



2012

NEEDS AND ASSETS REPORT

White Mountain Apache Tribe Regional Partnership Council



FIRST THINGS FIRST

Ready for School. Set for Life.

LETTER FROM THE CHAIR

August 27, 2012

Message from the Chair:

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 impacted many lives of young children and their families by: ensuring access to quality, affordable child care, providing access to preventive oral health screens and fluoride varnishes, and providing professional development and learning opportunities for early care and education professionals and fathers.

The First Things First White Mountain Apache Tribe Regional Partnership Council will continue to advocate and provide opportunities for the very youngest members of our community, and their families, to be safe and healthy, and to have every opportunity to be successful in school and life.

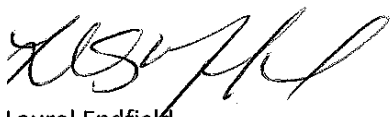
Our strategic direction has been guided by our biennial Needs and Assets reports, specifically created for the White Mountain Apache Tribe Region in 2008, 2010, and the new 2012 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The White Mountain Apache Tribe Regional Council would like to thank the White Mountain Apache Tribe Health Board for allowing the data collection and reporting found in this Needs and Assets Report, as well as those from 2008 and 2010. The new report will help guide our decisions as we move forward for young children and their families within the White Mountain Apache Tribe 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 young children residing on the Fort Apache Indian Reservation.

Thank you for your continued support.

Sincerely,



Laurel Endfield
Chair



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INTRODUCTORY SUMMARY AND ACKNOWLEDGMENTS

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

This Needs and Assets Report for the White Mountain Apache Tribe Region helps us in understanding the needs, assets and gaps for young children and points to ways in which children and families can be supported.

The First Things First White Mountain Apache 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 in their decision making process; while building a truly comprehensive statewide early childhood system.

Acknowledgments

The First Things First White Mountain Apache Tribe Regional Partnership Council owes special gratitude to the White Mountain Apache Tribal Council, White Mountain Apache Health Board, community agencies and key stakeholders. The success of First Things First is 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 build on your vision for building a true comprehensive early childhood system for the betterment of young children within the region, and the entire State.

The White Mountain Apache Tribe Regional Partnership Council would also like to thank The Arizona Department of Economic Security, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, and the Arizona Health Care Cost Containment System, the Bureau of Indian Education and the Bureau of Indian Affairs for their contribution of data for this report.



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EXECUTIVE SUMMARY

In October 2011, Wholonomy Consulting was awarded a contract by the Arizona Early Childhood Development and Health Board, also known as First Things First (FTF), to provide a Regional Needs and Assets Report for the White Mountain Apache Region. The goal of this report is to provide a snapshot of the needs and assets of programs, services and supports that have been designed to benefit children ages 0-5 in the White Mountain Apache Tribe Region. For the purposes of this report, “the Region” refers to all children and their families residing on the Fort Apache Indian Reservation; the area served by the White Mountain Apache Tribe Regional Partnership Council. This report provides information and analysis that can be used to assist those working in the Region.

Methodology

Much of the information presented has been gathered from Tribal and public data sources, especially in the areas of demographics and health. Where possible the research presented in the report draws on multiple years of data, as well as state-level data, so that trends can be identified and comparisons made.

Some sections of the report rely on new findings from the 2010 Census. This new data is in the process of being released by the Census Bureau. However, because of the timing of this release, the data for the whole of the White Mountain Apache Region (the Fort Apache Indian Reservation) has not yet been released. As a result, where possible, data has been gathered for the following zip codes: 85911, 85926, 85930, and 85941. In order to provide a comparison, the same zip code level data has also been gathered for 2000. For this reason the Census data included in this report cannot be compared directly with that presented in the 2010 White Mountain Apache Tribe Needs and Assets Report. Additionally, there are some areas of the report where even the zip code level data for the Region has not yet been released. These sections are noted and the tables indicate that no new data is currently available.

Finally, there are some areas of the report where there is little to no publically available existing data—the Early Childhood System, Supporting Families and Public Awareness and Collaboration. As a result, primary data collection strategies were utilized (key informant interviews). A list of interviewees is attached as Appendix A.



Key Findings

The key findings shared below are provided to give a snapshot into the data collection for each of the main sections of the report. For the full data set and analysis, please see the full report.

Key Findings related to Demographics:

- In 2010 there were 1,979 children under age six living in the White Mountain Apache Region.
- The number of children ages 0-5 years in the Region grew significantly between 2000 and 2010. It grew by 27.8%, 8.7 percentage points more than statewide growth.
- 96% of people living in the White Mountain Apache Region are American Indian.
- In 2009, 1,013 (53.3%) of a total 1,902 children ages 0-5 in the White Mountain Apache Region were living in poverty.
- Between 2007 and 2010, the number of unemployment claimants living in White Mountain Apache Tribal Region increased 320%.

Key Findings related to the Early Childhood Education System:

- The Whiteriver Unified School District now offers both special needs and regular classroom programs for children ages 4 through 5 living in the Region.
- Although there have been some programs added, there is still a great need for programs for high quality early education programs for children 0-4.
- There is tremendous community support for the addition of Early Head Start.
- In 2012, there were a total of 560 children served in early childhood care and education programs in the Region.
- In 2012, there are at least 190 children under age 6 on waiting lists to enroll in early care and education programs in the Region.

Key Findings related to Family Support:

- Key informants are seeing changes. In the words of one, "It's starting. Differences are being made!"
- Key informants are able to identify multiple programs and services that make a difference for families with young children.
- The closing of Child Find in 2012 has serious implications for parents with young children accessing special needs screening and services.

Key Findings related to Health:

- Birth rates in the Region have decreased consistently since 2007.
- Between 2008 and 2010, regional emergency room visits increased 7.5%.
- Between 2008 and 2010, regional well-child visits increased 9.3%.
- In 2010 there were 227 more preventative oral health visits among children ages 0-5 than in 2008, up 38.7%.



- In 2010, there were 126 more preventative oral health visits than acute oral health visits, a positive change from 2008, when acute oral health visits exceeded preventative oral health visits by 69.
- Fewer children at 35 months received the recommended vaccinations in 2010 than did in 2008.

Summary and Conclusions

Data has uncovered some key findings that will be important for those working in the Region. They are as follows:

- **Build the Capacity of Early Child Care Settings**—Improving the quality and capacity of child care services in the Region is a journey. Much has been done and it is important to note that key informants are beginning to see changes. However, there are still children who are not accessing services and there are children who receive inadequate services. This continues to be a priority for ensuring good health and education outcomes for the Region’s youngest children.
- **Early Head Start**—Although there is tremendous support for Head Start, and a shared dream of bringing Early Head start to the Region, there are many barriers. This presents an opportunity to bring partners together, including the Tribe, to collaborate and determine how to best approach meeting this need both from a facilities and programming perspective.
- **Special Needs Screening and Services**—The closing of Child Find earlier in the year has created a significant barrier to responding to the needs of special needs children and families in the Region. Although many service providers recognize this and are doing all they can, they do not have the capacity to meet this need. There are opportunities to support a new Child Find (both in creation and sustainability) or to find an alternative partner that has the capacity and expertise to screen and serve children 0-5.
- **Create Professional Development Community of Practice**—There is general recognition that high quality in early childhood settings is important and much is being done to build the capacity of child care staff. However, there are opportunities to weave professional development opportunities together, to share what quality looks like by encouraging classroom visits within the sector, and to build a cohort of early childhood professionals who engage in learning across the system. Work in this area is being catalyzed by the Annual Child Care Conference, but much could be done to sustain this work year round.
- **Improve Access to Preventative Health Services**—Although much is being done to ensure that families are accessing preventative health care for the Region’s youngest children, this work is not finished. There are still opportunities to increase the number of pregnant mothers accessing prenatal services, and children accessing regular wellness checks and dental services. Accessing preventative services ensures that children and families are healthy. It also ensures that health needs are taken care of on the front end, before more costly emergency services are needed.
- **Keep the Apache Culture and Language alive**— A number of key informants spoke of the need to keep the Apache language and culture alive. They noted that by high school, many students have already lost the language. Although some early care and education programs are beginning to recognize and respond to this need, more proactive work could be done. For all initiatives undertaken, special attention should be made to incorporating culturally relevant practices and materials, and to exposing children to, and teaching them, the language. This means



intentionally making the Apache language and culture a core component of all programs designed to serve the Region's youngest children.

- **Build Awareness of the Importance of Individual and Community Resiliency**—Key informants recognize that in order to truly meet the goals of First Things First in the Region, there has to be some recognition of the importance of intentionally building individual and community resiliency. They spoke of the relationship between building resiliency and building a shared sense of community. “The fact that a sense of community has practical importance is probably best established in the work of Robert Putnam in his book, *Bowling Alone*.¹ He found that community-health, educational achievement, local economic strength and other measures of community well-being were dependent on the level of social capital that exists in a community. Geography, history, great leadership, fine programs, economic advantage, or any other factors that we traditionally use to explain success made a marginal difference in the health of a community. A community's wellbeing simply had to do with the quality of the relationships, the cohesion that exists among its citizens. He calls this social capital. Social capital is about acting on and valuing our interdependence and sense of belonging. It is the extent to which we extend hospitality and affection to one another. If Putnam is right, to improve the common measures of community health—economy, education, health, safety, the environment—we need to create a community where each citizen has the experience of being connected to those around them and knows that their safety and success are dependent on the success of all others.”² Much could be done in the Region by working with individuals and organizations to build awareness of the importance of individual and community resiliency.
- **Parenting Programs**—Community partners recognize the need for parenting programs in the Region and there have been responses to this need with the funding of new parenting opportunities. However, less is known about what programs can really support parents in building the skills for successful parenting. Thought could be given to assessing the outcomes of the funded programs in order to begin amassing data and best practices for parenting programs in the Region.
- **Leverage Existing Partnerships for Systems Change**—There are tremendous opportunities here to leverage existing partnerships, not only to ensure that children are seamlessly served, but also to begin the more difficult work of system-level change. Although this work takes time and effort, there are models that could be used to guide it.
- **Build Community Dialogue**—There are tremendous opportunities to increase the regional dialogue around the importance of early care and education. Through community engagement processes, regional providers and partners could bring all stakeholders into the conversation—families, schools, the Tribal Council, health providers, child care providers, services providers, older children—to explore the strengths and assets available in the community that could be maximized to improve the outcomes of children 0-5 in the Region. This approach could also assist in the work of building community and awareness of the importance on individual and community resiliency. Appendix B provides some further exploration of this finding.

