

NEEDS AND ASSETS REPORT

2008



 **FIRST THINGS FIRST**

Hualapai Tribe

Regional Partnership Council



Hualapai Tribe

Regional Partnership Council

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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.

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Executive Summary

First Things First presents Arizona with the unprecedented opportunity to create an early childhood system that affords all children an equal chance to reach their fullest potential and gives families real choices about their children's educational and developmental experiences. Through the thirty one Regional Partnership Councils, every community is included in sharing the responsibility as well as the benefits of a safe, healthy and productive society.

The First Things First Hualapai Tribe Regional Partnership Council (Regional Council) with its community partners will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region.

The Regional Council conducted its first Regional Needs and Assets report that highlights child and family indicators. These indicators illustrate children's health and readiness for school and life and provide an introductory assessment of the current early childhood development and health system. While providing a valid and complete baseline of data about young children and their families in the region was the ultimate goal, there were many challenges around the collection and analysis of data for the region. While numerous sources for data exist in the state, the information can be difficult to analyze and often is not available at the regional level. The Regional Council will focus its efforts and work in partnership with the Arizona Early Childhood Development and Health Board to improve data collection so that regionally specific data is available. This allows the Regional Council to make informed decisions around services and programs for the children of the region.

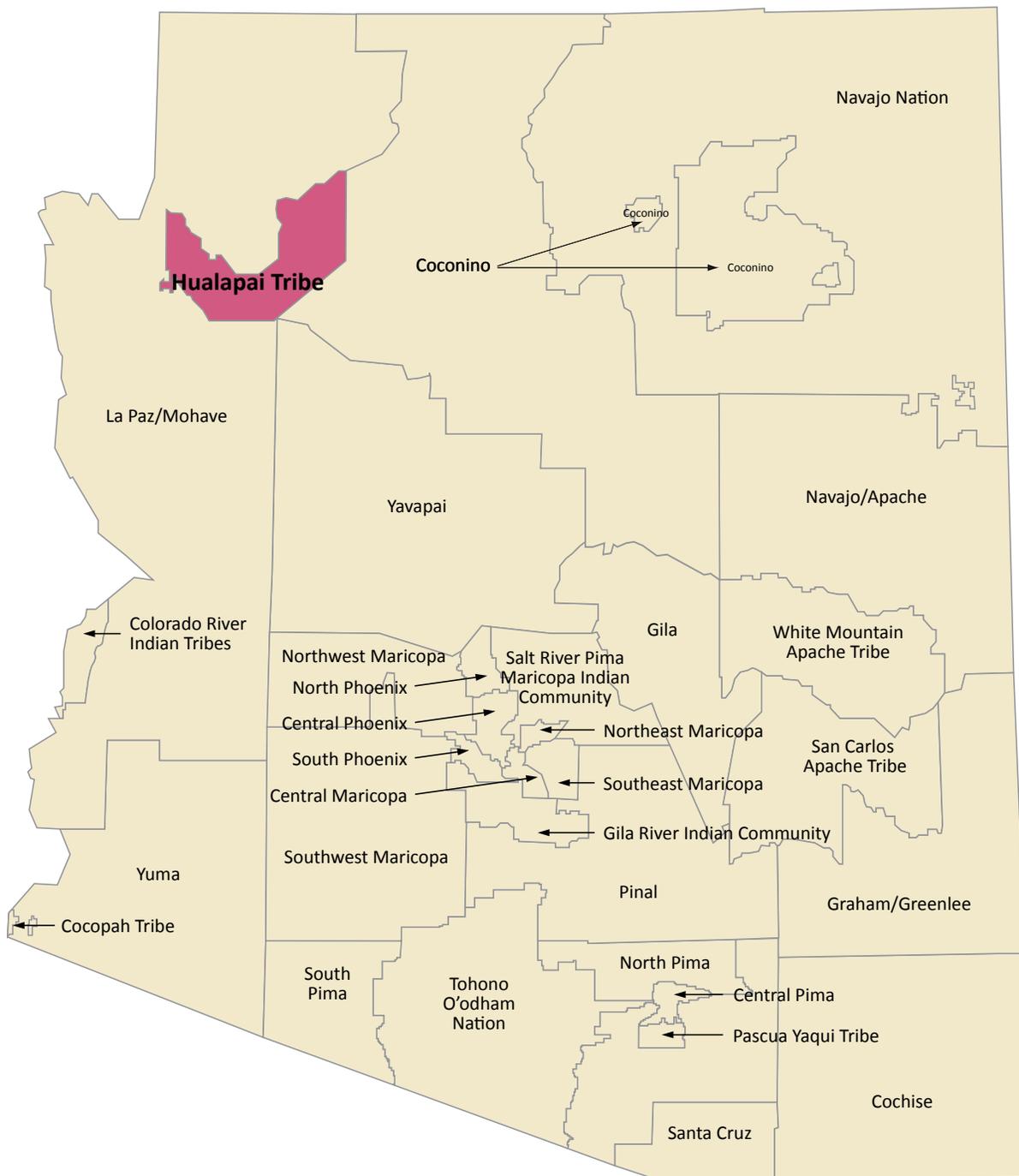
The region of the Hualapai Tribe Regional Partnership Council is comprised of 93 percent Native American residents, where almost half the children are being raised in a single parent household, and 19 percent of children are born to teen mothers. A large number of children in the Hualapai Tribe region are likely to be living in poverty conditions, as the median annual income for a household in the region is less than the Federal Poverty Level for a family of four. The location of the region makes accessing services difficult for many families. The nearest hospital, major grocery store, and high school, for example, are 50 miles away in the nearest town of Kingman. Also due to the distance of the hospital and birthing center, every pregnant woman in the region is considered to be carrying a high risk pregnancy.

Even though the region has a Head Start program serving over 60 children ages three to five, the region does not seem to have the capacity of quality child care providers, especially for children under three years of age. A concern of the Hualapai Tribe Regional Partnership Council is the preparation of its early childhood education teachers. Professional training and credentialing of professionals is lacking in the region.

Children in the Hualapai Tribe region may not be coming to school adequately prepared to learn. Test scores for children entering kindergarten suggest that many children lack basic literacy skills, and the test scores also show that a lack of progress is being made by those children as they leave kindergarten and enter first grade. Arizona's Instrument to Measure Standards (AIMS) demonstrates an area that needs to be strengthened. From those AIMS test scores, only 20 percent of third grade children attending Peach Springs Elementary met or exceeded the standard in reading. Scores were better in writing where 60 percent met or exceeded the standard. Third

grade reading levels are often an indicator of how successful a student will be as they advance through middle and high school.

A priority area of interest of the region that was identified by the Regional Council is the need for early developmental screenings for children under the age of five. By identifying the developmental delays in children, and providing the needed services by educated professionals, the children of the region will have a better chance of entering kindergarten ready to succeed. Through the coordination of the existing family support services, the continuation of prenatal care and parent education, and enhancing the partnerships with the schools and community, the children of the region will have more opportunities for success in school and life.



First Things First – A Statewide Overview

The 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 First Things First includes a State-level Board (twelve members in total, of whom nine are appointed by the Governor) and Regional Partnership Councils, each comprised of eleven members appointed by the State Board (Board). The model combines consistent state infrastructure and oversight with strong local community involvement in the planning and delivery of services.

First Things First has responsibility for planning and implementing actions that will result in an improved system of early childhood development and health statewide. The Regional Partnership Councils, thirty-one in total, represent a voluntary governance body responsible for planning and implementing actions to improve early childhood development and health outcomes within a defined geographic area (“region”) of the state. The Board and Regional Partnership Councils will work together with the entire community – all sectors – and the Arizona Tribes to ensure that a comprehensive, high quality, culturally sensitive early childhood development and health system is put in place for children and families to accomplish the following:

- 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 child 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.



The Hualapai Tribe 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 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 by FTF, based on what is best for their children. The Hualapai Tribe was one of ten tribes that elected to have their tribal lands designated as its own region.

The First Things First Hualapai Tribe 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 is charged with partnering 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 help build brighter futures for the region's next generation of leaders, ultimately contributing to economic growth and the region's overall well being.

To achieve this goal, the Hualapai Tribe Regional Partnership Council, with its community partners, will work to create a system that builds and sustains a coordinated network of early childhood programs and services for the young children of the region. As a first step, The First Things First report, *Building Bright Futures: A Community Profile*, released in January 2007, provides a glimpse of indicators that reflect child well being in the state and begins the process of assessing needs and establishing priorities. The report reviews the status of the programs and services serving children and their families and highlights the challenges confronting children, their families, and the community. The report also highlights the opportunities for creating a comprehensive early childhood system to improve the health, well-being and school readiness of young children in Arizona.

