

# NEEDS AND ASSETS REPORT

2008



 **FIRST THINGS**

**Colorado River Indian Tribes**

Regional Partnership Council



## Colorado River Indian Tribes

### Regional Partnership Council

---

#### **Council**

Veronica Homer, *Chair*

Amanda Leivas- Sharpe, *Vice Chair*

Irma Alvarado

Amelia Flores

Patty Fritz

Rachel Garcia

Delores Leivas

Merving Scott

James Wolfe

Vacant

Vacant

---

Lanna Flood, *Regional Coordinator*

#### **2008 Needs and Assets Report**

Submitted in accordance with ARS 8-1161. Each regional partnership council shall submit a report detailing assets, coordination opportunities and unmet needs to the board biannually. The regional partnership council's needs and assets assessment shall be forwarded to the board for final approval no later than September 1 of each even-numbered year, beginning in 2008. The board shall have discretion to approve or reject a council's assessment in whole or in part or to require revisions. The board shall act on all needs and assets assessments no later than October 1 of each even-numbered year, beginning in 2008.

First Things First is an equal employment opportunity agency. ©2008

**[www.azftf.gov/coloradoriverindiantribes](http://www.azftf.gov/coloradoriverindiantribes)**

# Contents

<b>First Things First – A Statewide Overview</b>	<b>1</b>
<b>Executive Summary</b>	<b>3</b>
<b>The Colorado River Indian Tribes Regional Partnership Council</b>	<b>5</b>
Overview of Region: Colorado River Indian Tribes.....	6
<b>Regional Child and Family Indicators</b>	<b>8</b>
Regional Population .....	8
Regional Race, Ethnicity, and Language .....	9
Race and Ethnicity Characteristics .....	9
Language Characteristics .....	9
Family Composition .....	10
Teen Parent Households .....	10
Grandparent Households.....	11
Employment, Income and Poverty .....	11
Annual Income .....	13
Families in Poverty .....	13
Parent Educational Attainment.....	14
Healthy Births.....	15
Prenatal Care.....	15
Low Birth-Weight Babies.....	16
Pre-term Births .....	17
Births to Teen Mothers .....	17
Health Insurance Coverage and Utilization .....	17
Uninsured Children .....	18
Medical Health Insurance Utilization .....	20
Oral Health Access and Utilization .....	20
Child Safety.....	21
Child Abuse and Neglect .....	21
Foster Care Placements.....	23
Child Mortality .....	23
Children’s Educational Attainment.....	24
School Readiness .....	24
Elementary Education.....	26
Secondary Education .....	26

<b>Current Regional Early Childhood Development and Health System</b>	<b>29</b>
Quality .....	29
Accredited Early Child Care Centers .....	29
Access.....	30
Number of Early Care and Education Programs.....	30
Number of Children Enrolled in Early Care and Education Programs.....	32
Costs of Care .....	32
Health .....	33
Developmental Screening .....	34
Immunizations.....	36
Family Support .....	36
Parent Knowledge About Early Education Issues .....	38
Professional Development .....	38
Child Care Professionals’ Certification and Education.....	39
Professional Development Opportunities.....	40
Employee Retention .....	41
Compensation and Benefits .....	42
Public Information and Awareness.....	42
System Coordination.....	43
Parent and Community Awareness of Services, Resources or Support .....	44
Additional Indicators of Interest to the Colorado River Indian Tribes Regional Partnership Council.....	45
<b>Conclusion</b>	<b>47</b>
Synthesis of Findings .....	47
<b>Appendix</b>	<b>49</b>
Citations For Resources Used and Extant Data Referenced.....	49
Description of Methodologies Employed for Data Collection .....	52

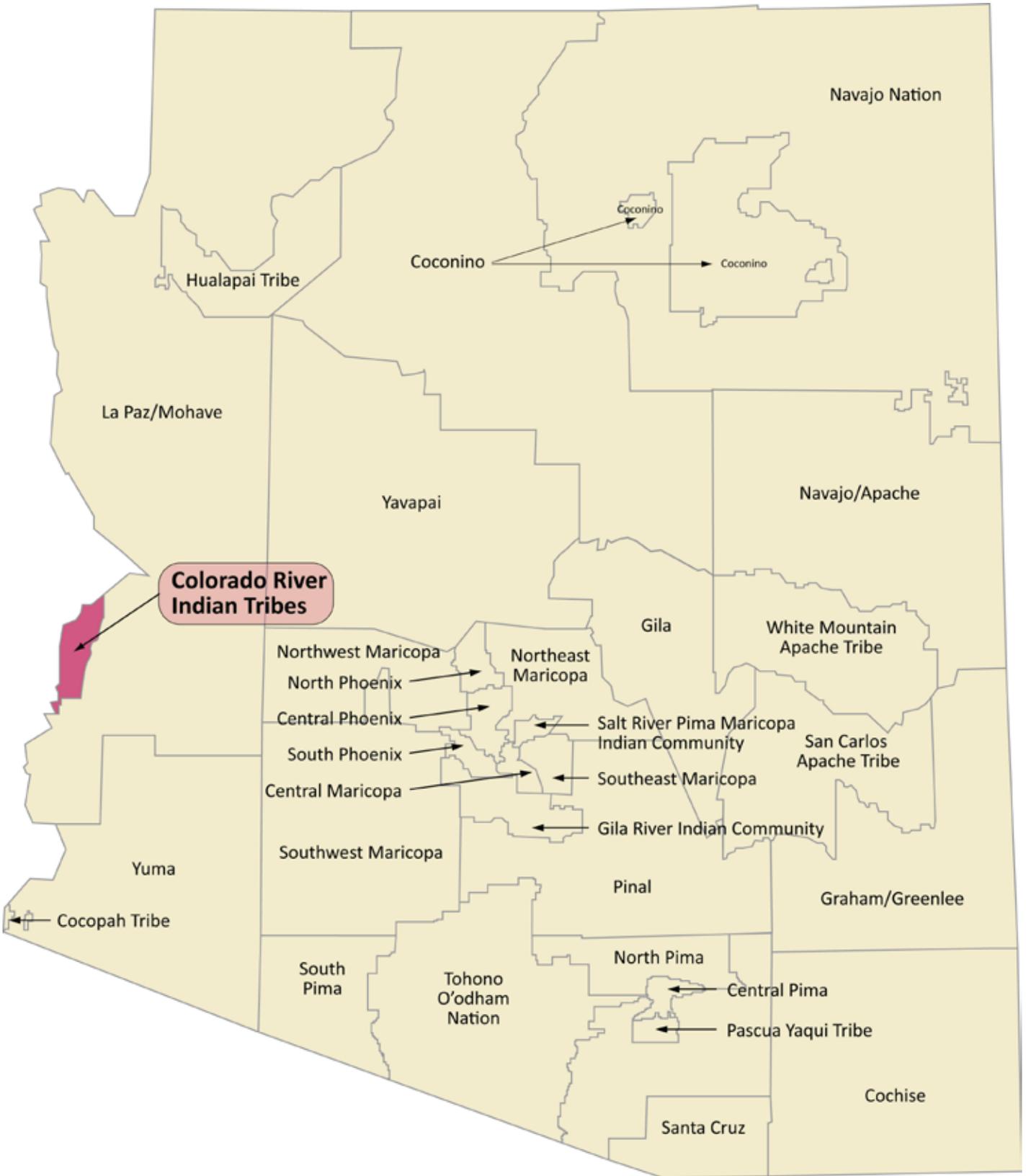
## First Things First – A Statewide Overview

---

**T**he mission of First Things First (FTF) is to increase the quality of, and access to, early childhood programs that will ensure that a child entering school arrives healthy and ready to succeed. The governance model of FTF includes a State-level Board (Board) of twelve members, nine of whom are appointed by the Governor; and thirty-one Regional Partnership Councils (Regional Councils), each comprised of eleven members appointed by the Board. The model combines a consistent state infrastructure and oversight with strong local community involvement in the development and delivery of services.

The Regional Councils represent a voluntary governance body responsible for planning and implementing actions that will result in an improved statewide system of early childhood development and health outcomes within a defined geographic area (Region) of the state. The Board and Regional Councils, with Arizona Tribes and all sectors of a community, work together to ensure that a comprehensive, high quality, culturally sensitive early childhood development and health system is established to accomplish the following for Arizona's children and families:

- Improve the quality of early childhood development and health programs.
- Increase access to quality early childhood development and health programs.
- Increase access to preventive health care and health screenings for children through age five.
- Offer parent and family support and education concerning early childhood development and literacy.
- Provide professional development and training for early childhood development and health providers.
- Increase coordination of early childhood development and health programs and public information about the importance of early childhood development and health.



## Executive Summary

---

**T**he First Things First Colorado River Indian Tribes (CRIT) Regional Partnership Council Region (Region) encompasses a unique planning area. The Region is home to four distinct Tribes – the Mohave, Chemehuevi, Hopi and Navajo. These Tribes exist within one reservation and are respectfully unique in their traditional language and cultural practices. In addition, the Region's diversity also includes a large Hispanic and Caucasian population, as well as the cultural attributes characteristic of a rural farming community. The reservation, created in 1865 by the Federal Government, stretches along the Colorado River, providing 90 miles of shoreline on both the Arizona and California side and almost 268,691 acres of land, with the river serving as the focal point and lifeblood of the area.

The Town of Parker, located in La Paz County on a combination of Tribal land, leased land that is owned by the Tribe, and land owned by non-Native Americans, was established in 1871. The small rural community of Poston is located 14 miles south of Parker, with a population stretching an additional 45 miles south to the end of the reservation. The primary economic activity in the Region is agriculture, development and tourism. Sand and gravel, real estate development, retail stores, hotels and a casino are also part of the Region's economic development and its major employers.

According to the 2000 US Census, the overall population of the CRIT Region was 8,921, with a birth to age five population of 666. While the majority of children lived in households with two parents, 22 percent of households were headed by females and 8 percent were headed by males. The median household income was \$27,354. Seventeen percent of the households in the Region were living at or below the Federal Poverty Guidelines. In 2007 the unemployment rate was 6.3 percent compared to 7.6 percent in 2000.

The community is served by the Parker Unified School District (PUSD) which includes Blake, Wallace and LePera Elementary Schools. LePera Elementary is positioned approximately 20 miles south within the Parker Valley, serving K-8 students. During an interview with the PUSD, Elementary School Principals stated that cognitive and developmental delays were the routine reasons for students being retained in Kindergarten. Further, they indicated that the majority of these students had not been previously enrolled in any early childhood education programs, as indicated by the parents upon enrollment.

There are limited choices and availability among early care and education program services within the Region, especially for children birth through three years of age. Families within the Region rely heavily on relative care. Blake School offers a fee-based, part-time, preschool program for twenty-five at risk children ages 3 – 4. There is one accredited early care center for sixty-five children 2 years and older and one licensed child care program serving seventy-five children, 0 – 12. Both programs are fee based programs. The Region also has a federally regulated Tribal Head Start Program which serves 183 part-time 3 and 4 year olds; the program has an average waiting list of approximately 15 – 20 children each academic year.

Many families, especially those with children with special needs, have limited access to early childhood development and health services. While children enrolled in the Head Start Program receive early developmental and health screenings, local services are not available year round for children with special needs and severe health

risks, resulting from conditions such as the effects of fetal drug and alcohol exposure and diabetes. Twenty-nine percent of children in the Region are enrolled in AHC-CCS or KidsCare – Arizona’s publicly funded, low cost health insurance programs for children in low-income families. The shortage of medical specialists working in the Region poses additional health care barriers for families. Parent awareness and professional development on early childhood development, developmental screenings and early brain development are made available through some local resources however more providers and services are needed. Clearly additional services and providers are required to address parent information and awareness, early care and education workforce professional issues, health and the early intervention needs of the Region.

Local family support systems are funded through the Colorado River Indian Tribes, La Paz County and the Town of Parker, however, families must travel to outside areas such as Lake Havasu City, Las Vegas, Phoenix and Blythe, California, for birth deliveries. Prenatal and parenting programs are made available through the Colorado River Indian Health Service and La Paz County Health Department.

In the summer of 2007, the CRIT Regional Partnership Council and First Things First CRIT community forum participants, identified priority areas for supporting children’s success that included: parent training on early childhood development, parenting skills, access to quality child care, increased services for children with special needs, community awareness of and professional development within early childhood education, male involvement in their child’s development, spiritual foundation and cultural preservation.

The First Things First Colorado River Indian Tribes Regional Partnership Council with its community partners will work to create a system that builds and sustains a coordinated, culturally responsive and supportive network of early childhood programs and health services for the young children of the Region.



## The Colorado River Indian Tribes Regional Partnership Council

Arizona voters expressed their commitment to early childhood development and health with the passage of Proposition 203, now known as First Things First, in November, 2006. In recognition of the government-to-government relationship with federally recognized Tribes, Proposition 203 included a provision allowing each tribe with tribal lands located in Arizona, the opportunity to participate within an FTF designated region, or elect to be designated as a separate region. The Colorado River Indian Tribes was one of ten Tribes that elected to have their tribal lands designated as its own region.

In January 2007, First Things First released Arizona's first statewide needs and assets report of the state of early childhood in Arizona. The report, *Building Bright Futures: A Community Profile*, provided data on early childhood education practice and capacity, highlighting existing resources or assets available to support early childhood efforts, and identified opportunities for creating a comprehensive early childhood improvement plan for the state of Arizona. Thirty-one Regional Partnership Councils were created to represent early childhood interests at the local level and, among other responsibilities, conduct a community-level needs and assets every two years. Each eleven-seat council, comprised of community stakeholders, includes: Early Childhood Educators, Parents, School Administrators, Business Leaders, Health and Faith-based organization representatives.

This report presents findings from the first local needs and assets completed in 2008 for the Colorado River Indian Tribes Region. It will be used to guide strategic planning and funding decisions on behalf of the FTF state initiative mandated by Proposition 203.

The First Things First Colorado River Indian Tribes Regional Partnership Council (Regional Council) works to ensure that all children in the region are afforded an equal chance to reach their fullest potential. The Regional Council partners with the community to provide families with opportunities to improve their children's educational and

developmental outcomes. By investing in young children, the Regional Council and its partners will create and enhance services that build brighter futures for the next generation of Arizona citizens. and that contribute to the region's economic growth and overall well being.

To achieve this goal, a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region will need to be developed. As a first step, the *Building Bright Futures* report provides indicators that reflect child well being in the state and begins the process of assessing needs and establishing state-wide priorities. The report reviews the status of programs and services serving children and their families, highlighting the challenges confronting families and the community. The report also identifies existing opportunities for



improving the health, well-being and school readiness of young children.

The Regional Council will engage in strategic planning in the fall of 2008 and develop a three-year strategic direction to define the Regional Council's initial focus for achieving positive outcomes for young children and their families. The strategic plan will align with the Statewide Strategic Direction approved by the FTF Board in March 2008.

To effectively plan and make these strategic decisions, the Regional Council must first be fully informed of the current status of children in the Colorado River Indian Tribes Region. The local Needs and Asset report will assist with this planning through the identification of regional needs and assets and the synthesis of community input. This initial report begins to outline potential priority areas in which the Regional Council may focus its efforts and resources.

It is important to note the inherent challenges in writing this report. While numerous sources for data exist in the state and region, some information was difficult to interpret and not all state data could be analyzed at a regional level. In some instances, the lack of a coordinated data collection system among the contracted Consultants, various state agencies, tribal programs and early childhood organizations produced statistical inaccuracies and duplication of numbers. Additionally, many indicators that could effectively assess children's healthy growth and development are not currently or consistently measured for this diverse and rural community.

The most current and available data that does exist was collected from state agencies, the Colorado River Indian Tribes, La Paz County, the Town of Parker resource programs and a broad array of community-based organizations. While the 2000 Census data reported here may not be a true reflection of the Region's current status, First Things First began the process of compiling verifiable published and unpublished information to create a picture of the well being of children and families in the Region.

The goal of First Things First is to improve data collection so reliable and consistent statistics are available at the regional level. In the fall of 2008, FTF conducted a Family and Community Survey that provided information on parent knowledge related to early childhood development and health as well as their perception of access to and the coordination of existing services.