¹ Putnam, R. D. (2001). *Bowling Alone: The Collapse and Revival of American Community*. Touchstone Books by Simon & Schuster; 1st edition.

² Block, P. (2009). *Community: The Structure of Belonging*. Berrett-Koehler Publishers.



REPORT OVERVIEW

The goal of this report is to provide a snapshot of the needs and assets of programs, services and supports that have been designed to benefit children ages 0-5 in the White Mountain Apache Tribe Region. For the purposes of this report, “the Region” refers to all children and their families residing on the Fort Apache Indian Reservation; the area served by the White Mountain Apache Tribe Regional Partnership Council.

This report provides information and analysis that can be used by those working in the Region. It provides information regarding children 0-5 in the areas of:

- Demographics
- The Early Childhood System
- Supporting Families
- Health
- Public Awareness and Collaboration

Much of the information presented has been gathered from Tribal and public data sources, especially in the areas of demographics and health. Where possible the research presented in the report draws on multiple years of data, as well as state-level data, so that trends can be identified and comparisons made.

Some sections of the report rely on new findings from the 2010 Census. This new data is in the process of being released by the Census Bureau. However, because of the timing of this release, the data for the whole of the White Mountain Apache Region (the Fort Apache Indian Reservation) has not yet been released. As a result, where possible, data has been gathered for the following zip codes: 85911, 85926, 85930, and 85941. In order to provide a comparison, the same zip code level data has also been gathered for 2000. For this reason the Census data included in this report cannot be compared directly with that presented in the 2010 White Mountain Apache Needs and Assets Report. Additionally, there are some areas of the report where even the zip code level data for the Region has not yet been released. These sections are noted and the tables indicate that no new data is currently available.

Finally, there are some areas of the report where there is little to no publically available existing data—the Early Childhood System, Supporting Families and Public Awareness and Collaboration. As a result, primary data collection strategies were utilized (key informant interviews). A list of interviewees is attached as Appendix A.



DEMOGRAPHIC OVERVIEW

Introduction

Understanding the basic numbers and characteristics of children and their families in the Region provides an important context for the work of First Things First and the Regional Partnership Council. It would be impossible to design and implement successful programs and strengthen existing services without knowledge of both the numbers of children to be served and some understanding of their setting. Such information can help prepare those who work to support children and families. It can also help the community predict and respond to change.

This section includes information about the number of children and families living in the Region, and the race, ethnicity and family structure. In addition, information is provided about the income levels of the population and unemployment rates in the Region.

Key Findings

- In 2010 there were 1,979 children under age six living in the White Mountain Apache Region.
- The number of children ages 0-5 years in the Region grew significantly between 2000 and 2010. It grew by 27.8%, 8.7 percentage points more than statewide growth.
- 96% of people living in the White Mountain Apache Region are American Indian.
- In 2009, 1,013 (53.3%) of a total 1,902 children ages 0-5 in the White Mountain Apache Region were living in poverty.
- Between 2007 and 2010, the number of unemployment claimants living in White Mountain Apache Tribal Region increased 320%.



Population

According to the most recent census data, in 2010 there were 1,979 children under age six in the White Mountain Apache Region. This represented 0.36% of all young children statewide. The number of children ages 0-5 years in the Region grew significantly between 2000 and 2010. It grew by 27.8%, 8.7 percentage points more than statewide growth (**Table 1**).

Table 1. Children Ages 0-5 years, 2000 and 2010

	2000	2010	% CHANGE 2000-2010
White Mountain Apache Tribe Region	1,549	1,979	27.8%
Arizona	459,141	546,609	19.1%

Source: Data from 2000 and 2010 Census for 85911, 85926, 85930, and 85941 zip codes and total Arizona

In 2010, about one out of every seven people in the White Mountain Apache Region was a child under age six. This was almost twice the rate seen across the state. Children ages 0-5 represented a greater percentage of the White Mountain Apache Tribe in 2010 than they did in 2000, while the percentage of the statewide population aged 0-5 decreased slightly between 2000 and 2010 (**Table 2**).

Table 2. Children Ages 0-5 as Percent of Total Population, 2000 and 2010

	2000	2010	% CHANGE 2000-2010
White Mountain Apache Tribe Region	12.8%	15.1%	17.8%
Arizona	8.9%	8.6%	-4.4%

Source: Data from 2000 and 2010 Census for 85911, 85926, 85930, and 85941 zip codes and total Arizona

Race, Ethnicity and Family Composition

A comparison of the data from 2000 and 2010 shows that the race of people living in the White Mountain Apache Tribal Region shifted to a greater majority American Indian, with a slight increase in people of Hispanic or Latino ethnicity.

Table 3 shows that in 2010 96% of people living in the Region reported being of American Indian race. This is a significant increase above the same data from 2010 (87%). There are many possible explanations for this increase. These include the notion that because the way we think about race can change over time,



there will be some fluctuations in this self-reported census data. Additionally, the census data collected revealed a dramatic population increase in the zip code area 85930 between 2000 and 2010. This has had a significant impact on the race and ethnicity percentages.

Table 3. Race and Ethnicity of All Persons in Apache Mountain Tribe, 2000 and 2010

	2000	2010	%CHANGE 2000-2010
American Indian or Alaskan Native	87%	96%	10%
White Non-Hispanic	3%	2%	-50%
Hispanic or Latino	2%	3%	37%
Black or African American	<1%	<1%	-
Asian or Pacific Islander	<1%	<1%	-

Source: Data from 2000 and 2010 Census for 85911, 85926, 85930, and 85941 zip codes

While **Table 1** shows us that there has been an increase in the number of children ages 0-5, **Table 4a** shows that the number of children ages 0-18 in the White Mountain Apache Region has decreased nearly 6% since 2000. It is also interesting to note that while the number of children in the Region is declining, the number of children ages 0-18 in the state as a whole has increased nearly 20% since 2000 (**Table 4a**).

Table 4a. Children Ages 0-18, 2000 and 2010

	2000	2010	%CHANGE 2000-2010
White Mountain Apache Tribe	5,555	5,241	-5.7%
Arizona	1,441,239	1,723,459	19.6%

Source: Data from 2000 and 2010 Census for 85911, 85926, 85930, and 85941 zip codes and total Arizona

In 2010, 40% of the population of the White Mountain Apache Tribe was comprised of children ages 0-18. This was a much greater proportion of population than that which was seen in statewide comparisons, where children ages 0-18 made up less than one third of the total population. The percent of the White Mountain Apache Tribe comprised of children ages 0-18 has decreased six percentage points since 2000, while the statewide percentage of population aged 0-18 has only slightly decreased, by 1 percentage point (**Table 4b**).



Table 4b. Children Ages 0-18 as Percent of Total Population, 2000 and 2010

	2000	2020	% CHANGE 2000-2010
White Mountain Apache Tribe	46.0%	40.0%	-13.0%
Arizona	28.1%	27.0%	-4.0%

Source: Data from 2000 and 2010 Census for 85911, 85926, 85930, and 85941 zip codes and total Arizona

The Tribal Enrollment data (**Table 5**) shows that the number of children age two to five has grown since 2008. The age with the most growth was age four, with a 55.9% increase in the number of children between 2008 and 2012. The only age that saw a decrease in number was age one, which fell by 25.1% between 2008 and 2012. Table 22 in the Health section of this report (page 38) shows that birth rates have decreased consistently since 2007. Enrollment for ages 0-12 months was not available. Therefore, the total of Tribally enrolled children ages 0-5 cannot be updated at this time.

Table 5. Number of Tribally Enrolled Children Ages 0-5, July 2008 and 2012

AGE	NUMBER OF TRIBALLY ENROLLED CHILDREN AGES 0-5, JULY 2008 AND 2012		
	2008	2012	% CHANGE 2008-2012
0	84	Not available	
1	187	140	-25.1%
2	217	232	6.9%
3	266	301	13.2%
4	229	357	55.9%
5	268	342	27.6%
Total	1,251	Not available	

Source: White Mountain Apache Office of Vital Records, Enrollment Office.



Poverty and Income

Although poverty has an impact on all, it disproportionately affects children³. Understanding how many people live in poverty in the Region helps us understand the types of services that children and families need.

In the United States, nearly 43.6 million people live in poverty, which for a family of four means an annual income of less than \$22,050 a year⁴. However, according to new research by the Women's Foundation of Southern Arizona, the actual cost of living is significantly higher than that portrayed by the Federal Poverty Level. This newer research, which measures how much income a family of a certain composition in a given place must earn to meet their basic needs, suggests that for a family of four (with two adults, one school-age child and one pre school age child) the actual annual cost of living in Navajo County in 2012 is \$48,984.⁵ If we accept this new finding, it will mean that significantly more families are living in poverty than the number portrayed using the Federal Poverty Level.

In the 2010 Needs and Assets Report, the Regional Partnership Council saw poverty on the increase. The data for 2009 showed that 1,013 children ages 0-5 in the White Mountain Apache Region were living in poverty (out of a total of 1,902 children ages 0-5)⁶. This number increased 14.2% over 2008, a larger increase than the 8.4% increase seen statewide (**Table 6**).

Table 6. Children Ages 0-5 living in poverty, 2008 and 2009

	2008	2009	% CHANGE 2008-2009
White Mountain Apache Tribe Region	887	1,013	14.2%
Arizona	138,288	149,931	8.4%

Source: Data from FTF 2010 Needs and Assets report (the most recent available)

The 2010 White Mountain Apache Region Needs and Assets Report noted that in 2009, 1,013 children, over half of children ages 0-5 in the White Mountain Apache Region, lived in poverty. This rate was over twice the statewide poverty rate of 23.3% among this age group (**Table 7**).

