



# 2014 NEEDS AND ASSETS REPORT

COCOPAH TRIBE REGIONAL PARTNERSHIP COUNCIL



**FIRST THINGS FIRST**

*Ready for School. Set for Life.*

# **Cocopah Tribe Regional Partnership Council**

**2014**

## **Needs and Assets Report**

Prepared by the

Frances McClelland Institute for Children, Youth and Families

Norton School of Family and Consumer Sciences

College of Agricultural and Life Sciences

The University of Arizona

Funded by

First Things First Cocopah Tribe Regional Partnership Council

Norton School of Family and Consumer Sciences

College of Agricultural and Life Sciences

The University of Arizona

PO Box 210078

Tucson, AZ 85721-0462

Phone: (520) 621-8739

Fax: (520) 6214979

<http://ag.arizona.edu/fcs/>

## Letter from the Chair

### Chair

H. Jill McCormick

### Vice Chair

Deal Begay

### Members

Amanda Mahon

Ines Pampara

Michael Reed

Elizabeth Renaud

Patricia Rodriguez-Weissenberg

Maria Cristina Solorzano

Paul Soto

Christie Stevens

River Twist

November 5, 2014

### Message from the Chair:

The past two years have been rewarding for the First Things First Cocopah Tribe Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, together with our community partners we have touched many lives of young children and their families by continuing to promote awareness of early childhood development, providing support to families and children through home visitation, ensuring children receive basic food staples during these tough economic times, and by supporting the Head Start program through the Quality First Rating system allowing for children to have a safe, high quality learning environment.

The First Things First Cocopah Tribe Regional Partnership Council will continue to advocate and provide opportunities for parent education and family support that is culturally sensitive and specific to the needs of families and caregivers as indicated throughout this report. We appreciate the support of the Cocopah Tribal Council and Tribal departments for their contributions and partnership in working towards achieving our mission.

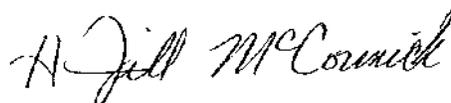
Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Cocopah Tribe Region in 2012 and the new 2014 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Cocopah Tribe Regional Council would like to thank our Needs and Assets vendor University of Arizona Norton School of Family and Consumer Sciences for their knowledge, expertise and analysis of the Cocopah Tribe region. The new report will help guide our decisions as we move forward for young children and their families within the Cocopah Tribe region.

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

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

Thank you for your continued support.

Sincerely,



---

H. Jill McCormick, Chair  
Cocopah Tribe Regional Partnership Council

## Cocopah Tribe Regional Partnership Council

233 S. 2<sup>nd</sup> Ave.  
Yuma, Arizona 85364  
Phone: 928.343.3020  
Fax: 928.343.4710  
www.azfff.gov



**FIRST THINGS FIRST**  
*Ready for School. Set for Life.*

H. Jill McCormick, Chair

Rev. Deal Begay, Vice Chair

Hon. Amanda Mahon

Christie Stevens

Elizabeth Renaud

Ines Pampara

Maria Cristina Solorzano

Dr. Michael Reed

Patricia Weissenberg

Paul Soto

River Twist

Report Prepared by:

Frances McClelland Institute for Children, Youth and Families  
John & Doris Norton School of Family and Consumer Sciences  
College of Agriculture and Life Sciences  
The University of Arizona

## Introductory Summary and Acknowledgments

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

This Needs and Assets Report for the Cocopah Tribe Geographic Region 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 needs young children and families face are outlined in the executive summary and documented in further detail in the full report.

The First Things First Cocopah Tribe Regional Partnership Council recognizes the importance of investing in young children and empowering parents, grandparents, and caregivers to advocate for services and programs within the region. The work of the council has focused on providing parent education and family support that is culturally sensitive and specific to the needs of families and caregivers in the region as well as ensuring access to high quality early care and education. This report provides basic data points that will aid the Council's decisions and funding allocations; while building a true comprehensive statewide early childhood system.

### **Acknowledgments:**

The First Things First Cocopah Tribe Regional Partnership Council owes special gratitude to the agencies and key stakeholders who participated in gathering data and supporting the work of our council throughout the past two years. The success of First Things First was due, in large measure, to the contributions of numerous individuals who gave their time, skill, support, knowledge and expertise.

To the current and past members of the Cocopah 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.

We also want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, 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 American Community Survey, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, and the Arizona Health Care Cost Containment System. Special thanks to the local collaborators, such as the Cocopah Tribe and the Tribal Departments, Cocopah Early Steps Program, and the Indian Health Service Fort Yuma Service Unit for their contribution of data for this report.

## Table of Contents

Letter from the Chair .....	2
Cocopah Tribe Regional Partnership Council .....	3
Introductory Summary and Acknowledgments .....	4
Acknowledgments:.....	4
Executive Summary.....	9
Who are the families and children living in the Cocopah Tribe Region? .....	11
The Cocopah Tribe Region .....	11
General Population Trends .....	16
Additional Population Characteristics .....	18
Household Composition.....	18
Ethnicity and Race.....	22
Language Use and Proficiency.....	23
Economic Circumstances .....	25
Tribal enterprises .....	25
Income and Poverty .....	26
Unemployment .....	27
Public Assistance Programs.....	30
Educational Indicators.....	36
Educational Attainment .....	36
Graduation and Dropout Rates .....	39
Standardized Test Scores .....	40
The Early Childhood System: Detailed Descriptions of Assets and Needs .....	44
Quality and Access .....	44
Early Care and Education .....	44
Professional Development .....	49
Scholarships .....	49
Opportunities for Professional Development .....	49
Health.....	51
Access to Care .....	51
Pregnancies and Births.....	52
Children’s health .....	58
Insurance Coverage.....	59
Developmental Screenings and Services for Children with Special Developmental and Health Care Needs .....	63
Parent perceptions of their children’s developmental needs.....	66
Immunizations.....	67
Behavioral Health.....	68
Oral Health .....	70
Overweight and Obesity.....	73
Family Support .....	74

Parental Involvement.....	77
Food Security .....	80
Child Welfare.....	80
Incarcerated Parents.....	81
Domestic Violence.....	83
Public Information and Awareness and System Coordination.....	85
Summary and Conclusion.....	86
Appendix A. Table of Regional Assets .....	89
Appendix B. Table of Regional Challenges .....	90
Appendix C. Table of Regional Strategies, FY 2015 .....	91
Appendix D. Parent and Caregiver Survey Methodology.....	92
Appendix E. Data Sources .....	98

**List of Tables**

Table 1. Population and households by area .....	17
Table 2. Comparison of U.S. Census 2000 and U.S. Census 2010 .....	17
Table 3. Number of children living in a grandparent's household .....	20
Table 4. Children (0-5) living with one or two foreign-born parents .....	22
Table 5. Race and ethnicity for adults.....	22
Table 6. Race and ethnicity for children ages 0-4 .....	23
Table 7. Home language use for those 5 years and older .....	23
Table 8. Household home language use .....	24
Table 9. Median family annual income and persons living below the U.S. Census poverty threshold level .....	27
Table 10. Employment status of parents of young children .....	29
Table 11. Percent of housing units with housing problems .....	30
Table 12. Monthly estimates of children ages 0-5 enrolled in the Supplemental Nutritional Assistance Program (SNAP).....	31
Table 13. Monthly estimates of children ages 0-5 receiving TANF (Temporary Assistance for Needy Families).....	32
Table 14: Free and reduced lunch eligibility requirements for 2014-2015 school year.....	34
Table 15. Free and reduced lunch eligibility .....	35

Table 16. Educational achievement of adults ..... 38

Table 17. Graduation and Dropout Rates ..... 39

Table 18. Math 3rd grade AIMS results..... 41

Table 19. Reading 3rd grade AIMS results ..... 41

Table 20: Quality First Rating Scale ..... 47

Table 21. Number of Local Education Agency Preschools ..... 48

Table 22: Availability of certification, credentials, or degree programs ..... 50

Table 23. Percent of births that are preterm (less than 37 weeks) (2009-2012) ..... 57

Table 24. Percent of preschool and elementary school children enrolled in special education.. 67

Table 25. Tooth decay in children (0-5)..... 72

**List of Figures**

Figure 1. The Cocopah Tribe Region ..... 12

Figure 2. The Cocopah Tribe Region, by zip code..... 14

Figure 3. Geographic distribution of children under six according to the 2010 Census (by census block)..... 18

Figure 4. Type of household with children (0-5) ..... 19

Figure 5. Living arrangements for children (0-5)..... 19

Figure 6. Annual unemployment rates in the Cocopah Reservation, All Arizona Reservations and the state, 2009-2013 ..... 28

Figure 7. Estimate of children ages 0-5 enrolled in SNAP in January 2012 ..... 31

Figure 8. Estimate of children ages 0-5 receiving TANF in January 2012 ..... 32

Figure 9. School districts in the Cocopah Tribe Region ..... 35

Figure 10. Births by mother’s educational achievement in the Cocopah Tribe Region (2009-2012) ..... 38

Figure 11. Results of the Arizona Instrument to Measure Standards (AIMS) Test..... 42

Figure 12. Percent of respondents who reported that necessary health care was delayed or not received..... 52

Figure 13. Average percent of births with prenatal care begun first trimester (2002-2011)..... 54

Figure 14. Average percent of births with fewer than five prenatal care visits (2002-2011) ..... 54

Figure 15. Percent of births with low birth weight (5 lbs., 8oz. or less) (2002-2011) ..... 55

Figure 16. Rate of Teen Births (ages 19 and younger) per 1,000 Females (2002-2011) ..... 56

Figure 17. Average infant mortality rate per 1,000 live births (2002-2011) ..... 57

Figure 18. Percent of births covered by AHCCCS or IHS by year (2009-2012) ..... 58

Figure 19. Average percent of uninsured births (2002-2011) ..... 58

Figure 20. Top five diagnoses by unique patients (0-5), 2011-2013, Cocopah Tribe Region ..... 59

Figure 21. Insurance coverage, Indian Health Service active users (0-5), 2011-2013, Cocopah Indian Tribe ..... 63

Figure 22. Parents' and caregivers' reported levels of concern for how well their children are meeting developmental milestones. .... 66

Figure 23. Overweight and obesity rates of children who are IHS active users in the Cocopah Tribe Region ..... 74

Figure 24. Preferred means of receiving information about community events..... 77

Figure 25. Reported frequencies of home literacy events: How many days per week did someone read stories to your child? How many days per week did someone tell stories or sing songs to your child? ..... 78

Figure 26. Responses to the question "When do you think a parent can begin to make a big difference on a child's brain development?..... 79

## Executive Summary

The Cocopah Indian Tribe is a federally-recognized, sovereign tribe located in the most southwestern corner of the state, 13 miles south of Yuma and along the Colorado River. The Cocopah (Kwapa), also known as the River People, have historically lived along the lower Colorado River and delta. They are descendants of the Yuman-language speaking people that occupied the lands along the Colorado River. The current Cocopah Reservation is comprised of three noncontiguous regions: East, North and West Reservations.

The boundaries of the First Things First Cocopah Tribe Region match those of the Cocopah Reservation. The population of the region, which includes both tribal and non-tribal members who reside on the reservation, is about 817 people according to the US Census, with 65 being children under the age of six. This, however, includes residents who are non-tribal members who live in an RV resort in the North Reservation, many of whom are winter residents. Nearly two-thirds (62%) of the young children live with one or both parents, about one third (32%) live with other relatives (like grandparents) and an estimated six percent live with nonrelatives.

Almost three-quarters (72%) of the children under the age of six in the Cocopah Tribe Region live in poverty. The median income of the American Indian population in the region is less than half of the median income for all families in the state of Arizona. Low adult educational attainment and a high unemployment rate are among the main challenges faced by community members in the region. According to the American Community Survey estimates, 29 percent of the American Indian adults (25 and older) in the Cocopah Tribe Region do not have a high school diploma or GED. The region's unemployment rate in 2013 (36%) was substantially higher than that of the state (8%) and has continuously increased since 2009 (when the rate was 28%). Supporting tribal members in pursuing their education is a high priority of the Cocopah Education Department, which offers a wide range of resources to families in the region, including advisors who work closely with community children in grades K-12. Financial support and incentives for students are also available through the Cocopah Education Department. In addition, a strong truancy law and the availability of a truancy officer helps track children's school attendance closely. Residents in the region who want to strive towards their GED certificate can get support from the Cocopah Vocational Training Center located on the West Reservation.

Early care and education opportunities for young children in the Cocopah Tribe Region are available through the tribally-operated Cocopah Day Care and Cocopah Head Start, which enroll a high proportion of the three and four year old children in the region. There is no infant care available within the reservation boundaries and parents must travel 5-15 miles to the nearest child care facility for very young children.

Health care services to residents from the Cocopah Tribe Region are available through the Indian Health Services Fort Yuma Service Unit and the Cocopah Wellness Center.

Between 2009 and 2012 there were 51 births to women from the Cocopah Tribe Region. Fewer than half of the mothers in the region started prenatal care during their first trimester, and ten percent of the births in 2012 were preterm. Over the 2009-2012 four-year span, an average of 16 percent of births were to teenaged mothers.

Indian Health Service (IHS) records indicate that an estimated 77.8 percent of children 19 to 35 months of age in the region are up-to-date on their immunizations and 55 percent of children ages 2 to 5 are overweight or obese. Also according to IHS data, about 45 percent of the young children in the region do not have third-party insurance coverage.

Early identification of children with special needs continues to be an important need in the community. Young children with developmental delays may not be identified until they enter kindergarten.

Key informants as well as parents and caregivers agree that a strength of the region is the opportunity families have to raise their children in a small, safe community, where children grow up around family members and can learn about their Native culture.

There is good collaboration among the different tribal departments that provide services to families with young children in the region as well as with other outside agencies. These coordinated efforts are reflected in caregivers' perceptions that in the Cocopah Tribe Region all members are "working together for the well-being of our children."

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

### **The Cocopah Tribe Region**

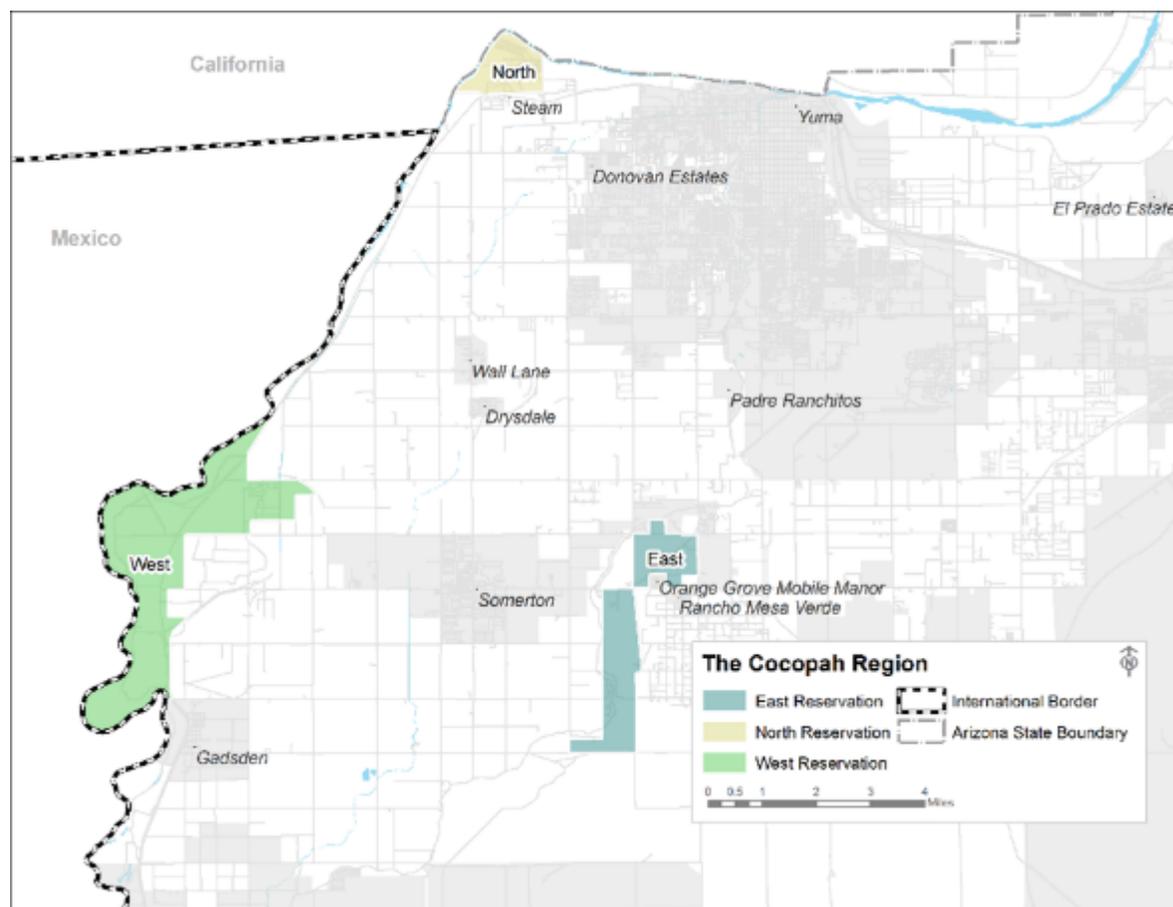
When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First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

### **Regional Boundaries and Report Data**

The Cocopah Indian Tribe is a federally-recognized, sovereign tribe located in the most southwestern corner of the state, 13 miles south of Yuma and along the Colorado River. The Cocopah (Kwapa), also known as the River People, have historically lived along the lower Colorado River and delta. They are descendants of the Yuman-language speaking people that occupied the lands along the Colorado River. In 1917 the Reservation was established by Executive order, and in 1985, the tribe obtained an additional 4,200 acres of land that include the current North Reservation. Approximately 6,500 acres make up the current Cocopah Reservation which is comprised of three noncontiguous regions where tribal members reside: East, North and West Reservations.

Geographically, the boundaries of the First Things First Cocopah Tribe Region match those of the Cocopah Reservation. The map below, Figure 1 shows the geographical area covered by the Cocopah Tribe Region.

**Figure 1. The Cocopah Tribe Region**



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

The information contained in this report includes data obtained from state agencies by First Things First, data obtained from other publically available sources and data provided by Cocopah Indian Tribe agencies and departments. It also includes findings from additional qualitative and quantitative data collection that was conducted specifically for this report through: a) Key informant interviews with representatives from tribal agencies and departments conducted in the Fall of 2013 and Spring of 2014; and b) a Parent and Caregiver Survey that gathered information from 26 parents and caregivers of children ages 0 to 5 in the region. Appendix D provides more detailed information about the data collection methods and the instruments utilized.

In most of the tables in this report, the top row of data corresponds to the FTF Cocopah Tribe Region. When available, the next three rows present data for each of the Reservations (North, West and East). The last three rows show data that are useful for comparison purposes: all

Arizona reservations combined, Yuma County, and the state of Arizona. In some tables, the first row shows data for the FTF Cocopah Tribe Region’s American Indian Population only.

The level of data (community, zip code, etc.) that is presented in this report is driven by the certain guidelines. The UA Norton School is contractually required to follow the First Things First Data Dissemination and Suppression Guidelines:

- “For data related to **social service** and **early education** programming, all counts of **fewer than ten**, excluding counts of zero (i.e., all counts of one through nine) are suppressed. Examples of social service and early education programming include: number of children served in an early education or social service program (such as Quality First, TANF, family literacy, etc.)”
- “For data related to **health or developmental delay**, all counts of **fewer than twenty-five**, excluding counts of zero (i.e., all counts of one through twenty-four) are suppressed. Examples of health or developmental delay include: number of children receiving vision, hearing, or developmental delay screening; number of children who are overweight; etc.”

