



2012

## NEEDS AND ASSETS REPORT

Hualapai Tribe Regional Partnership Council



**FIRST THINGS FIRST**

*Ready for School. Set for Life.*



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## FIRST THINGS FIRST

November 15, 2012

Message from the Hualapai Tribe Regional Partnership Council Chair:

The past two years have been rewarding for the First Things First Hualapai Tribe Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families by providing support through home visitation, ensuring children receive their basic food staples during these tough economic times, and encouraging early literacy and preservation of the Hualapai language through the development of bilingual children's books.

The First Things First Hualapai Tribe Regional Partnership Council will continue to advocate and provide opportunities for parent education and access to information, resources, and high quality care, specific to a child's healthy start in life, and for educational and professional development for early childhood providers to provide high quality care and education.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for our region in 2008, 2010, and the new 2012 report. The Needs and Assets reports are vital to our continued work. The Hualapai Tribe Regional Council would like to thank our Needs and Assets Vendor, the University of Arizona Norton School of Family and Consumer Sciences, for their analysis of the Hualapai Tribe region. The new report will help guide our decisions as we move forward for young children and their families within the region.

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

Thanks to our dedicated staff, volunteers and community partners, First Things First is making a real difference in the lives of our youngest citizens, not only on the Hualapai reservation, but throughout the entire State.

Thank you for your continued support.

Sincerely,

Reverend Pete Imus, Chair  
Hualapai Tribe Regional Partnership Council



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## **Introductory Summary and Acknowledgments**

### **First Things First Hualapai Tribe Regional Partnership Council**

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

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

The First Things First Hualapai Tribe Regional Partnership Council recognizes the importance of investing in young children and empowering parents, families, and caregivers to advocate for services and programs within the region. A strong focus throughout the Hualapai Tribe Region is parent education and access to information, resources, and high quality care, specific to a child's healthy start in life, as well as educational and professional development for early childhood providers to provide high quality care and education. This report provides basic data points that will aid the Regional Council's decisions and funding allocations; while building a true comprehensive statewide early childhood system.

#### **Acknowledgments:**

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

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

The Hualapai Tribe Regional Partnership Council would also like to acknowledge the Arizona Department of Economic Security, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, the Arizona Health Care Cost Containment System, the Hualapai Tribe Human Services Department, Human Resources Department, Police Department, Women, Infants and Children Program, Maternal Child Health Program, Child Care Program, Youth Services Program, and Department of Cultural Resources for their contribution of data for this report.

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## Executive Summary

The Hualapai Tribe is a federally recognized Indian Tribe located in northwestern Arizona, with the northern boundary of the reservation along 108 miles of the Grand Canyon and extending to the middle of the Colorado River. The Hualapai reservation, established in 1883, encompasses about one million acres, which lie on part of three Arizona counties: Coconino, Yavapai, and Mohave. Most residents live in the Tribe's capital, Peach Springs, located along US Route 66. Geographically, the boundaries of the First Things First Hualapai Tribe Regional Partnership Council area essentially match those of the reservation.

The 2010 US Census reported the population of the reservation to be 1,335, of whom 197 are children under the age of six. (Tribal enrollment, which includes members living off the reservation, was 2,178 in 2010.) An increasing proportion of the Tribal population is young children. From 2000 to 2010, the number of young children in the region increased from 157 to 197, although the total population was almost unchanged over the decade. The Census counted 362 households living in the region. About one-third of these households (123) were home to one or more children under six. About 39 percent of the region's young children live with relatives other than their parents. This proportion is higher than the statewide average (19%) but lower than the average for all of Arizona's reservations (47%).

A high unemployment rate and limited job opportunities are among the main challenges faced by community members in the region. Unemployment on the Hualapai Tribe Reservation averaged about 25 percent in 2011, similar to that of all Arizona Reservations combined (24.7%) much higher than the Arizona average of 9 percent. Limited employment opportunities are also related to the low educational attainment in the region: about 28 percent of the region's adults do not have a high school education, or GED, which is required for employment with the Tribe. Some working parents find it necessary to travel far for work, which has a strong impact on the family as it reduces the amount of time they can spend with their children.

About 45 percent of the region's children under six live in poverty, which is nearly double the rate in Arizona as a whole (24% in poverty). During 2011, about 62 percent of young children participated in the Supplemental Nutrition Assistance Program, (SNAP), and 9 percent participated in Temporary Assistance for Needy Families (TANF). The local Women, Infants, and Children (WIC) program provided service to 130 infants and children (up to four years old).

Language and cultural preservation is important to the Hualapai Tribe. The Census Bureau estimates that about two-thirds of the households in the region use a language other than English at home. About 44 percent of individuals older than five years of age speak an Indian language at home.

Child care in the region is available through the Hualapai Child Care program. Currently only home-based providers are available as part of the program. However, the Hualapai Tribe is in the process of building a new Child Care Center facility that will provide much needed child care services to more families in the region.

About three-quarters of the three- to five-year-old children in the region attend preschool or kindergarten. A major asset in the region is the tribally operated Hualapai Head Start program, which has a capacity to enroll 57 three- and four-year-old children. According to Census 2010

data there are 68 children ages 3 and 4 in the Hualapai Tribe. With 57 children enrolled, the Head Start Program is in the position to enroll the vast majority of age-eligible children in the area.

As it is the case in many rural areas, there are limited professional development opportunities for early childhood education staff in the region. Community colleges such as Rio Salado College, Mohave Community College and Yavapai College offer a variety of degrees in early childhood education to professionals in the Hualapai Tribe Region, some of which are available as online degrees. The Hualapai Tribe Regional Partnership Council supports professional development opportunities in the region through two T.E.A.C.H. scholarships.

Health care is available to community members at the Indian Health Services Peach Springs Health Center and the Hualapai Health Education and Wellness Department. Prenatal care and education services are provided by these two agencies through a contracted Ob/Gyn physician and the Maternal and Child Health Program, respectively. About 72 percent of expectant mothers in the region receive early (first-trimester) prenatal care. Although this is a higher rate than the 64 percent for all Arizona Reservations combined, it does not meet the Healthy People 2020 target of 78 percent. The rate of women who did not receive prenatal care at all in the Hualapai Tribe is 4.2 percent compared to 2.3 percent in the state as a whole and 3 percent for all Arizona Indian Nations combined.

There are generally high rates of adequate immunizations among young children, and oral health care for the youngest children in the region is also good. Childhood obesity has been identified as a problem for children in the region, however. Nearly half of the 2- to 5-year old children in the IHS Peach Springs area are overweight, and a quarter of them are obese.

Overall, challenges for families with young children in the region include problems associated with unemployment, poverty, and lack of education; a shortage of quality early childcare; logistic barriers to professional development for childcare providers; high rates of teen parenthood; very high rates of childhood obesity; and a need for parenting classes and early childhood literacy programs.

However, a number of strong assets were identified in the Hualapai Tribe Region, including active language and culture preservation programs; partnerships among agencies such as WIC and Maternal and Child Health; high rates of preschool education; an involved tribal Teen Council; high rates of immunization; good access to oral health care; and high levels of community involvement. By leveraging these substantial strengths, the Hualapai Tribe can continue to support young families and can help assure that “the community’s children” enter kindergarten healthy and ready to learn.

## **Who are the families and children living in the Hualapai Tribe Region?**

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

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources, data provided by Hualapai Tribe agencies and departments, and findings from additional qualitative data collection that was conducted specifically for this report through key informant interviews with representatives from tribal agencies and departments in the Spring of 2012. Appendices D and E provide more detailed information about these data collection methods and instruments.

### **Overview of the Hualapai Tribe**

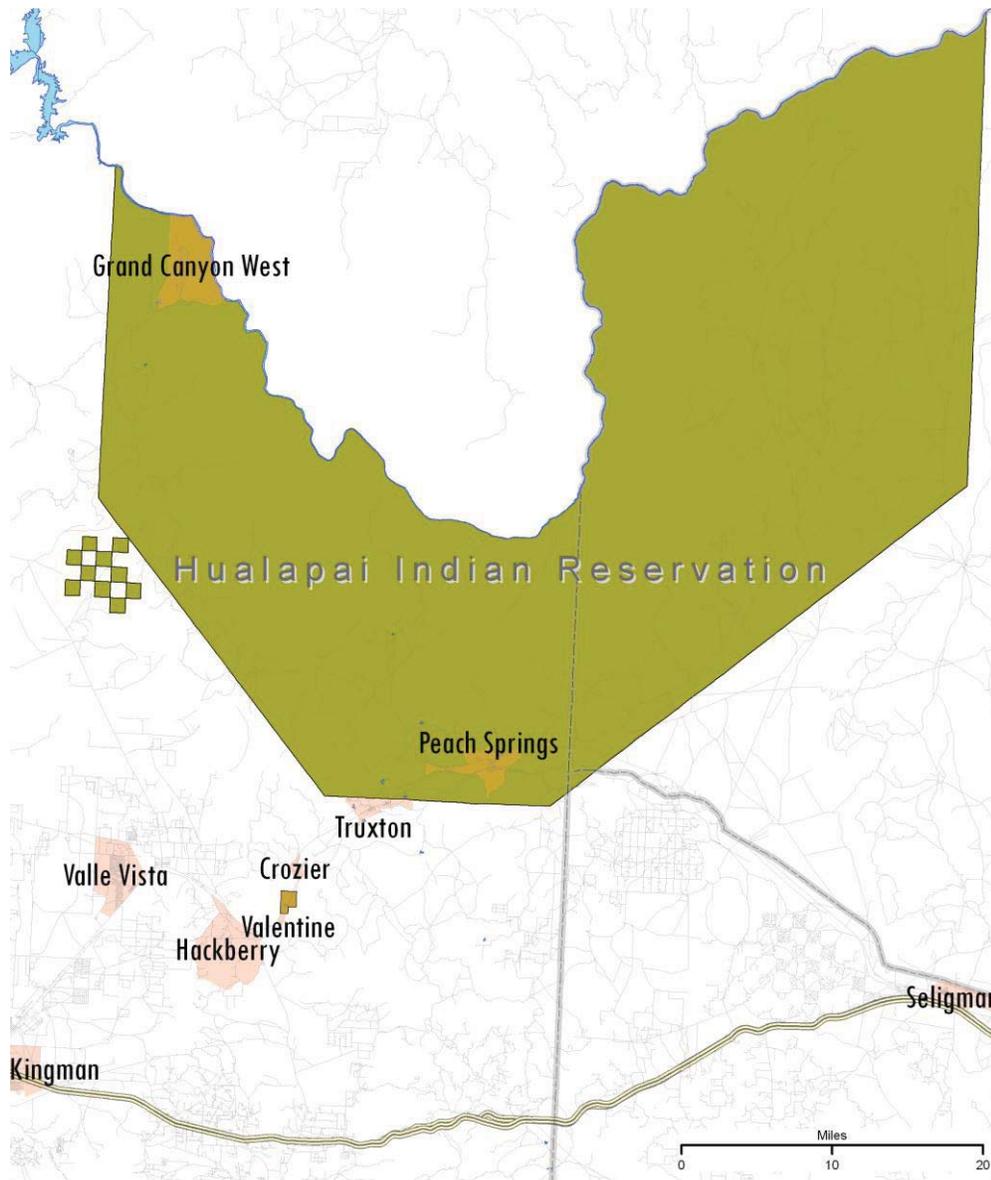
The Hualapai Tribe is a federally recognized Indian Tribe located in northwestern Arizona with the northern boundary of the reservation along 108 miles of the Grand Canyon and extending to the middle of the Colorado River. “Hualapai” (pronounced Wal-lah-pie) means “People of the Tall Pines.” The Hualapai reservation was established in 1883 by federal Executive Order. It encompasses about one million acres, which lie on part of three Arizona counties: Coconino, Yavapai, and Mohave. Elevations range from 1,500 feet at the Colorado River, to over 7,300 feet at the highest point of the Aubrey Cliffs. Most residents live in the Tribe’s capital, Peach Springs, located along US Route 66.

### **General Population Trends**

Geographically, the boundaries of the First Things First Hualapai Tribe Regional Partnership Council Area essentially match those of the reservation, which lie on part of Coconino, Yavapai and Mohave counties.

The map below (Figure 1) shows the geographical area covered by the Hualapai Tribe Region.

**Figure 1. Geographical area of the Hualapai Tribe Region**



According to U.S. Census data (U.S. Census Bureau, P1, P14, & P20), the Hualapai Tribe had a population of 1,335 in 2010 (the most recent year for which detailed population data are available), of whom 197 were children under the age of six. The population of children 0 to 5 years of age in the Hualapai Tribe Region (15%) constitutes a larger proportion of the total population compared to the state as a whole, where only 9% of the population are children under six. This same pattern is reflected in the proportion of households with one or more children 0 to 5 years of age in the Hualapai Tribe Region, which is twice as large as the one for Arizona as a whole. **Table 1**, below, lists the total population and number of households for the state and the Hualapai Tribe Region.

**Table 1. Population and households by area in the Hualapai Tribe Regional Partnership Council**

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Arizona	6,392,017	546,609	2,380,990	384,441	16%
All Arizona Reservations (Arizona parts only)	178,131	20,511	50,140	13,115	26%
Hualapai Indian Reservation and Off-Reservation Trust Land	1,335	197	362	123	34%

Source: US Census 2010, Tables P1, P14 & P20

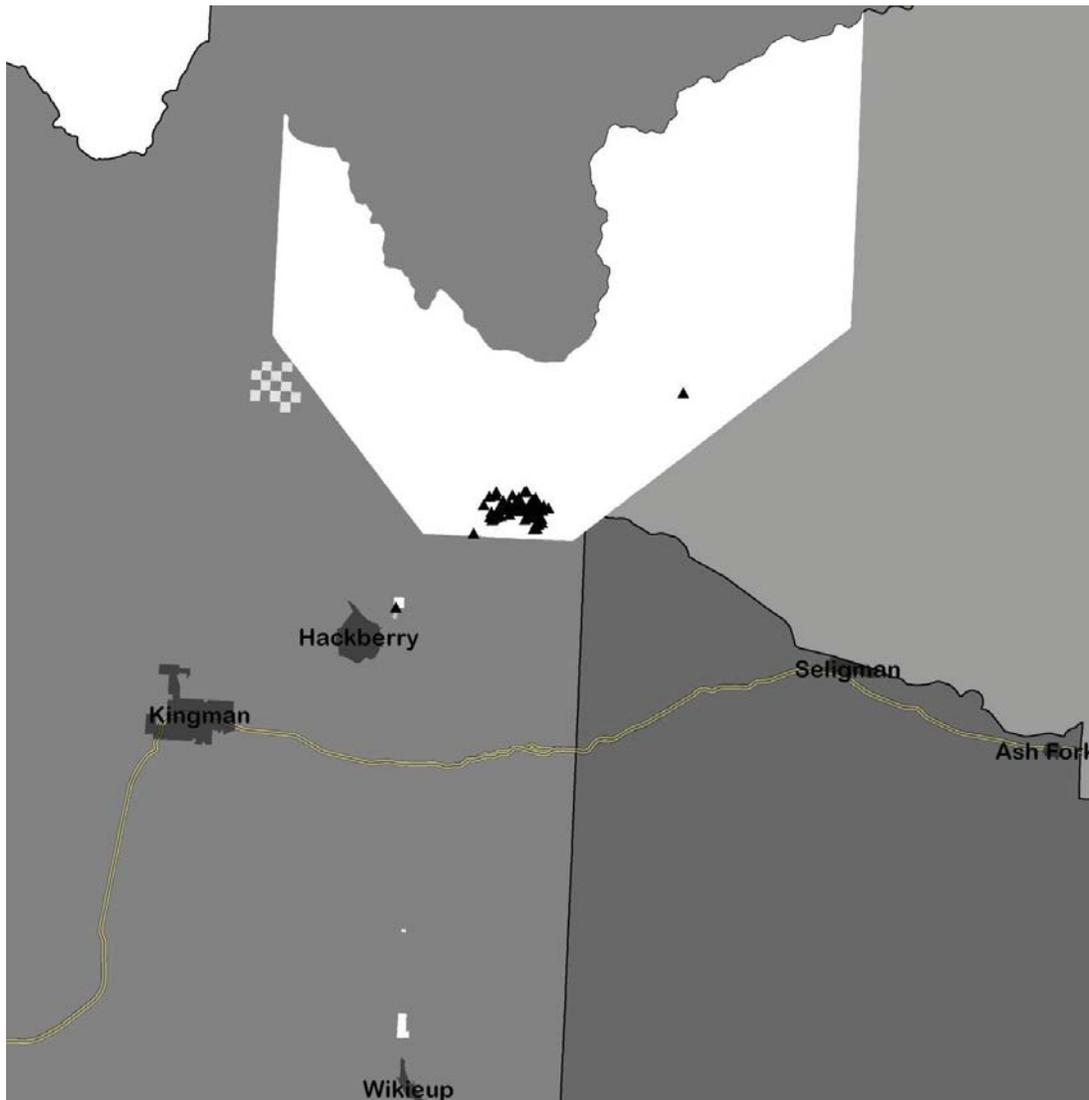
Note: The data for All Arizona Reservations does not include those parts of the Navajo Nation, the Fort Mojave Reservation, or the Colorado River Indian Tribes which lie outside of the state of Arizona.

Tribal enrollment data from the Hualapai Nation from 2010 shows that the total on- and off-reservation tribal enrollment was 2,178. On-reservation enrollment was 1,228. Of these, 412 were children 0 to 15 years of age (Hualapai Enrollment Department, 2010). Appendix A shows enrollment data for all age groups. It is important to note that census data from federally-recognized reservations may not match tribal enrollment numbers, which are kept by the tribes. Enrollment criteria are set by each individual tribe, while census data are based on self-identification.<sup>1</sup> In the case of the Hualapai Indian Tribe, it appears that the on-reservation tribal enrollment number is lower than the number of people living on the reservation according to Census 2010 data. This might be explained by the fact that members of other tribes also live on the Hualapai reservation (Hualapai Head Start, 2006).

Figures 2a, 2b, and 2c show the geographical distribution of children under six in the region, according to the 2010 U.S. Census. Each triangle represents one child. For confidentiality, a triangle does not pinpoint a child's exact location.