³ Spotlight on Poverty and Opportunity. Retrieved June 13, 2012 from http://www.spotlightonpoverty.org/why_spotlight_poverty.aspx

⁴ National Center for Children in Poverty. Retrieved June 13, 2012 from <http://www.nccp.org/topics/childpoverty.html>

⁵ How much is enough in your County? The Self-Sufficiency Standard for Arizona 2012. Prepared for the Women's Foundation of Southern Arizona. Retrieved June 13, 2012 from <http://www.womengiving.org/>

⁶ Needs and Assets Report 2010. Prepared for the White Mountain Apache Tribe Regional Partnership Council. Retrieved June 13, 2012 from <http://www.azftf.gov/RC028/Pages/ReportsAndPublications.aspx>.



Table 7. Percent of Children Ages 0-5 living in poverty, 2008 and 2009

	2008	2009	% CHANGE 2008-2009
White Mountain Apache Tribe Region	53.3%	53.3%	-
Arizona	22.4%	23.3%	4.1%

Source: Data from FTF 2010 Needs and Assets report (the most recent available)

Because of the way that the census data is released (as explained in the introduction) the most recent data on the percentage of families with children under age 18 (living at or below the poverty level) available is from the year 2000, when 42% of all children under age 18 in the Region lived in poverty. At this time, this percentage was substantially higher than the statewide rate of 10% (**Table 8**).

Table 8. Percent of Families with Children Under Age 18 Living at or Below Poverty, 2000 and 2010

	2000	2010*	% CHANGE 2000-2010
White Mountain Apache Tribe*	42%	Not available	Not available
Arizona	10%	Not applicable	Not applicable

Source: Drawn from AZ DHS Primary Care Statistical Profile using U.S Census 2000 data

*"White Mountain Apache Tribe" is the term used by the AZ DHS to describe those living on the Fort Apache Indian Reservation.

*At this time the Census Bureau has only released basic population demographic file, and has not released the economic file or education file.

For the most part, a high percentage of children living in poverty will correlate to a low median income. We can see in **Table 9** that in 2000, the Region's annual median household income was \$18,723. The statewide annual median household income was \$40,558. This regional median household income was significantly less than that found to be a livable wage for a family of four (with two adults, one school-age child and one pre school age child) living in Navajo County: \$48,984.⁷

Additionally, it should be noted that because this most recent data is from 2000, it was released well before the recent recession. However, when we look forward to **Table 10**, we do see the recession reflected in the unemployment data.

⁷ How much is enough in your County? The Self-Sufficiency Standard for Arizona 2012. Prepared for the Women's Foundation of Southern Arizona. Retrieved June 13, 2012 from <http://www.womengiving.org/>



Table 9. Median Annual Household Income (per-year, pre tax) 2000 and 2010

	2000	2010**	% CHANGE 2000-2010
White Mountain Apache Tribe*	\$18,723	Not available	Not available
Arizona	\$40,558	Not applicable	Not applicable

Source: Drawn from AZ DHS Primary Care Statistical Profile using U.S Census 2000 data

*"White Mountain Apache Tribe" is the term used by the AZ DHS to describe those living on the Fort Apache Indian Reservation.

**2010 census data is not available. At the time of publication the Census Bureau has only released the basic population demographic file. It has not released the economic file or education file.

In January 2010, 706 people living in the White Mountain Apache Tribal Region filed an unemployment claim. This represents 0.38% of all unemployment claimants statewide. Between 2007 and 2010, the number of unemployment claimants living in White Mountain Apache Tribal Region increased 320%. While this is tremendous growth, it is lower than the state's growth during this period (an increase of 715%). None-the-less, such high unemployment rates will have implications for the ability of regional families to support their children and will create additional stressors on those organizations that are seeking to support struggling families.

The issues associated with high regional unemployment were echoed by key informants. They noted that both the tribally owned lumber mill and saw mills have closed due to recent forest fires. This has meant the laying off of hundreds of workers. The potential for finding new work is limited. They noted that this has meant that more families are struggling to care for their children.

Table 10. White Mountain Apache Region Unemployment Rates, 2007, 2008, 2009 and 2010

	JANUARY 2007	JANUARY 2009	JANUARY 2010	% CHANGE JAN-2007 – JAN 2010	% CHANGE JAN-2009 - JAN-2010
White Mountain Apache Tribe	168	458	706	320%	54%
Arizona	22,588	87,370	183,994	715%	111%

Source: FTF accessed and provided data from DES Multidata file.

In addition to finding high unemployment in the Region, **Table 11** also shows that the cost of living in the Region is high. A telephone survey of two regional supermarkets and gas stations, in Show Low and Whiteriver, was conducted in order to ascertain the cost of living in the Region. According to information given in the surveys, there is a considerable cost differential. Products are significantly more expensive in Whiteriver (**Table 11**).



When we take into consideration this high cost of living and the low median household income, it becomes clear that families in the Region are earning significantly less than their counterparts across the state and having to pay more for their provisions. These two factors have implications for all families as they strive to adequately provide for their children.

Table 11. Cost of Living, 2010 and 2012

ITEM	COST OF LIVING					
	2010			2012		
	WHITERIVER	SHOW LOW	EXTRA COST FOR ITEMS IN WHITERIVER	WHITERIVER	SHOW LOW	EXTRA COST FOR ITEMS IN WHITERIVER
One gallon of unleaded gas	\$3.19	\$2.71	\$0.49	\$3.89	\$3.82	\$0.07
One gallon of milk (2%)	\$2.99	\$1.88	\$1.11	\$2.69	\$2.59	\$0.10
18oz box of Rice Crispies	\$5.99	\$2.99	\$3.00	\$5.19	\$2.99	\$2.20
1 lb of bananas	\$0.69	\$0.49	\$0.20	\$0.39	\$0.57	\$-0.18
Total	\$12.86	\$8.07	\$4.79	\$12.16	\$9.97	\$2.19

Source: Telephone Survey (June 2010 and April 13, 2012)

Because of the high percentage of children living in poverty and the low median income in the Region, we would also expect to see a high uptake rate for the Earned Income Tax Credit (EITC). The EITC is a federal tax credit for people who work and have earned income below about \$40,000 per year. The EITC reduces the amount of federal taxes owed and may also provide a refund.

In 2008, 60.9% of tax returns in the Region had an EITC, substantially higher than the statewide rate of 18.0%. 2008 EITC receipt rates increased 9.1% from 2007 receipts. We know that low-income families are more likely than other families to take predatory loans, like Refund Anticipation Loans. Returns with RALs continued to decline in the Region with 8.6% fewer taxpayers receiving RALs in 2008 compared to the prior year. There was an 18.6% decrease in the proportion of returns with a RAL between 2006 and 2008. The number of returns prepared by volunteers increased significantly in 2008, when 11.4% of returns were prepared by volunteers, compared to only 2.3% in 2007 (**Table 12**).



Table 12. Percent of Income Tax Returns with an EITC, a Refund Anticipation Loan, and Return Prepared by Self, Paid Preparer, or Volunteer, 2006, 2007 and 2008

	EDUCATIONAL ATTAINMENT RATES OF WOMEN WHO GAVE BIRTH IN LAST 12 MONTHS							
	2006		2007		2008		% CHANGE 2006-2008	
	WMA	AZ	WMA	AZ	WMA	AZ	WMA	AZ
Total Returns	3,894	2,488,714	4,347	2,779,634	3,914	2,596,374	-10.0%	-6.6%
% of Returns with EITC	61.2%	16.5%	55.8%	16.2%	60.9%	18.0%	9.1%	11.5%
% of Returns with RAL	51.2%	7.0%	46.5%	6.7%	42.5%	5.7%	-8.6%	-14.9%
% of Returns Prepared by Taxpayer	13.2%	39.3%	18.7%	42.4%	12.4%	40.8%	-33.3%	-3.8%
% of Returns Prepared by Paid Preparer	84.1%	58.3%	78.8%	54.7%	75.9%	55.6%	-3.6%	1.7%
% of Returns Prepared by Volunteer	2.5%	2.3%	2.3%	2.8%	11.4%	3.5%	399.2%	25.6%
Total Returns	3,894	2,488,714	4,347	2,779,634	3,914	2,596,374	-10.0%	-6.6%

Source: Accessed from Brookings EITC Interactive report center (<http://www.brookings.edu/projects/EITC.aspx>) - 2006, 2007 and 2008; based on zip codes 85911, 85926, 85930, and 85941. Datapoints selected: total number of returns, total number of returns receiving EITC, sum of EITC amount received, total refund anticipation loans, total refund anticipation checks, and type of preparer.

Education in the Region

Education makes a difference. Being successful in school is an indicator of how the mature adult will thrive. Success in the school influences how much you earn, the kind of job you can expect to get, where you live. Recent studies even connect educational attainment with health, "People with more education are likely to live longer, to experience better health outcomes, and to practice health-promoting behaviors such as exercising regularly, refraining from smoking, and obtaining timely health care check-ups and screenings. Educational attainment among adults is linked with children's health as well, beginning early in life: babies of more-educated mothers are less likely to die before their first birthdays, and children of more-educated parents experience better health."⁸

⁸ Issue Brief 6: Education and Health. *Education Matters for Health*. (September 2009). Prepared for the Robert Wood Johnson Foundation Commission to Build a Healthier America. Retrieved June 13, 2012 from www.rwjf.org/files/research/commission2009eduhealth.pdf.



There is a general consensus that the education environment will influence how a child succeeds in school. It is therefore important to spend some time analyzing the education context of the Region. One contributor to this education context is the language proficiency of the residents. In 2000, 41% of those living on the Fort Apache Indian Reservation spoke only English, compared to 74% of residents across the state (**Table 13**). In 2000, 4% of community residents spoke another language and did not speak any English. This compares to 2.5% statewide. This means that 55% people living in the Region and counted in the 2000 census are bilingual.