As part of the First Things First initiative, 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 assessment every two years. This report presents findings from the first needs and assets assessment for the Hualapai Tribe Regional Partnership Council.

In the fall of 2008, the Hualapai Tribe Regional Partnership Council will undertake strategic planning and set a three-year strategic direction that will define the Regional Council's initial focus in achieving positive outcomes for young children and their families. The Regional Council's strategic plan will align with the Statewide Strategic Direction approved by the First Things First Board in March 2008.

To effectively plan and make programming decisions, the Regional Council must first be fully informed of the current status of children of the Hualapai Tribe region. This report serves as a planning tool for the Regional Council as they design their strategic roadmap to improve the early childhood development and health outcomes for young children. Through the identification of regional needs and assets and the synthesis of community input, this initial report begins to outline possible priority areas for which the Regional Council may focus its efforts and resources.

It is important to note the challenges in writing this report. While numerous

sources for data exist in the state and region, the information was often difficult to analyze, and not all state data could be analyzed at a regional level. Additionally, many indicators that could effectively assess children's healthy growth and development are not currently or consistently measured.

Nonetheless, First Things First was successful in many instances in obtaining data from other state agencies, Tribes, and a broad array of community-based organizations. In their effort to develop regional needs and assets reports, First Things First has begun the process of pulling together information that traditionally exists in silos to create a picture of the well being of children and families in various parts of our state.

The First Things First model is for the Regional Council to work with the First Things First Board to improve data collection at the regional level so that the Regional Council has reliable and consistent data in order to make good decisions to advance the services and supports available to young children and their families. In the fall of 2008 FTF will conduct a family and community survey that will provide information on parent knowledge related to early childhood development and health and their perception of access to services and the coordination of existing services. The survey results will be available in early 2009 and include a statewide and regional analysis.

Overview of Region: Hualapai Tribe

The Hualapai (meaning *people of the tall pines*) Tribe was created by Executive Order in 1883. Primarily nomadic hunter-gathers, they also traded with nearby tribes. Traditionally their homelands stretched from the Grand Canyon to the Bill Williams River in west-central Arizona and from the Black Mountains bordering the Colorado River to the San Francisco Peaks. The Hualapai Tribe is located in the northwestern part of Arizona, and the reservation is a million acres along 108 miles of the Colorado River and the Grand Canyon. The reservation features high desert, mesas, forests, cliffs, and deep gorges. The community of Peach Springs has the largest population and is the seat of the tribal government. It is 50 miles east of Kingman on historic Highway 66. The tribal economy is based on tourism, river rafting, cattle ranching, and timber cutting. The community is served by Peach Springs and Valentine Elementary Schools.

Regional Child and Family Indicators

The well being of children and families in a 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 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. Data in this report examine the following:

- **Early childhood population** — 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 and neglect and child deaths
- **Educational achievement** — elementary school performance and high school graduation

While the Hualapai Tribe Regional Partnership Council may not have a direct impact on these or other indicators, these indicators are important measures to track as they illustrate the opportunities that children may have for access to quality child care, health care, and other opportunities that may support development and school readiness. In addition, indicators such as child abuse, child neglect, and poverty are known risks to the future to impact children’s current and later development and health status. Regional data is compared with state and national data where possible. While every attempt was made to collect data for each year at each level of reporting (regional through national), there are some items for which no reliable or comparable data currently exist.

Regional Population

From 2000 to 2006, the overall population of the Hualapai region increased by 19 percent. The region’s population grew at a rate double that of the national average.

Population growth (all ages)

	2000	2006	% Change
Hualapai Tribe	1,353	1,608	+19
Arizona	5,130,632	6,338,755	+23
U.S.	281,421,906	301,621,157	+7

Source: U.S. Census (2000), KidsCount, American Community Survey (2006), ADHS Primary Care Area Statistical Profile (2006), Population Estimates Program

The table below shows how the number of children ages 0-5 in the Hualapai region decreased slightly by 4 percent between 2000 and 2007.

Population growth for children ages 0-5 years in the Hualapai Tribe region

	2000	2007	% Change
Hualapai Tribe	126	n/a	n/a
Arizona	459,141	594,110	+29%
U.S.	23,140,901	24,755,834	+7%

Sources: American Community Survey (2007), US Census 2000 & Population Estimates Program 2007

US Census data may not truly represent the population in the Hualapai region for a number of reasons. There are various factors for the inaccuracy of US Census data; among them the fact that the US Census race/ethnicity data is self-reported and misrepresentation of tribal members living on and off the Tribe/Nation. The alternative to the US Census, Tribal Enrollment data, includes American Indians who are tribal members of federally recognized Tribes/Nation. Tribal Enrollment departments/pro-

grams have inaccuracies as well, which may be due to delay in enrollment of children after birth and inability to document the specific enrollment criteria for the Tribe/Nation. Many tribal members leave and return to their Tribe/Nation to pursue education and employment opportunities throughout their lives.

Regional Race, Ethnicity and Language Characteristics

Race and Ethnicity Characteristics

The Hualapai Tribe is considered a Yuman Tribe, which includes other tribes such as Havasupai, Yavapai, Mojave, Maricopa and Quechan.

According to the Arizona Department of Health Services Statistical Profile, the majority of the population within the Hualapai Tribe region is American Indian. Five percent of Census respondents identified themselves as White, non-Hispanic, and 5 percent as having Hispanic or Latino heritage.

Births by Race/ Ethnicity Characteristics Hualapai Tribe (2006)

	American Indian or Alaska Native	White Non-Hispanic	Hispanic or Latino	Black or African American	Asian or Pacific Islander
Hualapai Tribe*	93%	5%	5%	1%	1%
Arizona**	6%	42%	44%	4%	3%

Source: *ADHS Primary Care Area Statistical Profile (2006). *In some instances rows will not add up to 100% because the variable being measured (race/ethnicity) is not mutually exclusive. **ADHS Vital Statistics Table 5B-10.

Data about births in the region in 2006 shows that very few children are born to mothers residing in the Hualapai region each year. The births on the Hualapai reservation represent less than 1 percent of all births to American Indians living on tribal lands in Arizona.

Births in 2006

	Births Hualapai Tribe (residing on reservation)	Births American Indians (residing on reservation)	Births American Indians (residing in Arizona)
Hualapai Tribe	31	4,063	6,364

Source: ADHS Primary Care Area Statistical Profile (2006)

Language Characteristics

The language of the Hualapai Tribe is an important aspect of the culture as it transmits their values, cultural mores, and history from generation to generation. Tribal programs integrate language and culture into their activities, curriculum, and other programming.

Language primacy or fluency, are generally not measured in children until they reach age five. Data from the most recent KidsCount and American Community Survey estimate that up to 32 percent of Arizona children ages five to eighteen speak a language other than English. Data from the 2000 US Census indicates that in the Hualapai Tribe, slightly less than a quarter (22%) of the households speak a language other than English.

Language Characteristics—Population 5 years and older Hualapai Tribe (2000)*

Language Spoken at Home	Percent
English Only	64%
Language Other than English	22%

*Source U.S. Census Bureau 2000, SF3, p.19

Family Composition

Single Parent Families

Children growing up in single-parent families typically do not have the same economic or human resources available as those growing up in two-parent families. Single-parent families often face overwhelming demands of work, housework, and parenting.

According to US Census data projections, the number of children in the Hualapai region who live in single-parent households increased from 31 percent in 2000 to 50 percent in 2006. It is important, however, to give cultural considerations when interpreting statistics of American Indian families. The role of extended family in American Indian communities is very different from other extended family units within Western society¹. The extended family often includes several households of significant relatives along both vertical and horizontal family relations that form a network of support. In the Hualapai Tribe, many households appear to be led by or include grandparents as caregivers, which is discussed further below.

Percent of single parent households with children 0-18 years—Hualapai Tribe

	Single	Married
Hualapai Tribe	48%	52%
Arizona	22%	78%
U.S.	23%	77%

Source: U.S Census (2000), ADHS Statistical Profile Primary Care Area, SF3, p.15

Teen Parent Households

From 2002 to 2006, the percentage of teen pregnancy for the Hualapai Tribe was roughly the same as for all American Indians in Arizona. Both Hualapai and all American Indian rates of teen pregnancy are 5 percent higher than the state overall, with one out of five children being born to mothers’ age 19 years or younger in 2006. It should be noted that the fluctuation in percentage rate reflects the low number of births to teen mothers and in the region per year.

¹ 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.