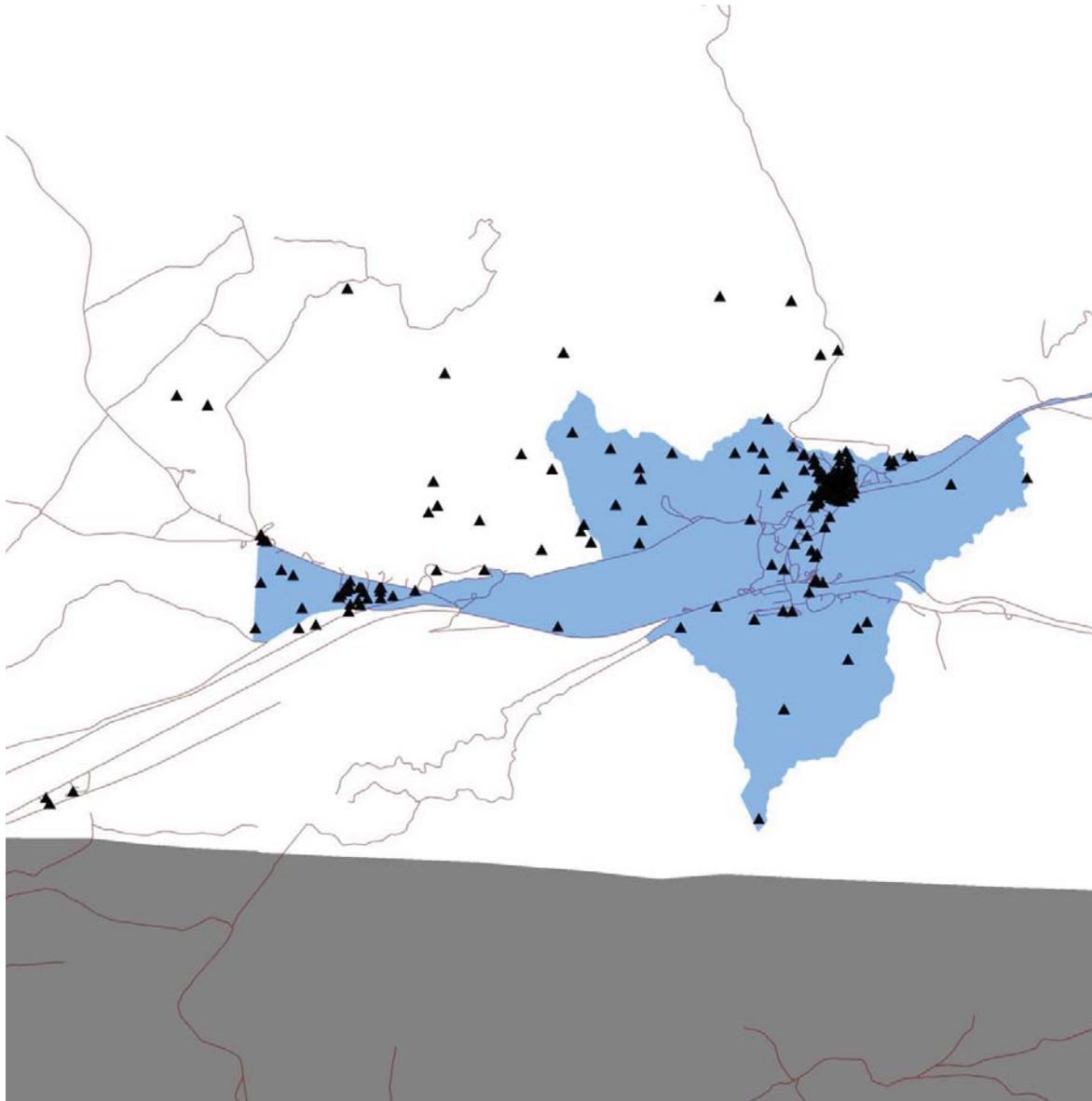
<sup>1</sup> [http://www.census.gov/aian/pdf/CensusFinalReport\\_07\\_color-hi\\_res.pdf](http://www.census.gov/aian/pdf/CensusFinalReport_07_color-hi_res.pdf)

**Figure 2. Geographic distribution of children under 6 living on the Hualapai Reservation according to the 2010 Census (by Census block)**



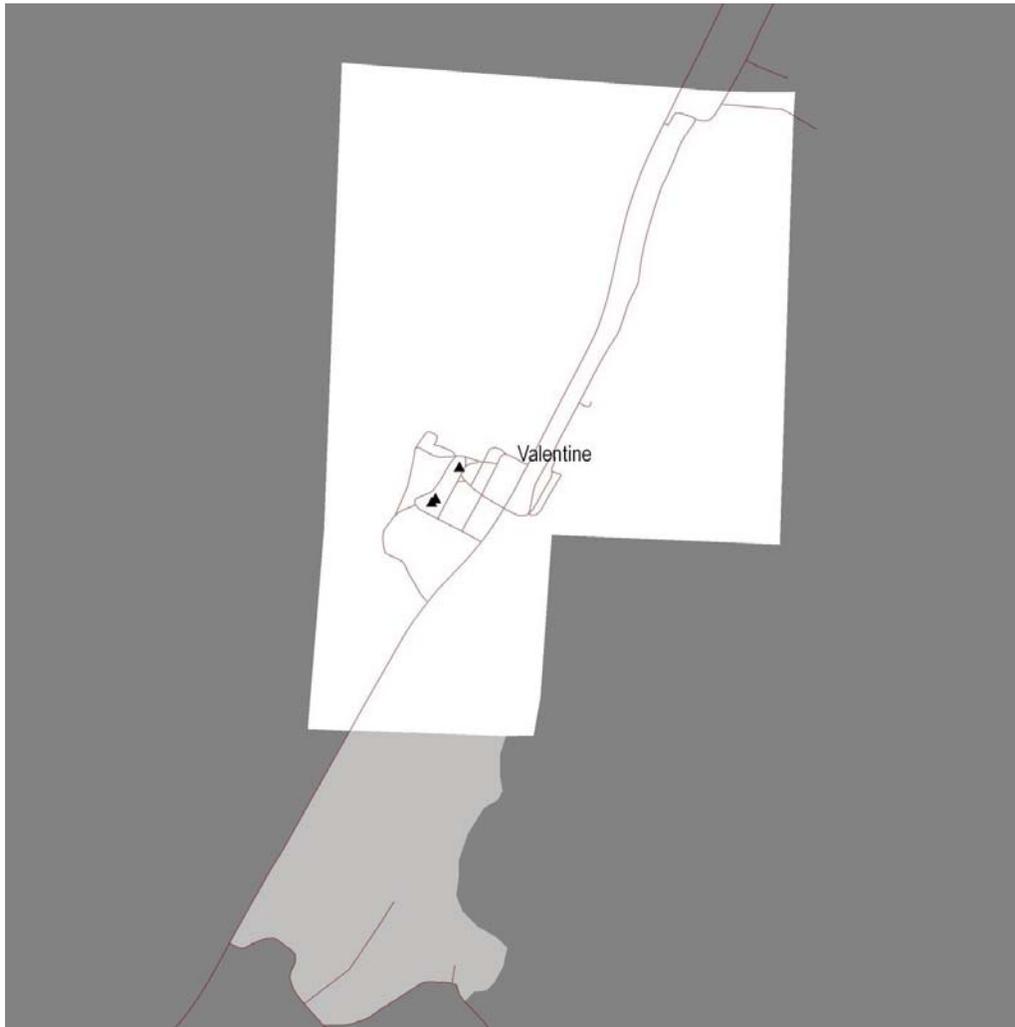
There are 197 children aged 0 to 5 on the Hualapai Reservation: 163 live in Peach Springs, 30 live near Peach Springs, 3 live in Valentine (on Reservation land), and 1 lives on the side of the reservation that lies on Coconino County. According to 2010 U.S. Census Data, there are no children aged 0 to 5 living in the southern parts of the Reservation, near Wikieup.

**Figure 3. Geographic distribution of children under 6 living in or near Peach Springs according to the 2010 Census (by Census block)**



There are 163 young children in Peach Springs, which is highlighted in blue, and 30 additional children nearby. As shown in the figure below, there are 3 children aged 0 to 5 living in Valentine on the part that belongs to the Hualapai Indian Reservation (which is the area highlighted in white on the map).

**Figure 4. Geographic distribution of children under 6 living in Valentine according to the 2010 Census (by Census block)**



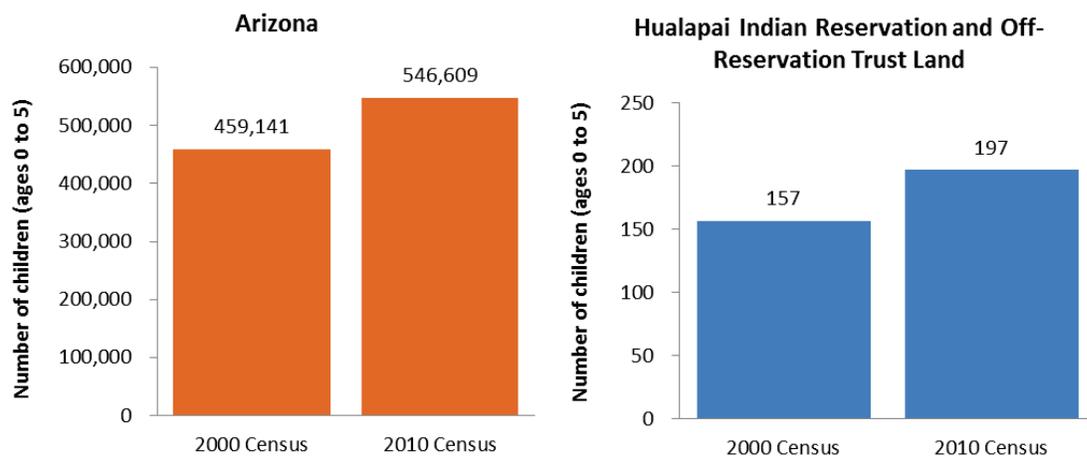
A comparison between censuses provides information about changes in the population. The total population of the Hualapai Tribe remained fairly stable during the last ten years. However, there was an increase in the population of children 0 to 5 years of age. Proportionately, the population of young children in the region grew at a more rapid rate than the state's. Table 2 shows changes in population between the 2000 Census and the 2010 Census for both Arizona and the Hualapai Tribe. Figure 3 shows the increase in the population of children under 6 in the region.

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

GEOGRAPHY	TOTAL POPULATION			POPULATION OF CHILDREN (0-5)		
	2000 CENSUS	2010 CENSUS	CHANGE	2000 CENSUS	2010 CENSUS	CHANGE
Arizona	5,130,632	6,392,017	+ 25%	459,141	546,609	+ 19%
All Arizona Reservations (Arizona parts only)	179,064	178,131	- 1%	21,216	20,511	-3%
Hualapai Indian Reservation and Off-Reservation Trust Land	1,353	1,335	- 1%	157	197	+ 25%

Source: U.S. Census 2000 and 2010 (Tables P1 and P14)

**Figure 5. Comparison of population of children ages 0 to 5 in the Hualapai Tribe, 2000 and 2010**

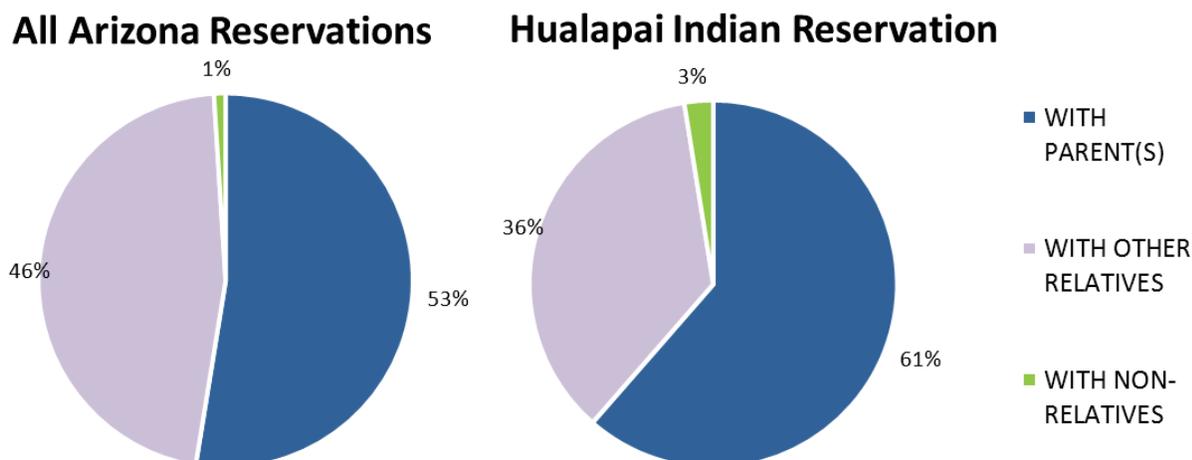


Source: U.S. Census 2000 and 2010 (Tables P1 and P14)

### Additional Population Characteristics

In the Hualapai Tribe Region, about 61 percent of children (or 121) are living with at least one parent according 2010 Census data (U.S. Census Bureau, Tables P41 and PCT14). This is a higher proportion than that of All Arizona Reservations combined (53%). The majority of the remaining children (36%) are living with relatives other than their parents (such as grandparents, uncles, or aunts).

**Figure 6. Living arrangements for children in the Hualapai Tribe Region**



Source: U.S. Census 2010; Tables P41 & PCT14

An estimated 65 percent of the families in the Hualapai Tribe are single-parent families, compared to 27 percent in Arizona and 51 percent in all Arizona tribes combined. In addition, of the 362 households in the community, 17 percent are female-headed, a similar percent as that of all Arizona Indian Nations combined (19%) (Arizona Department of Health Services, 2012). (A household is a group of persons living together who may or may not be related to one another.)

The 2010 Census provides additional information about multi-generational households and children 0-5 living in a grandparent’s household. In Arizona, according to the 2010 Census, approximately 74,153 children aged 0-5 (14%) are living in a grandparent’s household. The Arizona Children’s Action Alliance reports that in Arizona, approximately 36 percent of grandparents caring for their grandchildren have been doing so for at least five years, and that 21 percent of these grandparents are living in poverty.<sup>2</sup>

The percentage of grandparents caring for grandchildren varies significantly across Arizona. In the Hualapai Tribe Region, 50 children 0 to 5 years of age (25%) are living in a grandparent’s household. This is a higher percentage than the statewide rate (14%) but lower than the rate for all Arizona tribes (40%).

Multigenerational households are also more common in the Hualapai Tribe (14%) compared to the statewide proportion (5%), but not too different from the proportion (16%) for all Arizona tribes.

It must be noted that extended families that involve multiple generations and relatives along both vertical and horizontal lines are an important characteristic of many American Indian families. The strengths associated with this open family structure -mutual help and respect- can provide members of these families with a network of support which can be very valuable when

<sup>2</sup> Children’s Action Alliance. (2012). *Grandfamilies Fact Sheet*. Phoenix, AZ. Retrieved from <http://www.azchildren.org/MyFiles/2012/granfamilies%20fact%20sheet%20pic%20background.pdf>.

dealing with socio-economic hardships (Hoffman, 1981; Light & Martin, 1996). (See *Family Support* section below for additional information about family structure and support among community members in the region).

**Table 3. Number of children living in a grandparent's household by area in the Hualapai Tribe Region**

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH THREE OR MORE GENERATIONS	
Arizona	546,609	74,153	14%	2,380,990	115,549	5%
Hualapai Indian Reservation and Off-Reservation Trust Land	197	50	25%	362	49	14%
All Arizona Nations	178,131	8,239	40%	50,140	8,104	16%

Source: U.S. Census 2010; Tables P41 & PCT14

In terms of ethnic/racial composition of the community, the vast majority (92%) of the people living in the Hualapai Tribe identified themselves as American Indian (Census 2010, Table QT-P4). Of the rest, most identified as Hispanic (4%). Only 2 percent of residents self-identified as White and another 2 percent as “Other.”

Data about language use among members of the Hualapai Tribe provides additional information about the characteristics of the population in the region.

**Table 4. Language usage in the Hualapai Tribe Region**

GEOGRAPHY	POPULATION 5 AND OLDER	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK AN INDIAN LANGUAGE AT HOME	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Arizona	5,783,756	73%	2%	27%	6%
Hualapai Indian Reservation	568	56%	44%	67%	0%
All Arizona Nations	159,902	41%	54%	74%	11%

SOURCE: ACS 2006-2010, Tables 16001 & 16002

Key informants noted that language and cultural preservation are important to the Hualapai Tribe and the community is supportive of efforts around language revitalization. In fact, for many years the Hualapai Tribe had a nationally recognized bilingual education program established at the local Peach Springs Elementary School. The Hualapai Bilingual/Bicultural Education Program began in 1975 with the development of a curriculum and materials in written Hualapai supported by a Title VII grant (Bilingual Education Act). In 1981, the Peach Springs School board officially adopted the HBBEP as the official school curriculum. During the late 1980's the HBBEP was designated a Demonstration Program for bilingual education in the U.S. The program came to an end in 2004 due to decline in funding (Watahomigie & McCarty, 1994; Watahomigie & Yamamoto, 1992).

To promote the use of the Hualapai Language, the Hualapai Department of Cultural Resources currently offers a Cultural Arts and Language Program that is open to all community members. In addition, the Department also hosts a yearly Pai Language Immersion Camp for youth. The Camp, which has been going on for 14 years, brings together youth from ages 8 to 16.

Making sure that young children learn the Hualapai language is seen as a key opportunity in the community. The Hualapai Department of Cultural Resources and the Hualapai Head Start Program have recently submitted a grant to fund a language revitalization program for the children attending Head Start. The Hualapai Tribe Regional Partnership Council has also joined the language preservation efforts through the Native Language Enrichment Strategy, which has the goal of providing a locally-developed literacy tool for the children and families in the region. Bilingual (Hualapai/English) children's board books are being created with "voice save" technology that will allow children to listen to words in both English and Hualapai as the pages are turned. The Department of Cultural Resources is the lead on this project and it works with an advisory group made up of elder consultants (from within the Tribe). The artists in charge of the art work included in the books are also part of the staff from the Department of Cultural Resources.

### Economic Circumstances

The main employers in the Hualapai Tribe Region are the tribe itself, the public schools system, and the Grand Canyon Resort Corporation. Tourism, cattle ranching, and arts and crafts are the main economic activities in the community. There is no gaming on the Hualapai Tribe Reservation.

Tourism-related tribal enterprises with the Grand Canyon Resort Corporation include the Hualapai Lodge, Hualapai River Runners (the only Indian-owned and operated river rafting company on the Colorado River), Grand Canyon West resort and the Skywalk. These tribal enterprises provide the necessary resources to run the tribal government and support community programs and services.

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. According to the American Communities Survey, the percentage of people living in poverty in the Hualapai Tribe is only higher than that of all Arizona Reservations combined (39%; Table 5) and the poverty rate in the population of children under the age of six is slightly lower. In the Hualapai Tribe, almost half of all children 0

to 5 years of age are in poverty, compared to 24 percent in the state. Median family income data from the American Communities Survey also reflects this pattern.

**Table 5. Median family annual income and persons living below the U.S. Census poverty threshold in the Hualapai Tribe Region and Arizona**

GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
Arizona	\$59,840	15%	24%
All Arizona Reservations (Arizona parts only)	\$30,838*	39%	51%
Hualapai Indian Reservation	\$33,125	41%	45%

Source: American Communities Survey 2006-2010; Tables B19126 & B17001 except for the Median Family Annual Income for All Arizona Reservations. \*Source of this number is the Indian Nations Special Area Statistical Profile, 2010 compiled by the Arizona Department of Health Services.

The Arizona Directions 2012 report notes that Arizona has the 5<sup>th</sup> highest child poverty rate in the country, with over 1 in 4 children living at the poverty level.<sup>3</sup>

Poverty estimates for certain communities are also available from the Census Bureau’s Small Area Income and Poverty Estimates (SAIPE). Unfortunately, there are no separate estimates made for Indian reservations. However, SAIPE data are available for school-aged children (5 to 17) by school district. Table 6 below shows the estimated number and percent of children 5 to 17 years of age in poverty in the school districts where young Hualapai students attend school. The Peach Springs Unified District is perhaps the most representative of the Hualapai Tribe. An estimated 41 percent of the children residing within that school district live on incomes below the poverty threshold.