Table 13. Percent of Population (ages 5+) and Language Spoken at Home, 2000 and 2010

AREA	PERCENT OF POPULATION (AGES 5+) AND LANGUAGE SPOKEN AT HOME, 2000 AND 2010					
	2000		2010***		% CHANGE 2000-2010	
	White Mountain Apache **	AZ	White Mountain Apache **	AZ	White Mountain Apache **	AZ
English only	41%	74.10%	Not available	Not applicable	Not applicable	Not applicable
Language other than English*	4%	2.50%	Not available	Not applicable	Not applicable	Not applicable

Source U.S. Census Bureau 2000

*and do not speak English at all

**“White Mountain Apache Tribe” is the term used by the U.S. Census Bureau to describe those living on the Fort Apache Indian Reservation

Once a child goes to school in the Region, there are two parallel education systems available to families. One is overseen by the Arizona Department of Education (the public school system); the other is overseen by the Bureau of Indian Education. Because these systems are not exactly aligned, and do not always link together perfectly, there are some inherent problems with children accessing schooling and switching between systems. As we look at educational attainment in the Region, we must do so understanding the complexity introduced by having these two parallel systems.

One of the first opportunities to measure success in school is at third grade. And a child’s attainment at third grade, especially in reading, is pivotal. Between kindergarten and third grade a child’s schooling is focused on learning how to read. Once a child reaches 4th grade, they need to be able to read in order to learn in other subject areas. “Learning to read and write is critical to a child’s success in school and later in life. One of the best predictors of whether a child will function competently in school and go on to contribute actively in our increasingly literate society is the level to which the child progresses in reading and writing. Although reading and writing abilities continue to develop throughout the life span, the early childhood years—from birth through age eight—are the most important period for literacy development.”⁹

⁹ Learning to Read and Write: Developmentally Appropriate Practice for Children. (1998). Prepared by the National Association for the Education of Young Children (NAEYC). Retrieved June 13, 2012 from www.naeyc.org/files/naeyc/file/positions/PSREAD98.PDF.



And math is no less important. According to the research, “To succeed in school and in life, young children need a strong foundation in mathematics. Yet U.S. children’s mathematical proficiency is far below that of many other countries, and the mathematics gap is widest for children living in poverty and those who are members of ethnic, cultural, and linguistic minority groups.”¹⁰

The results of the AIMS test (administered in 3rd grade in the public education system) are therefore an important predictor of educational success.

Table 14a. reveals that the math AIMS data for the Region shows that students at McNary, Whiteriver, Cradleboard, and Seven Mile Schools continued to meet or exceed AIMS Math Standards at lower rates than did third graders in the rest of the state.

Table 14a. Percent of 3rd Grade Students who Met or Exceeded AIMS Standards in Math, 2007, 2008, 2009, 2010 and 2011

ELEMENTARY SCHOOL	MET OR EXCEEDED MATH STANDARD						
	2007	2008	2009	2010	2011	% CHANGE 2007 - 2011	% CHANGE 2010 - 2011
McNary Elementary	50	44	47	53	27	-46.0%	-49.1%
Whiteriver Elementary	33	30	30	49	45	36.4%	-8.2%
Cradleboard School	29	52	29	8	49	69.0%	512.5%
Seven Mile School	37	31	25	13	30	-18.9%	130.8%
Arizona	72	71	72	65	67	-6.9%	3.1%

Source: Data accessed via downloadable reports from ADE Research and Evaluation site (<http://www.azed.gov/research-evaluation/aims-assessment-results/>).

** All scores taken from most recent publication. I.e., 2008 numbers appear in the 2009 report for comparison, and the numbers used here are from 2009 report rather than original 2008 report (numbers have been updated in certain cases).

For reading, students at McNary, Whiteriver, Cradleboard, and Seven Mile Schools continued to meet or exceed AIMS Reading Standards at lower rates than did third graders in the rest of the state. However, there has been improvement in AIMS Reading scores in all WMAT schools since 2007. The number of students at McNary and Whiteriver Elementaries who met or exceeded Reading Standards decreased between 2010 and 2011, but the number of students at Cradleboard and Seven Mile Schools who met or exceeded Math Standards increased in 2011 compared to 2010 (**Table 14b**).

¹⁰ *Where we STAND*. (2009). Prepared by the National Association of Young Children (NAEYC) and the National Council of Teachers of Mathematics. Retrieved June 13, 2012 from www.naeyc.org/files/naeyc/file/positions/ecmath.pdf.



Table 14b. Percent of Third Grade Students who Met or Exceeded AIMS Standards in Reading, 2007, 2008, 2009, 2010 and 2011

ELEMENY SCHOOL	MET OR EXCEEDED READING STANDARD						
	2007	2008	2009	2010	2011	% CHANGE 2007 - 2011	% CHANGE 2010 - 2011
McNary Elementary	33	44	71	59	45	36.4%	-23.7%
Whiteriver Elementary	29	27	38	58	55	89.7%	-5.2%
Cradleboard School	39	47	42	31	58	48.7%	87.1%
Seven Mile School	27	27	28	23	47	74.1%	104.3%
Arizona	69	68	72	73	75	8.7%	2.7%

Data accessed via downloadable reports from ADE Research and Evaluation site (<http://www.azed.gov/research-evaluation/aims-assessment-results/>)

** All scores taken from most recent publication. I.e, 2008 numbers appear in the 2009 report for comparison, and the numbers used here are from 2009 report rather than original 2008 report (numbers have been updated in certain cases)

Table 15 shows the comparable data from the BIE system. The number of children at Cibecue Community School who were Proficient or Advanced in both Reading and Math increased 50% from 2005-2006 to 2009-2010 school years. John F. Kennedy School has consistently scored on par with other Arizona BIE schools, with the exception of a slight dip in Reading performance in the 2009-2010 school year. Theodore Roosevelt School shows particularly low performance in Math (only 3.2% of students were Proficient or Advanced in 2009-2010, down from 6.0% in 2005-2006), but its Reading performance has improved nearly 10 percentage points since the 2005-2006 school year. Both Cibecue Community School and Theodore Roosevelt School have consistently trailed other Arizona BIE schools in terms of both Math and Reading performance.



Table 15. Percent of Children Proficient or Advanced in Reading and Math in BIE Schools, 2005-2006 and 2009-2010 School Years

	PERCENT OF CHILDREN PROFICIENT OR ADVANCED IN READING AND MATH IN BIE SCHOOLS					
	MATH			READING		
	2005-2006	2009-2010	% CHANGE	2005-2006	2009-2010	% CHANGE
Cibecue Community School	14.6%	22.5%	54.8%	24.2%	36.8%	52.2%
John F. Kennedy Day School	46.7%	36.2%	-22.5%	38.3%	36.2%	-5.6%
Theodore Roosevelt School	6.0%	3.2%	-47.3%	15.7%	25.3%	61.0%
All AZ BIE Schools	44.9%	30.0%	-33.2%	35.9%	42.8%	19.3%

Source: Data accessed from Bureau of Indian Education Individual School Report Cards 2009-2010 (downloaded from <http://www.bie.edu/HowAreWeDoing/Scorecards/index.htm>)

Although much can be gleaned from looking at scores early in a child's education, much can also be revealed by data that shows how many students are completing high school in four years. **Table 16** shows that Alchesay High School and Cibecue Community School continue to trail statewide graduation rates. 36.7% more Alchesay High School students graduated in 2009 when compared to 2007. Still, less than half of students graduated in four years. In 2009, Alchesay High School's graduation rate was 35 percentage points behind the statewide rate, less than the 43 percentage point gap in 2007. Alchesay High School also trailed the 2009 statewide Native American graduation rate by 22 percentage points, slightly down from a 25 percentage point gap in 2007. In 2010, Cibecue Community School graduated less than a quarter of its students, 40.9% fewer students than in 2007. This differs substantially from its graduation rate in 2009, when nearly half of its students graduated in four years. Statewide data is not yet available for 2010, so a comparison cannot be made to statewide graduation rates. However, in 2009, Cibecue Community School's graduation rate was 31 percentage points less than the statewide rate, and 18 percentage points behind the statewide Native American graduation rate.



Table 16. Percent of Students Completing High School in Four Years 2007, 2008, 2009 and 2010

SCHOOL	GRADUATION				
	2007	2008	2009	2010	% CHANGE 2007 - 2010
TRADITIONAL PUBLIC					
Alchেসay High School	30%	33%	41%	Not available	36.7%
BUREAU OF INDIAN EDUCATION					
Cibecue Community School	38%	25%	45%	22%	-40.9%
ARIZONA					
Arizona ADE	73%	75%	76%	Not available	3.6%
Arizona Native American (ADE)	55%	60%	63%	Not available	14.4%

Source: ADE graduation information accessed from <http://www.azed.gov/research-evaluation/graduation-rates/>
 BIE information accessed from BIE School Report Cards (<http://www.bie.edu/HowAreWeDoing/Scorecards/index.htm>)
 Arizona Native American student graduation and dropout rates are generated by ADE.

While many students in the Region struggle to complete high school in four years, **Table 17** shows a high percentage of students that drop out completely. According to research, “Dropouts are much more likely than their peers who graduate to be unemployed, living in poverty, receiving public assistance, in prison, on death row, unhealthy, divorced, and single parents with children who drop out from high school themselves. Our communities and nation also suffer from the dropout epidemic due to the loss of productive workers and the higher costs associated with increased incarceration, health care and social services.¹¹

Just over a quarter of students at Alchেসay High School dropped out in the 2009-2010 academic year. However, this represents 10.8% fewer students than the number who dropped out in the 2006-2007 academic year. Alchেসay High School’s dropout rate in 2009-2010 was 23 percentage points greater than the statewide dropout rate and 19 percentage points greater than the statewide Native American dropout rate. Only 1% of students at Canyon Day Junior High School dropped out in the 2009-2010 academic year, down slightly from 2% in the prior year. At Cibecue Community School, 2% of students dropped out in the 2009-2010 academic year, down from 7% in the prior year. This is 1 percentage point less than the 2009-2010 statewide dropout rate and 5 percentage points less than the statewide Native American rate.

¹¹ Bridgeland, J. M., DiJulio, J. J. Jr., Burke Morison, K. (2006). *The Silent Epidemic: Perspectives of High School Dropouts*. A report by Civic Enterprises in association with Peter D. Hart Research Associates for the Bill & Melinda Gates Foundation. Retrieved June 13, 2012 from www.ignitelearning.com/pdf/TheSilentEpidemic3-06FINAL.pdf.



