those with special needs. In addition, there is still some stigma associated with children being identified in need of help because of developmental delay. Continued parent education and outreach may be necessary so parents feel more comfortable accessing the resources available to them.

Key informants also emphasized the importance of service providers establishing a good relationship of trust among community members in order for families to utilize existing programs. This may be challenging when services are being provided from limited grant funding and are no longer available after the grant period is finalized.

Data from key informants in the region indicate that the level of coordination among the different programs serving young children and their families tends to vary depending on the specific area of service. Some programs appear to have a closer working relationship than others. For instance, key informants pointed out that services for families in crisis including Apache Behavioral Health, Tribal Social Services Department, IHS Whiteriver Hospital collaborate well with each other.

Coordination of services also exist among several agencies that provide to children with special needs such as Whiteriver Unified District, White Mountain Apache Tribe Child Find and Head Start. Key informants offered examples of this sort of inter-agency collaboration can be mutually beneficial: by being present at the Head Start screenings, WIC staff can help Head Start in its mission to increase healthy weight and physical activity among participating families;

WIC staff can, in turn, be in touch with families that were formerly WIC clients but dropped out, inviting them to return to the program.

Some key informants indicated that two or three years ago there were regular community meetings for providers of services to children birth to five; this enabled them to discuss the different resources available and network. These meetings seemed to have been useful, but have not taken place in some time. Key informants concurred that it would be helpful for programs serving young children to have an opportunity to meet and network regularly so they could be aware of what other services are available and establish mutual referral systems.

In addition, awareness of the role that the First Things First White Mountain Apache Tribe Regional Partnership Council plays in the early childhood system in the region could be improved. Some key informants pointed out that local programs or agencies think positively and benefit from FTF-funded services but are unaware of the fact that funding for these services is provided by the White Mountain Apache Tribe Regional Partnership Council. Others indicated that although they had known about First Things First activities in the region in the past, they were unsure of what programs were being offered more recently.

Key informants emphasized the importance of enhanced coordination and collaboration among services providers in the region in order to avoid duplication of services and to make sure that families are not ‘falling through the cracks.’

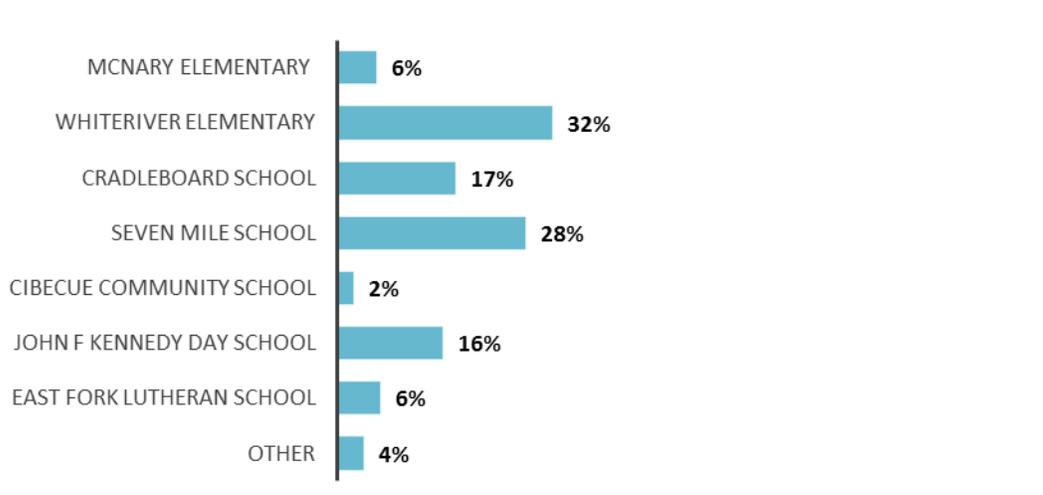
At the request of the White Mountain Apache Tribe Regional Partnership Council, an item asking parents about their kindergarten school plans was added to the parent/caregiver survey conducted for this report.

The table below shows parents and caregivers’ responses to the question “If you have a child who will enter kindergarten this year or next year, where do you plan to send him/her to school?.” The majority of parents indicated an intention to attend Whiteriver Elementary and Seven Mile School.

Having this information available can serve as a tool for coordinating efforts with the schools that will most likely be enrolling the young children in the region in the coming year.

Please note that some respondents selected more than one school, so the percentages add to more than 100 percent.

Figure 34. Schools where parents intent to enroll their children when they enter kindergarten



Parent and Caregiver Survey data (2013)

Summary and Conclusion

This Needs and Assets Report is the fourth biennial assessment of early education, health and support for families in the First Things First White Mountain Apache Tribe Region.

