

Needs and Assets Report 2010

Hualapai Tribe Regional Partnership Council

First Things First
Applied Survey Research

DRAFT

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Letter from the Chair

The past two years have been rewarding for the First Things First Hualapai Tribe Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families by providing support through the Maternal Child Health Program and ensuring children receive their basic food staples during the difficult economic times.

The First Things First Hualapai Tribe Regional Partnership Council will continue to advocate and provide opportunities for healthy growth in the first years of life, parent education on child development, food assistance, quality early care and education, and ongoing professional development opportunities for child care providers and teachers.

Our strategic direction has been guided by the Needs and Assets report specifically created for the Hualapai region in 2008 and the new 2010 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Hualapai Tribe Regional Council would like to thank our Needs and Assets Vendor, Applied Survey Research, for their knowledge, expertise and analysis of our region. The new report will help guide our decisions as we move forward for young children and their families within the Hualapai community.

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

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

Thank you for your continued support.

Sincerely,

Reverend Pete Imus, Chair
Hualapai Tribe Regional Partnership Council

Regional Partnership Council Members

<i>Rev. Pete Imus</i>	<i>Faith-based Representative, Chair</i>
<i>Sandra Irwin</i>	<i>Health Services Representative, Vice-Chair</i>
<i>Candida Hunter</i>	<i>Business Representative</i>
<i>Shelly Bachison</i>	<i>Early Childhood Education Representative</i>
<i>Cheryle Beecher</i>	<i>Member At-Large</i>
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<i>Penny Renfro</i>	<i>Philanthropy</i>
<i>Helen J. Watahomigie</i>	<i>Educator</i>
<i>Lucille J. Watahomigie</i>	<i>Member At-Large</i>
<i>Vacant</i>	<i>Public School Administrator</i>
<i>Vacant</i>	<i>Parent of a child age 5 or younger</i>

Introduction and Acknowledgements

First Things First Hualapai Tribe Regional Partnership Council

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

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

The First Things First Hualapai Tribe Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. A strong focus throughout the Region, in the past year, was a child's healthy start in life, educating parents-to-be during pregnancy and throughout the infant and toddler years, screening children to ensure developmental milestones, and providing nutritious foods to young children and their families. This report provides basic data points that will aid the Regional Council's decisions and funding allocations, while building a true comprehensive statewide early childhood system.

Acknowledgments:

The First Things First Hualapai Tribe Regional Partnership Council owes special gratitude to the agencies and key stakeholders who participated in the data gathering for this important assessment of the community. The success of First Things First was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

To the current and past members of the Hualapai Tribe Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of young children and families within the region. Our continued work will only aid in the direction of building a true comprehensive early childhood system for the betterment of young children within the region and the entire State.

Our gratitude is also given to 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 for their contribution of data for this report. Special thanks to the local collaborators, such as the Indian Health Services Peach Springs Clinic, Hualapai Tribal Departments and Programs, and the Hualapai Indian Tribe.

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Methodology

Secondary Data

Secondary (pre-existing) data were collected from a variety of sources, including but not limited to: the U.S. Census; the Arizona Department of Health Services; the Arizona Department of Economic Security; the Arizona Department of Education; Indian Health Services; Hualapai Tribal Departments such as Head Start, Child Care, and Social Services; and other local, state, and federal agencies. Additional data was provided by First Things First for inclusion in the Needs and Assets Report.

Whenever possible, multiple years of data were collected to present trends. County and state level data were also collected for comparison to local Hualapai data. As the Hualapai Reservation is situated in Mohave and Coconino Counties, data for each of these counties is presented. However, because the majority of people living on the Hualapai Reservation live in Peach Springs, which is located in Mohave County, data from Mohave County is primarily shown for comparison. While all efforts were made to identify data for the population ages birth through five on the Hualapai Reservation, data were not always available at this level. In these cases, data were collected for other age ranges (such as ages birth through four) or for comparable areas (such as the 86534 zip code, the zip code for Peach Springs). Hualapai data presented from the U.S. Census is for the “Hualapai Reservation and Off-Reservation Trust Land.” Hualapai data from the Arizona Department of Health Services is for American Indians living on the Hualapai Reservation.

Data in the report underwent extensive proofing to ensure accuracy. The data proofing protocol is a nine-step process that thoroughly checks text, numbers, and formatting in narrative, tables, charts, and graphs no fewer than three times.

Head Start Community Assessment

Data Legend

|||| Denotes Data from the Hualapai Head Start Community Assessment

The Hualapai Head Start conducted community assessments within the Hualapai Community in 2006 and in 2009 to 2010. The goals of the assessments were to identify strengths and needs of the community to assist the program in the development of future plans, goals, activities, and training activities. The 2006 assessment was conducted in November and December of 2006. An assessment tool was developed and distributed to parents of Head Start children, tribal employees, and other community members. Completed assessments were received from 144 respondents, representing a 41% response rate. The 2010 assessment was conducted in December of 2009 and January of 2010. The assessment tool was distributed to parents of Head Start children, tribal employees, and other community members. There were 87 completed assessments, corresponding to a 25% response rate. Data from the 2009/10 assessment were comparable to the 2006 assessment.

Executive Summary

The Hualapai Tribe is a federally-recognized American Indian tribe located along 108 miles of the Grand Canyon in northwestern Arizona. The tribe resides on a reservation that encompasses one million acres of land spanning into both Mohave and Coconino Counties. Most residents live in the Hualapai capital of Peach Springs, which is a 50 mile drive to Kingman, the closest full-service community.

There were approximately 2,000 people living on the Hualapai Reservation in 2010, with approximately 177 children ages birth through five years old. On the reservation, most (87%) of the children ages birth through four are American Indian/Alaska Native. While there are no data about the language spoken by children under six years, more than half (53%) of the population five years and older speak a Native North American Language. Nearly half (47%) of families with children under age six are single-parent households.

Demographic Overview

Preservation of culture is very important to the members of the Hualapai Tribe. A high percentage (87%) of children ages birth through four are American Indian/Alaska Native, and more than half (53%) of children ages five years and older speak a Native North American Language at home. According to the Hualapai Head Start 2010 Community Assessment, almost three-fourths (71%) of respondents reported Hualapai Tribal membership.

Many children and families are living in poverty. In 2000, 38% of children under six years old were living below the Federal Poverty Level (the Federal Poverty Level for a family of four was \$17,050 in 2000¹). Unemployment on the Hualapai Reservation was at 24% in 2009.

Many children are not prepared for kindergarten. When entering kindergarten, only 40% of children tested at grade level in early literacy skills. The lack of preparedness for school is also reflected in third grade reading scores; in 2008, only 6% of children met or exceeded the Arizona standard.

Early Childhood System

Most women are receiving the recommended prenatal care and all births are attended to by a physician. Typically there are between 31 and 37 births to American Indians living on the Hualapai Reservation each year. In 2008, only three Hualapai women received no prenatal care during pregnancy. This high level of care during pregnancy and delivery may be responsible for the low rates of low-birth weight babies, births with complications of labor and delivery, and births with medical risk factors among Hualapai Tribal members.

Very few women participating in WIC are breastfeeding. In November 2008, only 5% of WIC clients reported breastfeeding their child, compared to Arizona where 30% of all mothers exclusively breastfed their children in 2006. In an effort to increase the number of women breastfeeding, the

¹ U.S. Department of Health and Human Services (2010, July). *The 2000 HHS poverty guidelines: One version of the [U.S.] federal poverty measure*. Washington DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved from <http://aspe.hhs.gov/poverty/00poverty.shtml>

Hualapai First Things First Grantee, Maternal Child Health Program, and the Health Department have launched a public awareness campaign on the benefits of breastfeeding.

Most children are immunized. More than 90% of children in the 86434 zip code (the zip code for Peach Springs) had a completed vaccination schedule in 2009, meeting the Healthy People 2010 target.

All Hualapai children have health insurance. Any Hualapai child with a Certificate of Degree of Indian Blood is guaranteed medical care by Indian Health Services. The Peach Springs Health Center provides outpatient health care directly on the Hualapai Reservation.

More children are being diagnosed with disabilities early in life but more early screenings are needed. The 2007/08 Head Start school year had nine children with diagnosed disabilities, an increase from previous years. At an audiology screening event held at the Head Start by the Maternal and Child Health program in March 2010, only three children passed out of the 17 children who were screened.

Parents need more early care and education options for children ages birth through five on the Hualapai Reservation. The current early care and education options include the Hualapai Head Start, six unregulated and four regulated child care homes, and unmonitored child care provided by family members and friends. Despite these options, the Head Start Community Assessment indicated that 35% of respondents who had children “always” had problems finding child care.

More children are suffering from child abuse. Substantiated cases of abuse among children less than 18 years increased to 21 cases in the first half of 2010, up from four cases in 2007, zero in 2008, and two in all of 2009. Despite this sharp increase, community members were less concerned about child abuse and neglect in 2010 compared to 2006.

Conclusion

This Needs and Assets report on the health and wellbeing of children ages birth through five in the Hualapai Region has identified the areas where children are doing well and areas that are more concerning. In general, Hualapai children and families are not receiving the education, support, and services that are necessary for ensuring future successes. In many cases, services and resources are offered by Hualapai departments or other providers on the reservation, yet parents are not accessing them. In light of these challenges in the Hualapai community, targeted efforts to draw parents and families to available services and to develop new programs aimed at addressing the areas of concern are needed to help improve the situation of children and families. The Hualapai Tribe Regional Partnership Council is committed to working with the Hualapai Tribe to address these issues.

Demographic Overview: Who are the families and children living within the Hualapai Tribe Region?

Basic Demographics

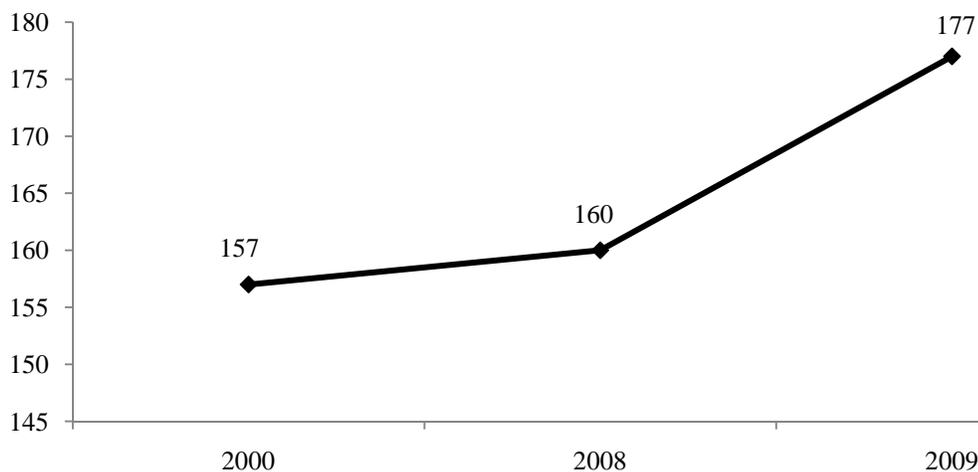
The Hualapai Tribal Nation is a federally-recognized American Indian tribe located along 108 miles of the Grand Canyon in northwestern Arizona. The reservation, encompassing one million acres of land in Mohave and Coconino Counties, was created by executive order in 1883. Most residents live in the community of Peach Springs, which is about 50 miles east of the closest full-service community of Kingman.

Children and Family Characteristics

In 2000, there were 157 children ages birth through five on the Hualapai Reservation. In 2010 the total population on the reservation was estimated at 1,957, and in 2009, there were approximately 177 children ages birth through five. As the Hualapai population grows, there are increasing numbers of young children in need of services and developmental opportunities.

Family structure is an important factor in the health and social and emotional development of young children, their educational attainment, and poverty status. Single-parent families are more likely to earn less and have higher poverty rates than two-parent families.² While more than half of Hualapai children ages birth through five lived in married-couple households, 41% lived in female-led single parent households and 6% lived in a male-led single parent household.

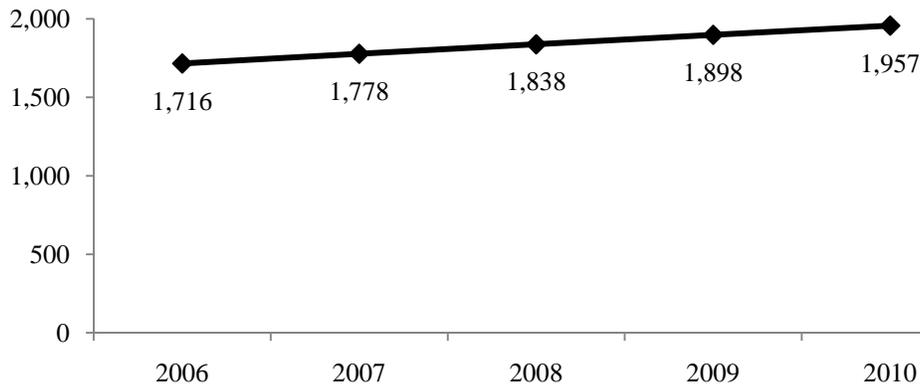
Population Ages Birth Through Five, Hualapai Tribe



Source: Arizona First Things First, *Population and Potential Discretionary Allocations*, Received 2010.

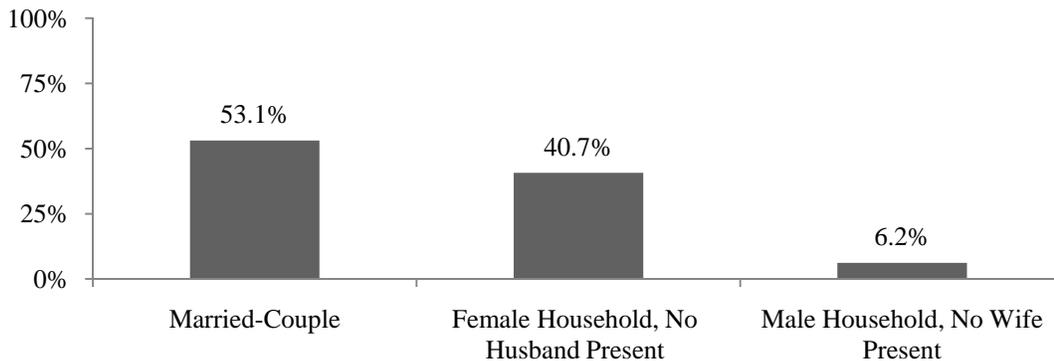
² Fields, J. & Smith, K. (1998). *Poverty, family structure, and child well-being: Indicators from the SIPP* (U.S. Census Bureau, Population Division, Working Paper 23). Washington DC: U.S. Census Bureau. Retrieved from <http://www.census.gov/population/www/documentation/twps0023/twps0023.html>

Total Population, Hualapai Reservation



Source: Arizona Department of Economic Security, Research Administration. (2010). *Arizona Subcounty Population Projections*. Retrieved from <https://www.azdes.gov>.
 Note: Population totals based on population projections.

Type of Families with Children Ages Birth Through Five, 2000



Source: U.S. Census Bureau, *Census 2000, Summary File 1, Table QT-P1*. Retrieved June 14, 2010 from <http://www.factfinder.census.gov/>.

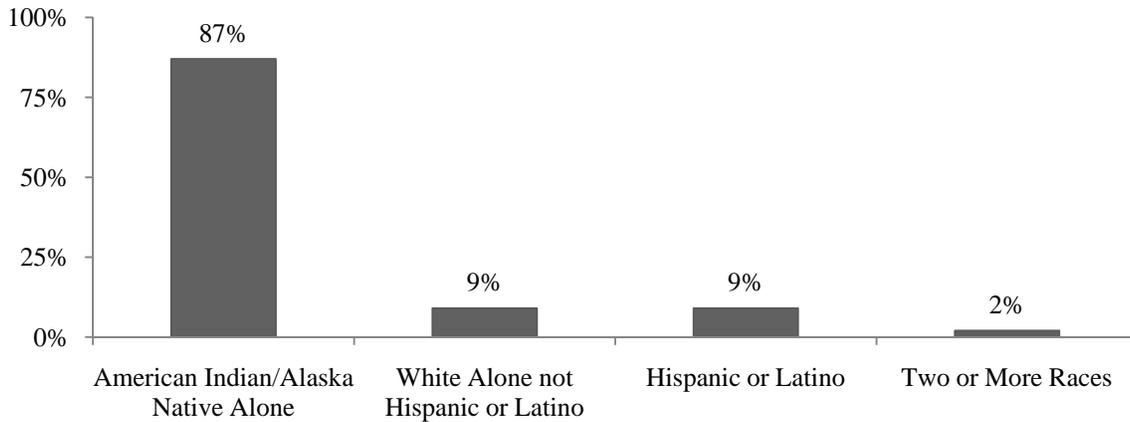
Race/Ethnic Distribution and Language Characteristics

In 2000, 87% of children ages birth through four residing on the Hualapai Reservation were identified as American Indian/Alaska Native. The Hualapai Head Start conducted a Community Assessment in 2010 in which 71% of respondents were reported to be Hualapai Tribal members.

The preservation of tribal culture and tradition is important to the members of the Hualapai Tribe. Despite strong tribal affiliation, there is some community concern regarding the progressive loss of the Hualapai language. While the 2000 Census showed that more than half (53%) of the population five years and older spoke a Native North American Language, the 2010 Head Start Community Assessment reported that 74% of adults and 79% of children speak primarily English. In an effort to preserve the culture of the Hualapai people, the tribe has invested new resources into the Cultural Resources Department. A new Cultural Center opened in March 2010 and the Cultural Arts and Language Program recently launched efforts to teach community members, especially children, the traditions and language of the Hualapai.

While the preservation of the Hualapai culture is important, the ability to also speak English is vital for families to access services and information off of the reservation. On the Hualapai Reservation, nearly 14% of children ages 5 through 17 live in households where no one over the age of 14 speaks English as the only language or no one speaks English very well. This finding is striking when compared to the 9% of children in Arizona and 5% in the United States living in households that have limited or no English.

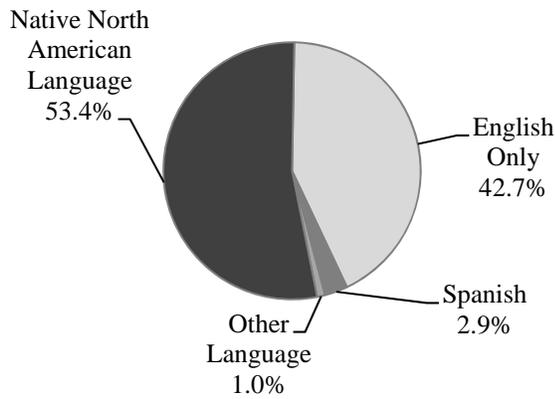
Race / Ethnicity of Children Ages Birth Through Four, Hualapai Tribe, 2000



Source: Arizona First Things First, *Regional Profiles*, Received 2010.

Note: The U.S. Census considers race and Hispanic origin to be two separate and distinct concepts. Respondents are asked whether or not they are of Hispanic origin in addition to their racial classification. Due to respondents answering both questions, the percentages will not add up to 100%.

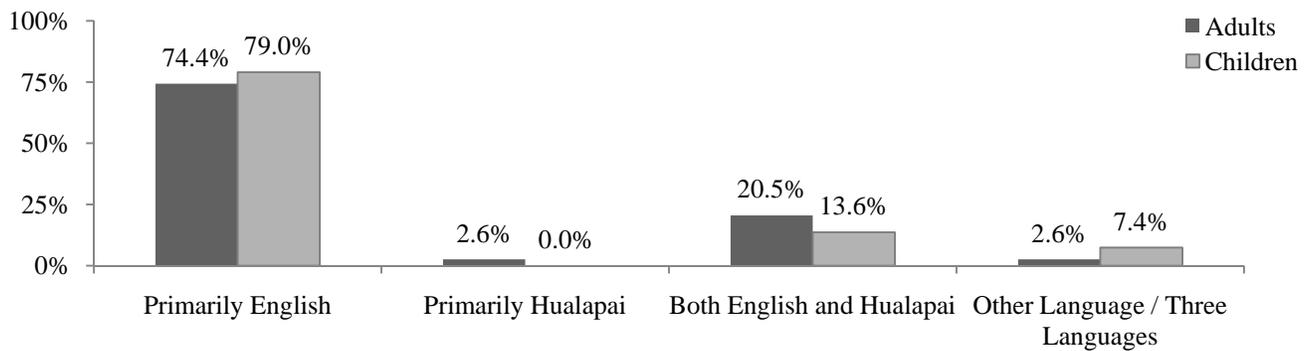
Language Spoken at Home, Hualapai Tribe, 2000



Source: U.S. Census Bureau. (2010). *Census 2000, Summary File 3, Table QT-P16*, Retrieved from http://factfinder.census.gov/home/saff/main.html?_lang=en.