<sup>3</sup> Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

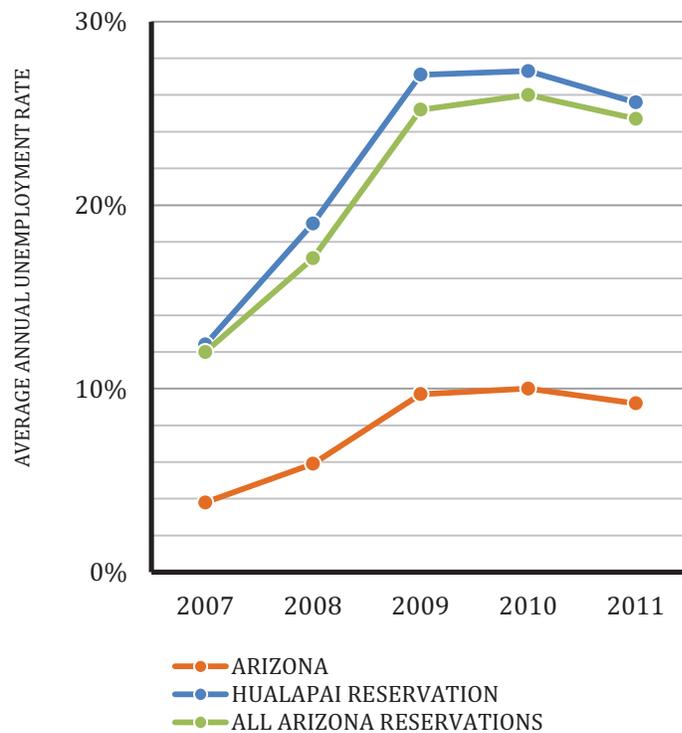
**Table 6. Poverty estimates by school districts**

DISTRICT NAME	ESTIMATED TOTAL POPULATION	ESTIMATED POPULATION (AGES 5-17)	ESTIMATED NUMBER AND PERCENT OF CHILDREN IN POVERTY (AGES 5-17)	
Hackberry School District	1,208	111	41	37%
Peach Springs Unified District	1,306	318	131	41%
Valentine Elementary District	249	41	10	24%

Source: U.S. Census Bureau, Small Area Estimates Branch, 2010 Poverty and Median Income Estimates

Annual unemployment rates are another important indicator of regional economic vitality. The average unemployment rate in the Hualapai Tribe in 2011 was 25.6 percent, substantially higher than the statewide average of 9.2 percent, but similar to the 24.7 percent in all Arizona Reservations. As shown in Figure 7, the trajectory of the unemployment rate in the region has followed very closely that of the Arizona Reservations combined.

**Figure 7. Annual unemployment rates in the Hualapai Tribe Reservation, All Arizona Reservations, and the state of Arizona**



Source: Arizona Department of Commerce, Research Administration, CES/LAUS Unit, 2010

Key informants indicated that training and education of the community workforce is the primary challenge for the age groups (16-31) most likely to be parents of young children. Employment opportunities for community members are sparse. Job opportunities within the community are largely limited to the tribal and state government agencies and the tourism industry. The Hualapai Tribe gives employment preference to applicants of Indian descent in accordance with Public Law 88-355, Section 703 (702-71) and public Law 93-638, Section 7B. However, the minimal requirements for employment with the Tribe, a high school diploma or GED and a valid driver's license, become an obstacle for many community members to apply for positions offered by the Tribe.

Opportunities with the Grand Canyon Resort Corporation include the Hualapai Lodge and Grand Canyon West resort. Although the Hualapai Lodge is located on the Tribe's main population center of Peach Springs, there are only a few positions available at this facility. The larger facility of Grand Canyon West offers more employment opportunities for community members. This facility, however, is located 121 miles from Peach Springs and travel must be done on a dirt road. Transportation is provided to and from Grand Canyon West for employees who reside in Peach Springs and in Kingman. Nevertheless, the commute back and forth makes for very long shifts, resulting in parents being away from home for long periods of time. According to key informants, a similar, more drastic situation occurs among those families where parents have seasonal fire-fighting jobs. Although somewhat more lucrative, these seasonal jobs take parents completely away from the community for long periods of time. The Hualapai Tribe Regional Partnership Council members have expressed concern about the implications these long shifts have on the lives of families with young children.

The Hualapai Tribe provides opportunities for job training through the Workforce Investment Act and the Hualapai Tribe Human Resources Office is working to develop new opportunities for tribal members by attracting new types of industries.

Participation in public assistance programs is an additional indicator of economic vitality. According to the Bureau of Economic Analysis, nationally, the percentage of income that is derived from government benefit programs is rising sharply. Public assistance programs commonly used by families with young children in Arizona include SNAP (Supplemental Nutrition Assistance Program, formerly known as Food Stamps), TANF (Temporary Assistance for Needy Families), and WIC (Women, Infants, and Children).

In the entire state of Arizona, the number of children receiving SNAP has risen every year since 2007, and increased by 8.5 percent between June 2009 and July 2011. In the Hualapai Tribe<sup>4</sup>, the number of children on SNAP has remained fairly stable since 2007, as illustrated in Table 7. In July 2011, 62 percent of the children 0 to 5 years of age in the Hualapai Tribe Region were on SNAP. This represents a higher proportion than are served across the state as a whole (40%) (see Figure 8).

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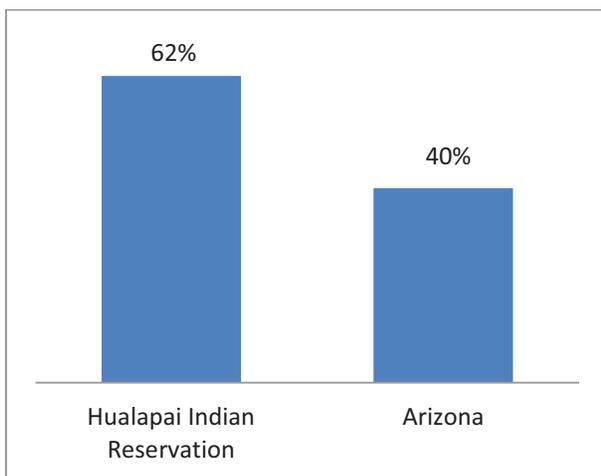
<sup>4</sup> SNAP and TANF data for Arizona residents are available from the Arizona Department of Economic Security at the zip code level. The zip code 86434 matches almost exactly the Hualapai Reservation boundaries. Therefore, data available for this zip code can essentially be considered equivalent to the Hualapai Tribe.

**Table 7. Children 0-5 receiving SNAP (Supplemental Nutritional Assistance Program)**

	January 2007	June 2007	January 2009	June 2009	January 2010	July 2010	January 2011	July 2011	Total number of children 0-5 (2010)	Estimated percent of children 0-5 receiving SNAP (July, 2011)
Arizona	134,697	139,170	179,831	199,367	215,837	212,465	204,058	216,398	546,609	40%
Hualapai Tribe	115	107	114	99	114	95	114	123	197	62%

Source: Arizona Department of Economic Security, 2011

**Figure 8. Percentage of children 0 to 5 receiving SNAP in July 2011, Hualapai Tribe and Arizona**



Source: Arizona Department of Economic Security, 2011

The number of recipients of emergency food in Arizona rose by 85 percent between 2006 and 2009, and in 2009, nearly half of those recipients were under the age of 18. In 2009, 888,100 unduplicated individuals in Arizona were recipients of emergency food, and the Hunger in America 2010 report estimates that over 10 percent of all Arizona food bank clients have a child between the ages of 0 and 5 in their household. Eighty-four percent of all Arizona food bank recipients were not receiving TANF or other government welfare services.<sup>5</sup>

<sup>5</sup> Association of Arizona Food Banks. (2010). *2010 Hunger in American Report: Arizona Highlights*. Phoenix, Arizona.

In contrast to SNAP, the total number of children in Arizona receiving TANF has decreased between 2009 and 2011. This is likely due to new eligibility rules and state budget cuts to the program, which have been made annually for the past three fiscal years. A new rule which takes grandparent income into account has increased the decline of child-only TANF cases. Effective July 1, 2010, the Lifetime Benefit Limit for TANF was reduced from 60 months to 36 months. All families that had received TANF from 37 to 60 months were immediately removed from the TANF roles. Fiscal year 2012 budget cuts further limited the amount of time that families can receive TANF to a maximum of two years, and are estimated to adversely affect 3,500 Arizona families, including 6,500 children.<sup>6</sup>

Between June 2009 and July 2011, the number of Arizona children 0 to 5 years of age that were TANF recipients decreased by 46 percent. In the same time period, however, the percent of Hualapai Tribe<sup>7</sup> children under six that received TANF remained stable (see Table 8). As shown in Figure 9, a much higher percentage of children in the Hualapai Tribe Region (9%) received TANF aid in 2011 compared to the state (2%).

**Table 8. Children 0-5 receiving TANF (Temporary Assistance for Needy Families) in July 2011**

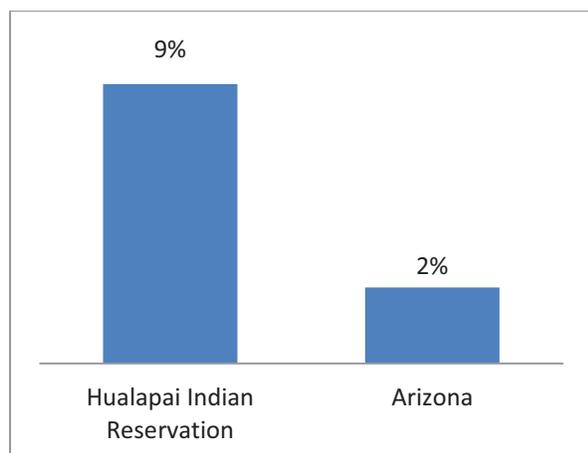
	January 2007	June 2007	January 2009	June 2009	January 2010	July 2010	January 2011	July 2011	Total number of children 0-5 in (2010)	Estimated percent of children 0-5 receiving SNAP (July, 2011)
<b>Arizona</b>	20,867	19,646	24,273	23,746	23,866	17,978	13,450	12,837	546,609	2%
<b>Hualapai Tribe</b>	39	26	< 25	< 25	< 25	< 25	< 25	< 25	197	9%

Source: Arizona Department of Economic Security, 2011

<sup>6</sup> Reinhart, M. K. (2011). *Arizona budget crisis: Axing aid to poor may hurt in long run*. The Arizona Republic: Phoenix, AZ. Retrieved from <http://www.azcentral.com/news/election/azelections/articles/2011/04/17/20110417arizona-budget-cuts-poor-families.html>

<sup>7</sup> See note 5 above

**Figure 9. Percentage of children receiving TANF in July 2011**



Source: Arizona Department of Economic Security, 2011

Federally recognized tribes have the option to operate their own TANF program. The U.S. Department of Health and Human Services, Administration for Children and Families (ACF) is the agency in charge of overseeing TANF and Tribal TANF programs. On its website, AFC indicates that the regulations governing tribal TANF programs acknowledge “the unique conditions and needs of tribal communities and allows for tribes to develop and administer TANF programs for specifically identified populations, address the special economic, social, and cultural needs of these populations, and use TANF dollars to provide connections to employment, ensure necessary support services, and work toward accomplishing the purposes and goals of TANF.”<sup>8</sup> Currently, there are six tribes in Arizona that manage their own Tribal TANF programs. The following have been identified as some of the advantages that a Tribal TANF program may provide to tribes:

- Flexibility in the kind of programs and services that can be provided (i.e. cultural preservation and fatherhood/healthy relations programs)
- Flexibility in negotiating work participation rates (WPR) and establishing connections for job training and employment opportunities based on
- Cultural activities can be developed as part of the program
- Opportunity to “repatriate” services – take over services for the tribe and have them be managed by the tribe itself.<sup>9</sup>

Key informants indicated that the Hualapai Tribe is currently exploring the possibility of managing their own Tribal TANF program.

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<sup>8</sup> [http://www.acf.hhs.gov/programs/ofa/dts/resources/fact\\_sheets.html#tta](http://www.acf.hhs.gov/programs/ofa/dts/resources/fact_sheets.html#tta)

<sup>9</sup> “Tribal TANF – Collaboration is the key” Panel presentation at the 27<sup>th</sup> Annual ITCA Indian Child and Family Conference, December 7-9, 2011. Pascua Yaqui Tribe (Tucson), Arizona.

Arizona’s WIC program is a federally funded nutrition program which services pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of 5 who are eligible for the program.

In many Arizona tribal communities the WIC program was initially funded through the state of Arizona. Over time, however, several tribes advocated for services that were directed by the tribes themselves and that met the needs of tribal members. As part of this effort, in 1986 the Inter Tribal Council of Arizona (ITCA) applied for and received approval to become a WIC state agency through the USDA, initially funding seven Tribes. Currently, the ITCA WIC program provides services to 13 reservation communities and the Indian urban populations in the Phoenix and Tucson area.<sup>10</sup>

Although the WIC program is operated by ITCA, services are provided through Tribal health departments and Urban Indian Centers. The WIC program in the Hualapai Tribe is managed by the Health Education and Wellness Department. The program has a caseload of 180 clients. Table 9 below shows the breakdown of the Hualapai WIC participants for 2010 and 2011. (See *Health section below for information on the maternal and child health of Hualapai WIC clients*)

**Table 9. Hualapai WIC program participants**

	PREGNANT WOMEN	POST-PARTUM WOMEN	BREAST-FEEDING WOMEN	INFANTS	CHILDREN
2010	< 25	< 25	< 25	37	110
2011	< 25	< 25	< 25	35	95

Source: Hualapai WIC Program, 2012

In FY 2010-2011, 40 (or 70%) of the 57 children enrolled in the Hualapai Head Start Program received WIC benefits. None, however, participated in the TANF program (see *The Early Childhood Education System section below for more information on the Hualapai Head Start Program*).

The Hualapai WIC program works in close collaboration with the Maternal Child Health (MCH) Program, also housed at the Health Education and Wellness Department, and funded by the Hualapai Tribe First Things First Regional Partnership Council. The WIC and MCH program conduct home visitations together, do mutual referrals of clients, and partner on the Emergency Formula program, which provides infant formula to families in need on an emergency basis (see *Health section below for more information about the collaboration between the Maternal Child Health Program and the Hualapai WIC Program*).

Most Hualapai WIC clients redeem their vouchers in Kingman, 54 miles west of Peach Springs. Transportation is a challenge for many community members, and travel to longer destinations

<sup>10</sup> <http://itcaonline.com/wp-content/uploads/2012/01/2010-Annual-Report.pdf>

such as Kingman can become burdensome. WIC clients also have the option of redeeming their vouchers at a local convenience store in Peach Springs. The selection of WIC-approved items at this convenience store, however, is very limited and prices are much higher than those in Kingman. The transportation challenge together with the limited availability of groceries often means that families are not able to make the best out of their WIC vouchers.

The National School Lunch Program is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. For school year 2011-2012, income criteria were as follows:

**Table 10. Income criteria for school year 2011-2012**

<b>FEDERAL INCOME CHART: 2011-2012 SCHOOL YEAR</b>			
<b>Household Size</b>	<b>Yearly Income</b>	<b>Monthly Income</b>	<b>Weekly Income</b>
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each Additional Person	\$7,067	\$589	\$136

Retrieved from the United States Department of Agriculture at <http://www.fns.usda.gov/cnd/governance/notices/iegs/iegs.htm>

In the Peach Springs Unified District 100 percent of the students qualify for free or reduced lunch (Arizona Department of Education, 2012).

The Hualapai Tribe Regional Partnership Council also funds a Food Security strategy that provides emergency food boxes to families with children birth through five who are in need in the community (the Emergency Formula program mentioned above is also part of this strategy).

## Educational Indicators

About 77 percent of 3 to 5 year olds in the Hualapai Tribe Region are enrolled in the preschool or kindergarten compared to about 49 percent of 3 to 5 year olds enrolled in nursery school and preschool or kindergarten in the state as a whole.<sup>11</sup> This high coverage rate is due largely to the Hualapai Head Start program, and this access to early childhood education for children of this age is an asset in the region (see the *Early Care and Access*, section below).

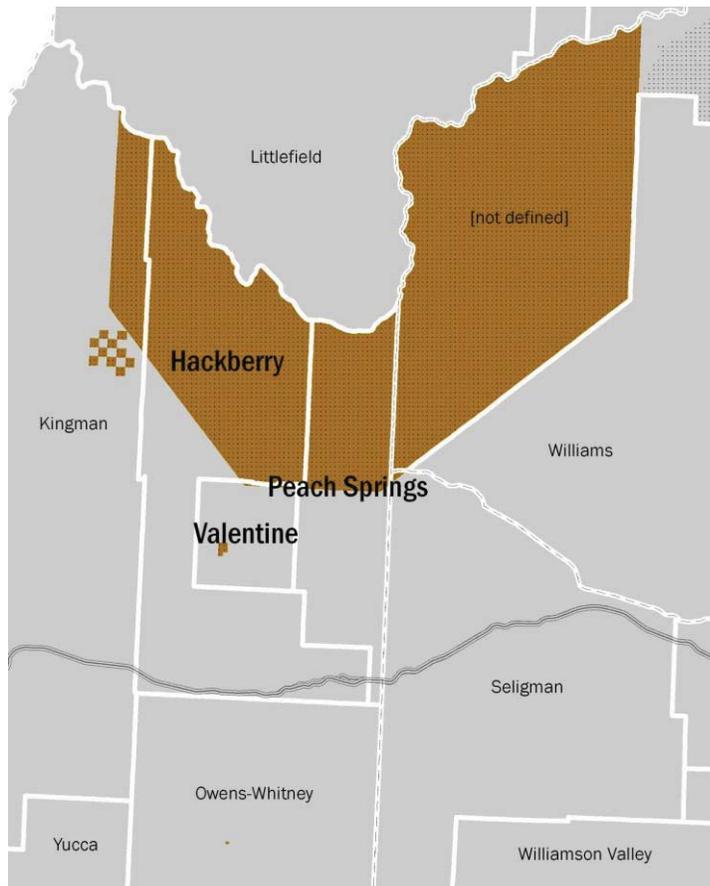
The Peach Springs Unified District is the only district within reservation boundaries. The Peach Springs School enrolls children from kindergarten to eighth grade. In 2011 a total of 192 students were enrolled, of which 21 were in kindergarten (Arizona Department of Education Enrollment Data, 2011-2012).

Children in the community also attend school in other districts, including the Valentine, Hackberry, Seligman, and Kingman districts. There is some concern among members of the Hualapai Tribe with regards to the low participation of community members in the decision making process of school boards in the districts that lie outside of the reservation. Key informants noted that the community has recently become more involved in the boards as they see that the decisions they make have a direct impact on children in the Hualapai community. Figure 10 below shows the school districts on and around the reservation boundaries.