Table 17. Percent of Students Dropping Out 2006-2007, 2008-2009 and 2009-2010 School Years

SCHOOL	DROPOUT				
	2006-2007	2007-2008	2008-2009	2009-2010	% CHANGE 2007 - 2010
TRADITIONAL PUBLIC					
Alchesay High School	29%	28%	25%	26%	-10.8%
Canyon Day Junior High School	4%	5%	2%	1%	-69.2%
BUREAU OF INDIAN EDUCATION					
Cibecue Community School	38%	25%	45%	22%	-40.9%
ARIZONA					
Arizona ADE	4%	4%	3%	3%	-35.7%
Arizona Native American (ADE)	9%	8%	7%	7%	-23.6%

Source: BIE information accessed from BIE School Report Cards (<http://www.bie.edu/HowAreWeDoing/Scorecards/index.htm>)

ADE dropout information accessed from <http://www.azed.gov/research-evaluation/dropout-rate-study-report/>

Arizona Native American student graduation and dropout rates are generated by ADE.



THE EARLY CHILDHOOD SYSTEM

Introduction

Early childhood education programs can make a difference in the life of a child. Preschool experiences are designed to provide cognitive and social enrichment—to promote a child’s ability to succeed in school and prevent poor educational outcomes, such as school failure, unemployment, and poverty.¹²

The information presented in this section has been gathered through key informant interviews with child care directors in the Region.

Key Findings

- The Whiteriver Unified School District now offers both special needs and regular classroom programs for children ages 4 through 5 living in the Region.
- Although there have been some programs added, there is still a great need for high quality early education programs for children 0-4.
- There is tremendous community support for the addition of Early Head Start.
- In 2012, there were a total of 560 children served in early childhood care and education programs in the Region.
- In 2012, there are at least 190 children under age 6 on waiting lists to enroll in early care and education programs in the Region.

In 2012, there were a total of 30 programs that provided child care to young children in the Region (Table 18). These numbers include private child care and school-based pre-schools.

¹² Lunenburg, F. (2000). Early childhood education programs can make a difference in academic, economic and social arenas. *Education* 120(3), 519-529.



Table 18. Number of Early Care and Educational Programs in the White Mountain Apache Region, 2010 and 2012

	TRIBALLY LICENCED CENTER	SMALL GROUP HOMES	TRIBALLY APPROVED FAMILY CHILD CARE HOMES	SCHOOL-BASED SPECIAL NEEDS PRESCHOOL	SCHOOL-BASED PRESCHOOL	PRIVATE CHILD CARE CENTER	HEAD START
2010	1	0	25	1	0	1	3
2012	1	0	23	1	1	1	3
CHANGE 2010-2012	-	-	-2	-	1	-	-
% CHANGE 2010-2012	0	0	-18%	0	N/A	0	0

Source: 2010 and 2012 data gathered from interviews with care providers

Center-based early care and education in the Region is provided through the following:

- **Alchesay Beginnings Child Development Center (ABC Day Care)**—The lab school is part of Whiteriver Unified School District and provides on the job training for high school students. The program serves children ages 0-10. This center is fee-paying and is a part of the Whiteriver Unified School District. In 2012, 79 children ages 0-5 are being served. The capacity is 102.
- **Chaghache Day Care**—Chaghache Day Care has the ability to serve 115 children (ages 0-13). This is an increase of 15 children since 2010. The center is fee-paying.
- **Family And Child Education (F.A.C.E.) Program**—Run out of the John F. Kennedy School, the family and child education program serves children ages 3-5 whose parents are taking classes at the school, for example GED or college classes. To be enrolled the parent must be present every day on the campus with their child.
- **Head Start**—Although Head Start is known as a provider of preschool services for eligible children ages 3-5, capacity issues in the Region have caused the limiting of these services to children age 4. The program is currently funded for 252 children.
- **Whiteriver Unified School District**—The School District has recently increased their programs for the Region's youngest children. Because of the great need in the area, they are now providing two preschool programs. One for children who have been identified as requiring special needs services, in which they have six classrooms, and one for children who are not special needs (although they may have some mild disabilities). The latter is a new program and includes two classrooms, one at Cradle Board Elementary School and one at Seven Miles. Eligibility for this program is decided according to an assessment criteria.



In 2012, there were a total of 560 children served in early childhood care and education programs in the Region (**Table 19**). This is down 21 children from the 582 reported in the 2010 Needs and Assets Report.¹³ This does not include the children served through the F.A.C.E. program, not counted because it is not a traditional child care program.

Table 19. Number of Children Enrolled in Early Care and Education Programs, 2010 and 2012

	TRIBALLY LICENCED CENTER	TRIBALLY APPROVED FAMILY CHILD CARE HOMES	SCHOOL-BASED SPECIAL NEEDS PRESCHOOL	SCHOOL-BASED PRESCHOOL	PRIVATE CHILD CARE CENTER	HEAD START
2010	100	40	67	0	102	272
2012	115	33	65	20	79	252
CHANGE 2010-2012	15	-7	-2	20	-23	-20
% CHANGE 2010-2012	15%	-17.5%	-3%	N/A	-22.5%	-7.3%

Sources: 2010 and 2012 data gathered from interviews with care providers

In 2012, there are at least 190 children under age 6 on waiting lists to enroll in early care and education programs in the Region (**Table 20**). This is a significant increase (30%) from the 2010 number of 146. This presents a significant challenge for providers of services and the Regional Partnership Council.

Key informants noted that there is awareness in the Region that many children are not being served. The Tribe has strived to respond to this by partnering with Head Start during the summer. They fund a summer program for six weeks (two classrooms of children) and serve children who are on the Head Start waiting list. Through this partnership approximately 40 children are served.

One could expect the number of children on waiting lists to fluctuate, especially in these tough economic times. A majority of those interviewed believe that demand for child care is increasing and hence the number of children on waiting lists is increasing as well. They also noted that unemployment is so high that most of the children qualify for Head Start according to the income criteria alone. Additionally, they noted that due to economic stressors, many parents are staying at home, or opting to have their young children in cheaper but unregulated care settings where the safety and quality of the educational experience are often inadequate. These parents will not show up on this data.

¹³ Needs and Assets Report 2010. Prepared for the White Mountain Apache Tribe Regional Partnership Council. Retrieved June 13, 2012 from <http://www.azftf.gov/RC028/Pages/ReportsAndPublications.aspx>.



Table 20. Number of Children on Waiting Lists at White Mountain Apache Area Early Care and Education Programs, 2010 and 2012

	TRIBALLY LICENCED CENTER	TRIBALLY APPROVED FAMILY CHILD CARE HOMES	SCHOOL-BASED SPECIAL NEEDS PRESCHOOL	SCHOOL-BASED PRESCHOOL	PRIVATE CHILD CARE CENTER	HEAD START
2010	94 (ages 0-5)	NA	NA	NA	10 (ages 0-5)	32
2012	109 (ages 0-5)	NA	NA	NA	10 (ages 0-5)	71
CHANGE 2010-2012	15	NA	NA	NA	-	39
%CHANGE 2010-2012	16%	NA	NA	NA	-	121%

Source: 2010 and 2012 data gathered from interviews with care providers

One of the barriers to all children accessing high quality early childhood programs is cost. In 2012, the cost of child care to parents for children under age 3 ranged between \$14 and \$20 per day. For children ages 3-5, the cost of care to parents ranged from \$12 per day to \$18 per day. The cost remains unchanged since 2010 (**Table 21**)

Table 21. Cost of Child Care in the White Mountain Apache Region, 2010 and 2012

	TRIBALLY LICENCED CENTER	TRIBALLY APPROVED FAMILY CHILD CARE HOMES	PRIVATE CHILD CARE CENTER
2010			
Ages 0-1	\$18/day	\$15/day	\$20/day
Ages 1-2	\$16/day	\$14 per day	\$20/day
Ages 3-5	\$15/day	\$12/day	\$18/day
2012			
Ages 0-1	\$18/day	\$15/day	\$20/day
Ages 1-2	\$16/day	\$14 per day	\$20/day
Ages 3-5	\$15/day	\$12/day	\$18/day
CHANGE 2010-2012	-	-	-

Source: 2010 and 2012 data gathered from interviews with care providers

Note: Head Start and special needs preschool not included because programs are free to parents

Providing daycare and preschool opportunities does not always lead to significant improvements for children. Those daycare and preschool opportunities need to be of a high quality. One measurement of



quality is through accreditation by the National Association for the Education of Young Children (NAEYC). In 2012 there are no NAEYC accredited programs in the Region. However the private pre-preschool center in the Region does participate in the First Things First Quality First program, and the Regional Partnership Council does provide Quality First scholarships for children to attend it.

Accreditation speaks to one way of ensuring quality. Another way of doing this is by working to ensure that increasing numbers of providers have early childhood credentials. Child care opportunities are not yet comprehensive and quality cannot be assured. As a result, during key informant interviews child care directors were asked to share information about professional development opportunities available for staff.

Professional Development

Key informants all shared their professional development progress for their centers. Center staff are accessing professional development from a variety of venues and are working toward credentials, ranging from Certificates of Proficiency to Bachelor's Degrees. There are many venues at which providers are accessing professional development. These include:

- **Northern Arizona University/Northern Pioneer College**—Has a campus in White River and offers year-round classes.
- **Arizona State University**—Offers online class options with some additional opportunities offered in partnership with Northern Pioneer College.
- **Grand Canyon University**—Based in Phoenix, this college offers online class options.
- **Prescott College**—Offers online opportunities.
- **Whiteriver Unified School District**—Provides data-driven professional development for its staff.

Through its statewide Quality First initiative First Things First is working to ensure that licensed centers and certified child care homes are safe, engaging learning environments for children. The program helps centers and their staff to:

- Assess the quality of care currently being provided.
- Support providers in preparing for a quality improvement plan.
- Helps centers afford quality improvements.
- Assists centers with the expenses associated with professional development that is tied to quality improvements.
- Helps centers retain qualified staff.

In the Region Alchey Beginnings Child Development Center is the sole Quality First grantee.



SUPPORTING FAMILIES

Introduction

Raising children is complex. This is especially true when families are struggling to make ends meet and are facing the extra stressors and barriers associated with living in a rural community. Because there is no publically available data that captures the impact of family support programs in the Region, this section of the report relies heavily on key informant interviews.