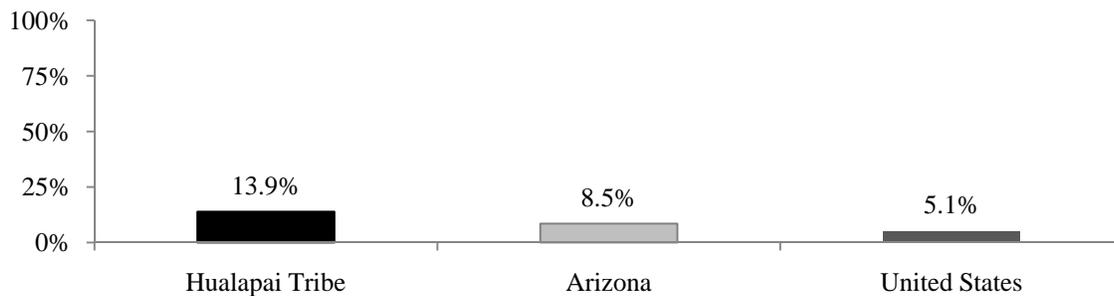
Note: Data presented are for the population 5 years and older.

Primary Language Spoken in the Home, Hualapai Community Members, 2010



N: Adults=78; Children=81.
 Source: Hualapai Head Start, *Community Assessment Report*, Received 2010 (Unpublished Data).

Children Ages 5 Through 17 Living in Non-English Speaking* Households, 2000



Source: U.S. Census Bureau. (2010). *Census 2000, Summary File 3, Table QT-P16*, Retrieved from http://factfinder.census.gov/home/saff/main.html?_lang=en
 Note: Values are the number of children ages 5 through 17 living in linguistically isolated households divided by the total number of children ages 5 through 17 living in households.
 *A “non-English speaking,” or “linguistically isolated,” household is one “in which no person 14 years old and over speaks only English and no person 14 years old and over speaks a language other than English speaks English ‘Very well.’ In other words, a household in which all members 14 years old and over speak a non-English language and also speak English less than ‘Very well’ (have difficulty with English).” (U.S. Census Bureau)

Economic Circumstances

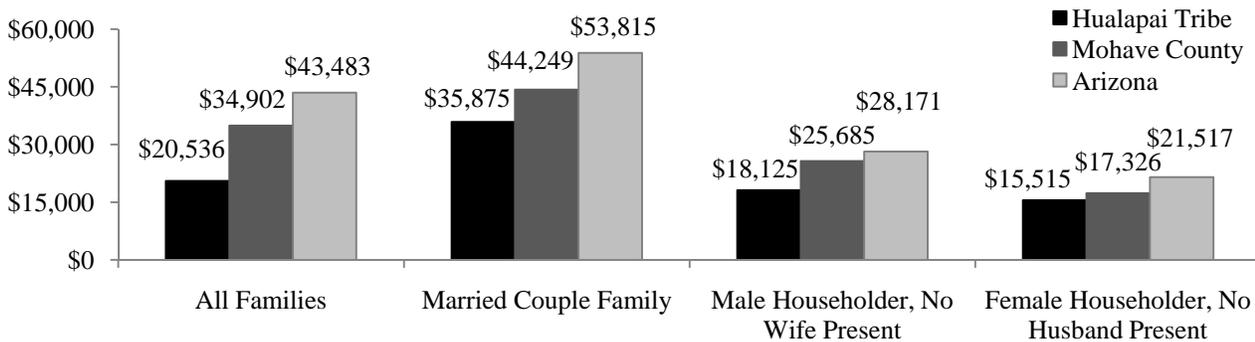
On the Hualapai Reservation, tribal enterprises are the primary source of economic stimulus in the community. The Hualapai Lodge, Grand Canyon Skywalk, Hualapai Ranch and, Hualapai River Runners are some of the tribal enterprises that target the tourism industry that surrounds the Grand Canyon. Tribal enterprises are run by the Tribal Government and provide employment for Hualapai community members. Profits from these enterprises are then reinvested into the community. For example, they were used to help fund projects like the development of buildings for Head Start, the Boys and Girls Club, and the Social Services Department. Other employment on the reservation includes the Tribal Government, schools, the general store, timber, and traditional folk arts.

Income

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The median family income of Hualapai families with children under 18 years was \$20,536 in 2000, considerably less than the median family income of both Mohave County and Arizona families (The Federal Poverty Level for a family of four was \$17,050 in 2000³).

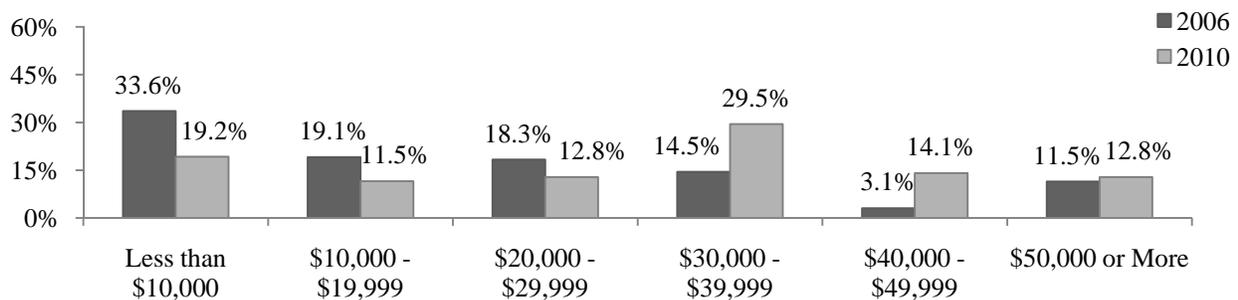
The Self-Sufficiency Standard can be used as an indicator of the level of income required for a family to meet its minimal basic needs (e.g., food, shelter, transportation). This number is specific to the geographic location and age of children. For example, in Mohave County, a household with one adult, one preschooler, and one school-aged child requires \$34,441 to be self-sufficient. This amount is much greater than the median family income of single householder families with children on the Hualapai Reservation.

Median Family Income of Families with Children Under 18 Years, 2000



Source: "All Families" data from U.S. Census Bureau, *Census 2000, Summary File 3, Table PCT39*, Retrieved from http://factfinder.census.gov/home/saff/main.html?_lang=en
 Data for all other family types from First Things First, *Regional Profiles*, Received 2010 (Unpublished Data).

Household Income, Hualapai Community Members



N: 2006=131; 2010=78.

Source: Hualapai Head Start, *Community Assessment Report*, Received 2010 (Unpublished Data).

³ U.S. Department of Health and Human Services (2010, July). *The 2000 HHS poverty guidelines: One version of the [U.S.] federal poverty measure*. Washington DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Retrieved from <http://aspe.hhs.gov/poverty/00poverty.shtml>

Self-Sufficiency Income Standards, Mohave County, 2002

Monthly Expense	Family Type			
	Adult + Preschooler	Adult + Preschooler + School-age Child	2 Adults + Preschooler	2 Adults + Preschooler + School-age Child
Housing	\$783	\$783	\$783	\$783
Child Care	\$396	\$660	\$396	\$660
Food	\$266	\$396	\$429	\$544
Transportation	\$220	\$220	\$425	\$425
Health Care	\$230	\$256	\$299	\$325
Miscellaneous	\$189	\$231	\$233	\$274
Taxes	\$433	\$504	\$526	\$591
Earned Income Tax Credit (-)	\$0	\$0	\$0	\$0
Child Care Tax Credit (-)	-\$40	-\$80	-\$40	-\$80
Child Tax Credit (-)	-\$50	-\$100	-\$50	-\$100
Hourly	\$13.79	\$16.31	\$8.52*	\$9.72*
Monthly	\$2,427	\$2,870	\$3,000	\$3,421
Annual	\$29,126	\$34,441	\$35,998	\$41,053

Source: Self-sufficiency standard for Arizona, 2002. (2010). Retrieved from University of Washington School of Social Work, Center for Women's Welfare web site: <http://www.selfsufficiencystandard.org/pubs.html>

* Hourly wages for two-adult households are per adult (e.g., \$8.52 per hour for both adults in a 2 Adult family with a preschooler).

Self-Sufficiency Income Standards, Coconino County Excluding Flagstaff, 2002

Monthly Expense	Family Type			
	Adult + Preschooler	Adult + Preschooler + School-age	2 Adults + Preschooler	2 Adults + Preschooler + School-age
Housing	\$808	\$808	\$808	\$808
Child Care	\$440	\$704	\$440	\$704
Food	\$266	\$396	\$429	\$544
Transportation	\$227	\$227	\$437	\$437
Health Care	\$228	\$255	\$297	\$324
Miscellaneous	\$197	\$239	\$241	\$282
Taxes	\$463	\$533	\$571	\$641
Earned Income Tax Credit (-)	\$0	\$0	\$0	\$0
Child Care Tax Credit (-)	-\$40	-\$80	-\$40	-\$80
Child Tax Credit (-)	-\$50	-\$100	-\$50	-\$100
Hourly	\$14.42	\$16.94	\$8.90*	\$10.11*
Monthly	\$2,539	\$2,982	\$3,133	\$3,559
Annual	\$30,464	\$35,781	\$37,596	\$42,710

Source: Center for Women's Welfare, University of Washington, *Self-Sufficiency Standard for Arizona*, 2002.

* Hourly wages for two-adult households are per adult (e.g., \$8.90 per hour for both adults in a 2 Adult family with a preschooler).

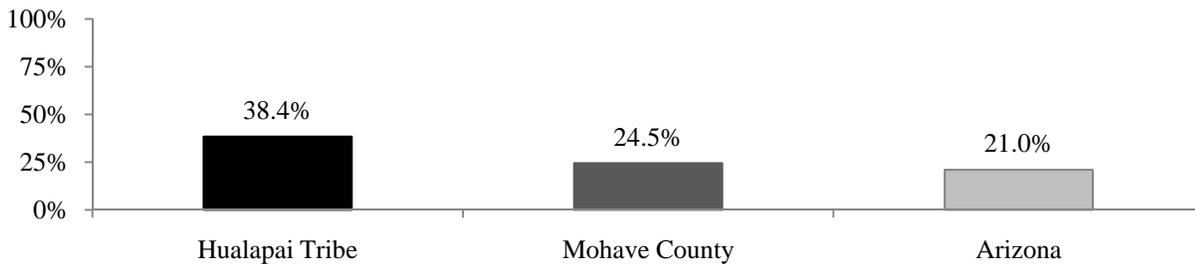
Note: Half of the Hualapai Reservation is located in Coconino County

Poverty

Living in poverty puts children at risk for a wide variety of problems with both immediate and lasting effects. Children who grow up in poverty are more likely to lack adequate food, become victims of crime and violence, and lack access to basic health care. They are at greater risk for decreased cognitive ability and encounter more barriers to success in school.⁴ Census 2000 data showed that 38% of children ages birth through five in the Hualapai Tribe lived below the poverty level, nearly twice that of Arizona. Similarly, the percentage of Peach Springs Unified School District students ages 5 through 17 in families living in poverty remained constant around 40% between 2004 and 2008.

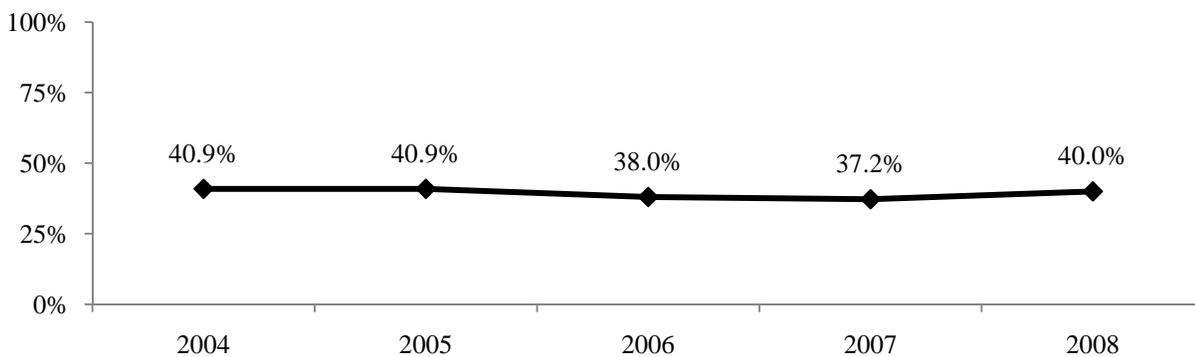
⁴ Brooks-Gunn, J & Duncan, G.J. (1997). The effects of poverty on children, *The Future of Children: Children and Poverty*, 7(21), 55-71.

Children Ages Birth Through Five Below Federal Poverty Level, 2000



Source: U.S. Census Bureau (2010). *Census 2000, Summary File 3, Table PCT39*, Retrieved from http://factfinder.census.gov/home/saff/main.html?_lang=en

Children Ages 5 Through 17 in Families Living in Poverty, Peach Springs Unified School District

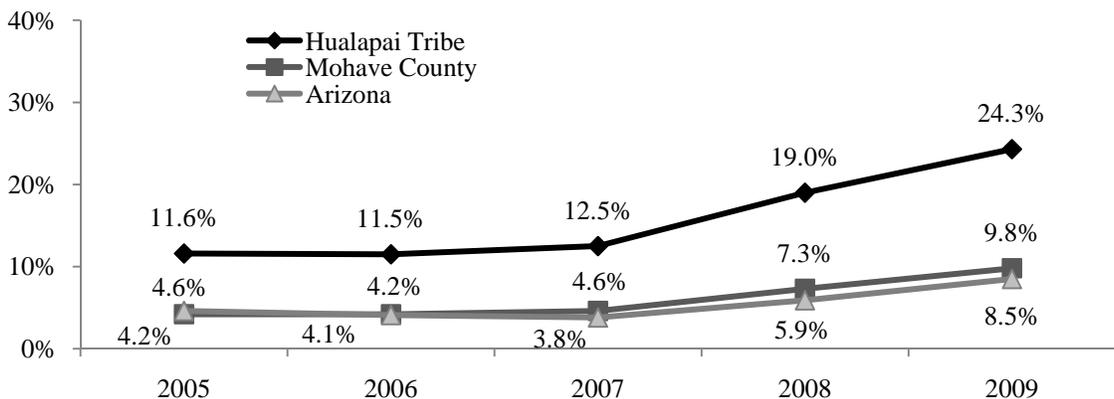


Source: U.S. Census Bureau. (2010). *Small Area Income and Poverty Assessments*, Retrieved from <http://www.census.gov/cgi-bin/saip/saip>

Unemployment

The unemployment rate on the Hualapai Reservation doubled from 2007 to 2009 to one-fourth of the population (24%). This is much higher than the 9% unemployment rate for Arizona. This large increase in unemployment may be a result of the recent economic downturn. Additionally, the minimum requirement for employment by the Hualapai Tribe is a high school diploma, which can therefore influence employment status.

Unemployment Rate



Source: Arizona Department of Commerce Research Administration. (2010). *Special Unemployment Report*. Retrieved from <http://www.workforce.az.gov/>

Head Start Parent Employment Status, Hualapai Tribe, 2007/08 School Year

Employment Status	2007/08
Two-Parent Families	27
Both Parents Employed	33.3%
One Parent Employed	51.9%
No Parents Employed – Unemployed, Retired, Disabled	14.8%
Single-Parent Families	28
Parent Employed	57.1%
Parent Not Employed – Unemployed, Retired, Disabled	42.9%

Source: Hualapai Head Start, *Program Information Report*, Received 2010 (Unpublished Data).

Economic Supports

There are a number of state and national programs available to provide assistance for families struggling in the current economic conditions. The Temporary Assistance for Needy Families (TANF) program provides cash assistance for struggling families.⁵ In the Peach Springs zip code (86434), nine families with children ages birth through five received support from TANF in January of 2010, a decrease from 28 families in 2007. This decline in enrollment may have been a result of more restrictive eligibility policies, thus reducing the number of poor families eligible for assistance.⁶

Nutritional supports are programs specifically designed to address hunger and food insecurity. These programs assist in the prevention of chronic undernutrition, food insecurity, and hunger, which often lead to poorer health status, higher levels of aggression, hyperactivity, anxiety, and passivity. Hunger and undernutrition are also linked to diminished learning capacities, lower test scores, increased school absences, tardiness, and suspensions.⁷ One nutritional support program available to Hualapai residents, the National School Lunch Program, qualifies low-income children living in families between 130% and 185% of the Federal Poverty Level for reduced-cost meals and qualifies those at or below 130% of the poverty level for free meals.⁸ In the Peach Springs Unified School District, nearly all (95%) students are eligible for free or reduced price meals. Another nutrition support program offered within the community is the Supplemental Nutrition Assistance Program or SNAP (formally known as food stamps). The number of children and families in the 86434 zip code (Peach Springs) receiving SNAP benefits remained steady between January of 2007 and January of 2010; 114 children birth through five and 72 families with children ages birth through five received benefits in January 2010.

⁵ U.S. Department of Health and Human Services. (2008, November 20). About TANF. Washington DC: U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved from U.S. Department of Health and Human Services Administration for Children and Families: <http://www.acf.hhs.gov/programs/ofa/tanf/about.html>

⁶ The bitter fruit of welfare reform: A sharp drop in the percentage of eligible women and children receiving welfare. (2009, June). *Legal Momentum: Advancing Women's Rights*. Retrieved from <http://www.legalmomentum.org/assets/pdfs/lm-tanf-bitter-fruit.pdf>

⁷ Center on Hunger and Poverty. The consequences of hunger and food insecurity for children: evidence from recent scientific studies. Waltham (MA): Center on Hunger and Poverty; 2002.

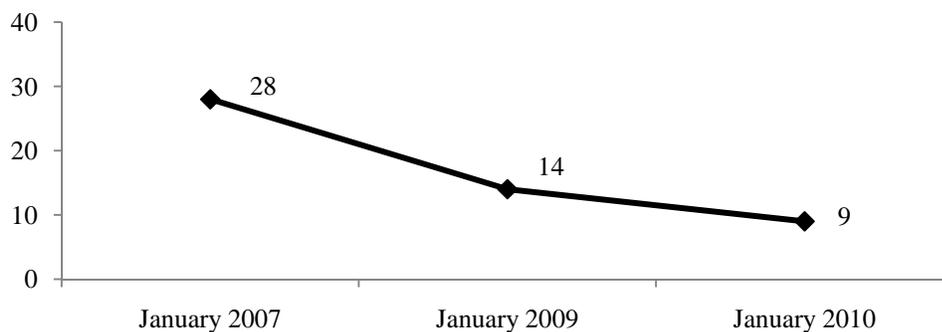
⁸ United States Department of Agriculture, Food and Nutrition Service. (2009, August). National school lunch program fact sheet. Retrieved from <http://www.fns.usda.gov/cnd/lunch/AboutLunch/NSLPFactSheet.pdf>

Despite the difficult economic times, fewer community members responding to the Hualapai Head Start Community Assessment indicated receipt of public assistance in 2010 compared to 2006. Fewer respondents said that they received WIC (Women, Infants, and Children), food stamps, TANF, or social security income. No respondents in either 2006 or 2010 said they received unemployment assistance.

The Hualapai Tribe also provides WIC services to women and children ages birth through five who need nutritious food, counseling, and health care referrals. While most (91%) Hualapai WIC clients were “very satisfied” with the program, several still encountered problems when purchasing food through the program. Anecdotal information from WIC participants indicates that clients must travel to Kingman to use vouchers, adding an additional expense that is burdensome for families living in poverty. WIC foods were not available for 28% of clients and 27% of clients forgot their WIC identification. In these instances, a generally minor problem such as forgetting an ID is compounded by the distance needed to travel to find approved food. In addition, more than two-thirds of clients (68%) had problems choosing WIC foods. Improved education about the WIC program and more convenient food shopping locations would help to reduce the issues found by the women, infants, and children involved in the program. When asked what additional educational trainings they would be interested in, many clients were particularly interested in trainings regarding planning meals with WIC approved foods and ways to increase physical activity.

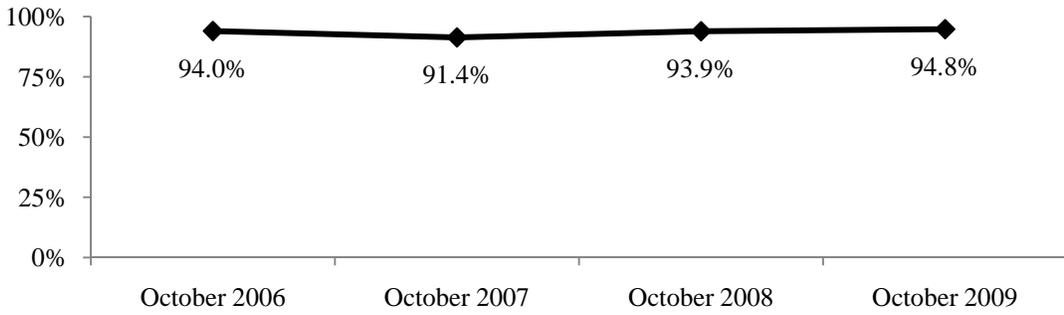
The Hualapai Tribe First Things First Regional Partnership Council has allocated additional support to families in order to improve access to nutritious food. This Food Assistance and Nutrition strategy will include the provision of food boxes, basic staples, nutrition education, and infant formula to families with children ages birth through five.