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<sup>11</sup> Hualapai Region rates are based on Hualapai Head Start and Peach Springs kindergarten enrollment data; state rates are based on ACS 2007-2010, reported by Annie E. Casey Foundation Kids Count Data Center at <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=5109>

**Figure 10. School districts on and around the Hualapai Tribe reservation boundaries**



The in-school performance of current students in the public elementary schools in the region is primarily measured by the Arizona Institute to Measure Standards (AIMS).<sup>12</sup> The AIMS is a high-stakes exam used to track how well students are performing compared to state standards. As of the 2013-2014 school year, Arizona Revised Statute<sup>13</sup> states that a student shall not be promoted from the third grade “if the pupil obtains a score on the reading portion of the Arizona’s Instrument to Measure Standards (AIMS) test...that demonstrates that the pupil’s reading falls far below the third-grade level.” Exceptions exist for students with learning disabilities, English language learners, and those with reading deficiencies. Research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children to prepare

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<sup>12</sup> For more information on the AIMS test, see the Arizona Department of Education’s Website: <http://www.ade.az.gov/AIMS/students.asp>

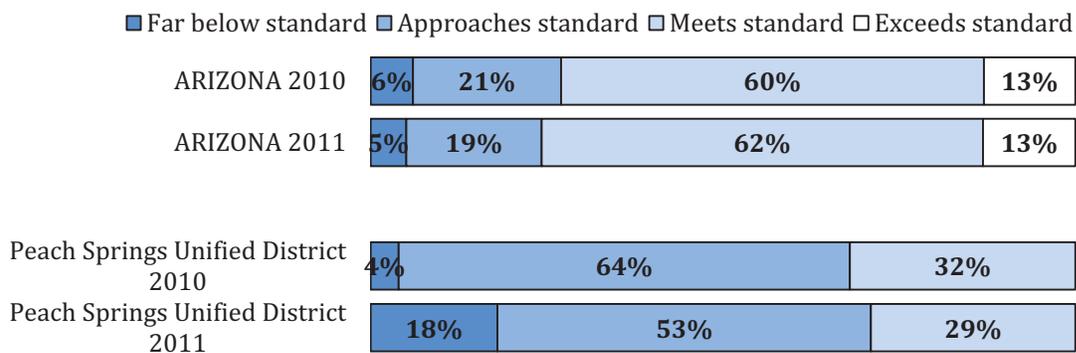
<sup>13</sup> A.R.S. §15-701

them to succeed on later tests such as the AIMS.<sup>14</sup> Students must also pass the grade 10 AIMS exams in order to graduate from high school.

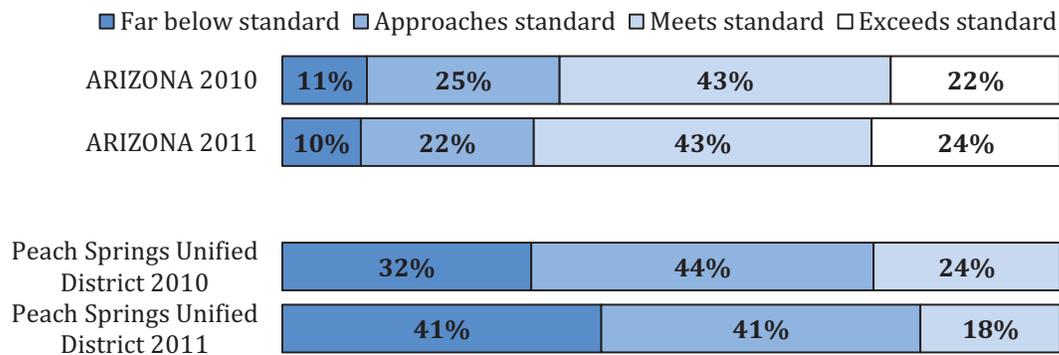
As Figure 11 shows, third graders in Peach Springs Unified District tend to pass the AIMS reading portion (meets + exceeds standard) at a considerably lower rate (29%) than the state as a whole (75%). A similar pattern is apparent in math, where only 18 percent of Peach Springs Unified District third-graders pass, compared to 67 percent for the state. In addition, about four times the proportion of children in the District is falling far below the standards in both reading and math, compared to the state overall. This has implications for the likelihood that the Peach Springs Unified District may be faced with the challenge of retaining a number of third graders in the coming years.

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

**Third-Grade AIMS Results: Reading**



**Third-Grade AIMS Results: Math**



Source: Arizona Department of Education, 2011

<sup>14</sup> First Things First (2012) *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from [http://www.azftf.gov/WhoWeAre/Board/Documents/Policy\\_Brief\\_Q1-2012.pdf](http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf) (April, 2012)

There is no high school within the reservation boundaries. Music Mountain High School closed down in 2007 and since then children in the Hualapai Tribe Region attend high school in the towns near the reservation (including Kingman and Seligman) but also in a number of boarding schools.

Overall, school drop-out rates (which are calculated for grades 7-12) are low for American Indian youth attending the Arizona unified districts that provide middle school and high school services for youth from the Hualapai Tribe. Of the 199 American Indian youth reported enrolled across the five districts (Hackberry, Peach Springs, Valentine, Seligman, and Kingman) only five students were reported to have dropped out, a rate similar (2.5%) to the rates for the state as a whole (2.7%), and lower than for Native American students statewide (6.8%). (ADE, 2009-2010). However, the two Arizona unified school districts that serve Hualapai Tribe high school students reported lower graduation rates for Native American students (60 percent in the Seligman School District, and 45 percent in the Kingman School District) than the state Native American student graduation rate (63%).<sup>15</sup> The overall state graduation rate is 76 percent.

This is consistent with the finding that the proportion of adults without a high school diploma (or its equivalent) in the Hualapai Region is almost twice that of the state as a whole (28 percent in region; 15 percent for the state). The region also has a very low rate of adults with college degrees (2 percent in the region; 26 percent for the state). Births to women with less than a high-school education are nearly twice the rate seen across all American Indian women residing on reservations in Arizona (see Table 11).

**Table 11. Educational Indicators**

	Adults (ages 25+) without high school or GED	Percent of births to women with less than a high-school education	Adults (ages 25+) with bachelors degree or more
Arizona <sup>1</sup>	15%	22%	26%
All Arizona Reservations <sup>2</sup>	32%	31%	14%
Hualapai Tribe Region	28%	61%	2%

Source: <sup>1</sup>American Community Survey 2006-2010; Arizona Department of Health Services Vital Statistics, 2010; <sup>2</sup>American Community Survey 2005-2009, Arizona Department of Health Services Vital Statistics, 2009

Across the U.S., the level of educational attainment in the population is closely associated with income. Those who graduate high school make, on average, about 1.5 times the annual income of those who do not graduate, and those with a college degree average 2.5 times the annual income of those who do not graduate from high school (U.S. Census, 2004). Within Arizona, the poverty rate among those with a college degree is four percent, compared to three times that

<sup>15</sup> Arizona Department of Education, <http://www.azed.gov/wp-content/uploads/PDF/2010DORcountysubgroup.pdf>

rate (12%) for high school graduates, and six times that rate (25%) for adults without a high school education (U.S. Census, n.d.). In addition to having an impact on income, low levels of adult education are correlated with low levels of overall child well-being.<sup>16</sup>

The generally low level of educational attainment in the region is linked with its higher poverty levels. According to key informants, it affects employment opportunities for residents, and has implications for the ability of employers to attract sufficient numbers of qualified staff in the region.

Besides the financial impacts, dropping out of school is also associated with a number of social and health problems that can go on to affect not only those adolescents but the next generation, including substance abuse and unintended pregnancy (Centers for Disease Control and Prevention & Health Resources and Services Administration, 2010a). In fact, the teen birth rate is substantially higher in the region than in the state as a whole (see *Health*, below). Key informants indicated that teen parents who drop out of school often experience frustration with their lack of income and not having a home of their own.

One key informant told a story of having an aunt and uncle who, although uneducated themselves, felt he should have that opportunity. They insisted on him attending school and he constantly heard “Stay in School” in his ears, which translated into “Someone Cares” in his heart, which overruled his head’s desire to drop out. He noted that “Hualapai youth these days are not getting that message in their ears or in their hearts, and are not completing their education....They need to see that education opens horizons and there needs to be a realization of how to teach Indian children to maximize the high potential they start with.”

The Hualapai Tribe provides opportunities for community members to complete their GED through the Education and Training Department. GED classes are offered locally and also online. Students can use the Computer Lab inside the Education and Training Department to pursue their online degree. The Hualapai Tribe is also providing opportunities for job training through the Workforce Investment Act and the Hualapai Tribe Human Resources Office is working to develop new opportunities for tribal members by attracting new types of industries.

The Johnson O’Malley program is also managed by the Education and Training Department. This program provides assistance to students in local schools including the Hualapai Head Start, Peach Springs Elementary School, Kingman Schools, Valentine School, and Seligman Schools. Support from the Johnson O’Malley program is utilized in the purchasing of school-related or extra-curricular activities items.

Even though the Hualapai Tribe faces the challenge of low educational attainment, the tribe values education and provides incentives for community members to pursue their education. The Hualapai Tribe hosts an annual dinner at the end of the school year in honor of all students who graduate. These students receive a certificate from the tribe and their names are published in the community’s newsletter, *Gamyu*. The August 2011 issue of the *Gamyu* indicates that students graduated from the following schools:

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<sup>16</sup> Annie E. Casey Foundation. (2012). Analyzing State Differences in Child Well-being. O’Hare, W., Mather, M., & Dupuis, G.

- Peach Springs School (19)
- Valentine School (2)
- Kingman School North (high school) (3)
- Seligman School (8, including two students graduating from Junior High)
- Havasupai Elementary School (1)
- Sherman Indian School in Riverside, CA (4)
- Riverside Indian School in Anadarko, OK (2)
- Chemway Indian School in Portland, OR (1)
- Arizona State School for the Deaf and Blind (2)
- Tuba City Boarding School, in Tuba, AZ (1)
- Marco de Niza School in Tempe, AZ (1)
- Springstowne Middle School in Vallejo, CA (2)

In addition, four students completed their GED and another four students graduated from college (two with Bachelor's degrees and two with Associate's degrees).<sup>17</sup>

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<sup>17</sup> *Gamyu*. Newsletter of the Hualapai Tribe. Issue 16, August 5, 2011

## **The Early Childhood System: Detailed Descriptions of Assets and Needs**

### **Quality and Access**

The Hualapai Tribe receives funding from the Child Care and Development Fund to administer its own Child Care Program, which is housed in the Education and Training Department. Child care providers in the region are licensed and regulated by the Tribe. Care options through the Hualapai Child Care Program include:

- In-home – the child care is provided in the child’s home but the provider cannot reside in the same home as the child (currently not in use)
- Family home – child goes to provider’s home to receive services. Family home providers fall into two categories:
  - Tribally licensed or regulated – providers in this category must comply with tribal regulations and requirements.
  - Unregulated – these are family members caring for children who are directly related to the child and live in a separate residence. These providers are exempt from health and safety requirements.

All providers must undergo and clear a background check in order to participate in the program. As of March 2012, the Hualapai Child Care Program had one regulated and four unregulated providers.

Child care through the program is available for tribal members with children 0 to 13 years of age, although parents of older children are encouraged to also utilize the services available through the local Boys and Girls Club. The cost of care is partially subsidized and it is based on family income for participants who are employed. Fees are different for regulated and unregulated providers. However, if the tribal member is in school or job training, child care is provided free of cost. The majority of families taking advantage of the program are employed.

During fiscal year 2010-2011, a total of 72 children were served by the program. Of those, 40 were children from 0 to 5 years of age, half of whom were cared for by a relative at the provider’s home. The remaining 20 children received services by a regulated provider at the provider’s home. The average monthly subsidy (for the entire program, which includes children ages 0 to 13) was \$125 per child and the average monthly parent copayment per child was \$14. Of the total number of children served by the Hualapai Child Care Program, the majority (80%) received services because their parent(s) worked. About 13 percent of the children were served by the program because they were receiving or were in need of protective services (Hualapai Child Care Program, 2011).

Key informants noted that the need for child care in the community is higher than what is available through the current number of providers. A constant challenge for the program is to find enough candidates that qualify as child care providers. As of March 2012 there was a waiting list of at least seven children. There are a number of providers (about four) that are not

part of the program but families in the community also seek out their services. These, however, are not subsidized by the Child Care Program.

In order to better meet the demand for child care, the Hualapai Child Care Program is currently in the process of transitioning to a center-based model. The center will continue to serve children up to 13 years of age. Discussions are still underway regarding the hours for the center, which most likely will be opened for extended hours in order to support parents who work at Grand Canyon West and have long shifts. (Currently, the child care program knows of two families where both parents are working at Grand Canyon West). The new Child Care Center will put a strong emphasis on early childhood education. It will be located adjacent to the Hualapai Head Start Program building creating good possibilities for coordination and collaboration between the two facilities.

### **Quality First**

Quality First, a First Things First program, is a statewide quality improvement and rating system for providers of center-based or home-based early care and education, with a goal to help parents identify quality care settings for their children. The Quality First Rating Scale incorporates measures of evidence-based predictors of positive child outcomes. Based on these, a center is given a star rating that ranges from 1-star --where the provider demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements—to 5-star, where providers offer lower ratios and group size, higher staff qualifications, a curriculum aligned with state standards, and nurturing relationships between adults and children.<sup>18</sup>

Quality First also provides financial and technical support for child care centers and homes to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, scholarships for teachers and aides, child care health consultation, and financial incentives to assist in making improvements.

The Hualapai Tribe Head Start Program was a Quality First center for three years through June, 2012.

### **Head Start**

The Hualapai Tribe operates a federally regulated Tribal Head Start program. Head Start is an early education program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. Eligibility requirements for the Head Start program include: the child must be three or four years old by September 1st, parents must meet income eligibility guidelines, and priority is given to four year old children with special needs.

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<sup>18</sup> First Things First (2011). *Measuring Quality in Early Childhood Education*. Retrieved from [http://www.azftf.gov/WhoWeAre/Board/Documents/Policy\\_Brief\\_Q2.pdf](http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q2.pdf) (April 2012)

The Hualapai Tribe program is funded through the Office of Head Start as well as through in-kind and tribal funding and it is overseen by the Tribal Council and a Parent Policy Council.<sup>19</sup> The Hualapai Head Start program runs four classrooms serving a total of 57 children in and around the Peach Springs area. Transportation is provided to all participating children. The program runs on a 4-day week, following the local school district calendar.

According to Census 2010 data there are 68 children ages 3 and 4 in the Hualapai Tribe. With 57 children enrolled, the Head Start Program has a very high reach among this population (the waiting list for the program is less than 10 children). This means that supporting the Head Start program in its mission of getting children ready for school can potentially be leveraged to have a high impact in the community.

### Professional Development

Formal education attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. The Compensation and Credentials Survey is a statewide survey that assesses the education and pay of the early care and education workforce in Arizona (Arizona Children's Action Alliance, 2008). Results from the 2007 survey (the most recent available) show that across the state of Arizona, 27 percent of employers required at least some college for Teachers and 12 percent required the same for Assistant Teachers. The percentage of employers across the state requiring this level of education from Teachers had decreased over the previous 10 years, from a high of 39% in 2009. The median salary for Assistant Teachers was \$9.00 per hour and the median salary for teachers was \$9.75 per hour in 2007, and these wages for early care and education workers across the state increased little over a 10 year period.

According to the Hualapai Head Start Program Information Report (PIR) of 2009-2010, one classroom teacher had an associate degree in ECE and the remaining three had a Child Development Associate (CDA) Degree.

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their Child Development Associate (CDA) certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers, directors and assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 college credits of college coursework leading to their CDA (Child Development Associates) credential. A Bachelor's Degree model of the TEACH program is also currently being developed. There are two child care professionals with the Head Start program in the Hualapai Tribe Region receiving TEACH scholarships to take coursework leading to an associate's degree.

### Availability of certification, credentials or degree programs

As is the case in many rural areas in the state, professional development opportunities in the region are limited. Professionals in early childhood education interested in advancing their

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<sup>19</sup> <http://hualapai-nsn.gov/community/head-start/>

education have the option of pursuing online degrees through Northland Pioneer College (for an Associate in Applied Science –AAS- in Early Childhood Education) or Rio Salado College, where they can obtain AAS degrees in Early Learning and Development, and Early Childhood Administration and Management. However, online education may be difficult for professionals with limited computer literacy and accessibility. Communities where professional development for early childhood education staff is limited face the added challenge of timely compliance with the Head Start Act mandate that by September 30, 2013 fifty percent of all the Head Start teachers and education coordinators must possess at least a bachelor's degree in early childhood education or at least a bachelor's and coursework in a major relating to early childhood education, as well as experience teaching preschool-age children. The Head Start Act of 2007 also requires that teaching assistants have at least a child development associate credential or must enroll in a program leading to an associate or bachelor's degree. Key informants indicated that Head Start staff members are fulfilling this requirement mostly through online courses from Rio Salado College. However, as was mentioned above, staff with the Head Start program indicated that online distance learning is not an ideal learning environment for the Head Start staff. An alternative option would be for Mohave Community College to provide the training in the community through local associate faculty in combination with more real time distance learning (the Education and Training Department has the capacity to support this kind of learning). However, Mohave Community College is currently not an option for professionals in early childhood education in the region, as the AAS degree that it used to offer was dropped a few years ago.

Another professional development opportunity that has been available to early childhood education staff in the region is the "Early Child Care Professional Training" offered by Yavapai College in conjunction with the Arizona Department of Economic Security. This 60-hour intensive introductory course is free of cost and consists of 10 modules that cover topics such as child development, appropriate learning environments, nutrition, and early ready and math activities. In October 2011 the "Early Child Care Professional Training" was offered in Kingman and staff from both the Hualapai Head Start (both teaching and administrative) and the Hualapai Child Care Program took advantage of this opportunity.

At the local level, the Hualapai Child Care Program offers training for the providers registered with the program (unregulated providers are also encouraged to attend training sessions). Classes are offered monthly at the Education and Training Department and they include topics such as: CPR, Food Handlers, Child development and Children with Special needs. The Child Care Program tries to involve staff from other local agencies like Head Start and the Peach Springs Health Center to deliver the trainings. In addition, the program provides financial support for providers to attend relevant conferences.

The Child Care Program receives donations from National Relief Charities such as diapers, wipes, soap, bottles, etc. that are used as incentives for providers who attend the training sessions. Information about upcoming training sessions is disseminated through the *Gamyu*, the community newsletter, and through fliers handed to providers affiliated with the program. Parents in the community at large are also welcome to the trainings and can receive the incentives being offered to child care providers too, but there is limited parent participation at these trainings.

In 2011, the Child Care Program partnered with the Peach Springs School to offer an after-school child care class to middle school students. Eight students participated in this training, which included sessions on CPR and the Red Cross' Babysitting Training Course. The students also participated in the safe food handling training that is periodically provided by IHS staff from the Parker Indian Health Center who travel to Peach Springs to deliver this training at the Health Education and Wellness Department. Staff from the Child Care Program noted that this was a very good opportunity for the students, who received a certificate upon completion of the course. It is unclear whether the Peach Springs School will receive funds to provide this training again in the future.

## Health

### **Access to Care**

The Hualapai Tribe Region is served by the Peach Springs Health Center and the Hualapai Health Education and Wellness Department.

The Peach Springs Health Center is operated by of the Indian Health Service (IHS) Phoenix Service Area through the Colorado River Service Unit. It is a 40-hour (open Monday to Friday) ambulatory care facility that provides outpatient services, dental care and preventive services that is meant to supplement the services provided at the Parker Indian Hospital, the main facility of the Colorado River Service Unit. Services offered at the Peach Springs Health Center include: General Medicine, Family Practice, Preventative Health, Nutrition, Dental, Public Health Nursing, Health Education, Environmental Health and Social Services. For emergency services after-hours patients are transported to the nearest hospital in Kingman.

The Peach Springs Health Center is staffed by four health care providers in the following specialties: Family Practice (2), Family Practice/Pediatrics (1), and Adult Medicine (1).<sup>20</sup>

The Hualapai Health Education and Wellness Department currently provides the following services: Behavioral Health, Diabetes/Fitness Program, Women, Infant and Children Program (WIC), Non-Emergency Medical Transportation, Youth Services, Healthy Heart (Cardiovascular Diabetes Program). The Health Education and Wellness Department also hosts the Community Health Representatives, Injury Prevention and Maternal Child Health Programs, as well as the Native American Research Center for Health (NARCH) Project, which aims at involving community youth to promote health behaviors and is currently operating a youth-led internet radio station.