Percent of children born to teen mothers

	2002	2003	2004	2005	2006
Hualapai Tribe	32% (13)	19% (8)	18% (6)	13% (5)	19% (6)
American Indians in AZ	19% (1,039)	19% (1,141)	19% (1,142)	19% (1,204)	19% (1,216)
Arizona	13%	13%	13%	12%	13%

Source: American Community Survey (2002-2006), ADHS Primary Care Area Statistical Profile (2002-2006)

Babies born to teen mothers are more likely than other children 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 at higher risk of not completing school and repeating the cycle of teen parenthood.

The state average for teenage births has remained relatively constant at around 12 percent for more than five years. Little progress has been made in reducing the prevalence of Arizona teen mothers giving birth to a second child.

Births to teen others have implications on the need for early childhood services. Literature suggests that teen mothers often need high-quality early education for their young children so that they themselves can complete high school. In turn, high school drop-out affects the earning potential of teenage mothers and outcomes for young children.

Grandparent Households

In 2003, Arizona had approximately 4.1 percent of grandparents residing with one or more grandchildren, which is higher than the 3.6 percent national average.² Of the grandparents who live with their grandchildren within the Hualapai region, 70 percent report that they have primary caretaking responsibilities.

Employment, Income and Poverty

Tribal governments are unique from other forms of government in the United States because they engage in business enterprises as a means of economic development. Tribal enterprises include, but are not limited to, natural resource management, tourism, artistry, construction, gaming and other businesses. Diversity in economic enterprises allows tribes to maintain government functions and supports the local and regional economy through development, revenue sharing, employment, direct financial contributions, and contract services. Tribes are often among the top employers within their geographic region and are a driving economic force that attracts tourism and industry. Some of the tribal enterprises that provide employment in the region include the Hualapai Lodge, Wildlife Conservation, Folk Arts, River Running, the Grand Canyon Skywalk, a store, gas station, and a deli that serves tribal members and travelers.

² Grandparents Living with Grandchildren 2000.CensusBrief.

Unemployment

Joblessness 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 3.8 percent in May of 2007. For the most recent twelve month reporting period, unemployment in Arizona has followed a national trend where an economic downturn has led to higher joblessness rates.

For the Hualapai Tribe, the unemployment rate from 2000 to 2007 was almost three times as high compared to the rest of Arizona or the U.S. This may represent a lack of available jobs. Lack of work and living in poverty causes stress on parents and is a risk factor for young children's health and development.

Unemployment rates

	2000	2001	2002	2003	2004	2005	2006	2007
Hualapai Tribe	11.9%	12.7%	14.9%	13.3%	12.0%	11.6%	11.5%	12.6%
Arizona	4.0%	4.7%	6.0%	5.7%	4.9%	4.6%	4.1%	3.8%
U.S.	4.0%	4.7%	5.8%	6.0%	5.5%	5.1%	4.6%	4.6%

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

Annual Income

The median income for the Hualapai Tribe region was \$19,125, which is less than half the state median income, at \$47,265. The median annual household income for the region decreased from 2000 to 2006, whereas median incomes in other areas of Arizona have risen.

Median³ annual household income (per year- pretax)

	2000	2006
Hualapai Tribe	\$20,536	\$19,125
Arizona	\$40,558	\$47,265
U.S.	\$41,994	\$48,451

Source: US Census 2000; American Community Survey, ADHS Statistical Profile Primary Care Area (2006)

Families in Poverty

Many children in the Hualapai Tribe region live in poverty. (For a family of four, the Federal Poverty level is \$21,200 a year.)⁴ According to the 2000 U.S. Census, more than one-third of children in the Hualapai region live in poverty. In the Hualapai region, 34 percent of households were at or below federal poverty guidelines. Rates of poverty were 24 percent higher than households in Arizona and 20 percent higher than the nation. 76 percent of the children living in the Hualapai Tribe region live in low income families, in which the families live at or below 200 percent of the Federal Poverty Level. (For a family of four, 200 percent of the Poverty Level is \$42,400 a year.)

³ Ibid.

⁴ Federal Register, Volume 73, No. 15, January 23, 2008, pp. 3971-3972.

Families* living at or below the Federal Poverty Level (2000)

	Percent of Households Living At or Below 100 Percent of the Federal Poverty Level
Hualapai Tribe	36%
Arizona	10%
US	9%

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

As the graphs below shows, 81 percent of low income Arizona families are employed full or part time. The graph shows the relationship between employment levels and categorization as “low income” or “above low income”.

Parent Educational Attainment

Research has shown consistent positive effects of parenting on aspects of parenting knowledge and behaviors such as parenting approaches, attitudes, and childrearing philosophy. Parents that have higher educational attainment can potentially impact child outcomes by providing an enhanced home environment that reinforces cognitive stimulation and increased use of language.⁵ Past research has demonstrated an intergenerational effect of parental educational attainment on a child’s own educational success later in life and some studies have surmised 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.

Approximately 22 percent of births nationally are to mothers who do not possess a high school degree. According to data reported from 2002 to 2006, about 55 percent of mothers who gave birth in the Hualapai Tribe region had a high school diploma while approximately 38 percent had less than a high school diploma. The state rate for births to mothers with no high school degree remained fixed at 20 percent and then jumped to 28 percent in 2006. While mothers in the Hualapai Tribe region are more likely to have a high school degree, fewer report having 1-4 years of college experience than mothers in Arizona or the U.S.

Percent of Live Births by Mother’s Educational Attainment

		2002	2003	2004	2005	2006
Hualapai Tribe Nation	No H.S. Degree	30%	33%	41%	38%	35%
	H.S. Degree	55%	42%	41%	49%	55%
	1-4 years College	13%	23%	18%	11%	10%
Arizona	No H.S. Degree	20%	21%	20%	20%	28%
	H.S. Degree	29%	29%	29%	29%	30%
	1-4 years College	32%	32%	32%	33%	33%
U.S.	No H.S. Degree	15%	22%	22%	N/A	N/A
	H.S. Degree	N/A	N/A	N/A	N/A	N/A
	1-4 years College	21%	27%	27%	27%	27%

Source: CDC, American Community Survey (2002-2006), ADHS Arizona Vital Statistics, Health Status Profile of American Indians. Note: Percent does not add up to 100 due to exclusion of 17 and unknowns.

5 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.

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, prenatal care 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.⁶ 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.⁷ For example, in some cultures, doctor visits are reserved for illness and since pregnancy is not considered an illness, pregnant women may not seek out care.

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.

In the Hualapai region, 71 percent of the mothers received prenatal care during the first trimester, and almost all mothers received some prenatal care at some point during their pregnancy. This is higher than all American Indian mothers living within tribal lands in Arizona (63%). There are few women in this region who are reported as receiving no prenatal care. However, the data also show that 87 percent of the births in the region were to single mothers, and 87 percent of the births were publicly-funded. These numbers are similar to all births for American Indian mothers living on reservations.

Selected Characteristics of Newborns and Mothers (2006)

Tribe/Nation	Total births	Teen Mother (<=19yr)	Prenatal Care 1 st Trimester*	No Prenatal Care	Birth Paid for by Public \$	Low Birth Weight (<2500 grams**)	Unwed Mothers
Hualapai Tribe	31	6	22	1	27	0	27
Total AI on Reservation Births	4,063	818	2,557	133	3,599	288	3,156

* First trimester prenatal care serves as a proxy for births by number of prenatal visits and births by trimester of entry to prenatal care.** Low Birth Weight serves as a proxy for preterm births (<37 weeks). Source: Health Status Profile of American Indians in Arizona, ADHS Arizona Vital Statistics (2006).

6 Ashford, J., LeCroy, C. W., & Lortie, K. (2006). *Human Behavior in the Social Environment*. Belmont, CA: Thompson Brooks/Cole.
 7 LeCroy & Milligan Associates (2000). *Why Hispanic Women Fail to Seek Prenatal Care*. Tucson, AZ.

Ethnicity is also an indicator of whether prenatal care is 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.⁸ Efforts to increase prenatal care should consider these large ethnic differences. There are many barriers to the use of early prenatal care, including: lack of general health care, transportation, poverty, teenage motherhood, stress and domestic violence.⁹ The Indian Health Service (IHS), an agency within the Department of Health and Human Services, provides federal health services to American Indians and Alaska Natives who are enrolled members of federally recognized tribes.

According to the maternal child health nurse, every pregnancy in the Hualapai community is considered “high-risk” because of the remote location of the reservation. Pregnant women receive prenatal care at the Peach Springs Health Center or at provider offices in Kingman or Flagstaff. The Indian Health Service schedules and arranges transportation for medical appointments.