Families with Children Ages Birth Through Five Receiving Temporary Assistance for Needy Families (TANF), 86434 Zip Code



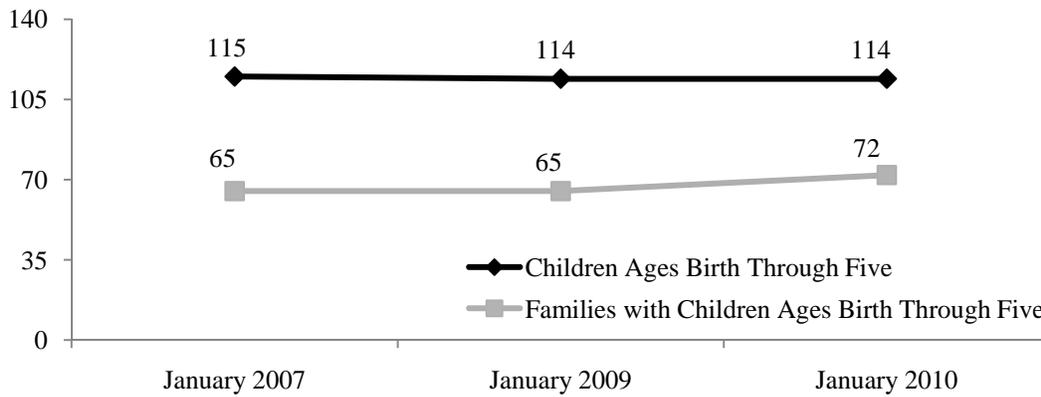
Source: Arizona Department of Economic Security. (2007, 2009). DES Multidata pulled on May 4, 2010 from Database (Unpublished Data).

Children Eligible for Free and Reduced Price Meals, Peach Springs Unified School District



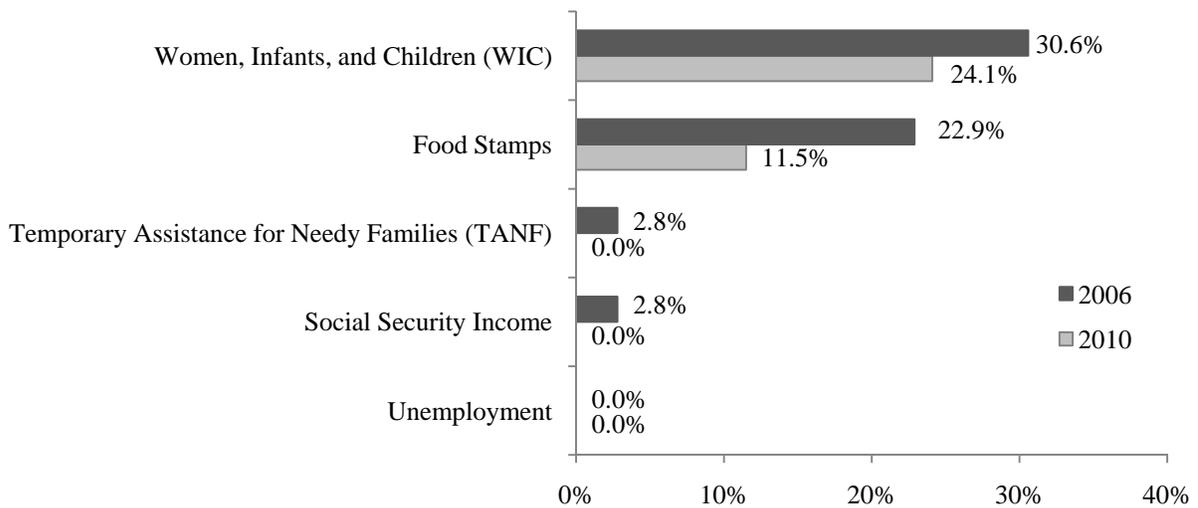
Source: Arizona Department of Education (2010), *National School Lunch Program and School Breakfast Program*. Arizona Department of Education, Academic Achievement Division of Health and Human Services. Retrieved from <http://www.ade.az.gov/health-safety/cnp/nslp/>.

Supplemental Nutrition Assistance Program (SNAP / Food Stamps) Recipients, 86434 Zip Code



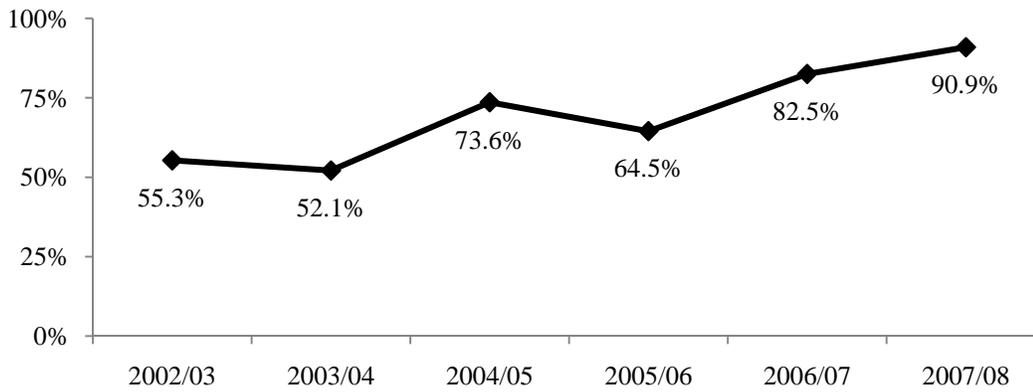
Source: Arizona Department of Economic Security, *Supplemental Nutrition Assistance Program*, Received 2010 (Unpublished Data).
 Note: Supplemental Nutrition Assistance Program was formerly the Food Stamp Program.

Public Assistance Recipients, by Type of Public Assistance, Hualapai Community Members



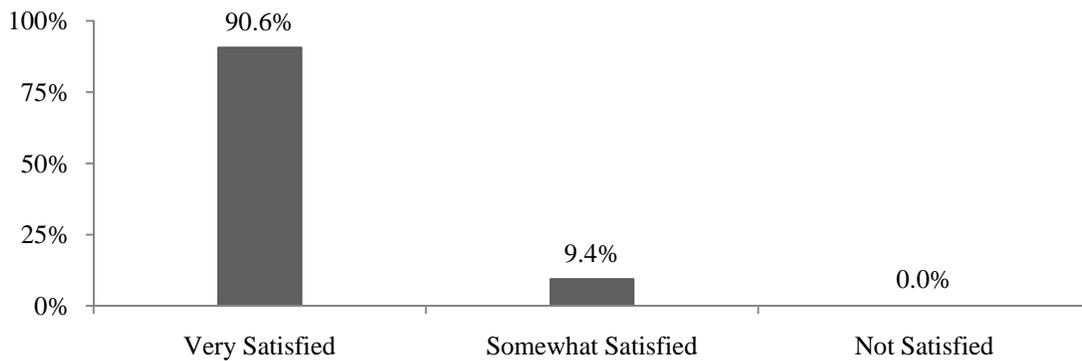
Source Hualapai Head Start, *Community Assessment Report*, Received 2010 (Unpublished Data).

Head Start Families Receiving Women, Infant, and Children (WIC) Services



Source: Hualapai Head Start, *Program Information Report*, Received 2010 (Unpublished Data).

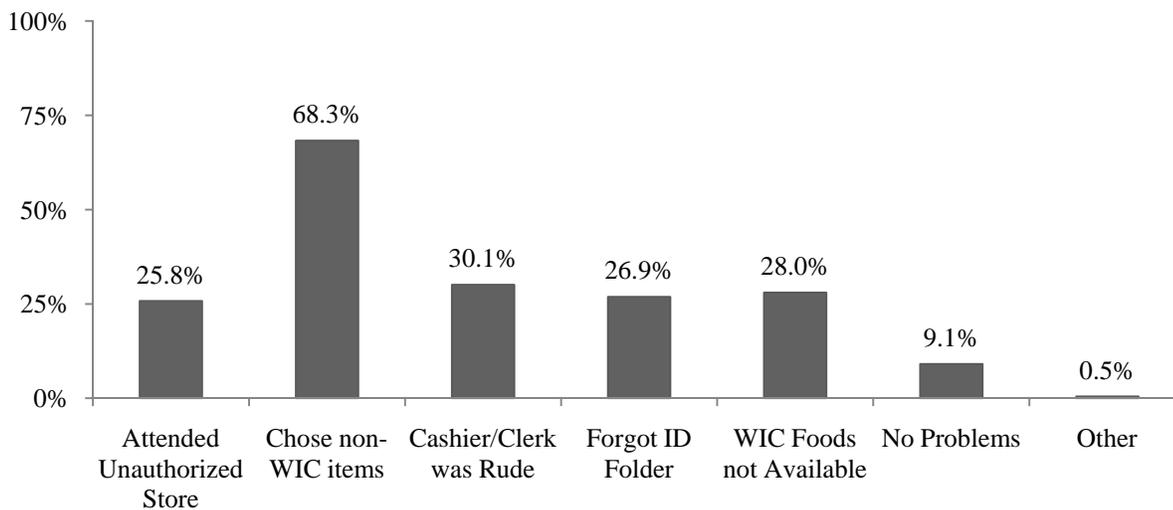
Client Satisfaction with Hualapai WIC Program, 2006



N=145 very satisfied, N=15 somewhat satisfied.

Source: Hualapai WIC Program, *2006 Client Survey*, Received 2010 (Unpublished Data).

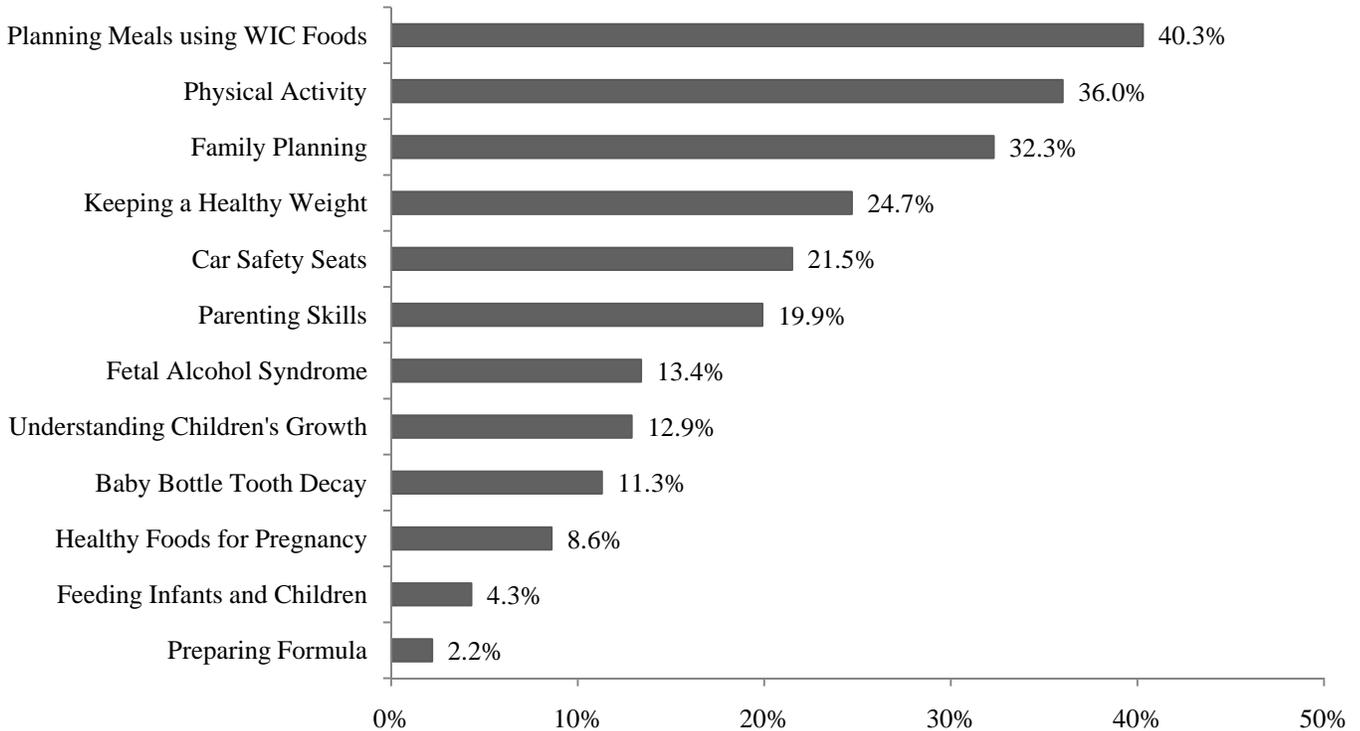
Problems Encountered by Hualapai WIC Clients, 2006



N=186

Source: Hualapai WIC Program, *2006 Client Survey*, Received 2010 (Unpublished Data).

Hualapai WIC Client Interest in Further Education, by Subject Area, 2006



Source: Hualapai WIC Program, 2006 Client Survey, Received 2010 (Unpublished Data).

Homelessness

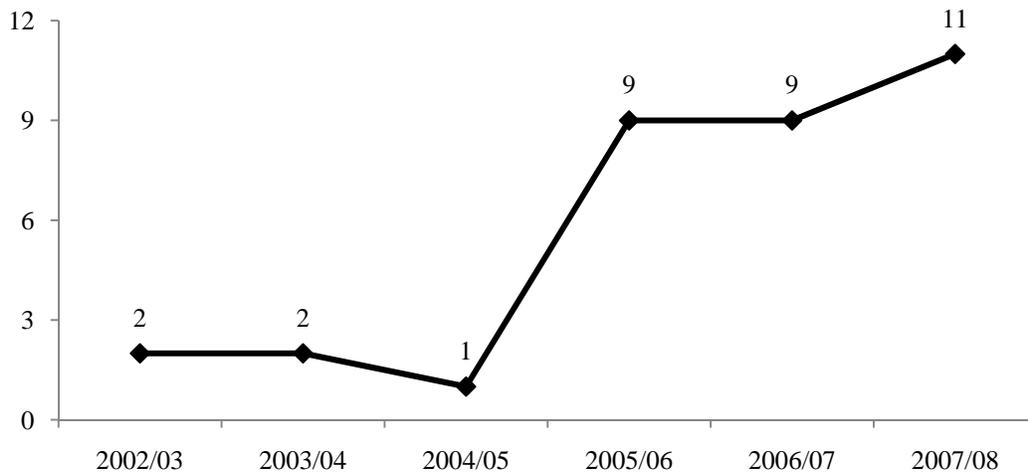
Homelessness among young children, and the high mobility associated with homelessness, can lead to behavior problems and reduced academic success in school.⁹ While no children were reported as homeless in the Peach Springs Unified School District for the 2009/10 school year, an increasing number of homeless children received services from the Hualapai Head Start. Both the public school district and Head Start use the McKinney-Vento Act definition of homelessness, which defines homeless as “1) an individual who lacks a fixed, regular and adequate nighttime residence, and 2) an individual who has a primary nighttime residence that is a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) an institution that provides a temporary residence for individuals intended to be institutionalized, or c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”¹⁰ The disparity between the Head Start and school district data may be due to the common overcrowding of homes by family members and more complex understandings of home, housing, and homelessness among tribal members, which are not encompassed by the McKinney-Vento definition.¹¹

⁹ Rafferty, Y., Shinn, M.; Weitzman, B. C. (2004). Academic achievement among formerly homeless adolescents and their continuously housed peers. *Journal of School Psychology, 42*(3),179-199.

¹⁰ McKinney-Vento Homeless Assistance Act of 1986, 42 U.S.C. § 11317 (1987).

¹¹ Zerger, S (2004, February). Health care for homeless Native Americans, *National Health Care for the Homeless Council*. Retrieved from <http://www.nhchc.org/Publications/FINALHnNativeHealth.pdf>

Homeless Children Served by Head Start



Source: Hualapai Head Start, *Program Information Report*, Received 2010 (Unpublished Data).

Educational Indicators

Children's success in school is improved by promoting physical and mental health, increasing literacy, enhancing social and emotional skills, increasing youth assets, and promoting good citizenship. Continued success in school, graduation from high school, and further educational attainment lead to healthier communities and more supportive environments for the growth and development of children.

School Enrollment

Peach Springs Unified School District, the governing body for Peach Springs School, is the only school district on the Hualapai Reservation. Peach Springs School serves children in kindergarten through eighth grade. For the 2009/10 school year, there were 28 children enrolled in kindergarten and 181 students enrolled in the entire district.

School Readiness - Dynamic Indicators of Basic Early Literacy Skills (DIBELS)

Children, who have early learning skills when they enter kindergarten, do better in school, are more likely to graduate with a high school diploma, are more successful in their careers, and are less involved in crime and drugs.¹² A recent study showed that of children who were ready for kindergarten, 62% of them performed well on standardized tests at 3rd grade. Of children who weren't ready at kindergarten, only 6% of them performed well on standardized tests at 3rd grade. Typically, children will not make up the original learning gap that they had when entering kindergarten.¹³ In Arizona, Dynamic Indicators of Basic Early Literacy Skills (DIBELS) assessments are used as indicators of early literacy and reading skills in children from kindergarten to sixth grade. While the DIBELS assessments primarily measure skills related to "letter knowledge," they do provide a picture of how well prepared children are when

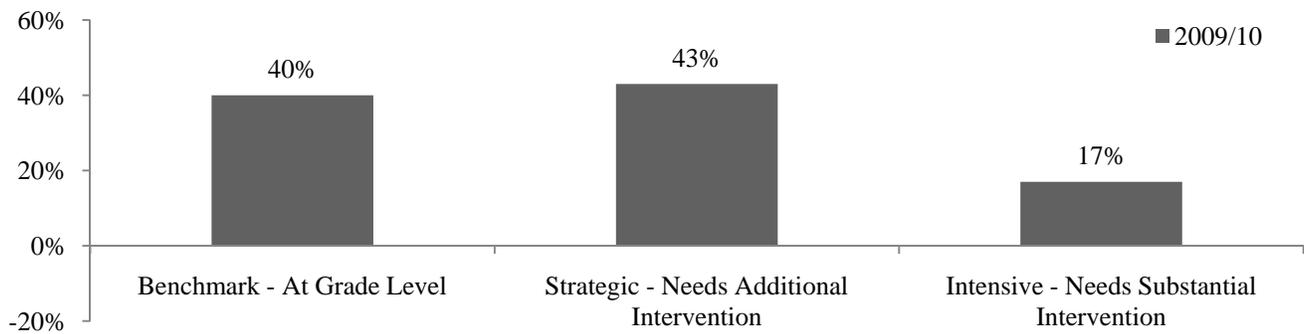
¹² Rolnick, A., & Grunewald, R. (2003). Early Childhood Development: Economic Development with a High Public Return.

¹³ Applied Survey Research. (2008). Does readiness matter: How kindergarten readiness translates into academic success. San Jose, CA: Applied Survey Research. Retrieved from http://www.appliedsurveyresearch.org/www/products/DoesReadinessMatter_ALongitudinalAnalysisFINAL3.pdf

beginning school. Data from the beginning and the end of the school year are not comparable, as the standards change during the year due to the expectation of increased knowledge.

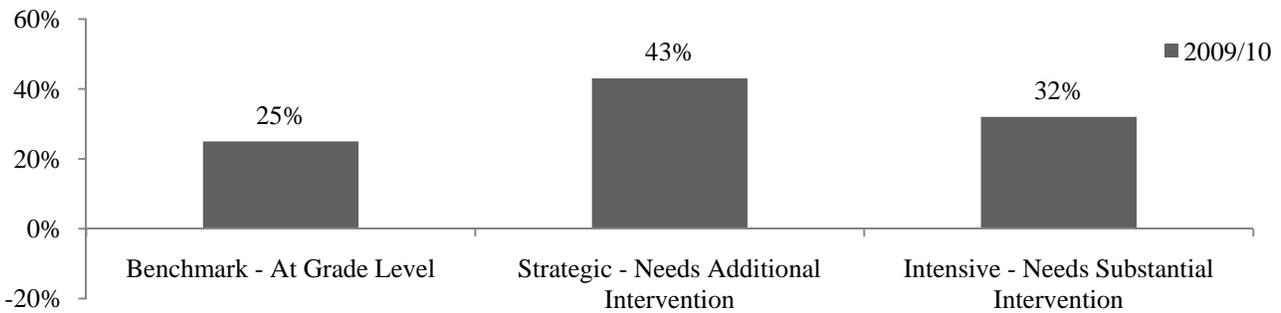
For the 2009/10 school year, 40% of children in the Peach Springs Unified School District entered kindergarten with benchmark DIBELS scores, indicating they were at grade level. However, 60% of children scored in the strategic or intensive categories at the beginning of the school year, requiring additional or substantial intervention to bring them up to grade level. Even more alarming is that by the end of the school year, only 25% of students scored at grade level and 32% needed substantial intervention. These results indicate that improvements at both the preschool and kindergarten levels are necessary to ensure early literacy skills and the success of children in the Hualapai Region.