## Overview of Region: Colorado River Indian Tribes

---

Parker, Arizona is the primary community on the reservation. The township within the reservation boundary line contains tribal and non-tribal ownership of property and adds to the diversity of the Region. The town site of Parker was originally laid out in 1905 for the purpose of providing a railroad layover, watering and shipping station. Meeting the diverse needs of this community has been a continuous process for the various cultures that lie within these boundaries.

Local resources serving this Region include programs from the Colorado River Indian Tribes, La Paz County, the Town of Parker and various state and federal agencies. As mentioned earlier, the community is served by the Parker Unified School District which includes Blake, Wallace and LePera Elementary Schools and Parker High School. Ombudsman and the Alternative Behavioral Learning Environment (A.B.L.E.) are alternative learning programs located in the Town of Parker and funded by the school district. There are also two privately sponsored faith-based schools within the region.

According to the Colorado River Indian Tribe's web site, the approximately 3,500

enrolled tribal members are estimated to be just less than half of the total population of the Region.

Family support is a foundation for enhancing children's positive social and emotional development. Children who experience sensitive, responsive care from a parent perform better academically and emotionally. The Colorado River Indian Tribes Region has a number of family support resources. Programs such as the Women, Infants, and Children (WIC), CRIT Head Start Program, Department of Economic Security, the IHS Public Nursing, La Paz Regional Case Management and Social Services and the La Paz County Health Department, among others, provide opportunities for parents to obtain information on nutrition, immunizations, the importance of physical activity, early childhood development, early childhood special needs, and other family support resources.

Community programs partner to provide services to achieve a common goal of strengthening overall health and wellness for children birth to age five. These resources are limited, however, existing services include resources on healthy lifestyles, drug and alcohol awareness, prevention and behavioral health. Resources within the Region such as Excel, IHS Behavioral Health, La Paz Tobacco Prevention, CRIT Diabetes Prevention, the Methamphetamine Coalitions and the Town of Parker and CRIT Recreational programs all promote healthy lifestyle activities. The CRIT and Parker Fire Departments and River Medical Ambulance service sponsor injury prevention activities to the community. While prevention activities are in place, a majority of these programs face limited budgets as well as the lack of staff certifications allowing direct services for children birth through five.

Preservation of culture is also a priority for this Region. Sustainability of families' ethnicity and traditions are included in some resource programs' objectives. The school district provides English Language Learning (ELL) Classes for Spanish speaking children and the Head Start Program has bilingual classes for the transition of Spanish speaking children into the public school. The Parker Unified School District Superintendent's Office meets monthly with the CRIT Johnson O'Malley Program (JOM), a supplemental education program serving the Region's native students and their families. JOM hosts a monthly network meeting for all community programs directly or indirectly invested in local educational systems.

The CRIT Region's public interest in early childhood has historically been supported by the existing early childhood and health programs. However, public awareness can be enhanced to include current research in early childhood development in order to increase families' understanding of the lasting impact of home and community environments on children's early development. A variety of media are available to raise public awareness and communicate information about early childhood education and programming. Community programs announce activities in program newsletters. The Manataba Messenger, the quarterly CRIT newspaper, provides tribal news, program announcements, employment opportunities, tribal member recognition, and other information; it is also available online. Other public awareness efforts are provided by the Parker Pioneer, the weekly regional newspaper, the Indian Health Service, and Arizona Western College cable channel which provides educational programming. Parker and CRIT libraries disseminate information and online announcements and the La Paz Regional Hospital also publishes a community newsletter. While public awareness efforts exist, barriers include the accessibility of media publications, internet access and the schedules of printed publications.

## Regional Child and Family Indicators

The well being of children and families in our Region can be explored by examining indicators or factors that describe early childhood health and development. Needs assessment data on indicators provide policy makers, service providers, and the community with an objective way to understand the factors that may influence a child’s healthy development and readiness for school and life. The indicators included in this section are similar to indicators highlighted in the statewide needs and assets report:

- **Population demographics** – race, ethnicity, language, and family composition
- **Economic status of families** – employment, income, poverty and parents’ educational attainment
- **Trends in births**
- **Health insurance coverage and utilization**
- **Child safety** – abuse, neglect and child deaths
- **Educational achievement** – elementary school performance and high school graduation

However, the timeline for collecting and researching verifiable data presented constraints. In some instances no reliable or comparable contemporary data exist at the regional level; and in others this data was compared with state and national data. For example, some statistics may reflect La Paz County or the State of Arizona. Despite data availability constraints, it was determined that the data in the CRIT Needs and Assets Report provides important measures to track because they outline a picture of a child’s chance for success.

### Regional Population

According to the 2000 US Census, the overall population of the CRIT Region was 8,921, with the population of children ages 0 – 5 666. Population comparisons by region, state and the U.S. are displayed below:

#### Population – All Ages –Colorado River Indian Tribes Region

	2000
<b>CRIT Region</b>	8921
<b>Arizona</b>	5,130,632
<b>U.S.</b>	281,421,906

Source: U.S. Census (2000)

#### Population for children ages 0-5 years – Colorado River Indian Tribes Region

	2000
<b>CRIT Region</b>	666
<b>Arizona</b>	459,141
<b>U.S.</b>	23,140,901

Source: US Census (2000)

It should be noted that US Census population counts for American Indians do not always accurately reflect the population. Contributing factors include: race/ethnicity data is self reported, the vast rural geography where the census collection process may not allow every home to be reached and accounted for, the distrust of census workers coming into the home or the lack of understanding of how the Census data will be used. The CRIT Regional Council anticipates supporting strategies for greater participating of the CRIT Region in the upcoming 2010 Census.

## Regional Race, Ethnicity, and Language

### Race and Ethnicity Characteristics

The Colorado River Indian Tribes was created in 1865 by the Federal Government for the “Indians of the Colorado River and its tributaries,” which originally referenced the Mohave and Chemehuevi who had inhabited the area for centuries. Navajo and Hopi peoples relocated to the reservation years later. Today the Colorado River Indian Tribes Region is 30 percent American Indian, 46 percent White, and 38 percent Hispanic.

#### Race/ Ethnicity Characteristics\* (All Ages) Colorado River Indian Tribes Region

	American Indian or Alaska Native	White	Hispanic or Latino	Black or African American	Asian or Pacific Islander
<b>CRIT Region</b>	30%	46%	38%	1%	>1%

ADHS Primary Care Area Statistical Profile (2006) \*In some instances rows will not add up to 100 percent because the variable being measured (race/ethnicity) is not mutually exclusive.

### Language Characteristics

Each of the four Colorado River Indian Tribes has a distinct language and culture. Chemehuevi is a language of the Western Paiute. Mohave is considered a Hokan language, also known as a River Yuman language. The Navajo language is an Athabaskan language and is the most spoken Native American language in the United States. The Hopi language is Uto-Aztecan, closely related to the languages of the southwestern pueblos.

While the Region has limited fluent speakers within the Chemehuevi and Mohave languages, many local resource programs have begun advocating for language and culture preservation projects. The Colorado River Indian Tribes has a written and published Mohave Dictionary which is made available to enrolled members. The CRIT Library sponsors Mohave language classes and Chemehuevi Elders have also begun a language preservation effort to teach the language and traditional songs to local community children. The Hopi and Navajo language are more frequently spoken within the Region, in most cases only in the homes. The CRIT Head Start Program promotes Tribal and Hispanic culture within their curriculum. Other than English, Spanish is the most frequently language spoken within the Region. According to the 2007 – 2008 CRIT Head Start Program Information Report, 25 percent of enrolled students spoke Spanish. Spanish classes are offered through the local community college and within the local school district. While the school district encourages local cultures to share traditional practices during special activities within the schools, these opportunities are limited.

Language primacy or fluency, is generally not measured until children reach age five. As a result, data on these characteristics is usually representative of children over the age of five. Data from the most recent 2008 KidsCount and American Community Survey estimate that up to 32 percent of Arizona children ages 5 to 18 speak another language in addition to English.

The opportunity and support of language and literacy outside of the English language, needs to be prioritized within the Region. Culture creates a foundation of identity and pride in children and their families, which leads to self-worth and a base for success.

## Family Composition

---

In 2000, the majority of children within the Region lived in households with two parents, although the region has a significantly higher percentage of single parent families than the state and the nation.

### Percentages of Single Parent Households With Children 0-18 Years— Colorado River Indian Tribes Region

	Female Head of Household	Male Head of Household	Two Parent Household
<b>CRIT Region</b>	22%	8%	70%
<b>Arizona</b>	15%	7%	78%
<b>U.S.</b>	17%	6%	77%

Source: U.S. Census (2000)

Approximately one out of every three households in Arizona, since 2000, has been headed by a single parent<sup>1</sup>. One of the more reliable predictors of a child receiving early education and care services is whether the child’s mother is a single parent who needs to work to support the family. Nationally, in 1999, 91 percent of working mothers of 4-year olds used early childhood education and care programs.

It is important to take into account cultural considerations when interpreting statistics of rural and Native American families. The role of the extended family in these communities is very different from other extended family units within Western society<sup>2</sup>. The extended family often includes several households of significant relatives that form a network of support. This is the situation within the CRIT Region and especially within the family culture of each of the tribes within the Region. Matrilineal and patrilineal traditional values define the extended family structure which is well known and supported by the Regions school district and community resources. Grandparents, Aunts and Uncles play a major role in the early care and education of the community’s children.

### Teen Parent Households

The percentage of teen pregnancy for the Colorado River Indian Tribes Region is lower than the state figure for American Indians and slightly higher than the state overall. The percentage of teen pregnancies was considerably lower in 2006 than in 2004 and 2005.

1 This estimate is from Kids Count

2 Red Horse, J. (1981). American Indian families: Research perspectives. In F. Hoffman (Ed.), *The American Indian Family: Strengths and Stresses*. Isleta, NM: American Indian Social Research and Development Associates.

Babies born to teen mothers are more likely to be born at a low birth weight, experience health problems and developmental delays, experience abuse or neglect and perform poorly in school. As they grow older, these children are more likely to drop out of school, face legal issues, and end up as teen parents themselves.<sup>3</sup> The Region has Teen Pregnancy Prevention Programs which focus on healthy lifestyles, pregnancy prevention and personal growth. For those teens who are parents, the Indian Health Service and La Paz County Health Department offer parenting classes to ensure a healthy and safe experience for both the new mother and child.

The state average for teenage births has remained relatively constant at about 13 percent but little progress has been made in reducing the prevalence of Arizona teen mothers giving birth to a second child. From 2000 to 2006, approximately 22 percent<sup>4</sup> of births to teen mothers were the mother's second child. In 2008, Arizona ranked 41<sup>st</sup> among the states for the highest high school drop-out rates, leading to speculation that many teen mothers may also be challenged in the workforce to provide for their children because they lack a high school diploma. Ironically, dropout prevention studies consistently identify the need for high-quality early childhood education to *prevent* later high school drop-out and which in turn is cited in the early childhood literature as one reason why children of teenage mothers often have poor early childhood outcomes themselves.

### **Grandparent Households**

Arizona has approximately 4.1 percent of grandparents residing with one or more grandchildren, which is slightly higher than the 3.6 percent national average.<sup>5</sup> Of the grandparents who live with their grandchildren within the Region, 55 percent report that they have primary caretaking responsibilities. For many grandparent caregivers this responsibility is a long term commitment.<sup>6</sup> The need for parenting skills, family support and resources such as transportation are high for these households. While, these types of supports exist within the Region, outreach to these families need to be enhanced. The role of caretaker may be easier for those grandparents who have raised their grandchildren from birth. It is however, more difficult for those who suddenly take on the added responsibility of a child who is already a few years old and may have special needs or developmental delays due to neglect, substance abuse or severe health problems. It is also an even harder hardship on the more elder caretakers who may have physical or health problems themselves.

## **Employment, Income and Poverty**

---

Major employers within the Region are the Colorado River Indian Tribes, La Paz County, the Town of Parker and the State of Arizona. Private businesses include real estate, medical offices, restaurants and agriculture development. The Tribe is among the top employers within the Region and its resort and casino are a driving economic force of the tourism industry.

3 Annie E. Casey Foundation. KidsCount Indicator Brief: Preventing Teen Births, 2003.

4 Ibid.

5

6 Ibid.

According to data provided by the Colorado River Indian Tribes (CRIT), the employment rates for enrolled tribal members has increased since 2004. The following chart represents full time employees and their ethnic and gender distribution.

**Employment Rates–Colorado River Indian Tribes Region**

	2004	2005	2006	2007	2008
<b>Number of CRIT Employees</b>	279	300	339	396	439
<b>American Indian Male</b>	30.8%	30.0%	29.5%	28.2%	27.1%
<b>American Indian Female</b>	45.5%	44.6%	43.9%	41.1%	40.3%
<b>Hispanic Male</b>	9.3%	10.0%	10.9%	12.8%	13.6%
<b>Hispanic Female</b>	4.6%	4.6%	4.4%	4.5%	4.7%
<b>White Male</b>	6.4%	7.0%	7.3%	7.3%	7.9%
<b>White Female</b>	3.2%	3.6%	3.8%	5.3%	5.2%

\*Source: Colorado River Indian Tribes Human Resources Department, 2008

Employment status can impact the home and family environment. In Arizona, recent unemployment rates have ranged from a high of 6 percent in 2002 to a low of 3.3 percent in May of 2007. For the most recent twelve month reporting period, unemployment in Arizona has followed the national trend where an economic downturn has led to higher joblessness rates in most states. In growth-prone areas of Arizona such as Phoenix, unemployment rates have been slower to creep up toward the state and national averages.<sup>7</sup>

For the Colorado River Indian Tribes Region, the unemployment rate was 6.3 percent in 2007 as compared to 3.8 percent for the rest of Arizona. The current economy crisis has affected nationwide employment and fuel costs, thereby affecting tourism which the Region relies heavily upon. This trend, however, is not reflected in the unemployment rates in the table below.

Unemployment layoffs tend to be consistent among entry level positions. Those individuals with higher education degrees or vocational training certifications are more likely to remain successfully employed. The community needs to be made aware that higher education and job skills training are a much needed personal resource to ensure job security.

**Unemployment Rates–Colorado River Indian Tribes Region**

	2000	2001	2002	2003	2004	2005	2006	2007
<b>CRIT Region</b>	7.6%	7.9%	8.3%	8.6%	8.1%	8.2%	6.8%	6.3%
<b>Arizona</b>	4.0%	4.7%	6.0%	5.7%	4.9%	4.6%	4.1%	3.8%
<b>U.S.</b>	4.0%	4.7%	5.8%	6.0%	5.5%	5.1%	4.6%	4.6%

Source: Arizona Department of Commerce, Research Administration. Arizona Unemployment Statistics Program Special Unemployment Reports (2000-2007)

<sup>7</sup> Arizona Dept. of Commerce, Research Administration (June, 2008).

## Annual Income

According to the 2000 Census, the annual median household income reported for the Region was \$27,354 compared to \$40,558 for the state and \$41,994 for the nation.

### Median<sup>8</sup> Annual Household Income (per year – pretax)–Colorado River Indian Tribes Region

	2000
<b>CRIT Region</b>	\$27,354
<b>Arizona</b>	\$40,558
<b>U.S.</b>	\$41,994

Source: US Census 2000

## Families in Poverty

Families living at or below the Federal Poverty Guidelines represent 17 percent of households in the Region. This is 7 percent higher than households in Arizona and 8 percent higher than the nation. For a family of four, the Federal Poverty level is \$21,200 a year (for the 48 contiguous states and D.C.).<sup>9</sup>

### Families\* Living at or Below the Federal Poverty Level (2000)–Colorado River Indian Tribes Region

	Percent of Households Living At or Below the Federal Poverty Level
<b>CRIT Region</b>	17%
<b>Arizona</b>	10%
<b>US</b>	9%

\*Only families with children 18 years or under were included. Source: U.S. Census 2000 SPF pg 90

Families living at or below 200 percent of the Federal Poverty Level generally qualify for services such as food stamps or the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

The WIC Program serves the entire CRIT Region and surrounding La Paz County. WIC’s scheduled caseload is 1,000 participants. As of July 2008, WIC was serving approximately 980 participants. WIC provides a monthly breast feeding support group and a monthly story time and play group for mothers and children which focus on the importance of healthy eating and physical activity.

In June 2008, 1,339 households in La Paz County received food stamps benefits, with an average household allotment of \$223.44 compared to January 2007 where 1,294 of La Paz County households received benefits with an average allotment of \$226.60. The slight decrease may be attributed to seasonal workers, which is common within the farming community, or a more stable economy during the year 2007.