Low Birth-Weight Babies

Low birth weight (defined as less than 5.5 lbs) and very low birth weight (defined as less than 3lbs, 4 oz.) are associated with threats 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. In 2006, no children were born at low birth weight for the Hualapai Tribe compared to 7 percent of American Indian births in Arizona.

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 average incidence of pregnant women who smoke cigarettes accounts for better outcomes regarding birth-weight than is seen in other cities in the United States.

Births to Teen Mothers

In the Hualapai region, the percentage of births to teen mothers was 19 percent for 2006, compared to the national rate of about 10 percent.

Health Insurance Coverage and Utilization

Medical coverage is provided to Hualapai families through the Indian Health Services (IHS), the Arizona Health Care Cost Containment System (AHCCCS) (equivalent to Medicaid), and private insurance through employers. The Indian Health Service (IHS), an agency within the Department of Health and Human Services, provides federal health services to American Indians and Alaska Natives who are enrolled members of federally recognized tribes. 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,

⁸ Arizona Department of Health Services, Health disparities report, 2005.

⁹ <http://www.cdc.gov/reproductivehealth/products&pubs/dataaction/pdf/rhow8.pdf>

established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders¹⁰.

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 contributes to continuity of care. Research shows that children with health care insurance¹¹:

- 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
- Perform better in school

When parents cannot access health care services for preventive care such as immunizations, there may be delayed diagnosis of health problems, failure to prevent health problems, or the worsening of existing conditions.¹² Furthermore, good health promotes the academic and social development of children because healthy children engage in the learning process more effectively.¹³

The table below shows children enrolled in AHCCCS or KidsCare – Arizona’s publicly funded low-cost health insurance programs for children in low-income families. As the chart shows, 23 percent of children ages 0-5 were enrolled in AHCCCS or KidsCare in the Hualapai Tribe region in 2006, which is slightly higher than in Arizona overall. Children who are enrolled members of a federally-recognized tribe can access medical care through Indian Health Service. However, need for transportation to medical care is a concern for the region.

Percent of Children 0-5 enrolled in AHCCCS, KidsCare, Medicare and Transportation Score.

	AHCCCS	KidsCare	Medicare	Transportation Score
Hualapai Tribe	21%	2%	19%	178
Arizona	18.4%	3.8%	11.1%	121

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); Adequacy of transportation part of Primary Care index. The higher the score the less adequate or greater the need for transportation

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

¹⁰ www.ihs.gov

¹¹ 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.

¹² 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.

¹³ National Education Goals Panel. *Reconsidering children’s early developmental and learning: Toward common views and vocabulary*. Washington DC.

publicly funded health insurance programs (like AHCCCS or KidsCare in Arizona), but are not enrolled.¹⁴ Indeed, the large percent 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.¹⁵

Health coverage is not the only factor that affects whether or not children receive the care that they need to grow up healthy. Other factors include: the scope and availability of services that are privately or publicly funded; the number of health care providers including primary care providers and specialists; the geographic proximity of needed services; and the linguistic and cultural accessibility and competency of 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 2003.¹⁶

Oral Health Access and Utilization

Access to dental care is also limited for young children in both the state and the region. The chart below provides a snapshot of oral health access and utilization through the Hualapai Head Start Program, which represents about 43 percent of the population ages 0 to 5. Enrollment in Head Start helps to ensure access to medical and dental care. Head Start requires children enrolled in its program to receive well child and oral health visits. According to the Head Start Program Information Report for the Hualapai Tribe, 89 percent of the children enrolled in the program received dental screenings, 7 percent needed treatment, and of those who needed treatment, 100 percent received it.

Oral Health Head Start Children—Hualapai Tribe

2006-2007	Number of Children	Dental Home (% of exams)	Completed Exam (% of exams)	Preventive Care (% of exams)	Needed Treatment (% of exams)	Received Treatment (of those who needed)
Hualapai Tribe	65	63 (96%)	58 (89%)	58 (100%)	4 (7%)	4 (100%)

Source: Hualapai Head Start PIR Program Year 2006-2007

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 parental harm. Additionally, some children are exposed to conditions that can lead to preventable

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

15 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.

16 Commonwealth Fund. State Scorecard on Health Care System Performance, 2007.

injury or death, such as excessive drug/alcohol use by a family member, accessible firearms, or unfenced pools.

Over the years, a number of federal policies have had a devastating effect on the preservation of American Indian families. An example includes the policy of forcibly removing Indian children from their families and into federal boarding schools, with the goal of assimilating them into mainstream American society. Based on nationwide studies conducted between 1969 and 1974, 25 percent to 35 percent of Indian children were removed from their homes and placed in non-Indian foster or adoptive homes by state courts and welfare agencies. In response to this trend, Congress passed the Indian Child Welfare Act (ICWA) in 1978. ICWA is designed to protect the best interests of Indian children and promote the stability and security of Indian tribes and Native families. ICWA grants jurisdiction to the tribe in child custody matters involving Native American children.

Child abuse and neglect

Child abuse and neglect can result in both short-term and long-term negative outcomes. A wide variety of difficulties have been documented for victims of abuse and neglect, including mental health difficulties such as depression, aggression, and stress. Direct negative academic outcomes (such as low academic achievement; lower grades, lower test scores, learning difficulties, language deficits, poor schoolwork, and impaired verbal and motor skills) have also been documented. Furthermore, child abuse and neglect have a direct relationship to physical outcomes such as ill health, injuries, failure to thrive, and somatic complaints.¹⁷

It is important to note that the child abuse report is not an indicator of risk and is not necessarily associated with the removal of a child. There are many reports with a specific allegation that may not be proven, but sufficient concern of potential harm is identified to warrant services and supports to keep the child safely at home. If it is determined that the child may not be safe at home, then an alternative placement is provided for the child. The number of reports that are considered substantiated is a subset of the total number of reports that were received, investigated, and closed during the reporting period.

According to the Hualapai Social Services Department, there were 15 reports of child abuse in just 6 months, between January and July of 2008.

The table below describes the types and number of child maltreatment received by each county in Arizona over a six-month period in 2007. The Hualapai Indian reservation is located in Mohave County, which represents 3.6 percent of all reports. Of those reports made in Mohave County, 417 were reports of neglect, followed by 197 reports of physical abuse, 9 reports of sexual abuse, and 4 reports of emotional abuse.

¹⁷ References for this section: Augoustios, M. Developmental effects of child abuse: A number of recent findings. *Child Abuse and Neglect*, 11, 15-27; 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.; Lindsey, D. *The welfare of children*, New York, Oxford University Press, 2004; National Research Council, *Understanding child abuse and neglect*. Washington DC: National Academy Press; Osofsky, J. D. The impact of violence on children. *The Future of children*, 9, 33-49.

Number of reports received, 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%
Statewide	212	10,922	5,836	1,108	18,078	100.0%
% of Total	1.2%	60.4%	32.3%	6.1%	100.0%	

*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 that is already beyond its capacity and would be completely overwhelmed by an increase in child removals from families.

The youngest children suffer from the highest rates of neglect and abuse, as shown below:

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

According to overall child well-being indicators, in 2005, Arizona ranked 36th out of the 50 states, with child abuse and neglect a leading reason for the state’s poor ranking. In the following year, Arizona’s Child Fatality Review Board issued its annual

report for 2005, 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 relatives to assume care of children at risk as well as the foster homes and shelters available in each community.

Problems with the foster care system have led to efforts at reform. Efforts have included new methods for keeping children safe in their own homes, using kinship care, and increasing the options available for family foster care rather than group shelters.¹⁸ 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.

According to the Hualapai Social Services Department, there are four licensed foster homes on the reservation and there were 10 placements made as of July 1, 2008.

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 intervention 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.¹⁹ Furthermore, research indicates that when children are involved in early childhood

¹⁸ Family to Family Tools for Rebuilding Foster Care, A Project of the Annie E. Casey Foundation July 2001.

¹⁹ 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.

programs over a long period of time, with additional intervention in the early school years, better outcomes can emerge.²⁰ Long-term studies have documented those early childhood programs with positive impact evident in the adolescent and adult years.²¹ Lastly, research has confirmed that early childhood education enhances young children's social developmental outcomes such as peer relationships.²²

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 problem solving, self confidence, positive peer relationships, and willingness to persist at a task. While experts identify such skills as being essential to school readiness, quantifying and measuring these aspects of school readiness is challenging. Currently, no one instrument exists that sufficiently measures school 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 consists of 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 across 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 of children's language and literacy development, such as vocabulary or print awareness.

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.