Beginning of School Year Kindergarten DIBELS Scores, Peach Springs Unified School District, 2009/10 School Year



Source: Peach Springs Unified School District, *Correspondence with District Representative*, Received 2010.

End of School Year Kindergarten DIBELS Scores, Peach Springs Unified School District, 2009/10 School Year



Source: Peach Springs Unified School District, *Correspondence with District Representative*, Received 2010.

3rd Grade Test Scores - Arizona Instrument to Measure Standards (AIMS)

One of the most powerful indicators of later academic success is a child's reading level at the end of third grade. In third grade, children are expected to show evidence of reading comprehension and be able to read unfamiliar words using multiple strategies. Reading proficiency at this point prepares the student for fourth grade, where the focus of reading instruction changes from "learning to read" to "reading to learn."¹⁴ The Arizona Instrument to Measure Standards (AIMS) is the tool used to measure third grade academic proficiency in the state. Despite the importance of early language arts skills for future success in life, only 6% of third grade students in the Peach Springs Unified School District met or exceeded the AIMS standard for reading in 2008, compared to 69% of 3rd grade students in Arizona as a whole. In addition, the district has shown decreased performance in reading, writing, and math since 2005.

3rd Grade Students Meeting or Exceeding the AIMS Standard

School	2005	2006	2007	2008
Reading				
Peach Springs Unified School District	59%	42%	*	6%
Arizona	65%	67%	69%	69%
Writing				
Peach Springs Unified School District	80%	49%	*	56%
Arizona	73%	52%	81%	76%
Math				
Peach Springs Unified School District	68%	48%	*	11%
Arizona	72%	72%	72%	71%

Source: Arizona Department of Education. (2010). *School Report Cards*. Retrieved from <http://www10.ade.az.gov/reportcard/DistrictDetails>.

* Data not reported for fewer than 10 students.

Graduation Rate

High school graduation is an important indicator of future economic and personal success. Youth who leave high school prior to graduation are more likely to experience lower earnings and unemployment.¹⁵ Dropping out of high school may be a result of several risk factors including child abuse, substance abuse, un-addressed learning disabilities, mental health problems, pregnancy, homelessness, and poverty.¹⁶

Currently the Hualapai Reservation does not have a high school. Music Mountain High School was closed in 2007. Students now have several options for obtaining a high school education. About half of the children on the Hualapai Reservation attend public high schools in Kingman or Seligman; bus transportation is provided for these students and takes about 45 minute to an hour each way. The

¹⁴ Annie E. Casey Foundation. (2010). *Early warning! Why reading by the end of third grade matters*, Retrieved June 23, 2010, from <http://datacenter.kidscount.org/>

¹⁵ United States Department of Education, *Promoting Educational Excellence for all Americans, Questions and Answers on No Child Left Behind*. Retrieved from <http://www.ed.gov/>

¹⁶ U. S. Department of Health and Human Services, (2010). *Trends in the Well-being of America's Youth, 2000*. Washington DC: U.S. Department of Health and Human Services. Retrieved from <http://www.aspe.hhs.gov/hsp/00trends/EA1.pdf>

remaining students attend boarding school out of state at Riverside Indian School in Oklahoma, Flandreau Indian School in South Dakota, or Sherman Indian School in California.

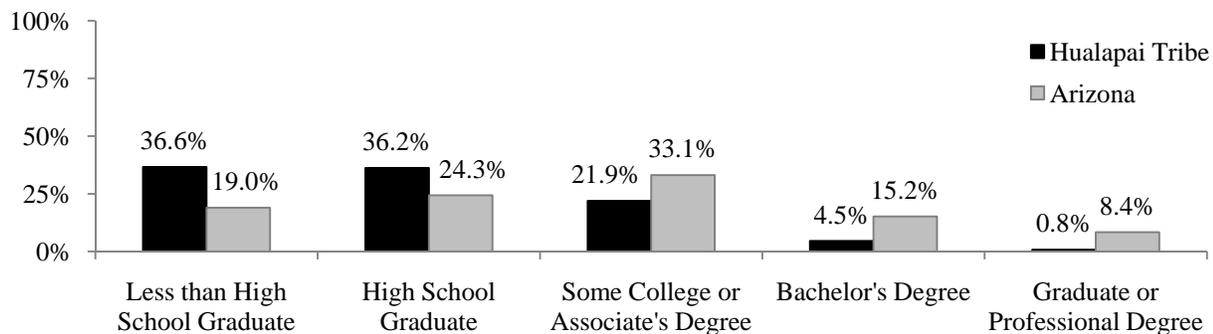
The 2009 graduation rate for the 20 Native American students attending Kingman High School was 45%. This was similar to the Native American student graduation rate of 44% in 2008 at Kingman High School. This is an area of concern for the well-being of the community, as high school diplomas are required for work on the reservation.

Educational Attainment

While there are no colleges or universities located on or near the reservation, Hualapai community members are encouraged to pursue higher education opportunities. Mohave Community College is the closest community college, located in Kingman; Arizona’s three public four-year universities are located in Flagstaff, Tempe, and Tucson. The Hualapai Education Department offers several scholarship programs to assist with the cost of school. Despite these opportunities, in 2000, only 27% of the Hualapai population 25 years and over had more than a high school diploma compared to 57% of the Arizona population. According to the Hualapai Education Department, there are 24 Hualapai community members currently attending college, representing approximately 10% of the high school graduates.

With respect to the relationship between education and child well-being, it is important to examine maternal education levels. Research suggests that a mother’s education is related to her child’s health, school readiness, and school achievement. Mothers who have attained higher levels of education tend to have healthier children who are more ready for school and who perform better in school.^{17 18 19} Of American Indians residing on the Hualapai Reservation who gave birth in 2008, only 19% had some college, an Associate’s Degree, or a Bachelor’s Degree.

Educational Attainment, Hualapai Tribe, 2000



Source: U.S. Census Bureau, (2010). *Census 2000, Summary File 3, Table P37*, Retrieved from <http://www.factfinder.census.gov/>.

¹⁷ Desai, S. & Alva, S. (1998). Maternal education and child health: Is there a strong causal relationship? *Demography*, 35(1), 71-81

¹⁸ Augustine, J.M., Cavanagh, S. E., & Crosnoe, R. (2009). Maternal education, early child care and the reproduction of advantage. *Social Forces*, 88(1), 1-29.

¹⁹ Klebanov, P.K., Brooks-Gunn, J., & McCormick, M.C. (1994). School achievement and failure in very low birth weight children. *Journal of Developmental and Behavioral Pediatrics*, 15(4), 248-256.

Educational Attainment of Mothers who Gave Birth Within the Following Years, American Indians Residing on Hualapai Reservation

Educational Attainment Level	2004	2005	2006	2007	2008
Less than High School Graduate	41.2%	37.8%	35.5%	25.8%	48.6%
High School Graduate	41.2%	48.6%	54.8%	51.6%	32.4%
Some College, Associate's Degree, or Bachelor's Degree	17.6%	10.8%	9.7%	22.6%	18.9%
Graduate or Professional Degree	0.0%	2.7%	0.0%	0.0%	0.0%
Total Number of Births (Number of Mothers)	34	37	31	31	37

Source: Arizona Department of Health Services (2009), *Health Status Profile of American Indians in Arizona*. Retrieved from <http://www.azdhs.gov/plan/report/hspam/index.htm>

The Early Childhood System

Early Care and Education

Early care and education is what many professionals are currently calling child care because quality child care encompasses both care and nurturing for the child as well as early learning. Quality child care nurtures children by providing a safe place for kids, nutritionally balanced meals, and an environment that encourages socialization, physical development, and learning. All of these can contribute to a child's development and have long term effects that extend into adolescence and adulthood.²⁰

Early Care and Education Access and Enrollment

Quality child care helps children develop social and cognitive skills in preparation for school and life success.²¹ Child care, and in particular, subsidized care for low-income families, also provides critical support for working families. Child care choices include center-based facilities, family child care homes and informal care by family (kin) and friends (kith).

On the Hualapai Reservation, early child care and education options include six unregulated and four regulated child care homes monitored by the Hualapai Child Care Program to ensure adherence to federal and tribal child care guidelines, and unmonitored child care provided by family members and friends. In addition, the Hualapai Head Start provides early education for children, with a capacity for 57 children ages three through five. Between the 2006/07 and 2008/09 fiscal years, the number of children receiving child care services through the Hualapai Child Care Program dropped from 127 to 34. This sharp decline is likely a result of fewer child care providers in combination with other factors.

These child care facilities struggle to meet the needs of the community. The Head Start Community Assessment indicated that 35% of respondents who had children “always” had problems finding child care, and only 17% of respondents “never” had problems. To help alleviate this issue, a new child care facility is in the planning phases and, once built, will accommodate up to 45 children.

The Boys and Girls Club of Peach Springs offers an additional child care option for older children in the community. The Club, which opened in 2006, provides children ages 6 through 18 with a safe place to play, learn, and grow, while instilling a sense of belonging and competence in the children. The Hualapai Branch serves 135 children ages 6 through 12 and 89 children ages 13 through 18, with an average daily attendance of 40 children after school and 50 children in the summer.²²

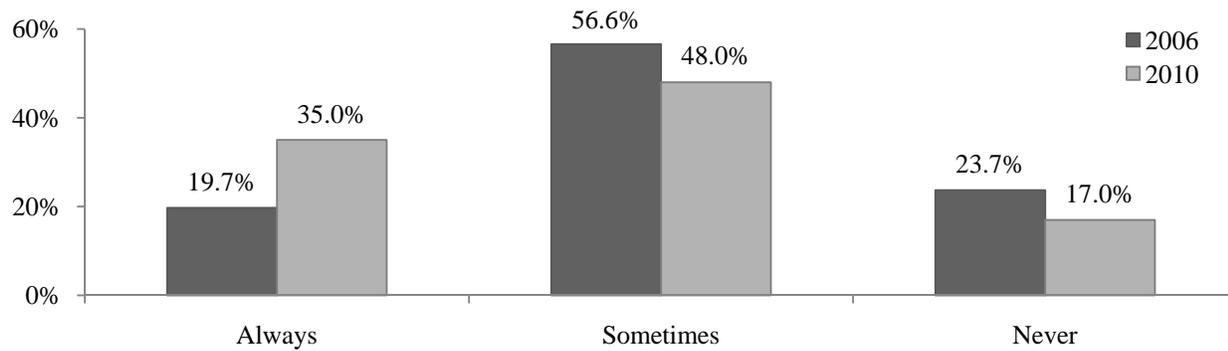
Beyond the basic need that parents have for someone to care for their child during working hours, the quality of the child care source is essential for the future success of the child. Quality First was implemented by First Things First in 2009 to increase the availability of quality early care and education in child care centers and homes so that children begin school safe, healthy, and ready to succeed. It is a voluntary quality improvement and rating system for programs serving children ages birth through five. The Hualapai Head Start is currently the only Quality First participant in the Hualapai Region.

²⁰ Enterprise Community Partners, Inc., *The Importance of Early Care and Education*, 2006. Retrieved 2010 from www.practitionerresources.org/cache/documents/639/63935.doc/

²¹ National Institutes of Health, (2010). *Link between child care and academic achievement and behavior persists into adolescence*. Washington DC: Enice Kennedy Shriver National Institute of Health and Child Development. Retrieved from <http://www.nichd.nih.gov/news/releases/051410-early-child-care.cfm>

²² Boys and Girls Clubs of Greater Scottsdale. (2010). *Hualapai Branch*. Retrieved June 23, 2010 from http://www.bgcs.org/loc_hualapai.aspx

Frequency that Parents Have Problems Finding Child Care, Hualapai Community Members



N: 2006=76; 2010=Not Available.

Source: Hualapai Head Start, *Community Assessment Report*, Received 2010 (Unpublished Data).

Note: Data presented are for respondents with children who needed child care.

Head Start Enrollment Demographics, Hualapai Tribe

	2004/05	2005/06	2006/07	2007/08
Enrollment				
Funded Enrollment	57	57	57	57
Actual Enrollment (Includes student turnover)	53	62	65	70
Age				
2 years old	0.0%	12.9%	0.0%	8.6%
3 years old	41.5%	32.3%	76.9%	42.9%
4 years old	41.5%	45.2%	23.1%	48.6%
5 years and older	17.0%	9.7%	0.0%	0.0%
Race				
American Indian or Alaska Native	100%	98.4%	96.9%	100%
White	0.0%	0.0%	3.1%	0.0%
Bi-Racial or Multi-Racial	0.0%	1.6%	0.0%	0.0%
Eligibility				
Income Eligible	43.4%	54.8%	67.7%	48.6%
Receipt of Public Assistance	17.0%	8.1%	21.5%	18.6%
Foster Children	18.9%	9.7%	3.1%	7.1%
Over Income	20.8%	27.4%	7.7%	25.7%
Primary Language				
English	100%	100%	100%	100%

Source: Head Start Program Information Report (2004-2008). Multi-Year Performance Indicators – Individual Program Level (Unpublished Data).

Child Care Enrollment Demographics, Hualapai Tribe

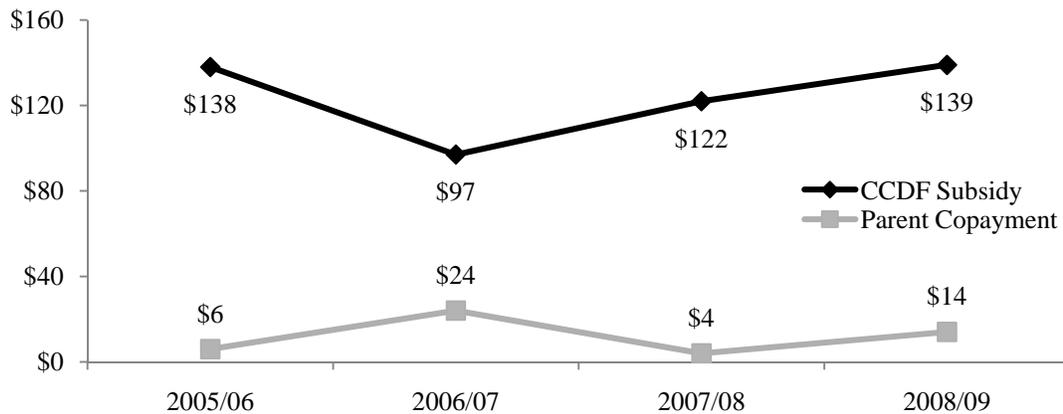
	2005/06	2006/07	2007/08	2008/09
Enrollment				
Number of Children Receiving Child Care Services	103	127	87	34
Number of Families Receiving Child Care Services	46	50	30	10
Average Number of Children Served per Month	46	60	45	24
Age				
Less than 3 Years Old	37.9%	40.9%	35.6%	17.6%
3 to 5 Years Old	35.9%	35.4%	39.1%	52.9%
6 to 12 Years Old	26.2%	23.6%	25.3%	29.4%
Reason for Receiving Care				
Parent(s) is/are Working	81.6%	81.9%	87.4%	94.1%
Parent in Training or Education Program	6.8%	8.7%	5.7%	0.0%
Child Receiving or in Need of Protective Services	11.7%	9.4%	6.9%	5.9%
Poverty Status				
At or Below Poverty Threshold	82.5%	70.1%	82.8%	73.5%
At or Below 150% of Poverty Threshold, but Above Poverty Threshold	9.7%	20.5%	4.6%	17.6%
At or Below 200% of Poverty Threshold, but Above 150% of Poverty Threshold	1.9%	9.4%	12.6%	8.8%
Above 200% of Poverty Threshold	5.8%	0.0%	0.0%	0.0%

Source: Administration for Children and Families, *Child Care and Development Fund Annual Report*, Received 2010 (Unpublished Data).

Cost of Child Care

The early care and education opportunities provided by the Head Start program are provided at no cost to parents. Additional child care options in the region are provided through in-home providers monitored by the Hualapai Child Care Program, which is federally funded by the Child Care Development Fund (CCDF). Parents who are working, in job training, or in school can receive child care subsidies based on a sliding fee scale. In the 2008/09 fiscal year, the average monthly subsidy was \$139, with an average parental co-pay of \$14 per month per child.

Average Monthly Child Care Development Fund (CCDF) Subsidy and Average Monthly Parent Child Care Copayment, Hualapai Child Care



Source: Administration for Children and Families, *Child Care and Development Fund Annual Report*, Received 2010 (Unpublished Data).

Professional Development

The preparation and ongoing professional development of Early Care and Education professionals is linked to increased student learning and development.²³ On the Hualapai Reservation, there are limited opportunities for professional development of early childhood education professionals. Those individuals wishing to pursue a Child Development Associate (CDA) certificate, or other degree, must either attend classes off the reservation or have access to the Internet. Mohave Community College offers classes closest to the reservation and is located 50 miles west in Kingman. Coconino Community College has a campus in Williams, 80 miles east of Peach Springs. The closest university to the Hualapai Reservation is Northern Arizona University in Flagstaff, located 108 miles east of Peach Springs. All other education and training resources are farther away or available online; for example, the University of Arizona is 326 miles from Peach Springs.

One barrier preventing early childhood education staff from pursuing further education in the field is the cost. The Hualapai Education Department provides some scholarship assistance for advanced education. In addition, First Things First offers T.E.A.C.H. scholarships, which help child care center teachers, directors and providers obtain their Associate of Early Childhood degree or CDA by providing recipients with support for tuition, books, travel and paid release time. The Hualapai Region has three T.E.A.C.H. scholarships available, yet no teachers in the region are currently taking advantage of the opportunity.

In the 2007/08 school year, the Hualapai Head Start did not have any teachers with college degrees. However, all teachers and assistant teachers were enrolled in CDA training or home-based credential programs. Northland Pioneer College offered a special CDA on-site training program for Head Start Early Childhood Education (ECE) professionals. Four students were trained by the Head Start-funded program, and as of June 2010, two of the students had been assessed for their credential. Due to the long distance between Northland Pioneer College and the Hualapai Reservation, this program is no longer offered. Students now have the option of online CDA programs or training provided by Mohave Community College.

²³Bowman, B. T., Donovan, M. S., & Burns, M. S. (2000). *Eager to learn: Educating our preschoolers*. Washington DC: National Academy Press.

ECE Professional Development Programs

College or Institution	Degree	Degree Name	Location
Arizona State University	B.A.E.	Early Childhood Education	Phoenix; Tempe
	M.Ed.	Curriculum and Instruction – Concentration in Early Childhood Education	Online
Childcare Education Institute	C.D.A. Certificate	Child Development Associate	Online
Coconino Community College	Certificate	Early Childhood Education	Williams; Flagstaff
	A.A.S.	Early Childhood Education	Williams; Flagstaff
Grand Canyon University	B.S.	Elementary Education: Early Childhood Education	Online
	M.A.	Elementary Education	Online
Mohave Community College	A.A.	Early Childhood Education	Online; Kingman
Northern Arizona University	B.S. in Education	Early Childhood Education	Flagstaff
	B.A.S.	Early Childhood Education	Online; Yuma
	M.Ed.	Special Education: Early Childhood	Yuma
	M.Ed.	Early Childhood Education	Yuma; Flagstaff; Kingman
Prescott College	B.A.	Early Childhood Education	Locally with one trip to Prescott, AZ
	B.A.	Early Childhood Special Education	Locally with one trip to Prescott, AZ
Rio Salado College	Certificate	Early Childhood Education	Online
	A.A.S.	Early Childhood Education	Online
	A.A.S.	Early Learning and Development	Online
	A.A.S.	Early Childhood Administration and Management	Online
	A.T.P.	Early Childhood Teacher Education	Online
University of Phoenix	M.Ed.	Early Childhood Education	Online

Source: College or Institution website searches, 2010.

Level of Education of Head Start ECE Professionals, 2007/08 School Year

Type of ECE Professional	Number	Level of Education
Teacher	4	4 Enrolled in CDA Training or Home-Based Credential
Assistant Teacher	4	4 Enrolled in CDA Training or Home-Based Credential
Child Development Supervisor	1	CDA or State Equivalent
Family and Community Partnerships Manager	1	GED or High School Graduate
Health Services Manager	1	GED or High School Graduate
Child Development and Education Manager	1	GED or High School Graduate
Head Start Program Director	1	Associate's Degree or at Least Two Years of College

Source: Head Start Program Information Report (2007-2008). Profile Report-Individual Program Level (Unpublished Data).

Children with Disabilities

Supporting children and adults with disabilities helps to make sure these individuals are not left behind in school, employment, or in life. Early identification of children with special needs helps ensure these children get the support and opportunities they need to achieve success in school and beyond.²⁴

In May of 2010, the Peach Springs Unified School District had 24 children enrolled with identified disabilities. In the 2007/08 Head Start school year, there were nine children with diagnosed disabilities, an increase from previous years. This may be due in part to the increased total number of children enrolled in Head Start. Still, due to a lack of early screening and identification, these numbers may be under-representative of the true numbers of children with disabilities.