8 The median, or mid-point, is used to measure income rather than taking the average, because the high income households would skew the average income and artificially inflate the estimate. Instead, the median is used to identify income in the middle of the range, where there are an equal number of incomes above and below that point so the entire range can be represented more reliably.

9 Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.

**Public Assistance Benefits – CRIT Region**

Benefits For Region	Number of Recipients
Children WIC Recipients	980*

Source: CRIT Women, Infant and Children Program

The Inter Tribal Council applied for a grant from the U.S. Department of Agriculture in partnership with the Tribe to build a new facility for the CRIT WIC Program which should be completed in December 2008. The WIC Program plans to increase their services and parent education programming once they relocate to the new building. A priority need within the program is to staff an additional outreach person to ensure that outlying La Paz County communities receive full WIC services. However, at this time, funding does not allow for the additional staffing.

**Parent Educational Attainment**

---

Both women and men are more likely to have higher incomes if they have completed greater than a high school education. Income increases with additional years of education and advanced degrees. Although wages for women continue to be less than men, additional education helps to narrow the wage gap. For example, according to 2004 statistics a woman with less than a 9<sup>th</sup> grade education could expect to earn less than \$18,000 per year, but with a high school diploma that income expectation rose to more than \$26,000 per year. With a bachelor’s degree in 2004, women were reporting an income of \$41,000 per year.<sup>10</sup>

Research has shown consistent positive effects of parent education on aspects of parenting knowledge and behaviors such as parenting approaches, attitudes, and childrearing philosophy. Parents who have higher educational attainment can potentially impact their child outcomes by providing an enhanced home environment that reinforces early brain development, cognitive stimulation and increased use of language.<sup>11</sup> Past research has demonstrated the effect of parental educational attainment on a child’s own educational success later in life and some studies project that up to 17 percent of a child’s future earnings may be linked (through their own educational achievement) to whether or not their parents or primary caregivers also had successful educational outcomes.

The region provides many opportunities for parents to continue their education and vocational training. The Region’s Head Start program offers Parent Substitute Training each academic year. The program also allows for parent training in the area of best practices, health and developmental research and early literacy through state-wide and national conferences. The Town of Parker Career Center assists with GED preparation and the Colorado River Indian Tribes Career Development Office provides scholarship opportunities for tribal members to obtain vocational certifications or higher education degrees.

As the table below shows, approximately 22 percent of births nationally are to mothers who do not possess a high school diploma. According to data reported from 2002 to 2006, about 57 percent of mothers who gave birth in the Region had a high

<sup>10</sup> US Census Bureau, *Income by education and sex*.

<sup>11</sup> Hoff, E., Laursen, B., & Tardiff, T. (2002). Socioeconomic status and parenting. In M.H. Bornstein (Eds.), *Handbook of parenting, Volume II: Ecology & biology of parenting* (pp.161-188). Mahwah, NJ: Lawrence Erlbaum Associates.

school diploma while approximately 40 percent had less than a high school diploma. The percent of mothers without a high school diploma increased from 2004 and 2005. The state rate for births to mothers with no high school diploma also increased to 28 percent from 20% the previously two years.

**Percentage of Live Births by Mother’s Educational Attainment–Colorado River Indian Tribes Region**

		2002	2003	2004	2005	2006
<b>CRIT Region</b>	No H.S. Diploma	26%	22%	36%	40%	25%
	H.S. Diploma	57%	48%	42%	33%	46%
	1-4 years College	15%	28%	16%	15%	19%
<b>Arizona</b>	No H.S. Diploma	20%	21%	20%	20%	28%
	H.S. Diploma	29%	29%	29%	29%	30%
	1-4 years College	32%	32%	32%	33%	33%
<b>U.S.</b>	No H.S. Diploma	15%	22%	22%	N/A	N/A
	H.S. Diploma	N/A	N/A	N/A	N/A	N/A
	1-4 years College	21%	27%	27%	27%	27%

Source: Vital Statistics (2006); Health Status Profile of American Indians Databook. Data on post-graduate education was not included; percentages will not total 100%

## Healthy Births

### Prenatal Care

Early and continuous prenatal care has been shown to support healthy birth outcomes. A healthy pregnancy leading to a healthy birth sets the stage for a healthy infancy during which time a baby develops physically, mentally, and emotionally into a curious and energetic child. Yet in many communities, the percent of pregnant women who begin care in the first trimester and have nine or more prenatal care visits is far below what it could be to ensure this healthy beginning. Those less likely to access early and continuous prenatal care in communities and neighborhoods include pregnant adolescents, and non-English speaking residents. Teens may lack the information and support needed to enter prenatal care early. Lack of literacy skills, transportation, and lack of insurance coverage are also barriers to seeking and securing prenatal care.<sup>12</sup> In addition, cultural ideas about health care practices may be contradictory and difficult to overcome, so that even when health care is available, pregnant women may not understand the need for early and regular prenatal care.<sup>13</sup>

Late or no prenatal care is associated with many negative outcomes for mother and child, including:

- Postpartum complications for mothers
- A 40 percent increase in the risk of neonatal death overall
- Low birth weight babies, and
- Future health complications for infants and children.

12 Ashford, J. , LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment*. Belmont, CA: Thompson Brooks/Cole.  
 13 LeCroy & Milligan Associates (2000). *Why Hispanic Women fail to seek Prenatal care*. Tucson, AZ.

The following table represents selected characteristics of newborns and mothers for the Region. In 2007, approximately 71% percent of mothers within the Region received prenatal care during the first trimester, compared to 58% in 2004. According to national statistics, 83 percent of pregnant women received prenatal care in their first trimester, compared to 77 percent in Arizona.<sup>14</sup> Overall, pregnant women across Arizona often fail to receive *early* prenatal care.

### Selected Characteristics of Newborns for the Colorado River Indian Tribes Region

Year	Total Births in Region	Mothers 19 Years Old or Younger	Prenatal Care in the 1 <sup>st</sup> Trimester	No Prenatal Care	Public Payer For Birth*	LBW Newborns (<2500 grams at birth)
2007	174	44	122	3	126	16
2006	175	25	122	3	116	9
2005	180	42	111	141	10	6
2004	169	31	98	144	4	6

Source: ADHS, Statistical Profile (2004, 2005, 2006, 2007) \*Public Payer: AHCCCS or Indian Health Service

Ethnicity is also a determinant of prenatal care obtained in the first trimester. In Arizona, Native American women are least likely to start prenatal care in the first trimester. According to 2005 data, 32 percent of Native American women did not start prenatal care in the first trimester, followed by Hispanic women at 30 percent, Black women at 24 percent and White women at 12 percent.<sup>15</sup> Efforts to increase prenatal care should address ethnic differences and other barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, teenage motherhood, stress and domestic violence.<sup>16</sup>

The above data demonstrates the need for Prenatal Education, Outreach and Parent Education on health and developmental risks. While these services are currently available to the Region through the Women Infant and Children's program, Indian Health Service and the La Paz County Health Department, the area of accessibility, availability and outreach need to be prioritized to ensure public awareness and current research are afforded to the community to ensure healthy babies are born to the Region. Prevention is overall less costly health wise and financial wise, than intervention to children diagnosed with developmental delays or health issues in their later years due to no prenatal care.

### Low Birth-Weight Babies

Low birth weight (less than 5.5 pounds) and very low birth weight (less than 3 pounds 4 ounces) are associated with threat to infant health and death. Many factors contribute to low birth weight. Among the most prominent are: drug use during pregnancy, smoking during pregnancy, poor health and nutrition, and multiple births. About 6 percent of births in the Colorado River Indian Tribes Region were low birth weight.

The Centers for Disease Control reports that low birth-weight births have been rising over the past several years. Arizona does not share this trend and has fewer low birth-weight babies each year. Studies have suggested that Arizona's lower than aver-

14 Child Health USA 2003, U. S. Department of Health and Human Services, Health Research and Services Administration.

15 Arizona Department of Health Services, Health disparities report, 2005.

16 <http://www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf>

age incidence of pregnant women who smoke cigarettes accounts for better outcomes regarding birth-weight than is seen in other cities in the United States. In 2004, the national incidence of pregnant women who smoked cigarettes was over 10 percent, while the Arizona rate was only 5.9 percent.

### **Pre-term Births**

Pre-term births, defined as birth before 37 weeks gestation, account for nearly one-half of all congenital neurological defects such as cerebral palsy, and more than two thirds of infant deaths.<sup>17</sup> In the previous chart, low birth weight is presented. Because these indicators are closely linked, low birth weight, in this report, is considered a proxy for pre-term births. Low birth weight has a direct link to the gestational age at which the child is born. Overall, the rates of premature birth have been rising in the U.S. over the past twenty years, with some studies pointing to advances in neonatal care capabilities, as well as a higher incidence of caesarian sections that are not medically necessary, as contributing to these rates. The rate of pre-term births in the United States has increased 30 percent in the past two decades.<sup>18</sup> One half of all pre-term births have no known cause. One factor to consider is that, since 1996, the caesarean section rate has risen to 30 percent, with the latest studies showing that 92 percent of babies delivered by C-section from 1996 to 2004 were judged, after birth, to be “late pre-term,” meaning they were born after thirty-four to thirty-seven weeks of pregnancy as opposed to the typical thirty-eight to forty-two weeks.<sup>19</sup>

### **Births to Teen Mothers**

In spite of a declining teen birth rate, teenage parenthood is a significant social issue in this country. Teen parents face significant obstacles in being able to rear healthy children. Teen parents are generally unprepared for the financial responsibilities and the emotional and psychological challenges of rearing children. In most cases these young parents end up dropping out of school and settling for minimum wage paying jobs. The Region’s support services address issues faced by teen mothers by sponsoring parenting classes, promoting public awareness, teen pregnancy prevention and job skills training.

There are no birthing centers or OB-Gyn doctors within the CRIT Region. The La Paz County Health Department sponsors the “Welcome Baby Basket” program which includes information on nutrition, safety and resource referrals for families who have infants one year and younger. The Indian Health Service also offers incentives to their participants enrolled in their weekly Parenting Classes.

## **Health Insurance Coverage and Utilization**

---

Medical coverage is provided to families of the Colorado River Indian Tribes Region through the Indian Health Services (IHS), the Arizona Health Care Cost Containment System (AHCCCS) – Arizona’s Medicaid program, and private medical coverage through employers. The IHS, an agency within the Department of Health

17 Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. Overview: New perspectives on the stubborn

18 Mayo Clinic. Premature births, November, 2006.

19 Preliminary births for 2005: Infant and Maternal Health National center for Health Statistics.

and Human Services, provides federal health services to American Indian regions. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship was established in 1787, and is based on Article I, Section 8 of the Constitution, numerous treaties, laws, Supreme Court decisions, and Executive Orders<sup>20</sup>.

### Uninsured Children

Health insurance significantly improves children’s access to health care services and reduces the risk that illness or injury will go untreated or create economic hardships for families. Having a regular provider of health care promotes children’s engagement with appropriate care. Research shows that children with health care insurance<sup>21</sup>:

- Are more likely to have well-child visits and childhood vaccinations than uninsured children
- Are less likely to receive their care in the emergency room
- Do better in school

When parents can’t access health care services for well child care such as immunizations, there may be delayed diagnosis of health problems, failure to prevent health problems, or the worsening of existing conditions.<sup>22</sup> Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.<sup>23</sup>

From 2001 to 2005, Arizona had a higher percentage of children without health insurance coverage than the nation. One reason that Arizona children may be less likely than their national counterparts to be insured is that coverage is not available through their parents’ employer. In Arizona, 48 percent of children (ages 0-18) receive employer-based coverage, compared to 56 percent of children nationally.<sup>24</sup>

#### Percentage of Children (0-5 years) Without Health Insurance Coverage

	2001	2002	2003	2004	2005
<b>Arizona</b>	14%	14%	13%	14%	15%
<b>U.S.</b>	10%	10%	10%	10%	10%

Source: Kids Count

The following table compares the percent of children in Arizona receiving no medical care for those insured all year versus those uninsured all or part of the year. As

20 [www.ihs.gov](http://www.ihs.gov)

21 Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005. Dubay, L., & Kenney, G. M., Health care access and use among low-income children: Who fares best? *Health Affairs*, 20, 2001, 112-121. Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau’s March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

22 Chen, E., Matthews, K. A., & Boyce, W. T. , Socioeconomic differences in children’s health: How and why do these relationships change with age? *Psychological Bulletin*, 128, 2002, 295-329.

23 National Education Goals Panel. *Reconsidering children’s early developmental and learning: Toward common views and vocabulary*. Washington DC.

24 Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau’s March 2006 and 2007 Current Population Survey. Arizona Department of Health Services, Community Health Profile, Phoenix, 2003.

the chart shows, over 38 percent of children who are uninsured all or part of the year, are not receiving medical care compared to 15 percent of children who are insured throughout.

**Percent of Children (0-17) Not Receiving Any Medical Care, 2003**

	Insured All Year		Uninsured All or Part of the Year	
	Percent not receiving medical care	Number not receiving medical care	Percent not receiving medical care	Number not receiving medical care
<b>Arizona</b>	14.8	171,303	38.1	134,259
<b>US</b>	12.3	7,635,605	25.6	2,787,711

Source: Robert Wood Johnson Foundation. Protecting America’s Future: A State-By-State Look at SCHIP and Uninsured Kids, August 2007.

The table below, of children enrolled in AHCCCS or KidsCare (two of the state’s public health insurance programs), indicates that 29 percent of the region’s children (ages 0-5) were enrolled in AHCCCS or KidsCare in 2005. This is nearly 7 percent higher than for children in the state..

**Percent of Children (0 – 5) Enrolled in AHCCCS, KidsCare and Medicare – Colorado River Indian Tribes Region**

	AHCCCS	KidsCare	Medicare
<b>CRIT Region</b>	26%	3%	16%
<b>Arizona</b>	18.4%	3.8%	11.1%

Sources: AHCCCS Report AHAHX431 (2005); KidsCare, Report AHAHR431, percent of 2005 population 0 – 19 yrs (2005); Centers for Medicare and Medicaid Services, Dept. of Health and Human Services (2003);

As reported within the Colorado River Indian Tribes Head Start 2007 – 2008 Program Information Report, 97 percent of Head Start enrolled children had health insurance. While many children do receive public health coverage, many others who likely qualify, do not. In 2002, the Urban Institute’s National Survey of America’s Families estimated that one-half of uninsured children in the United States are eligible for publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.<sup>25</sup> Indeed, the large percentage of families who fall below 200 percent of the Federal Poverty Level in the region suggest that many children are likely to qualify for public coverage. National studies suggest that these same children are unlikely to live in families who have access to employer-based coverage.<sup>26</sup> Children who are enrolled members of a federally recognized tribe can access medical care through the Indian Health Service.

Within the CRIT Region, health coverage is not the only factor that affects whether or not children receive the medical care that they need to grow up healthy. Public awareness of existing services available to families is also a huge factor. For example, parents of children with special needs may not understand the important role that physical and occupational therapy can play in the development of their child. Health

25 Genevieve Kenney, et al, “Snapshots of America’s Families, Children’s Insurance Coverage and Service Use Improve,” Urban Institute, July 31, 2003.

26 Long, Sharon K and John A. Graves. “What Happens When Public Coverage is No Longer Available?” Kaiser Commission on Medicaid and the Uninsured, January 2006.

insurance may cover these costs and state assistance is available through the Division of Developmental Disabilities through the Region's Department of Economic Security Office, however, local families are often not aware of these opportunities or simply do not possess the knowledge of the importance of early childhood development practices. Other factors influencing a family's access to services for young children with special needs include: the availability of services, the number of health care specialists, the geographic proximity of needed services, and the competency of services. Currently, many of the Region's children with special needs are served by specialists within the Parker Unified School District, Head Start Program and resources located outside the region such as Lake Havasu City, 45 miles away. Parents travel as far as Phoenix (150+miles) to participate in parent training regarding Autism provided by the Southwest Autism Research Resource Center (SARRC). These services are not offered locally. In addition to registration fees, families must pay transportation and meal costs. The 2006–2007 CRIT Head Start Program Information Report indicated that 38 enrolled children (20%) had a current Individual Education Plan (IEP) in place; in the 2007-2008 program year, 28 children (15%) had an IEP and were determined eligible by the Local Education Agency to receive special education and related services.