For Arizona, in the specific area of language and literacy development assessed, the data in the following chart indicate that about half of the children entering kindergarten were meeting the benchmark standard, but at the end of the year significant progress was made. Data on kindergarten students attending Peach Springs Unified School District during the 2007-2008 school year revealed that 25 percent were at benchmark (on track to be a reader with continued support), 18 percent were at strategic (in need of additional support to be a reader), and 58 percent were at intensive (in need of intensive support to be a reader). At the end of the year, 7 percent were at benchmark, 40 percent were at strategic, and 53 percent were at intensive. Of the 24 children who remained in the same classroom for the 2007-2008 school year, 46 percent began their kindergarten year in need of additional or intensive support and ended their kindergarten year in the same intensive category, 33 percent ended their kindergarten year more in need of support and less on track to be a reader than when they began, 13 percent improved their status, but continued to

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

21 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

22 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.

need additional support to be a reader, and 8 percent maintained their on track status or improved their status and were on track to be a reader.

Basic early literacy as measured by DIBELS

Kindergarten DIBELS						
	Beginning of the Year			End of the Year		
	% Intensive	% Strategic	% Benchmark	% Intensive	% Strategic	% Benchmark
Peach Springs 2007-2008	58	18	25	53	40	7

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.

Data is available for the Peach Springs Elementary 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.

The chart below shows that 60 percent of the children who attended Peach Springs Elementary for grade 3 approached the standard for mathematics and 20 percent met the standard for reading in 2007. The majority of students (60%) met the standard for writing. The low achievement in mathematics and reading are cause for concern, and indicate that these children need further support and services so they do not fall further behind in future years.

AIMS DPA 3rd Grade Score Achievement Levels in 2007–Hualapai Tribe region

School District	Mathematics				Reading				Writing			
	FFB	A	M	E	FFB	A	M	E	FFB	A	M	E
Peach Springs Unified	40%	60%	0%	0%	10%	70%	20%	0%	0%	40%	60%	0%
Valentine Elementary	NA*	NA*	NA*	NA*	NA*	NA*	NA*	NA*	NA*	NA*	NA*	NA*

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. *Scores are not published for districts with fewer than 10 students taking the exam to protect confidentiality.

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, stay out of jail, and earn significantly higher wages than their non-graduating counterparts.²³ Many high school students attend public schools outside of the community. The chart below provides the four-year graduation rates for Music Mountain High School. The region’s four-year graduation rates are significantly lower than the state and the nation.

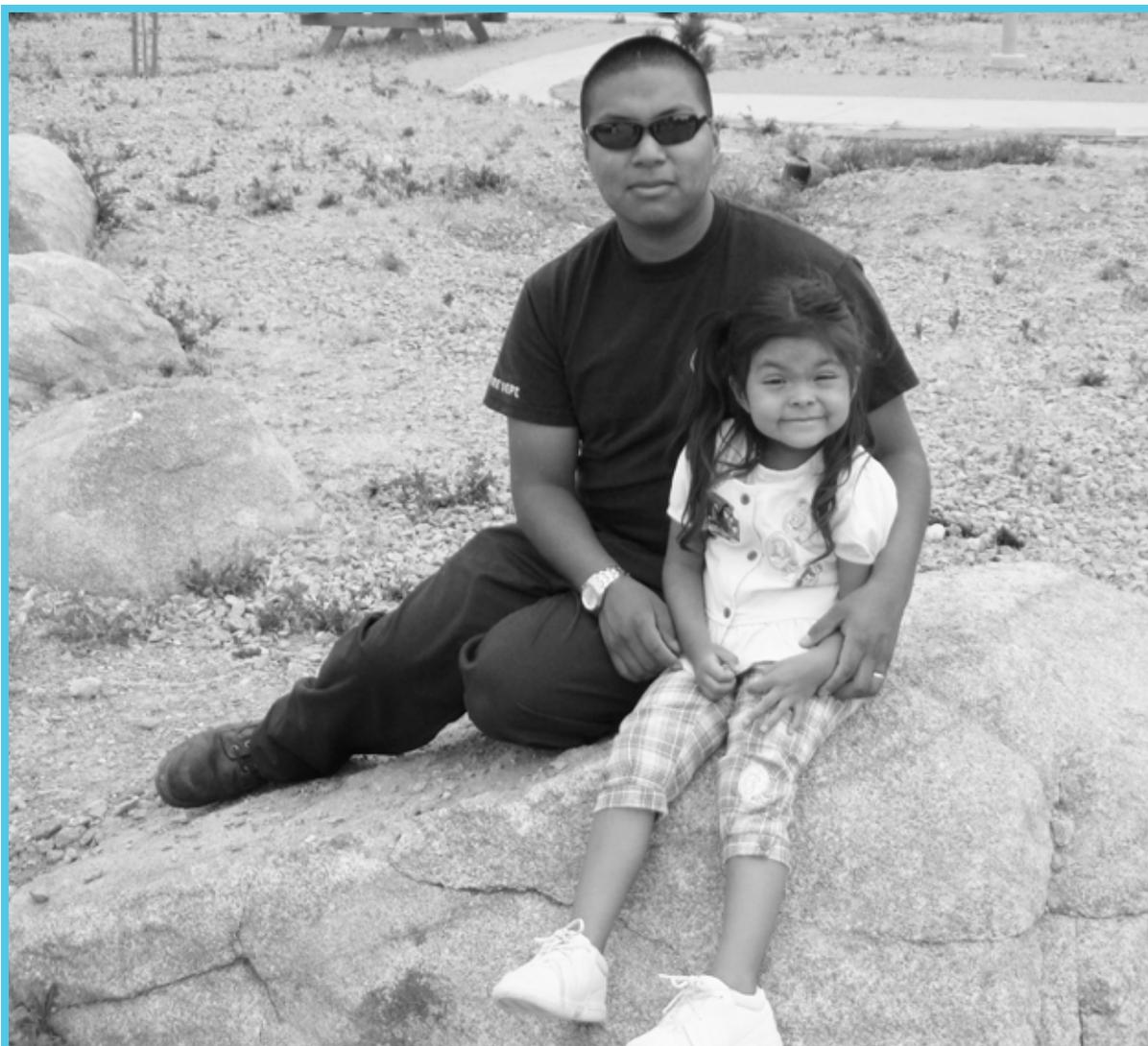
23 Sigelman, C. K., & Rider, E. A., *Life-span development, 2003, Pacific Grove, CA: Wadsworth.*

High School Graduation Rates 2006–Hualapai Tribe

TRIBE HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Music Mountain H.S.	2	50	4%
Arizona*	50,355	71,691	70%
United States**	N/A	N/A	N/A

High School Graduation Rates 2005–Hualapai Tribe

TRIBE HS Districts	Total # Graduates	Total # in Cohort	Graduation Rate
Music Mountain H.S.	3	15	20%
Arizona*	50,923	68,498	74%
United States**	2,799,250	3,747,323	75%



Current Regional Early Childhood Development and Health System

Quality

Over the past ten years, states have initiated efforts to raise the quality of early care and education. These efforts are driven by the increasing evidence of the role of early childhood education in supporting school readiness. Research has found that high quality child care can be associated with many positive outcomes including language development and cognitive school readiness²⁴ combined with the increasing number of children ages 0-6 years that are daily cared for in these settings. In one study, 61 percent of young children were in some form of child care²⁵. 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.²⁶

Currently there is no commonly agreed upon or published set of indicators of quality for Early Care and Education in Arizona. One of the tasks of First Things First will be to develop a Quality Improvement and Rating System with these common indicators of quality.

The Hualapai Tribe Head Start grantee runs one center that enrolled 65 children in four, full-day, single-session classrooms in the 2006-2007 year. The table below presents data for this program only. Classes met four days per week for an average of 148 days per year. The average class size is 14; the staff to child ratio is 1 adult to 7 children with two teaching staff in each classroom. Fifteen children were attending Head Start classes for their second year. The program reported that 39 children needed full-year or full-day child care and, when not at the Head Start program, were cared for at home or at the home of a relative or unrelated adult.

Of all children in the Head Start Program, 22 percent live within families receiving public assistance, 67 percent have families who are income eligible for Head Start services, eight percent of families are over-income, and three percent are foster children. Ninety-seven percent of the children are Native American and three percent are white. The primary language of all families is English.

²⁴ ; NICHD Early Child Care Research Network, The relation of child care to cognitive and language development, *Child Development*, 2000, 71, 960-980.

²⁵ : Federal interagency forum on child and family statistics. *America's children: Key national indicators of well-being*, 2002. Washington DC.

²⁶ 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.