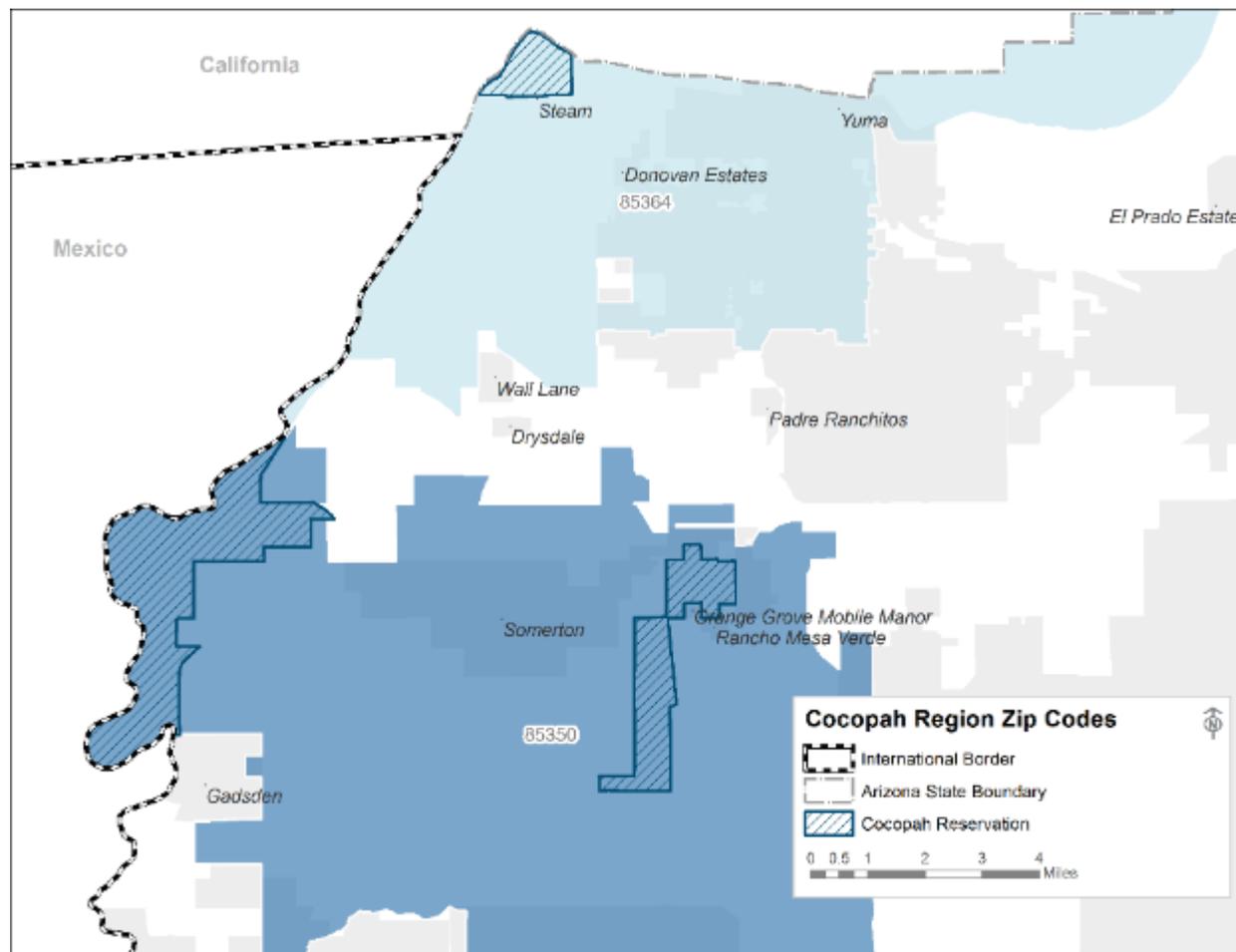
*-First Things First—Data Dissemination and Suppression Guidelines for Publications*

Throughout the report, suppressed counts will appear as either <25 or <10 in data tables, and percentages that could easily be converted to suppressed counts will appear as DS (for “Data Suppressed”).

Data for certain tables were provided by FTF through their State Agency Data Request at the zip code level. Because the zip code boundaries do not exactly match those of the region we applied estimated a share of the numbers to the Cocopah Tribe Region by applying the following formula: we used the percentage of each zip code area’s population of children 0-5 which are Cocopah Indian Tribe residents and then applied these percentages the zip code level agency data (e.g. SNAP, TANF) to calculate estimates for the Cocopah Tribe Region.

Figure 2 below shows the zip codes included in the region.

**Figure 2. The Cocopah Tribe Region, by zip code**



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

In this report we use two main sources of data to describe the demographic and socio-economic characteristics of the region: US Census 2010 and the American Community Survey. These data sources are important for the unique information they are able to provide about children and families across the United States, but both of them have acknowledged limitations for their use on tribal lands. Although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that “American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent.”<sup>1</sup>

<sup>1</sup>“Estimates of Undercount and Overcount in the 2010 Census” (May 22, 2012).

[www.census.gov/newsroom/releases/archives/2010\\_census/cb12-95.html](http://www.census.gov/newsroom/releases/archives/2010_census/cb12-95.html)

In the past, the decennial census was the only accessible source of wide-area demographic information. Starting in 2005, the Census Bureau replaced the “long form” questionnaire that was used to gather socio-economic data with the American Community Survey (ACS). The ACS is an ongoing survey that is conducted by distributing questionnaires to a sample of households every month of every year. Annual results from the ACS are available but they are aggregated over five years for smaller communities, to try to correct for the increased chance of sampling errors due to the smaller samples used.

According to the State of Indian Country Arizona Report<sup>2</sup> this has brought up new challenges when using and interpreting ACS data from tribal communities and American Indians in general. There is no major outreach effort to familiarize the population with the survey (as it is the case with the decennial census), and the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona Report indicates that at the National level, in 2010 the ACS failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona report, ACS may be particularly unreliable for the smaller reservations in the state.

While recognizing that estimates provided by ACS data may not be fully reliable, we have elected to include them in this report because they still are the most comprehensive publically-available data that can help begin to describe the families that First Things First serve. Considering the important planning, funding and policy decisions that are made in tribal communities based on these data, however, the State of Indian Country report recommend a concerted tribal-federal government effort to develop the tribes’ capacity to gather relevant information on their populations. This information could be based on the numerous records that tribes currently keep on the services provided to their members (records that various systems must report to the federal agencies providing funding but that are not currently organized in a systematic way) and on data kept by tribal enrollment offices.

A current initiative that aims at addressing some of these challenges has been started by the American Indian Policy Institute, the Center for Population Dynamics and the American Indian Studies Department at Arizona State University. The Tribal Indicators Project<sup>3</sup> begun at the

---

<sup>2</sup> Inter Tribal Council of Arizona, Inc., ASU Office of the President on American Indian Initiatives, ASU Office of Public Affairs (2013). *The State of Indian Country Arizona. Volume 1*. Retrieved from [http://outreach.asu.edu/sites/default/files/SICAZ\\_report\\_20130828.pdf](http://outreach.asu.edu/sites/default/files/SICAZ_report_20130828.pdf)

<sup>3</sup> [http://aipi.clas.asu.edu/Tribal\\_Indicators](http://aipi.clas.asu.edu/Tribal_Indicators)

request of tribal leaders interested in the development of tools that can help them gather and utilize meaningful and accurate data for governmental decision-making. An important part of this effort is the analysis of Census and ACS data in collaboration with tribal stakeholders. We hope that in the future these more reliable and tribally-relevant data will become available for use in these community assessments.

## General Population Trends

According to U.S. Census data, the Cocopah Tribe Region had a population of 817 in 2010 (the most recent year for which detailed population data are available), of whom 65 were children under the age of six. The population of children 0 to 5 years of age in the Cocopah Tribe Region (8%) constitutes a similar proportion of the total population compared to the state as a whole, where 9 percent 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 region as a whole (15%), which is very similar to the state (16%), but much lower than the rate of all Arizona reservations combined (26%). Nevertheless, the percent of households with children under the age of six in the Cocopah West and East Reservations (28%) is similar to the one for all Arizona reservations. The North Reservation has the largest number of households in the region but the lowest proportion of households with young children. Key informants indicated that winter residents who reside a portion of the year in an RV Resort currently make up most of the population in the North Reservation (even though construction of additional residential homes for tribal members is under way). This is important to note because the North Reservation has the largest total population of the three Reservation areas, as shown in Table 1 below; this means that some data for the region as a whole may be skewed by the socio-economic characteristics of the residents in the North Reservation, the majority of whom appear not to be tribal members (see Table 5 for race and ethnic description of the three reservations).

**Table 1. Population and households by area**

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Cocopah Tribe Region	817	65	312	47	15%
North Reservation	365	12	179	10	6%
West Reservation	244	32	76	21	28%
East Reservation	208	21	57	16	28%
All Arizona Reservations	178,131	20,511	50,140	13,115	26%
Yuma County	195,751	18,048	64,767	12,998	20%
Arizona	6,392,017	546,609	2,380,990	381,492	16%

US Census (2010). Tables P1, P14, P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

A comparison between censuses provides information about increases and decreases in population. Overall, the population of Arizona has increased substantially between 2000 and 2010, and the population of young children has increased by about one-fifth. In the Cocopah Tribe Region the total population and the population of children 0 to 5 years of age decreased at similar rates (by about 20%). The only exception was the North Reservation area, where according to the 2000 Census there was only one child compared to the 12 children reported to reside in the area by Census 2010.

**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
Cocopah Tribe	1,025	817	-20%	79	65	-18%
North Reservation	547	365	-33%	1	12	+1100%
West Reservation	246	244	-1%	40	32	-20%
East Reservation	232	208	-10%	38	21	-45%
All Arizona Reservations	179,064	178,131	-1%	21,216	20,511	-3%
Yuma County	160,026	195,751	22%	15,200	18,048	+19%
Arizona	5,130,632	6,392,017	25%	459,141	546,609	+19%

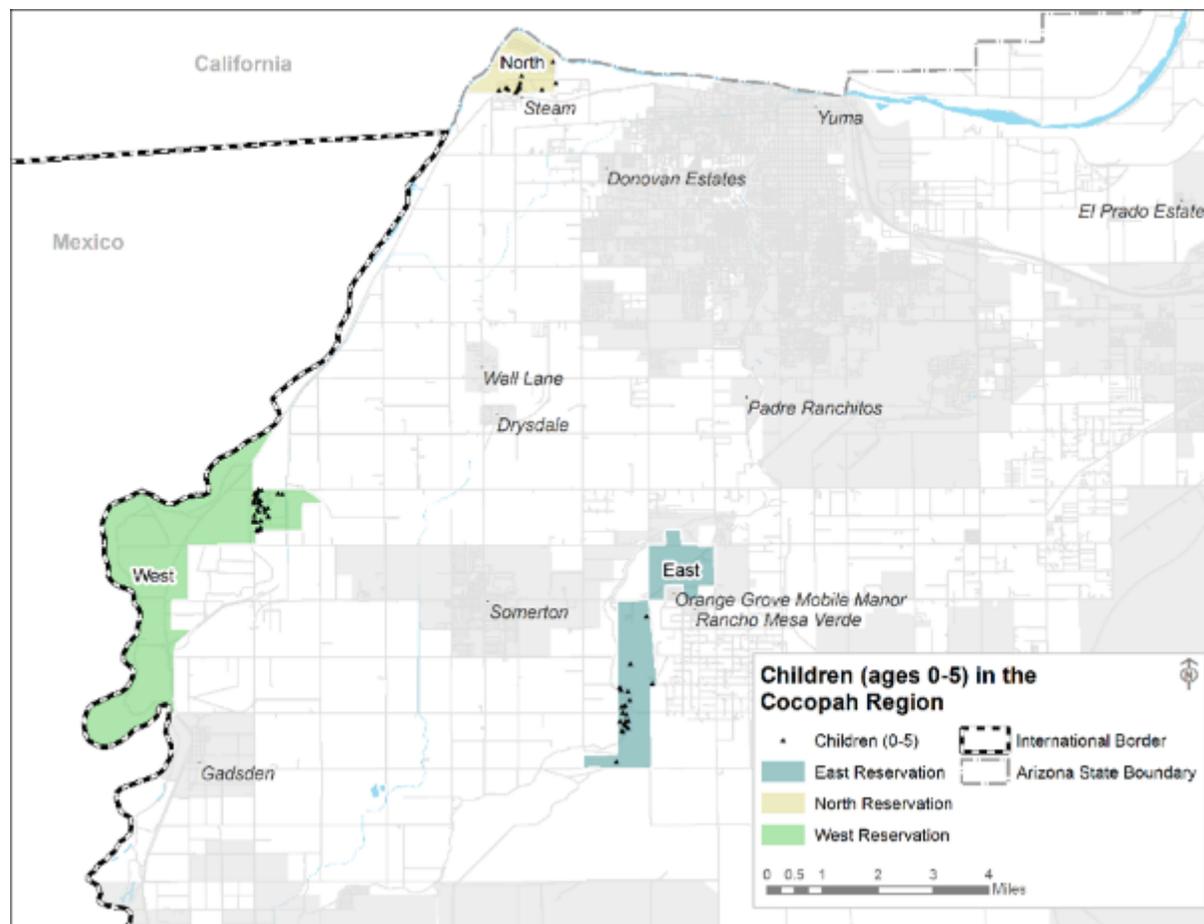
US Census (2010). Tables P1, P14; US Census (2000) Table QT-P2. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: The "Change from 2010 to 2012" column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: (Number in Year 2 – Number in Year 1)/Number in Year 1 x 100

Figure 3 shows the geographical distribution of children under six in the region, according to the 2010 U.S. Census. A triangle on the map represents one child. The triangles do not pinpoint

each child’s location, but are placed generally in each census block in which a young child was living in 2010.

**Figure 3. Geographic distribution of children under six according to the 2010 Census (by census block)**



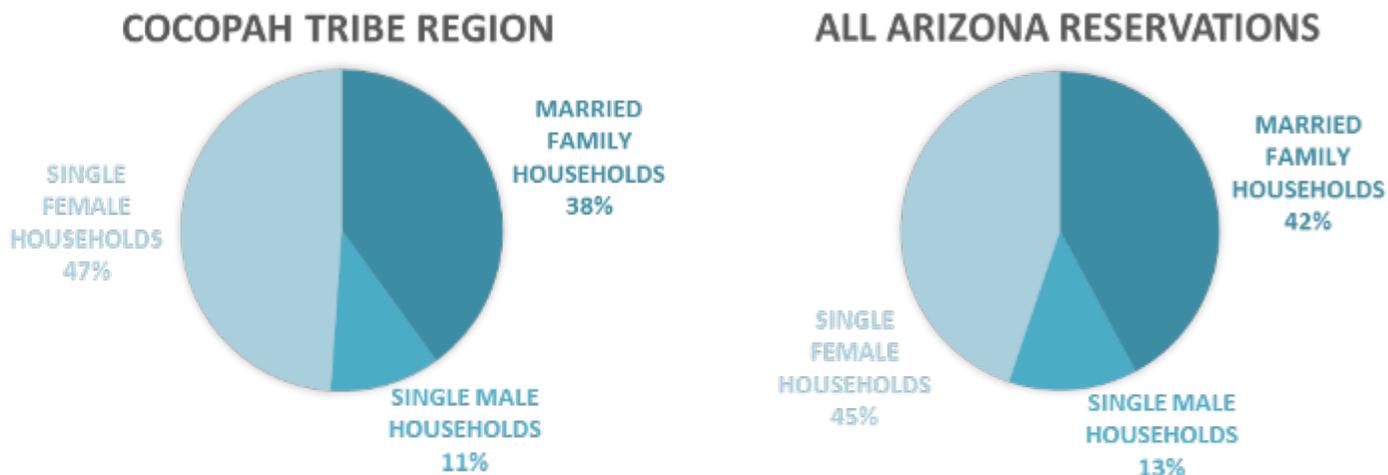
US Census (2010) Table P14, and 2010 TIGER/Line Shapefiles prepared by the US Census. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

## Additional Population Characteristics

### Household Composition

This section presents data on the characteristics of families living in the Cocopah Tribe Region, which includes both tribal and non-tribal families. In the Cocopah Tribe Region almost half (47%) of the households with young children are headed by single females, a similar percent as that of all Arizona reservations combined (45%). (A household is a group of persons living together who may or may not be related to one another; married family households are ones in which the survey respondent indicated that the reported head of the household was married).

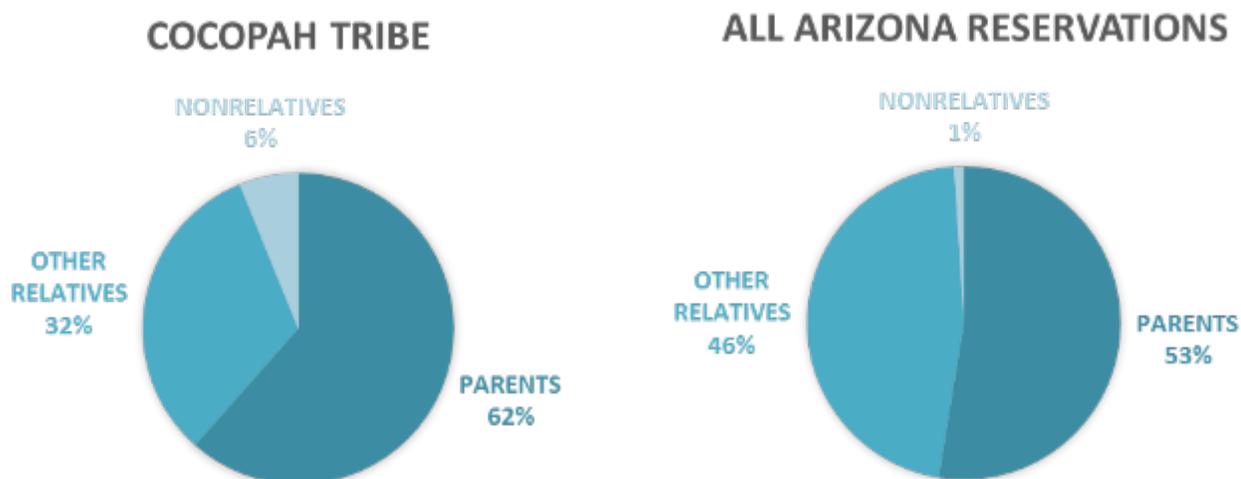
**Figure 4. Type of household with children (0-5)**



US Census (2010). Table P32. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Almost two-thirds of the young children in the region live with at least one parent according to Census 2010 data. This is a higher proportion than the all Arizona reservations percentage (53%). The majority of the remaining children birth to five live with relatives other than their parents (such as grandparents, uncles or aunts).

**Figure 5. Living arrangements for children (0-5)**



US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The 2010 Census provides additional information about multi-generational households and children birth through five living in a grandparent’s household. In the Cocopah Tribe Region 23 percent of children birth to five are living in a grandparent’s household. This proportion is lower than the all Arizona reservations rate, where forty percent of young children live in a grandparent’s household. The proportion of households with three or more generations in the region (7%) is also half of the rate among all Arizona reservations (16%).

**Table 3. Number of children living in a grandparent's household**

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD		TOTAL HOUSEHOLDS	HOUSEHOLDS WITH 3 OR MORE GENERATIONS	
		Count	Percentage		Count	Percentage
Cocopah Tribe Region	65	15	23%	312	21	7%
North Reservation	12	3	25%	179	3	2%
West Reservation	32	6	19%	76	10	13%
East Reservation	21	6	29%	57	7	12%
All Arizona Reservations	20,511	8,239	40%	50,140	8,104	16%
Yuma County	18,048	3,430	19%	64,767	4,973	8%
Arizona	546,609	74,153	14%	2,380,990	115,549	5%

*US Census (2010). Table P41, PCT14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>*

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 dealing with socio-economic hardships.<sup>4</sup>

Multigenerational households may also have different needs and strengths. For example, they may be more likely to have grandparents provide home-based child care. Having grandparents help with child care may create greater employment opportunities for parents. However, this can also result in families being less connected with outside support services available to them. In other cases, grandparents and parents may both be working which results in higher income for the household but an increased need for child care.

There are also considerable challenges that grandparents can face when they become the primary source of care for their grandchildren not because of choice, but because parents become unable to provide care due to the parent’s death, physical or mental illness, substance abuse, incarceration, unemployment or underemployment or because of domestic violence or

<sup>4</sup> Hoffman, F. (Ed.). (1981). *The American Indian Family: Strengths and Stresses*. Isleta, NM: American Indian Social Research and Development Associates.

child neglect in the family.<sup>5</sup> Caring for children who have experienced family trauma can pose an even greater challenge to grandparents, who may be in need of specialized assistance and resources to support their grandchildren. In addition, parenting can be a challenge for aging grandparents, whose homes may not be set up for children, who may be unfamiliar with resources for families with young children, and who themselves may be facing health and resource limitations. They also are not likely to have a natural support network for dealing with the issues that arise in raising young children.