Lack of health coverage and other factors combine to limit children's access to health services. For example, according to a 2007 report by the Commonwealth Fund, only 36 percent of Arizona children under the age of 17 had a regular doctor and at least one well check visit in the last year. According to the same study, only 55 percent of children who needed behavioral health services received some type of mental health care in 2003.<sup>27</sup>

## Medical Health Insurance Utilization

While a variety of factors ultimately influence access to health care, health coverage does play an important role in ensuring that children get routine access to a doctor or dentist's office. For example, for children under age five enrolled continuously in AHCCCS in Arizona, 78 percent received at least one visit to a primary care practitioner (such as a family practice physician, a general pediatrician, a physician's assistant, or a nurse practitioner) during the year in 2007. Data for children continuously enrolled in AHCCCS is not available for the Region.

According to the 2007-2008 Head Start Program Information Report, 100% of Head Start enrolled children had an ongoing source of continuous and accessible, routine, preventive and acute medical care. Sixty-seven percent of these children received medical services through the Indian Health Service.

## Oral Health Access and Utilization

Access to dental care is also limited for young children in both the state and the region. There is no data available for the entire Colorado River Indian Tribes Region, however the table below provides a snapshot of oral health access and utilization through the CRIT Head Start Program. The table indicates that 100 percent of children received a complete exam and of the 31 percent that needed treatment, 30% received that treatment.

---

<sup>27</sup> Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

**Oral Health of Head Start Children—Colorado River Indian Tribes Region**

2007-2008	Number of Children	Dental Home	Completed Exam	Preventive Care (% of exams)	Needed Treatment (% of exams)	Received Treatment (% of those who needed)
Colorado River Indian Tribes	195	195 (100%)	195 (100%)	195 (100%)	59 (31%)	58 (30%)

Source: Colorado River Indian Tribes Head Start PIR Program Year 2007-2008

Enrollment in Head Start helps ensure access to medical and dental care. Head Start requires children enrolled in its program to receive well child and oral health visits. One hundred percent of children in the Colorado River Indian Tribes Head Start Program had a dental care provider for the 2007-2008 program year.

**Child Safety**

All children deserve to grow up in a safe environment. Unfortunately not all children are born into a home where they are well-nurtured and free from abuse. Additionally, some children are exposed to conditions that can lead to preventable injury or death, such as excessive drug/alcohol use by a family member, accessible firearms, or inadequate adult supervision.

**Child Abuse and Neglect**

It is important to note that the child abuse report is not an indicator of risk and is not tied to the removal of a child. There are many cases where the specific allegation in the report cannot be substantiated but it is nonetheless determined that the child is at imminent risk of harm, and services and supports are put in place to either keep the child safely at home or remove the child from the home. The reports that are considered substantiated are a subset of the total number of reports that were received, investigated, and closed during the reporting period. The Colorado River Indian Tribes Region is served by the Colorado River Regional Crisis Shelter. While child abuse data exists within the region, due to time constraints, sufficient information was not collected in this area. The Regional Partnership Council has made this a priority to be included during the next community Needs and Assets Report.

The table below provides a breakdown of reports received by each county in Arizona. Less than three tenths of a percent of reports of maltreatment occurred in La Paz County where the Colorado River Indian Tribes Region is located. The majority of the reports were for neglect and physical abuse.

**Number of Reports Received by Type of Maltreatment and County,  
April 1, 2007 – September 30, 2007**

County	Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse	Total	% of Total
Apache	1	47	33	6	87	0.5%
Cochise	6	312	154	22	494	2.7%
Coconino	3	248	124	27	402	2.2%
Gila	2	148	59	14	223	1.2%
Graham	1	61	36	12	110	0.6%
Greenlee	0	16	8	2	26	0.1%
La Paz	2	35	17	8	62	0.3%
Maricopa	117	6,098	3,424	645	10,284	57.0%
Mohave	4	417	197	34	652	3.6%
Navajo	3	234	101	9	347	1.9%
Pima	50	1,924	1,045	181	3,200	17.7%
Pinal	14	648	315	80	1,057	5.9%
Santa Cruz	2	63	38	5	108	0.6%
Yavapai	4	381	181	35	601	3.3%
Yuma	3	290	104	28	425	2.4%
<b>Statewide</b>	<b>212</b>	<b>10,922</b>	<b>5,836</b>	<b>1,108</b>	<b>18,078</b>	<b>100.0%</b>
<b>% of Total</b>	<b>1.2%</b>	<b>60.4%</b>	<b>32.3%</b>	<b>6.1%</b>	<b>100.0%</b>	

\*All data taken from Arizona Department of Economic Security Child Welfare Reports, April 1, 2007 – September 30, 2007.

In any given year, more than three million child abuse and neglect reports are made across the United States, but most child welfare experts believe the actual incidence of child abuse and neglect is almost three times greater, making the number closer to 10 million incidents each year. In 2006, 3.6 million referrals were made to Child Protective Service agencies (CPS) nationally, involving more than 6 million children. While 60 percent of these referrals were determined to be “unsubstantiated” according to CPS criteria and only 25 percent of cases resulted in a substantiated finding of neglect or abuse, research continues to show that the line between a substantiated or unsubstantiated case of abuse or neglect is too often determined by: a lack of resources to investigate all cases thoroughly; lack of training for CPS staff, where employee turnover rates remain high; and a strained foster care system, already beyond its capacity, that would be severely overwhelmed by an increased number of children.

Nationally, statistics indicate that younger children have the highest rates of neglect and abuse:

<b>Birth to 1 year</b>	24 incidents for every 1,000 children
<b>1-3 years</b>	14 incidents for every 1,000 children
<b>4-7 years</b>	14 incidents for every 1,000 children
<b>8-11 years</b>	11 incidents for every 1,000 children

According to overall child well-being indicators, in 2005, Arizona ranked 36<sup>th</sup> of the 50 states, with child abuse and neglect a leading reason for the state’s poor ranking.

Arizona's Child Fatality Review Board issued its 2005 annual report which showed that 50 Arizona children died from abuse or neglect. Contributing factors in these deaths included caretaker drug/alcohol use (31 percent), lack of parenting skills (31 percent), lack of supervision (27 percent), a history of maltreatment (20 percent) and domestic violence (15 percent). Only 11 percent of the children who died had previous Child Protective Services involvement.

In 2004, Arizona governor Janet Napolitano commissioned the Prevention System Subcommittee's *"Action Plan for Reform of Arizona's Child Protection System"*. As part of the Action Plan it was recommended that pregnant women receive better access to comprehensive prenatal care by fast-tracking health insurance processes for prenatal care, helping teenage mothers, and providing home visitation services using the existing Healthy Families model. For children up to age 4, the subcommittee recommended more parent education and support especially for teenage parents and for parents of children with special needs. The committee also recommended that these parents take advantage of early childhood education opportunities through Early Head Start and Head Start and access to quality child care.

## **Foster Care Placements**

Foster care placement is provided for children who cannot safely remain in their own homes. The extent to which foster care is used depends upon the availability of relatives to assume care of children at risk as well as the availability of foster homes and shelters in the child's community. The CRIT Region has foster care homes in place however one common characteristic is the lack of homes compared to the number of children. The lack of funding to assist foster parents also has become an issue. Due to time constraints specific data was not collected for this area. The Department of Economic Security is working to embed the Casey Foundation's Family to Family initiative into Arizona's child welfare practice. This is a nationwide child welfare initiative, and one of the core strategies in the recruitment, development and support of resource families that focuses on finding and maintaining kinship and foster families who can support children and families in their own neighborhoods.

\* Data only available for 0-14 population.

## **Child Mortality**

The infant mortality rate can be an important indicator of the health of communities. Mortality is higher for infants whose mothers began prenatal care late or received none at all, those who did not complete high school, those who were unmarried, those who smoked during pregnancy and those who were teenagers.<sup>28</sup> Furthermore, children living in poverty are more likely to die in their first year of life. Many factors that lead to a young child's death are related to health status, such as a pre-existing health condition, inadequate prenatal care or even the lifestyle choices of the parent.

Another factor contributing to child deaths in Arizona was unsafe sleep environments. In 2006, 90 previously healthy infants died unexpectedly and in 90 percent of these deaths, unsafe sleeping environment was identified as a contributing preventable factor.

28 Mathews TJ, MacDorman, M.F. & Menacker, F. Infant mortality statistics from the 1999 period linked birth/infant death data set. In National vital statistics report (Vol.50), National Center for Health Statistics.

Other key findings indicate the percentages of deaths among African American, American Indian and Hispanic children were higher than their proportions of the Arizona population. One hundred sixty-four children died in motor vehicle crashes. Of these deaths, 98 percent could have been prevented. The most common contributing factors to these children’s death were lack of vehicle restraints and excessive driving speeds. Sixty children died as a result of maltreatment, with seventy-seven percent of these maltreatment deaths occurring for children younger than six years old.

**29 Number of Deaths by Age Group– Colorado River Indian Tribes Region**

Age	2007	2006	2005
Infants <1 year	1	1	1
Children 1 – 14 years	0	1	2

Source: ADHS, Division of Publish Health Survey, 2007

The following table shows deaths among Arizona children birth to 4 years for the year 2006.

**Deaths among Arizona Children – Birth to 4 Years**

Age	Male	Female
Birth – 27 days	237	202
28 – 365 days	124	82
1 – 4 years	84	69

Source: Arizona Child Fatality Review Program 14<sup>th</sup> Annual Report, 2007, Arizona DHSB of Women’s and Children’s Health

## Children’s Educational Attainment

### School Readiness

Early childhood programs can promote successful school readiness especially for children in low-income families. Research studies on early education programs for low income children have found that participation in educational programs prior to kindergarten is related to improved school performance in the early years.<sup>30</sup> Furthermore, research indicates that when children are involved in early childhood programs over a long period of time, with additional intervention in the early school years, better outcomes can emerge.<sup>31</sup> Long-term studies have documented early childhood programs with positive impact evident in the adolescent and adult years.<sup>32</sup> Further, research has confirmed that early childhood education enhances

29 Arizona Child Fatality Review Program 14<sup>th</sup> Annual Report, 2007.

30 Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start effects sustained? A longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs. *Child Development*, 61, 1990, 495-507; National Research Council and Institute Medicine, *From neurons to neighborhoods: The science of early childhood development*; Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology*, 30, 1994, 787-804.

31 Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. *Developmental Psychology*, 30, 1994, 787-804.

32 Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. *Developmental Psychology*, 37, 2001, 231-242

young children’s social developmental outcomes such as peer relationships.<sup>33</sup>

Generally, child development experts agree that school readiness encompasses more than acquiring a set of simple skills such as counting to ten by memory or identifying the letters of the alphabet. Preparedness for school includes the ability to problem solve, self confidence, and willingness to persist at a task. While experts identify such skills as being essential to school readiness, the difficulty comes in attempting to quantify and measure these more comprehensive ideas of school readiness. Currently no instrument exists that sufficiently identifies a child’s readiness for school entry. Although Arizona has a set of Early Learning Standards (an agreed upon set of concepts and skills that children can and should be ready to do at the start of kindergarten), current assessment of those learning standards have not been validated nor have the standards been applied consistently throughout the state.

One component of children’s readiness for school is their language and literacy development. Alphabet knowledge, phonological awareness, vocabulary development, and awareness that words have meaning in print are all pieces of children’s knowledge related to language and literacy. One assessment that is used frequently among Arizona schools is the Dynamic Indicators of Basic Early Literacy Skills (DIBELS). The DIBELS is used to identify children’s reading skills upon entry to school and to measure their reading progress throughout the year. The DIBELS often tests only a small set of skills around letter knowledge without assessing other areas, such as vocabulary or print awareness, of children’s language and literacy development. The three levels of the DIBELS assessment include: benchmark ( on track to be a reader with continued support); strategic, (in need of additional support to be a reader); and intensive (in need of intensive support to be a reader).

The results of the DIBELS assessment should not be used to assess children’s full range of skills and understanding in the area of language and literacy. Instead, it provides a snapshot of children’s learning as they enter and exit kindergarten. Since all schools do not administer the assessment in the same manner, comparisons across communities cannot be made.

Children living within the Colorado River Indian Tribes Region attend school in the Parker Unified School District. The elementary schools include Wallace, Blake and LePera. The DIBELS scores for the district show that students at Parker Unified School District are performing at a level comparable to all Arizona Read First Schools.

**Basic Early Literacy as Measured by DIBELS–Colorado River Indian Tribes Region**

SFY 2006-2007 Kindergarten DIBELS						
CRIT Region	Beginning of the Year			End of the Year		
	% Intensive	% Strategic	% Benchmark	% Intensive	% Strategic	% Benchmark
<b>AZ Reading First Schools</b>	52	35	13	10	12	78
<b>Parker Unified School District</b>	53.1	34.4	12.5	12.5	12.5	75.0

\*From the DIBELS assessments available, there was one school district reporting that is attended by all students from the Colorado River Indian Tribes Region.

33 Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al *The children of the cost, quality, and outcomes study go to school: Technical report*, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.

## Elementary Education

Children who cannot read well by fourth grade are more likely to miss school, experience behavior problems, and perform poorly on standardized tests. The performance of Arizona's children on standardized tests continually lags behind that of the nation. Only fifty-six percent of Arizona's 4th graders scored "at basic" or better on the 2007 NAEP Reading Assessment, compared with a national average rate of 67 percent. The percentage of Arizona 4th graders achieving "at basic" or better on the NAEP Math Assessment increased dramatically from 57 percent in 2000 to 74 percent in 2007, but Arizona's 4th graders still score 8 percent below the national rate of 82 percent. The NAEP is a standardized means for measuring educational progress in the core subject areas beginning in the 4<sup>th</sup> grade. It is one of the earliest comprehensive assessments used with students all over the United States and it can provide helpful insights into how well students are progressing through the core subject areas and where groups of students (gender, ethnicity, income, geographic regions) may be systematically experiencing delays in their progress. The NAEP is administered to a sample of fourth grade students but data at the regional level was not available to include at the time of printing this report.

Data is available for the Colorado River Indian Tribes Region on the Arizona's Instrument to Measure Standards Dual Purpose Assessment (AIMS DPA). The AIMS DPA is used to test Arizona students in Grades 3 through 8. This assessment measures the student's level of proficiency in Writing, Reading, and Mathematics and provides each student's national percentile rankings in Reading/Language and Mathematics. In addition, Arizona students in Grades 4 and 8 are given a Science assessment.<sup>34</sup> The chart below shows Parker Unified School District performance: 75 percent of third grade children meet or exceed the standard in math, 73 percent in reading and 78 percent in writing.

### AIMS DPA 3<sup>rd</sup> Grade Score Achievement Levels in Mathematics, Reading, and Writing, 2007–Colorado River Indian Tribes

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
<b>Parker Unified</b>	7%	18%	61%	14%	5%	22%	63%	10%	5%	17%	70%	8%

FFB = Falls Far Below the Standard, A = Approaches the Standard, M = Meets the Standard, and E = Exceeds the Standard. Data included for all schools for which AIMS DPA grade score achievement levels were published. See Arizona Department of Education, Accountability Division, Research and Evaluation Section, 2007 AIMS Scale Score Table.

## Secondary Education

The completion of high school is a critical juncture in a young adult's life. Students who stay in school and take challenging coursework tend to continue their education, personally succeed, and earn significantly higher wages than their non-graduating counterparts.<sup>35</sup> A small percent of the Region's high school students attend boarding schools outside of the community but within the states of Arizona, California and

<sup>34</sup> Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.

<sup>35</sup> Sigelman, C. K., & Rider, E. A., *Life-span development*, 2003, Pacific Grove, CA: Wadsworth.

Oregon. The table below provides the graduation rates for Parker High School and Parker Alternative. While, graduation rates at Parker High School are comparable to the state’s rate for the past three years, Parker Alternative has significantly lower graduation rates.

**High School Graduation Rates 2006–CRIT Region**

CRIT Region High Schools	Parker High School Graduation Rates	Parker Alternative High School Graduation Rates
2007	88%	52%
2006	82%	60%
2005	74%	70%

Source: Parker Unified School District Superintendent’s Office

**Arizona High School Graduation Rates\***

	2004	2005	2006
Arizona	77%	74%	70%
U.S.	74%	75%	NA

\*Measured using a 4 year cohort of students.