Hualapai Tribe Head Start Average Staff Child Ratios and Class Size (2006-2007)

Regional Data for 2007	Head Start
Number of Classes	4
Total Number of Children Enrolled	65
Average Class Size	15
Three Year Olds	50
Four Year Olds	15
Preschoolers staff to Child Ratio (Avg.)	1:7

Source: Hualapai Head Start Performance Information Report (2006-2007) Program Profile

Access

Family demand and access to early care and education is a complex issue. Availability and access 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.

Number of Early Care and Education Programs

There are a limited number of early care and education options for families in the Hualapai region. Other than the Hualapai Head Start, which only serves children 3-5, families have the option to utilize the Department of Hualapai Education and Training, Hualapai Child Care Program (HCCP). HCCP monitors licensed and non-licensed in-home child care providers to ensure adherence to federal and tribal guidelines in the community. HCCP is federally funded by the Child Care Development Fund and provides a subsidy to families who are working, in job training, or enrolled in an educational program. There are currently 24 in-home providers participating in the program, of which only one is licensed. Providers are self-employed and contracted by the parents to provide services.

One of the greatest early child care needs identified in the community is the lack of an early child care facility for infants and toddlers. In November and December of 2006, a Head Start community survey was distributed within the Hualapai Tribe region, and 144 individuals responded. Of those who responded, 58% indicated having problems with child care some or all of the time, and 57% of respondents have at least one child under the age of 3.

Number of children enrolled in early care and education programs

According to the Hualapai Child Care Program, 49 children ages birth to 5 enrolled in licensed and non-licensed in-home child care providers. This number does not include children cared for in unregulated care, family care, or who are in need of care, but do not have access to it.

Costs of Care

The Hualapai Child Care Program provides subsidies to families who qualify based on a sliding scale. Parent contribution ranges from full subsidy (no cost) to \$12 per day.

Health

Children’s good health is an essential element that is integrally related to their learning, social adjustment, and safety. 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 screening and early identification for developmental milestones, vision, hearing, oral health, nutrition and exercise, and social-emotional health.

The Indian Health Service operates a 40-hour ambulatory care facility in Peach Springs for children and families in the Hualapai region. General outpatient services, dental care, and preventive services are provided by one physician, one physician’s assistant and a maternal child health nurse. A contract emergency medical service offers after-hours transport of patients to Kingman. The Hualapai Tribe also operates a Health Department that provides health education programs for community members.

Children attending Head Start in the region received medical screenings and immunizations. The table below indicates that for children enrolled in the Hualapai Head Start, 80 percent of children had up-to-date screenings and 91 percent of children had up-to-date immunizations.

Medical Services Head Start Children—Hualapai Tribe

2006-2007	Number of Children	Health Insurance*	Medicaid/ EPSDT / combination (% of insured)	Medical Home	Indian Health Service (home) % of medical home	Up to date screening **	Up to Date Immunization	Mental Health Assess	MH Outside referrals
Hualapai Tribe	65	64* (98%)	0	65 (100%)	64 (98%)	52 (80%)	59 (91%)	1 (1%)	0

Source: Head Start PIR Program Year 2006-2007

* 64 ‘other insurance’; not private, not state funded.

** 5 diagnosed as needing treatment; 5 received treatment; one treated for anemia; 2 treated for asthma

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 at 9, 18, and 24 months with a valid and reliable screening instrument. Providing supports and services early in life to children with special needs leads to better health, better outcomes in school, and opportunities for success and self-sufficiency into adulthood. 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.²⁷ 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.²⁸

Parents' access to services is a significant issue, as parents may experience barriers to obtaining 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.²⁹

Every state is required to have a system in place to find and refer children with developmental delays to intervention and treatment services. The federal Individuals with Disabilities Education Act (IDEA) govern 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.

The Hualapai Tribe has a Child Find Program, a component of IDEA that identifies, locates, and evaluates children ages birth to 5 years of age with disabilities who are in need of early intervention or special education services. Child Find provides referrals to Arizona Early Intervention Program (AzEIP), Arizona's system that serves infants and toddlers. Children eligible for AzEIP services are those who have not reached fifty 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. 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). A comparison of that number to other states with similar eligibility criteria provides a basis for understanding about the effectiveness of the Child Find process. This is the first task in knowing whether or not a community's child find process, including screening, is working well.

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 further referred for an evaluation to determine eligibility for services. Accurate identification through appropriate screening most often leads to a referral for 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.

For purposes of providing a snapshot of services for children with disabilities,

27 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.

28 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.

29 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.

the table below provides the number of children attending Hualapai Head Start who received development screenings, the percent determined to have a disability, and of those, the percent who were eligible to receive services. Most years, the number of children identified with disabilities was 1 to 3 children. The most common diagnosed disabilities were speech and language, and developmental delays.

Hualapai Tribe Head Start Children developmental screenings 2003-2007

Development Screenings and Referral	2003	2004	2005	2006	2007
Number of Children Screened	45	41	43	31	65
Percent determined to have a disability	7%	5%	2%	3%	12%
Of children with disabilities, percent determined to be eligible for services	100%	0	100%	100%	88%

Source: Hualapai Head Start Program Information Reports

Nationally, the percentage of American Indians served under IDEA Part B is higher than other races, with the majority being categorized with developmental delay or speech and language delay. This trend is similar in Arizona. There is ongoing dialogue regarding the use of standardized practices with culturally and linguistically diverse children. There is widespread concern over the disproportionate representation of American Indian children in special education programs nationally.

There are many challenges for Arizona’s families due to varying eligibility requirements within agencies and systems, therapeutic specialist shortages, and lack of understanding how to navigate the complex system of care and intervention. Of particular concern are the national shortages in speech, physical, and occupational therapists, especially those with specific knowledge in service delivery to young children and families. Families and health care providers are frustrated by the tangle of procedures required by both private insurers and the public system. Parents can be primary advocates for their children to assure that they receive appropriate and timely developmental screenings according to the schedule recommended by the Academy of Pediatrics. Outreach, information and education for parents on developmental milestones for their children, how to bring concerns to their health care provider, and the early intervention system and how it works are parent support services that the region can provide. These measures, while not solving the problem, will give parents some of the resources to increase the odds that their child will receive timely screening, referrals, and services. These problems will require the combined efforts of state and regional stakeholders to arrive at appropriate solutions.

Insurance Coverage

The following chart 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 the chart shows, over 38 percent of children 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. As described in the section on Health Coverage and Utilization, children who are enrolled in AHCCCS are very likely to receive well child visits during the year, as are children who are enrolled in Head Start.

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
Arizona	14.8	171,303	38.1	134,259
US	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.

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. According to the Indian Health Service, Maternal Child Health Nurse, 98% of children ages 2 months to 35 months are on schedule with their immunizations in the Hualapai region³⁰.

Family Support

Family support is a foundation for enhancing children's positive social and emotional development. Many research studies have examined the relationship between parent-child interactions, family support, and parenting skills.³¹ Much of the literature addresses effective parenting as a result of two broad dimensions: discipline and structure, and warmth and support.³² Strategies for promoting enhanced development often stress parent-child attachment, especially in infancy, and parenting skills.³³ Parenting behaviors have been shown to impact language stimulation, cognitive stimulation, and promotion of play behaviors—all of which enhance child well being.³⁴ Parent-child relationships that are secure and emotionally close have been found to promote children's social competence, prosocial behaviors, and empathic communication.³⁵

The new economy has brought changes in the workforce and family life. These

³⁰ Key Informant Interview, Maternal Child Health Nurse, July 2008

³¹ 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.

³² 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.

³³ 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.

³⁴ 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.

³⁵ ; 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.

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 makers to promote the health and well being of young children. Every family needs and deserves support and access to resources. Effective family support programs will build upon family assets which are essential to creating self-sufficiency in all families. Family support programming will play a part in strengthening communities so that families benefit from “belonging.” Success is dependent on families being solid partners at the table, with access to information and resources. Activities and services must be provided in a way that best meet family needs.

Family support is a holistic approach to improving young children’s health and early literacy outcomes. In addition to a list of services like the licensed child care providers, preschool programs, food programs, and recreational programs available to families, Regional Partnership Councils will want to work with their neighborhoods to identify informal networks of people – associations – that families can join and utilize to build a web of social support.

The Hualapai Tribe has a number of programs that support families in a variety of ways. The Department of Hualapai Education and Training Gwe Spo:Ja Yiwo provides families resources and training through their programs. Funded by the Division of Children, Youth, and Families, and the Department of Economic Security, the Family Support Program aims to strengthen and stabilize families through community based, family centered, accessible and culturally responsive services using the Health Family curriculum. Parents who receive financial assistance through the Department of Economic Security are required to participate in the Family Support Program.