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<sup>20</sup> [http://www.ihs.gov/phoenix/index.cfm?module=dsp\\_phx\\_hf\\_coloradoRiver](http://www.ihs.gov/phoenix/index.cfm?module=dsp_phx_hf_coloradoRiver)

[http://www.hsag.com/App\\_Resources/Documents/FlexLS3\\_IHS-CRSU\\_Presentation.pdf](http://www.hsag.com/App_Resources/Documents/FlexLS3_IHS-CRSU_Presentation.pdf)

Email communication with Rosemary Sullivan, Peach Springs Health Center

### **Pregnancies and Births**

Prenatal care for women in the Hualapai Tribe is available through the Peach Springs Health Center, but it is provided by a contracted Ob/Gyn physician who visits the community from Kingman twice a month. The Public Health Nurses at the Health Center can initiate a pregnancy test. If the results are positive, prenatal laboratory testing is started at this facility. Prenatal care is then provided locally during regular visits by the contracted physician. Towards the end of their pregnancy, when appointments take place weekly, women from the community travel to Kingman to see their provider. Transportation is available from the Transportation and Community Health Representatives programs at the Hualapai Health Education and Wellness Department. Most women in the community give birth in Kingman, at the Kingman Regional Medical Center, with a few giving birth in Flagstaff.

In addition to the medical prenatal care services provided at the Peach Springs Health Center, pregnant women in the Hualapai Tribe Region have access to home visitation services from the Maternal Child Health (MCH) Program. The MCH program, funded by the First Things First Hualapai Tribe Regional Partnership Council, has been in existence for three years and is currently staffed by a registered nurse. The MCH program works in close collaboration with the Hualapai WIC program.

Services offered by the MCH program include:

- Prenatal services – one on one education services provided to women at either their home or the program’s office (located at the Health Education and Wellness Department). These sessions cover all aspects of prenatal care using the book “With Child”. Pregnant women are usually seen by the MCH program staff several times throughout their pregnancy.
- Postpartum/breastfeeding support – the MCH program offers parenting support to new mothers after their babies are born. Breastfeeding pumps are also available through the program.
- Infant formula – Formula can be provided on an emergency base (e.g. when WIC program might not have certain specialty formula available, or when the local convenience store runs out of it and families are not able to travel to Kingman to buy it).
- Developmental screenings and educational resources for children 0 to 3 years of age.<sup>21</sup>

The MCH program receives referrals from:

- Public Health Nurse at the Peach Springs Health Center
- Hualapai WIC Program

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<sup>21</sup> According to program staff, the goal is to have a continuum of care for children from birth to 5 years of age where the MCH program will focus on children 0-3 years of age, the Hualapai Head Start program on children who are 3 and 4 years old, and the elementary school working with children ages 5 and older.

- Community Health representatives (CHR) out of the Health Education and Wellness Department
- Mothers calling on behalf of their daughters

The MCH program is a great asset in the community and key informants highlighted that it provides key services for the families in the region as it serves as a hub for referrals to other programs and services available from the Tribe and from the state and federal governments. Some of the challenges faced by staff with the MCH program include: clients' lack of transportation (although the program does offer transportation services to its office and, if necessary also to Kingman but program staff noted that it is possible not all community members are aware of this service being available); families living far away and in remote areas; difficulties staying in touch and following up with clients, as many families do not have telephones and/or move frequently; and reaching out to grandparents raising their grandchildren who may not be aware of support services available to them –such as the MCH program.

Health care services for infants and children are available locally at the Peach Springs Health Center, who has a pediatrician on board. The Public Health Nurses are also available and they usually do the initial home visits with newborns and subsequent visits as needed. The physicians at the clinic are available for the routine Well Baby/Well Child visits.

The total population of patients 0 to 5 years of age at the Peach Springs Health Center is 246 out of 2,110 active users<sup>22</sup> (Indian Health Service, 2012). Key informants highlighted the need for better parent education around the importance of Well Baby/Well Child visits and preventative care (as opposed to the “crisis-oriented” approach). They also indicated a need for increased education around the effects of maternal substance abuse on the baby’s (and later on the child’s) physical and behavioral health.

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas as geographically based areas in which most residents seek primary medical care within the same places. The labels for the Primary Care Areas are drawn from the major population centers for those areas. (Arizona Department of Health Services, Bureau of Health Systems Development, 2010).

The Primary Care Area Program also designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. To make this designation, each Primary Care Area is given a score based on 14 weighted items including points given for ambulatory sensitive conditions, population ratio, transportation score, percentage of population below poverty, percentage of uninsured births, low birth weight births, prenatal care, percentage of death before the U.S. birth life expectancy, infant mortality rate, and percent minorities, elderly, and unemployed. Primary Care Areas are also designed as medically underserved if they can be categorized as a Health Professional Shortage

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<sup>22</sup> An active user is an American Indian/Alaska Native patient who has had at least one inpatient, ambulatory, dental, or contract health services (CHS Referral) visit in the past three years. In this case, an active user would have had at least one visit between October 1, 2008 and September 30, 2011.

Area (HPSA). Based on its scores on these indicators, the Hualapai Tribe Primary Care Area (which includes all of the Hualapai Tribe plus Hindu Canyon, Robbers Roost and Valentine) is designated as Medically Underserved.

Each Primary Care Area also carries a designation based on its population density; areas designated as rural are those with 44 people or fewer per square mile, and frontier areas are those with 3 people or fewer per square mile (Arizona Department of Health Services, Bureau of Health Systems Development, 2010). The Hualapai Tribe Primary Care Area has a population density of less than one person per square mile, making it eligible for a frontier designation. For purposes of comparison, on health indicators, where available, we will provide information for the state as a whole, for other sparsely populated (frontier) portions of the state, and for all American Indian Reservation lands in Arizona combined.<sup>23</sup>

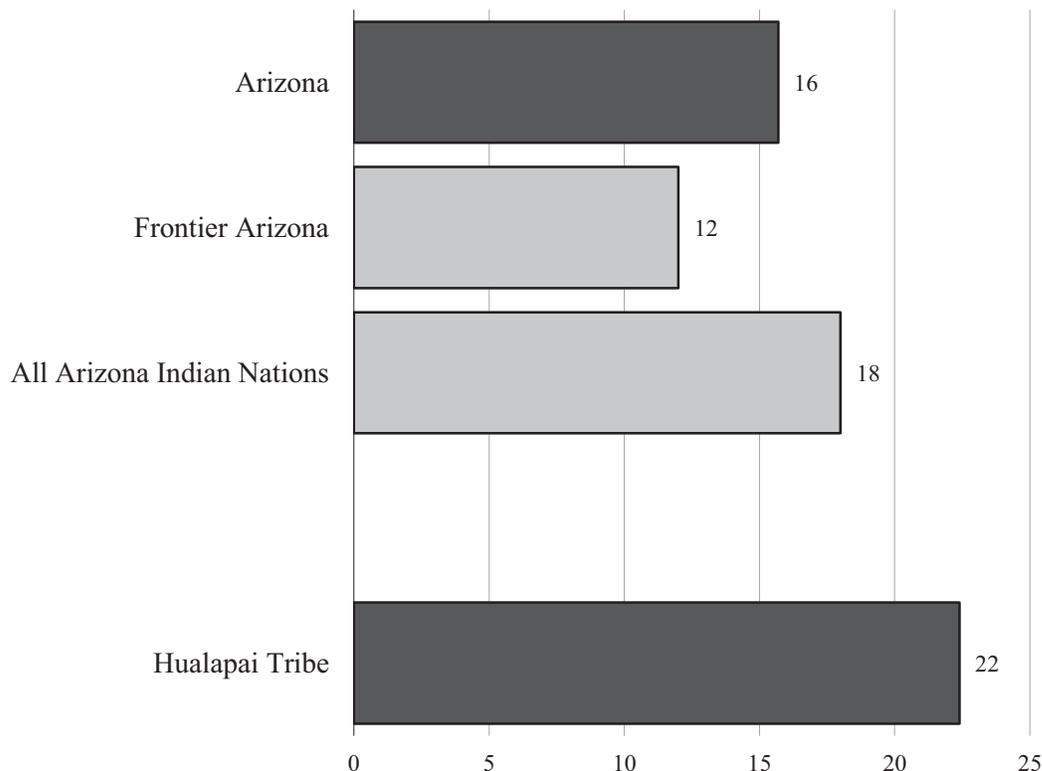
Because the Hualapai Tribe Region is relatively sparsely populated, data from any one year for rare occurrences (such as births) tend to be unreliable due to small sample sizes. Therefore, the data illustrated below are an average of the rates across a number of years (2000-2009) where indicated.

The birth rate in the Hualapai Tribe Region is higher than the state as a whole and also higher than other communities in frontier Arizona, and across Arizona Indian Nations. This suggests that there is likely to be relatively high need for services related to the care and development of infants and young children in the area.

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<sup>23</sup> Based on the 2010 Indian Nations Special Area Statistical Profile 2010 compiled by special request by the Arizona Department of Health Services Bureau of Health Systems Development in April of 2012.

**Figure 12. Birth rate per 1,000 residents, 2000-2009**



Source: Arizona Department of Health Services, February 2012

In 2009 there were 23 births to Hualapai Tribe residents. The source of payment of labor and delivery for the vast majority (19 or 83%) was AHCCCS, compared to 55 percent of American Indians residing on reservations in the state as whole who used AHCCCS to cover birth expenses in the same year.<sup>24</sup>

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits of prenatal care are most pronounced for socioeconomically disadvantaged women, and prenatal care decreases the risk of neonatal mortality, infant mortality, premature births, and low-birth-weight births.<sup>25</sup> Care should ideally begin in the first trimester.

Healthy People 2020 is a science-based initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of

<sup>24</sup> Arizona Department of Health Services. (November 2010). *Health Status Profile of American Indians in Arizona: 2009 Data Book*. Phoenix, AZ.

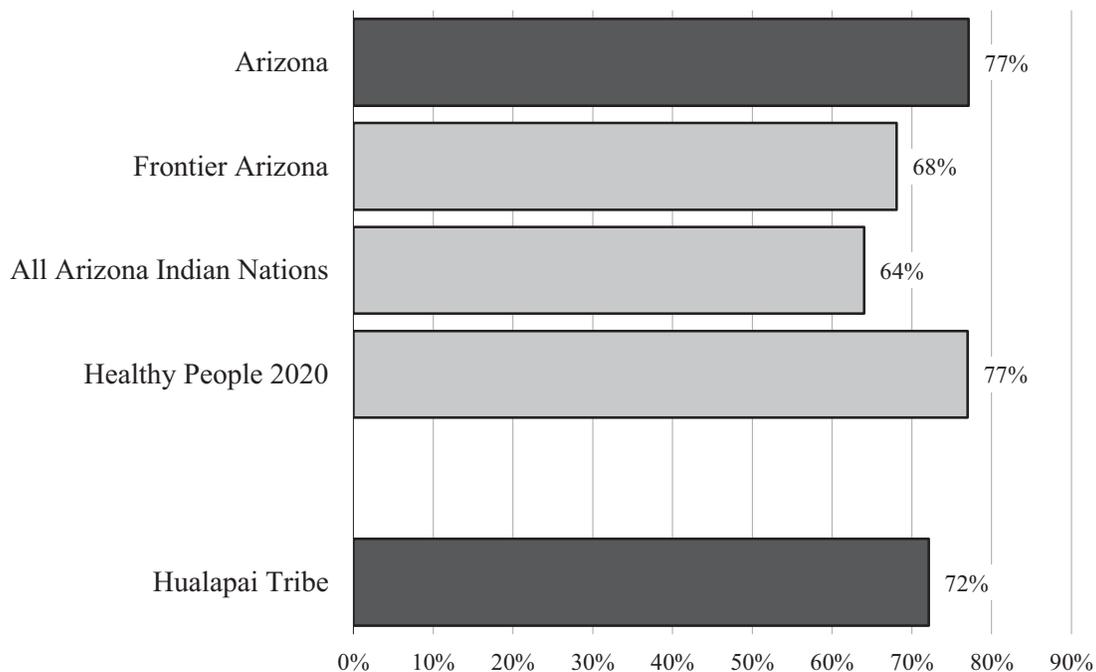
<sup>25</sup> Kiely, J.L. & Kogan, M.D. *Prenatal Care*. From Data to Action: CDC’s Public Health Surveillance for Women, Infants, and Children. Centers for Disease Control and Prevention. Retrieved from:

<http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf>

current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 78 percent.

An estimated 72 percent of expectant mothers in the Hualapai Tribe Region receive first trimester prenatal care. This rate is higher than the percentage of women who receives early care across all Arizona Indian Nations combined (64%), but is below the Healthy People 2020 target.

**Figure 13. Average percent of births with prenatal care that starts in first trimester, 2000-2009**

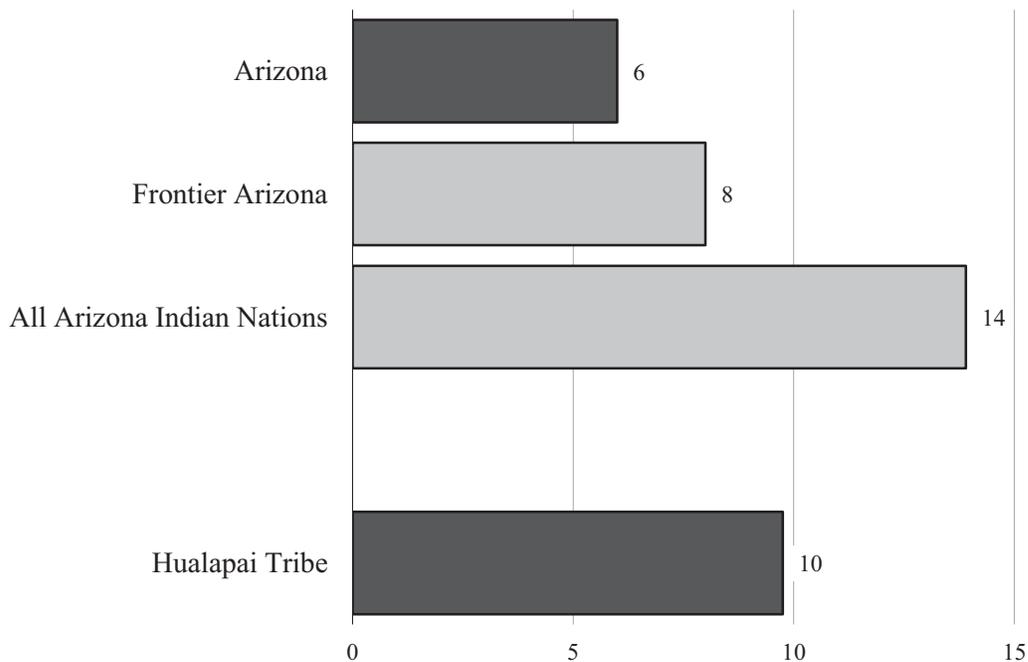


Source: Arizona Department of Health Services, January 2012

The American College of Obstetrics and Gynecology (ACOG) recommends at least 13 prenatal visits for a full-term pregnancy; seven visits or fewer prenatal care visits are considered an inadequate number (ACOG, 2002). Based on these criteria, women in the Hualapai Tribe Region are more likely to receive an inadequate number of prenatal care visits. The proportion of those receiving between 0 and four prenatal visits are nearly twice as high as the state as a whole, though it was more similar to other remote areas, and substantially less than Arizona Indian Nations over all. Just over four percent of Hualapai women received no prenatal care at all, which is nearly twice the state rate of 2.3 percent, and higher than other American Indian Nations (3%). The status of prenatal care was not known for about 1 in 10 women in that time frame; it could be that the rate with no care is substantially higher. Key informants indicated that the region faces challenges that are common to other rural areas, where women with high-risk pregnancies (due to, for instance, substance abuse) do not always seek out prenatal care early in their pregnancy. It is clear that expectant mothers throughout the region are in need of increased prenatal care, which can help reduce poor birth outcomes and better prepare infants

for a healthy start in life. Recognizing this need, the First Things First Hualapai Tribe Regional Partnership Council is committed to supporting the Maternal Child Health Program, which provides critical services to pregnant women and families with young children in the region.

**Figure 14. Percent of births with fewer than five prenatal visits, 2000-2009**



Source: Arizona Department of Health Services, January 2012

Teenage parenthood is associated with a number of negative outcomes for infants, including neonatal death, sudden infant death syndrome, child abuse and neglect, as well as putting infants at risk for behavioral and educational problems later (Office of Population Affairs, Department of Health and Human Services, 2010). In addition, teenaged mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not mothers.

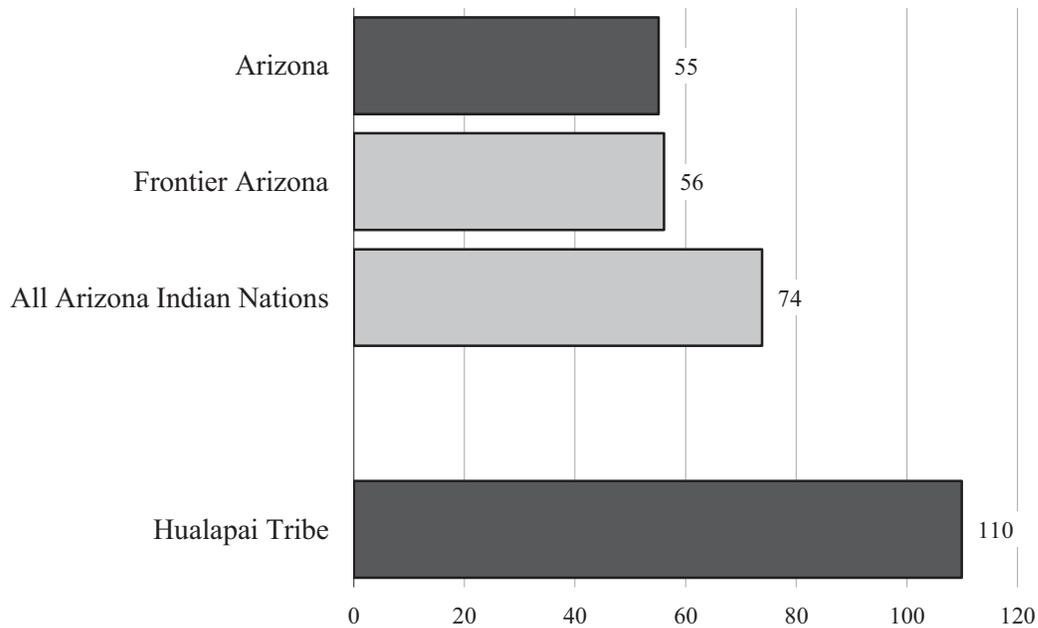
Teen pregnancy and birth continues to be a statewide issue in Arizona, which ranks fifth highest nationally for teen births (Guttmacher Institute, 2010), with a birthrate 23 percent higher than the most recent national estimates (22.2/1000 females 15-17). Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 6th highest teen birth rate nationally.<sup>26</sup>

The rate of births to teen mothers in the Hualapai Tribe (110 per 1,000 females 14-19 years old) is substantially higher than other remote areas (56) and than other Arizona Indian Nations (74). One in 4 births to women of the Hualapai Tribe in 2009 were to teen mothers, compared to 1 in

<sup>26</sup> Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

5 among other women residing on Arizona reservations (Arizona Department of Health Services, 2010).