There is some positive news for grandparents and great-grandparents raising their grandkids through a placement by the state of Arizona's Department of Child Safety (formerly known as Child Protective Services or CPS). Starting in February 2014, these families are offered a \$75 monthly stipend per child. To qualify, a grandparent or great-grandparent must have an income below 200% of the FPL. They also must not be receiving foster care payments or Temporary Assistance for Needy Families (TANF) cash assistance for the grandchildren in their care.<sup>6</sup> Those grandparents raising grandkids not in the Department of Child Safety system might also be eligible for this stipend in coming months if Arizona Senate Bill 1346 is passed.<sup>7</sup> This bill, however, will not benefit grandparents whose grandchildren were placed with them by Tribal Child Protective Services.<sup>8</sup>

Recent estimates from the American Community Survey report that there are no children in the region living with foreign-born parents. The proportion of children with foreign-born parents across all Arizona reservations is very small too (3%). However, this rate is very different in Yuma County as a whole, where over 40 percent of the young children live with parent who were born outside of the country.

---

<sup>5</sup> *More U.S. Children Raised by Grandparents.* (2012). Population Reference Bureau. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

<sup>6</sup> Children's Action Alliance, January 15, 2014 Legislative Update email.

<sup>7</sup> Children's Action Alliance, February 21, 2014 Legislative Update email.

<sup>8</sup> Information provided by staff from the Arizona Department of Child Safety on June 25, 2024 through personal correspondence.

**Table 4. Children (0-5) living with one or two foreign-born parents**

GEOGRAPHY	CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS
Cocopah Tribe Region	0%
All Arizona Reservations	3%
Yuma County	43%
Arizona	29%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B05009. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

### Ethnicity and Race

In the 2010 census, the three largest racial/ethnic groups in the Cocopah Tribe Region were people who identified as American Indian (49%), as non-Hispanic white (40%), and as Hispanic (10%). This contrasts sharply with the rest of the county, where over half of the population is Hispanic.

**Table 5. Race and ethnicity for adults**

GEOGRAPHY	POPULATION (18+)	HISPANIC	NOT HISPANIC				
			WHITE	BLACK	AMERICAN INDIAN	ASIAN or PACIFIC ISLANDER	OTHER
Cocopah Tribe Region	610	10%	40%	0%	49%	0%	1%
North Reservation	321	9%	73%	0%	16%	0%	2%
West Reservation	153	11%	3%	1%	84%	0%	1%
East Reservation	136	9%	3%	0%	88%	1%	0%
All Arizona Reservations	117,049	5%	5%	0%	88%	0%	1%
Yuma County	140,566	53%	42%	2%	1%	1%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

US Census (2010). Table P11. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

The overall proportion of the region’s population who identified as American Indian is substantially lower compared to all Arizona reservations combined (88%). However, it is important to note that this is mostly because of the high proportion of White population in the North Reservation (presumably, the residents of the RV resort in the area). The percent of American Indian residents in the East and West Reservations is very similar to that of all Arizona reservations combined.

The vast majority (90%) of the children ages birth to four in the region were identified as American Indian, a rate comparable to that of all Arizona reservations (92%).

**Table 6. Race and ethnicity for children ages 0-4.<sup>9</sup>**

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE (NOT HISPANIC)	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
Cocopah Tribe Region	52	21%	0%	0%	90%	0%
North Reservation	11	7%	0%	0%	93%	0%
West Reservation	26	18%	0%	0%	73%	0%
East Reservation	15	31%	0%	0%	96%	0%
All Arizona Reservations	17,061	9%	1%	0%	92%	0%
Yuma County	14,986	76%	19%	2%	2%	1%
Arizona	455,715	45%	40%	5%	6%	3%

US Census (2010). Table P12B, P12C, P12D, P12E, P12F, P12G, P12H, P12I. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: The number for children ages 0-5 are not readily available from the US Census, but it is likely that the percentage distribution for children 0-4 will be similar to that of children 0-5.

### Language Use and Proficiency

Data about English speaking ability provides additional information about the characteristics of the population in the Cocopah Region. According to the American Community Survey, the majority of residents (80%) five years old and older in the region speak only English at home. An estimated 13 percent of residents speak a Native North American Language at home.

**Table 7. Home language use for those 5 years and older**

GEOGRAPHY	PERSONS (5+) WHO SPEAK ONLY ENGLISH AT HOME	PERSONS (5+) WHO SPEAK SPANISH AT HOME	PERSONS (5+) WHO SPEAK A NATIVE NORTH AMERICAN LANGUAGE AT HOME	PERSON (5+) WHO SPEAK ENGLISH LESS THAN "VERY WELL"
Cocopah Tribe Region	80%	3%	13%	6%
All Arizona Reservations	44%	4%	52%	14%
Yuma County	49%	49%	0%	2%
Arizona	73%	21%	2%	2%

US Census (2010). Table P20. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

<sup>9</sup> The Census Bureau reports the race/ethnicity categories differently for the 0-4 population than they do for adults; therefore, they are reported slightly differently in this report. For adults, Table 5 shows exclusive categories: someone who identifies as Hispanic would only be counted once (as Hispanic), even if the individual also identifies with a race (e.g. Black). For the population 0-4, Table 6 shows non-exclusive categories for races other than white. This means, for instance, that if a child's ethnicity and race are reported as "Black (Hispanic)" he will be counted twice: once as Black and once as Hispanic. For this reason the percentages in the rows do not necessarily add up to 100%. The differences, where they exist at all, are very small.

A household is defined by the Census as *linguistically isolated* if none of the adults or older children (14 and older) in the household speak English “very well.” As shown in Table 8 shows the rate of linguistic isolation in the region (3%) is much lower than that of all Arizona reservations (12%).

**Table 8. Household home language use**

GEOGRAPHY	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LINGUISTICALLY ISOLATED HOUSEHOLDS
Cocopah Tribe Region	31%	3%
Arizona	27%	5%
All Arizona Reservations	74%	12%
Yuma County	50%	12%

*US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B16002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>*

Note: A “linguistically isolated household” is one in which all adults (14 and older) speak English less than “very well.”

### ***Language Revitalization and Preservation Efforts***

The traditional language of the Cocopah Indian Tribe is the Yuman language. There are several programs currently in place to make sure the Cocopah language continues to be spoken. The Cocopah Cultural Resources Department has produced coloring books in Cocopah and English for children enrolled in the Cocopah Head Start program. During the school year, children from the Head Start Program visit the Community Center to work with the coloring books guided by elders who speak the Cocopah language. Elders go over the words that the children have been learning in their classes at Head Start and teach them proper pronunciation. This project has expanded its original scope and the books are currently also available to parents to take home and use with the children, including older siblings who are not enrolled in the Head Start program. Key informants indicated that the program that brings children and elders together has been very successful. Elders enjoy the interaction with the children and being involved in the preservation of the Cocopah language. Key informants also noted that the children’s books have generated interest in the Cocopah language among adult community members too. The Cultural Resources Department is currently in the process of completing an activity book for children in 4<sup>th</sup> to 6<sup>th</sup> grades that provides them with language and cultural information. In addition, a monthly newsletter that focuses on language preservation is produced by the Cultural Resources Department and is distributed to the community at large.

The Cocopah Community Center previously conducted a story time program in Cocopah and English. Although this opportunity is no longer being offered, the Community Center continues to partner with the Cultural Resources Department on providing language and cultural

preservation opportunities to children in the region. Currently, a program on environment and culture is available to children through both of these departments. The goal is to help children learn about traditional cultural uses of local animals and plants. In addition, children enrolled in the Cocopah Head Start program come to the Community Center once a month to practice Cocopah words with the elders.

A Cocopah Tribal Language Preservation Program is also available through the Cocopah Museum and Cultural Center. In addition, key informants noted that there are other informal opportunities for learning the language with speakers in the community.

The FTF Parent and Caregiver Survey conducted in the region (see Appendix D) asked parents a question about suggestions for how to make sure the Cocopah language continues to be used. Their responses are summarized below in order of most to least cited.

The majority of the respondents recommended that the Cocopah language be taught in school, starting at the Cocopah Head Start, but also at the schools close to the reservation and even at the middle and high school levels. A few other survey participants suggested more generally to start teaching the language to children at an early age. Respondents also said that teaching the language at home, within the family structure is the best way to make sure it continues to be used. Other parents and caregivers pointed out that offering language classes at the community level would be helpful. Finally, a couple of the participants suggested involving the elders in language preservation efforts. The following quotes illustrate some of the survey participants' suggestions:

- We need to have more programs showing the traditions to the younger children, like our language. Programs that will expose the native language to our children. Show them how everything started in the past and how it is now. We need more communication with the elders and other people in the community
- It starts within the family... it has to come from within the home.
- Needs to be practiced more at home. Maybe a class for those parents who don't know the language well
- Interact more with elders

## **Economic Circumstances**

### **Tribal enterprises**

On the Cocopah reservation, agriculture is an important economic resource as the Colorado River makes irrigation of the desert land possible. The Cocopah Indian Tribe leases many acres of their tribal land to farmers for agricultural use. In addition to agriculture, tribal enterprises also include a number of establishments located in Somerton, Arizona, such as the Cocopah

Indian Casino, Cocopah RV and Golf Resort, Cocopah Resort and Conference Center, Cocopah Rio Golf Course, Cocopah Museum, Cocopah Speedway, and Wild River Entertainment Center.

### **Income and Poverty**

Income measures of community residents are an important tool for understanding the vitality of the community and the well-being of its residents. The Arizona Directions 2012 report notes that Arizona has the 5<sup>th</sup> highest child poverty rate in the country.<sup>10</sup> The effects on children of living in poverty can be felt throughout their lives. Living in poverty increases the likelihood that a child will live in chaotic, crowded and substandard housing and that he or she may be exposed to violence, family dysfunction, and separation from family; all of these factors increase the risk of poorer mental health status later in life.<sup>11</sup>

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 Community Survey, the percentage of people living in poverty in the Cocopah Tribe Region as a whole is 27 percent and the median family income in the region is slightly higher than in the county and substantially higher than across all Arizona reservations. **However**, it is important to remember that ACS and Census 2010 data for the region are impacted by the socio-economic characteristics of the winter residents in the North Reservation, as it was discussed above. This is likely the case for the median income and population in poverty data for the region as a whole. In an effort to show data that can more accurately describe the characteristics of tribal members in the region, we have included income and poverty data for the American Indian population in Table 9 below. The all-ages poverty rate for the American Indian population in the Cocopah Tribe Region (46%) is somewhat higher than the rate of all Arizona reservations (40%). Interestingly, the poverty rates of all young children, and of young American Indian children in the region are the same, 72 percent. This would confirm that the characteristics of the retiree population in the North Reservation tend to impact the overall rates for the region but have little influence on the data for young children. Although ACS estimates may be problematic in small reservations (as it was discussed earlier in this report), Table 9 shows that alternative ways of looking at ACS data (e.g. broken down by ethnicity) may sometimes provide useful information despite the challenges associated with the ACS methodology.

---

<sup>10</sup> Arizona Indicators. (Nov. 2011). *Arizona Directions Report 2012: Fostering Data-Driven Dialogue in Public Policy*. Whitsett, A.

<sup>11</sup> Evans, G.W., & Cassells, R.C. (2013). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science*. Published online 1 October 2013.

<http://cpx.sagepub.com/content/early/2013/09/26/2167702613501496>

**Table 9. Median family annual income and persons living below the U.S. Census poverty threshold level.<sup>12</sup>**

GEOGRAPHY	MEDIAN FAMILY ANNUAL INCOME (2010 DOLLARS)	POPULATION IN POVERTY (ALL AGES)	ALL RELATED CHILDREN (0-5) IN POVERTY
Cocopah Tribe Region (total)	\$46,875	27%	72%
Cocopah Tribe Region (American Indian population)	\$26,964	46%	72%
All Arizona Reservations	-	40%	53%
Yuma County	\$43,726	21%	29%
Arizona	\$59,563	17%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B17001, Table B19126, Table B17001C, Table B19126C. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

In general, women are more likely to be living in poverty than men for a number of reasons: 1) they are more likely to be out of the workforce, 2) they are more likely to be in low-paying jobs, and 3) they are more likely to be solely responsible for children. In 2012, 79 percent of low-income single-parent households in Arizona were headed by women.<sup>13</sup>

In the Cocopah Tribe Region, 47 percent of families with young children are headed by single women (see Figure 4, on page 19)

### Unemployment

Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children’s development. This is especially pronounced when the family income was already low before the job loss, the unemployed parent is the only breadwinner in the household, or parental unemployment lasts for a long period of time. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parenting behaviors. Parental job loss can also impact children’s school performance (i.e. lower test scores, poorer attendance,

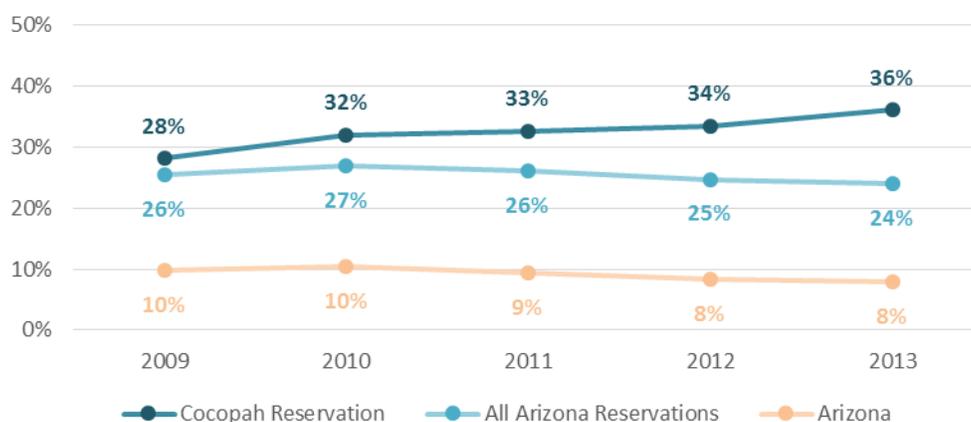
<sup>12</sup> Please note that a child’s poverty status is defined as the poverty status of the household in which he or she lives. “Related” means that the child is related to the householder, who may be a parent, stepparent, grandparent, or another relative. In a small proportion of cases in which the child is not related to the householder (e.g., foster children), then the child’s poverty status cannot be determined.

<sup>13</sup> Castelazo, M. (2014). Supporting Arizona Women’s Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs. Report Produced for the Women’s Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from [http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women\\_FINAL.pdf](http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf)

higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs).<sup>14</sup>

Annual unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality. The overall unemployment rate in the Cocopah Tribe Region has increased continuously since 2009. In 2013, the year for which most recent data are available, the unemployment rate in the region was 36 percent, more than four times as high as the statewide rate of 8 percent and also higher than the combined rate of all Arizona reservations (24%).

**Figure 6. Annual unemployment rates in the Cocopah Reservation, All Arizona Reservations and the state, 2009-2013**



Arizona Department of Administration, Office of Employment and Population Statistics (2014). *Special Unemployment Report, 2009-2014*. Retrieved from <http://www.workforce.az.gov/local-area-unemployment-statistics.aspx>

Table 10 shows the employment status of parents of young children in the Cocopah Tribe Region. According to American Survey Community estimates, more than half of all young children in the region live with a single parent who is not in the labor force. This is consistent with the high unemployment rate shown above. The proportion of young children living with both parents in the labor force in the region (10%) is slightly lower than that of all Arizona reservations (14%).

<sup>14</sup> Isaacs, J. (2013). Unemployment from a child's perspective. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

**Table 10. Employment status of parents of young children**

GEOGRAPHY	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH SINGLE PARENT	
	BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
Cocopah Tribe Region	10%	3%	0%	32%	55%
All Arizona Reservations	14%	11%	2%	39%	34%
Yuma County	28%	29%	0%	34%	9%
Arizona	32%	29%	1%	28%	10%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B23008. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Note: "In labor force" includes adults who are employed or looking for employment

The percentage of housing units in the region that have housing problems and severe housing problems is lower than the county and state rates. The US Department of Housing and Urban Development defines housing units with "housing problems" as housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1 person per room), or housing units for which housing costs exceed 30 percent of income. Housing units with "severe housing problems" consist of housing units lacking complete kitchen facilities or complete plumbing facilities, housing units that are overcrowded (with more than 1.5 person per room), or housing units for which housing costs exceed 50 percent of income.<sup>15</sup> Over 20 percent of housing units in the region are classified as having housing problems, meaning they are lacking facilities, overcrowded, or are expensive relative to the income of the residents. The estimated proportion of households with severe housing problems is substantially lower in the North Reservation where the RV Resort is located, compared to the West and East Reservations.

<sup>15</sup> US Department of Housing and Urban Development (2011). CHAS Background. Retrieved from [http://www.huduser.org/portal/datasets/cp/CHAS/bg\\_chas.html](http://www.huduser.org/portal/datasets/cp/CHAS/bg_chas.html)

**Table 11. Percent of housing units with housing problems**

GEOGRAPHY	TOTAL HOUSING UNITS	HOUSING PROBLEMS	SEVERE HOUSING PROBLEMS
Cocopah Tribe	138	21%	16%
East Reservation	34	24%	21%
North Reservation	35	20%	6%
West Reservation	69	20%	19%
All Arizona Reservations	45,911	45%	38%
Yuma County	69,564	37%	21%
Arizona	2,326,354	38%	20%

US Department of Housing and Urban Development (2011). CHAS 2008-2010 ACS 3-year average data by place. Retrieved from [http://www.huduser.org/portal/datasets/cp/CHAS/data\\_download\\_chas.html](http://www.huduser.org/portal/datasets/cp/CHAS/data_download_chas.html)

### Public Assistance Programs

Participation in public assistance programs is an additional indicator of the economic circumstances in the region. Public assistance programs commonly used by families with young children in Arizona include Nutrition Assistance (SNAP, Supplemental Nutrition Assistance Program, formerly known as “food stamps”), Temporary Assistance for Needy Families (TANF, which replaced previous welfare programs), and Women, Infants, and Children (WIC, food and nutrition services).

#### SNAP

Nutrition Assistance, or SNAP, helps to provide low income families in Arizona with food through retailers authorized to participate in the program. The Arizona Nutrition Assistance program is managed by the Arizona Department of Economic Security. According to a U.S. Department of Agriculture Economic Research Service, in 2010, about 20 percent of Arizonans lived in food deserts, defined as living more than a half-mile from a grocery in urban areas and more than 10 miles in rural areas.<sup>16</sup> Families living in food deserts often use convenience stores in place of grocery stores. New legislation in 2014 could have an effect on what’s available in these stores, as they will have to begin stocking “staple foods” (such as bread or cereals, vegetables or fruits, dairy products, and meat, poultry or fish) to continue accepting SNAP.<sup>17</sup> The estimated proportion of young children in the region receiving SNAP benefits increased slightly from 2010 to 2012. In 2012 young children in the region appeared to be receiving SNAP

<sup>16</sup> <http://www.ers.usda.gov/data-products/food-access-research-atlas/about-the-atlas.aspx#UxitQ4VRKwt>

<sup>17</sup> <http://cronkitenewsonline.com/2014/02/new-food-stamp-requirements-could-affect-arizona-convenience-stores/>

benefits at a higher rate than Yuma County and the state. However, the proportion of young children participating in SNAP in the region is lower than that of young children across all Arizona reservations combined (see Figure 7).

**Table 12. Monthly estimates of children ages 0-5 enrolled in the Supplemental Nutritional Assistance Program (SNAP)**<sup>18</sup>

GEOGRAPHY	JANUARY 2010	JANUARY 2011	JANUARY 2012	CHANGE 2010-2012
Cocopah Tribe Region	58%	55%	61%	+5%
All Arizona Reservations	66%	68%	70%	+7%
Yuma County	40%	39%	42%	+7%
Arizona	39%	37%	40%	+2%

Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

Note: The "Change from 2010 to 2012" column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: (Number in Year 2 – Number in Year 1)/Number in Year 1 x 100

**Figure 7. Estimate of children ages 0-5 enrolled in SNAP in January 2012**



Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request

### TANF

At the state level, the number of children receiving TANF has decreased over the last several years. This is likely due to new eligibility rules and state budget cuts to the program, which have been enacted annually by state lawmakers. In addition, a 2011 rule which takes grandparent income into account has led to a decline in child-only TANF cases, and fiscal year 2012 budget cuts limited the amount of time that families can receive TANF to two years.<sup>19</sup> Over the last decade federal TANF funds have also been increasingly re-directed from cash assistance, jobs

<sup>18</sup> Data for this table were provided by FTF through their State Agency Data Request at the zip code level. We applied the following formula to estimate a share of the numbers to the Cocopah Tribe Region: we used the percentage of each zip code area's population of children 0-5 which are Cocopah Tribe Region residents and then applied these percentages SNAP data to calculate estimates of SNAP recipients for the Cocopah Tribe Region.