Parent knowledge about early education issues

When asked, child care professionals continually report that families need more and better information around quality child care³⁶. Parents seem fairly perceptive of their need for more information.

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

Hualapai Indian Tribe Family Literacy Efforts (2008)

Indian Health Service, Peach Springs Health Center - Reach Out and Read program site	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 across the nation. 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.
Head Start	Offers daily reading and literacy activities

³⁶ 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.

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.

Characteristics of Early Child Care Professionals

The following two tables show data related to the number of early childhood teachers and administrators, as well as their qualifications, for the Head Start center located on the reservation.

Hualapai Region—Number of Early Childhood Teachers and Administrators

Staff Type	2007
Head Start Teachers	4
Head Start Assistant Teachers	4
Head Start ECE Directors	1
Head Start Admin. Director	1

Source: Compensation and Credentials Report (data compiled by region and supplied by First Things First); Head Start Performance Information Report 2006-2007

Hualapai Region Head Start Multi Year Staff Qualification 2004 - 2007

Degree Type	2004		2005		2006		2007	
	Teachers	Assistant Teachers						
ECE or related degree	0%	33%	100%	0%	50%	0%	0%	0%
AA	0	1	3	0	2	0	0	0
BA	0	0	0	0	0	0	0	0
Graduate	0	0	0	0	0	0	0	0
CDA	2	0	0	0	0	0	0	0
No Degrees	3	2	0	4	4	4	4	4
Total	5	3	3	4	4	4	4	4

Source: Head Start Performance Information Report (2006-2007) and Multi-Year Staff Qualifications Report (2004-2007)

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.³⁷ Furthermore, formal training is related to increased quality care; however, caregiver experience without formal

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

training has not been found to be related to quality care.³⁸

The following table provides educational backgrounds of child care professionals in the Hualapai region, La Paz/Mohave Region, Arizona and the United States. Educational levels for teachers and teacher assistants are lower than the La Paz/Mohave region, Arizona and the Nation. The following section on professional development opportunities addresses these issues.

Child Care professionals’ educational background

Degree Type	Hualapai Tribe 2007		La Paz/Mojave Region 2007		Arizona* 2007		U.S.** 2002	
	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants	Teachers	Assistants
No degree	100%	100%	68%	89%	61%	82%	20%	12%
CDA	0%	6%	17%	4%	9%	7%	N/A	N/A
Associate	0%	0%	11%	1%	15%	8%	47%	45%
Bachelors	0%	0%	17%	<10%	19%	7%	33%	43%
Masters	0%	0%	4%	<1%	6%	<1%		

Source: Hualapai Head Start PIR 2007; 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

Professional Development Opportunities

Early childhood educators and professionals in Arizona have a variety of education and training resources available, including online training and education and degree programs through the state universities or through community colleges. Accessing higher education in the Hualapai Region is a challenge faced by early child care professionals and others within the community. Mohave Community College in Kingman, approximately 50 miles west of Peach Springs, is the nearest community college. Coconino Community College and Northern Arizona University (NAU) are located in Flagstaff, approximately 115 miles east of Peach Springs. Undergraduate and graduate programs in Early Childhood Education at Northern Arizona University are available online; however, individuals may or may not have computers or Internet access.

Available education and certification programs for child care professionals

School	Degree/Certificates
Mohave Community College - Kingman	• A.A. Emphasis in Early Education
Coconino Community College	• Early Childhood Education Certificate • A.A.S. in Early Childhood Development
Northern Arizona University	• B.S. Ed. in Early Childhood Education • B.A.S. in Early Childhood Education (also available online) • M.Ed. in Early Childhood Education (also available online)

38 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.

For tribal members who are interested in pursuing higher education, the Hualapai Higher Education Program provides scholarships to assist with the cost of attending a post-secondary institution. The program also provides financial aid counseling, course advising, scholarship search assistance, and assistance with college admissions applications.

Employee Retention

Providing families with high quality child care is an important goal for promoting school readiness. Research has shown that child care providers with more qualified staff and who retain that staff have achieved more positive outcomes for children.³⁹ 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.⁴⁰

The following table from the Compensation and Credentials Survey shows average length of employment for child care professionals for *all* centers that serve the region. The data suggest that there is some stability among child care professionals who serve the region, but many still lack more than a few years experience in the field.

Average length of employment for child care professionals (2007)

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

Source: Compensation and Credentials Survey 2007

The chart below provides the teacher turnover rate for 2003-2007. In 2007, three of four teachers left their position.

Hualapai Head Start—Teacher turnover rate for 2003-2007

	2003	2004	2005	2006	2007
Teacher turnover rate	25%	0	0	0	75%

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 care⁴¹. Furthermore, higher wages have been found

39 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.

40 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.

41 Lamb, M. E. Nonparental child care: Context, quality, correlates. In W. Damon, I. E. Sigel, & K. A. Renninger (Eds.), *Handbook of Child Psychology*(5th 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.

to reduce turnover—all of which is associated with better quality child care⁴². Better quality care translates to staff routinely promoting cognitive and verbal abilities in children and social and emotional competencies.⁴³

The average wages for Hualapai Head Start for 2004 and 2007 are provided in the table below. Wages increased by more than \$2 for all positions. The next table provides the average wages for similar positions for Arizona and the nation. Wages for the Hualapai region are slightly higher than the state average.

Average wages for Hualapai Head Start professionals 2004, 2007

		2004	2007
Teacher	Average Hourly Wage	\$10.69	\$13.00
Assistant Teacher	Average Hourly Wage	\$7.25	\$10.00
Child Development and Education Manager	Average Hourly Wage	\$14.90	\$16.95
Head Start Director	Average Hourly Wage	\$18.26	\$21.00

Sources: Hualapai Head Start Program Information Report 2004, 2007

Average wages for child care professionals in Arizona and the U.S.

	Arizona		U.S.
	2004	2007	2006
Assistant Teachers	\$8.02/hr	\$9.00/hr.	\$9.05/hr.
Teachers	\$11.62/hr.	\$11.80/hr.	\$12.45/hr.
Administrative Directors	\$19.03/hr.	Not reported	\$20.88/hr.

Sources: Arizona Compensation and Credentials Report (2007); U.S. Dept. of Labor (2008)

Public Information and Awareness

Public interest in early childhood is growing. Recent research in early childhood development has increased families’ attention on 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 lead by the United Way, the Arizona Community Foundation, and the Arizona Early Education Funds, has elevated early childhood issues to a new level in our state.

Increasingly, families and caregivers are seeking information on how best to care 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.⁴⁴

Families and caregivers also seek information on how families can connect with and navigate the myriad of public and private programs that exist in their communities that offer services and support to young children and their families. Few connections exist between such public and private resources, and information that is

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

43 Ibid.

44 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.

available on how to access various services and supports can be confusing or intimidating. Information provided to families needs to be understandable, culturally and geographically relevant, and easily accessible.

Public awareness and information efforts also need to go beyond informing parents and caregivers of information needed to raise an individual child or support a family in care giving. Increased public awareness around the needs of children and their families is also needed. Policy leaders need to better understand the link between early childhood efforts and the broader community's future success. Broader public support must be gleaned to build the infrastructure needed to help every Arizona child succeed in school and life. Success in building a comprehensive system of services for young children requires a shift in public perceptions and public will.⁴⁵

In the Hualapai region, the commonly used media for public information and awareness is the Hualapai Tribe's monthly newsletter, the *Gamyu How Are You?* The *Gamyu* is distributed widely throughout the community and is the primary information source for tribal business, communication, announcements, program activities, job opportunities, and health awareness. Community members can also access information and announcements on public bulletin boards and in program offices located throughout the community. The Head Start program also sends out a newsletter to parents of children enrolled in the program.

System Coordination

Throughout Arizona, programs and services exist that are aimed at helping 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 services and obtain better outcomes. For example, one 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.⁴⁶ Effective system coordination can promote First Things First's goals and enhance a family's ability to access and use services.

Partnerships are needed across the spectrum of organizations that touch young children and their families. Organizations and individuals must work together to establish a coordinated service network. Improved coordination of public and private human resources and funding could help maximize effective outcomes for young children.

A wide array of opportunities exists for connecting services and programs that touch children and families in the Hualapai region. Early childhood education providers and services and programs that help families care for their young children could be better connected to enhance service delivery and efficiency.

⁴⁵ Clifford, Dean, PhD. Practical Considerations and Strategies in Building Public Will to Support Early Childhood Services.