Audiology is of particular concern to the Hualapai community. Indian Health Service records from the Peach Springs Health Center indicate that only 38% of children have received audiology (hearing) screenings. At an audiology screening event held at the Head Start by the Maternal and Child Health Nurse in March 2010, only three children exhibited normal hearing detection for their age out of the 17 children who were screened. The rest were referred for follow-up screening with an Audiologist. These follow-up screenings were done by an Audiologist from Flagstaff, who screened 10 children and referred two for further services.

The Arizona Early Identification Program (AzEIP) is another form of support and services for families of children, birth to three, with disabilities or developmental delays. Arizona's definition of eligibility includes children eligible as a result of 1) an established condition or 2) a significant developmental delay (50% delay in one or more areas, as measured by standardized, norm-referenced evaluation tools)²⁵. Evaluations for AzEIP were conducted in Peach Springs in May and June of 2010, in which five children were screened with zero qualifications for the program.

In an attempt to increase early identification of children with disabilities, Milemarkers Therapy, a First Things First grantee, organized a K.I.D.S. Fair in March 2010, providing free screenings for children ages birth through five in the areas of hearing, vision, gross motor skills, fine motor skills, social/emotional skills, cognitive skills, and communication skills. Eight children received evaluations at this event.

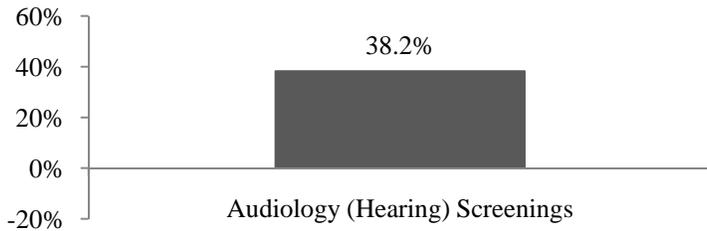
The Hualapai Maternal and Child Health Program has placed an emphasis on addressing children with special needs. A Hualapai-specific Developmental Algorithm was adapted from an American Academy of Pediatrics tool outlining the specific steps in identifying children with disabilities. Items highlighted in the algorithm are areas customized to the Hualapai community. Additionally, there appears to be extensive collaboration within the Hualapai community regarding developmental and disability screenings and evaluations. The Peach Springs School District, Head Start, Indian Health Services, and the Maternal and Child Health Program communicate regularly about referrals to further services, coordination of screening events and trainings, and organization of future evaluations.

²⁴ Steele, M.M. (2004). Making the case for early Identification and Intervention for young children at risk for learning disabilities, *Early Childhood Education Journal*, 32(2),75-79.

²⁵ Arizona Department of Economic Security (2007, 2009). DES Multidata pulled on May 4, 2010 Database from (Unpublished Data).

However, while these groups have worked hard throughout the year to provide many opportunities for children to receive early diagnosis, attendance at the screening events remains low. Improving parent knowledge and participation in these events is a priority for increasing the early identification of children with disabilities.

Children Ages Birth Through Five Receiving Audiology, Peach Springs Health Center, Hualapai Reservation, 2010



Source: Indian Health Services Representative, 2010.

Head Start Developmental Screenings, Hualapai Tribe

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Number of Children Screened	45	41	43	31	65	66
Number of Screened Children Needing Follow-up or Formal Evaluation	6	0	7	0	7	7
Percent of Screened Children Needing Follow-up or Formal Evaluation	13.3%	0.0%	16.3%	0.0%	10.8%	10.6%

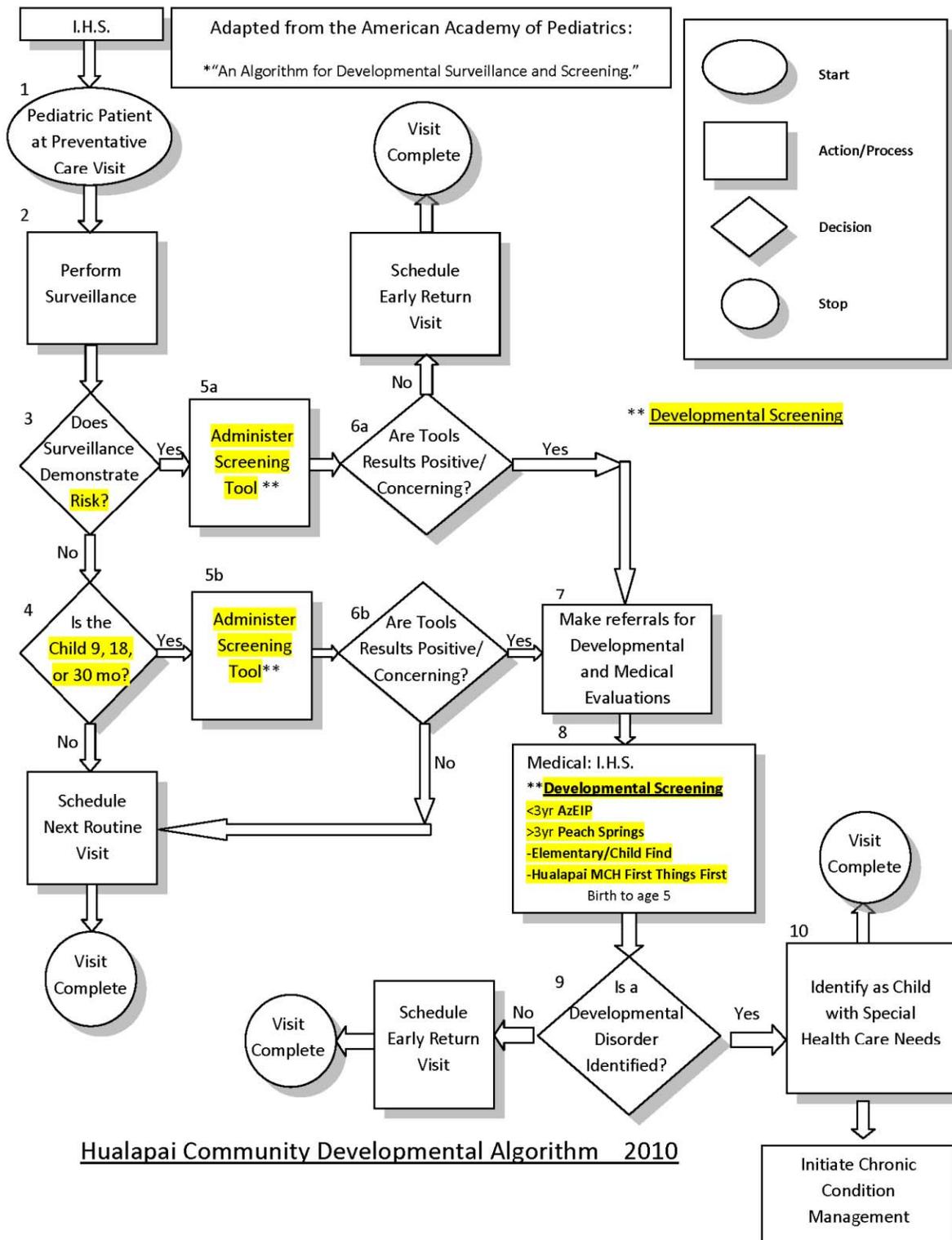
Source: Head Start Program Information Report (2002-2008). Multi-Year Performance Indicators Report – Grant Level Summary (Unpublished Data).

Head Start Children with Diagnosed Disabilities, Hualapai Tribe

Type of Disability	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Speech or Language Impairment	2	1	1	1	6	8
Visual Impairment	1	1	0	0	0	0
Developmental Delay	0	0	0	0	2	0
Orthopedic Impairment	0	0	0	0	0	1
Total Children with Diagnosed Disabilities	3	2	1	1	8	9

Source: Head Start Program Information Report (2002-2008). Multi-Year Performance Indicators Report – Grant Level Summary (Unpublished Data).

Community Developmental Algorithm, Hualapai Tribe



Source: Maternal and Child Health Nurse for the Hualapai Health Department, 2010.

Note: Items that are highlighted reflect changes made to the original Algorithm developed by the American Academy of Pediatrics.

Supporting Families

Parenting may not come naturally, yet parents are their children's first teachers. All parents can benefit from networking with other parents, sharing ideas with them, and hearing from experts about a range of topics like child development, nutritional needs, positive discipline, managing a crying baby, and building a child's self-esteem.

The Hualapai Tribe offers many supports to parents and families to help children grow and develop in safe and stable environments. These include car seat safety classes conducted by Indian Health Services, Native Traditional Parenting Classes, and general support from the Social Services Department. The Health Department offers several classes for parents, including New Moms on Mondays and Toddlers on Tuesdays. Each class addresses a different issue, and topics have ranged from infant CPR, diabetes/fitness, discipline for toddlers, to dental care. More than 40 child safety seats were distributed at one Toddlers on Tuesdays event. The Maternal and Child Health Program additionally conducts home visits to families with young children. Ten visits were conducted from March to April, 2010, although only five families were home.

Arizona First Things First provides Parent Kits to new parents in hospitals that include a parent guide, an infant board book, and videos and DVDs covering six parenting topics. Hualapai mothers who deliver at Kingman Regional Medical Center should receive a kit when they give birth. Through additional support from the First Things First Hualapai Tribe Regional Partnership Council, parents have the opportunity to receive a Parent Kit at Health Department events, including Toddlers on Tuesdays. Early care and education providers and other community service providers also receive the Parent Kits and an orientation on using the kit.

Family Literacy

One critical component of parenting knowledge is the importance of reading to and with children from an early age. When families read to their infants and preschool children, children learn crucial skills like how to recognize letters, words, and sounds. Young children who have these early reading skills are more successful later in school.²⁶

While there is limited data documenting the frequency that Hualapai parents read or show picture books to their children, there are several programs in the Hualapai community that promote family literacy. The national Reach Out and Read program promotes early literacy and school readiness by giving new books to children and educating parents about the importance of reading to children. The program partners with doctors to use the pediatric medical setting as the primary point of contact with children and families. For children in the Hualapai community, the Peach Springs Health Center serves as a Reach Out and Read satellite center for the Parker Indian Health Center. Additionally, the new Cultural Arts and Language program teaches children about the Hualapai language. The Head Start also holds a variety of trainings that promote family literacy.

²⁶ *Improving the reading achievement of America's children.* (1998). Retrieved from the University of Michigan School of Education, Center for the Improvement of Early Reading Achievement website: <http://www.ciera.org/library/instresrc/compprinciples/index.html>

Child Abuse

Child abuse and neglect is found in families across the social and economic spectrum. Social isolation, financial stress, poverty, substance abuse, and domestic violence are all factors correlated with child abuse.²⁷ Children who are victims of abuse or neglect experience higher rates of suicide, depression, substance abuse, difficulties in school, and other behavioral problems later in life, including a greater risk of mistreating their own children.²⁸ It is essential that communities work to recognize the cycle of abuse and work to reduce the incidence of child abuse and neglect.

On the Hualapai Reservation, there has been a sharp increase in the number of substantiated cases of child abuse. In the first half of 2010 (from January until June) there were seven substantiated cases of abuse or neglect involving children ages birth through five, up from only one in 2007, none in 2008, and one in 2009. The number of cases involving children ages 6 through 17 has also increased.

Substantiated Cases of Child Abuse/Neglect, Hualapai Tribe

Age Group	2007	2008	2009	Jan. – June 2010
Ages Birth Through 5	1	0	1	7
Ages 6 Through 17	3	0	1	14
Total	4	0	2	21

Source: Hualapai Social Services Department Representative, 2010.

Foster Care

Children who are victims of child abuse or neglect may be placed in foster care by the court or tribal authorities. Foster care is care for children ages birth through 17 who are removed from their parents’ or guardians’ homes and placed in a different setting, such as a family foster care home, relatives’ homes, group residential home, or an institutional care facility. It is generally held that the child’s best interests are served by being with their parents, and there is often an effort to address issues at home so as to reunite the family.²⁹

The Hualapai Tribe currently has eight licensed foster homes, with two on the reservation, one in Truxton, three in Valle Vista, and two in Kingman. All of the foster families are native Hualapai. As of June, 2010, there were 11 children ages birth through five in foster homes and 10 children ages 6 through 17.

²⁷ Child Welfare Information Gateway. (2004, February). Risk and protective factors for child abuse and neglect. Retrieved from <http://www.childwelfare.gov/preventing/pdfs/riskprotectivefactors.pdf>

²⁸ Kolbo, J. R. (1996). Risk and resilience among children exposed to family violence, *Violence & Victims, 11*, 113-128; and Child abuse: The hidden bruises. (2008, May). American Academy of Child and Adolescent Psychiatry. Retrieved from http://www.aacap.org/cs/root/facts_for_families/child_abuse_the_hidden_bruires

²⁹ Child Welfare Information Gateway. (n.d.) *Family preservation services*. Retrieved June 23, 2010 from <http://www.childwelfare.gov/supporting/preservation/>

Licensed Foster Homes, Hualapai Tribe

	2008	Jan. – June 2010
Number of Licensed Foster Homes	4	8

Source: Hualapai Social Services Department Representative, 2010.

Note: In 2010, two foster homes were located on the reservation and six were located off the reservation, with one in Truxton, three in Valle Vista, and two in Kingman. All foster families were Hualapai.

Children in Foster Care, Hualapai Tribe

Age Group	2007	2008	2009	Jan. – June 2010
Ages Birth Through Five	10	6	8	11
Ages 6 Through 17	14	18	22	10
Total	24	24	30	21

Source: Hualapai Social Services Department Representative, 2010.

Juvenile Justice

Juvenile crime is associated with histories of abuse or neglect, substance abuse, mental health problems, family disorganization, peer pressure, and gang activity. Juvenile crime is considered one of the most salient indicators of community safety.³⁰ To reduce juvenile crime, it is important that the community promote youth strengths and positive attitudes by providing opportunities for education, mentoring, employment, and leadership.

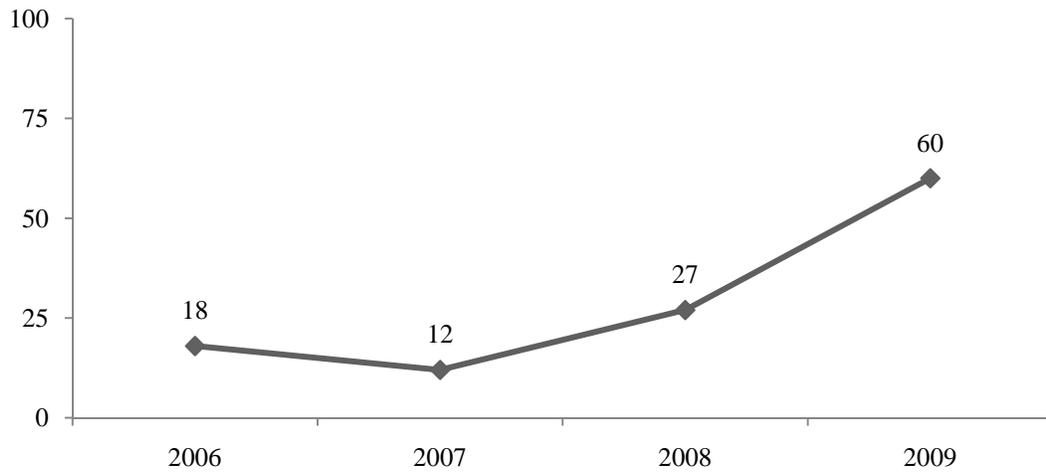
Juvenile arrests on the Hualapai Tribe have increased since 2007, with the most noticeable jump between 2008 and 2009. According to the Hualapai Nation Police Department, there was an increase in juvenile youth gang violence during this time. In March of 2009 the Hualapai Tribe juvenile detention facility opened. Before the opening of this facility, youth who were detained had to be transported to Gallup, New Mexico. As a result, only the most serious offenses resulted in juvenile arrests. With the creation of the local detention facility, all youth can now be detained for punishable offenses. The effects of this new facility were seen in 2009, which saw an increase in juvenile arrests for driving under the influence, liquor law violations, and disorderly conduct compared to 2008. Continuing the increasing trend, for the first six months of 2010 there were a total of 48 juvenile arrests.

In efforts to address crime on the Hualapai Reservation, the tribe instituted a Multi-Systemic Therapy (MST) program that provides treatment to court-involved youth ages 10 through 17. MST is a family and community-based treatment program that addresses the complex emotional, social, and academic problems often found in juvenile offenders.³¹ The MST program in the Hualapai community is provided by the Health Department.

³⁰ Noguera, P. (1995). Preventing and producing violence: A critical analysis of responses to school violence. *Harvard Educational Review*, 65(2), 189-213.

³¹ Hualapai Nation Police Department, *MST*, Received 2010

Juvenile Arrests Under 18 Years, Hualapai Tribe



Source: Hualapai Nation Police Department Representative, 2010.

Juvenile Arrests Under 18 Years by Arrest Classification, Hualapai Tribe

Arrest Classification	2006	2007	2008	2009
Aggravated Assault	5	4	11	11
Other Assaults	4	6	7	3
Larceny – Theft (Except Motor Vehicle Theft)	0	0	2	0
Vandalism	2	0	0	3
Drug Abuse Violations	0	1	0	0
Weapons: Carrying, Possessing, etc.	1	0	1	0
Driving Under the Influence	1	0	1	4
Liquor Laws	1	0	3	17
Disorderly Conduct	3	0	1	12
Curfew and Loitering Law Violations	0	0	0	2
All Other Offenses (Except Traffic)	1	1	1	8
Total	18	12	27	60

Source: Hualapai Nation Police Department Representative, 2010.

Health

Ensuring that children and youth are in good physical health provides an essential foundation for healthy development in childhood and helps children to become successful, healthy, and thriving adults.

The health of the Hualapai community is maintained by the Indian Health Service Peach Springs Health Center and the Hualapai Health Department. Some of the programs run by the Health Department include the Alcohol Program; Behavioral Health Program; Community Health Representatives; Women, Infants, and Children (WIC) Program; Diabetes/Fitness Program; Cardiovascular/Healthy Heart Program; and the Medical Transportation Program.

Prenatal Care

Prenatal care is comprehensive medical care for pregnant women, including screening and treatment for medical conditions and identification and interventions for behavioral risk factors like tobacco, alcohol, and substance abuse that are associated with poor birth outcomes. Women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term births and babies born weighing more than 5.5 pounds. Babies born to mothers who receive no prenatal care are three times more likely to be born at a low birth weight (less than 5.5 pounds), and five times more likely to die, than those whose mothers received prenatal care.³² Lack of prenatal care is often associated with lack of health insurance and other barriers to health care, including communication difficulties, lack of child care, and transportation obstacles.³³

It is essential for women to receive prenatal care early in their pregnancy (first trimester) and to have regular prenatal visits throughout the pregnancy (nine or more visits). Timely and regular visits allow for the identification of medical problems, provide pregnancy and delivery education and service referrals, and prevent maternal deaths.³⁴ The majority of the prenatal care on the Hualapai Reservation is provided at the Peach Springs Health Center. However, labor and deliveries occur at the Kingman Regional Medical Center by an on call physician.

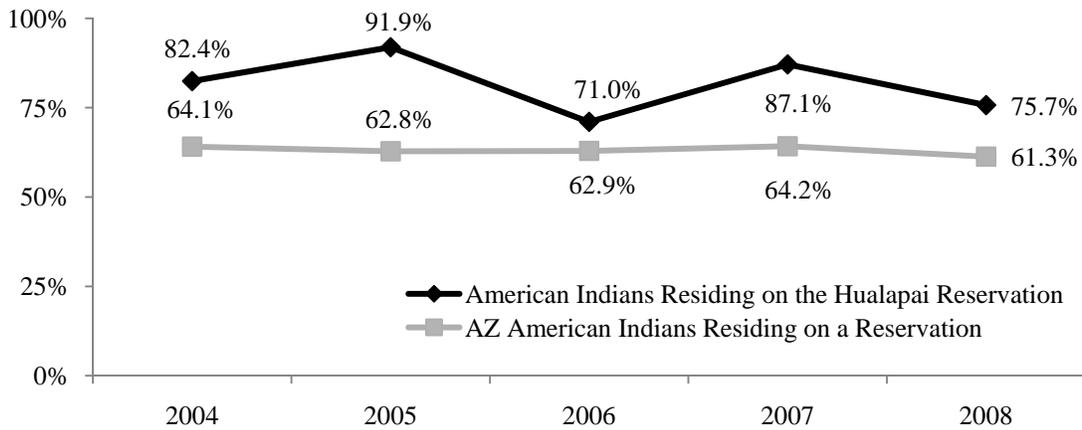
More pregnant American Indian women living on the Hualapai Reservation received adequate prenatal care in comparison to all other American Indians living on a reservation in Arizona. In 2008, 6% of American Indian women residing on the Hualapai Reservation who gave birth began prenatal care in the first trimester, in contrast to 61% of American Indians residing on a reservation in Arizona, and more than two-thirds (68%) of women on the Hualapai Reservation received nine or more prenatal visits. Three women who gave birth in 2008 did not receive any prenatal care during their pregnancy. This may be due to an end in grant funding from Indian Health Services for the Maternal Child Health nurse position at the Peach Springs Clinic in 2008, which had previously provided this care.