Key Findings

- Key informants are seeing changes. In the words of one, “It’s starting. Differences are being made!”
- Key informants are able to identify multiple programs and services that make a difference for families with young children.
- There is overwhelming support for the addition of Early Head Start.
- The closing of Child Find in 2012 has serious implications for parents with young children accessing special needs screening and services.

When asked what programs are supporting families and making a difference for children ages 0-5 key informants saw many. In the words of one, “It’s starting. Differences are being made!” Here are some of those services for families that interviewees most frequently referred to:

- **Head Start**—Despite the overwhelming support for the impact that Head Start is able to provide, many people are concerned with the capacity of the existing services. In 2000, the site did apply to become an Early Head Start site. They were not successful. It was also suggested that Head Start would need facility upgrading to be able to properly offer services for Early Head Start.
- **Child Care Centers**—Families in the Region have a range of child care options (described in the earlier The Early Childhood System section). There is growing awareness that having a



- child in a high quality child care and preschool setting has a positive impact on the outcomes for that child. The child care centers work to help ensure that children are ready to enter school, make the transition from the center to the school setting as easy as possible, provide information and resources to families, help them access services for their children (such as special needs services), and engage families.
- **Child Find**—Key informants spoke of the loss of the Child Find program. As of May 2012, the program has been closed approximately two months. This has serious implications for families in the Region. Because of the closure, the school district is now doing the work of identifying special needs. They have established a protocol with doctors and the hospital so that children ages 0-5 are being referred to the school district. Regional partners are clearly working to respond to the loss of Child Find and key informants noted that the Tribe is also aware of the issues and has been engaged in efforts to find an organization with the capacity to fill this need. The Tribal Health Department has also stepped in to try and fill this gap.
 - **Indian Health Services**—Like Head Start, the IHS has a history in the community and people know what to expect.
 - **Women, Infants and Children**—WIC is one of the foundational services for families with young children. Many noted its impact on young children. In addition to helping families access nutritious foods, it is also perceived as a community conduit for information.
 - **Early Childhood Conference** —A free-of-charge parent and provider program aimed at increasing awareness and skills of parents and providers. The high school students run all components of the program.
 - **The Father's Project**—Designed to help fathers in the Region become better parents.
 - **Kith and Kin**—Serves un-licensed and unregulated providers to improve the quality of child care provided.
 - **Reach out and Read**—Promotes early literacy and school readiness in pediatric exam rooms by giving new books to children and advice to parents about the importance of reading aloud. This program allows for families and children to be introduced to the idea of reading at a very young age and helps to emphasize the importance of early literacy to parents.
 - **F.A.C.E. (Cedar Creek)**—Provides opportunities for parents who are working on their GED or college classes to be in the same facility as their children. The program allows parents and children to come together throughout the day and helps provide models and support for positive parenting.
 - **Parent Coaching**—Provides support for the parents and guardians of children at-risk for developmental delay, who do not qualify for Arizona Early Intervention Programs or Part B Services.
 - **Whiteriver Unified School District**—Key informants noted that the school district is an asset in the Region. The district was noted for its preschool classrooms.
 - **Boys and Girls Club**—Providing afterschool opportunities for children in the Region.



Family Support Regional Partnership Council Grantees

It is interesting to note that in the 2010 Needs and Assets report¹⁴ the four family support grantees were Support box Project, Family Career and Community Leaders of America (a portion of the funding was used for the annual Early Childhood Conference), The Father's project and Kith and Kin. During key informant interviews for this current 2012 report, three of these projects were highlighted and described when key informants were asked about programs or services that were making a difference for families.

For 2012, the Family Support grantees are:

- **Oral Health**—Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one. Decreases preventable oral health problems in young children.
- **Reach Out and Read**—Trains pediatric practices to engage parents and young children in early literacy activities; provides books to pediatricians or their staff to distribute to families with young children. Expands children's access to reading by promoting child literacy as a part of pediatric primary care.
- **Parent Education Community-Based Training**—Provides classes on parenting, child development and problem-solving skills. Strengthens families with young children by providing voluntary classes in community-based settings.
- **Family Support – Children with Special Needs**—Provides coaching, group activities and services to the parents of children with special needs. Services are designed to help their child reach his/her fullest potential. Improves the education and health of children with special needs who don't qualify for publicly funded early intervention programs.

Parenting Programs

Parents are a child's first teacher. It is well understood that children are more likely to succeed when their parents are engaged in their life and education. There are numerous programs in the Region that have been designed to teach parents some of the "essential parenting skills" that will allow their children to succeed. Programs most often noted include:

- **Johns Hopkins University**—Through its partnership with Johns Hopkins, the Region has a range of programs available that seek to support families, and there is a history of research regarding programs, services and approaches that make a difference to families.
- **Child Care Centers**—Child care centers in the Region aim to build close connections with families. These connections can be a conduit for providing information regarding child

¹⁴ Needs and Assets Report 2010. Prepared for the White Mountain Apache Tribe Regional Partnership Council. Retrieved June 13, 2012 from <http://www.aztff.gov/RC028/Pages/ReportsAndPublications.aspx>.



development, an individual child's development, and positive child rearing practices. In addition they can provide appropriate learning activities that the parent can do at home to reinforce learning; they can connect a parent to volunteer opportunities, keep communication lines open, provide referral where needed and help parents to advocate for their rights and the rights of their child. In this category key informants noted the following programs:

- **Family and Child Education Program (F.A.C.E.)**—Provides opportunities for parents who are working on their GED or college classes to be in the same facility as their children. The program allows parents and children to come together throughout the day and helps provide models and support for positive parenting.
- **Head Start**—Provides monthly activities for families, such as how to play with your child and brain development. In addition they have a monthly parenting opportunity for parents with special needs children and a monthly calendar of activities. Head Start also provides a community resource guide that is available to all families.
- **Chaghache Daycare**—Provides monthly family nights where families have an opportunity to go into their child's classroom to see what the children are doing. The center also aims to give parents ideas of activities that can be done at home to reinforce learning. They have many community partners that come to the center and also now offer a reading program funded through First Things First.
- **Alchesay Beginnings Child Development Center (ABC Day Care)**—Through its program, the center provides services for parents in the school and community, and also for parents training to become providers themselves. They work to connect families with community resources aimed to help their children. They now also offer monthly parenting classes along with activities that parents can do at home with their children.

Policies Supporting Families

Key informants were asked about system-level changes in the Region that have been beneficial to young children or changes that have the potential to benefit them. Those mentioned by key informants are as follows:

- **First Things First**—Is recognized as driving systems level change for children 0-5 in the Region.
- **Tribal Council participation in Head Start** —Because of the changes in the 2007 Head Start re-authorization, more participation is now demanded of the Tribe. There is increasing Tribal accountability and this is leading to greater interest from the Tribal Council.

Family Support Successes

In their book, *Switch: How to Change When Change is Hard*, Chip and Dan Heath discuss the benefit of focusing on the "bright spots." Pursuing bright spots is like asking the question, "What's working, and how



can we have more of it?”¹⁵ There is an array of programs in the Region working to improve the wellbeing of children. Key informants identified the following improvements:

- **Awareness of the Importance of High Quality Early Childhood Programs**—Parents are becoming more aware of the importance of a high quality early childhood education experience. Key informants noted that they do not have to search for parents; they are aware of the services and have a desire to access them.
- **Awareness of the Importance of Cultural Heritage**—Parents are increasingly requesting opportunities for Apache language exposure. Head Start has a culture curriculum and the school is planning to offer an immersion model in the future so that children can learn to use the language more fully. ABC Day Care will also offer a pilot Apache immersion classroom next year. Other community partners are also responding to this demand. The Reach Out and Read program is aiming to be culturally responsive, providing books that are age appropriate, reflect Native American culture and, where possible, reflect the White Mountain Apache Tribe culture.
- **Quality Child Care**—It is well understood in the Region that the earlier a child receives early care and education services the better. And the centers are improving their quality.
- **Oral Health**—Key informants echoed the data findings that they see improvements in the oral health of children 0-5.
- **First Things First**—There is tremendous support for First Things First and the work it is doing in the Region to increase the positive outcomes for children 0-5.
- **VITA**—There has been an increase in the number of tax filings using the services of a Volunteer Income Tax Assistance program, where volunteers help prepare and file tax returns for free.

What’s Missing?

Finally, key informants were asked to provide information around services that are not yet in place but have the potential to improve the lives of children 0-5 and their families. Those most frequently noted included:

- **Special Needs Screening and Services** —With the closing of Child Find earlier in 2012, there has emerged a need for special needs screening and services for children 0-5. Key informants noted that although the school district and AZEIP (Show Low) are doing what they can, there are now more children whose needs are not being met.
- **Safety**—There are safety issues in the Region. Key informants repeatedly noted that there are barriers to healthy living created by drugs, alcohol, domestic violence and gang violence.
- **Apache Language and Culture Opportunities**—Although awareness of the importance of introducing the Apache language and culture early is increasing, and some organizations and programs are responding to this (as shared in the Family Support Successes section), key informants shared fears that the language and culture is being lost.

¹⁵ Heath, C., & Heath, D. (2010). *Switch: How to Change Things When Change Is Hard* (1st ed.). New York: Crown Publishing Group.



- **Early Head Start**—There is general recognition that the youngest children in the Region are not being served. Multiple stakeholders called for Early Head Start.
- **Parent Education**—There is a general recognition that there need to be more opportunities for those parenting children—whether they are grandparents, caregivers or parents. Grandparents face the extra challenge of being unfamiliar with current education policy and expectations. Additionally, there are opportunities to share new findings in child development and brain research.
- **High Quality Opportunities for all Children**—With increasing unemployment and loss of state funding for early childhood supports (such as the childcare subsidies) more parents are staying at home, or opting to have their young children in cheaper but unregulated care settings where the safety and quality of the educational experience are often inadequate.



HEALTH

Introduction

Early childhood experiences strongly affect the healthy development of every child. Research indicates that infant health factors have affects well into adulthood, including impacts on educational attainment, earnings, and employment¹⁶. In fact the health status of infants is a clear indicator of the health a society can expect for generations to come.¹⁷

Data for this section has been accessed with the cooperation of the Indian Health Services, the primary care provider in the Region.