⁴⁶ 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 First Things First 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 Hualapai Tribe has a number of support programs and services for parents and children related to early childhood. Many programs partner to provide services to achieve a common goal of strengthening overall health and wellness for children from birth to age five. The following are some, but not all of the programs and resources available to children and families. Further work is needed to identify all the resources in the Hualapai region and integrate services effectively.

- **The Hualapai Education and Training Center** — provides a wide array of services including the Family Support Program – Healthy Families, Hualapai Child Care, Workforce Investment Act, and Higher Education. These programs support families in a number of ways including parent education and trainings, child care assistance, job training and placement, higher education scholarships and case management.
- **Social Services Department** — houses a variety of family assistance programs, including Temporary Assistance to Needy Families, general assistance, Foster Care, Indian Child Welfare Act, and domestic violence. A Safe House is currently being built for families who are victims of domestic violence.
- **Health and wellness** — services are provided through Women, Infant and Children, the Healthy Heart program, and Maternal Child Health Nursing. Both programs emphasize the importance of a healthy diet and exercise. Healthy Heart provides trainings for Head Start parents, cooking demonstrations, and other educational opportunities. Maternal Child Health Nursing provides Community outreach and home-based education for parents. Vaccinations are provided for children from birth to age 5.
- **Recreational activities** — are available for children and youth in the community at the gymnasium. Weekly activities such as volleyball, relay races, basketball, and other activities are available for children and families. The Boys and Girls Club provides activities for children and is located near the education and training center.

Additional Indicators of Interest to the Regional Partnership Council

The Hualapai Tribe Regional Partnership Council has identified the following indicators as specific areas of interest:

- Access to screening, referral and services for children with special needs
- Parent awareness about early childhood development and education
- Relative care – training needs of in-home providers
- Child abuse and neglect

The data reported above represent a start at identifying community needs and resources. Community surveys exploring parent awareness of early childhood development and education will be conducted in the community by the Hualapai Tribe Regional Partnership Council in fall 2008. A summary of the survey results will be attached as an addendum to this report.



Conclusion

The Hualapai Tribe regional area is a small community with a large capacity for creating opportunities for children and families. Providers work to coordinate local resources to provide parents and families with cohesive and collaborative services to make the best of what is available to meet needs of children and families. Although the region is limited in the number of early child care settings, tribal programs make a conscientious effort to provide parent education and raise community awareness as evidenced by their program information, brochures, newsletters, and activity calendars.

The assessment provides evidence that the child care needs of the community are not being met by the current number of providers. Further investigation is needed in the area of health among children to determine whether children are receiving medical, dental, vision, and developmental screenings, which are so critical in a young child's life.

Census data shows that as a small rural community, the Hualapai region is facing challenges in employment, poverty, single parent households and education levels. However, the Hualapai Tribe has demonstrated resiliency over the centuries and has done well to utilize its location and natural resources to create economic opportunity for its membership.

Educational attainment is another area of importance within the community. However, the number of births to mothers who have graduated from high school has steadily increased in recent years. There is evidence of a need for greater training and certification among child care professionals. There are also mechanisms in support to pursue higher education locally; however, more information is needed to determine what barriers may exist to accessing higher education.

One of the greatest assets in the Hualapai Tribe is that the programs available in the community work diligently so that mothers are getting appropriate prenatal care, which is so critical to having healthy births. Although there are no child care centers for children ages 0-3, the Hualapai Child Care Program provides services to families that helps address the need for child care, and also provides economic opportunity for the providers. The Tribal education, health, and social services departments, along with the Indian Health Service, work together to provide the best programs and services possible with limited resources.

As is so often the case, great strengths can also be the flip side of subtle challenges. Parents are limited in the number of child care options within the community. Nearly all in-home providers are not licensed. This is an area the Regional Partnership Council identified as one they would like to see strengthened. The physical location of the Hualapai region makes it difficult for early childhood professionals to access higher education and get the training and education needed to be more successful in their work. More information is needed about parent knowledge and understanding of early childhood emotional, social, and mental development.

Appendices

Assets for the Hualapai Tribe

Tribal Government Departments and Programs			
Hualapai Tribal Council	941 Hualapai Way	Peach Springs	86434
Hualapai Training Center Family Support Program	P. O. Box 179	Peach Springs	86434
Department of Hualapai Education and Training • Family Support • Child care • Workforce Investment Act • Education	P. O. Box 179	Peach Springs	86434
Hualapai Healthy Heart Program	926 Hualapai Way	Peach Springs	86434
Social Services Department • General Assistance • Indian Child Welfare Act • Domestic Violence • Temporary Assistance to Needy Families	321 Shady Lane	Peach Springs	86434
Head Start (New)	479 Hualapai Drive	Peach Springs	86434
Women, Infant and Children	P. O. Box 179	Peach Springs	86434
Hualapai Diabetes/Fitness Center	P. O. Box 397	Peach Springs	86434
Schools			
Peach Springs Elementary	403 Diamond Creek Road	Peach Springs	86434
Valentine Elementary	12491 North Byers	Peach Springs	86434
Music Mountain Junior/Senior High School	16500 East Highway 66	Peach Springs	86434
Hospitals/Clinics			
Indian Health Service, Peach Springs Health Center	940 Hualapai Way	Peach Springs	86434
Colleges			
Mohave Community College - J. Leonard and Grace Neal Campus	1971 Jagerson	Kingman	86409
Coconino Community College	2800 South Lone Tree Road	Flagstaff	86001-2701
Northern Arizona University	South San Francisco Street	Flagstaff	86001
Recreation Centers			
Boys & Girls Club	479 Diamond Creek Road	Peach Springs	86434
Hualapai Gymnasium	930 Rodeo Way	Peach Springs	86434
Libraries			
No data available			
Non Tribal Programs/Agencies/Coalitions			
Inter Tribal Council of Arizona • Women, Infant and Children • Dental Program	2214 North Central Avenue # 100	Phoenix	85004

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
- American Community Survey (2003-2007) -U.S. Census: <http://factfinder.census.gov>
- American Montessori Society: www.amshq.org
- Annie E. Casey Foundation Kids Count Data Center <http://www.kidscount.org/datacenter/compare>
- Annie E. Casey Foundation. KidsCount. Children in immigrant families: 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>
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- Arizona Compensation and Credentials Report, 2007.
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- 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>
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Description of methodologies employed for data collection

The needs and assets assessment process commenced on May 1, 2008. May 29, 2008, a letter was sent by the Hualapai Regional Partnership Council Coordinator requesting to be placed on the Tribal Council Agenda to obtain formal approval of the data collection for the Needs and Assets Assessment for First Things First. Due to the Hualapai Tribe's general election scheduled June 7, 2008, First Things First was not placed on the Tribal Council Agenda until after the newly elected Council Members' first meeting. On July 10, 2008, a resolution was passed by majority vote of Tribal Council to approve the data collection for the Needs and Assets Assessment. All data were collected by July 18, 2008. For existing data, collection methods included the review of published reports, utilization of available databases, and tribal program data that resulted in asset inventories as well as listings for child care settings.

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 horizon in which to complete the assessment. For the Hualapai region, this rapid needs and assets assessment approach consisted of consultants working with the Regional Coordinator to collect data for the primary indicators outlined in the report. Due to time constraints, plans to conduct focus groups were not held. Data collected from the centers were analyzed using sums, averages, and percentages as applicable to each question for which survey data were supplied.

As made plain in the state's 2007 *Bright Futures* report, gaps in data capacity infrastructure are more than evident when looking for evidence of how well young children are doing in Arizona with regard to early childhood health and education efforts. Data were not always available at the regional level of analysis, particularly for the tribally specific data. In particular, data for children 0-5 years were especially difficult to unearth and in many cases indicators are shown that include all children under the age of 18 years, or school age children beginning at age six. One exception to this case is the Head Start data that are reported which do pertain to children under the age of five years. Compounding this problem are additional barriers that limit the sharing of data between communities, organizations, and other entities due to concerns over privacy and other obstacles that impede the dissemination of information.

It is also important to note that even when data are available for this population of children (0-5 years), or even the adult population of caregivers or professionals, there are multiple manners in which data are collected and indicators are measured, depending on agency perspectives, understanding in the field, and the sources from which data are mined. 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 where data capacity infrastructure efforts are still in their infancy as they are in Arizona and nationally, with regard to young children ages 0-5 years.

Given these limitations with Arizona's current data capacity infrastructure, data presented here should be interpreted carefully; yet, also be seen as one step in the right direction towards building this capacity at the local level by conducting regular community assessments on a biennial basis.





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