³² U.S. Department of Health Services, Maternal and Child Health Bureau (n.d.) *A Healthy start: Begin before baby's born*. Retrieved June 28, 2010 from <http://www.mchb.hrsa.gov/programs/womeninfants/prenatal.htm>

³³ American Congress of Obstetricians and Gynecologists. (2010). *Universal maternity care*. Retrieved June 23, 2010 from http://www.acog.org/acog_districts/dist_notice.cfm?recno=1&bulletin=2893

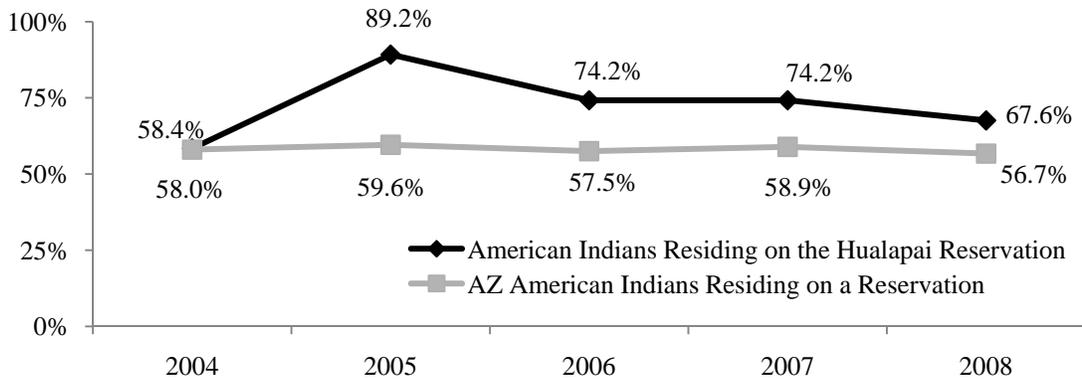
³⁴ Kotelchuck, M. (1994). An evaluation of the Kessner Adequacy of Prenatal Care Index and a Proposed Adequacy of Prenatal Care Utilization Index. *American Journal of Public Health, 84*(9), 1414-1420. Retrieved from <http://ajph.aphapublications.org/cgi/reprint/84/9/1414.pdf>

Women Who Began Prenatal Care in First Trimester of Pregnancy



Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/report/hspam/index.htm>

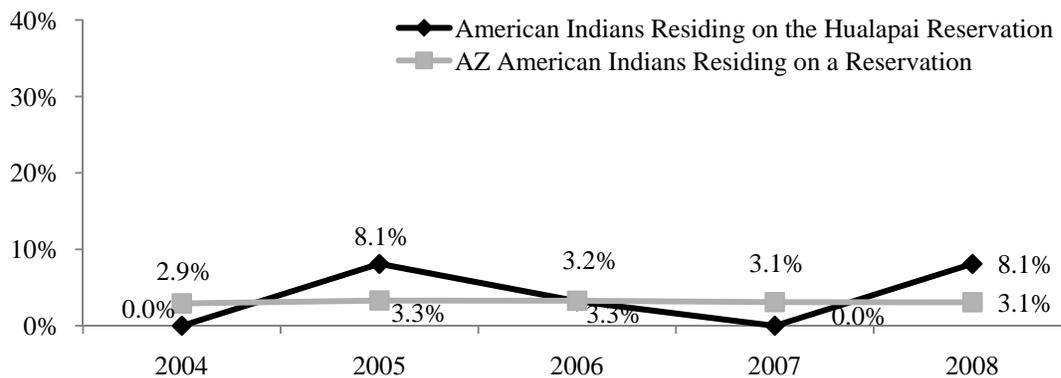
Women Who Had Nine or More Prenatal Visits



Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/report/hspam/index.htm>

Note: The measure of 9 or more prenatal care visits reflects an “adequate” number of prenatal care visits according to simplified Kessner Index measures.

Women Who Received No Prenatal Care During Pregnancy



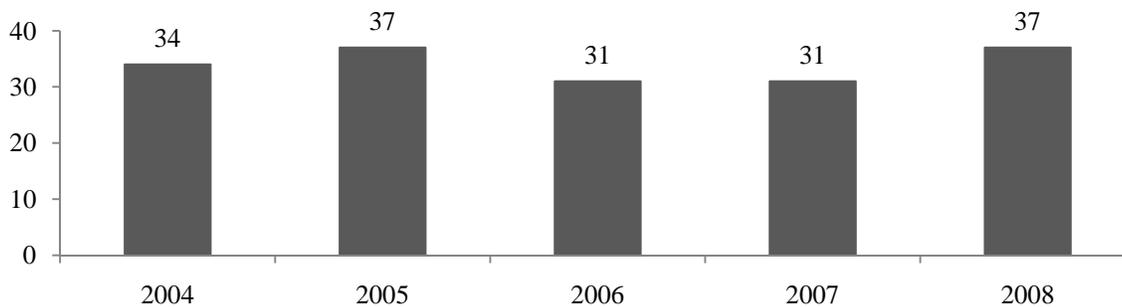
Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/report/hspam/index.htm>

Birth Characteristics

There are many factors surrounding a child's birth that are related to infant and child survival, health, and development. Low birth weight, in particular, is a risk factor for developmental delays, visual and hearing defects, chronic respiratory problems, autism, and learning difficulties.³⁵ Low birth weights are commonly associated with pre-term births which also increase risks for serious, lasting disabilities like cerebral palsy and increased infant mortality.³⁶

There were between 31 and 37 births to American Indian women residing on the Hualapai Reservation each year between 2004 and 2008. Every year there was approximately one baby born with a low birth weight. Fewer than five births had complications of labor and delivery, and between zero and four births each year were to women with medical risk factors of pregnancy, the primary factor being diabetes. In 2008, there was an increase in the number of preterm births, representing 19% of all births. The majority of the prenatal care is provided at the Peach Springs Health Center. The labor and deliveries then occur at the Kingman Regional Medical Center, where the women are attended to by the physician on call at that time. Most births to American Indians residing on the Hualapai Reservation are attended to by licensed physicians, either a Doctor of Medicine (M.D.) or a Doctor of Osteopathic Medicine (D.O.). The majority of births (84% in 2008) are paid for by the Arizona Health Care Cost Containment System (AHCCCS), compared to only 53% of births to all Arizona American Indians living on a reservation. Only 3% of Hualapai Tribe births were paid for by Indian Health Services in 2008.

Total Births, American Indians Residing on the Hualapai Reservation

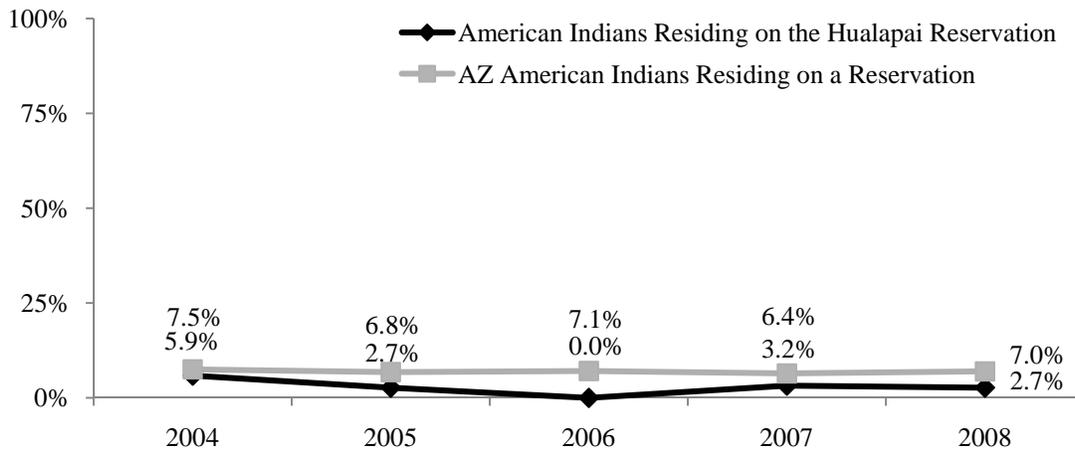


Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/report/hspam/index.htm>

³⁵ U.S. Department of Health and Human Services, Health Resources and Services and Administration. (2009, September). *Child health USA 2008-2009*. Retrieved from <http://mchb.hrsa.gov/chusa08/>

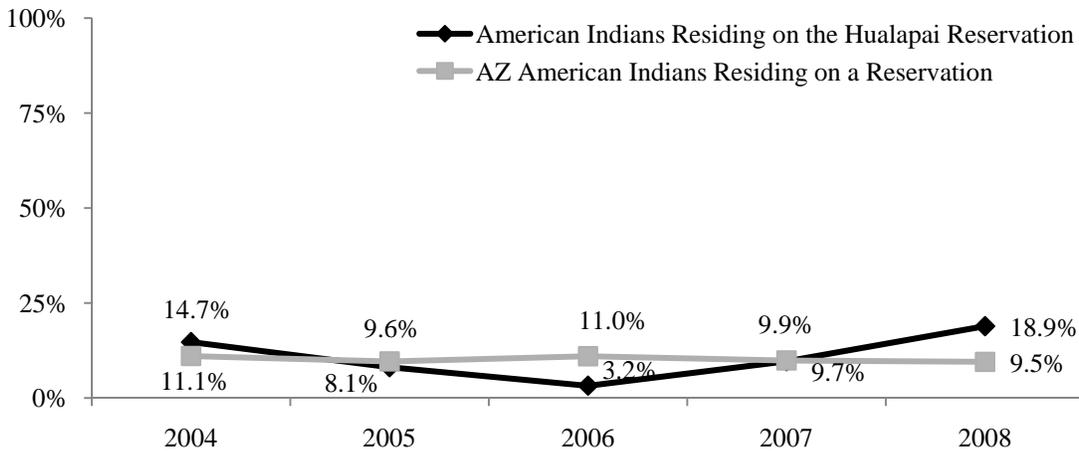
³⁶ March of Dimes Foundation. (2010). *Preterm Births*. Retrieved June 22, 2010 from http://www.marchofdimes.com/professionals/14332_1157.asp#head4

Births with Low Birth Weight (Less than 2,500 Grams)



Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/report/hspam/index.htm>

Preterm Births (Gestational Age of Less than 37 Weeks)



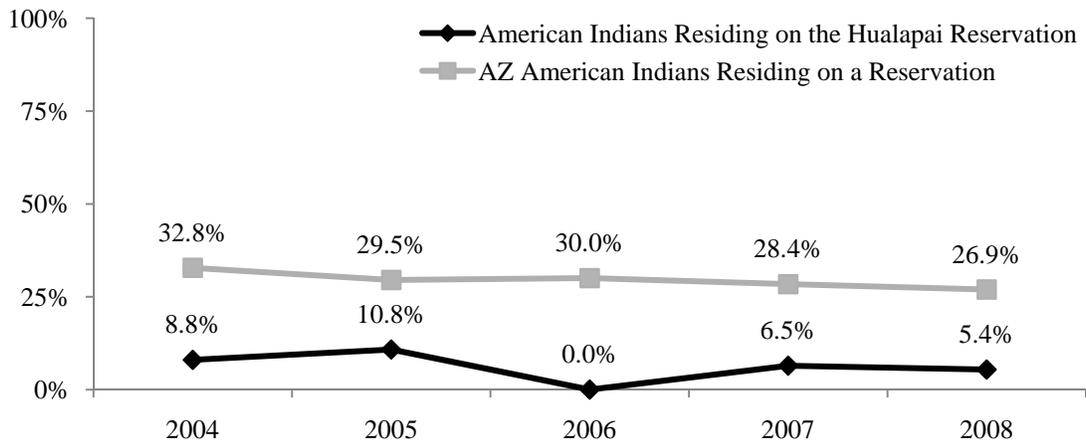
Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/report/hspam/index.htm>

Attendant at Birth, American Indians Residing on the Hualapai Reservation

Attendant	2004	2005	2006	2007	2008
Doctor of Medicine (M.D.)	17	20	16	20	23
Certified Nurse Midwife	0	0	0	1	0
Doctor of Osteopathic Medicine (D.O.)	16	17	15	10	14
Other	1	0	0	0	0

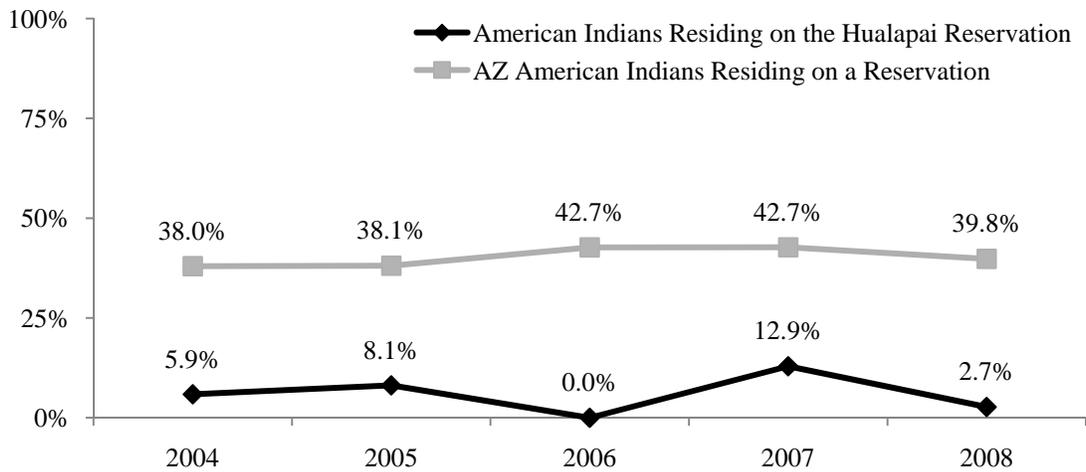
Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/report/hspam/index.htm>

Births with Complications of Labor and Delivery



Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/report/hspam/index.htm>

Births with Medical Risk Factors



Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/report/hspam/index.htm>

Source of Payment for Labor and Delivery

Payee	2004	2005	2006	2007	2008
Arizona Health Care Cost Containment System (AHCCCS)					
American Indians Residing on the Hualapai Reservation	64.7%	73.0%	87.1%	83.9%	83.8%
Arizona American Indians Residing on a Reservation	46.1%	48.1%	52.4%	52.0%	52.6%
Indian Health Service (IHS)					
American Indians Residing on the Hualapai Reservation	2.9%	2.7%	0.0%	0.0%	2.7%
Arizona American Indians Residing on a Reservation	38.6%	37.8%	36.2%	37.6%	36.5%
Private Insurance					
American Indians Residing on the Hualapai Reservation	20.6%	10.8%	6.5%	9.7%	13.5%
Arizona American Indians Residing on a Reservation	7.9%	7.1%	7.9%	7.7%	7.7%
Self					
American Indians Residing on the Hualapai Reservation	11.8%	13.5%	6.5%	6.5%	0.0%
Arizona American Indians Residing on a Reservation	0.5%	1.0%	0.8%	0.6%	0.5%
Unknown					
American Indians Residing on the Hualapai Reservation	0.0%	0.0%	0.0%	0.0%	0.0%
Arizona American Indians Residing on a Reservation	6.8%	6.0%	2.8%	2.2%	2.6%

Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/report/hspan/index.htm>

Teen Births

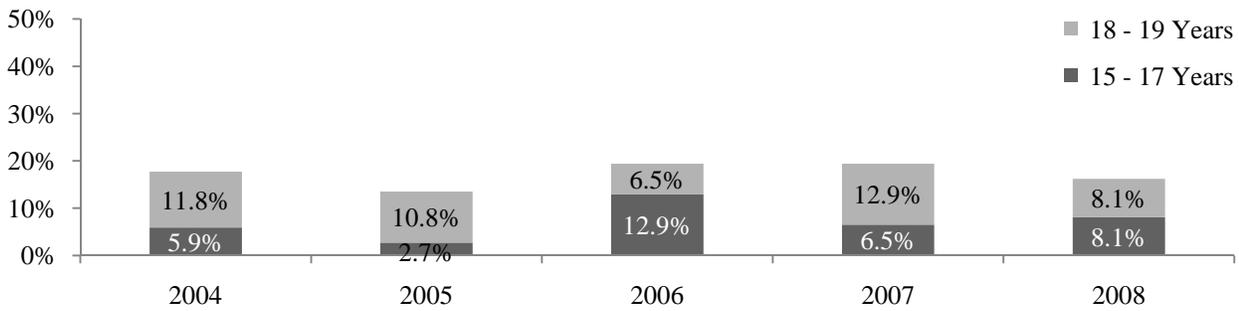
Teen parents and children born to teenagers are often at greater risk of experiencing short- and long-term health, economic, social, and academic challenges than parents who delay childbirth. Teen mothers, many of whom are single, often have more difficulty providing the support and nurturing that promote a child’s emotional and social development.³⁷ Research links teen pregnancy to premature births and low birth weight, and indicates that children born to teens are 50% more likely to repeat a grade, are less likely to complete high school, and perform lower on standardized tests than the children of older mothers.³⁸

On the Hualapai Reservation, there have been five or six births to teenage mothers each year since 2004, representing between 14% and 19% of the total number of births. Rates of teen births to American Indians residing on the Hualapai Reservation remain similar or slightly less than rates of teen births to all Arizona American Indians residing on a reservation.

³⁷ Klein, J.D., & the Committee on Adolescence. (2005). Adolescent pregnancy: Current trends and issues. *Pediatrics*, 116(1), 281-286. doi:10.1542/peds.2005-0999.

³⁸ National Campaign to Prevent Teen and Unplanned Pregnancy (2002). *Not Just Another Single Issue: Teen Pregnancy Prevention’s Link to Other Critical Social Issues*. Retrieved 2004 from <http://www.teenpregnancy.org/resoures/data/pdf/notjust.pdf>

Births to Teen Mothers by Age, American Indians Residing on the Hualapai Reservation



Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/report/hspam/index.htm>

Note: Percentage of total births.

Births to Teen Mothers

	2004	2005	2006	2007	2008
American Indians Residing on the Hualapai Reservation	17.6%	13.5%	19.4%	19.4%	16.2%
Arizona American Indians Residing on a Reservation	20.4%	20.1%	20.1%	21.6%	20.4%

Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/report/hspam/index.htm>

Note: Percentage of total births.

Breastfeeding

Breastfeeding offers multiple health advantages to the infant and the mother. Breast milk contains properties that increase immunity, lower the risk of infection, and decrease susceptibility to chronic illness. Mothers who breastfeed have fewer postpartum problems and a reduced risk of osteoporosis, ovarian cancer, and breast cancer.³⁹ On the Hualapai Reservation, exclusive breastfeeding of infants is low among mothers with infants in the Hualapai WIC Program, with only 5% reporting that they exclusively breastfeed their child. In comparison, 30% of all Arizona mothers exclusively breastfed their children in 2006.⁴⁰ Despite the low prevalence of breastfeeding among WIC clients on the Hualapai Reservation, no clients indicated an interest in further education on the topic. In an effort to increase the number of women breastfeeding, First Things First funded the Hualapai Maternal and Child Health program to launch a public awareness campaign on the benefits of breastfeeding. Focusing primarily on evidence showing that breastfeeding reduces the risk of childhood obesity, the “Preventing Obesity in Children: Breastfeeding=Best-feeding!” campaign has placed announcements in the Hualapai newsletter, *Gamyu*.

In 2006, 21% of pregnant WIC clients planned to exclusively breastfeed their child. The primary reason the other 79% of women planned to formula feed (either exclusively or in combination with breastfeeding) their child was because of the need to go back to work or school. The Maternal and Child

³⁹ Schack-Nielsen, L, Larnkjær, A & Michaelsen, K. F. (2005). Long term effects of breastfeeding on the infant and mother. In *Early Nutrition and it's Later Consequences: New Opportunities*. (pp. 16-23). Dordrecht: Springer. doi: 10.1007/1-4020-3535-7_3.

⁴⁰ Centers for Disease Control and Prevention. (2010, March 16). *Breastfeeding among U.S. children born 1999–2006, CDC national immunization survey*. Retrieved from http://www.cdc.gov/breastfeeding/data/NIS_data/

Health Program is evaluating the support and feasibility of changing tribal policy regarding breastfeeding at work. The proposed policy change would allow exclusively breastfeeding mothers to bring their babies to work with them at tribal departments.

Exclusively Breastfed Infants, Hualapai WIC Clients

	October 2008	November 2008
Exclusively Breastfed Infants	4.8%	5.3%

Source: Hualapai WIC Program, *Client Survey*, Received 2010 (Unpublished Data).