Source: Arizona Department of Education; National Center for Education Statistics

Many factors contribute to poor attendance and low graduation rates, including transportation issues, family challenges, frequent moves, and teens’ perceptions of the value of completing high school. The students identified the primary motivation behind attending school were to be with friends, to participate in sports, to alleviate boredom, for specific classes and because parents want them to come<sup>36[371]</sup>. The CRIT Region sponsors various community activities for youth in an effort to promote school retention. These include sports, youth groups, incentive programs, healthy lifestyles, culture programs and parent involvement activities. The PUSD and CRIT Education Department are two programs that publicly award students for school achievements. The PUSD, CRIT Education Programs, Parker and CRIT Libraries, CRIT Johnson O’Malley, Tobacco and Diabetes Prevention Programs offer student tutoring programs and academic camps throughout the year. Because some students come from families where they are the first generation of high school graduates, there is a need to strengthen parental involvement especially in the area of the importance of obtaining a high school diploma.

36

37 LeCroy & Milligan Associates, Native American Dropout Prevention Initiative Year 2 Evaluation Report, 2008.



# Current Regional Early Childhood Development and Health System

## Quality

During the past decade, a number of states have initiated efforts to raise the quality of early care and education. Their actions have been prompted by research evidence linking early care and education to school readiness and the increasing numbers of parents utilizing both part and full day non-parental care arrangements for their children birth to age five. One 2002 study found that 61 percent of the nation’s young children were in some form of child care during part of the day with 34 percent of these children enrolled in some type of center-based program<sup>38</sup>. Increasing maternal employment rates and policies from the Personal Responsibility and Work Opportunity Reconciliation Act have increased demand for child care. Quality care is often associated with licensed care, and while this isn’t always true one study found that the single best indicator of quality care was the provider’s regulatory status.<sup>39</sup>

Arizona, like many other states, is finding that the increasing numbers of children receiving care outside of their own homes is creating an increasing market for child care providers and a need to define and regulate the industry. Currently there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. One of the initial tasks that First Things First will undertake is the development of a Quality Improvement and Rating System with identified common indicators of program quality.

## Accredited Early Child Care Centers

The Colorado River Indian Tribes region has one accredited early care center and a Tribal Head Start Program. The table below provides information on the number of children enrolled, the staff to child ratio, and the number of children by age.

### Colorado River Indian Tribes Region Head Start and Accredited Early Care and Education Centers.

Regional Data for 2007	Head Start	Accredited
Number of Programs	1	1
Total Number of Children Enrolled yearly	183	12
Average number per class	18	
Infant-Toddler Staff to Child Ratio (Avg.)	-	1:4
Preschoolers staff to Child Ratio (Avg.)	1:9	1:7
Two –Three Year Olds		3 children
Three –Five Year Olds	186	9 children

Sources: Accredited Organizations (NAEYC, NACCP, NECPA, AMS, ACSI, AMI) and Arizona Department of Health Services/Division of Licensing Services/Office of Child Care Licensing (Number of Head Start); CRIT Head Start PIR 2006-2007

38 Federal interagency forum on child and family statistics. *America’s children: Key national indicators of well-being*, 2002. Washington DC.

39 Pence, A. R., & Goelman, H. The relationship of regulation, training, and motivation to quality care in family day care. *Child and Youth Care Forum*, 20, 1991, 83-101.

The CRIT Head Start serves 183 children ages 3 and 4 in part-day, 5 day per week classrooms. There are 10 single session classes with an average enrollment of 18. With two staff in each classroom, the staff to student ratio is 1:9 for both 3 and 4 year olds. Forty-eight children live in families where Spanish is the primary language; for the remaining children, English is the family’s primary language. Seven percent of Head Start children were enrolled based on their families receiving public assistance; 85 percent were enrolled based on family income being 100% below the federal poverty line and 2 percent are foster children. In 2007 – 2008, 72 children, were enrolled in Head Start for a second consecutive year.

The National Association for the Education of Young Children (NAEYC) offers accreditation to centers throughout the U.S. As part of the accreditation designation, NAEYC has published standards for staff to child ratios based on the size of the program and according to age group, as reflected in the chart below.<sup>40</sup>

Both the center and Head Start classes meet NAEYC guidelines for staff to child ratios.

NAEYC Staff to Child Ratio Recommendations	Group Size									
	6	8	10	12	14	16	18	20	22	24
Infants (0-15 months)	1:3	1:4								
Toddlers (12-28 months)	1:3	1:4	1:4	1:4						
Toddlers (21-36 months)		1:4	1:5	1:6						
Pre-school (2.5 to 3 years)				1:6	1:7	1:8	1:9			
Pre-school (4 years)						1:8	1:9	1:10		
Pre-school (5 years)								1:10	1:11	1:12

Source: NAEYC Accreditation Criteria

## Access

Availability and access to early care and education are influenced by, but not limited to factors such as: number of early care and education centers or homes that have the capacity to accommodate young learners; infrastructure to support early care centers, time that families have to wait for an available opening (waiting lists), ease of transportation to the care facility; and the cost of the care. For the current Needs and Assets report for the CRIT Region, available data include the number of early care and education programs by type, number of children enrolled in early care and education by type, and average cost of early care.

### Number of Early Care and Education Programs

There are a limited number of early care and education programs in the Colorado River Indian Tribes Region. These numbers show that community members have limited choices when deciding between types of care providers.

The Department of Economic Security’s 2006 Child Care Market Rate Survey provides information on a range of fee-paying child care settings including: licensed centers that provide fee-paying child care, Head Start and school-based preschool programs with fee-paying wraparound care, small group homes, family child care providers

<sup>40</sup> NAEYC standards here are used to provide a context for high standards. It is not presumed that all centers should become NAEYC accredited

certified by DES and those approved by agencies for the Child and Adult Care Food Program (CACFP), as well as other providers who are registered with the Child Care Resource and Referral Agency as available child care. This source is particularly useful for understanding approved and registered family child care in areas leased by or adjacent to tribes. It does not, however, provide information about tribally licensed only programs or Head Start and school-based preschool programs that *do not* charge fees.

The following table shows the number of fee-based early care and education programs by type serving Colorado River Indian Tribes families. The Market Rate Survey identified 7 licensed or approved fee-charging child care settings with a total average number served (ANS) of 89 children: 2 licensed centers with an ANS of 75, 1 small group home with an ANS of one child, and four approved family child care homes with an ANS of 13. The total capacity of these settings was 128; although capacity refers to the total number of children who could be present at one time based upon the total physical space available and approved for child care use, not to the actual size of the program that is operating in the building or home.

**DES Market Rate Study  
Number of Fee-Based Early Care and Education Programs by Type\*  
Colorado River Indian Tribes Regional Partnership Council Region**

Total fee-charging settings	Licensed centers	Small groups homes	Approved family child care homes	Providers registered with the CCRR
7**	2	1	4	No data

DES Child Care Market Rate Survey 2006; data compiled by region and supplied by First Things First  
 \* Includes only those programs that charge fees: excludes Head Start income-eligible free programs, school-based income-eligible free preschool programs. DHS licensed small group homes have a 10 child maximum; DES approved family child care homes and CCR&R registered homes have a 4 child maximum.  
 \*\* Totals computed by L&M

There are four types of providers designated in the chart above: licensed centers, group homes, approved family child care homes, and providers registered with the CCRR. Licensed centers have been granted the ability to operate a safe and healthy child care center by the Arizona Department of Health Services (ADHS). Small group homes are also licensed by the ADHS to operate safe and healthy family child care homes. Approved family child care homes are either certified or regulated by DES to provide care, or are approved by agencies to participate in the Arizona Department of Education Child and Adult Care Food Programs (CCAFP) by the Departments of Economic Security or Health Services. Licensure or regulation ensures completion of staff or provider background checks, monitoring of staff training hours related to early care and education, as well as basic first aid and CPR. Additionally, periodic inspections and monitoring visits ensure that facilities conform to basic safety standards. While a critical foundation for the provision of care for young children, these processes do not address curricula, interaction of staff with children, processes for identification of early developmental delays, or professional development of staff beyond minimal requirements. These important factors in quality care and parent decision-making are provided *only* with national accreditation (see discussion in the section on Quality) and will be included in First Things First’s forthcoming Quality Improvement and Rating System.

Statewide data from the Market Rate Survey is supplemented with data from

Child Care Resource and Referral agencies. Not only does Child Care Resource and Referral provide additional data on providers, these data are more frequently updated than that of the Market Rate Survey. Data in the Child Care Resource and Referral database is most commonly related to Child Care Centers and Family Child Care. Registration with Child Care Resource and Referral is voluntary, however, centers and homes regulated by or receiving Department of Economic Security subsidy are required to register.

## Number of Children Enrolled in Early Care and Education Programs

The table below shows the number of children in the Colorado River Indian Tribes region enrolled in fee-based early care and education programs by type as identified by the DES Market Survey 2006. These numbers do not account for children in Head Start, school-based preschool programs, tribally approved only care settings, or children cared for in unregulated care or by family members,

In addition to the 183 children in Head Start, the region's early care and education settings enrolled 89 children.

### Market Rate Survey 2006

#### Number of children enrolled in fee-based early care and education programs – Colorado River Indian Tribes Regional Partnership Council Region

	Licensed centers	Groups homes	Approved family child care homes	Total*
Approved Capacity**	102	10	16	128
Average Daily number served	75	1	13	89

Source: DES Child Care Market Rate Survey 2006; data compiled by region and supplied by First Things First.

\*Totals from Market Rate data provided by First Things First

\*\* Approved capacity refers to total physical space meeting regulations, not program size.

Such limited options raise questions for further inquiry about the quality of care, age appropriateness of care and setting, cultural competency, and early learning activities being provided to children in both these settings and the other settings utilized by family within the region.

### Costs of Care

The average cost for families, by type of early care and education setting, is displayed below. In general, it can be noted that care is more expensive for younger children. Infant care is more costly for parents because ratios of staff to children *should* be lower for very young children and the care of very young children demands more specialized provider skills. Clearly these costs present challenges for families, especially those at the lowest income levels.

In the Colorado River Indian Tribes Region, child care rates for preschoolers, depending on the age of the child, are the most expensive in licensed centers.

**Market Rate Survey 2006: Region Early Care and Education Average Daily Cost, by Type and Age Group, 2004 – Colorado River Indian Tribes RPC Region**

Setting Type & Age Group	Colorado River (2004)	Colorado River (2006)
<b>Group Homes (ADHS)</b> • Infant • Toddler • Preschooler	\$21.00 per day \$20.00 per day \$17.50 per day	\$20.00 per day No data No data
<b>Licensed Centers (ADHS)</b> • Infant • Toddler • Preschooler	No data No data \$20.00 per day	\$20.00 per day \$21.00 per day No data
<b>In-Home Care</b> • Infant • Toddler • Preschooler	No data No data \$18.00 per day	No data No data No data
<b>Certified Homes (DES)</b> • Infant • Toddler • Preschooler	\$16.00 per day \$16.00 per day \$16.00 per day	\$18.67 per day \$18.67 per day \$18.67 per day
<b>Alternately Approved Homes (food programs)</b> • Infant • Toddler • Preschooler	\$20.00 per day \$20.00 per day \$20.00 per day	\$15.00 per day \$15.00 per day \$15.00 per day

\*\*Assumes full-time enrollment

Sources: 2004 & 2006 DES Market Rate Study; data compiled by region and supplied by First Things First; State Data Sheet 2008 NACCRRRA;

## Health

Children’s good health is an essential element integral to learning and social adjustment. Healthy children are ready to engage in the developmental tasks of early childhood and to achieve the physical, mental, intellectual, social and emotional well being necessary for them to succeed when they reach school age. Children’s healthy development benefits from access to preventive, primary, and comprehensive health services that include vision, hearing, oral health, nutrition and exercise, social-emotional health, and screening and early identification for developmental milestones,

The Colorado Service Unit of the Indian Health Service is a 20-bed Joint Commission on the Accreditation of Health Care Organizations (JCAHO) accredited hospital, staffed by five physicians and one physician’s assistant. The hospital provides the community with general medical care and pediatric services. Additionally, the La Paz Regional Hospital, a 34 bed facility, has an additional 3 bed Intensive Care Unit. Specialty outpatient services are provided on-site by IHS, La Paz Regional Hospital and private providers or by contract specialists or off-site referrals. Obstetric patients are sent to outlying regions for newborn deliveries. (There are no birthing centers within the region.) Patients requiring surgical and more complex hospitalizations are referred to outlying regions, such as Lake Havasu City, Las Vegas and Phoenix, that are 45 to 150 miles from the CRIT Region.

The following table shows the number of children who completed medical screenings and had at least one dental visit at the Indian Health Service Colorado River Service Unit from 2003 through 2007.

### Colorado River Indian Tribes Region – Children’s Access to Medical Care

Medical Care Characteristic	2003	2004	2005	2006	2007
Completed all medical screenings	187	302	392	496	480
Had at least one dental preventive visit	7	53	134	265	341

Source: Indian Health Service, Colorado River Service Unit, Resource Patient Management System database

\*Data includes medical and dental screenings completed at the Colorado River Service Unit only

## Developmental Screening

Early identification of developmental or health delays is crucial to ensuring children’s optimal growth and development. The Arizona Chapter of the American Academy of Pediatrics recommends that all children receive a developmental screening, with a valid and reliable screening instrument, at 9, 18, and 24 months. Research has documented that early identification of and early intervention with children who have special needs can lead to enhanced developmental outcomes and reduced developmental problems.<sup>41</sup> For example, children with autism, identified early and enrolled in early intervention programs, show significant improvements in their language, cognitive, social, and motor skills, as well as in their future educational placement.<sup>42</sup>

Parents’ access to services is a significant issue that can be compromised by both access to developmental screenings and access to referrals for young children with special needs. This can be an issue if, for example, an early child care provider cannot identify children with special needs correctly.<sup>43</sup>

While recommended, all Arizona children are not routinely screened for developmental delays although nearly half of parents nationally have concerns about their young child’s behavior (48 percent), speech (45 percent), or social development (42 percent).<sup>44</sup> Children most likely to be screened include those that need neonatal intensive care at birth. These babies are all referred for screening and families receive follow-up services through Arizona’s High Risk Perinatal Program administered through county Health Departments. The process may differ slightly if the referral is generated within Indian Health Service.

Every state is required to have a system in place to identify and refer children with developmental delays to intervention and treatment services. The federal Individuals with Disabilities Education Act (IDEA) mandates how states and public agencies provide early intervention, special education, and related services. Infants and toddlers with disabilities (birth to age three) and their families receive early intervention services under IDEA Part C; children and youth (ages 3-21) receive special education and related services under IDEA Part B.

In Arizona, Arizona Early Intervention Program (AZEIP) serves infants and toddlers. Children eligible for AZEIP services are those who have not achieved fifty

41 Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). *Early intervention for children with special needs and their families: Findings and recommendations*. 1981, Westat Series Paper 11, University of Washington; Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, *Journal of Pediatric Psychology*, 4, 409-419.; Zeanah, C. H. *Handbook of infant mental health*, 2000, New York: The Guildford Press.

42 National Research Council, Committee on Educational Interventions for Children with Autism, Division of Behavioral and Social Sciences and Education. *Educating children with autism*. Washington, DC: National Academy Press; 2001.

43 Hendrickson, S., Baldwin, J. H., & Allred, K. W. Factors perceived by mothers as preventing families from obtaining early intervention services for their children with special needs, *Children’s Health Care*, 2000, 29, 1-17.

44 Inkelas, M., Regalado, M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.

percent of the developmental milestones expected at their chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. Identifying the number of children who are currently being served through an early intervention or special education system indicates what portion of the population is determined to be in need of special services (such as speech or physical therapy). Comparing that number to other states with similar eligibility criteria provides a basis for understanding how effective the Child Find early intervention process is.

When conducted effectively, screening activities assist in identifying children who may be outside the range of typical development. Based on screening results, a child may be referred for further evaluation to determine eligibility for services. Accurate identification through appropriate screening most often leads to a referral of a child who then qualifies to receive early intervention or special education services. One consideration of the effectiveness of screening activities is the percent of children deemed eligible compared to the total number of children referred. The higher the percent of children eligible, the more accurate and appropriate the referral. Effective screening activities are critical to assuring such accuracy.

A total of 224 young children within the region received developmental screenings in 2007; one hundred and eighty-nine through the CRIT Head Start and 35 through the Indian Health Service.