**Figure 12. Rate of teen births per 1,000 females (14 to 19 years old), 2000-2009**



Source: Arizona Department of Health Services, January 2012

Because teen parenthood has so many far-reaching consequences for mother and baby alike, these rates indicate that teen parenthood education and services for teen parents may be important strategies to improve the well-being of young children in these areas. The high rate of teen pregnancy in the community was also a concern repeatedly expressed by several key informants.

The Hualapai Tribe has a Tribal Youth Council whose members (under the age of 25) meet to discuss issues that are relevant to the community’s youth and make advisory recommendations directly to the Tribal Council. The Youth Council coordinates service projects, and it has recently discussed the possibility of working on projects targeted at teen parents; some of the Youth Tribal Council members are teen parents themselves.

Data on maternal and child health indicators was also available from the Hualapai WIC program for women and children who participate in the program.

The total number of infants and children receiving services from the Hualapai Tribe WIC program in 2010 was 192. About 14 percent of the Hualapai WIC newborns had a low birth weight (defined as weighing less than 2.5 kilograms, or 5.5 pounds). This rate is nearly double the Healthy People 2020 target of 7.8 percent. Seven percent of Hualapai Tribe WIC babies were premature (defined as a gestation of less than 37 weeks). This rate meets the Healthy People target of not higher than 11.4 percent.

The Hualapai Tribe WIC ever breastfed rate (41%) does not meet the Healthy People 2020 target (81.9%), and is lower than the rate reported by all ITCA WIC programs (64%) and WIC clients across the US (63%).

The rate of obesity in the older children in the Hualapai Tribe WIC program (23%) is higher than the national rate (14%), but lower than the statewide ITCA WIC rate (26%).

**Table 12. Infant and child health indicators from Hualapai Tribe WIC Clients**

	Hualapai Tribe WIC (2010)		ITCA WIC (2010)	NATIONAL PEDIATRIC NUTRITION SURVEILLANCE SYSTEM (2010)	HEALTHY PEOPLE 2020 TARGET
<b>AGES OF INFANTS AND CHILDREN DURING 2010</b>					
0	39	20%	24%	34%	
1	41	21%	22%	22%	
2	39	20%	19%	16%	
3 to 4	73	38%	35%	28%	
<b>BIRTH WEIGHT</b>					
High birth weight (4 kg or more)	< 25	11%	7%	6%	
Normal birth weight	28	76%	82%	85%	
Low birth weight (2.5 kg or less)	< 25	14%	11%	9%	7.8%
<b>PRETERM BIRTHS*</b>					
Less than 37 weeks	< 25	7%	8%	xx	11.4%
<b>BREASTFEEDING**</b>					
Children ever breastfed	< 25	41%	64%	63%	81.9%
<b>OVERWEIGHT AND OBESITY IN CHILDREN (2-4 YEARS OLD)</b>					
Overweight (85th to 95 percentile)	28	25%	20%	16%	
Obese (95th percentile or greater)	25	23%	26%	14%	

\* Preterm Births: Total number of births with valid infant date of birth and expected date of delivery.

\*\* Breastfeeding information was self-reported by the client at each clinic visit. Breastfeeding the infant at least once per day classifies the woman as breastfeeding. Estimates include infants who were born in 2010.

SOURCE: Inter Tribal Council of Arizona, Inc., Tribal Epidemiology Center, "Hualapai WIC Program: Maternal & Child Health Profile." October 2011

The Hualapai Tribe WIC Program Maternal and Child Health Profile provides data on breastfeeding trends in the region. The rate of ever breastfed infants among Hualapai WIC

clients has substantially declined between 2004 and 2010. An estimated 74 percent of infants were ever breastfed in 2004; this rate decreased to 61 percent in 2006, to 56 percent in 2007 and to 41% in 2010.<sup>27</sup>

**Table13. Maternal health indicators from the Hualapai Tribe WIC program**

	Hualapai Tribe WIC (2010)		ITCA WIC (2010)	NATIONAL PREGNANCY NUTRITION SURVEILLANCE SYSTEM (2009)	HEALTHY PEOPLE 2020 TARGET
<b>MATERNAL AGE</b>					
17 or younger	0	0%	6%	6%	
18 to 19	< 25	17%	12%	12%	
20 to 29	< 25	59%	60%	60%	
30 to 39	< 25	24%	20%	21%	
40 or older	0	0	2%	2%	
<b>PRE-PREGNANCY BODY MASS INDEX (BMI)</b>					
Normal weight (or Underweight)	< 25	18%	27%	47%	53.4%
Overweight (BMI 25 to 30)	< 25	32%	28%	26%	
Obese (BMI over 30)	< 25	50%	45%	27%	
<b>PRE-PREGNANCY OVERWEIGHT OR OBESE</b>					
2004	< 25	52%	60%	43%	
2006	< 25	48%	62%	44%	
2007	< 25	58%	60%	44%	
2010	28	82%	73%	xx	
<b>PRENATAL CARE</b>					
Begun during first trimester	30	91%	81%	82%	77.9%

SOURCE: Inter Tribal Council of Arizona, Inc., Tribal Epidemiology Center, "Hualapai WIC Program: Maternal & Child Health Profile." October 2011

<sup>27</sup> Data are not available for 2005, 2008 and 2009.

Eighty-two percent of Hualapai Tribe mothers were overweight or obese at the beginning of their pregnancy in 2010. The rate of overweight or obesity is higher than the ITCA average (73%) and the national average (53%). The obesity rate for Hualapai Tribe WIC mothers appears to have been increasing over the past few years.

The vast majority (91%) of Hualapai Tribe WIC mothers reported beginning prenatal care during the first trimester of pregnancy. This rate meets the Healthy People 2020 target (77.9%). This rate is higher than the rate reported by the Hualapai Indian Tribe Primary Care Area (PCA) profile (72%). It is important to remember, however, that the PCA profile utilizes data from the Arizona Department of Health Services, Division of Public Health Services, Office of Vital Records averaged for 10 years.

### **Health Care Coverage**

Health care coverage for residents of the Hualapai Tribe is provided by the Indian Health Service (IHS), the Arizona Health Care Cost Containment System (AHCCCS, or Arizona's Medicaid) and through private providers.

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage of up to 100 percent of the Federal Poverty Level or FPL) and the Title XXI program (Arizona's Children's Health Insurance Program known as KidsCare) (Arizona State Legislature, Joint Legislative Budget Committee, 2010).

KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100-200 percent of the Federal Poverty Level. However, due to budget cuts at the state level, enrollment in the KidsCare Program has been frozen since January 1, 2010. When an application is submitted, the Department of Economic Security first verifies whether the child is eligible for AHCCCS Health Insurance. If the child is not eligible for AHCCCS Health Insurance, but he/she may be eligible for KidsCare and the family is willing to pay the monthly premium required by the program, the application is referred to the KidsCare Office to be added to a waiting list. This waiting list was started since the enrollment freeze was put in place in the event that new applications could be accepted.

Beginning May 1, 2012, a temporary new program called KidsCare II became available through December 31, 2013, for a limited number of eligible children. KidsCare II is the result of an agreement between AHCCCS, the Centers for Medicare and Medicaid Services (CMS) and three hospital systems in the state: UA Health Network, Phoenix Children's Hospital, and Maricopa Integrated Health Systems. The Safety Net Care Pool (SNCP) program provides hospitals with funds to cover the costs for providing uncompensated care to AHCCCS members or to the uninsured. CMS approval of the SNCP program was contingent on making a portion of the funding available to provide coverage to children in the KidsCare program. As the three hospital systems agreed, the KidsCare II program started to enroll children that had been placed in the KidsCare waiting list.

KidsCare II has the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility –it is only open to children in households with incomes from 100 to 175 percent of the Federal Poverty Level, based on family size. Monthly premium payments,

however, are lower for KidsCare II than for KidsCare.<sup>28</sup> At the end of the KidsCare II coverage period, AHCCCS will assist children enrolled in this program to transition to the Health Insurance Exchange, expected to be open for enrollment and coverage by that date.<sup>29</sup>

American Indians in Arizona who qualify for AHCCCS have a choice to enroll in an acute managed care health plan (just like any other AHCCCS member) or the AHCCCS American Indian Health Program (formerly known as IHS/AHCCCS). The AHCCCS American Indian Health Program (AHCCCS AIHP) is a fee-for-case service and members enrolled in this option can see any provider that accepts AHCCCS insurance. While enrolled in the AIHP members may still receive care at any IHS or 638 facilities.<sup>30</sup> American Indian AHCCCS members can switch between a managed care plan and the AIHP at any time by notifying AHCCCS. As of January of 2011, the majority of the American Indian AHCCCS members in the Acute Care program (68%) were enrolled in the AIHP option (Chicharello, 2011).

In 2010, AHCCCS enrollment in the Hualapai Tribe Region was 56 percent, more than twice the rate for the state as a whole (22%) and substantially higher than Arizona Indian Nations overall (38%). A similar pattern is seen for the KidsCare enrollment which was 3% in the Hualapai Tribe Region, 2 percent in the state and 1.2 percent in all Arizona Indian Nations combined (Arizona Department of Health Services, January 2012). Key informants indicated that community members can submit their applications for AHCCCS enrollment at the Peach Springs Health Center, where staff provide individualized assistance to make sure people who are eligible can be enrolled.<sup>31</sup>

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

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to assure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events.

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<sup>28</sup> Monthly premiums vary depending on family income but for KidsCare they are not more than \$50 for one child and no more than \$70 for more than one child. For KidsCare II premiums are no more than \$40 for one child and no more than \$60 for more than one. Note that per federal law, Native Americans enrolled with a federally recognized tribe and certain Alaskan Natives do not have to pay a premium. Proof of tribal enrollment must be submitted with the application.

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

<sup>29</sup> <http://www.azahcccs.gov/applicants/categories/KidsCare.aspx>

<sup>30</sup> See footnote 35 on page 54 for more information about 638 contracts.

<sup>31</sup> "Health-e Arizona" is the online application system for AHCCCS, SNAP, TANF and WIC programs. The IHS Parker Indian Health Center and its clinics (including the Peach Springs Health Center) are Application Assistance Sites of the "Health-e Arizona" Subscription Model. Through this model, application assistors can help community members complete and submit their online application. The assistors have access to individuals' applications and also have direct contact with DES eligibility officers. Although Application Assistance Sites must pay a fee for the Subscription Model, participation facilitates the application process which may in turn result in higher reimbursement for services for the site." AHCCCS and Indian Health. What you need to know..." conference presentation by Carol Chicharello, AHCCCS Tribal Relations Liaison at the 27<sup>th</sup> Annual Indian Child and Family Conference, Dec 7-9, 2011. Casino del Sol Pascua Yaqui Reservation, Az.

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

AzEIP providers can offer, where available, an array of services to eligible children and their families, including assistive technology, audiology, family training, counseling and in-home visits, health services, medical services for diagnostic evaluation purposes, nursing services, nutrition, occupational therapy, physical therapy, psychological services, service coordination, social work, special instruction, speech-language therapy, vision services, and transportation (to enable the child and family to participate in early intervention services).

The AzEIP service provider for the Hualapai Tribe Region is Milemarkers Therapy, an agency based in Lake Havasu City. AzEIP data for the zip code 86434, whose boundaries essentially match those of the Hualapai Tribe reservation, show that in FY 2009-2010 there were less than 25 referrals made to AzEIP, but no services provided. It is important to remember that children who are referred may be screened but only those that have not reached 50 percent of the developmental milestones for his or her age receive actual services. No children in the 86434 zip code are reported as receiving Department of Developmental Disability Services between 2007 and 2010.

Milemarkers received funding from the First Things First La Paz/Mohave Region to conduct developmental screening fairs (KIDS Fairs) in La Paz and Mohave Counties during the period covered by this report (2012-2012). Milemarkers conducted three KIDS Fairs in Peach Springs in March of 2010, December of 2011 and in March of 2012. No children were screened during the 2011 and 2012 Fairs, but in March of 2010 ten children were screened. (Milemarkers Therapy Inc., 2012). Despite these opportunities, key informants indicated that early screenings and treatment for developmental delays is still a big need in the community.

The Peach Springs Elementary School has a Special Education Director who assists the school in complying with federal and state mandates around special education.<sup>32</sup> The Director also helps coordinate the services available at school for children with special needs and those available at the Hualapai Head Start program. The school has a Memorandum of Understanding with the Head Start program to serve any child in the community. When children with special needs are identified by Head Start, contracted staff with the Peach Springs School is available to provide

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<sup>32</sup> Monitors with the Arizona Department of Education had found the school to be out of compliance with regards to their services to children with special needs. Key informants indicate, however, that the school has made a lot of progress in the recent years and that it now has 'excellent monitoring.'

occupational and speech therapy. In addition, one of the two special education teachers at the school regularly works with the Head Start program to provide support to teachers and to work with the children. One of the goals for school year 2012-2013 is to facilitate collaboration between the two programs around the use of an online monitoring tool. This tool is currently being used by the Peach Springs School to meet state requirements around special education services and Head Start staff will begin to utilize it, too. Free webinars are available for users so Head Start program will also have access to these training opportunities.

In the 2010-2011 school year, less than 25 children in Head Start were identified as eligible for disabilities services, the majority of these for speech impairment. This represents about 10 percent of those enrolled having an Individualized Education Plan (IEP).

The Maternal and Child Health Program (MCH) also provides screenings to children when there is concern of a possible developmental delay among the children they serve. The program uses the ASQ screening tool and refers children for further evaluation and therapy services to Milemarkers, Bright Start, Head Start or Peach Springs Elementary School. The MCH Program's goal is to be able to increase the number of children with early screenings and detection of developmental delays before they enter Head Start. In order to reach this goal, a monthly early childhood development meeting has been recently started. Participants include the MCH Program staff, Peach Springs Elementary School special education staff and the WIC program and Head Start staff.

### **Immunizations**

Children in the Hualapai Tribe Region who have access to services from the Indian Health Service receive their immunizations at the Peach Springs Health Center.

Data from the Arizona Department of Health Services for zip code 86434, which essentially matched the Hualapai Tribe reservation boundaries, show that 76 percent of the children 12-24 months of age are up-to-date with all the required vaccinations for their age. Similarly, 77 percent of the children 19-35 months of age had all their required immunizations (Arizona Department of Health Services, 2011). The Government Performance and Results Act (GPRA) rates for the IHS Peach Springs Service Area, which uses a slightly different cut-off date and includes parts of Yavapai and Coconino Counties, were lower, at 59 percent.

According to the FY 2010-2011, Head Start Program Information report, 100 percent of the children enrolled in the Hualapai Head Start had all required immunization for their age at enrollment. Key informants also noted that parents in the region are very good at keeping their children's immunizations up-to-date.

### **Behavioral Health**

Researchers and early childhood practitioners have come to recognize the importance of healthy social and emotional development in infants and young children<sup>33</sup>. Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express

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<sup>33</sup> *Research Synthesis: Infant Mental Health and Early Care and Education Providers*. Center on the Social and Emotional Foundations for Early Learning. Accessed online, May 2012:

[http://csefel.vanderbilt.edu/documents/rs\\_infant\\_mental\\_health.pdf](http://csefel.vanderbilt.edu/documents/rs_infant_mental_health.pdf)

emotions; form close interpersonal relationships; and explore the environment and learn.”<sup>34</sup> A number of interacting factors influence the young child’s healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors.<sup>35</sup> Warm, nurturing, responsive, and consistent interactions can be protective factors for young children and help buffer them from adversities.<sup>35</sup> Young children who experience exposure to abuse, neglect or trauma, however, are more likely to show abnormal patterns of development, including distractibility, abnormal patterns of emotion expression, disruptions in feeding and sleeping, and developmental delays in motor and language skills.<sup>36</sup>

A continuum of services to address prevention and treatment in infant and toddler mental health has been proposed by a number of national organizations. These components would include 1) incorporating awareness of infant and toddler mental health issues in early childhood care and education programs, home visiting programs, and health-related programs to promote infant mental health and prevent mental health challenges; 2) providing focused interventions to children and families who may be more at risk for developing mental health problems (for example, families experiencing chronic illness, homelessness, high stress, abuse, substance use, or children with physical health problems); and 3) providing intensive services with mental health professionals for infants, toddlers and their families who face very challenging situations and experience traumatic events that lead to mental health concerns, in order to return them to positive developmental progress<sup>35</sup>.

The Arizona Department of Health Services/Division of Behavioral Health Services is the permanent authority for publicly-funded behavioral health services in the state. The Division contracts with Regional Behavioral Health Authorities (RBHAs) and Tribal Behavioral Health Authorities (TRBHAs) to deliver integrated managed care services through six geographic service areas throughout the state. In 2011, over 205,000 Arizonans were enrolled in the public behavioral health system through RBHAs and TRBHAs.<sup>37</sup> According to Arizona Department of Health data, 64,277 (21.3%) of enrollees were children or adolescents; children aged 0-5 comprised 3.8 percent of all enrollees<sup>38</sup>, or approximately 8,000 young children statewide. With about 546,600 children aged birth to 5 in Arizona, this means that about one percent of young children statewide are receiving care in the public behavioral health system<sup>39</sup>. It is likely that there are a much higher proportion of young children in need of these types of services

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<sup>34</sup> Zero to Three Infant Mental Health Task force Steering Committee, 2001

<sup>35</sup> Zenah P, Stafford B., Nagle G., Rice T. *Addressing Social-Emotional Development and Infant Mental Health in Early Childhood Systems*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy; January 2005. Building State Early Childhood Comprehensive Systems Series, No. 12

<sup>36</sup> Scheeringa, M. S., & Zeanah, C. H. (1995). Symptom expression and trauma variables in children under 48 months of age. *Infant Mental Health Journal*, 16(4), 259–270.

<sup>37</sup> Starting October 1, 2010 AHCCCS members are automatically enrolled in their corresponding RBHA or TRBHA.

<sup>38</sup> Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona’s Public Behavioral Health System*. Phoenix, Arizona.

<sup>39</sup> Woodworth, R. (1994,). Grandparent-headed households and their grandchildren: A special report. Washington, DC: AARP Grandparent Information Center.

than are receiving them. The lack of highly trained mental health professionals with expertise in early childhood, particularly in more rural areas, has been noted as one barrier to meeting the full continuum of service needs for young children. Better equipping healthcare and other service providers to meet infant mental health needs and to serve as effective sources of referral has been proposed as one strategy to help with this barrier to access to this level of care.<sup>40</sup>

The Northern Arizona Regional Behavioral Health Authority (NARBHA) is the contracted RBHA providing services to the residents of the Hualapai Tribe. Table 15 below shows NARBHA enrollment in Fiscal Year 2011

**Table 15. Enrollment in Public Behavioral Health System, FY2011**

Counties	Regional Behavioral Health Authority	Number Enrolled	Percent of Clients Enrolled Statewide
Apache, Coconino, Mohave, Navajo, Yavapai	Northern Arizona Regional Behavioral Health Authority (NARBHA)	27,819	13.20%

Source: Division of Behavioral Health Services, Arizona Department of Health Services, 2012

Behavioral Health services for community members in the Hualapai Tribe are also available at the Tribe’s Health Education and Wellness Department. Services include individual and group counseling which can be provided in-office, at home, and also at the Juvenile Detention Center or Adult Jail. Counselors with the Behavioral Health Program also work in collaboration with the local school and other tribal departments such as Police and Social Services. After care services are available for community members after they are discharged from residential facilities.

The 2010-2011 Head Start Program Information Report lists no children referred for mental health assessments or services.