<sup>19</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>

programs and child care assistance to Child Protective Services. Federal cuts to funding to support TANF, including supplemental grants to high growth states, have also been enacted. It is estimated that there will be a deficit in Arizona TANF funds between 10 and 29 million dollars in fiscal year 2014, projected to increase to 20-39 million dollars in fiscal year 2015.<sup>20</sup> This decreasing trend in the number of TANF recipients can be seen in the Cocopah Region, all Arizona reservations and the state as a whole (Table 13).

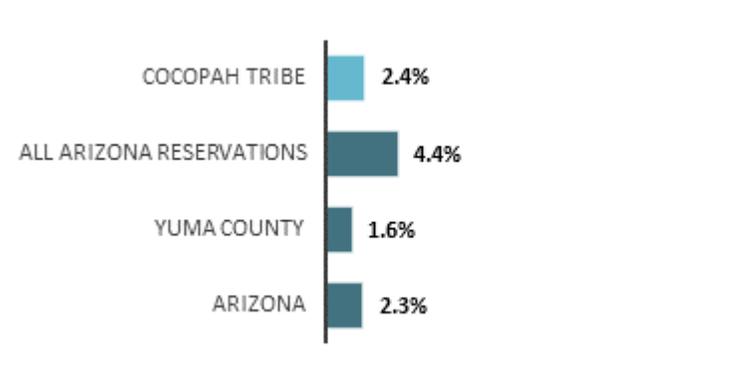
**Table 13. Monthly estimates of children ages 0-5 receiving TANF (Temporary Assistance for Needy Families)<sup>21</sup>**

GEOGRAPHY	JANUARY 2010	JANUARY 2011	JANUARY 2012	CHANGE 2010-2012
Cocopah Tribe Region	5%	3%	2.4%	-49%
All Arizona Reservations	9%	5%	4.4%	-53%
Yuma County	3%	2%	1.6%	-43%
Arizona	4%	2%	2.3%	-48%

Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

Note: The "Change from 2010 to 2012" column shows the amount of increase or decrease, using 2010 as the baseline. The percent change between two given years is calculated using the following formula: (Number in Year 2 – Number in Year 1)/Number in Year 1 x 100

**Figure 8. Estimate of children ages 0-5 receiving TANF in January 2012**



Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

### **Cocopah Tribe Women, Infants and Children (WIC) Program**

WIC is a federally-funded nutrition program which services economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age

<sup>20</sup> The Arizona Children’s Action Alliance. *Growing up Poor in Arizona: State Policy at a Crossroads*. May 2013. [http://azchildren.org/wp-content/uploads/2013/06/TANF\\_report\\_2013\\_ForWeb.pdf](http://azchildren.org/wp-content/uploads/2013/06/TANF_report_2013_ForWeb.pdf)

<sup>21</sup> Data for this table were calculated in the same way as the data for the SNAP table above.

of five. More than half of the pregnant and postpartum women, infants, and children under age five are estimated to be eligible for WIC in Arizona, and in 2011, Arizona WIC served approximately 62 percent of the eligible population.<sup>22</sup> A primary goal of the WIC program is obesity prevention through the promotion of breastfeeding, nutritious diet, and physical activity. Changes to WIC in 2009 may in fact be impacting childhood obesity. In that year, WIC added vouchers for produce and also healthier items such as low-fat milk. Studies following the change have shown increases in purchases of whole-grain bread and brown rice,<sup>23</sup> and of reduced-fat milk,<sup>24</sup> and fewer purchases of white bread, whole milk, cheese and juice.<sup>25</sup>

The Cocopah Tribe WIC Program receives funds directly from the Arizona Department of Health Services WIC Program to serve both the Cocopah and Quechan tribes, although it is open to anyone who qualifies for WIC services. The main office is located on the Cocopah Reservation with a satellite site at the IHS Fort Yuma Service Unit. The program's funded caseload is 109 clients per month. Cocopah WIC clients can redeem their vouchers at any of the state-certified vendors in Yuma, Somerton and Wellton.

### ***Free and Reduced Lunch***

Free and Reduced Lunch is a federal assistance program providing free or reduced price meals at school for students whose families meet income criteria. These income criteria are 130 percent of the Federal Poverty Level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch. The income criteria for the 2014-2015 school year are shown below.

---

<sup>22</sup> Arizona Department of Health Services, Bureau of Nutrition and Physical Activity. (2013). WIC needs assessment. Retrieved from [http://www.azdhs.gov/azwic/documents/local\\_agencies/reports/wic-needs-assessment-02-22-13.pdf](http://www.azdhs.gov/azwic/documents/local_agencies/reports/wic-needs-assessment-02-22-13.pdf)

<sup>23</sup> Andreyeva, T. & Luedicke, J. Federal Food Package Revisions Effects on Purchases of Whole-Grain Products. (2013). *American Journal of Preventive Medicine*, 45(4):422-429

<sup>24</sup> Andreyeva, T., Luedicke, J., Henderson, K. E., & Schwartz, M. B. (2013). The Positive Effects of the Revised Milk and Cheese Allowances in the Special Supplemental Nutrition Program for Women, Infants, and Children. *Journal of the academy of nutrition and dietetics*, Article in Press. [http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC\\_Milk\\_and\\_Cheese\\_Allowances\\_JAND\\_11.13.pdf](http://www.yaleruddcenter.org/resources/upload/docs/what/economics/WIC_Milk_and_Cheese_Allowances_JAND_11.13.pdf)

<sup>25</sup> Andreyeva, T., Luedicke, J., Tripp, A. S., & Henderson, K. E. (2013). Effects of Reduced Juice Allowances in Food Packages for the Women, Infants, and Children Program. *Pediatrics*, 131(5), 919-927.

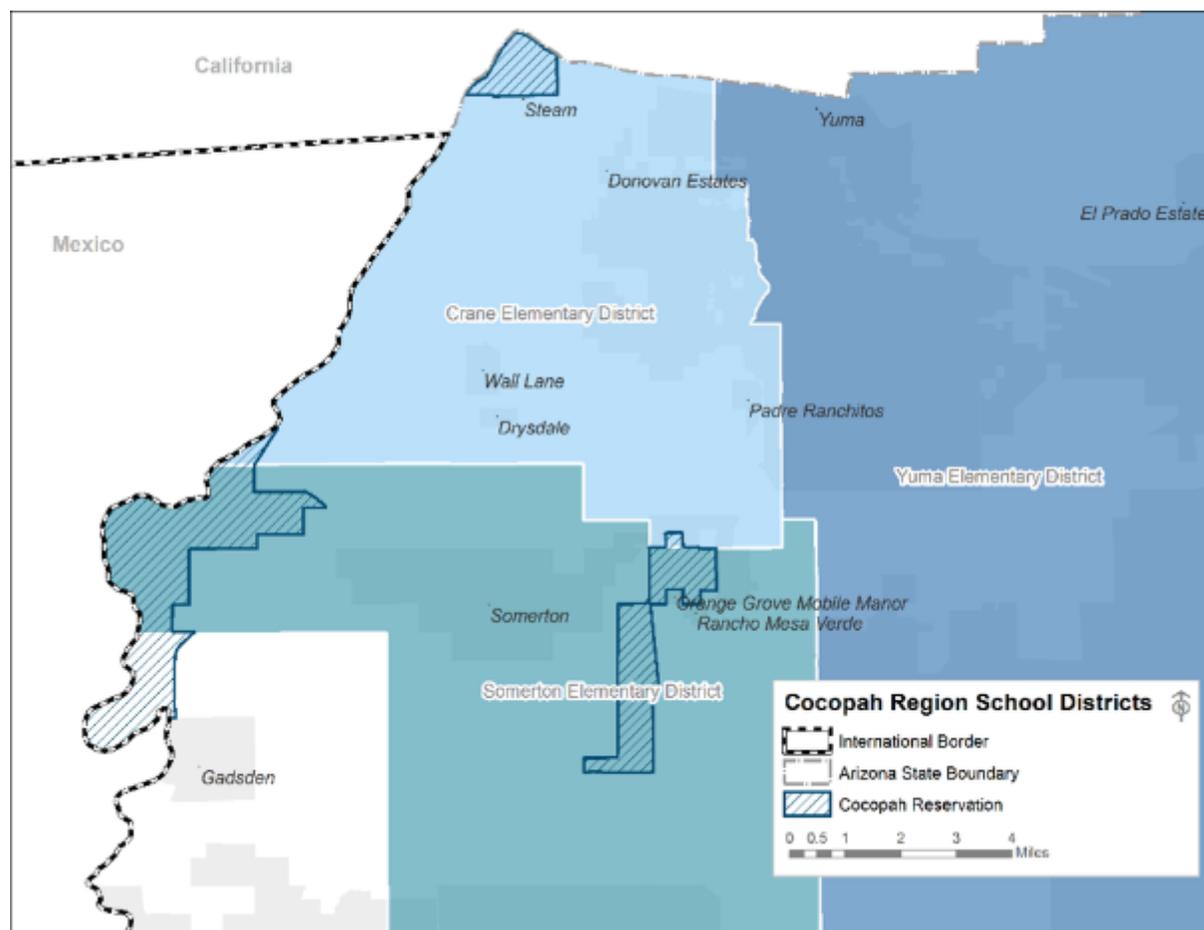
**Table 14: Free and reduced lunch eligibility requirements for 2014-2015 school year**

FEDERAL INCOME CHART: 2014-2015 SCHOOL YEAR						
Household Size	FREE MEALS – 130%			REDUCED PRICE MEALS – 185%		
	Yearly Income	Monthly Income	Weekly Income	Yearly Income	Monthly Income	Weekly Income
1	\$15,171	\$1,265	\$292	\$21,590	\$1,800	\$416
2	\$20,449	\$1,705	\$394	\$29,101	\$2,426	\$560
3	\$25,727	\$2,144	\$495	\$36,612	\$3,051	\$705
4	\$31,005	\$2,584	\$597	\$44,123	\$3,677	\$849
5	\$36,283	\$3,024	\$698	\$51,634	\$4,303	\$993
6	\$41,561	\$3,464	\$800	\$59,145	\$4,929	\$1,138
7	\$46,839	\$3,904	\$901	\$66,656	\$5,555	\$1,282
8	\$52,117	\$4,344	\$1,003	\$74,167	\$6,181	\$1,427
Each Additional Person	\$5,278	\$440	\$102	\$7,511	\$626	\$145

<http://www.fns.usda.gov/sites/default/files/2014-04788.pdf>

There are no schools on the Cocopah Tribe Reservation so children in the region attend schools in the surrounding communities of Yuma and Somerton. According to the Cocopah Education Department, in 2012 there were 291 children from the Cocopah Indian Tribe in grades K -12 enrolled in the schools in the area. In 2013, that number was 327.

**Figure 9. School districts in the Cocopah Tribe Region**



Source: 2010 TIGER/Line Shapefiles prepared by the US Census

Table 15 shows the proportion of students in the school districts attended by Cocopah Tribe children who are eligible for free and reduced lunch.

**Table 15. Free and reduced lunch eligibility**

SCHOOL DISTRICT NAME	PERCENT ELIGIBLE FOR FREE OR REDUCED LUNCH
Crane Elementary District	68%
Somerton Elementary District	86%
Yuma Elementary District	68%

Arizona Department of Education (2014). Percentage of children approved for free or reduced-price lunches, October 2013. Retrieved from <http://www.azed.gov/health-nutrition/frpercentages/>

## Educational Indicators

A national report released in 2012 by the Annie E. Casey Foundation ranked Arizona among the ten states with the lowest score for children’s educational attainment.<sup>26</sup> More recent reports have illustrated similar concerns: *Quality Counts*, an annual publication of the Education Week Research Center, gave Arizona an overall K-12 education rank of 43 in 2013.<sup>27</sup> A 2013 Census Bureau report indicates that Arizona schools receive less in state funding than most states. In 2011, Arizona schools received about 37 percent of their funding from the state, compared to a national average of about 44 percent. The report also found that Arizona has one of the lowest per-pupil expenditures nationally. Arizona spent \$7,666 per pupil in 2011, below the national average of \$10,560 for that year. Arizona also spent the lowest amount nationally on school administration in 2011.<sup>28</sup>

### Educational Attainment

Several socioeconomic factors are known to impact student achievement, including income disparities, health disparities, and adult educational attainment.<sup>29</sup> Some studies have indicated that the level of education a parent has attained when a child is in elementary school can predict educational and career success for that child forty years later.<sup>30</sup>

Supporting tribal members in pursuing their education is a high priority of the Cocopah Education Department, which has a wide range of resources available to families in the region. Key informants indicated that one of the most important services provided to tribal members is the availability of advisors for elementary, middle and high school students. These advisors, which work with students in grades K to 12, monitor the students’ attendance and academic performance. They also serve as parents’ liaisons to the schools on any kind of support they may need: requesting meetings with teachers, participating in the creation of Individualized Education Programs (IEPs), providing transportation to parents so they can

---

<sup>26</sup> Annie E. Casey Foundation. (2012). *Analyzing State Differences in Child Well-being*. O’Hare, W., Mather, M., & Dupuis, G.

<sup>27</sup> Education Week. (2014). *Quality Counts 2013 Highlights*. Retrieved from [http://www.edweek.org/media/QualityCounts2013\\_Release.pdf](http://www.edweek.org/media/QualityCounts2013_Release.pdf)

<sup>28</sup> Dixon, M. (2013). *Public Education Finances: 2011, Government Division Reports*. Retrieved from <http://www2.census.gov/govs/school/11f33pub.pdf>.

<sup>29</sup> Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

<sup>30</sup> Merrill, P. Q. (2010). Long-term effects of parents’ education on children’s educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *NIH Public Manuscript*, Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/>

participate in school activities or attend meetings, among others. Although the advisors in general do not work directly with preschool-age children, the main advisor does regularly communicate with the Cocopah Head Start Program in order to gain insight on the needs of individual students entering kindergarten.

As of December of 2013 there were three advisors available to children in the region. These advisors have established good relationships with the schools in the area while continuously advocating on behalf of Cocopah Tribe children and their families. The Education Department regularly provides a list of the Cocopah Tribe children enrolled to schools in the area. These schools, which are often overcrowded and limited in resources, appreciate the additional support provided by the Cocopah Education Department.

Financial support and incentives for students are also available through the Cocopah Education Department. Key informants noted that having children attend school can be costly for families in the region, especially at the middle and high school levels. The Cocopah Education Department is able to provide assistance with ID fees, books, clothing, school supplies and even afterschool programs including participation in clubs or sports. College-attending students can also obtain financial assistance from the Cocopah Education Department. Key informants noted that one of the challenges is the fact that families do not always take advantage of these extra-curricular opportunities. Nevertheless, key informants also pointed out that the strong educational support provided by the Cocopah Tribe to its members has motivated families to become enrolled members so they can access the wide range of services available through the Education Department.

In addition to the advisors and the financial assistance, another asset in the region in the area of education is a strong truancy law and the availability of a truancy officer that tracks children's attendance closely.

Table 16 shows data on the educational attainment of adults in the region available from the American Community Survey.

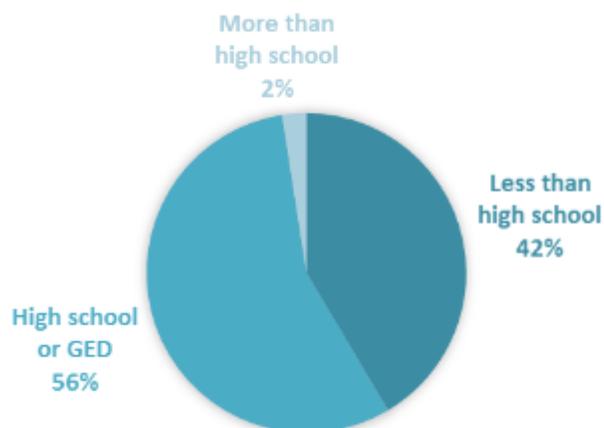
**Table 16. Educational achievement of adults**

GEOGRAPHY	Adults (ages 25+) without a high school diploma or GED	Adults (ages 25+) with a high school diploma or GED	Adults (ages 25+) with some college or professional training	Adults (ages 25+) with a bachelor's degree or more
Cocopah Tribe Region (Total)	15%	24%	41%	19%
Cocopah Tribe Region (American Indian population only)	29%	25%	41%	5%
All Arizona Reservations	30%	33%	29%	7%
Yuma County	29%	25%	32%	14%
Arizona	15%	24%	34%	27%

US Census (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B15002. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Data from the Arizona Department of Health Services Vital Statistics averaged over three years (2009-2012, the most recent years for which they are available) show that more than half of the births in the region (56%) are to women who had completed high school or obtained their GED degrees. Forty two percent of births were to women with less than a high school degree, and the remaining two percent of births were to mothers with more than high school degrees (Figure 10).

**Figure 10. Births by mother's educational achievement in the Cocopah Tribe Region (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

## Graduation and Dropout Rates

Living in poverty decreases the likelihood of completing high school: a recent study found that 22 percent of children who have lived in poverty do not graduate from high school, compared with six percent of children who have not lived in poverty. Third grade reading proficiency has also been identified as a predictor of timely high school graduation. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.<sup>31</sup> This underscores the importance of early literacy programming in the early childhood system, especially for low-income families and families living in poverty.

Graduation and drop-out rates for students in the region are tracked by the Cocopah Education Department.

**Table 17. Graduation and Dropout Rates**

GRADUATION AND DROPOUT RATES FOR COCOPAH SENIORS	2011	2012	2013
Graduation Rates	38%	32%	20%
Dropout Rates	50%	36%	40%

*Cocopah Education Department. (2014). Graduation and dropout rates. Unpublished data provided by the Cocopah Education Department.*

Students who reach legal age and have not graduated may continue to strive towards their GED certificate with support from the Cocopah Vocational Training Center located on the West Reservation. In the past, the Vocational Training Center use to provide GED classes locally but it now partners with the Adult Literacy Plus of Southwest Arizona to provide GED training for tribal members. Transportation is available to the Adult Literacy Plus program for community members who are pursuing their certificate. According to the Cocopah Vocational Training Center, as of May of 2014 there were three individuals from the Cocopah Tribe Region in the process of obtaining their GED certificate.

## Early Education and School Readiness

The positive impacts of quality early education have been well-documented. Previous research indicates that children who attend high-quality preschools have fewer behavior problems in school later on, are less likely to repeat a grade, are more likely to graduate high school, and

<sup>31</sup> Hernandez, D. (2011). Double jeopardy: How third-grade reading skills and poverty influence high school graduation. *The Annie E. Casey Foundation*. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

have higher test scores.<sup>32</sup> Enrollment in preschool provides children with social, emotional and academic experiences that optimally prepare them for entry into kindergarten. In 2012 in Arizona, two-thirds of children aged three and four were not enrolled in preschool (compared to half of children this age nationally). In 2013, Arizona was ranked 3<sup>rd</sup> to last nationally in the number of preschool aged children enrolled in preschool.<sup>33</sup> In the Cocopah Tribe Region, however, the Cocopah Head Start Program has the capacity to enroll (and most often does) 20 children ages 3 and 4. According to Census 2010 data, there were 18 three and four year olds living in the region in 2010. This means that the Head Start program can enroll one hundred percent of the preschool-age children living within the reservation boundaries (note that the Census 2010 data do not include the children who are tribal members -and could therefore be enrolled in the Head Start program, but reside off-reservation).