**Colorado River Indian Tribes Region, Children 0-5 Years  
Receiving Developmental Screenings**

Development Screenings and Referral	2007
<b>Head Start: Number of children ages 3-5 who received routine developmental screening</b>	189
<b>Indian Health Service: Number of children ages 0-5 who received developmental screening</b>	35

Source: CRIT Head Start PIR 2006-2007; Indian Health Service Colorado River Service Unit RPMS 2007

Arizona’s early intervention program faces many challenges in being able to reach and serve children and parents. Speech, physical, and occupational therapists are in short supply and more acutely so in rural areas of the state and families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. Solutions will require the combined efforts of state and regional stakeholders.

While longer-term solutions to therapists shortages are developed, parents can be a primary advocate to assure that their children receive appropriate and timely developmental screenings, according to the schedule recommended by the Academy of Pediatrics. Also, parents who believe their child has delays can contact the Arizona Early Intervention Program, the Parker Unified School District, or the Division of Developmental Disabilities through the Region’s Department of Economic Security Office to request screening or financial assistance for the screening process. Outreach, information and education for parents on developmental milestones, how to raise concerns to health care providers, and the early intervention system are parent support services that the region can provide. These services provide parents resources to increase the odds that their child will receive timely screening, referrals, and services.

## Immunizations

Immunization of young children is known to be one of the most cost-effective health services available and is essential to prevent early childhood diseases and protect children from life threatening diseases and disability. A Healthy People 2010 goal for the U.S. is to reach and sustain full immunization of 90 percent of children two years of age.

Information from an interview with the La Paz County Health Department indicated that 449 children ages 0-5 received immunizations from October 2007 to October 2008. Due to the minimal population growth in the region, this number does not tend to drastically fluctuate year to year. The 2007-2008 Head Start Program Information Report determined that 78% of Head Start enrolled children were up-to-date on all immunizations appropriate for their age.

The table below shows the number of children who were immunized each year from 2003-2007 at the Indian Health Service Colorado Service Unit. This does not represent all children living within the CRIT Region who were immunized at another clinic or private provider. It is evident that the Indian Health Service is increasing its ability to reach children for immunizations.

### Colorado River Indian Tribes Region Number of Children Ages 0-5 Who Received Immunizations

	2003	2004	2005	2006	2007
<b>Number of children Immunized</b>	171	332	485	598	728

\* Source: Indian Health Service, Colorado Service Unit

\*\*No findings in Resource Patient Management System database

## Family Support

Family support is a foundation for enhancing children's positive social and emotional development. Children who experience sensitive, responsive care from a parent (or primary caregiver such as a grandparent) perform better academically and emotionally. Children also benefit from positive interactions with their parents (e.g. physical touch, early reading experiences, and verbal, visual, and audio communications and rely on them to ensure that they are in safe, nurturing and stimulating environment.

Research has examined the relationship between parent-child interactions, family support, and parenting skills.<sup>45</sup> Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.<sup>46</sup> Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.<sup>47</sup> Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion

45 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

46 Baumrind, D. Parenting styles and adolescent development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), *The encyclopedia of adolescence* (pp. 749-758). New York: Garland; Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology*, 51, 1-27.

47 Sroufe, L. A. *Emotional development: The organization of emotional life in the early years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist*, 44, 112-119.

of play behaviors—all of which enhance child well being.<sup>48</sup> Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, pro-social behaviors, and empathic communication.<sup>49</sup>

The new economy has brought changes in the workforce and family life. These changes are causing financial, physical, and emotional stresses in families, particularly low-income families. Regardless of home language and cultural perspective, all families should have access to information and services and should fully understand their role as their children's first teachers.

Supporting families is a unique challenge that demands collaboration between parents, service providers, educators and policy. Every family needs and deserves support and access to resources. Effective family support programs build upon family assets, which are essential to creating family self-sufficiency. Family support programming play a part in strengthening communities so that families benefit from "belonging" but activities and services must be provided in a way that best meet each family's needs.

In addition to a list of services such as licensed child care providers, preschool programs, food programs, and recreational programs available to families, the CRIT Regional Partnership Council wants to work with their communities to identify informal networks of people – associations – that families can join and utilize to build a web of social support.

The CRIT Region has a number of family support resources and programming. Programs such as the Women, Infants, and Children (WIC program), the public school district, CRIT Head Start, the Diabetes Prevention Program, and the Indian Health Services Public Nursing provide opportunities for parents to obtain information on nutrition, the importance of physical activity, early childhood development, children with special needs, and other parenting areas. Many of these programs were identified in the community focus group held in 2007. In addition, The Parker Area Alliance for Community Empowerment offers parent training, drug and alcohol awareness and a resource directory to families within the Region.

During the summer of 2007, First Things First held 17 Community Forums around the State, one of which was held in Parker, Arizona. Participants in attendance were asked to respond to the following questions: 1) *What are the greatest assets in your community that help improve the school readiness and health of young children?* 2) *What are the barriers to accessing early childhood development and health services for young children in your community?* 3) *If you could do three things in your community that would improve the outcomes for young children, what would you do (in order of priority order)?*

The community identified, among its greatest assets, the CRIT Head Start, Blake Elementary preschool services, local childcare providers and the Indian Health Service Public Health Nursing services and staff. Leading barriers to accessing services for

48 Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. *Children and Youth Services Review*, 1994, 17, 251-276; Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., & Hemphill, J., *Unfulfilled expectations: Home and school influences on literacy*. Cambridge, MA: Harvard University Press.

49 Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends; Sroufe, L. A. *Emotional development: The organization of emotional life in the early years*. Cambridge: Cambridge University Press; Tronick, E. Emotions and emotional communication in infants, 1989, *American Psychologist*, 44, 112-119.

young children included the need for more child care providers; the socio-economic status of families such as education, income, and job skills; low parent involvement; transportation issues and the need for more qualified early childhood professionals. The top priorities identified for families to improve outcomes for young children, in order of priority included; parent training and education on parenting skills and early childhood development, more child care centers, and increase services for children with special needs.

### Parent Knowledge About Early Education Issues

When asked, child care professionals continually report that families need more and better information around quality child care<sup>50</sup>. Parents seem fairly perceptive of their need for more information. Key informant Interviews and the Community Survey 2006 both revealed a need for more parent education and training in early childhood development, parent skills, financial management, and substance use.

The table below highlights some programs within the community that promote literacy.

#### Colorado River Indian Tribes Region Literacy Efforts (2008)

Colorado River Indian Tribes Library	Provides monthly children’s activities, and partners with Head Start to provide literacy and cultural activities ( <a href="http://www.critlibrary.com">www.critlibrary.com</a> ).
Parker Public Library	Provides weekly literacy activities for Baby Time (ages 0-3) and Preschool Time (ages 3-5); a bookmobile circulates throughout the community and goes to the CRIT Head Start, LePera School and other communities on the reservation.
Indian Health Service Colorado Service Unit – Reach Out and Read Program	Reach Out and Read (ROR) is a national non-profit organization that promotes early literacy by giving new books to children and advice to parents about the importance of reading aloud in pediatric exam rooms. Pediatricians, family physicians and nurses advise parents that reading aloud is important, they give every child between the ages of six months and five years a new, developmentally appropriate children’s book to keep and provide literacy rich waiting room environments.
CRIT Head Start – Reading is Fundamental (RIF)	Daily reading and literacy activities, book sales for children and their families.
Parker Unified School District – Reading Counts Program	Provides family literacy activities for students and parents.

## Professional Development

Professionals providing early childhood services can improve their knowledge and skills through professional education and certification. This training can include developmental theory, as well as practical skills in areas such as child health, child safety, parent/child relationships, and professional child care service delivery. The professional capacity of the early childhood workforce and the resources available to support it affect the development of the region’s young children.

50 Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America, 1989*, Oakland, CA: Child Care Employee Project.

## Child Care Professionals' Certification and Education

Research on caregiver training has found a relationship between the quality of child care provided and child development outcomes.<sup>51</sup> Furthermore, formal training is related to increased quality care; however, *experience without formal training* has not been found to be related to quality care.<sup>52</sup>

The table below provides the educational backgrounds for teachers and teacher assistants for the Colorado River Indian Tribes region, the La Paz/Mohave region, Arizona and the United States. Teachers and teacher assistants in the Colorado River Indian Tribes region tend to have higher levels of education than the La Paz/Mohave region and the state.

### Colorado River Indian Tribes Region – Child care Professionals' Educational Background (Does not include the region's Head Start Program)

Degree Type	CRIT Region 2007		La Paz/Mohave 2007		Arizona* 2007	
	Teacher	Assistant	Teacher	Assistant	Teacher	Assistant
No degree	0%	75%	68%	89%	61%	82%
CDA	0%	13%	17%	4%	9%	7%
Associate	8%	25%	11%	1%	15%	8%
Bachelor	58%	0%	17%	Less than 1%	19%	7%
Masters	33%	0%	4%	Less than 1%	6%	Less than 1%

Source: Compensation and Credentials report, Center for the Child Care Workforce – Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.

\* Arizona figures were determined by using the statewide average from the Compensation and Credentials report.

\*\*U.S. figures had slightly different categories: High school or less was used for no degree, Some college was used for Associates degree, and Bachelors degree or more was used for Bachelors and Masters degree

The table below represents the multi-year staff qualifications for the CRIT Head Start Program using the Program Information Reports 2004-2007. This table does not include the professional qualifications of all early child care professionals in the region.

51 NICHD Early Child Care Research Network. The relation of child care to cognitive and language development, 2000, *Child Development*, 71, 960-980.

52 Galinsky, E. C., Howes, S., & Shinn, M. *The study of children in family care and relative care*. 1994, New York: Families and Work Institute; Kagan, S. L., & Newton, J. W. Public policy report: For-profit and non-profit child care: Similarities and differences. *Young Children*, 1989, 45, 4-10; Whitebook, M., Howes, C., & Phillips, D. *Who cares? Child care teachers and the quality of care in America*, 1989, Oakland, CA: Child Care Employee Project.

### Colorado River Indian Tribes Head Start Multi Year Staff Qualification

Degree Type	2003-2004		2004-2005		2005-2006		2006-2007	
	Teachers	Teacher Assist.	Teachers	Teacher Assist.	Teachers	Teacher Assist.	Teacher	Teacher Assist.
<b>ECE or related degree</b>	40%	50%	50%	40%	50%	42%	50%	36%
<b>AA</b>	4	5	5	4	5	5	5	4
<b>BA</b>	0	0	0	0	0	0	0	0
<b>Graduate</b>	0	0	0	0	0	0	0	0
<b>CDA credential</b>	5	3	4	5	5	4	5	3
<b>No Degrees</b>	6	5	5	6	5	7	5	7
<b>Total</b>	10	10	10	10	10	12	10	11

Source: Colorado River Indian Tribes Head Start Performance Information Report (2006-2007) Multi-Year Staff Qualifications Report (2004-2007)

### Professional Development Opportunities

Early childhood educators and professionals in Arizona have a variety of education and training resources available to them, including online training and education and degree programs through the state universities and community colleges. However, accessing higher education in the Colorado River Indian Tribes region can be a challenge. The Arizona Western College La Paz Learning Center, located in Parker, is easily accessed by residents of the Colorado River Indian Tribes Region. The La Paz Learning Center provides a wide array of programs for those interested in pursuing a 2 year degree; however a certificate of completion and not an AA degree in early childhood is available. The nearest college campus is in Lake Havasu City, approximately 45 miles from Parker, Arizona, where Mohave Community College and Northern Arizona University both have satellite campuses. Undergraduate and graduate programs in Early Childhood Education at Northern Arizona University are also available online.

Many of the Region's resource programs have computer labs available to the public, but accessible hours and transportation to the labs are common barriers faced by the region's population. Computer literacy is also a barrier for those individuals who are seeking a credential and may not possess computer skills. Together, these create barriers to taking on-line or distance coursework in early childhood education.

### Available Education and Certification Programs for Child Care Professionals Near the Colorado River Indian Tribes Region

School	Degree/Certificates
Arizona Western College	Certificate in Early Childhood
Mohave Community College – Lake Havasu Campus	• Associate of Arts Degree with an Emphasis in Early Childhood Development
Northern Arizona University – Lake Havasu City Campus – Online Programs	• B.A.S. in Early Childhood Education • M.Ed. in Early Childhood Education
Northern Arizona University – Lake Havasu City Campus – Onsite	• M.Ed. Early Childhood Education

## Employee Retention

Providing families with high quality child care is an important goal for promoting school readiness. Research has shown that child care programs with more qualified staff and that retain these staff have achieved more positive outcomes for children.<sup>53</sup>

More specifically, research has shown that child care providers with more job stability are more attentive to children and promote more child engagement in activities.<sup>54</sup>

The chart below shows the average length of employment for early child care professionals in the region. The majority of professionals have been in their positions for less than 5 years.

### Average Length of Employment for Non-Head Start Child Care Professionals in Colorado River Indian Tribes Region (2007)

	6 months or less	7-11 months	1 year	2 years	3 years	4 years	More than 5 years	Don't know/Refused
<b>Teachers</b>	0	0	1	0	0	0	0	0
<b>Assistant Teachers</b>	0	0	0	2	0	0	0	0
<b>Teacher Directors</b>	0	0	0	0	0	0	1	0
<b>Administrative Directors</b>	0	0	0	0	0	1	1	0

Source: Compensation and Credentials Survey 2007: data by region compiled by First Things First

Relationships with the community’s families are established and maintained through employment retention. The following data reported for CRIT Head Start shows teacher and teacher assistants with a consistent employment retention rate. Head Start also provides current research, best practices and technical assistance to its staff.

### Retention Rates—Colorado River Indian Tribes Head Start Program

Years Employed with CRIT Head Start	1-2	1-6	10-19	20-30	31	40
<b>Teachers</b>			4	4	1	1
<b>Teacher Assistants</b>	3	2	4			

Source: CRIT Head Start 2008, Unpublished Data

It should be noted that increased federal regulations regarding education requirements, such as Bachelor’s degrees for teaching staff, may be setting a barrier to future staff retention. Staff employed with the program for 10+ years who have minimal certification, are facing the dilemma of returning to school after a long absence.

53 Raikes, H. Relationship duration in infant care: Time with a high ability teacher and infant-teacher attachment. 1993, *Early Childhood Research Quarterly*, 8, 309-325.

54 Stremmel, A., Benson, M., & Powell, D. Communication, satisfaction, and emotional exhaustion among child care center staff: Directors, teachers, and assistant teachers, 1993, *Early Childhood Research Quarterly*, 8, 221-233; Whitbook, M., Sakai, L., Gerber, E., & Howes, C. *Then and now: Changes in child care staffing, 1994-2000*. Washington DC: Center for Child Care Workforce.

## Compensation and Benefits

Higher compensation and benefits have been associated with quality child care. Research studies have found that in family care and in child care centers, staff salaries are related to higher quality child care<sup>55</sup>. Furthermore, higher wages have been found to reduce turnover — all of which is associated with better quality child care.<sup>56</sup> Better quality care translates to staff routinely promoting cognitive and verbal abilities in children and social and emotional competencies.<sup>57</sup>

The table below provides the average wages for child care professionals in the region. Wages for child care staff and teacher/directors appear to have dropped between 2004 and 2007. Hourly wages are considerably higher at Head Start than other early care centers.

### Average Wages and Benefits for Child Care Professionals in Colorado River Indian Tribes Region 2004 – 2007

		2004	2007
<b>Teacher</b>	Average Hourly Wage	\$7.60	\$7.50
<b>Assistant Teacher</b>	Average Hourly Wage	\$8.00	\$7.13
<b>Teacher/ Director</b>	Average Hourly Wage	\$18.00	\$10.70
<b>Admin/ Director</b>	Average Hourly Wage	\$24.21	No data available
<b>Head Start* Teacher</b>	Average Hourly Wage	Data not available	\$16.00 (\$28,023 yearly)
<b>Head Start* Assistant Teacher</b>	Average Hourly Wage	Data not available	\$11.00 (18,610 yearly)

Sources: 2004 and 2007 data is from the Compensation and Credentials Survey. Data compiled by region and supplied by First Things First

\*Source: Head Start Program Information Report data 2006-2007

## Public Information and Awareness

Public interest in early childhood is growing. Recent research in early childhood development has increased families' attention to the lasting impact that children's environments have on their development. The passage of Proposition 203 — First Things First — in November 2006, as well as previous efforts led by the United Way, the Arizona Community Foundation, and the Arizona Early Education Funds, have elevated early childhood issues in Arizona.