**Oral Health**

Oral health is an essential component of a young child’s overall health and well-being, as dental disease is strongly correlated with both socio-psychological and physical health problems, including impaired speech development, poor social relationships, decreased school performance, diabetes, and cardiovascular problems. Although pediatricians and dentists recommend that children should have their first dental visit by age one, half of Arizona children 0-4 have never seen a dentist. In a statewide survey conducted by the ADHS Office of Oral Health, parents most frequently cited difficulties in finding a provider who will see very young children (34%), and the belief that the young child does not need to see a dentist (46%) as primary reasons for not taking their child to the dentist.<sup>41</sup> Among third-grade children screened in 2009-2010, American Indian children showed higher rates of decay experience (treated and

<sup>40</sup> U.S. Department of Health and Human Services. (2000). Report of the Surgeon General’s Conference on Children’s Mental Health: A National Action Agenda. Washington, DC: Author.

<sup>41</sup> Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

untreated) than did non-Native children (93 percent compared with 76 percent), with 62 percent showing signs of untreated decay (compared to 41 percent among non-American Indian children). American Indian children were also less likely to have seen a dentist during the year prior to their screening (59 percent, compared to 73 percent for non-American Indian children).<sup>42</sup>

Dental services for children are available at the Peach Springs Health Center. A dentist is available at this facility on a daily basis as well as a team of three dental hygienists. Key informants consider this an asset in the community. They praised the team of oral health providers for the outstanding reach and quality of the services they provide in the community.

The Peach Springs Health Center participates in the Indian Health Service (IHS) Early Childhood Caries (ECC) Collaborative. The goal of the IHS ECC Collaborative is to draw attention to, and prevent Early Childhood Caries, which affects more than half of American Indian children nationwide.

Early Childhood Caries (ECC, also known as early childhood tooth decay) is an infectious disease that can start as early as an infant's teeth erupt. ECC is defined as any caries experience in a child under 6 years of age and it can progress rapidly, having lasting detrimental impact on a child's health and well-being.

The ECC Collaborative is a multi-faceted program designed to enhance knowledge about early childhood caries prevention and early intervention among dental providers, healthcare providers in general, other programs working with young children (such as WIC and Head Start) and the community at large. The IHS Division of Oral Health provides funding for this Collaborative for printed materials, training for conducting dental health surveillance in participating communities utilizing the Basic Screening Survey (BSS), travel costs for presentations to engage community partners at many levels, and the conduction of the actual BSS.

The ECC Collaborative promotes ECC early intervention through "caries stabilization" utilizing ionomer interim therapeutic restorations (ITRs) or glass ionomer sealants. A social marketing campaign has been designed around ITRs, giving them the more appealing name of "Mighty Mouth" fillings, and a Native American "super hero" character was created by a team from the Portland, Nashville and Albuquerque Dental Support Centers to help promote ITRs among children.

The ECC Collaborative has collected oral health data from IHS Service Areas 6 months prior to, and 6 months after the ECC was launched around their four objectives of: 1) Increasing access to care, 2) Increasing number of sealants applied, 3) Increasing the number of fluoride varnish applications, and 4) Increasing the number of ITRs applications for American Indian/Alaska Native children 0 to 5 years of age. It compares all Service Areas in terms of the change in these four objectives by classifying them into three different categories: <10 percent increase, 10-20 percent increase and >20 percent increase. According to a report from September 2011, the IHS

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<sup>42</sup> *Arizona American Indian Oral Health Summit, Final Report (2011)*. Retrieved from <http://www.azdhs.gov/diro/tribal/pdf/reports/OralHealthSummit2011.pdf>

Phoenix Area (which services the Hualapai Tribe) increased its access to care (Objective 1) by 10-20 percent. The Phoenix Area stood out in terms of the number of sealants applied (Objective 2) compared to other areas by showing an increase of more than 20 percent (Indian Health Service, 2011).

The IHS ECC encourages collaboration between dental providers and key partners such as Head Start programs. In 2009 the IHS Head Start Program teamed up with IHS to develop an online fluoride varnish course available online to Head Start staff and health care providers. In 2010, the IHS Head Start Program purchased 20,000 doses of fluoride varnish to be distributed to local Head Start programs. New parent materials and bracelets were also developed to promote oral health among families.

The Peach Springs Health Center partners with the Hualapai Head Start Program to provide oral health care to the participating children by working directly with the children and providing training to the Head Start staff.

In the 2010-2011 school year all children enrolled in Head Start received an oral health examination; none were diagnosed as needing dental treatment. About half of the children in the 2009-2010 year were diagnosed as needing dental treatment, however.

### **Childhood Obesity**

Childhood obesity is associated with a number of health and psycho-social problems, and with increased health care costs. Children who are obese are more likely to have Type 2 diabetes, asthma, and lower health-related quality of life, particularly in severely obese children.<sup>43</sup> Obese children are more likely to become obese adults, and their obesity in adulthood is likely to be more severe<sup>44</sup>. Adult obesity is related to a number of serious health conditions, reduces quality of life and leads to a shorter life span<sup>44</sup>. In fact, the present premature mortality (percent of deaths below the US Birth Life Expectancy) is much higher in the Hualapai Tribe Region (87%) than it is in the state as a whole (51%)(ADHS, 2012).

Nearly half (47.5%) of the children 2-5 in the IHS Peach Springs services area meet the national standards for being overweight, and a quarter meet the criteria for being obese (IHS GPRA). Forty-seven per 1,000 children 0 to 17 are diagnosed with type II Diabetes (IHS, 2012). This trend is also reflected in the data on childhood obesity from the Hualapai WIC program (see Table 12 above). For the population as a whole, about 60 percent are overweight.

Access to nutritious food in the region is a challenge. Families in the main population center of Peach Springs must rely on a local convenience store with a limited selection of fresh fruit and vegetables. In addition, prices at the local convenience store are much higher than those at stores in Kingman, where families travel to buy groceries. Travel to Kingman, however, is difficult in itself as transportation in general is one of the main challenges faced by community members. These circumstances also impact the ability of families to make the best out of their WIC vouchers.

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<sup>43</sup> E.g., Schwimmer, Burwinkle, & Varni, 2003; Speiser et al., 2005

<sup>44</sup> Biro & Wien, 2010

## Family Support

Key informants interviewed for this report repeatedly highlighted that an important asset of the Hualapai Tribe Region is the strong commitment community members have towards the wellbeing of their children. This is reflected in the high level of community involvement in children's activities and the willingness among different departments to work collaboratively and provide assistance for community events and activities related to children. Key informants pointed out that this is a stable community where "children matter because they are the future. It's the community's children."

However, key informants also pointed out that parents, particularly the younger ones, could benefit from additional support and parenting education.

### Parental Education

Parental involvement has been identified as a key factor in the positive growth and development of children<sup>45</sup> and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus in early childhood programs.

Key informants noted that parent participation is often high at parent meetings in both the local elementary school and the Head Start Program. Families also get involved in staff trainings that are open to parents at the Head Start Program.

Data from the Arizona Health Survey indicate that poverty status and educational status are important factors influencing parental involvement. Higher poverty rates were generally associated with less frequent engagement in development activities, and higher levels of education were generally associated with more frequent engagement in development activities. One exception to this was frequency of library visits; less educated adults were *more* likely to take their children to the library on a daily basis. Unfortunately, the Hualapai Tribe library, which is hosted within the Education and Training Department, is currently closed. The Department recently moved into a new building, rebuilt after the building that previously housed it burned down three years ago, and has not yet been able to fill the librarian position needed to set up and run the library. A reading program used to be in place and it will continue once the library re-opens.

Key informants repeatedly indicated that parent education is one of the most pressing needs in the region. Parenting classes are offered weekly by the Maternal Child Health Program in collaboration with a Family Counselor. These sessions are held in the evening and child care is available. However, not many parents are currently taking advantage of this opportunity.

Key informants also highlighted the need for a fatherhood program, as there are a lot of single mothers in the community (the percent of single parent households in the region is substantially higher than the rates at both the state as a whole and all Arizona tribes combined. See *Additional Population Characteristics* section above).

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<sup>45</sup> Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

## Home Visitation Programs

The Maternal Child Health (MCH) program offers home visitation services to pregnant women and families with young children in the region. The MCH program works in close collaboration with the WIC Program and joint home visits are often provided by staff from both agencies. In addition to the home visitation services, the MCH program functions as a comprehensive family support program. The program ensures that families with young children are aware of, and utilize the services available to them from other tribal departments but also from the state and federal government.

A number of families in Peach Springs are also working with the Bright Start Program through the Arizona's Children Association. Bright Start is a program developed by the New Directions Institute for Infant Brain Development. It provides home-based training and support to parents and other caregivers of children 0 to 5 years of age in La Paz, Mohave and Yavapai Counties to learn more about brain development.<sup>46</sup>

## Child Abuse and Neglect

Child abuse and neglect can have serious adverse developmental impacts, and infants and toddlers are at the greatest risk for negative outcomes. Infants and toddlers who have been abused or neglected are six times more likely than other children to suffer from developmental delays. Later in life, it is not uncommon for maltreated children to experience school failure, engage in criminal behavior, or struggle with mental and/or physical illness. However, research has demonstrated that while infants and toddlers are the most vulnerable to maltreatment, they are also most positively impacted by intervention, which has been shown to be particularly effective with this age group. This research underscores the importance of early identification of and intervention to child maltreatment.<sup>47</sup>

In the state of Arizona, the Department of Economic Security's Division of Children, Youth and Families is the state-administrated child welfare services agency that oversees Child Protective Services (CPS), the state program mandated for the protection of children alleged to abuse and neglected. This program receives screens and investigates allegations of child abuse and neglect, performs assessments of child safety, assesses the imminent risk of harm to the children, and evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention. CPS also provides services designed to stabilize a family in crisis and to preserve the family unit by reducing safety and risk factors. Child welfare services in the Hualapai Tribe are overseen by the Hualapai Human Services Department, who also coordinated with state CPS services (see below). In 2010 there were less than 25 substantiated cases of child abuse and neglect. In 2011, the number of substantiated cases increased to 34. Key informants noted that part of this increase may be attributed to a growing awareness in the community of the negative effects of domestic violence and an increasing willingness to make referrals (See *Domestic Violence*, below).

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<sup>46</sup> <http://arizonaschildren.org/healthyfamilies.htm>

<sup>47</sup> Zero to Three: National Center for Infants, Toddlers, and Families. (2010). *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*. Washington, DC: Hudson, Lucy.

In 2010 and 2011, the Hualapai Tribe had a total of five licensed foster homes, one in Peach Springs and four in Kingman (but still within the tribe’s Service Area). Table 13 below shows the number of children placed in foster care and relative care in the Hualapai Tribe in the last two years:

**Table 16. Children in foster care placement and relative placement, Hualapai Tribe 2010, 2011**

	2010	2011
All foster care placements	35	< 25
Foster care placement for children 0 to 5	< 25	< 25
Relative placement for children 0 to 5	< 25	0

Source: Hualapai Human Services Department, 2012.

Finding enough foster homes for children in the community is a challenge, and there have been times in the recent past where there were only 2 or 3 foster homes available. Foster families are recruited through the *Gamyu*, the community’s newsletter. Training for foster parents is provided by the Human Services Department and also by Child Protective Services in Kingman. Reimbursement is provided to foster parents at the state rate through what is referred to as a “638 contract” with the Bureau of Indian Affairs<sup>48</sup>.

Currently there are less than 25 children in foster care. There is no residential facility for foster children in the community so when there is a need to find one, children (mainly youth) are sent to a residential center in the Phoenix area.

The Hualapai Human Services Department recently offered a six-week “Parent reunification” series, facilitated by a counselor who, according to key informants, is well known and trusted in the community (this counselor has also facilitated a Batterer’s Intervention Program offered by the Human Services Department). Parents of children in foster care or relative placement were recommended to attend and about half of the parents took advantage of this opportunity.

As part of the Tribe’s efforts around child welfare a Child Protection Team (CPT) has been created. The CPT meets twice a month on the first and third Wednesdays. It includes the prosecutor, the local elementary school, the IHS public health nurse, social worker and the Hualapai Behavioral Health services. Key informants indicated that the challenges faced by the CPT include: a) time constraints for their meetings; b) coordination with institutions or agencies outside of the reservation (e.g. not having a relationship with the Valentine Elementary school which makes it very difficult to deal with cases that involve Hualapai children in that school as

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<sup>48</sup> In 1975, Congress passed the Indian Self Determination and Education Assistance Act (Public Law 93-638) that allowed Indian tribes and tribal organizations to acquire increased control over the management of federal programs that impact their members, resources and governments. These agreements are referred to as “638 compacts and contracts.” More information can be found at <http://www.ost.doi.gov/information/tribal/contracting.html>

the Hualapai Social Services Department is not authorized to retrieve children from the school, so the school must then involve the Bureau of Indian Affairs); c) internal coordination so that children with special needs can be diagnosed and treated early. On the positive side, key informants also indicated that the Hualapai Social Services Department has a good working relationship and coordination with Child Protective Services staff in Kingman.

In fiscal year 2009-2010 there were less than 25 children in foster care who participated in the Hualapai Head Start program. In 2010-2011, less than 25 children in foster care were enrolled.

### **Incarcerated Parents**

In Arizona, 3 percent of youth under 18 are estimated to have one or more incarcerated parents. This statistic includes an estimated 6,194 incarcerated mothers and an estimated 46,873 incarcerated fathers, suggesting that in Arizona, there are over 650 times more incarcerated fathers than incarcerated mothers. This represents a population of Arizona youth who are at great risk for negative developmental outcomes. Previous research on the impact parental incarceration has on families demonstrates that parental incarceration dramatically increases the likelihood of marital hardship, troubling family relationships, and financial instability. Moreover, children who have incarcerated parents commonly struggle with stigmatization, shame and social challenges, and are far more likely to be reported for school behavior and performance problems than children who do not have incarcerated parents<sup>49</sup>.

The emotional risk to very young children (0-5) is particularly high. Losing a parent or primary caregiver to incarceration is a traumatic experience, and young children with incarcerated parents may exhibit symptoms of attachment disorder, post-traumatic stress disorder, and attention deficit disorder.<sup>50</sup> Studies show that children who visit their incarcerated parent(s) have better outcomes than those who are not permitted to do so<sup>51</sup> and the Arizona Department of Corrections states that it endeavors to support interactions between parents and incarcerated children, as long as interactions are safe.<sup>52</sup>

Regional and even statewide resources for caregivers of children with incarcerated parents are scarce. KARE, an Arizona Children's Association initiative, offers online informational brochures such Arizona Family Members Behind Bars for caregivers of incarcerated parents. The Children of Prisoner's Library is an online library of pamphlets designed for caregivers and health care providers of children with incarcerated parents. These

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<sup>49</sup> Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

<sup>50</sup> Adalist-Estrin, A., & Mustin, J. (2003). *Children of Prisoners Library: About Prisoners and Their Children*. Retrieved from <http://www.fcnetwork.org/cpl/CPL301-ImpactofIncarceration.html>.

<sup>51</sup> Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

<sup>52</sup> Arizona Criminal Justice Commission. Statistical Analysis Center. (2011). *Children of Incarcerated Parents: Measuring the Scope of the Problem*. USA. Phoenix: Statistical Analysis Center Publication.

resources may be downloaded for free in English or Spanish at <http://fcnetwork.org/resources/library/children-of-prisoners-library>.

According to the US Department of Justice,<sup>53</sup> the number of inmates confined in Indian country jails has been increasing, as have the numbers of incarcerated American Indians nationwide. Of the 11 facilities in Indian Country that held the majority of inmates, five were in Arizona. About 45 percent of all inmates in custody in Indian Country were held in Arizona. This increases the likelihood that there may need to be supports for children of incarcerated parents.

The Hualapai Tribe opened a Juvenile Detention and Rehabilitation Center in 2009. This facility, which has a capacity for 30 tribal youth 14 to 17 years of age, houses a green reentry program called “Helping the Youth Move Forward in Beauty”. The Hualapai Tribe was one of three tribes to be awarded a Tribal Juvenile Detention and Reentry Green Demonstration Program administered through the Office of Juvenile Justice and Delinquency Program (OJJDP). The program involves a strong cultural and environmental education component aimed at developing self-confidence and leadership skills among the youth. The program focuses on reducing recidivism rates by involving youth in programs provided by tribal departments from the community such as the local Boys and Girls Club.<sup>54</sup>

The reentry process starts by an intake completed with the youth to understand their needs and refer them to appropriate services. A Child and Family Team (CFT) meeting is facilitated with the youth, family, natural supports, and informal supports to develop the youth’s reentry plan once goals, strengths, and needs have been identified by the team. Youth can continue to participate in the various programs in the community after being released.

In November of 2011 the Hualapai Juvenile Detention and Rehabilitation Center hosted a “career week” that allowed youth to be exposed to the various career opportunities available to them in the area. A large number of departments were represented, including the Cultural Department, Hualapai Tribal Police Department, Boys & Girls Club, Grand Canyon Resort Corporation, Human Resources Department, BIA Forestry, EMS, Tribal Court and Tribal court among many others.<sup>55</sup>

Staff with the Hualapai Police Department indicated that there are currently five active gangs in the Hualapai Tribe Reservation. However, they pointed out that gang activity in the community has decreased substantially in the last 3-4 years. They attribute this decrease to a) a tribal curfew law that forbids anyone under the age of 18 to be on the streets by themselves when the sun goes down that is strictly enforced and b) an ordinance passed by the tribal council about two years ago that enhances the sentencing of individuals with a record of participation in gang activity. As a result, gang activity that still takes place in the community is less public and the number of gang-related assaults and felonies has been reduced.

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<sup>53</sup> Minton, T. (2011). *Jails in Indian Country, 2009*. Bureau of Justice Statistics, Office of Justice Programs, US Department of Justice

<sup>54</sup> <http://www.tribalreentry.org/tjdrgrantees>  
<http://hualapai-nsn.gov/government/juvenile-detention-and-rehabilitation-center/hualapai-green-reentry-program/>

<sup>55</sup> *Gamyu. Newsletter of the Hualapai Tribe*, December 2011, p. 13.

### **Domestic Violence**

Domestic violence includes both child abuse and intimate partner abuse. When parents (primarily women) are exposed to physical, psychological, sexual or stalking abuse by their partners, children can get caught in the crossfire in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety (e.g., Evans, Davies, & DeLillo, 2008). Therefore, promoting a safe home environment is key to providing a healthy start for young children. Although there are no hard numbers on the rates of domestic violence in the region, of the inmates confined in Indian country jails in 2009, about 12 percent were for domestic violence, which was down from 20 percent in 2007.

The Hualapai Tribe has a domestic violence shelter for women and children up to 12 years old located at the Human Services building. The shelter is only two years old; before it was available, the Human Services Department would utilize the Hualapai Lodge as temporary shelter for victims.

The Human Services Department also offers a Batterer's Intervention Program and a women's support group that meets weekly. The Department has recently started to provide couple counseling. Some of the clients who participated in the Batterer's Intervention Program asked to meet with the counselor individually (with their partner). The counselor serves as a mediator for the couple.

Staff with the Hualapai Police Department indicated that the number of domestic violence reports is substantially higher than the number of actual arrests, as victims are often hesitant to testify in court.

The Hualapai Tribe Domestic Violence Code is currently being revised by a coalition of local community partners and with the assistance of DNA Legal Services.

### **Homelessness**

In Arizona in 2011, 10,504 people were documented as homeless, designating a homelessness rate of 16 per 10,000. Of these people, 4,101 (39%) were part of families.

In fiscal year 2009-2010 only one homeless child was enrolled in the Hualapai Head Start program. No homeless children were served in the 2010-2011 year (Hualapai Head Start 2010; Hualapai Head Start, 2011).