First Things First has developed Arizona School Readiness Indicators, which aim to measure and guide progress in building an early education system that prepares Arizona's youngest citizens to succeed in kindergarten and beyond. The Arizona School Readiness Indicators are: children's health (well-child visits, healthy weight, and dental health); family support and literacy (confident families); and child development and early learning (school readiness, quality early education, quality early education for children with special needs, affordability of quality early education, developmental delays identified in kindergarten, and transition from preschool special education to kindergarten).<sup>34</sup>

### **Standardized Test Scores**

The primary in-school performance of current students in the public elementary schools in the state is measured by the Arizona Instrument to Measure Standards (AIMS).<sup>35</sup> The AIMS is required by both state and federal law, and is used to track how well students are performing compared to state standards. Performance on the AIMS directly impacts students' future progress in school. As of the 2013-2014 school year, Arizona Revised Statute<sup>36</sup> (also known as

---

<sup>32</sup> Annie E. Casey Foundation. (2013). *The First Eight Years: Giving kids a foundation for lifetime success*. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

<sup>33</sup> Children's Action Alliance. Retrieved from <http://azchildren.org/wp-content/uploads/2014/01/2013-NAEP-Fact-Sheet-one-sided-version.pdf>

<sup>34</sup> First Things First. *Arizona School Readiness Indicators*. Retrieved from: [http://www.azftf.gov/Documents/Arizona\\_School\\_Readiness\\_Indicators.pdf](http://www.azftf.gov/Documents/Arizona_School_Readiness_Indicators.pdf)

<sup>35</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>36</sup> A.R.S. §15-701

*Move on When Reading*) 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. The AIMS A (Arizona Instrument to Measure Standards Alternate) meets federal requirements for assessing students who have significant cognitive disabilities.

In order for children to be prepared to succeed on tests such as the AIMS, 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.<sup>37</sup>

Table 18 and Table 19 below, show the AIMS test results for third graders in the school districts attended by children from the region.

**Table 18. Math 3rd grade AIMS results**

Local Education Agency (LEA)	Math Percent Falls Far Below	Math Percent Approaches	Math Percent Meets	Math Percent Exceeds	Math Percent Passing
Crane Elementary District	10%	26%	43%	21%	64%
Somerton Elementary District	9%	24%	54%	13%	68%
Yuma Elementary District	8%	21%	48%	23%	71%
Arizona (All district schools)	9%	23%	43%	25%	68%

*Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>*

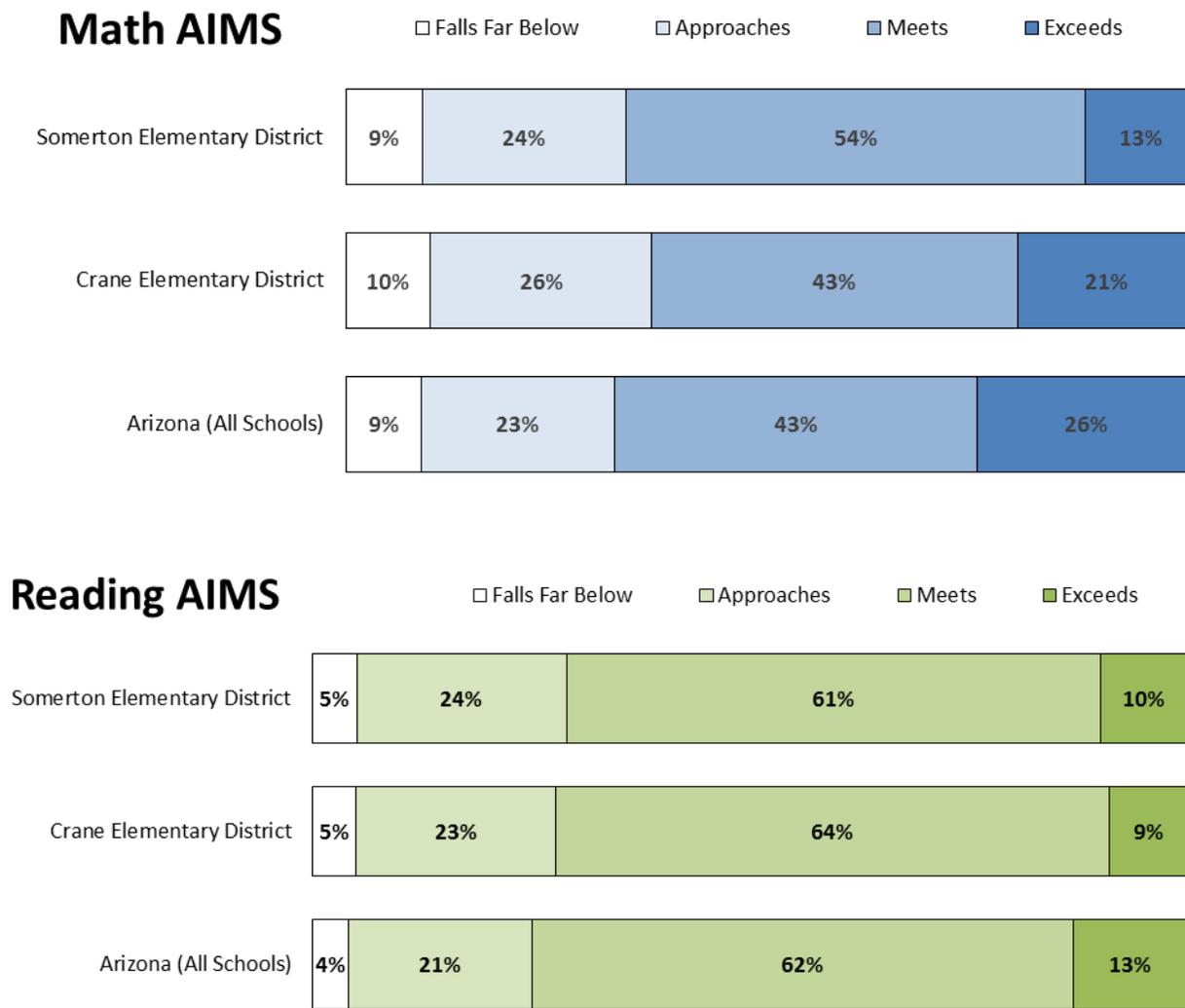
**Table 19. Reading 3rd grade AIMS results**

Local Education Agency (LEA)	Reading Percent Falls Far Below	Reading Percent Approaches	Reading Percent Meets	Reading Percent Exceeds	Reading Percent Passing
Crane Elementary District	5%	23%	64%	9%	72%
Somerton Elementary District	5%	24%	61%	10%	71%
Yuma Elementary District	5%	24%	62%	10%	72%
Arizona (All district schools)	4%	21%	62%	13%	75%

*Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>*

<sup>37</sup> First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from [http://www.aztf.gov/WhoWeAre/Board/Documents/Policy\\_Brief\\_Q1-2012.pdf](http://www.aztf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf) (April, 2012)

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



Arizona Department of Education (2013). AIMS and AIMS A 2013. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

A sample of students in grades 4, 8, and 12 also takes the National Assessment of Educational Progress (NAEP), which is a nationally administered measure of academic achievement that allows for comparison to national benchmarks. A 2014 report by the Annie E Casey Foundation highlighted early reading proficiency across the nation using the National Assessment of Educational Progress data. In Arizona, the percentage of fourth graders reading at or above

proficient levels increased from 23 percent in 2003 to 28 percent in 2013, compared to a national average of 34 percent in 2013.<sup>38</sup>

Other studies have shown that five year-olds with lower-income, less-educated parents tend to score more than two years behind on standardized language development tests by the time they enter kindergarten. Further, new research suggests that this gap in language development begins as early as 18 months of age.<sup>39</sup> In order for children to be prepared to succeed in school, and on tests such as the AIMS and NAEP, early reading experiences, opportunities to build vocabularies and literacy rich environments are effective ways to support the literacy development of young children.<sup>40</sup>

---

<sup>38</sup> Annie E. Casey Foundation. (2014). Early Reading Proficiency in the United States. January 2014. Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/E/EarlyReadingProficiency/EarlyReadingProficiency2014.pdf>

<sup>39</sup> Carey, B. (2013). Language gap between rich and poor children begins in infancy, Stanford psychologists find. Retrieved from Stanford News <http://news.stanford.edu/news/2013/september/toddler-language-gap-091213.html>

<sup>40</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)

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

### Early Care and Education

Children who take part in high-quality early education programs have better success in school, are less likely to enter the criminal justice system,<sup>41</sup> and have better long-term outcomes into adulthood as seen through higher high school graduation rates, increased employment opportunities and earnings, and lower rates of depression and drug use.<sup>42</sup> Studies of the cost-effectiveness of investing in early education (pre-kindergarten) programs show a substantial return on investment in the long term through increases in economic productivity and decreases in expenses to the criminal justice system.<sup>43</sup>

Early care and education settings in the Cocopah Tribe Region include the Cocopah Day Care and the Cocopah Head Start, both tribally-operated.

#### ***Center-based Care***

The Cocopah Day Care provides childcare services to families in the region with children ages 3 to 12, Monday to Friday from 7:30 am to 5:30 pm. Enrollment is available to children from the Cocopah Indian Tribe and also to members of any other federally-recognized tribe, such as the neighboring Quechan Tribe. Eligibility requirements are based on income and according to key informants the vast majority families who apply for the program qualify for subsidized care. The Cocopah Day Care has one classroom and a total capacity to serve 20 children.

In fiscal year 2013 the Cocopah Day Care served a total of 12 children and eight of them were between the ages of 3 to 5.<sup>44</sup> As of December of 2013, the Day Care had no children in the waiting list and five slots were available to families in the region. According to key informants,

---

<sup>41</sup> Lynch, R. (2007). *Enriching Children, Enriching the Nation (Executive Summary)*. Washington, DC: Economic Policy Institute. Retrieved from [http://www.epi.org/content.cfm/book\\_enriching](http://www.epi.org/content.cfm/book_enriching)

<sup>42</sup> The Annie E Casey Foundation. *The first eight years; giving kids a foundation for lifetime success*. (2013). Retrieved from <http://www.aecf.org/~media/Pubs/Initiatives/KIDS%20COUNT/F/FirstEightYears/AECFTheFirstEightYears2013.pdf>

<sup>43</sup> Castelazo, M. (2014). *Supporting Arizona Women's Economic Self-Sufficiency. An Analysis of Funding for Programs that Assist Low-income Women in Arizona and Impact of those Programs*. Report Produced for the Women's Foundation of Southern Arizona by the Grand Canyon Institute. Retrieved from [http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women\\_FINAL.pdf](http://www.womengiving.org/wp-content/uploads/2014/03/WFSA-GCI-Programs-Supporting-Women_FINAL.pdf)

<sup>44</sup> Cocopah Day Care Child Care and Development Fund Annual Report. (December 2013). Unpublished report provided by the Cocopah Day Care.

several parents had recently lost their jobs and therefore were not in need of child care services at the moment. In past years, there were two children on the waiting list on average.

A big challenge for families in the region is the fact that no infant care is available within the reservation boundaries and parents must travel 5-15 miles to the nearest infant child care facility.

### ***Cocopah Head Start***

Head Start is a comprehensive early childhood education program for pre-school aged children whose families meet income eligibility criteria. The program addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The Cocopah Head Start Program is located on the East Reservation and it is a half day program with a total funded capacity to serve 20 children ages 3 to 5. Priority for enrollment is given to Cocopah tribal members, but the program is also open to children from other tribes. After all slots are filled with tribal members, enrollment can be open to children in the community at large. The Cocopah Head Start program serves children from the three reservation areas and transportation is provided to most children. Children with special needs can attend the Cocopah Head Start Program in the morning and participate in a school-based preschool program in the afternoon, with transportation provided by the Head Start Program.

According to Census 2010 data, 18 preschool-age children (3 and 4 years of age) were living in the region in 2010. This means that the Head Start Program has the capacity to serve one hundred percent of the children residing within the reservation boundaries. Nevertheless, there may be additional demand for Head Start slots for children who are tribal members but reside off-reservation in the surrounding communities (Somerton, San Luis or Yuma).

### ***Quality First***

Quality First, a signature program of First Things First, is a statewide continuous quality improvement and rating system for child care and preschool providers, with a goal to help parents identify quality care settings for their children.

Quality First provides financial and technical support for child care providers to help them raise the quality of care they provide young children. Program components of Quality First include: assessments, TEACH scholarships, child care health consultation, child care scholarships, and financial incentives to assist in making improvements. 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>45</sup> Quality First providers with higher star ratings receive higher financial incentives and less coaching while those with lower ratings receive more coaching and lower financial incentives.<sup>46</sup>

Table 20 describes the rating scale as defined by First Things First.

---

<sup>45</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)

<sup>46</sup> The BUILD Initiative. Arizona State Profile. Retrieved from <http://www.buildinitiative.org/Portals/0/Uploads/Documents/ArizonaProfileFinal.pdf>

**Table 20: Quality First Rating Scale**

1 Star (Rising Star)	2 Star (Progressing Star)	3 Star (Quality)	4 Star (Quality Plus)	5 Star (Highest Quality)
Demonstrates a commitment to examine practices and improve the quality of care beyond regulatory requirements.	Demonstrates a commitment to provide environments that are progressing in the ability to foster the health, safety and development of young children.	Demonstrates a level of quality that provides an environment that is healthy and safe with access to developmentally appropriate materials. Curriculum is aligned with state standards. Interactions between adults and children are enhanced. Staff qualifications exceed state regulatory requirements.	Demonstrates a level of quality that provides an environment of developmentally appropriate, culturally sensitive learning experiences. Curriculum is aligned with state standards. Relationships between adults and children are nurturing and promote language development and reasoning skills.	Demonstrates a level of quality that provides an environment of lower ratios/group size and higher staff qualifications that supports significant positive outcomes for young children in preparation for school. Curriculum is aligned with state standards and child assessment. Relationships between adults and children are nurturing and promote emotional, social, and academic development.

The Cocopah Head Start is the only Quality First site in the region, with a three-star Quality rating.

***Local Education Agency Preschools***

Under the No Child Left Behind Act (NCLB), Title I provides preschool, elementary, and secondary schools with financial assistance in order to assist all children, including educationally disadvantaged children, in meeting the state’s academic standards. Title I funding is intended to assist schools in administering supplementary programs, such as those designed to increase

parent involvement, additional instructional services, and school wide reform efforts.<sup>47</sup> The U.S. Department of Education encourages the use of these funds to support early childhood education, recognizing that this is an area that often has not had sufficient resources.<sup>48</sup> Table 21 below shows the preschool in elementary school districts serving the Cocopah Tribe Region that have utilize these funds to provide preschool programs to families in the area.

**Table 21. Number of Local Education Agency Preschools**

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF PRESCHOOL PROGRAMS	PRESCHOOL STUDENTS ENROLLED
Crane Elementary District	2	30
Somerton Elementary District	1	67
Yuma Elementary District	4	180
All Yuma County Districts	6	210
All Arizona Districts	220	10,063

Arizona Department of Education (2014). October 1 Enrollment 2013-2014. Retrieved from <http://www.azed.gov/research-evaluation/arizona-enrollment-figures/>

### **Cost of Childcare**

In Arizona in 2012, the average annual cost of center-based full-time child care for an infant was \$8,671, and for a four year old, \$7,398.<sup>49</sup> The average cost of a year’s tuition and fees at an Arizona public college was only 10 percent more. The costs of childcare increase with more than one child in a household, with the average annual cost for one infant and one four year old at \$16,069. Family based providers cost slightly less, with the annual cost for an infant at \$6,641 and for a four year old at \$6,285. Arizona was ranked 16<sup>th</sup> in the nation for least-affordable childcare for an infant in a center, and 14<sup>th</sup> for least affordable for a four year old in a center. At the state level, to pay for center-based child care for a four year old, a family of three at the federal poverty level would spend nearly 40% of their annual income, while a family of three at 200 percent of the federal poverty level would spend almost 20 percent of their annual income.

<sup>47</sup> Arizona Department of Education, 2011. Retrieved from: <http://www.ade.az.gov/asd/title1/MissionProgDescription.asp>

<sup>48</sup> Using Title I of ESEA for Early Education Retrieved from: <http://www.clasp.org/admin/site/publications/files/titleifaq-1.pdf>

<sup>49</sup> Child Care Aware® of America. Parents and the High Cost of Child Care. 2013 Report. <http://usa.childcareaware.org/sites/default/files/Cost%20of%20Care%202013%20110613.pdf>

At the Cocopah Day Care fees for each family are calculated on a sliding scale that ranges from \$1 to \$15 a day for full-time care.

With no subsidized infant care available within the regional boundaries, covering the cost of child care for the youngest children represents a major challenge to parents in the region.

## **Professional Development**

Formal educational attainment of Early Childhood Education (ECE) staff is linked with improved quality of care in early care and education settings. According to the 2012 Early Care and Education Workforce Survey, the number of assistant teachers obtaining a credential or degree increased from 21 percent in 2007 to 29 percent in 2012, and the percentage of all teachers holding a college degree rose from 47 to 50 percent over the same time period. During that same period however, the wages of assistant teachers, teachers and administrative directors working in licensed early care and education settings across the state decreased when adjusted for inflation. Those working in early care and education settings in Arizona, only make about half the annual income of kindergarten and elementary school teachers across the state.<sup>50</sup> It is likely that these issues impact retention and turnover of early care and education professionals across the state.

### **Scholarships**

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in the pursuit of their CDA certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers (center or home based), directors, 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 or AA degree. A Bachelor's Degree model of the TEACH program is also currently being piloted in one FTF Region. There are currently no TEACH scholarships being utilized by child care staff in the region.

### **Opportunities for Professional Development**

There are limited opportunities for professional development of early childhood education professionals in the Cocopah Tribe Region, though some opportunities are available in Yuma County. Two colleges offer in-person certification and degree programs in early childhood: The Yuma sites of the University of Phoenix and Arizona Western College (see Table 22 below).

---

<sup>50</sup> Arizona Early childhood Development and Health Board (First Things First). (2013). Arizona's Unknown Education Issue: Early Learning Workforce Trends. Retrieved from <http://www.azftf.gov/WhoWeAre/Board/Documents/FTF-CCReport.pdf>

Northern Arizona University (NAU) also offers early education certificate or degree opportunities through blended programs; combining on-line and in-person coursework, with the in-person portion available at the NAU-Yuma Branch Campus. Enrolled tribal members who wish to pursue these programs may be eligible for support from the Cocopah Education Department which offers a Higher Education Grant Program for full-time students working towards an associate or bachelor’s degree, and also a Part-time Student Program.<sup>51</sup>

**Table 22: Availability of certification, credentials, or degree programs**

College	Locations in ...	Degree Offered
University of Phoenix	Yuma Learning Center	AA: Elementary Education Concentration
Arizona Western College	Yuma Main Campus	Certificate: Early Childhood Education AAS: Early Childhood Education AA: Early Childhood Education
Northern Arizona University	Yuma Campus	Undergraduate Certificate: Early Childhood Education BA: Early Childhood Education MA: Early Childhood Education

<http://www.phoenix.edu/programs/degree-programs/education/associates/aae.html>;

[https://www.azwestern.edu/academic\\_services/degrees\\_and\\_certificates/](https://www.azwestern.edu/academic_services/degrees_and_certificates/);

<http://yuma.nau.edu/DegreeSearch.aspx#Keyword=early+childhood>

Other professional opportunities include the DES Early Childhood Professional Training,<sup>52</sup> offered through Yavapai College. This training is a no-cost, 60-hr course covering the basics of child development, nutrition, early reading and math activities and child-care licensing to prepare participants to enter the early care and education workforce. The grant provides up to 15, 60-hour workshops in 11 counties in Arizona each year. Upon completion, students can earn college credits. In addition, the First Things First Yuma Regional Partnership Council in collaboration with Eight-Arizona PBS also offers Community Based Professional Development through half-day workshops offered monthly. These workshops are open to all early childhood educators in Yuma County and are based around developmentally appropriate practice, executive function, intentional teaching and Arizona Department of Health Services training requirements.<sup>53</sup> Arizona Childcare Resource and Referral also publishes a quarterly newsletter

<sup>51</sup> <http://www.cocopah.com/documents/HiEd-Student-Handbook.pdf>

<sup>52</sup> <https://www.yc.edu/v5content/academics/divisions/social-behavioral-organizational-sciences/des.htm>

<sup>53</sup> [http://www.asset.asu.edu/new/yuma\\_cbpd.html](http://www.asset.asu.edu/new/yuma_cbpd.html)

on early childhood training opportunities, including those in Yuma County.<sup>54</sup> The most recent newsletter<sup>55</sup> listed eight trainings in Yuma County in both English and Spanish.