Increasingly, families and caregivers are seeking information on how best to care

55 Lamb, M. E. Nonparental child care: Context, quality, correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology* (5<sup>th</sup> ed.), 1998, pp. 73-134. New York: Wiley & Sons; National Research Council and Institute of Medicine. *From neurons to neighborhoods: The science of early childhood development*. Washington DC: National Academy Press.

56 Schorr, Lisbeth B. Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University, June 2007.

57 Ibid.

for young children. National studies suggest that more than half of American parents of young children do not receive guidance about important developmental topics, and want more information on how to help their child learn, behave appropriately, and be ready for school.

Families and caregivers also want information on how families can connect with and navigate the myriad of public and private programs in their communities that offer services and support to young children and their families. Information provided to families needs to be understandable, culturally and geographically relevant, and easily accessible.

Increased public awareness about the needs of children and their families is also needed. Policy leaders require information that helps them to better understand the link between early childhood development and health and communities' economic future and success. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.<sup>58</sup>

A number of different media are used to raise public awareness and share information about early childhood education and health programming. The region's media publications and web sites were discussed earlier in this report and their success and limitation have been noted.

## System Coordination

---

Throughout Arizona, programs and services exist to help young children and their families succeed. However, many such programs and services operate in isolation of one another, compromising their optimal effectiveness. A coordinated and efficient systems-level approach to improving early childhood services and programs is needed.

System coordination can help communities produce higher quality collaboration among services and better outcomes for children and families. For example, a 2000 study found that families who were provided enhanced system coordination benefited more from services than did a comparison group that did not receive service coordination.<sup>59</sup> Partnerships are needed across the spectrum of organizations that touch young children and their families. Effective system coordination can promote the goals of First Things First while enhancing a family's ability to access and use services.

A wide array of opportunities exists for coordinating services and programs. Collaboration currently existing within the Region includes the Parker Unified School District and Head Start Program; Parker Area Alliance for Community Empowerment and the Town of Parker, the Indian Health Service and CRIT Diabetes Prevention Program; and parents of children with special needs and the Arcadia Therapy organization. However, programs that assist low income families could be better coordinated so that there is a continuum of care and redundancies as well as "gaps" in services are eliminated.

58 Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

59 Gennetian, L. A., & Miller, C. *Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Effects on Children*, 2000, New York: Manpower Demonstration Research Corporation; Miller, C., Knox, V., Gennetian, L. A., Dodoo, M., Hunter, J. A., & Redcross, C. *Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Vol. 1: Effects on Adults*, 2000, New York: Manpower Demonstration Research Corporation.

## Parent and Community Awareness of Services, Resources or Support

---

*Building Bright Futures*, the 2007 Statewide Assessment, noted that the passage of the First Things First Proposition by majority vote demonstrates that Arizonans are clearly concerned about the well-being of young children in Arizona. However, when asked “how well informed are you about children’s issues in Arizona,” more than one in three respondents say they are not informed.

The Colorado River Indian Tribes Region has a number of support programs and services for parents and children. Many programs partner to provide services to achieve a common goal of strengthening overall wellbeing for children from birth to age five. The following are some of the programs and resources available to children and families\*:

- EXCEL and the Behavioral Health Department’s children and family services provide individual and family counseling, case management, crisis intervention, drug and alcohol counseling, and other adult behavioral health services.
- Social Services houses a variety of family assistance programs, including, foster care, General Assistance and parent training.
- The Parker and CRIT Libraries provide a wide selection of recent books for all ages, as well as periodicals, audio books and music CDs. There are computers and computer classes for the public. The libraries offer a wide-range of literacy and resource activities. The CRIT Library has served the community for over 50 years.
- Health and wellness services for children and families are provided through WIC, the Diabetes Prevention Program, and the IHS Public Health Nurse department. These programs emphasize the importance of a healthy diet and exercise. Public health nurses provide biweekly parent education meetings and workshops on topics such as prenatal care, nutrition, physical activity, addressing special needs, and the effects of drug and alcohol.
- Recreational activities are available for children and youth in the community. There are two gymnasiums, four community parks, two baseball parks, a community center and rodeo grounds.
- Colorado River Regional Crisis Shelter offers family support services which include family counseling and behavioral health support services.

\*This list does not include all the programs and services available to the public in the Region.

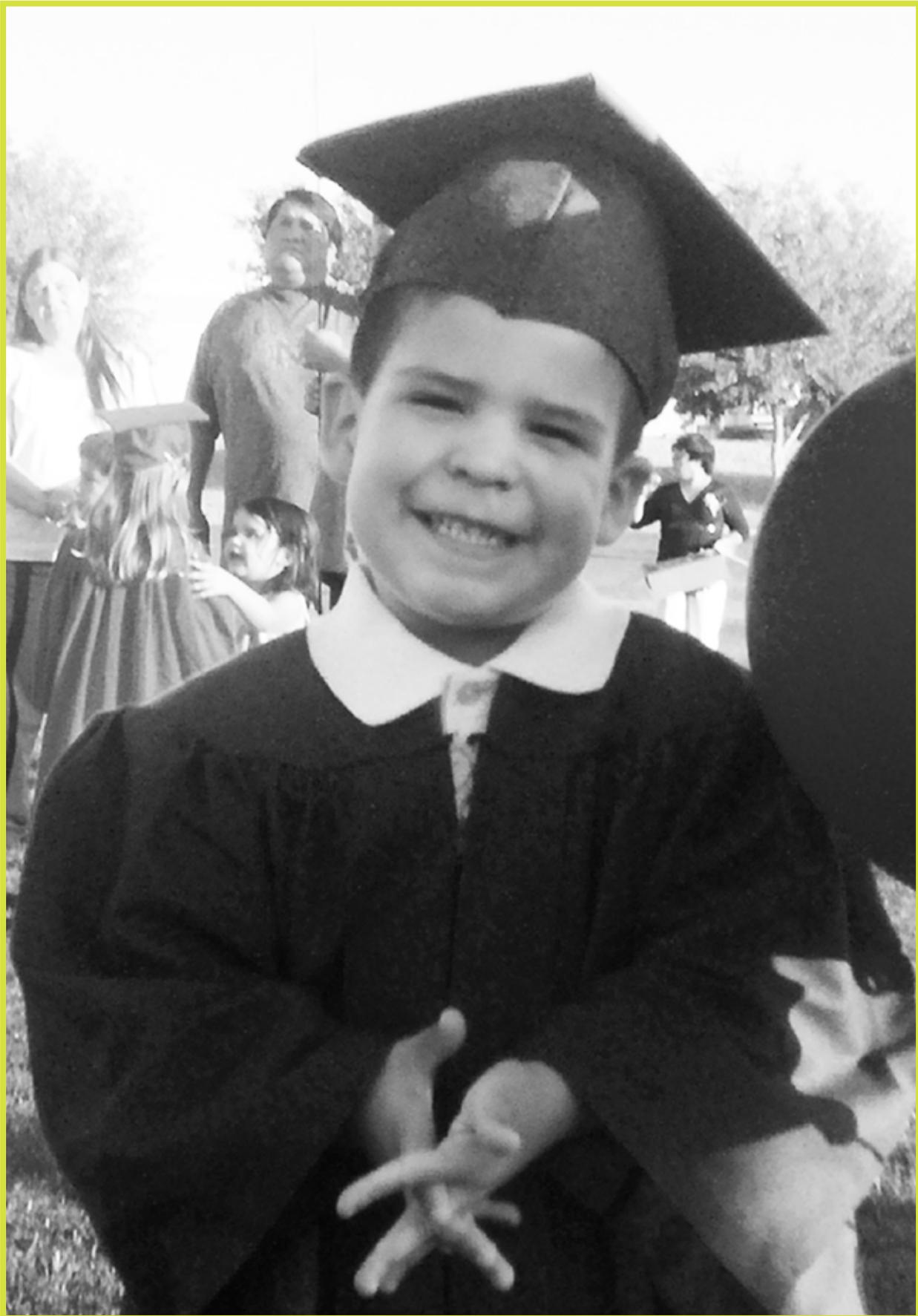
While there are a number of programs working together within the Region, further inquiry into how the early child care and education programs within Parker currently collaborate, communicate and support children and families of all backgrounds would help provide a broader context for system coordination in the region.

## Additional Indicators of Interest to the Colorado River Indian Tribes Regional Partnership Council

---

Areas of interest for further data collection identified by the Colorado River Indian Tribes include:

- Coordination of services among the Tribe, city, county and state
- Assessing the need for local resources for children with special needs
- The spiritual foundation of children and families (self-esteem, critical thinking, decision making, abstention from drugs and alcohol)
- Community awareness about early childhood development, especially developmental stages
- Community needs regarding traditional languages, identity, and cultural preservation
- Parental needs and access to prenatal and child care services
- Parenting skills and the involvement of males in the community



# Conclusion

---

## Synthesis of Findings

---

The Colorado River Indian Tribes Region is comprised of a relatively small community with a large capacity for creating opportunities for children and families. Although the region is limited in the number of early care and education settings, the Region's programs make a conscientious effort to provide parent education and raise community awareness as evidenced by their program information, brochures, newsletters, activity calendars and web sites. Further inquiry is needed to explore relative care and how relatives providing care might receive training, materials, age appropriate toys, and other support that would improve the quality of care they are providing for family members.

Providers recognize the need to better coordinate local resources to improve parent knowledge and awareness of early childhood development and care among tribal members and within the region. Significant strides have been made by the La Paz County Health Department and Indian Health Service to ensure children are receiving medical, dental, vision, and developmental screenings. More information and data is necessary to identify the needs of children not currently being served by early care and education programs, specifically those children in relative care or receiving care outside the community.

Socioeconomic factors and educational attainment are also important to the community. Although some of the health and education indicators related to mothers in the region, such as teen mothers, mothers receiving prenatal care during the first trimester, and education levels of mothers, are comparable or slightly better than the state, they remain areas of focus and important to the community.

The wide array of programs and services available in the community are among the Colorado River Indian Tribes Region's greatest assets. Regional programs work together to provide resources and education to community members. There are efforts to integrate the language and culture, one of their most important assets, into curricula and program activities. Nutrition and health services are an increasing asset to the community. The data indicate that significant strides were made in the number of children receiving appropriate medical and dental screenings in the past five years.

As is so often the case, great strengths can also be the flip side of subtle challenges. There are a limited number of early care and education programs in the community to meet the need of the population of children ages 0-5. Families are limited in the number of choices they have for child care. Difficulty accessing child care services highlights other challenges such as family friendly employment, the need for transportation in close proximity to early education programs, and the quality of the available early care and education programs. Additionally, there are limited resources that work with the elementary school and Head Start to provide services to children with special needs. Meeting the service requirements of children with special needs is a big concern. While programs partner to provide services, more coordination is needed to create a continuum of care, including case management, referral and follow up. Finally, a greater understanding of the role and needs of relative care providers is warranted.



# Appendix

## Citations For Resources Used and Extant Data Referenced

- AHCCCS enrollment and utilization data excerpts, by county: 2007-08.
- American Association of Retired Persons: [http://www.grandfactsheets.org/state\\_fact\\_sheets.cfm](http://www.grandfactsheets.org/state_fact_sheets.cfm)
- American Community Survey (2003-2007) – U.S. Census: <http://factfinder.census.gov>
- American Montessori Society: [www.amshq.org](http://www.amshq.org)
- Annie E. Casey Foundation Kids Count Data Center <http://www.kidscount.org/datacenter/compare>
- Annie E. Casey Foundation. Kids Count. Children in immigrant families: [http://www.kidscount.org/datacenter/profile\\_results.jsp?r=320&d=1&c=12&p=5&x=135&y=8](http://www.kidscount.org/datacenter/profile_results.jsp?r=320&d=1&c=12&p=5&x=135&y=8)
- Annie E. Casey Foundation. Family to Family Tools for Rebuilding Foster Care. July 2001.
- Annie E. Casey Foundation. Kids Count Indicator Brief: Preventing Teen Births, 2003: <http://www.kidscount.org/datacenter/auxiliary/briefs/teenbirthrateupdated.pdf>
- Annual EPSDT Participation Report CMS, 2003.
- Arizona Child Fatality Review Board
- Arizona Compensation and Credentials Report, 2007.
- Arizona Dental Sealant Program data from 2004-2005 school year
- Arizona Department of Commerce, Research Administration (June, 2008)
- Arizona Early Intervention Program (AzEIP) July 1, 2006 – June 30, 2007 report.
- Arizona Child Abuse and Neglect Prevention System: Action Plan for Reform of Arizona's Child Protective Services, 2004.
- Arizona Department of Economic Security, Child Care Market Rate Survey 2006.
- Arizona Department of Economic Security Child Welfare Reports: <https://egov.azdes.gov/CMSInternet/appreports.aspx?Category=57&subcategory=20>
- Arizona Department of Economic Security, Children's Bureau
- Arizona Department of Education: [www.asdhez.gov/hsd/chprofiles.htm](http://www.asdhez.gov/hsd/chprofiles.htm)
- Arizona Department of Education: SFY 2006-2007 Kindergarten DIBELS AZ Reading First Schools.
- Arizona Department of Education: AIMS Spring 2007 Grade 03 Summary.
- Arizona Department of Health Services, Community Health Profiles, 2003: <http://www.azdhs.gov/hsd/chpprofiles.htm>
- Arizona Department of Health Services, emergency room data for calendar year 2004.
- Arizona Department of Health Services, Health disparities report, 2005.
- Arizona Department of Health Services, Office of Oral Health, AZ School Dental Survey 1999-2003. Children 6-8.
- Arizona Department of Health Services, Office of Oral Health, 2006 Survey of AHCCCS Providers.
- Arizona Department of Health Services, National Immunization Survey, Comparison of 2007 to 2008 Results.
- Arizona Department of Health Services, Office of Women's and Children's Health Report, 2006: County Prenatal Block Grant Annual Evaluation, 2004-2005.
- Arizona Department of Health Services/Vital Statistics Division Community Profiles 2003-2006.
- Arizona Immunization Program Office, Assessment Unit: 2006-2007 School Year Immunization Coverage Levels in Arizona.
- Arizona Unemployment Statistics, Special Report, Sept. of Commerce, May 2008
- Ashford, J., LeCroy, C. W., & Lortie, K. (2006). Human Behavior in the Social Environment. Belmont, CA: Thompson Brooks/Cole.
- ASIS Statistics Sheet, May 2008: <http://www.azdhs.gov/phs/asis>
- Association of Christian Schools International (ASCI): [www.asci.org](http://www.asci.org)
- Augustos, M. Developmental effects of child abuse: A number of recent findings. Child Abuse and Neglect, 11, 15-27.
- Baumrind, D. Parenting styles and adolescent development. In J. Brooks-Gunn, R., Lerner, & A. C. Peterson (Eds.), The encyclopedia of adolescence (pp. 749-758) New York: Garland.
- Berrueta-Clement, J. R., Schweinhart, L. J., Barnett, W. S., Epstein, A. S., & Weikart, D. P., Changed Lives: The effects of the Perry Preschool Program on youths through age 19. Ypsilanti, MI: The High/Scope Press.
- Brooks-Gunn, J., Klebanov, P.K., & Liaw, F. R. The learning, physical, and emotional environment of the home in the context of poverty: The Infant Health and Development Program. Children and Youth Services Review, 1994, 17, 251-276.
- Campbell, F. A., Pungello, E. P., Miller-Johnson, S., Burchinal, M., & Ramey, C. T. The development of cognitive and academic abilities: Growth curves from an early childhood educational experiment. Developmental Psychology, 37, 2001, 231-242.
- Capps, R., Hagan, J. and Rodriguez. N. Border Residents Manage the U.S. Immigration and Welfare Reforms. In Immigrants, Welfare Reform, and the Poverty of Policy. Westport, CT: Praeger, 2004.
- Center for the Child Care Workforce: Compensation and Credentials report, Estimating the Size and Components of the U.S. Child Care Workforce and Caregiving Population report, 2002.
- Centers for Disease Control: [www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf](http://www.cdc.gov/reproductivehealth/products&pubs/dataoaction/pdf/rhow8.pdf)
- Center for Disease Control, fact sheet, 2001.
- Chen, E., Matthews, K. A., & Boyce, W. T. Socioeconomic differences in children's health: How and why do these relationships change with age? Psychological Bulletin, 128, 2002, 295-329.
- Children's Action Alliance, Going Beyond the Immigration Hype: Children and Our Shared Destiny, Fact Sheet, 2006.
- Columbia University in the City of New York, Current Population Survey – March 2003.
- Center for the Childcare Workforce, 2002.
- Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