Through both quantitative data assembled, and through interviews with regional service providers and brief surveys of parents, it is clear that the region has substantial strengths. One clear asset is the various early childhood education programs such as Head Start, Chaghache Day Care Center, FACE and Alchesay Beginnings Child Development Center that provide high quality care and early education services to a large proportion of children in the area, as well as access to support and education for their parents. The region's emphasis on professional development for those who care for the region's children is evidence of the value the community places on both the children and the adults who take care of them. Tribal and community leaders, as well as parents and caregivers, recognize that their young children are the future. There is emphasis on getting infants off to a healthy start by offering local labor and delivery services with a strong support for breastfeeding at the Whiteriver Indian Hospital.

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

Alongside these considerable strengths, there continue to be substantial challenges to fully serving the needs of young children throughout the region. Many of these have been recognized as ongoing issues by the White Mountain Apache 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 address them, are highlighted below. A table of White Mountain Apache Tribe Regional Partnership Council First Things First planned strategies for fiscal year 2015 is provided in Appendix C.

- **Increased efforts to facilitate uptake of professional development opportunities for early childhood education professionals** – Two funding strategies are targeted towards promoting the availability of a skilled early childhood workforce in the area by providing scholarships for higher education and credentialing to early care and education teachers. It is also important to recognize that the general challenges posed by the economic hardships that many families in the region face (i.e. lack of transportation, family income that supports numerous family members) may be a barrier to professionals in the region to enroll in college courses. Because of this, there may need to be very specific, localized recruitment and follow-up efforts in order to facilitate take up of the program.
- **Increased parental engagement with early childhood services**—Key informants note that programs for behavioral health issues and screenings for developmental delays do not seem to get the support from parents that they need in order to be successful. Four strategies are focused on giving additional support to families to help and two on raising community awareness. Classes will be offered to provide families with information about and connections to resources to increase awareness of early child development and health to families; another strategy will focus more specifically on supporting families of children with special needs.
- **A need to support early literacy, to help children arrive in school ready to succeed** – Although the proportion of children who are enrolled in some kind of child care setting is higher in the White Mountain Apache Tribe Region than in the state as a whole, high school drop-out rates continue to be high, and levels of adult educational attainment tend to be substantially lower than in Arizona as a whole. The White Mountain Apache Tribe Regional Partnership Council aims to help families be more involved in early literacy by engaging health care providers in raising awareness about the importance of early language development through the Reach Out and Read Program. Promoting additional language development through native language and cultural acquisition is another funded strategy.
- **A need to improve oral health in young children**—Over half of young children in the region were identified as having tooth decay, and over one third of them as having untreated tooth decay. Pediatric dental care is available at local IHS facilities, but parents report there is often a long wait for care. With support from the White Mountain Apache Tribe Regional Partnership Council young children in the region have access to additional oral health services in the form of fluoride varnish and dental education from the Navajo County Public Health Services District. Outreach to parents to assure that they know that dental visits should be begun by age 1 could help increase prevention, early detection and treatment.

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

- **Low enrollment in third-party insurance** –Facilitating enrollment in Medicaid or private insurance plans can offer benefits both at the individual and community levels. Community members who enroll in a health insurance plan can gain increased access to health care services by being able to receive care through their insurance plan providers, Indian Health Service facilities, Tribes and Tribal Organizations, and Urban Indian Organizations. At the community level, tribes can benefit when IHS or tribally-operated 638 facilities bill an outside insurer for medical services resulting in savings in Contract Health Service funds. The money saved through outside billing (3rd party billing) can then be used in other ways to benefit all tribal citizens.
- **A lack of transportation services** — Transportation is a challenge for many families, especially those who live outside of Whiteriver or Cibecue, and is a barrier to families engaging in services. Finding ways to facilitate transportation services for families who reside in more outlying areas could help improve service follow-up.
- **A high rate of births to teen mothers** – Because of the impact that unplanned teen births can have on the life of a teen mother and the health and welfare of her child (including the high rates of preterm and low-birth weight births seen in the region), finding ways to engage these young women (and their partners) in programs that encourage and provide prenatal care for expectant teen mothers, as well as education and support to enable them to continue their education and care well for their infant, are needed.

Although there are many challenges for families, the White Mountain Apache Tribe Region has substantial strengths that can help in effectively addressing challenges. Family support, in particular, is a strength of the White Mountain Apache community. Many parents report having strong family ties, a good connection with their Apache culture, and opportunities for outdoor family outings. By leveraging the assets of this close-knit, supportive community, community members, service providers and tribal leaders in the White Mountain Apache Tribe Region can continue to support the health, welfare and development of the young children who live where “there's family everywhere, someone to always help you.”