Key Findings

- Birth rates in the Region have decreased consistently since 2007.
- Between 2008 and 2010, Emergency room visits increased 7.5%.
- Between 2008 and 2010, well-child visits in 2010 increased 9.3%.
- In 2010 there were 227 more preventative oral health visits among children ages 0-5 than in 2008, up 38.7%.
- In 2010, there were 126 more preventative oral health visits than acute oral health visits, a positive change from 2008, when acute oral health visits exceeded preventative oral health visits by 69.
- Fewer children at 35 months received the recommended vaccinations in 2010 than did in 2008.

¹⁶ Currie, J. & Hyson, R. (1999). Is the impact of health shocks cushioned by socioeconomic status? The case of low birthweight. *The American Economic Review* 89 (2).

¹⁷ Center for Leadership Education in Maternal and Child Public Health. Retrieved June 13 2012 from <http://www.epi.umn.edu/mch/index.php/Page/View/Infants>.



When thinking about the health of children 0-5 in the Region, it is important to first know how many children there are, so we can examine trends and also analyze the capacity of the health system.

In 2011 there were 316 births, 8.9% fewer than in the prior year and 22.9% fewer than in 2006. Though there was a slight increase in births between 2006 and 2007, birth rates have decreased consistently since 2007 (**Table 22**).

Table 22. Number of Live Births Fort Apache Reservation, 2006-2011

YEAR	NUMBER OF BIRTHS
2006	410
2007	435
2008	418
2009	363
2010	347
2011	316
% CHANGE 2006 - 2011	-22.9%

Source: 2006-2008 data from WMAT Needs & Assets Report (from MT), 2009-2011 data from Dr. Marc Traeger (12 March 2012)

Prenatal care is essential in monitoring the health and wellness of the pregnant mother as well as the unborn child. Table 23 shows that in 2010 there were 3,107 outpatient visits by mothers for prenatal care at the Indian Health Services hospital. This is 521 fewer than in 2008 and represents a 14.4% decrease when compared to 2008.

Table 23. Number of Prenatal Visits at Whiteriver Service Unit Obstetric Clinics, 2008 and 2010

	2008	2010	% CHANGE 2008-2010
Number of Prenatal Outpatient Visits	3,628	3,107	-14.4%

Source: 2008 data from WMAT Needs & Asset Report (from MT), 2010 data from Dr. Marc Traeger (12 March 2012)

Table 24. Births Receiving No Prenatal Care and Infants Born Low Birth Weight on the Fort Apache Reservation, 2010

NO PRENATAL CARE
Among 95 deliveries at Whiteriver service Unit in 2010, 6.3% had no prenatal care. This is up 2.2 percentage points from 2008. This does not include births off the reservation, it may be an underestimation
LOW BIRTH WEIGHT (UNDER 2,500 GRAMS)
There were 43 births with low weight in 2010. This is 12.4% of all births in 2010, up nearly 10 percentage points from 2008.

Source: 2008 data from WMAT Needs & Asset Report (from MT), 2010 data from Dr. Marc Traeger (12 March 2012)



Childhood is a time of critical biological, social, and emotional development. The early childhood years (ages 1 to 4) are especially crucial, as growth and development during this period can have a tremendous impact on future health outcomes.¹⁸ **Table 25** shows that emergency room visits in 2010 increased 7.5% from the number in 2008. Well-child visits in 2010 increased 9.3% from the number of visits in 2008. In 2010, there were approximately three emergency room visits for every well-child visit, consistent with the ratio of visit types in 2008.

Table 25. Number of Emergency Department and Well-Child Visits for Children Ages 0-5, 2008 and 2010

	2008	2010	% CHANGE 2008-2010
Emergency Room Visits (children ages 0-5)	7,433	7,990	7.5%
Well-Child Visits (children ages 0-5)	2,281	2,492	9.3%

Source: 2008 data from WMAT Needs & Asset Report (from MT), 2010 data from Dr. Marc Traeger (12 March 2012)Public Health Services Whiteriver Service Unit, Dr. Marc Traeger special data run

*"Fort Apache Reservation" is the term used by the Public Health Services Indian Hospital to describe the region served by the White Mountain Apache Tribe Regional Partnership Council

During the key informant interviews it was noted that more is being done in the area of preventative oral treatments (such as tooth varnish). The data suggests that in addition, more children are receiving dental services. There were 227 more preventative oral health visits among children ages 0-5 in 2010 than in 2008, up 38.7%. Acute oral health visits among children ages 0-5 increased at a much smaller rate; there were 32 more visits in 2010 than in 2008, up 4.9%. There were 126 more preventative oral health visits than acute oral health visits in 2010, which is a positive change from 2008, when acute oral health visits exceeded preventative oral health visits by 69.

Table 26. Number Preventive and Acute Oral Health Visits for Children Ages 0-5, 2008 and 2010

	2008	2010	% CHANGE 2008-2010
Preventative Oral Health Visits (children ages 0-5)	586	813	38.7%
Acute Oral Health Visits (children ages 0-5)	655	687	4.9%

Source: 2008 data from WMAT Needs & Asset Report (from MT), 2010 data from Dr. Marc Traeger (12 March 2012)

*"Fort Apache Reservation" is the term used by the Public Health Services Indian Hospital to describe the region served by the White Mountain Apache Tribe Regional Partnership Council

One of the ways that the health system works to ensure the health of all children is by delivering vaccinations to children. The most recent vaccination data shows that fewer children at 35 months

¹⁸ Center for Leadership Education in Maternal and Child Public Health. Retrieved June 13 2012 from <http://www.epi.umn.edu/mch/index.php/Page/View/Children>.



received the recommended vaccinations in 2010 than did in 2008. 2010 vaccination rates ranged from 42% to 92%, depending on vaccine type. Though only 69% of children received the full, recommended Pneumococcal vaccination series, 91% of children received three doses. Recommended Hepatitis A dosage numbers changed between 2008 and 2010, and now a second dose is typically given at age four, though it may be given earlier. Thus, the 42% of children at 35 months receiving the full Hepatitis A series may be artificially low and will likely increase when children reach age four.

Table 27. Percentage of Children (35 months) Receiving Vaccine (by type), 2008 and 2010

VACCINE TYPE	RATE OF IMMUNIZATION RECEIPT FOR CHILDREN AT 35 MONTHS		
	2008	2010	% CHANGE 2008-2010
4 DTaP	87%	75%	-14.1%
3 Polio	95%	89%	-6.0%
1 MMR	94%	85%	-9.1%
3 Hib	91%	83%	-9.1%
3 Hep B	96%	92%	-4.4%
1 Varicella	96%	85%	-11.2%
4 Pneumococcal*	78%	69%	-11.3%
2 Hepatitis A**	91%	42%	-53.7%

Source: * 95% of children had three doses in 2008, 91% had three doses in 2010; Prevnar is no longer given for 4 Pneumococcal, PCV13 is now given ** Dosage for Hepatitis changed since 2008. 2008 data reflects one dose administration and 2010 reflects two dose administration.

2008 data from WMAT Needs & Asset Report (from MT), 2010 data from Dr. Marc Traeger (12 March 2012)

**"Fort Apache Reservation" is the term used by the Public Health Services Indian Hospital to describe the region served by the White Mountain Apache Tribe Regional Partnership Council

Three young children died in 2008, 0.2% of the tribal population age 0-5.



PUBLIC AWARENESS & COLLABORATION

Introduction

There are two levels on which programs in the early childhood development and health community in the Region are aiming to build connections. Firstly, they aim to connect with the families to ensure that they are aware of the services available to them. Secondly, these service providers recognize that when they connect with each other, there is a greater chance of success.

Key Findings

- Regional program and service providers (including First Things First) recognize the importance of connecting with families.
- With the closing of Child Find, the Interagency Collaborative has also folded. This creates a need for more opportunities for system-level collaboration and connecting in the Region.
- Key informants understand the importance of building community and the implications that this has for the work of building individual resiliency and community transformation.

In addition to these two levels of building connections mentioned above, no less important is the work of building connections among people in the Region. Worded differently, this means building community. Key informants noted that to make sure children access services and build individual resiliency, it would take the whole community working together.

“The fact that a sense of community has practical importance is probably best established in the work of Robert Putnam in his book, [Bowling Alone](#)¹⁹. He found that community health, educational achievement, local economic strength and other measures of community well-being were dependent on the level of social capital that exists in a community. Geography, history, great leadership, fine programs, economic advantage, or any other factors that we traditionally use to explain success made a marginal difference in

¹⁹ Putnam, R. D. (2001). [Bowling Alone: The Collapse and Revival of American Community](#). Touchstone Books by Simon & Schuster; 1st edition.



the health of a community. A community's well-being simply had to do with the quality of the relationships, the cohesion that exists among its citizens. He calls this social capital. Social capital is about acting on and valuing our interdependence and sense of belonging. It is the extent to which we extend hospitality and affection to one another. If Putnam is right, to improve the common measures of community health—economy, education, health, safety, the environment—we need to create a community where each citizen has the experience of being connected to those around them and knows that their safety and success are dependent on the success of all others.”²⁰

Connecting with Families

There are many organizations that provide access to information and resources—Head Start, child care centers, Indian Health Services, doctors offices, local radio, local newspaper, WIC, community health representatives, First Things First.

In addition to these, key informants mentioned some communication strategies that seemed to be reaching parents:

- **Head Start Annual Community Resource Handbook**—The Handbook lists contact information in the categories of emergency services, schools, family care, education, family assistance, Tribal services, recreation, other, Apache Behavioral Health and Tribal Social Services. However, despite the usefulness of this resource, it is only currently available to families with children enrolled in Head Start.
- **First Things First Resource Book**—A Community Resource Guide initiated by the White Mountain Apache Tribe Regional Council.
- **Early Childhood Conference**—A free-of-charge parent and provider program aimed at increasing awareness and skills of parents and providers. The high school students run all components of the program.

Connecting between Agencies

Having agencies that share the same, common goals work together makes sense. And there are multiple reasons for agencies to collaborate:

- **Referral Processes**—Working to ensure that there is a seamless connection between services; that there are cross-agency referrals.
- **Community Awareness**—Working to ensure that families are aware of services available to them and that the “right hand” in the early childhood system knows what the “left hand” is doing.