## Health

### Access to Care

The Arizona Department of Health Primary Care Area Program designates Primary Care Areas (PCAs) as geographically based areas in which most residents seek primary medical care within the same places.<sup>56</sup> The Cocopah Indian Tribe Region is designated as its own PCA.

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. Each PCA 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. Based on its scores on these indicators, Yuma County, which includes the Cocopah Indian Reservation, is designated as a Primary Care Health Professional Shortage Area.<sup>57</sup>

Health care services are available to residents from the Cocopah Tribe through the Indian Health Services Fort Yuma Service Unit, a facility located in Yuma, Arizona. This facility offers general medical, pediatric, preventative healthcare, mental health, and dental healthcare services. The Fort Yuma Service Unit is classified as a health center not a hospital. Patients who require services that are not provided by the Fort Yuma Service Unit are referred to the Yuma Regional Medical Center or to the Phoenix Indian Medical Center.

Health services are also provided by the Cocopah Wellness Center. Other tribally operated health programs include an Elder Nutrition program, Alcohol/Drug Abuse Prevention Program as well as the Cocopah Community Center. The Cocopah Tribal Health Maintenance Program is tribally operated in conjunction with Indian Health Services. This program offers a diabetes program, an alcohol and drug abuse program and well-baby examinations and immunizations.

---

<sup>54</sup> <http://www.arizonachildcare.org/providers/professional-development.html>

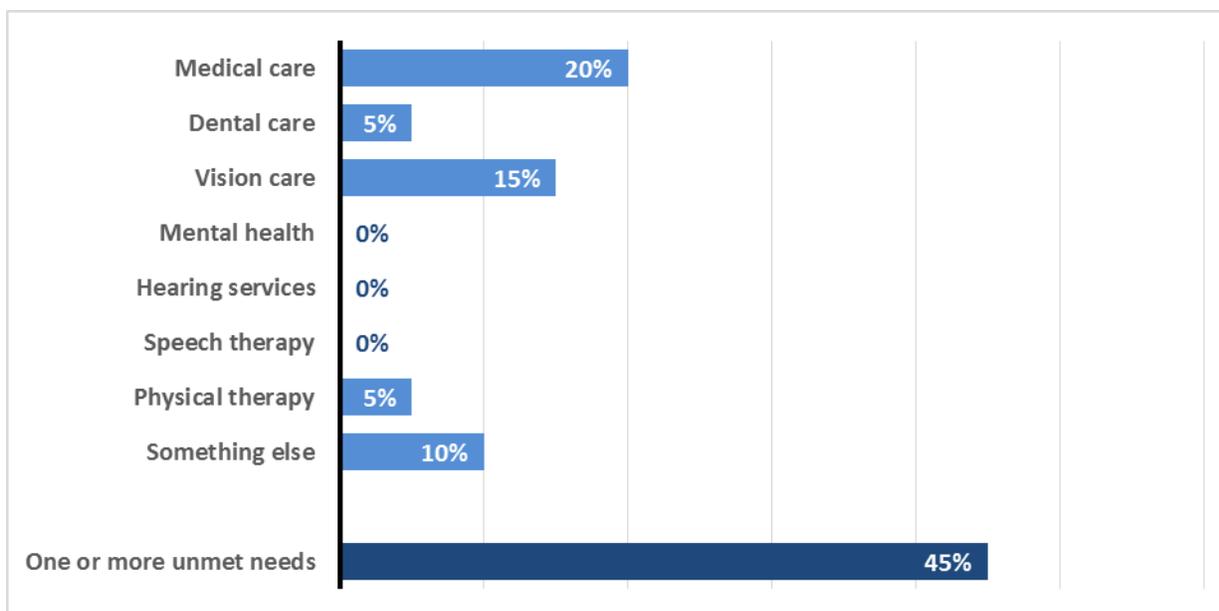
<sup>55</sup> <http://www.arizonachildcare.org/pdf/bulletin.pdf>

<sup>56</sup> Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care Area and Special Area Statistical profiles. Bureau of Health Systems Development.

<sup>57</sup> <http://www.azdhs.gov/hsd/data/documents/reports/azmuaannualrpt.pdf>

One of the Arizona Title V priorities for 2011-2016 for Arizona's maternal and child health population is to improve access to and quality of preventive health services for children. An indicator of access to health services is whether or not a child was able to receive care in a timely manner when he or she needs it. A set of questions on the Cocopah Tribe Region Parent and Caregiver Survey asked whether their child had needed health care in the past year, but the care was delayed or never received. Nearly half (45%) of the parents and caregivers reported that their child (or children) had not received timely health care at least once during the previous year. Most frequently, it was medical care (20%) or vision care (15%) that was delayed or not received.

**Figure 12. Percent of respondents who reported that necessary health care was delayed or not received.**



Source: Parent and Caregiver Survey, 2014

### Pregnancies and Births

From the 1950's until the economic downturn in 2008, the number of babies born in Arizona had increased each year. From 2008, the number of babies born each year in the state began to decrease until 2012. Data provided by the Arizona Department of Health services indicate that between 2009 and 2012 there were 51 births to women from the Cocopah Tribe Region.<sup>58</sup>

<sup>58</sup> Due to FTF Suppression and Dissemination guidelines, data for the number of births in the region cannot be presented for each year because there were fewer than 25 births per year.

Because the Cocopah Tribe Region is relatively sparsely populated, data from any one year for rare occurrences (such as births) tend to vary from one year to the next. The Cocopah Tribe Primary Care Area Statistical (PCA) Profile provides data on a number of maternal and child health indicators averaged over a ten-year span (2002-2011). PCA data are also available for Yuma County, all Arizona tribes combined, and the state as a whole. Where available, in this report we will present both the yearly (or averaged) trend data provided to First Things First by the Arizona Department of Health Services and the PCA data that allows for comparisons to the county, all Arizona reservations, and the state (Figure 14).

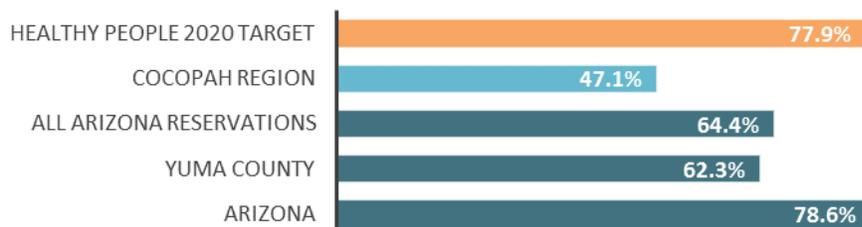
Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education. Research has suggested that the benefits 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>59</sup> Care should ideally begin in the first trimester.

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. The Healthy People 2020 target for receiving prenatal care in the first trimester is 77.9 percent or more. In Arizona as a whole, 78.6 percent of births meet this standard. The percent of births with early prenatal care in the Cocopah Tribe Region (47.1%) has been substantially below the Healthy People 2020 target across a ten year span (2002-2011). It has also been substantially lower than the percent of women receiving early prenatal care across all Arizona reservations combined (64.4%).

---

<sup>59</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>

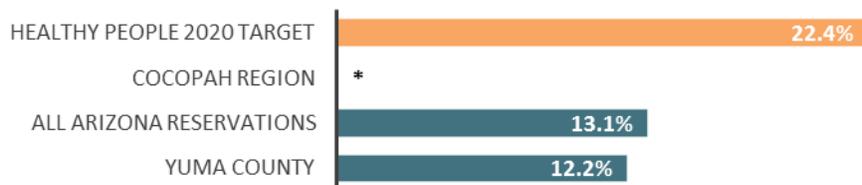
**Figure 13. Average percent of births with prenatal care begun first trimester (2002-2011)**



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

In addition to early care, it is important that women receive adequate prenatal care throughout their pregnancy, in order to monitor their health and provide them with information for a healthy pregnancy and post-natal period. 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.<sup>60</sup> The Healthy People 2020 target for receiving fewer than five prenatal care visits is 22.4 percent or less. Only 13.1 percent of births across all Arizona reservation were to women who received an inadequate number of prenatal care visits, meeting the Healthy 2020 target

**Figure 14. Average percent of births with fewer than five prenatal care visits (2002-2011)**



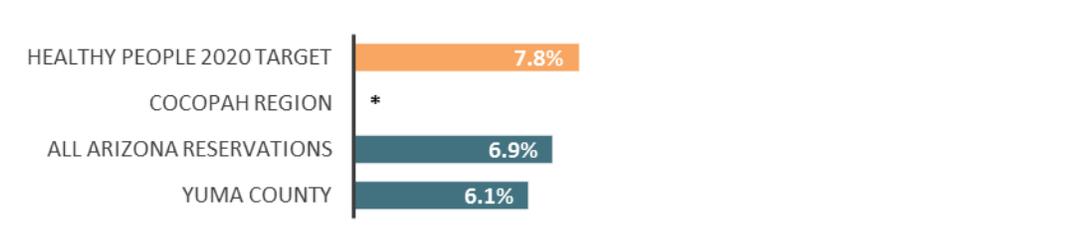
Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

Low birth weight is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Low birth weight is associated with a number of factors including maternal smoking or alcohol use, inadequate maternal weight gain, maternal age younger than 15 or older than 35 years, infections involving the uterus or in the fetus, placental problems, and

<sup>60</sup> American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 5th ed. Elk Grove Village, Ill.: American Academy of Pediatrics, and Washington, D.C.: American College of Obstetricians and Gynecologists, 2002

birth defects,<sup>61</sup> as well as air pollution.<sup>62</sup> The Healthy People 2020 target is 7.8 percent or fewer births where babies are a low birth weight. The rate across all Arizona reservations combined (6.9%) meets this target.

**Figure 15. Percent of births with low birth weight (5 lbs., 8oz. or less) (2002-2011)**



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

Teenage parenthood, particularly when teenage mothers are under 18 years of age, is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child abuse and neglect.<sup>63</sup> In addition, the children of teenage mothers are more likely to have lower school achievement and drop out of high school, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult. Teenaged mothers themselves are 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.<sup>64</sup>

The teen birth rate in Arizona in 2012 was 18.7/1000 for females aged 15-17, and 66.1/1000 for females aged 18-19. Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 11<sup>th</sup> highest teen birth rate nationally.<sup>65</sup> Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and

<sup>61</sup> Arizona Department of Health Services. Preterm Birth and Low Birth Weight in Arizona, 2010. Retrieved from: <http://www.azdhs.gov/phs/owch/pdf/issues/Preterm-LowBirthWeightIssueBrief2010.pdf>

<sup>62</sup> Pedersen, M., et al. (2013). Ambient air pollution and low birth weight: A European cohort study (ESCAPE). The Lancet Respiratory Medicine. Advance online publication. Doi: 10.1016/S2213-2600(13)70192-9

<sup>63</sup> Office of Population Affairs, Department of Health and Human Services, (2010). Focus area 9: Family Planning, Healthy People 2010. Retrieved from: <http://www.healthypeople.gov/Document/HTML/Volume1/09Family.htm>

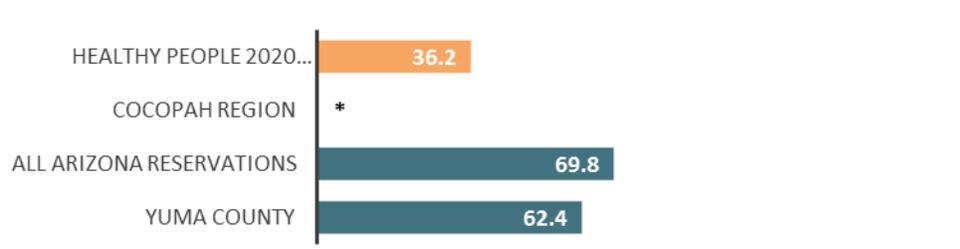
<sup>64</sup> Centers for Disease control and Prevention. Teen Pregnancy. About Teen Pregnancy. Retrieved from: <http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm>

<sup>65</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. Teen Birth Rate Comparison, 2012. <http://thenationalcampaign.org/data/compare/1701>

older teen parenthood (18-19) can continue to impact educational attainment, these rates indicate that teen parenthood services for teen parents may be important strategies to consider in order to improve the well-being of young children in these areas. The average percent of births to mothers ages 19 and younger in the Cocopah Tribe Region over a four year span (2009-2012) was sixteen percent. In 2012, nine percent of all births in Arizona, and 14 percent in Yuma County, were to mothers age 19 or younger.

The rates of teen births per thousand females (14 to 19 years old) in Yuma County and all Arizona reservations are both substantially higher than the Healthy 2020 People target as shown in Figure 17 below.

**Figure 16. Rate of Teen Births (ages 19 and younger) per 1,000 Females (2002-2011)**



Arizona Department of Health Services (2013). *Primary Care Area Statistical Profiles 2012*. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

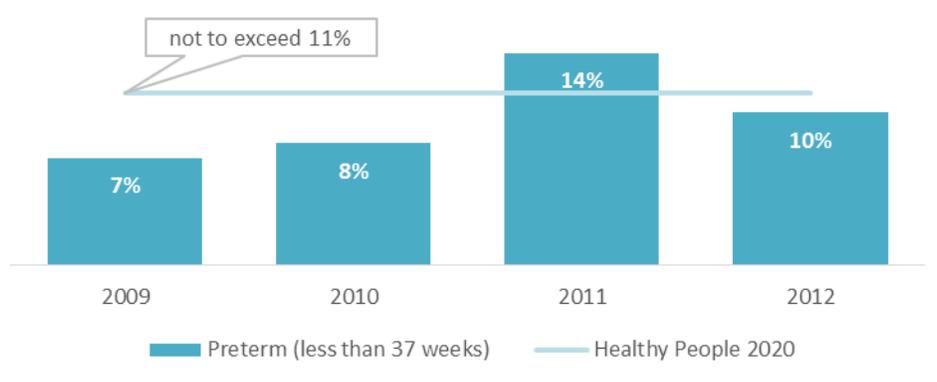
Although the number of teen births in Arizona has dramatically decreased in recent years, Arizona still has the 11<sup>th</sup> highest teen birth rate nationally.<sup>66</sup> Because young teen parenthood (10-17) can have far-reaching consequences for mother and baby alike, and older teen parenthood (18-19) can continue to impact educational attainment, these rates indicate that teen parenthood services for teen parents may be important strategies to consider in order to improve the well-being of young children in these areas. Reducing the rate of teen pregnancy among youth less than 19 years of age is one of the ten State Title V priorities for 2011-2016 for Arizona's maternal and child health population.<sup>67</sup>

Except for the year 2011, since 2009 the percent of preterm births in the Cocopah Tribe Region has met the Healthy People 2020 target of 11 percent or less, and in 2012 it was very close to the state rate of nine percent.

<sup>66</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy. *Teen Birth Rate Comparison, 2012*. <http://thenationalcampaign.org/data/compare/1701>

<sup>67</sup> Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2014, Annual Report for 2012. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2014.pdf>

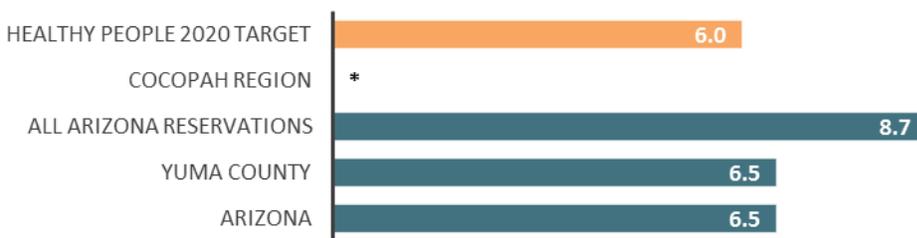
**Table 23. Percent of births that are preterm (less than 37 weeks) (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

One of the consequences that has been linked to high teen birth rates and preterm birth is high infant mortality. The Healthy People 2020 target for all infant deaths is 6.0 infant deaths or fewer per 1,000 live births. The Primary Care Area Statistical Profiles include data about the average infant mortality rate. However, there were insufficient data for ADHS to report this rate for the Cocopah Tribe Region in the 2012 Profile. Nevertheless, the rate across all Arizona reservations (which includes the Cocopah Indian Tribe) was 8.7 per 1,000 live births, which is higher than the state rate of 6.5 per 1,000 live births. Both of these rates exceed the Healthy People 2020 target of 6.0 per 1,000 live births or less.

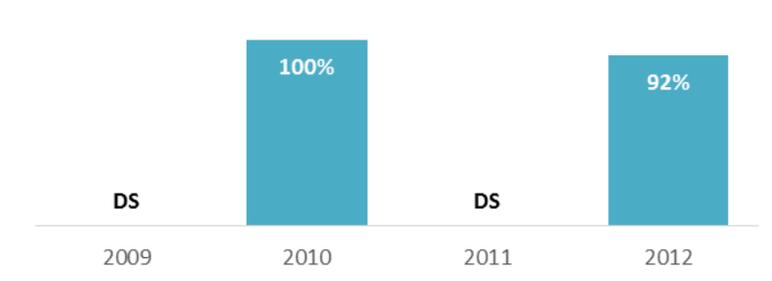
**Figure 17. Average infant mortality rate per 1,000 live births (2002-2011)**



Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

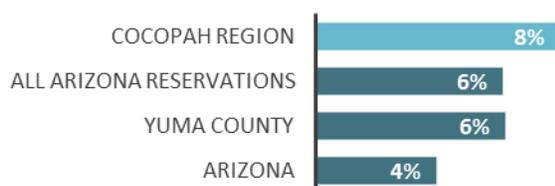
The percent of births that were covered by AHCCCS or the Indian Health Service (IHS) in the Cocopah Tribe Region has been considerably higher than the state as a whole, which had 55 percent of births with AHCCCS or IHS as the payee in 2012. The average percent of uninsured births (defined as self-pay or 'unknown' payee in the Vital Statistics birth record) in the region (8%) is twice the Arizona rate and also higher than the all Arizona reservations rate (6%, see Figure 20).

**Figure 18. Percent of births covered by AHCCCS or IHS by year (2009-2012)**



Arizona Department of Health Services (2014). [Vital Statistics data set]. Unpublished raw data received from the First Things First State Agency Data Request

**Figure 19. Average percent of uninsured births (2002-2011)**



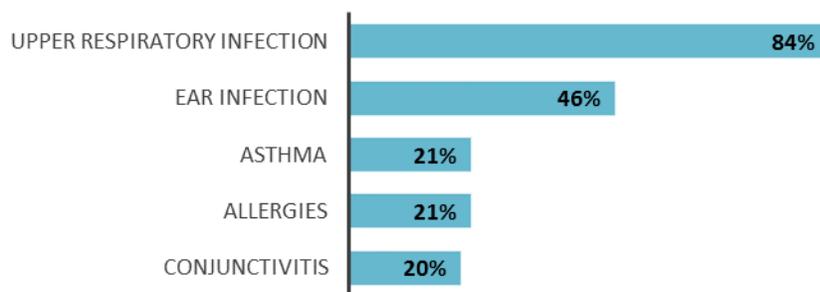
Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>

### Children’s health

Data on a number of child health indicators were available from the Indian Health Service for active users under the age of six residing in the region (a total of 509 children).<sup>68</sup> Figure 21, below, shows the top five diagnoses for children under the age of six residing in Cocopah Tribe Region who received care at IHS facilities. (Children could be seen for more than one diagnosis, so the totals exceed 100 percent). Children were most frequently seen for upper respiratory infections.

<sup>68</sup> For more information on the definition of ‘active users’ and how these estimates were calculated see Footnote 75.

**Figure 20. Top five diagnoses by unique patients (0-5), 2011-2013, Cocopah Tribe Region**



*Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area*

## Insurance Coverage

### ***Affordable Care Act and Medicaid Expansion***

In 2012, Arizona had the third highest rate of uninsured children in the country, with 13 percent of the state’s children (those under 18 years of age) uninsured.<sup>69</sup>

The Patient Protection and Affordable Care Act (ACA) was signed into law on March 23, 2010. The ACA aims to expand access to health care coverage, requires insurers to cover preventative and screening services such as vaccinations, and ensures coverage for those with pre-existing conditions. In 2013, states could choose to expand Medicaid, with the federal government covering the entire cost for three years and 90 percent thereafter, which Arizona chose to do. Arizonans who earn less than 133 percent of the federal poverty level (approximately \$14,000 for an individual and \$29,000 for a family of four) are eligible to enroll in Medicaid (AHCCCS), while those with an income between 100 percent and 400 percent of the federal poverty level who are not eligible for other affordable coverage may receive tax credits to help offset the cost of insurance premiums.<sup>70</sup> These individuals can purchase health insurance thru health insurance exchanges. The ACA requires most Americans to obtain insurance coverage.