- Colorado River Indian Tribes Head Start Performance Information Report ,2006 – 2007.
- Colorado River Indian Tribes Head Start Program Performance Information Report , Multi Year Staffing Qualifications Report ,2006 – 2007.
- Colorado River Indian Tribes Head Start, Unpublished data , 2008.
- Colorado River Indian Tribes Human Resources Department, Unpublished data , 2008.
- Colorado River Indian Tribes Women, Infant and Children Program, 2008
- Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.
- Dubay, L., & Kenney, G. M., Health care access and use among low-income children: Who fares best? *Health Affairs*, 20, 2001, 112-121.
- Eckenrode, J., Laird, M., & Doris, J.. Maltreatment and social adjustment of school children. Washington DC, U. S. Department of Health and Human Services
- English, D. J. The extent and consequences of child maltreatment. *The Future of Children, Protecting Children from abuse and neglect*, 8, 39-53.
- Federal interagency forum on child and family statistics. America's children: Key national indicators of well-being, 2002. Washington DC.
- First Things First Allocation Chart (2007).
- Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.
- Foreign-Born Populations of the United States: Ferrell Secakuku, March 2005, Smithsonian Institution.
- Galinsky, E. C., Howes, S., & Shinn, M. The study of children in family care and relative care. (1994). New York: Families and Work Institute.
- Garland, C., Stone, N. W., Swanson, J., & Woodruff, G. (eds.). Early intervention for children with special needs and their families: Findings and recommendations. 1981, Westat Series Paper 11, University of Washington.
- Gennetian, L. A., & Miller, C. Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Effects on Children, 2000, New York: Manpower Demonstration Research Corporation
- Hair, E., C., Cochran, S. W., & Jager, J. Parent-child relationship. In E. Hair, K. Moore, D. Hunter, & J. W. Kaye (Eds.), *Youth Development Outcomes Compendium*. Washington DC, Child Trends.
- Halfon, Nel, et al. "Building Bridges: A Comprehensive System for Healthy Development and School Readiness." National Center for Infant and early Childhood Health Policy, January 2004.
- Hammer, P.C. and Demmert, W.G. Jr. (2003). American Indian and Alaska Native early childhood health, development, and education assessment research. ERIC Clearinghouse on Rural Education and Small Schools (ERIC Reproduction Service No. ED482326).
- Head Start, Region IX Performance Reports 2007-08.
- Hendrickson, S., Baldwin, J. H., & Allred, K. W. Factors perceived by mothers as preventing families from obtaining early intervention services for their children with special needs, *Children's Health Care*, 2000, 29, 1-17.
- Hernandez, D. 2006. Young Hispanic Children in the U.S.: A demographic portrait based on Census 2000. Report to the national Task Force on Early Childhood Education for Hispanics. Tempe, Arizona State University.
- Hoff, E., Laursen, B., & Tardiff, T. (2002). Socioeconomic status and parenting. In M.H. Bornstein (Eds.), *Handbook of parenting, Volume II: Ecology & biology of parenting* (pp.161-188). Mahwah, NJ: Lawrence Erlbaum Associates.
- Inkelas,M., Regalado,M., Halfon, N. Strategies for Integrating Developmental Services and Promoting Medical Homes. Building State Early Childhood Comprehensive Systems Series, No. 10. National Center for Infant and Early Childhood Health Policy. July 2005.
- Indian Child Welfare Act of 1978. US Code, Title 25 Chapter 21 Indian Child Welfare
- Indian Health Service Colorado River Service Unit Resource Patient Management System Database, 2007.
- Individuals with Disabilities Act. [www.idea.ed.gov](http://www.idea.ed.gov).
- Intergenerational Impacts of Early Childhood Education, Clive Belfield, Dept. of Economics, CUNY, 2004.
- Johnson, R. B., Williams, M. A., Hogue, C.J.R., & Mattison, D. R. (2001). Overview: new perspectives on the stubborn challenges of preterm birth. *Pediatric and Perinatal Epidemiology* 15 (s2), 3-6.
- Johnson, W. & Rimaz, M. Reducing the SCHIP coverage: Saving money or shifting costs. Unpublished paper, 2005.
- Kagan, S. L., & Newton, J. W. Public policy report: For-profit and non-profit child care: Similarities and differences. *Young Children*, 1989, 45, 4-10.
- Kaplan, P. S., (2004) *Adolescence*. Boston, MA.
- Kenney, Genevieve. et al. Snapshots of America's Families, Children's Insurance Coverage and Service Use Improve. Urban Institute, July 31, 2003.
- Lamb, M. E. Nonparental child care: Context, quality, correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology* (5<sup>th</sup> ed.), 1998, pp. 73-134. New York: Wiley & Sons.
- LeCroy & Milligan Associates (2000). Why Hispanic Women fail to seek Prenatal care. Tucson, AZ.
- Lee, V. E., Brooks-Gunn, J., Shnur, E., & Liaw, F. R. Are Head Start effects sustained? A longitudinal follow-up comparison of disadvantaged children attending Head Start, no preschool, and other preschool programs. *Child Development*, 61, 1990, 495-507l.
- Lindsey, D. (2004) *The welfare of children*, New York, Oxford University Press.
- Long, Sharon K. and John A. Graves. What Happens When Public Coverage is No Longer Available? Kaiser Commission on Medicaid and the Uninsured, January 2006.
- Maccoby, E. E. Parenting and its effects on children: On reading and misreading behavior genetics, 2000, *Annual Review of Psychology*, 51, 1-27.
- Manlove, J., Mariner, C., & Romano, A. (1998). Positive educational outcomes among school-age mothers. Washington DC: Child Trends
- Maisto, A. A., German, M. L. Variables related to progress in a parent-infant training program for high-risk infants. 1979, *Journal of Pediatric Psychology*, 4, 409-419.

- Mathews, T. J., MacDorman, M. F., & Menacker, F. Infant mortality statistics from the 1999 period linked birth/infant death data set. In National vital statistics report (Vol. 50), National Center for Health Statistics.
- Mayo Clinic. Premature births, November, 2006
- Miller, C., Knox, V., Gennetian, L. A., Dodoo, M., Hunter, J. A., & Redcross, C. Reforming welfare and rewarding work: Final report on the Minnesota Family Investment Program: Vol. 1: Effects on Adults, 2000, New York: Manpower Demonstration Research Corporation.
- National Association of Child Care Professionals (NACCP): <http://www.naccp.org>
- National Association for the Education of Young Children (NAEYC): [www.naeyc.org](http://www.naeyc.org)
- National Center for Children in Poverty: [http://www.nccp.org/profiles/AZ\\_profile\\_6.html](http://www.nccp.org/profiles/AZ_profile_6.html)
- National Center for Education Statistics: <http://nces.ed.gov>
- National Center for Health Statistics, 2007 Trendbook, CDC
- National Education Goals Panel. (1995). Reconsidering children's early developmental and learning: Toward common views and vocabulary. Washington, DC.
- National Research Council and Institute Medicine, From neurons to neighborhoods: The science of early childhood development
- National Research Council. Understanding child abuse and neglect. Washington DC: National Academy Press.
- NICHD Early Child Care Research Network, The relation of child care to cognitive and language development, Child Development, 2000, 71, 960-980.
- Osofsky, J. D. The impact of violence on children. The Future of Children, 9, 33-49.
- Parker Unified School District Superintendent's office. Unpublished data, 2006.
- Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M. L., Howes, C., Kagan, S. L., et al The children of the cost, quality, and outcomes study go to school: Technical report, 2000, University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center.
- Pence, A. R., & Goelman, H. The relationship of regulation, training, and motivation to quality care in family day care. Child and Youth Care Forum, 20, 1991, 83-101.
- Preliminary births for 2005: Infant and Maternal Health National Center for Health Statistics.
- National Household Education Survey: 2005 Initial Results from National Survey on Parents and Early Childhood
- National Research Council, Committee on Educational Interventions for Children with Autism, Division of Behavioral and Social Sciences and Education. Educating children with autism. Washington, DC: National Academy Press; 2001.
- National Task Force on Early Childhood Education for Hispanics. New York: Foundation for Child Development.
- New York Times: Pre-Term Births Linked with C-Sections: <http://www.nytimes.com/2008/05/28/> Release Date: March 20, 2008
- NICHD Early Child Care Research Network. The relation of child care to cognitive and language development, 2000, Child Development, 71, 960-980.
- Petridou, E., Kosmidis, H., Haidas, S., Tong, D., Revinthi, K., & Flytzani, V. Survival from childhood leukemia depending on socioeconomic status in Athens. Oncology, 51, 1994, 391-395
- Raikes, H. Relationship duration in infant care: Time with a high ability teacher and infant-teacher attachment. 1993, Early Childhood Research Quarterly, 8, 309-325.
- Reynolds, A. J. Effects of a preschool plus follow up intervention for children at risk. Developmental Psychology, 30, 1994, 787-804.
- Robert Wood Johnson Foundation. Protecting America's Future: A State-By-State Look at SCHIP and Uninsured Kids, August 2007.
- Russell, et al. ASU (2007). 2006 Survey of AHCCCS Providers, S\*CEEDS professional development and training database excerpts: 2007-08.
- Schorr, Lisbeth B. Pathway to Children Ready for School and Succeeding at Third Grade. Project on Effective Interventions at Harvard University, June 2007.
- Sigelman, C. K., & Rider, E. A., Life-span development, 2003, Pacific Grove, CA: Wadsworth.
- Snow, C. W., Barnes, W. S., Chandler, J., Goodman, I. F., & Hemphill, J., Unfulfilled expectations: Home and school influences on literacy. Cambridge, MA: Harvard University Press.
- Spring 2008 Guide to Test Interpretation, Arizona's Instrument to Measure Standards Dual Purpose Assessment, CTB McGraw Hill.
- Sroufe, L. A. Emotional development: The organization of emotional life in the early years. Cambridge: Cambridge University Press.
- Stremmel, A., Benson, M., & Powell, D. Communication, satisfaction, and emotional exhaustion among child care center staff: Directors, teachers, and assistant teachers, 1993, Early Childhood Research Quarterly, 8, 221-233.
- The Commonwealth Fund State Scorecard on Health System Performance (2007).
- The Foundation for Child Development: Child and Youth Well-being Index: 2008 Special Focus Report: Trends in Infancy/ Early Childhood..
- The Pew Internet and American Life Project: [http://www.pewinternet.org/PPF/r/117/report\\_display.asp](http://www.pewinternet.org/PPF/r/117/report_display.asp)
- Tronick, E. Emotions and emotional communication in infants, 1989, American Psychologist, 44, 112-119.
- Urban Institute and Kaiser Commission on Medicaid and the Uninsured
- U.S. Census Bureau: Census 2000. [www.census.gov](http://www.census.gov)
- U.S. Census Bureau: Annual Estimates of the Population for Counties of Arizona: April 1, 2000 to July 1, 2007 (CO-EST2007-01-04).
- U.S. Census Bureau: American Community Survey 2000, 2006, 2007: <http://www.census.gov/acs/www/index.html>
- U.S. Census Bureau: Grandparents living with grandchildren: 2000. Census brief (October, 2003): <http://www.census.gov/prod/2003pubs/c2kbr-31.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families: AFCARS Reports: [http://www.acf.hhs.gov/programs/cb/stats\\_research/index.htm#cw](http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#cw)
- U.S. Department of Health and Human Services, Child Fatality Report, 2006.

- U. S. Department of Health and Human Services, Health Research and Services: Child Health USA 2003.
- Vagero, D., & Ostberg, V. Mortality among children and young persons in Sweden in relation to childhood socioeconomic group. *Journal of Epidemiology and Community Health*, 43, 1989, 280-284.
- Vital Statistics, 2006
- Weiss, K. B., Gergen, P. J., Wagener, D. K., Breathing better or wheezing worse? The changing epidemiology of asthma morbidity and mortality. *Annual Review of Public Health*, 1993, 491-513.
- Web MD. Should you hesitate to vaccinate?: <http://my.webmd.com/content/article/3609.168>.
- Whitebook, M., Howes, C., & Phillips, D. Who cares? Child care teachers and the quality of care in America, 1989, Oakland, CA: Child Care Employee Project.
- Whitbook, M., Sakai, L., Gerber, E., & Howes, C. Then and now: Changes in child care staffing, 1994-2000. Washington DC: Center for Child Care Workforce.
- Wood, M. W. Costs of intervention programs. In C. Garland (Ed.), *Early intervention for children with special needs and their families: Findings and recommendations*. 1981, Westat Series Paper 11, University of Washington.
- Zaslow, M., Calkins, J., Halle, T., Zaff, J., & Margie, N. Background for community-level work on school readiness: A review of definitions, assessments, and investment strategies. Washington DC: Child Trends.
- Zeanah, C. H. *Handbook of infant mental health*, 2000, New York: The Guildford Press.
- [www.wikipedia.org](http://www.wikipedia.org)

## Description of Methodologies Employed for Data Collection

---

The needs and assets assessment process commenced on May 1, 2008. At its first official meeting of the First Things First Colorado River Indian Tribes Regional Partnership Council (Regional Council) on May 27, 2008, the Regional Council took action to approve the Needs and Assets Assessment approach pending approval from the Colorado River Indian Tribal Council to collect tribal data. This approach included working with the contracted LeCroy and Milligan (L&M) needs and assets consultant. On June 3, 2008, a letter was submitted to Tribal Chairman, Daniel Eddy, Sr. to request official approval to collect tribal data to complete a Needs and Assets Assessment Regional Report. On July 2, 2008 the First Things First Regional Coordinator and the Chair of the Colorado River Indian Tribes Regional Partnership Council presented an overview of the program and the Needs and Assets request to Tribal Council, who approved the request by majority vote. For existing data, collection methods included the review of published reports and utilization of available databases that resulted in asset inventories as well as listings for child care settings for La Paz County, the Town of Parker and the Colorado River Indian Tribes.

Primary data, otherwise defined as newly collected data that did not previously exist, were collected in the most rapid fashion available given the short time in which to complete the assessment. This rapid needs and assets assessment approach consisted of the L&M consultant working with the Regional Council Coordinator and Membership to create a survey to collect information on early care and education centers in the region. Twelve questions were included in the survey and questions were created in collaboration with the Regional Council Coordinator to address issues important for future regional planning efforts. The survey was conducted by phone with all early child care programs within the boundaries of the reservation. A total of 3 surveys were completed. Data collected from the centers were analyzed using sums, averages, and percentages as applicable to each question.

As noted in the *Building Bright Futures report*, gaps in data capacity infrastructure are more than evident when looking for data on early childhood health and education efforts. Data were not always available at the regional level of analysis. In particular, data for children 0-5 years were especially difficult to find. One exception to this is the Head Start data. Compounding this problem are additional barriers that

limit the sharing and dissemination of data between communities, organizations, and other entities due to privacy and proprietary concerns.

It is also important to note that even when data are available for the population of children (0-5 years), or even the adult population of caregivers or professionals, there are multiple methodologies, depending on agency perspectives, by which data are collected and indicators measured. These indicators, approaches, and methods of data collection also change over time, sometimes even yearly, and these inconsistencies can lead to different data representations or interpretations of the numbers presented in this and other reports.

The CRIT Regional Partnership Council reported that the original draft submitted by the consulting firm was a very vague representation of the region's needs and existing resources. Narrative data was also found to be redundant. The Regional Council committed to create a more reliable data informed document. Due to the First Things First initiative timeline, the Regional Council was given a very limited amount of time to complete the revisions to this project. Whereas, some data areas may be limited, overall, the information shared in this report is vital and can be used by the Region to support the community's resource programs.

Given these limitations, data presented here should be interpreted carefully; yet, seen as making progress towards building local capacity for conducting regular community assessments on a biennial basis.



**Colorado River Indian Tribes Regional Partnership Council**

---

Rivergate Plaza  
601 Riverside Dr., Unit 8  
Parker, AZ 85344

(928) 669-2473

[www.azfff.gov/coloradoriverindiantribes](http://www.azfff.gov/coloradoriverindiantribes)