Health Insurance

A key measure of access to the health care system is whether or not a child has health insurance. Children who have health insurance perform better in school and miss fewer days of school.⁴¹ Children who don’t have health insurance are four times more likely to have delayed medical care and are more likely to be hospitalized for conditions that could have been treated by a primary care physician.⁴²

The situation is slightly different among the American Indian population, in which all tribal members are guaranteed coverage by Indian Health Insurance. However, having an additional source of insurance, whether through private or job-based insurance or through state programs such as the Arizona Health Care Cost Containment System (AHCCCS), allows tribal members to access additional care beyond what Indian Health Service offers. According to the Head Start Community survey, 24% of respondents were covered by AHCCCS in 2010, a decrease from the 33% covered in 2006.

Arizona Health Care Cost Containment System (AHCCCS) Recipients

	2006	2010
AHCCCS Recipients	32.6%	24.1%

N: 2006=144; 2010=87.

Source Hualapai Head Start, *Community Assessment Report*, Received 2010 (Unpublished Data).

Health Providers

The Hualapai Reservation is classified by the Arizona Department of Health Services as a Health Professional Shortage Area and a Medically Underserved Area. This designation identifies the reservation as having a need for medical services based on demographic data, including provider to population ratio, population living in poverty, uninsured births, low birth weight, access to prenatal care, infant mortality rate, and unemployment.⁴³

Due to the remote location of the Hualapai Reservation, there are very few health professionals providing services to Hualapai residents. As of May of 2010, there were only two full-time physicians and one contract physician who practiced on the reservation. Additional primary care physicians and

⁴¹ Mathematica Policy Research, Inc. (2007, March). Evaluation of the Santa Clara County children’s health initiative. *In Brief*, 4, 1-4. Retrieved from <http://www.mathematica-mpr.com/publications/PDFs/CHIimproves.pdf>
⁴² American Academy of Pediatrics (n.d.) *MediKids fact sheet*. Retrieved from <http://www.aap.org/advocacy/washing/MediKids-Fact-Sheet.pdf>,
⁴³ Arizona Department of Health Services. Bureau of Health Systems Development and Oral Health. *Arizona Medically Underserved Areas*. Retrieved from <http://www.azdhs.gov/hsd/azmuadesignation.htm>.

specialists make routinely scheduled visits to the reservation to provide needed services and screening, yet they only come a few days a month. The other health providers on the reservation include one dentist, five nurses, one public health nurse, and two pharmacists. The Indian Health Services Peach Springs Health Center is a 40 hour per week ambulatory (outpatient) care center. Other medical services and health providers are located off the reservation, where transportation is likely an issue for many families with young children. The closest hospital is Kingman Regional Medical Center, located 50 miles away in Kingman. There is also the Hualapai Mountain Medical Center that opened recently in 2009, which is located in Kingman and available for Hualapai community members.

Health Care Providers, Peach Springs Health Center, Hualapai Reservation

Type of Provider	Number	Schedule
Physicians		
Family Medicine	3	2 Full-time 1 Contract
Pediatrician	1	1 Day per Month
Obstetrician/Gynecologist	1	2 Days per Month
Podiatrist	1	1 to 2 Days per Month
Psychologist	1	1 to 2 Days per Month
Optometrist	1	1 to 2 Days per Month
Other Personnel		
Nurses	5	On-Site
Public Health Nurse	1	On-Site
Dentists	1	On-Site
Pharmacists	2	1 Full-time 1 Contract

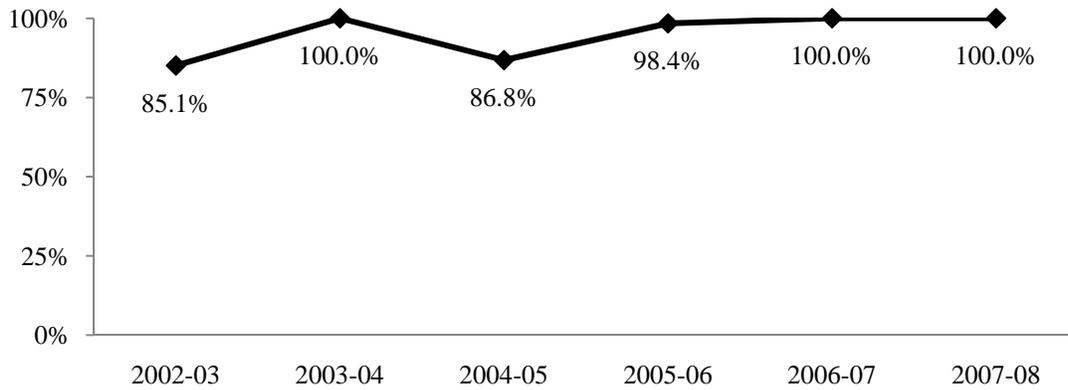
Source: Peach Springs Health Clinic Representative, 2010.

Primary Care

Access to health care is tied to many financial, physical, and cultural factors, such as employment, health insurance, transportation and proximity, language, and education.⁴⁴ Children's access to primary health care is especially important to monitor healthy growth and development and to prevent illnesses from progressing into more severe health problems. All Hualapai Head Start children were reported as having a medical home where they could continuously access medical care. Eighty-six percent of children in the 2007/08 school year were up-to-date with age-appropriate preventive and primary health care such as vaccinations.

⁴⁴U.S. Department of Health and Human Services. Agency for Healthcare Research and Quality. (2004, February). *National Healthcare Disparities Report 2003*. Retrieved from <http://www.ahrq.gov/qual/nhdr03/nhdrsum03.htm#ref6>

Head Start Children with a Medical Home, Hualapai Tribe



Source: Head Start Program Information Report (2002-2008). Multi-Year Performance Indicators Report – Grant Level Summary (Unpublished Data).
 Note: A Medical Home is an ongoing source of continuous, accessible medical care.

Head Start Children Needing Medical Services, Hualapai Tribe

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Children Up-to-Date with Age-Appropriate Preventive and Primary Health Care	46.8%	100%	98.1%	98.4%	80.0%	85.7%
Children Diagnosed as Needing Medical Treatment	1	3	0	1	5	0
Children Who Have Received Medical Treatment	1	3	0	1	5	0

Source: Head Start Program Information Report (2002-2008). Multi-Year Performance Indicators Report – Grant Level Summary (Unpublished Data).

Oral Health

Many pediatricians highlight dental problems as a major health problem among low-income children. Dental and gum problems can be minimized through regular preventive dental services. Experts therefore recommend that children as young as one year old be examined for evidence of developing early childhood dental caries (also known as tooth decay or cavities), the most common form of childhood oral disease.⁴⁵ In addition to providing an opportunity for early diagnosis, treatment, and prevention of oral disease, regular dental visits can develop oral health knowledge and healthy dental habits for parents and children.

Children on the Hualapai Reservation have two options for dental care. The initial dental visit for most children is at the Peach Springs Health Center, where they receive all necessary treatment. For children who have Medicaid or Arizona Health Care Cost Containment System (AHCCCS) insurance coverage, all subsequent dental care is referred to Just for Kids, an outside provider located in Kingman. Medicaid or AHCCCS provides transportation to these appointments. All other children who do not have Medicaid or AHCCCS continue to receive oral health care at the Peach Springs Health Center.

Between June 2009 and June 2010, the oral health department at Peach Springs Health Center conducted oral evaluations for 108 children ages birth through six, representing 48% of children ages birth through

⁴⁵ American Academy of Pediatric Dentistry. Council on Clinical Affairs. (2010). *Policy on the Dental Home*. Retrieved from http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf

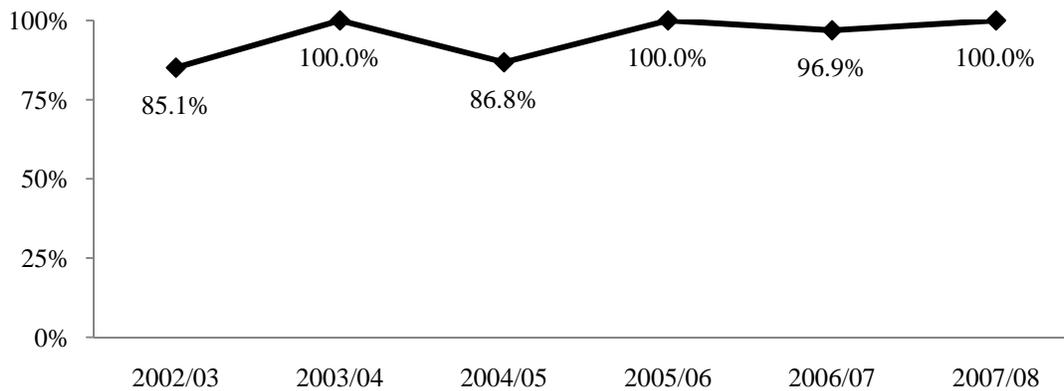
six who receive medical care on the Hualapai Reservation. During the same time period, 165 children received fluoride applications, 28 sealants were applied, and 7 children received fillings. These data included children with AHCCCS or Medicaid who received dental care during an initial visit to the Peach Springs Health Center.

Between March 2009 and June 2010, the outside provider Just for Kids conducted dental exams for 60 Hualapai patients ages birth through five. Of these 60 children, 69% had tooth decay present. All patients with tooth decay received treatment.

Among Hualapai Head Start children, nearly all had a dental home for ongoing access to dental care and had received preventive dental care in the last 12 months. However, in the 2007/08 school year, of the seven children identified as needing dental treatment, only one child had received the treatment by the end of the year. During the 2009/10 school year, all children in the Hualapai Head Start received dental screenings, and of those needing follow up, all received the follow up care needed.

In light of the long term health effects of early childhood dental caries, Indian Health Services has begun an Early Childhood Caries Initiative to address the issue. The Initiative promotes prevention and early intervention of tooth decay in children through collaboration with Head Starts, WIC, nurses, doctors, and community health representatives. Some of the program components include oral health assessments, application of dental sealants, and the establishment of a national oral health surveillance system. Head Start programs are requested to promote oral health through implementing daily teeth brushing, applying fluoride varnish, and teaching positive oral health messages. Head Start staff can obtain certification to apply fluoride varnish through online certification programs.

Head Start Children with a Dental Home, Hualapai Tribe



Source: Head Start Program Information Report (2002-2008). Multi-Year Performance Indicators Report – Grant Level Summary (Unpublished Data).
 Note: A Dental Home is an ongoing source of continuous, accessible dental care.

Head Start Children Needing Dental Treatment, Hualapai Tribe

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Children Receiving Preventive Dental Care in Last 12 Months	66.0%	100.0%	98.1%	100.0%	89.2%	97.1%
Children Diagnosed as Needing Dental Treatment	13	9	0	8	4	7
Children Who Have Received Dental Treatment	5	9	0	8	4	1

Source: Head Start Program Information Report (2002-2008). Multi-Year Performance Indicators Report – Grant Level Summary (Unpublished Data).

Immunizations

Immunization requirements help to prevent a number of serious and sometimes fatal vaccine-preventable diseases in young children. In Arizona, immunizations are a requirement for entering kindergarten and children must be up-to-date with age-appropriate vaccinations in order to attend preschool or child care. The required vaccinations protect against hepatitis B, polio, measles, mumps, rubella, diphtheria, tetanus, pertussis, influenza, and varicella (chickenpox). Most require multiple doses to be administered between birth and kindergarten.

One standard measure of childhood vaccination completion, as measured by the National Immunization Survey, is the percentage of children ages 19 through 35 months who have received four or more doses of diphtheria-tetanus-acellular pertussis (DTaP) vaccine, three or more doses of poliovirus vaccine, one or more doses of any measles-containing vaccine (often paired with mumps and rubella into MMR), three or more doses of *Haemophilus influenzae* type b (Hib) vaccine, three or more doses of hepatitis B (HepB) vaccine, and one or more doses of varicella (chickenpox) vaccine.⁴⁶ This set of vaccinations is referred to as the 4:3:1:3:3:1 immunization schedule.

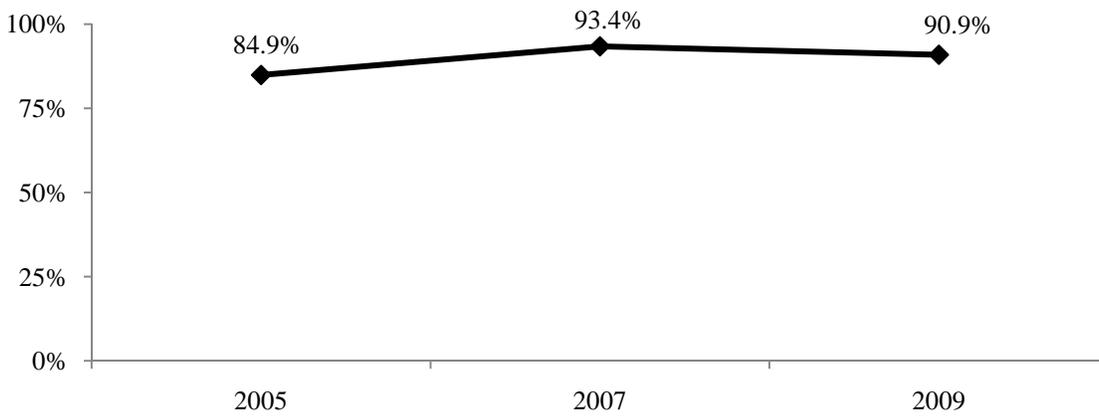
The Healthy People 2010 Objective for childhood immunizations was set at 90%.⁴⁷ Children living in the 86434 zip code (the zip code for Peach Springs) met this goal with 91% of children ages 19 through 35 months completing the 4:3:1:3:3:1 immunization schedule in 2009. Similarly, at the end of the 2007/08 Head Start school year, 97% of Head Start children were up-to-date on their age-appropriate immunizations. In comparison, National Immunization Survey results from 2007/08 indicated that only 73% of Arizona children had completed all required vaccinations.⁴⁸

⁴⁶ Centers for Disease Control and Prevention. (2010, May). *Statistics and surveillance: Immunization coverage in the U.S.* Retrieved from <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis>.

⁴⁷ Arizona Department of Health Services (2009). *Immunizations: A Publication of the Arizona Immunization Program Office.*

⁴⁸ Ibid

Children Ages 19 to 35 Months with Completed Vaccination Schedule, 86434 Zip Code



Source: Arizona Department of Health Services, *Arizona State Immunization Information System*, Received 2010.

Note: Children with completed schedule have received all vaccines in the 4:3:1:3:3:1 combination. Data only include children who have been entered into the Arizona State Immunization Information System, and do not capture children who have never seen a doctor or whose doctor did not enter them into the system.

Head Start Children Up-to-Date on Age-Appropriate Immunizations, Hualapai Tribe

	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
At Enrollment	57.4%	87.8%	98.1%	98.4%	73.8%	92.9%
At End of Year	63.8%	100.0%	86.8%	98.4%	90.8%	97.1%

Source: Head Start Program Information Report (2002-2008). Multi-Year Performance Indicators Report – Grant Level Summary (Unpublished Data).

Overweight and Obesity

Children and adolescents with a BMI between the 85th and 94th percentiles are generally considered overweight, and those with a BMI at or above the gender- and age-specific 95th percentile of population on this growth chart are typically considered obese. Overweight and obese conditions in children can lead to severe physical and emotional health effects, including a greater risk of hospitalization, type II diabetes, cardiovascular disease, low self-esteem, and depression. Furthermore, overweight adolescents have a 70% chance of becoming overweight adults, and this increases to 80% if one or both parents are overweight.⁴⁹

Among people living on the Hualapai Reservation in 2010, the incidence of overweight and obesity exponentially increased with age: 5% of children ages birth through five were overweight or obese, increasing to approximately 15% of children ages 6 through 17, to then 90% of adults overweight or obese. According to the 2007 to 2008 National Health and Nutrition Examination Survey (NHANES), 10% of infants and toddlers in the US were obese, 49% of children and adolescents aged 2 through 19 years were considered overweight or obese, and 60% of adults were obese or overweight.^{50 51 52} This

⁴⁹ Goran, M. (2001). Metabolic precursors and effects of obesity in children: A decade of progress, 1990–1999. *American Journal of Clinical Nutrition*, 73(2), 158-171.

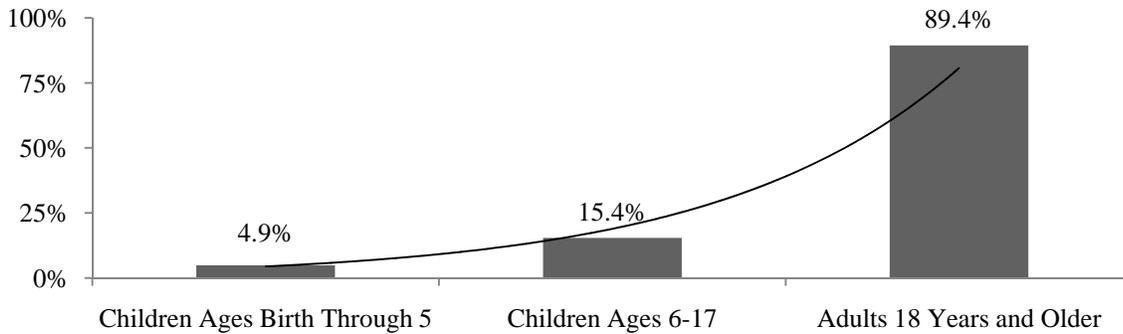
⁵⁰ Ogden, C.L., Carroll, M., Curtin, L., Lamb, M., & Flegal, K. (2010). Prevalence of high body mass index in US children and adolescents 2007-2008. *Journal of American Medical Association*, 303(3), 242-249.

⁵¹ Centers for Disease Control and Prevention. National Center for Health Statistics. (2010, March). *Health behaviors of adults: United States, 2005–2007. Vital and Health Statistics*, 10(245), 1-143. Retrieved from http://www.cdc.gov/nchs/data/series/sr_10/sr10_245.pdf

⁵² Ogden, C.L., Carroll, M., Curtin, L., Lamb, M., & Flegal, K. (2010). Prevalence of high body mass index in US children and adolescents 2007-2008. *Journal of American Medical Association*, 303(3), 242-249.

means that Hualapai children and adolescents begin healthier than overall children in the US, but their weight catches up and then exceeds the percentages of overweight and obese during adulthood.

Children and Adults Who are Overweight or Obese, Peach Springs Health Center, Hualapai Reservation, 2010



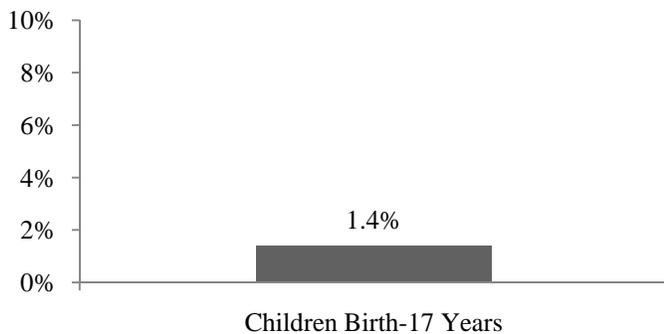
Source: Indian Health Services Representative, 2010.

Diabetes

While type II diabetes is primarily associated with overweight adults over age 40, inactivity and increased obesity rates have led to greater incidence in children. Children with type II diabetes are at greater risk for the long-term complications of diabetes, including hypertension and cardiovascular disease. Early diagnosis and treatment of type II diabetes can prevent or delay the onset of diabetes complications. The cornerstones of diabetes management for children with type II diabetes are weight management and increased physical activity.⁵³ This is important to consider when looking at the rising rates of obesity in Hualapai community members as they age.

Among individuals living on the Hualapai Reservation and receiving medical care at Peach Springs Health Center, just over 1% of children less than 18 years old had been diagnosed with type II diabetes as of July, 2010.

Children Under 18 Years Diagnosed with Type II Diabetes, Peach Springs Health Center, Hualapai Reservation



Source: Indian Health Services Representative, 2010.