In addition to immunizations, the ACA requires insurance plans to cover of a number of services relevant to children. These include routine eye exams and eye glasses for children once per

<sup>69</sup> Mancini, T. & Alker, J. (2013). Children’s Health Coverage on the Eve of the Affordable Care Act. Georgetown University Health Policy Institute, Center for Children and Families. <http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>

<sup>70</sup> The Affordable Care Act Resource Kit. National Partnership for Action to End Health Disparities. <http://health.utah.gov/disparities/data/ACAResourceKit.pdf>

year, and dental check-ups for children every six months.<sup>71</sup> However, in Arizona, offered health plans are not required to include these pediatric vision and oral services, as long as supplemental, stand-alone pediatric dental and vision plans are available to consumers.<sup>72</sup> A potential barrier to this method is that a separate, additional premium for this supplemental plan is required,<sup>73</sup> and subsidies will not be available for these separately purchased plans.<sup>74</sup> Both these factors may make these supplemental pediatric dental and vision plans unaffordable for some families. In addition, when these “essential” services are offered in a stand-alone plan, families are not required to purchase them to avoid penalties. These factors may limit the uptake of pediatric dental and vision coverage in Arizona.

### ***Affordable Care Act and American Indians and Alaska Natives***

As mentioned, the ACA aims to improve the health of all Americans by increasing health care coverage and health care services. The ACA also permanently reauthorizes the Indian Health Care Improvement Act, which legalizes the provisions of healthcare to be provided to American Indians and Alaska Natives (AIANs). Under the ACA, all Indian Health Service providers and functions will continue to operate as before; and AIANs who acquire health care coverage through the Market Place are still eligible to receive services from Indian Health Service and tribal and urban health clinics/programs. In addition, the ACA contains several mandates concerning American Indians and Alaska Natives (AIANs), tribal health delivery systems, and tribal employers that are important to take note of.

American Indians who are members of federally recognized tribes (and Alaska Natives who are members of ANCSA Corporations) have special privileges under the ACA that other Americans do not have. One such privilege is the ability to enroll in a health insurance plan at any time during the year, regardless of open enrollment time frames. AIANs are also able to change their health insurance plans as often as once a month. Qualified AIANs are also eligible for special insurance plan rates. Those who make below 300 percent of the federal poverty level (approximately \$34,500 for an individual and \$70,700 for a family of four) are eligible to enroll in Zero Cost Sharing plans which require no out-of-pocket costs to enrollees. Additionally,

---

<sup>71</sup> Arizona EHB Benchmark Plan. Centers for Medicare & Medicaid services. <http://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/arizona-ehb-benchmark-plan.pdf>

<sup>72</sup> Essential Health Benefits. Arizona Department of Insurance. June 1, 2012. <http://www.azgovernor.gov/hix/documents/Grants/EHBReport.pdf>

<sup>73</sup> Can I get dental coverage in the Marketplace? <https://www.healthcare.gov/can-i-get-dental-coverage-in-the-marketplace/>

<sup>74</sup> Kids’ Dental Coverage Uncertain under ACA. Stateline, The Daily News of the Pew Charitable Trusts. <http://www.pewstates.org/projects/stateline/headlines/kids-dental-coverage-uncertain-under-aca-85899519226>

qualified AIANs who make above 300 percent of the federal poverty level, are eligible to enroll in Limited Cost Sharing plans. AIANs are also eligible to apply for exemption from the fee (Shared Responsibility Fee) that applies to Americans who can afford to buy health insurance, but choose not to buy it. Those who are not members of a federally recognized tribe but are still eligible to receive Indian health care services, can also benefit from special cost eligibility requirements for both Medicaid and the Children's Health Insurance Program (CHIP).

Enrolling in Medicaid, CHIP, and private insurance plans offers both individual health benefits and benefits for entire tribal communities and all AIAN people. Individuals who enroll in a health insurance plan gain increased access to health care services by being able to visit their insurance plan providers and Indian Health Services, Tribes and Tribal Organizations, and Urban Indian Organizations (I/T/Us). Entire AIAN communities benefit because when an outside insurer is billed for medical services there is a savings in Contract Health Service. The money saved through outside billing (3<sup>rd</sup> party billing) can then be used in other ways to benefit all tribal citizens.

Another mandate of the ACA is that many employers must offer health care insurance coverage to their employees. Tribes are unique in this sense because many tribes also function as employers, therefore, this mandate will apply. However, this mandate will effect tribes and tribal employers differently, depending on the number of full-time and full-time equivalent employees the tribe/tribal enterprise has. As a basic rule of thumb, employers who employ 50 or more full-time or full-time equivalent employees are classified as a 'Large Employer' and required to offer health insurance to their employees or pay a fine. More information regarding employer health insurance mandates and an interactive questionnaire for employers can use to find out what their business is classified as and what their health insurance responsibilities are can be found at <http://tribalhealthcare.org/tribal-employers/>.

Insurance coverage data for children birth to five were provided by the Indian Health Service for active users ages birth to five in the region (a total of 56 children).<sup>75</sup> Forty five percent of young active users do not have third-party insurance coverage (in addition to the services provided by IHS; see Figure 21 below).

---

<sup>75</sup> Please note that the IHS estimates are based on data from the active users (defined as any child who had one or more visits during this two-year period) under the age of six in fiscal years 2011-2013. These data are based on the children's place of residence and not on where the service was provided. In this report we are including data from children residing in the communities of Somerton and San Luis. It can be assumed that in most cases services were received at the local Fort Yuma Service Unit.

### ***Medicaid (AHCCCS) Coverage***

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). KidsCare operates as part of the AHCCCS program and provides coverage for children in households with incomes between 100 percent -200 percent of the FPL. However, due to budget cuts at the state level, enrollment in the KidsCare Program was frozen on January 1, 2010, and eligible new applicants were referred to the KidsCare Office to be added to a waiting list.

Beginning May 1, 2012 a temporary new program called KidsCare II became available through January 31, 2014, for a limited number of eligible children. KidsCare II had the same benefits and premium requirements as KidsCare, but with a lower income limit for eligibility; it was only open to children in households with incomes from 100 percent to 175 percent of the FPL, based on family size. Monthly premium payments, however, were lower for KidsCare II than for KidsCare.<sup>76</sup>

Combined, KidsCare and KidsCare II insured about 42,000 Arizona children, with almost 90 percent being covered thru the KidsCare II program. On February 1, 2014, KidsCare II was eliminated. Families of these children then had two options for insurance coverage; they could enroll in Medicaid (AHCCCS) if they earn less than 133 percent of the FPL, or buy subsidized insurance on the ACA health insurance exchange if they made between 133 percent and 200 percent of the FPL. However this leaves a gap group of up to 15,000 kids in Arizona whose families can't afford insurance because they don't qualify for subsidies. A solution proposed by Arizona legislators is to again allow children whose families earn between 133 percent and 200 percent of the poverty level to enroll in KidsCare.<sup>77</sup>

Currently, enrollment for the original KidsCare remains frozen in 2014. Children enrolled in KidsCare with families making between 133 percent and 200 percent of the FPL will remain in KidsCare as long as they continue to meet eligibility requirements, and continue paying the

---

<sup>76</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>

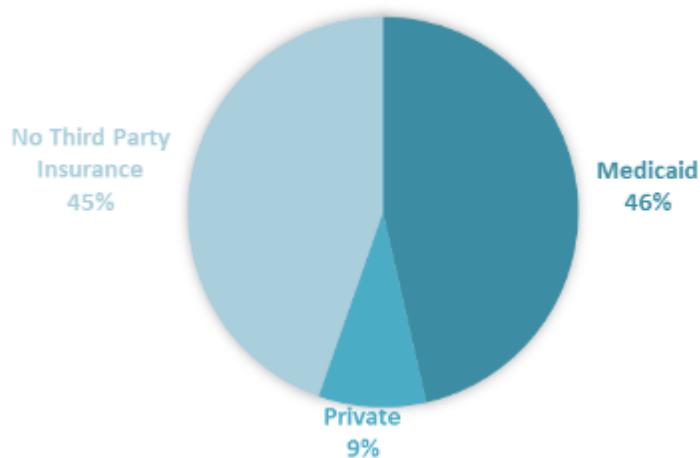
<sup>77</sup> Thousands of Kids Could Lose Health Coverage Saturday. January 30, 2014, Arizona Public Media.

<https://news.azpm.org/p/local-news/2014/1/30/29919-thousands-of-az-kids-could-lose-health-coverage-saturday/>

monthly premium. Children enrolled in KidsCare whose families make between 100 percent and 133 percent of the FPL will be moved to Medicaid (AHCCCS). New applicants to KidsCare with incomes below 133 percent of the FPL will be eligible for Medicaid (AHCCCS). Applicants with incomes above 133 percent of the FPL will be referred to the ACA health insurance exchanges to purchase (potentially subsidized) health insurance.<sup>78</sup>

Based on data provided by IHS, nearly half (46%) of the children under six who are active IHS users are also enrolled in Medicaid (AHCCCS).

**Figure 21. Insurance coverage, Indian Health Service active users (0-5), 2011-2013, Cocopah Indian Tribe**



*Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area*

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

The National Survey of Children with Special Health Care Needs estimated that 7.6 percent of children from birth to 5 (and about 17% of school-aged children) in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”<sup>79</sup> The survey also

---

<sup>78</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

<sup>79</sup> “Arizona Report from the 2009/10 National Survey of Children with Special Health Care Needs.” NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [08/06/12] from [www.childhealthdata.org](http://www.childhealthdata.org).

estimates that nearly one in three Arizona children with special health care needs has an unmet need for health care services (compared to about one in four nationally).

In addition, although all newborns in Arizona are screened for hearing loss at birth, approximately one third of those who fail this initial screening don't receive appropriate follow up services to address this auditory need.<sup>80</sup>

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 ensure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start. Five percent of the children enrolled in the Cocopah Head Start Program in 2012-2013 had an Individualized Education Program (IEP).<sup>81</sup>

According to key informants, hearing and vision tests are provided by IHS staff to children enrolled in the Cocopah Head Start Program at the Head Start site.

### ***AZEIP Referrals and Services***

Children birth to three who are screened and found to be in need of early intervention services, can be referred to the Arizona Early Intervention Program (AzEIP). 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,

---

<sup>80</sup> Maternal and Child Health Services Title V Block Grant, State Narrative for Arizona, Application for 2013, Annual Report for 2011. <http://www.azdhs.gov/phs/owch/pdf/mch/title-v-block-grant-narratives-2013.pdf>

<sup>81</sup> Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>

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).

Private insurance often does not cover the therapies needed for children with special needs. The 2009-2010 National Survey of Children with Special Health Care Needs found that 22 percent of families with a child with special health care needs pay \$1000 or more in out of pocket medical expenses.<sup>82</sup> The cost of care has become an even more substantial issue as state budget shortfalls led AzEIP to institute a system of fees for certain services (called “Family Cost Participation”). Although no fees are associated with determining eligibility or developing an Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, now have fees. The families of AHCCCS-enrolled children are not required to pay the fees. The cost of services is based on location and how difficult an area is to serve; urban areas are considered “base” and have lower rates per hour compared to rural areas. According to the AzEIP website, the agency is in the process of updating their Early Intervention Policies and Procedures. The proposed revisions would eliminate the Family Cost Participation, and public comment on the new policy was accepted through June 16, 2014.<sup>83</sup>

Regional AzEIP data was unavailable for the current report, however some state-level summaries were provided. During the month of February 2013, there were 5,451 AzEIP eligible children with an Individualized Family Service Plan. The total number of children served in Arizona in 2012 based on an October 1st count was 5,100. Of those, 667 were one year old or younger, 1,561 were between the ages of one and two and 2,872 were between two and three years of age. The total number of infants and toddlers receiving early intervention services from July 1, 2011, through June 30, 2012 was 9738 (this includes all AzEIP eligible children including children served by AzEIP only; Division of Developmental Disabilities (DDD) and Arizona Schools for the Deaf and the Blind (ASDB)).<sup>84</sup> The Cocopah Tribe Region AzEIP service provider is Child and Family Resources.

---

<sup>82</sup> U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2013

<sup>83</sup> <https://www.azdes.gov/main.aspx?menu=98&id=13684>

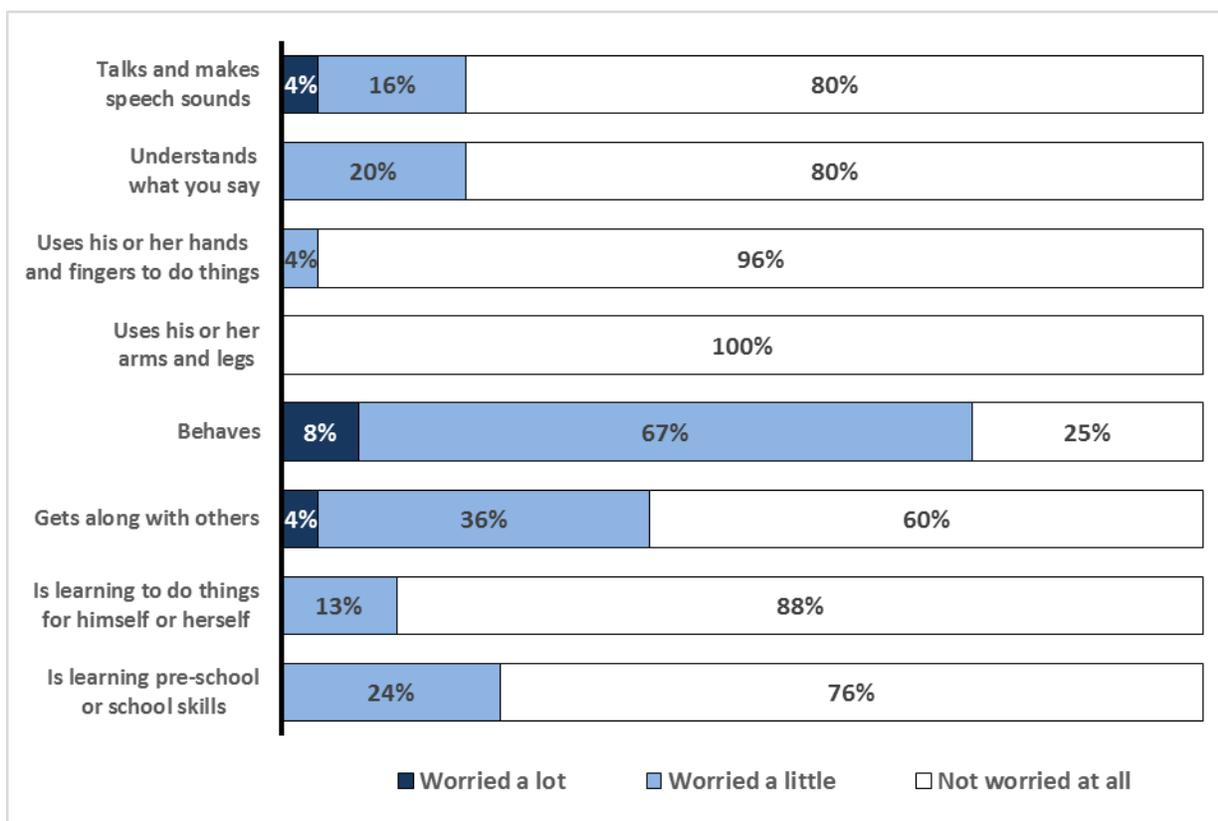
<sup>84</sup> Arizona Department of Economic Security. (2014). [AzEIP data set]. Unpublished raw data received through the First Things First State Agency Data Request.

### Parent perceptions of their children’s developmental needs

The FTF Cocopah Tribe Region Parent and Caregiver Survey conducted in the region in the Spring of 2014 (see Appendix D for more information on the survey) included an item aimed at gauging the parents’ and caregivers’ concerns about their children’s development. The question asked respondents to indicate how concerned they were about several developmental events and stages (response options included “not at all worried,” “worried a little” and “worried a lot”).

Across the eight questions, 12 percent of the respondents reported being “worried a lot” about one or more, and 24 percent were “not worried at all” about all eight. (The remaining 64 percent were “worried a little” about at least one of the eight).

**Figure 22. Parents’ and caregivers’ reported levels of concern for how well their children are meeting developmental milestones.**



Source: Parent and Caregiver Survey, 2014

Key informants noted that speech impairment among young children is common, but that it is often difficult for parents to perceive it as a developmental delay that requires early

intervention. Some parents may think “it is how young children talk,” and so have a hard time accepting that their child may be in need of additional support.

In general, key informants agreed, early identification of children with special needs continues to be an important need in the community as there is a shared perception that young children with developmental delays may not be identified until they enter kindergarten.

***Preschool and elementary school children enrolled in special education***

Another indicator of the needs for developmental services and services for children with special needs is the number of children enrolled in special education within schools. Data specific to the Cocopah Tribe Region children enrolled in special education were not available but Table 24 below shows the number and percent of children enrolled in special education in the districts serving the region. According to key informants, children with special needs residing on the East and West reservation attend preschool in Somerton while those living on the North reservation can enroll in preschool at Crane School district.

**Table 24. Percent of preschool and elementary school children enrolled in special education**

LOCAL EDUCATION AGENCY (LEA)	NUMBER OF SCHOOLS	NUMBER OF STUDENTS	STUDENTS ENROLLED IN SPECIAL EDUCATION	
Crane Elementary District	18	4,860	485	10%
Somerton Elementary District	10	2,202	294	13%
Yuma Elementary District	34	7,113	826	12%
All Arizona Public and Charter Schools	2846	610,079	72,287	12%

*Arizona Department of Education (2014). [Preschool and Elementary Needs data set]. Unpublished raw data received from the First Things First State Agency Data Request*

**Immunizations**

Recommended immunizations for children birth through age six are designed to protect infants and children when they are most vulnerable, and before they are exposed to these potentially life-threatening diseases.<sup>85</sup> Maintaining high vaccine coverage rates in early childhood is the best way of preventing the spread of certain diseases in childhood, and provides a foundation for controlling these diseases among adults, as well. Healthy People 2020 sets a targets of 80 percent for full vaccination coverage among young children (19-35 months). IHS data for the

<sup>85</sup> Centers for Disease Control and Prevention. Immunization Schedules. Retrieved from <http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html>

Cocopah Tribe Region (FY2013) indicate that 77.8 percent of children 19-35 months have had the recommended vaccine series (using series 4:3:1:3:3:1:4), which is slightly below the Healthy People Target.

### **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>86</sup> Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn".<sup>87</sup> When young children experience stress and trauma they have limited responses available to react to those experience. Mental health disorders in small children might be exhibited in physical symptoms, delayed development, uncontrollable crying, sleep problems, or in older toddlers, aggression or impulsive behavior.<sup>88</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>89</sup>

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services would include 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and

---

<sup>86</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)

<sup>87</sup> Zero to Three Infant Mental Health Task force Steering Committee, 2001

<sup>88</sup> Zero to Three Policy Center. *Infant and Childhood Mental Health: Promoting Health Social and Emotional Development*. (2004). Retrieved from

[http://main.zerotothree.org/site/DocServer/Promoting\\_Social\\_and\\_Emoional\\_Development.pdf?docID=2081&AddInterest=1144](http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emoional_Development.pdf?docID=2081&AddInterest=1144)

<sup>89</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

young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.<sup>90</sup>

### **Enrollment in Public Behavioral Health System**

In Arizona, the Division of Behavioral Health Services (DBHS) of the Arizona Department of Health Services contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and with five Tribal Regional Behavioral Health Authorities (TRBHAs), to administer behavioral health services. Services to the Cocopah Tribe are provided and covered by the RHBA that serves Yuma County<sup>91</sup>: Cenpatico Behavioral Health Services (CBHS). Tribal members can also receive their care through the Cocopah Indian Tribe Wellness Center, which is the tribally operated behavioral health program.<sup>92</sup>

An Alcohol and Drug Abuse Program is available through the Cocopah Tribal Health Maintenance Program, which is tribally operated in conjunction with the Indian Health Service.