### **Youth Programs**

The Hualapai Tribe has a Tribal Youth Council whose members (ages 14 to 25) meet to discuss issues that are relevant to the community's youth and make advisory recommendations directly to the Tribal Council. According to the tribe's website "The Youth Council coordinates service projects, provides positive opportunities to interact and socialize, and ultimately helps develop our future tribal leaders."<sup>56</sup> The Youth Tribal Council has a membership of about 10-12 youth and is active all year long. Some Council members attend off-reservation boarding schools but

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<sup>56</sup> <http://hualapai-nsn.gov/services/hualapai-health-department/youth-services/>

continue to participate in the Council over the summer. Members participate in the planning and organizing of various community activities such as the annual “Peach Springs Summer Youth Conference” held during the third week of July, and a Youth Services Coalition Youth Camp that is also held annually during the last week of July. Key informants indicated that members of the Youth Council have recently discussed the possibility of starting some programs aimed at teen parents (some of whom are also Council members). The Hualapai Human Services Department is currently offering a healthy relationships program to members of the Youth Council that includes discussions on dating and violence. In 2011, the Hualapai Youth Council started to regularly meet with Youth Councils from other Arizona tribes to form the Inter Tribal Youth Council.

The Hualapai Tribe has also recently started a Junior Council for children 9 to 13 years old. Youth Council members serve as mentors to the Junior Council. One of the projects that Junior Council is currently working on is related to substance abuse and practicing refusal skills. Members have been trained to work on these topics with younger children in the local elementary school. Key informants pointed out that participation in the Youth Council and the Junior Council provides children and youth in the region with a positive experience focused on community involvement.

The Native American Research Center for Health (NARCH) Project offers youth in the region another opportunity for community involvement through the youth Internet radio station EPCH (which can be accessed via the KIDSTAR radio network at [www.kidstar.org](http://www.kidstar.org)). According to the Tribe’s website “the aim of the project is to have community youth influence community members to change their health behaviors in positive ways through innovative interventions.”<sup>57</sup> Participating youth have developed a ‘radio drama’ focused on diabetes and healthy choices. Key informants suggested that future programming could also center on young parents, the struggles and challenges they face, and the services available to them in the community.

In 2007, the Arizona Commission of Indian Affairs held the 27<sup>th</sup> Arizona Indian Town Hall, with the theme of *State of Indian Youth 2007: Strength in Youth*, which brought together elected and appointed public and tribal officials, policy advisors, community and business leaders, health and education leaders and youth to identify and build upon the numerous strengths of Indian youth and families, and to utilize these as catalysts for change. Many of the recommendations for strengthening and supporting families that arose at that meeting echoed those heard from key tribal informants for this report, and so may be useful to consider in the framework of strengthening the assets of the region. The recommendations from the Town Hall included:

- Train families on how to nurture healthy family behaviors, such as: being available, showing respect, teaching, nurturing, loving, motivating, instilling identity, discipline, listening, communicating, nourishing, being a role model, protecting, supporting, be understanding, forgiving, cooperating, develop unity, honor and integrity; building awareness of support networks
- Offer more options for parenting and life skills classes for all parents and guardians, with specific programs tailored for young people

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<sup>57</sup> <http://hualapai-nsn.gov/services/hualapai-health-department/native-american-research-center-for-health-narch/>

- Offer more counseling services and classes from traditional spiritual leaders, elders, and others that focus on behavioral health
- Teach community-oriented native languages, culture, values and traditions, and ask elders to participate in teaching cultural-related activities
- Increase and expand communication between state/tribal/local entities to foster improved collaboration, implementation and planning of family-nurturing programs

Participants in the Town Hall also noted that community programs and events that reflected community and culture, required family involvement, included incentives and meals, and that were accountable to some entity were the most successful.

## Public Information and Awareness

Several key informants agreed that there is a strong need to increase parents' awareness around critical early childhood topics such as developmental milestones, early detection and treatment of special needs, parent involvement, developmentally appropriate parent/child interactions and discipline methods, and the relevance of early childhood educational opportunities. The Maternal and Child Health Program (MCH) supported by the First Things First Hualapai Tribe Regional Partnership Council is an important asset in the community that provides parents of young children with information around the topics listed above and others. Information about the MCH program services and about children's developmental milestones is provided in the community's monthly newsletter, the *Gamyu*. Contact information for the agencies that provide developmental screenings (including the MCH program) is also included in the *Gamyu* every month.

In addition to increasing parents' awareness, key informants also emphasized the need for more activities in the community that target young children and their families (like a directed playgroup) and for more early literacy opportunities. Nevertheless, making sure that the most at-risk families (such as teen parents or those involved in domestic violence situations) take advantage of the opportunities being offered by programs like the MCH continues to be a challenge.

## System Coordination

Interviews with key informants in the region reveal that there good collaboration and communication exist among tribal agencies in the community. Several key informants highlighted that the close working relationship that exists among many agencies is as an asset in the region because it often results in better delivery of services to community members.

As was mentioned above in the Health section, the Maternal and Child Health Program plays an important role as a hub for referrals and service coordination. In order to provide better coordination of services and ensure a continuum of care for young children with special needs the Maternal and Child Health Program convenes a monthly early childhood development meeting. Other participants include the Peach Springs Elementary School special education staff and the WIC program and Head Start staff.

The early childhood development meeting is a good example of the existing collaboration between tribal and non-tribal agencies. Key informants also emphasized the successful partnership between the Hualapai Head Start Program and the Peach Springs Elementary School aimed at providing better services for children with special needs in the area (see *Developmental Screenings and Services for Children with Special Developmental and Health Care Needs* section above). Representatives from the two agencies meet regularly and also include staff from the Valentine School at these meetings.

Coordination efforts with the Valentine School, however, could be improved by establishing a relationship between the school and the Hualapai Human Services Department that would facilitate the handling of CPS cases involving tribal members. As key informants pointed out, these partnerships with outside agencies can be very beneficial for the families in the region, as illustrated by the good relationship that exists between the Human Services Department and the Kingman CPS office.

Another area of opportunity for enhanced communication and collaboration exists between the Maternal and Child Health Program and the Peach Springs Health Center. These two agencies provide critical services to young children in the region. Therefore, promoting open communication channels between them, especially around referrals, can be highly beneficial.

## Summary and Conclusion

This Needs and Assets Report is the third biennial assessment of early education and health services in the First Things First Hualapai Tribe Region. Through both quantitative data assembled, and through the interviews with key informants in the community, it is clear that the region has substantial strengths. These include a strong Head Start program that provides care, early education and health services to a large proportion of three and four year old children in the area; a Maternal and Child Health Program that provides important parent education to expecting families and families with young children and that also serves as a hub for referrals to other services; and a strong sense among community members that children and youth are a priority population. A table containing a full summary of identified Regional assets can be found in Appendix B.

However, there continue to be substantial challenges to fully serving the needs of young children throughout the region. Many of these have been recognized as ongoing issues by the Hualapai Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region. Some of these needs, and the strategies proposed to deal with them, are highlighted below. A table of Hualapai Tribe Regional Partnership Council First Things First planned strategies for fiscal year 2013 is provided in Appendix F.

- **Low educational attainment combined with a need to raise the awareness of the importance of early childhood and a parent’s role in supporting health and development** –Although the proportion of children who are enrolled in some kind of childcare setting is higher in the Hualapai Tribe Region than in the rest of the state, levels of adult educational attainment tend to be substantially lower than in Arizona as a whole. First Things First funding for the Maternal and Child Health program, coupled with the distribution of parenting kits, aims to educate and support parents in their role. In addition, tribal efforts to introduce age-appropriate developmental information to middle school youth through an after-school child care class (see *Professional Development*, above), provide a creative way to educate and engage youth early in the importance of healthy development.
- **Limited availability of qualified child care and early education staff and the need to increase the number of ‘home grown’ providers** – The construction of a new child care facility represents an important asset in the region, and should help alleviate some of the identified need for additional care slots. However, staffing of the facility may be a challenge. In addition, the Head Start program staff must also comply with requirements for increased educational attainment with limited opportunities available locally for professional development. The Hualapai Tribe Regional Partnership Council support professional development of early care and education teachers through the T.E.A.C.H. (Teacher Education and Compensation Helps) scholarships. However, additional linkage of existing efforts within the tribe and at the county and state level are likely to be needed to help alleviate the high need for trained early care and education professionals.

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

- **Support for teen parents** – Because of the impact that unplanned teen births can have on the life of a teen mother and the health and welfare of her child, programs that encourage and provide prenatal care for expectant teen mothers, as well as education and support to enable them to continue their education and care well for their infant, are needed. Programs that involve and educate teen fathers would also help strengthen and stabilize young families.
- **A high rate of childhood obesity** – Childhood obesity is associated with a number of health and psycho-social problems, and with increased health care costs. Prevention and intervention programs that address the high rates of childhood obesity in the region can be highly beneficial for the community as a whole, as obesity is also a concern among the adult population.
- **Improved communication between tribal and non-tribal agencies providing services in the region** – Although some successful collaborative partnerships were identified by key informants, others noted substantial challenges to effectively working across agencies to provide coordinated prenatal care and to support families with children in public schools beyond Peach Springs.
- **Additional behavioral health services for young children** - - A number of interacting factors influence the young child’s healthy development, including biological factors (which can be affected by prenatal and postnatal experiences), environmental factors, and relationship factors. Because young children who experience exposure to abuse, neglect or trauma are more likely to have developmental challenges--including difficulties with emotion expression, distractibility and developmental delays in motor and language skills--additional behavioral health support for high-risk young children can also be important to ensure they grow up physically and emotionally healthy.

Although families across the state, including those in the Hualapai Tribe Region, continue to face the challenges of tight economic times, the Hualapai Tribe has substantial strengths that it can leverage to help support young families in the region and to help assure that “the community’s children” enter kindergarten healthy and ready to learn.

## Appendix A. Hualapai Tribe Enrollment, 2010

Tribal Members					
AGES	MALES ON RESERVATION	MALES OFF RESERVATION	FEMALES ON RESERVATION	FEMALES OFF RESERVATION	TOTALS
65-80	12	7	33	17	69
54-64	49	29	65	35	178
43-53	77	55	72	75	279
32-42	74	72	71	82	299
21-31	101	111	131	93	436
16-20	72	87	59	78	296
0-15	210	110	202	99	621
Totals	595	471	633	479	2178

Source: Hualapai Department of Human Resources, 2012

## Appendix B. Table of Regional Assets

### *First Things First Hualapai Tribe Regional Assets*

Hualapai Head Start Program – providing early childhood education to a large proportion of the children ages 3 and 4 in the region

Maternal and Child Health Program

High quality pediatric oral health available locally

Hualapai Child Care Program

Community who values children and youth as a priority population; strong community involvement in events aimed at supporting children

Strong sense of cohesiveness in the community

## Appendix C. Table of Regional Challenges

### *First Things First Hualapai Regional Challenges*

Families not taking advantage of some available opportunities, especially around parent education, which most key informants agreed is one of the main needs in the region

High teen birth rate, limited programming specifically and services targeting adolescent parents

Need for more parent education opportunities, especially for young parents

Need for enhanced communication and collaboration between tribal agencies and non-tribal agencies, especially around prenatal care

Need for more child care options/slots

No local high school – students going outside the community

Parents having to commute long hours to get to work – need for extended day care and support for families where the parents are absent from home working for long hours every day

## **Appendix D. Qualitative Data Collection Methods**

The information included in this report was obtained from publicly available sources, from data provided by various state agencies via First Things First, and from regional data provided by local and Hualapai Tribe agencies and departments. In addition, qualitative data collection was conducted specifically for this report. This section describes the process followed to gather the qualitative data, which consisted of both phone and face-to-face key informant interviews with knowledgeable individuals who were, in most cases, representatives of agencies serving the region. The purpose of the interviews was to gather knowledgeable community members' perspectives on the assets and needs of young children in the region. Often, descriptions of the services provided by local agencies were also gathered through key informant interviews.

### **Tribal Approval**

The Norton School team secured tribal approval for the collection of tribal-specific information data for the First Things First Hualapai Tribe Region 2012 Needs and Assets Report. Approval was granted by tribal resolution 60-2011 signed on September 10, 2011.

### **Data collection Instruments**

The Norton School Team developed an overarching interview guide with questions relevant to the different sections of this report (e.g., Health, Child Welfare, Special Needs) as well as general questions about perceived assets and needs of young children and their families in the region. This interview guide was then modified and tailored to each specific key informant who was interviewed, depending on his/her area of expertise (see Appendix E for a copy of the overarching interview guide).

### **Interviews**

A total of 12 interviews were conducted with 16 individuals (in some cases interviews included more than one individual) from the following organizations/programs:

- Peach Springs Elementary School
- Hualapai Tribe Human Services Department
- Hualapai Tribe Police Department
- Indian Health Service - Peach Springs Health Center
- Hualapai Tribe Human Resources Department
- Maternal and Child Health Program
- Hualapai Tribe Child Care Program
- Hualapai Tribe Head Start
- Hualapai Tribe Youth Services Program
- Hualapai Tribe Department of Cultural Resources

In addition, two interviews were conducted with community members who were parents or caregivers of children under the age of six.

Except for one phone interview, all these interviews were conducted in person. Additional agencies provided data for the report but did not participate in key informant interviews.

## Appendix E: Qualitative Data Collection Instrument

### Hualapai Tribe Region Key Informant Interviews

**Interviewee Name:** \_\_\_\_\_

*Ask if unknown: May I ask your occupation?*

**Occupation:** \_\_\_\_\_

*Ask if unknown: Do you represent an organization? If so, please provide the name and location.*

**Interviewee Organization and location:** \_\_\_\_\_

*Ask if unknown: What services are provided to Children 0-5 by you/your organization?* \_\_\_\_\_

*What communities does your organization serve?* \_\_\_\_\_

**Interview location if not by phone (name of facility, city, county):** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_ **Interview date:** \_\_\_\_\_

**Interviewee's demographic information:**      **Gender: Male Female**

**INTERVIEWER'S COMMENTS ABOUT INTERVIEW** (Respondent's willingness to participate, relevant issues in the interview, aspects that might have been difficult to address, questions not understood, etc.)

*I'm going to begin with general questions about the needs of kids aged 0-5 in your community and then move to questions about specific services. If you don't feel comfortable or don't have enough information to answer any of these questions, please let me know and I'll move on to the next question.*

1. What are the things that work well in your community for kids aged 0-5? What strengths can you identify in your community? What opportunities do you think are available for families with children 0-5?
2. Based on your work with families, what do you think are the biggest challenges that parents of children 0-5 in your community are facing?
3. Do think that there are sufficient services for children aged 0-5 in your community? Why or why not?
4. Based on your work with families, what do you think are the biggest needs for parents of children 0-5 in your community?
5. Where do parents/families of kids 0-5 go for support?
  - a. Are there programs available for families in crisis? Are parents aware of these services?
6. For **parent education**: What types of parent education services are available in your community? How often are these types of services used, and which are used most often?
  - a. How would you rate the quality of these services?

- b. Are these services easily accessible to families with children 0-5? If not, what are the barriers to access?
7. For **child care/early education**: What types of childcare are available in your community? (*types; family/friends, day care centers, home based day care*) Which of these types of childcare is used most often?
  - a. How would you rate the quality of these services?
  - b. Please discuss the costs of these services? Do you think they are affordable? Are some types of care more affordable than others? Does this impact quality?
8. For **professional training and education**: Do you think that there is sufficient training/education of early child care providers and teachers in your community?
  - a. What types of training are being offered?
  - b. Are early child care providers and teachers in your community aware of these services?
  - c. Are these training resources easily accessible to child early child care providers and teachers? If not, what are barriers to access?
  - d. Can you think of any local resources that could better be leveraged to train and educate early childhood providers and teachers?
9. For **children's health**: Where do kids 0-5 receive health care in your community? What type of care is available in your community? (pediatric/dental/vision/emergency/special needs)
  - a. What do you think of the quality of health services for kids 0-5 in your community?
  - b. Are these services easily accessible to families with children 0-5? If not, what are the barriers to access?
  - c. What about services for children with special physical health needs? Are these available and accessible? If not, what are barriers to access?
  - d. What about services for children with special developmental and mental health needs? Are these available and accessible? If not, what are barriers to access?
  - e. Are there health care services that are not available in your community that you think are needed?
10. For the **child welfare system**,
  - a. What are the strengths of the current child welfare system in your community for kids aged 0-5 and their families?
  - b. What are some challenges to meeting the needs of kids 0-5 in the child welfare system?
  - c. What resources are lacking in the current child welfare system in your community for kids aged 0-5 and their families? (are there shelters, group homes, foster parents, appropriate follow-up on reports?)

- d.** How would you rate the level of coordination of services in the child welfare system for kids aged 0-5 and their families in your community?
- 11.** Thinking of all the existing services for children 0-5 in your community, do you think the services currently available are reaching those who need them? If not, what are the barriers that prevent their use? How could these be overcome?
- 12.** Can you name three important things that would improve the lives of kids 0-5 and their families in your community?
- 13.** Of these things that work well, what could be leveraged to provide information, resources and/or support to kids aged 0-5 and their families?
- 14.** Those are all the questions I have for you. Would you like to add anything about the needs of children aged 0-5 and their families before we end?

Thank you very much for taking the time to participate in this interview.

## Appendix F. Hualapai Tribe Regional Partnership Council First Things First planned strategies for Fiscal Year 2013

Hualapai Tribe Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2013*		
Goal Area	Strategy	Strategy Description
Professional Development	Scholarships T.E.A.C.H.	Provides scholarships for higher education and credentialing to early care and education teachers. Improves the professional skills of those providing care and education to children 5 and younger
Family Support	Home Visitation	The Maternal and Child Health strategy provides home visitation combined with community-based group training for pregnant women and parents of young children. It is a comprehensive intervention and home visitation program aiming for outcomes of healthier pregnancies, competent parents, and improved child development and health.
	Resource Distribution- Parent Kits (Statewide)Community-Based Training	Additional Parent Kits are distributed in the region through the home visitation provider to parents of toddlers, child care providers, and other family service programs.
	Food security	Increase access to nutritious food assistance for families with children ages birth through five in the region. The strategy is responsive to the additional needs of the region due to its remote location and extensive travel requirement to the nearest grocery store; it makes available a three-day supply of nutritionally balanced food for families in the region.
	Native Language Enrichment	Engage families in reading activities that encourage the development of early literacy skills and also reinforce the cultural importance of learning and preserving the Hualapai language. This strategy will support the development of a bilingual (Hualapai/English) children’s board book and accompanying compact disc. The compact disc will correspond to the children’s book to encourage literacy skill development in parents as well. The board book and compact disc will be assembled as a kit to provide to families with young children.

\*In addition to the strategies described above, in FY 2013 the Hualapai Tribe Regional Partnership Council will providing one-time funding for the “Expansion: Infant/Toddler” strategy, under the Goal Area “Quality, Access and Affordability.” This strategy “increases the number of child care providers who are state/tribal licensed or certified, and strengthens the skills of caregivers in those settings who are working with children birth to 5 years old. Recruits new or existing providers to begin to serve or expand services. May assist with planning, licensing or certification process for new centers or homes, or provide support to a provider to improve the quality of facility or programs.” Through this one-time funding strategy the Hualapai Tribe Regional Partnership Council will support cover the start-up costs for expanding high quality care for infants in the region available at the soon-to-be-built early childhood center.

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## **Hualapai Tribe Regional Partnership Council Members 2012**

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