Appendix A. Table of Regional Assets

First Things First White Mountain Apache Tribe Regional Assets

Close-knit, supportive community where children are recognized as a high priority by community members and tribal leaders

An early childhood education system that enrolls a high proportion of 3-4 year olds and that offers various options to families in the region

“Grow-your-own” approach to developing an early childhood education workforce through the program at Alchesay High School

Head Start health screenings open to all the families in the region

Local professional development opportunities available for early childhood education professionals at Northland Pioneer College

Whiteriver Indian Hospital providing labor and delivery services within the community

Improving breastfeeding rates and strong support for breastfeeding in the region, including providers at Whiteriver Indian Hospital (which has been designated as Baby-Friendly)

Child Find Program’s door-to-door survey

Appendix B. Table of Regional Challenges

<i>First Things First White Mountain Apache Tribe Regional Challenges</i>
A high percentage of young children in the region are living in poverty
High unemployment rate
Lack of transportation
Low adult educational attainment, including graduation rates lower than state overall
High dropout rate and low graduation rate
High rate of children 0-5 who are uninsured
Stigma associated with behavioral health services, as well as screening and early intervention for developmental delays among children
Need for continued parent education around the services available to families in the region, especially around developmental screenings and early intervention

Appendix C. Table of Regional Strategies, FY 2015

White Mountain Apache Regional Partnership Council First Things First Planned Strategies for Fiscal Year 201

Goal Area	Strategy	Strategy Description
Quality and Access	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices. Expands the number of children who have access to high quality care and education, including learning materials that are developmentally appropriate, a curriculum focused on early literacy and teachers trained to work with infants, toddlers and preschoolers.
Professional Development	Scholarships TEACH	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger.
	Scholarships non-TEACH	Provides scholarships for higher education and credentialing to early care and education teachers.
Family Support	Parent Outreach and Awareness	Provides families of young children with information, materials or connections to resources and activities that increase awareness of early childhood development and health and the resources, supports or programs available for young children and their families.
	Native Language Preservation	Provides materials, awareness and outreach to promote native language and cultural acquisition for the young children of Tribal families.
	Children with Special Needs	Promotes healthy physical, social and emotional developmental support to children and their families.
	Reach Out and Read	Promotes age-appropriate literacy skills by making early literacy practices a standard part of pediatric primary care. The Reach Out and Read program is

		delivered through medical practices, and trains doctors and nurses to advise parents about the importance of reading aloud. It also provides books to children at pediatric check-ups from six months to five years of age, with a special focus on children growing up in poverty
Health	Oral Health	Provides best practice approaches that enhance the oral health status of children birth through age 5
Community Awareness	Community Outreach	Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.
	Community Awareness	Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.

Appendix D. Parent and Caregiver Survey Methodology

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

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

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

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

Finally, the First Things First White Mountain Apache Tribe Regional Partnership Council asked that one additional item be included in the survey to explore where parents were planning on sending their children to school (for kindergarten).

The vendor for the White Mountain Apache 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 White Mountain Apache Tribe Head Start Program, and Whiteriver Indian Hospital.

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 295 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 that was used to collect data for the survey is included below:

Parent and Caregiver Survey

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?**

<input type="checkbox"/> None	<input type="checkbox"/> 4 days
<input type="checkbox"/> 1 days	<input type="checkbox"/> 5 days
<input type="checkbox"/> 2 days	<input type="checkbox"/> 6 days
<input type="checkbox"/> 3 days	<input type="checkbox"/> 7 days
- 5. During the past week, how many days did you or other family members tell stories or sing songs to your child/children?**

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

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

- Definitely True Probably True Probably False Definitely False

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

- Definitely True Probably True Probably False Definitely False

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

- Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

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

- Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

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

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

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

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

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

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

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

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

◆Uses his/her hands and fingers to do things? (ages 4 months- 5 years)

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

◆Uses his/her arms and legs (**ages 4 months- 5 years**)

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

◆Behaves? (**ages 4 months- 5 years**)

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

◆Gets a long with others? (**ages 4 months- 5 years**)

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

◆Is learning to do things for himself/herself? (**ages 10 months- 5 years**)

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

◆Is learning pre-school or school skills? (**ages 18 months- 5 years**)

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

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

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

- Yes No

13. **Are you currently?**

- Married Widowed
 Single Living with a partner
 Divorced/Separated

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

15. **Gender?** Male Female

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

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

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

- Native American/ American Indian White/European/Anglo

- Hispanic/Latino
- African American/Black
- Asian
- Hawaiian/Pacific Islander
- Two or more races
- Other (Specify): _____

18. 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

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

20. If you have a child who will enter kindergarten this year or next year, where do you plan to send him/her to school?

- McNary Elementary
- Whiteriver Elementary
- Cradleboard School
- Seven Mile School
- Cibecue Community School
- John F. Kennedy Day School
- East Fork Lutheran School
- Other
- I DON'T HAVE A CHILD STARTING KINDERGARTEN THIS YEAR OR NEXT YEAR

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

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

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

24. Where do you typically go for dental care for your child? What do you like about it? What would you change about it, if you could? Is it affordable?

25. What do you think are the two most important things that should happen to improve the lives of kids 0-5 and their families in your community?

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