²⁰ Block, P. (2009). *Community: The Structure of Belonging*. Berret-Koehler Publishers.



- **System Change**—The early childhood system is made of many parts—early care and education, family support, health, mental health, nutrition, and special needs/early intervention. In recent years, there has been a great deal of conversation around system change, which looks at how to work with all components of a system to create sustainable, long-term change.²¹

If we look at the benefits that systems change work can potentially reap, it is evident that there are tremendous implications here for the work of First Things First and the White Mountain Apache Tribe Regional Partnership Council. In bringing together different agencies—different parts of the early childhood development and health system—it is possible to embrace all agencies and in doing so leverage this effort for systems change, in order to create permanent, sustainable, systemic change.

Collaboration is not new to the Region and key informants could each list multiple organizations with which they partners to further their shared goals. In the 2010 Needs and Assets Report the collaboration that rose to the surface was the Interagency Collaborative, a monthly meeting aimed at bringing agencies and providers serving children ages 0-5 together. However, with the closing of Child Find, the lead agency in the Collaboration, this important work of connecting agencies in the Region has ceased. This represents a serious barrier for the Region’s fledgling systems change work.

Having agencies that share common goals work together makes sense. Connections enable the spread of information, collaboration on projects, and effective delivery of comprehensive services.

A Framework for Systems Initiatives

In addition to the benefits of community awareness and information sharing that collaboration brings, it also enables system-wide change. In recent years, there has been a great deal of conversation around system change in the public dialogue. How do you define it? How do you initiate it? How do you measure it?

In 2007 Julia Coffman published a paper, “A Framework for Evaluating Systems Initiatives”.²² What follows is a summary of the described approach to systems change work.

In the paper, Coffman defines a system as “A group of interacting, interrelated, and interdependent components that form a complex and unified whole.” A system’s goal is achieved through the actions and interactions of its components. For our purposes these are the programs, policies, agencies, or institutions with the common goal of improving outcomes for children ages 0-5.

The early childhood system is made of many parts—early care and education; family support; health, mental health, and nutrition; and special needs/early intervention. System change embraces all

²¹ Coffman, J. (2007). *Evaluation systems initiatives*. Build initiative. Retrieved May 1, 2012 from <http://www.buildinitiative.org/content/evaluation-systems-change>.

²² As above.



components of the system, “The idea being that the optimal developmental outcomes for young children will be achieved when each component is fully developed and the four components or subsystems connect or align.”

Coffman defines the following as areas of systems change work:

- **Context**—Improving the political environment that surrounds the system so it produces the policy and funding changes needed to create and sustain it.
- **Components**—Establishing high-performance programs and services within the system that produce results for system beneficiaries.
- **Connections**—Creating strong and effective linkages across system components that further improve results for system beneficiaries.
- **Infrastructure**—Developing the supports systems need to function effectively and with quality.
- **Scale**—Ensuring a comprehensive system is available to as many people as possible so it produces broad and inclusive results for system beneficiaries.

According to Coffman, “These five areas comprise the aspects of a system that, if developed or advanced, can produce broad impacts for the system’s intended beneficiaries.”²³ This means that activities across system change initiatives can be streamlined and the collective outcomes measured.

Stakeholders and key informants reported many successes in the realm of building connections in the Region. There are opportunities to look at using this framework both to enhance the system change efforts and to evaluate the changes. In bringing together different agencies—different parts of the early childhood development and health system—it is possible to embrace all agencies and in doing so leverage this effort for systems change, in order to create permanent, sustainable, systemic change.

²³ Coffman, J. (2007). Evaluating systems initiatives. Build Initiative. Retrieved May 1, 2012 from <http://www.buildinitiative.org/content/evaluation-systems-change>.



SUMMARY & CONCLUSIONS

The goal of this report is to provide a snapshot of the needs and assets of children ages 0-5 and their families residing on the Fort Apache Indian Reservation.

Data has uncovered some key findings that will be important for those working in the Region. They are as follows:

- **Build the Capacity of Early Child Care Settings**—Improving the quality and capacity of child care services in the Region is a journey. Much has been done and it is important to note that key informants are beginning to see changes. However, there are still children who are not accessing services and there are children who receive inadequate services. This continues to be a priority for ensuring good health and education outcomes for the Region’s youngest children.
- **Early Head Start**—Although there is tremendous support for Head Start, and a shared dream of bringing Early Head start to the Region, there are many barriers. This presents an opportunity to bring partners together, including the Tribe, to collaborate and determine how to best approach meeting this need both from a facilities and programming perspective.
- **Special Needs Screening and Services**—The closing of Child Find earlier in the year has created a significant barrier to responding to the needs of special needs children and families in the Region. Although many service providers recognize this and are doing all they can, they do not have the capacity to meet this need. There are opportunities to support a new Child Find (both in creation and sustainability) or to find an alternative partner that has the capacity and expertise to screen and serve children 0-5.
- **Create Professional Development Community of Practice**—There is general recognition that high quality in early childhood settings is important and much is being done to build the capacity of child care staff. However, there are opportunities to weave professional development opportunities together, to share what quality looks like by encouraging classroom visits within the sector, and to build a cohort of early childhood professionals who engage in learning across the system. Work in this area is being catalyzed by the Annual Child Care Conference, but much could be done to sustain this work year round.
- **Improve Access to Preventative Health Services**—Although much is being done to ensure that families are accessing preventative health care for the Region’s youngest children, this work is not finished. There are still opportunities to increase the number of pregnant mothers accessing prenatal services, and children accessing regular wellness checks and dental services. Accessing preventative services ensures that children and families are healthy. It also ensures that health needs are taken care of on the front end, before more costly emergency services are needed.
- **Keep the Apache Culture and Language alive**— A number of key informants spoke of the need to keep the Apache language and culture alive. They noted that by high school, many students have already lost the language. Although some early care and education programs are beginning to recognize and respond to this need, more proactive work could be done. For all initiatives undertaken, special attention should be made to incorporating culturally relevant practices and materials, and to exposing children to, and teaching them, the language. This means intentionally making the Apache language and culture a core component of all programs designed to serve the Region’s youngest children.



- **Build Awareness of the Importance of Individual and Community Resiliency**—Key informants recognize that in order to truly meet the goals of First Things First in the Region, there has to be some recognition of the importance of intentionally building individual and community resiliency. They spoke of the relationship between building resiliency and building a shared sense of community. “The fact that a sense of community has practical importance is probably best established in the work of Robert Putnam in his book, *Bowling Alone*.²⁴ He found that community-health, educational achievement, local economic strength and other measures of community well-being were dependent on the level of social capital that exists in a community. Geography, history, great leadership, fine programs, economic advantage, or any other factors that we traditionally use to explain success made a marginal difference in the health of a community. A community’s wellbeing simply had to do with the quality of the relationships, the cohesion that exists among its citizens. He calls this social capital. Social capital is about acting on and valuing our interdependence and sense of belonging. It is the extent to which we extend hospitality and affection to one another. If Putnam is right, to improve the common measures of community health—economy, education, health, safety, the environment— we need to create a community where each citizen has the experience of being connected to those around them and knows that their safety and success are dependent on the success of all others.”²⁵ Much could be done in the Region by working with individuals and organizations to build awareness of the importance of individual and community resiliency.
- **Parenting Programs**—Community partners recognize the need for parenting programs in the Region and there have been responses to this need with the funding of new parenting opportunities. However, less is known about what programs can really support parents in building the skills for successful parenting. Thought could be given to assessing the outcomes of the funded programs in order to begin amassing data and best practices for parenting programs in the Region.
- **Leverage Existing Partnerships for Systems Change**—There are tremendous opportunities here to leverage existing partnerships, not only to ensure that children are seamlessly served, but also to begin the more difficult work of building systems change. Although this work takes time and effort, there are models that could be used to guide it.
- **Build Community Dialogue**—There are tremendous opportunities to increase the regional dialogue around the importance of early care and education. Through community engagement processes, regional providers and partners could bring all stakeholders into the conversation—families, schools, the Tribal Council, health providers, child care providers, services providers, older children—to explore the strengths and assets available in the community that could be maximized to improve the outcomes of children 0-5 in the Region. This approach could also assist in the work of building community and awareness of the importance on individual and community resiliency. Appendix B provides some further exploration of this finding.

²⁴ Putnam, R. D. (2001). *Bowling Alone: The Collapse and Revival of American Community*. Touchstone Books by Simon & Schuster; 1st edition.

²⁵ Block, P. (2009). *Community: The Structure of Belonging*. Berret-Koehler Publishers.



APPENDIX A—PRIMARY DATA COLLECTION

In addition to accessing existing data, the research team utilized key information interviews. These hour-long conversations were aimed at collecting information regarding programs and services for families with children ages 0-5, and also to gain insights on perceptions of the assets and needs of families with children 0-5.



APPENDIX B—BUILDING COMMUNITY DIALOGUE

As regional partners begin the process of reflecting on this Needs and Assets Report, it is worth looking at how the results of this Report could be used. Although the Report will create an invaluable snapshot of the early care, health and education systems in the Region, it will not answer some key questions:

- How will the community be engaged in the process of interpreting the data contained within the report?
- How will the community be engaged in the process of filtering the information in order to develop a set of regional strategic priorities?
- How will the community's strengths, resources and assets be engaged and leveraged to address the strategic priorities?

A next step for community stakeholders could be to take the Needs and Assets Report data back to key community stakeholders in order to begin:

- Engaging the community in the process of interpreting the data.
- Engaging the community in the process of identifying key strategic priorities,
- Help leverage other community assets and resources in order to address the strategic priorities.
- Building relationships in the community.
- Creating a shared community vision and goals.

There are many ways to achieve this type of community dialogue and numerous methods by which community conversation can be initiated and maintained. However, the first step will be determining whether this type of community engagement is a core value of the Regional Partnership Council. If it is, then much can be learned about possible approaches and ways of building these conversations by looking at the 100th Arizona Town Hall Report on Civic Engagement²⁶. Chapter 3 includes an overview of Principles, Processes, and Conditions for Success.

²⁶ 100th Arizona Town Hall Report: Civic Engagement. (2012). Prepared by Arizona State University. Retrieved June 13, 2012 from <http://www.aztownhall.org/>.



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