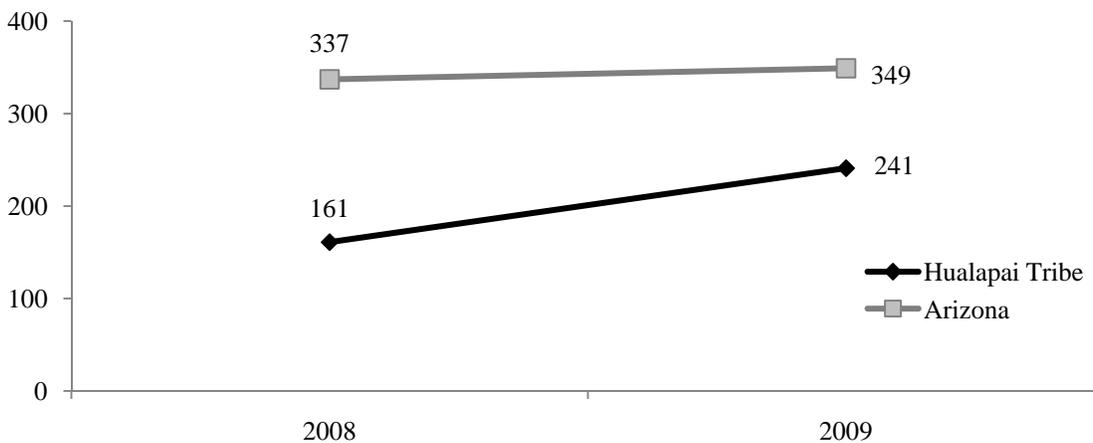
⁵³ National Diabetes Education Program. (2008). *Overview of diabetes in children and adolescents*. Retrieved from www.yourdiabetesinfo.org

Hospital and Emergency Department Use

The Peach Springs Health Center is an ambulatory (outpatient) center open only 40 hours per week. Hualapai residents requiring emergency care outside of the Center’s hours can call Emergency Medical Services. There are between 10 and 15 Emergency Medical Technicians (EMT) on the reservation. The responding EMT evaluates the situation and determines if immediate medical care is necessary. In such emergency situations, the individual is transported to Kingman Medical Center, either by ambulance or by helicopter, depending on the severity of the case. Nonemergency cases are instructed to go to the Health Center during business hours. There is also the Hualapai Mountain Medical Center that opened recently in 2009, located in Kingman available for Hualapai community members. The Center is a 70-bed acute care hospital, located in Kingman, Arizona, with a 24/7 emergency department and intensive care unit.

Perhaps due to the limited access to hospitals, Hualapai children ages birth through 14 had fewer hospitalization inpatient days per year than children in Arizona as a whole.

Hospitalization Inpatient Days per 1,000 People Ages Birth Through 14



Source: Arizona Department of Health Services (2010) *Primary Care Area Statistical Profile*. Retrieved from <http://www.azdhs.gov/>

Leading Causes of Death

Deaths among American Indian children residing on the Hualapai Reservation are rare. Between 2004 and 2008 there was only one death to a child ages birth through four years old. The primary causes of deaths for all ages of American Indians residing on the Hualapai Reservation were accidents, chronic liver disease, and diabetes ranging from 10 to 20 total deaths each year.

Cause of Death, All Ages, American Indians Residing on the Hualapai Reservation

Cause of Death	2004	2005	2006	2007
Accidental Death, Homicide, Suicide	1	2	5	4
Cancer	3	1	0	2
Cardiovascular Disease	1	2	0	1
Chronic Liver Disease or Cirrhosis	1	4	2	2
Diabetes	3	1	0	4
Influenza, Pneumonia, or Respiratory Disease	1	1	2	0
Renal Failure	1	3	1	0
Other	1	5	0	1
Total	12	19	10	14

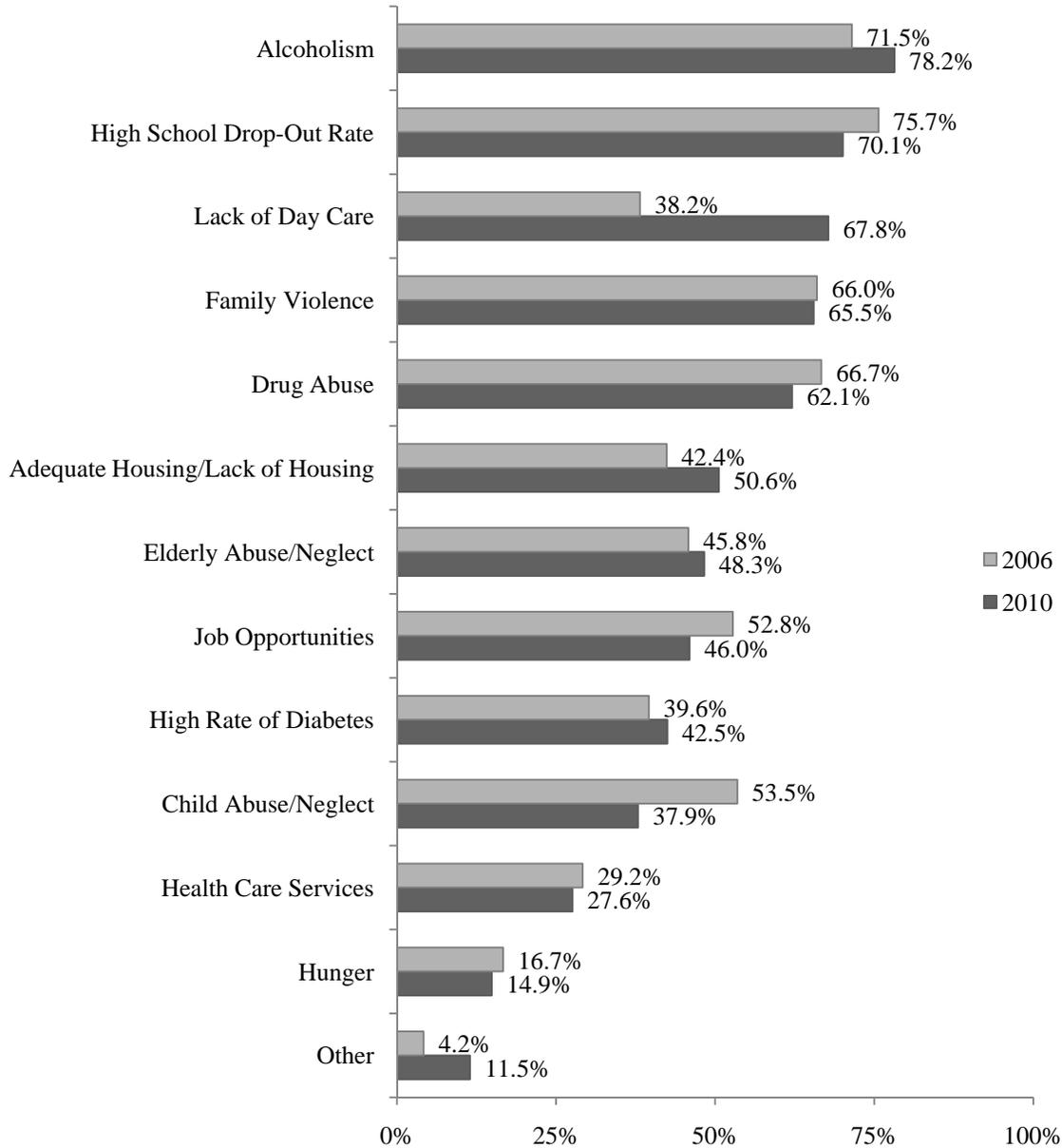
Source: Arizona Department of Health Services. (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*, Retrieved from <http://azdhs.gov/plan/index.htm/>

*Public Awareness and Collaboration***Community Concerns**

The Hualapai Head Start conducted a Community Assessment among members of the Hualapai community in 2006 and 2010. When asked about what issues they were most concerned about in the community, respondents were most worried about alcoholism on the reservation. Respondents were also concerned about issues related to children and their safe and healthy development, such as day care opportunities, family violence, child abuse and neglect, high-school drop-out rate, and health services. Notably, two-thirds (68%) of respondents in 2010 were concerned about the lack of day care on the reservation, an increase from 38% in 2006. Fewer community members (38%) were concerned about the issue of child abuse and neglect in 2010 than in 2006 (54%).

Respondents of the Community Assessment also indicated which trainings they would be interested in attending if the Head Start offered them. The issue of weight and exercise was particularly popular among respondents. There was also interest in classes about Hualapai traditions and cultures, emphasizing the importance of maintaining the traditions of the Hualapai people. In 2010, 26% of respondents indicated interest in a class on the stages of child development and 20% expressed a desire for early childhood education classes.

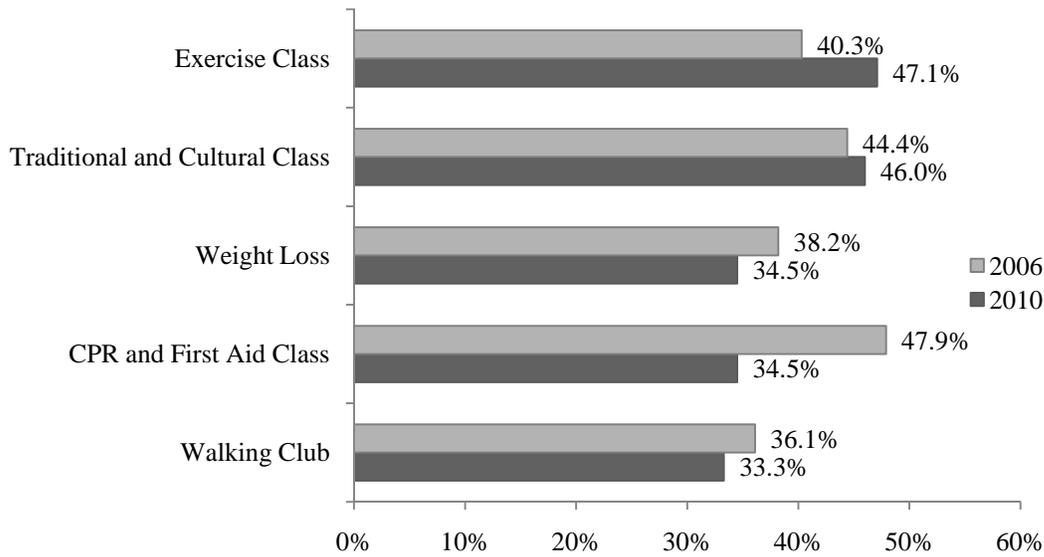
Concerns of the Hualapai Community, Hualapai Community Members



Multiple response question with 144 respondents providing 915 responses in 2006, and 87 respondents providing 572 responses in 2010; these responses are not mutually exclusive.

Source: Hualapai Head Start, *Community Assessment Report*, Received 2010 (Unpublished Data).

Respondent Interest in Potential Trainings or Classes by Head Start (Top Responses), Hualapai Community Members



Multiple response question with 144 respondents providing 1,253 responses in 2006, and 87 respondents providing 621 responses in 2010; these responses are not mutually exclusive.

Source: Hualapai Head Start, *Community Assessment Report*, Received 2010 (Unpublished Data).

Awareness of Early Childhood Issues

The primary source of information for Hualapai community members is *Gamyu*, the Newsletter of the Hualapai Tribe. This newsletter serves as a widespread guide to events in the community, initiatives by different departments and groups, job opportunities, important tribal issues, and community announcements. Many entries in the newsletter are directed towards parents and their children and include notices about parenting classes, developmental milestones for children, healthy child upbringing practices, developmental screening dates, and much more. This would likely be the best method of transmitting important information to parents of children ages birth through five in the Hualapai community.

There are several programs and groups in the community that also seek to provide parents and community members with information about early childhood issues. This information is delivered through specific service programs, such as Women, Infants, and Children (WIC), and to the general public through mechanisms such as in *Gamyu*. As mentioned throughout this Needs and Assets Report, these include the Early Childhood Caries Initiative, the Breastfeeding campaign, the Food Assistance and Nutrition strategy, Reach Out and Read, and many more.

The newest information source for the community is an online Internet radio project called “The Peach” in Peach Springs. It is a radio broadcast run by Hualapai Indian youth as part of the KidStar Radio Network. KidStar is a children's educational charity with a network of web radio stations within participating schools and youth organizations throughout the country. These stations are completely operated by the youth themselves, so that they gain skills planning, presenting, and managing their own radio stations. It provides parents with an alternative source of information directly from the perspective of Hualapai youth.

Conclusion

The Families and Children Living Within the Hualapai Tribe Region

There are approximately 2,000 people living on the Hualapai Reservation in 2010, with approximately 177 children ages birth through five. Most of the children ages birth through four on the reservation are American Indian/Alaska Native. Nearly half of the families with children under age six are single-parent households.

Community Assets and Areas of Strength

There are many people and organizations on the Hualapai Reservation dedicated to making a difference in the lives of children ages birth through five and their families, particularly in the areas of child development and health. With respect to child development, a First Things First grantee offers free developmental screenings, the Reach Out and Read program at Peach Springs Health Center provides information on the importance of reading to children and provides free books to families, and a new child care center is being constructed to address the need for more quality child care options.

The Hualapai community is also making strides toward addressing the health needs of children and families. Women and children on the Hualapai Reservation have access to the medical care that they need. Almost all children have health insurance and most are up to date with their immunizations. The majority of women are receiving the recommended prenatal care, and all births to women living on the reservation are attended to by a physician. The Health Department is working to improve rates of breastfeeding through its public awareness campaign: “Preventing Obesity in Children: Breastfeeding = Best-feeding!” The Indian Health Services is working to improve dental health through its early childhood caries initiative. The Teen Pregnancy Prevention program provided by the Hualapai Youth Council focuses on health of teens on the reservation. Additionally, the Food Assistance and Nutrition program, funded by the First Things First Hualapai Tribe Regional Partnership Council, is helping reservation members meet their sustenance and nutritional needs. The Native American Research Center for Health (NARCH 5) is providing a new grant to fund a project involving youth, radio, and physical activity in efforts to reduce community cardiovascular disease and diabetes.

Community Challenges and Areas for Improvement

Despite the concerted efforts of community organizations, tribal departments, and individuals, there are areas affecting the health and well-being of Hualapai children that need additional improvement.

- High levels of poverty and unemployment

Poverty is a serious problem on the Hualapai Reservation. Over one-third of children under age six were living below the Federal Poverty Level in 2000, and nearly one-quarter of community members were unemployed in 2009. While the Food Assistance and Nutrition Strategy and WIC Program will help reservation members receive food and nutritional education, families would likely benefit from additional assistance. Support for household costs aside from food could be beneficial, such as support for housing subsidization, a program for transportation cost reimbursement for family members traveling off the reservation for work or school, and additional job training programs.

- Lack of school readiness and educational attainment

Many children on the Hualapai Reservation are entering kindergarten unprepared. Only 6% of 3rd grade students met the Arizona reading standards in 2008, and only slightly more than one-quarter of the Hualapai population had more than a high school diploma. Currently, there is no high school closer than 40 miles away. The high school drop-out rate is a big concern in the Hualapai community, as high school diplomas are required for work on the reservation. Considering the importance of early education on future academic success and attainment, the Reach Out and Read program and the increase in quality child care are positive steps, but more is necessary to ensure that Hualapai children are prepared to enter kindergarten and that they have strong educational opportunities. Additional early childhood education programs, as well as an increased emphasis on reading and math skills in after school programs could help improve student success in school.

- Low rates of breastfeeding

Very few women enrolled in the Hualapai WIC program exclusively breastfeed their children. The “Preventing Obesity in Children: Breastfeeding = Best-feeding!” public awareness campaign is a good first step toward addressing this issue. However, in order to have a more targeted approach, another step could be to conduct interviews or focus groups with women involved with WIC, or ask more in-depth questions in the WIC client survey to better understand why they are not breastfeeding, and from that information, develop a more specific strategy for increasing breastfeeding. Additional data on rates of breastfeeding among all mothers in the community, not exclusively WIC clients, would also help to fully understand and address the lack of breastfeeding on the reservation.

- More children on the Hualapai Reservation are suffering from child abuse

Substantiated cases of child abuse on the reservation increased between 2007 and 2010 for all age groups of children. Due to the correlation of increased child abuse cases with increased financial stress and poverty, one area to target would be the availability of additional financial support to parents. One method would be to provide more affordable child care options, simultaneously combating the Hualapai Tribe’s need for birth through five child care and the expense of child care. Additionally, offering a positive-parenting program and/or classes for parents that provided child care during class would encourage attendance and help parents develop alternative ways of interacting with their children.

- Increasing juvenile arrest rates

From 2007 to 2009, the number of juveniles arrested increased from 12 to 60. The majority of arrests were related to liquor law violations, disorderly conduct, and driving under the influence. In addition to the continuation of the Multi-Systemic Therapy program, programs to help combat underage drinking and increased extracurricular educational opportunities could benefit the youth of the Hualapai Tribe.

- Many parents are not accessing available parenting and child development resources

There are many resources for parents available in the community. The Maternal and Child Health Program offers childbirth classes, classes for new moms and parents of toddlers, home visitations to parents, and many other trainings and support programs. The First Things First Hualapai Regional Partnership Council also provides resources for parents of children ages birth through five on the Hualapai Reservation. Yet, despite these opportunities, very few parents access the programs available. Most of the classes have very low attendance, and some events have no attendees. Additionally, while multiple developmental screenings are held during the year, very few parents bring their children to be evaluated, leaving the actual number of young children with disabilities unknown. Conducting surveys

or focus groups with parents on the reservation would help to identify the barriers preventing families from accessing the services available to them.

- Many children at risk for overweight and obesity in adulthood

Among people living on the Hualapai Reservation in 2010, the incidence of overweight and obesity exponentially increased with age: 5% of children ages birth through five were overweight or obese, increasing to approximately 15% of children ages 6 through 17, to then 90% of adults overweight or obese. Hualapai children and adolescents begin healthier overall than children in the US,⁵⁴ however, rates of overweight and obesity in adults becomes considerably higher than the national average of 60%.⁵⁵ As more parents become obese within the community, it increases their children's risk of becoming obese as well, but the large percent increase in this health problem suggests that there are other risk factors involved that the community could target. Surveyed WIC recipients illustrated that potential trainings on how to plan healthier meals with WIC approved foods, weight control, and increasing physical activity were amongst the top four topics people wanted to learn more about. Providing educational opportunities on these subjects could greatly benefit the Hualapai tribe in efforts to reduce obesity rates and prevent the adverse health outcomes associated with obesity (e.g., cardiovascular disease, diabetes, cancer).

The Conclusion

This Needs and Assets report on the health and well-being of children ages birth through five in the Hualapai Region has identified the areas where children are doing well and areas that need additional investment. In general, many Hualapai children and families are not receiving the education, support, and services that are necessary for ensuring their future success. In light of these challenges in the Hualapai community, targeted efforts, such as those highlighted above, and continued collaboration between the Hualapai Tribe and community organizations are needed to help improve the situation of children and families. First Things First is committed to working with the Hualapai Tribe to address these issues and ensure that all children have the opportunity for a bright and healthy future.

⁵⁴ Ogden, C.L., Carroll, M., Curtin, L., Lamb, M., & Flegal, K. (2010). Prevalence of high body mass index in US children and adolescents 2007-2008. *Journal of American Medical Association*, 303(3), 242-249.

⁵⁵ Centers for Disease Control and Prevention. National Center for Health Statistics. (2010, March). *Health behaviors of adults: United States, 2005-2007. Vital and Health Statistics*, 10(245), 1-143. Retrieved from http://www.cdc.gov/nchs/data/series/sr_10/sr10_245.pdf

Appendix A: Data Development Agenda – What We Want to Know

Thanks to the support and collaboration of the Hualapai Tribe, this is the most comprehensive Needs and Assets report to date. Data collection for small communities such as the Hualapai Tribe can be difficult. Many state and federal agencies do not provide data at this level, and data that is available may not be fully representative of the community. Working directly with the departments on the reservation can provide the most accurate, up-to-date data. In the future, continued partnership is essential for monitoring and updating the status of children ages birth through five and their families. In particular, child care information, kindergarten readiness scores, data from Social Services, juvenile justice data from law enforcement, and health data from the Indian Health Service Peach Springs Health Center would not have been accessible without the collaboration between First Things First and the Hualapai Tribe.

Even with collaboration between First Things First and the Hualapai Tribal Departments, some vital information about the children ages birth through five on the reservation was still missing simply because the data do not exist. More comprehensive, current, and representative data will help to make more informed conclusions about the state of Hualapai children and can better guide initiatives in the community. Future efforts should be made to improve the data available for the following areas of interest:

- **Children with Disabilities** – The data available regarding the number of children receiving developmental screenings and the number of children referred to and receiving services do not give a comprehensive picture of the children with disabilities on the Hualapai Reservation. More cohesive and representative data would help to identify whether this is an area of concern and whether services are meeting the needs of the community.
- **Breastfeeding** – The breastfeeding data available was exclusively for WIC clients. The women participating in WIC services are likely not representative of all women on the Hualapai Reservation, however the majority of the pre and postpartum women on the reservation are referred to WIC. It is recommended to track breastfeeding patterns of all mothers following the birth of their child.
- **Homelessness** – While the Head Start and the Peach Springs Unified School District track the number of families and students who are homeless, there are no representative data of all families on the Hualapai Reservation. Additionally, traditional definitions of homelessness may not apply to members of the Hualapai Tribe, and data on overcrowding of homes may better indicate how many children are not living in ideal housing circumstances.
- **Parent Knowledge of Child Development and Early Childhood Services** – Surveys conducted by First Things First to measure the level of knowledge parents had regarding child development and available services did not interview a representative sample from the Hualapai Reservation. Thus there are little data available on the knowledge level of parents.