According to Arizona Department of Health data, 32 percent of enrollees in the public behavioral health system were children or adolescents, up from 21 percent in 2011; children aged birth through five years comprised almost 56 percent of all enrollees<sup>93</sup> in 2012, compared to four percent in 2011.<sup>94</sup> Almost two percent of young children statewide are receiving care in the public behavioral health system. It is likely that there is a much higher proportion of young children in need of these types of services than are receiving them.

The Cocopah Tribe has been designated a mental health professional shortage area by the US Department of Health and Human Services, indicating that they are underserved by psychiatrists and other mental health professionals.<sup>95</sup> The lack of highly trained mental health

---

<sup>90</sup> Zero to Three Policy Center. Infant and Childhood Mental Health: Promoting Health Social and Emotional Development. (2004). Retrieved from [http://main.zerotothree.org/site/DocServer/Promoting\\_Social\\_and\\_Emotional\\_Development.pdf?docID=2081&AddInterest=1144](http://main.zerotothree.org/site/DocServer/Promoting_Social_and_Emotional_Development.pdf?docID=2081&AddInterest=1144)

<sup>91</sup> Arizona State Health Assessment, December 2013. Arizona Department of Health Services. <http://www.azdhs.gov/diro/excellence/documents/az-state-health-assessment.pdf>

<sup>92</sup> <http://azdhs.gov/diro/tribal/pdf/listing-of-az-tribal-pi93-638-facilities.pdf>

<sup>93</sup> Division of Behavioral Health Services, Arizona Department of Health Services. (2013). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona. Retrieved from <http://www.azdhs.gov/bhs/documents/news/az-behavioral-health-system-intro-2013.pdf>

<sup>94</sup> Division of Behavioral Health Services, Arizona Department of Health Services. (2012). *An Introduction to Arizona's Public Behavioral Health System*. Phoenix, Arizona.

<sup>95</sup> <http://hpsafind.hrsa.gov/>

professionals with expertise in early childhood and therapies specific to interacting with children has been noted as one barrier to meeting the full continuum of service needs for young children, particularly in more rural areas. Children in foster care are also more likely to be prescribed psychotropic medications than other children, likely due to a combination of their exposure to complex trauma and the lack of available assessment and treatment for these young children.<sup>96</sup> Violence-exposed children who get trauma-focused treatment can be very resilient and develop successfully. To achieve this there needs to be better and quicker identification of children exposed to violence and trauma and in need of mental health intervention, and more child-specific, trauma-informed services available to treat these children.<sup>97</sup>

### **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>98</sup> Among Arizona third-grade children screened in 2009-2010, American Indian children showed higher rates of decay experience (treated and 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>99</sup>

---

<sup>96</sup> Department of Health and Human Services. Letter to State Directors for Child Welfare. Dated July 11, 2013.

<sup>97</sup> United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

<sup>98</sup> Office of Oral Health, Arizona Department of Health Services. (2009). *Arizona Oral Health Survey of Preschool Children*.

<sup>99</sup> *Arizona American Indian Oral Health Summit, Final Report* (2011). Retrieved from <http://www.azdhs.gov/diro/tribal/pdf/reports/OralHealthSummit2011.pdf>

Dental services are available at the Fort Yuma Service Unit. These services are available to children who are eligible for Indian Health Service coverage, and services are provided free of charge.

In 2009 IHS launched a national initiative called Early Childhood Caries (ECC) Collaborative with the overall goal of the program being 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 when an infant's teeth erupt 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. One finding of the 2010 BSS survey of particular importance was that nationwide, by the age of two years old, 44 percent of children already had some form of dental carries, leading the IHS ECC Collaborative Committee to make the statement that "two is too late" for children to be receiving their first oral exam by a dentist.

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. Currently, the IHS ECC Collaborative is in its 5<sup>th</sup> and final year of operation, final data collection will take place in the Fall of 2014. After final data is collected, the IHS ECC Collaborative will then evaluate various interventions that have been on-going since the initiative began, and identify which interventions were most the most effective in reducing the prevalence of ECC in American Indian Children. <sup>100</sup>

Data from the 2010 and 2011 ECC Basis Screening Survey (BSS) for the Phoenix Area (which serves the Cocopah Indian Tribe) show that more than half (57%) of the 571 children 0 to 5 who participated in the survey had tooth decay. Over one third (36%) of the children participating

---

<sup>100</sup> Indian Health Service Early Childhood Caries Collaborative (2014). The IHS ECC Collaborative: Beginning the 5<sup>th</sup> and Final Year. *The IHS Dental Explorer*, 1-14.

had untreated tooth decay and the mean number of teeth with decay among them was 3.69. In the IHS Phoenix Area overall, more than half of the young children surveyed (52%) had caries by age two. By five years of age, 75 percent of the children had caries...<sup>101</sup>

**Table 25. Tooth decay in children (0-5)**

GEOGRAPHY	% CHILDREN (0-5) WITH TOOTH DECAY	% CHILDREN (0-5) WITH UNTREATED TOOTH DECAY	MEAN NUMBER OF TEETH WITH DECAY	NUMBER OF PARTICIPATING CHILDREN
Phoenix Area IHS	57%	36%	3.69	571
All IHS	54%	39%	3.5	

*Huber, D. (2013, June). Arizona Basic Screening Survey Results 2010, 2011. Presentation delivered at the 2013 Intertribal Circle of Caring and Sharing Training Conference, Prescott, Arizona.*

The IHS ECC encourages collaboration between dental providers and key partners such as Head Start programs. In 2012-2013 all (100%) children enrolled in the Cocopah Head Start program received an oral health exam and preventative dental care. None of the children who received an oral health exam were diagnosed as needing dental treatment...<sup>102</sup> In addition, key informants reported that children enrolled in the Cocopah Head Start program have field trips to the local IHS facility to receive fluoride applications once every quarter. The Head Start program can also assist families who may need transportation to take children to dental appointments to either the IHS facility or other providers in the area.

Additional IHS data provided for active users 0-5 from the Cocopah Tribe Region over a two year period (2011-2013) show 72 unique visits to IHS dental facilities, 30 of these by Head Start program participants, with fewer than 10 patients being diagnosed with baby bottle tooth decay...<sup>103</sup>

According to Broderick et al. (1989), baby bottle tooth decay (BBTD) is a specific pattern of tooth decay that affects young children, usually attributed to feeding practices such as putting a child to sleep with a bottle containing a drink with sugar. Tooth decay caused by BBTD may cause serious oral health problems later in life. Multiple IHS surveys have suggested that BBTD is more prevalent among Native American populations than the US population as a whole. <sup>104</sup>

<sup>101</sup> Huber, D. (2013, June). *Arizona Basic Screening Survey Results 2010, 2011*. Presentation delivered at the 2013 Intertribal Circle of Caring and Sharing Training Conference, Prescott, Arizona.

<sup>102</sup> Office of Head Start (2013). *2013 Performance Indicator Report Data Extract*. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>

<sup>103</sup> Indian Health Service Phoenix Area. [2014]. *Health Indicators*. Unpublished data provided by the Indian Health Service Phoenix Area

<sup>104</sup> Broderick E, Mabry J, Robertson D, Thompson J. (1989). Baby bottle tooth decay in Native American children in Head Start centers. *Public Health Rep* 104:50-54

In addition to the IHS ECC Collaborative going on at the national level, there are other local initiatives at the state level promoting awareness on the importance of early childhood oral health among Native children in Arizona. In April of 2011 the first Arizona American Indian Oral Health Summit was held at the Fort McDowell Yavapai Nation. One of the recommendations that originated from this gathering was the creation of an Arizona American Indian Oral Health Coalition with the goal of improving oral health literacy, prevent oral health disease, increase the quality of treatment, and increase the number of Native oral health professionals in the state. The Arizona American Indian Oral Health Coalition was awarded a grant from the DentaQuest Foundation to conduct a series of Tribal Leaders' Roundtables with representatives from all Arizona tribes. These gatherings provided recommendations for the structure and future goals of the Coalition, whose overall goal is to advocate for improved oral health among American Indians living in Arizona.

### **Overweight and Obesity**

Overweight children are at increased risk for becoming obese. Childhood obesity is associated with a number of health and psycho-social problems, including high blood pressure, high cholesterol, Type 2 diabetes and asthma. Childhood obesity is also strong predictor of adult obesity, with its related health risks. Of particular concern for younger children is research that shows a child who enters kindergarten overweight is more likely to become obese between the ages of five and 14, than a child who is not overweight before kindergarten.<sup>105</sup>

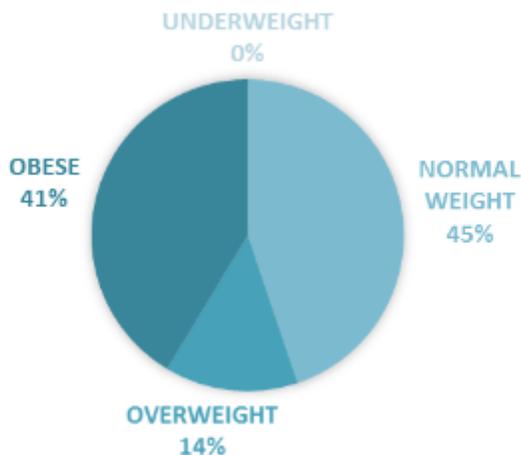
Data on overweight and obesity rates among young children are also available from the Indian Health Service (IHS) for children who reside in the region.<sup>106</sup> Of the active users under the age of six in fiscal years 2012 and 2013, Body Mass Index (BMI) data were available for 29 children ages 2 to 5. Of these, 45 percent had a normal weight, 14 percent were overweight and 41 percent were obese.

---

<sup>105</sup> Cunningham, S. A., Kramer, M. R., & Venkat Narayan, K. M. (2014). Incidence of Childhood Obesity in the United States. *The New England Journal of Medicine*. 370 (5); 403-411.

<sup>106</sup> Data from IHS were provided to us based on place of residence, regardless of what IHS facility provided services to them (although it can be assumed that most of the active users received services at the Fort Yuma Service Unit). The data being used for this report refer to the active users (individuals with one or more visits in the past two years) residing in the towns of Somerton and San Luis.

**Figure 23. Overweight and obesity rates of children who are IHS active users in the Cocopah Tribe Region**



*Indian Health Service Phoenix Area. [2014]. Health Indicators. Unpublished data provided by the Indian Health Service Phoenix Area*

The Cocopah Wellness Center provides a variety of health promoting services to community members which include the WIC Program, a fitness center, a diabetes program and opportunities for physical activity through little league teams and Native Olympic teams, among others. Key informants pointed out that there is a shortage of dietitians in Yuma County and that the WIC Program was able to hire one in 2013.

## Family Support

Family well-being has been identified as an important factor in child success...<sup>107</sup> Warm, nurturing, responsive, and consistent interactions can be protective factors for young children and help buffer them from adversities. Young children who experience exposure to abuse, neglect or trauma, however, are more likely to show abnormal patterns of development...<sup>108</sup> Providing resources, education, and supports to families can reduce childhood stresses and help young children reach their fullest potential in school and in life.

Parents and caregivers who participated in the FTF CRIT Region Parent and Caregiver Survey were asked what they liked best about raising children in their community, and participants noted a number of community strengths. The vast majority of parents coincided that they appreciate raising children in a small, safe community, where most people know each other or are even related to each other, where children can grow up around other family members.

---

<sup>107</sup> Martinez, Mehesy, & Seeley, 2003

<sup>108</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.

Parents and caregivers also express an appreciation for their children growing up in contact with their Native culture and surrounded by other Native families. The quotes below are some examples of participants' responses:

- Small community, where everyone knows everyone. Mostly safe, family lives close by
- The way we are close to other community members, working together for the well-being of our children
- Small community; knowing everybody; allowed to be around other Native Americans/Families. Being able to know your family.
- There are little community events I can take [my child] to...she can learn about her cultural traditions...
- [My daughter] gets to know her culture and it is quiet

Key informants interviewed for this report were also asked about the strengths they could identify in the community for families raising young children. The strong support provided by close family members, as well as support provided by the various tribal programs serving families with young children was highlighted as a strength in the region. Key informants also emphasized that children are a priority in the community and that there are several events that focus on this population. The Cocopah culture and cultural practices were also highlighted as important assets in the community.

The Parent and Caregiver Survey included a question that asked participants about the most difficult aspects of raising young children in the region. The majority of parents and caregivers indicated that negative influences such as drugs and alcohol were among the main challenges of raising children in their community. Other difficult aspects of raising children in the Cocopah Tribe Region included: the lack of activities available for young children and for the whole family to spend time together; lack of mental health services and resources for children with special needs; transportation and the loss of tradition and the Cocopah language. A couple survey participants reported that they do not experience any particular challenge related to raising children in the region.

Key informants interviewed for this report also shared their perceptions about the biggest challenges to families with young children in the region. Low educational level among parents, lack of employment, substance use, and domestic violence were cited among the main challenges that parents and caregivers of young children face in the region.

Parents and caregivers were also asked to consider what would improve the lives of young children birth and their families in the region. The majority of parents and caregivers coincided that more community involvement and community activities (especially around education) would make a big difference for families with young children. Survey respondents seemed to

agree that strengthening the sense of community belonging in general would benefit families in the region. Survey participants also indicated that more cultural activities being offered in the community would help families with young children (including activities being offered at the Cocopah Tribe Head Start). Additional educational programs and opportunities in general, and parenting education/better parenting in specific, were also cited by several parents and caregivers. Other responses to this question included: having community centers in all parts of the reservation and decreasing the use of drugs and alcohol in the community.

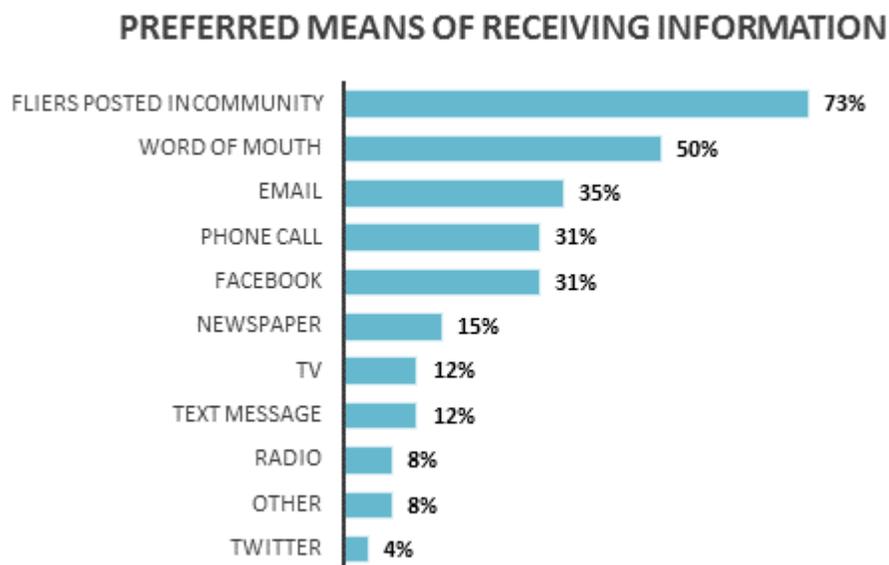
The Cocopah Tribe Regional Partnership Council requested that a question be added to the Parent and Caregiver Survey about how parenting has changed since respondents were children themselves and how that relates to the Cocopah culture. The item read: "Can you tell us how parenting has changed since you were a child? Are there things that are still the same? How do you balance raising your children between two cultures?"

The responses participating parents and caregivers were varied but one common theme was related to the use of technology. Several parents highlighted the increased use of technology and electronic devices among children nowadays compared to the time when they were growing up. "Children have electronics to learn and do before me," one survey participant said. Another said: "Raising children has changed because of media [and] technology! Too much innocence lost." Increased TV programming for children and the subsequent lack of physical activity was also mentioned. One participant, however, made a comment about growing up watching a lot of TV, something that he is attempting to change when raising his own children: "We are trying to turn off the TV more..... I grew up with it... my family is very active," he said. A few other respondents referred to styles of discipline having changed. The remaining responses were diverse in nature and included themes such as differences in traditional cultural practices, the ability to play outside, and the availability of services, or parenting being the same as back when participants were growing up. The following quotes illustrate some of these responses:

- When I was being raised we were more culturally raised by my grandparents....be a child...listen play
- As a child I had a lot of freedom to roam around the neighborhood with friends, but today it's not the same with rise of violence
- Some parents don't spend as much quality time as they need to with their children. Being close with family, even knowing everyone in your family.
- My parenting is the same as when my mother raised me. We do the same things that we were taught.
- There are more benefits now for her....like First Things First services ...

The Cocopah Tribe Regional Partnership Council also requested that a question be added to the Parent and Caregiver Survey about how parents and caregivers receive information about community events and news. Fliers posted in the community was cited by the majority of survey respondents (73%) as a means to receive information about community events, followed by word of mouth (50%), email (35%), phone call and Facebook (31%; see Figure 24 below). Other less cited sources of information included newspaper (15%), TV (12%) and text messages (12%). Very few respondents reported using radio and Twitter as important sources of information regarding community events.

**Figure 24. Preferred means of receiving information about community events**



*Parent and Caregiver Survey, 2014*

### Parental Involvement

Parental involvement has been identified as a key factor in the positive growth and development of children,<sup>109</sup> and educating parents about the importance of engaging in activities with their children that contribute to development has become an increasing focus.

Children need exposure to responsive and stimulating interactions in the early years for later success in school and life.<sup>110</sup> Parents do not need expensive toys or resources to lay the early

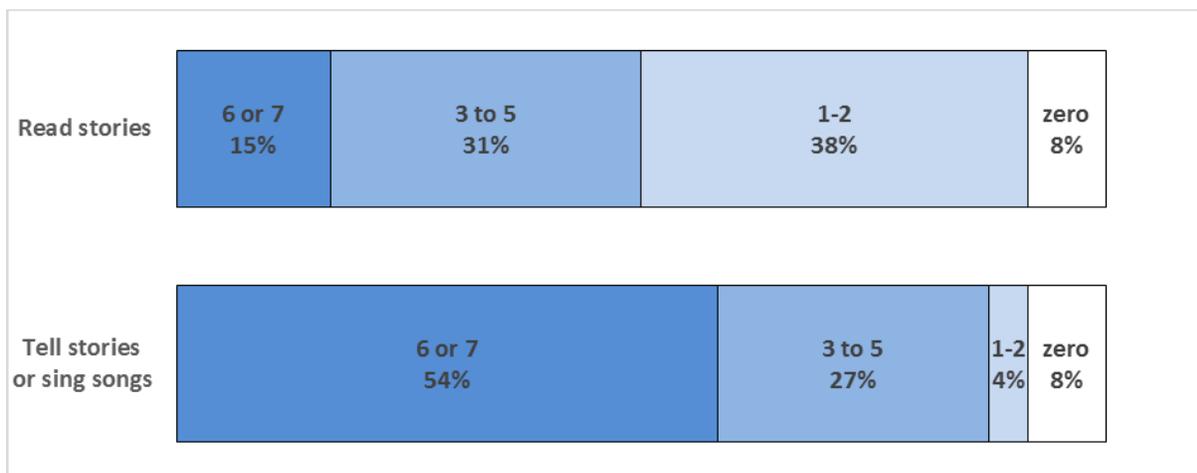
<sup>109</sup> Bruner, C. & Tirmizi, S. N. (2010). *The Healthy Development of Arizona's Youngest Children*. Phoenix, AZ: St. Luke's Health Initiatives and First Things First.

<sup>110</sup> Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. <http://www.developingchild.harvard.edu>

groundwork for later school success. Talking to children, singing songs and telling stories, reading books, playing simple games like peek-a-boo, and providing consistent and affectionate responses are all behaviors that promote healthy social-emotional development. Reading regularly to young children is linked to better cognitive and language development, stronger literacy skills, and higher academic achievement when children start school.<sup>111</sup>

The Parent and Caregiver Survey conducted in the region in the spring of 2014 collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development, including two items about home literacy events. Fifteen percent of the respondents reported that someone in the home read to their child six or seven days in the week prior to the survey (Figure 25). A much larger fraction (46%) reported that the child was not read to, or only once or twice during the week. (About 8% of the respondents did not give an answer to this question). In comparison, telling stories or singing songs was much more frequent. In a large majority of the homes (81%), children are hearing stories or songs three or more days per week. The average respondent reported reading stories 2.8 days per week, and singing songs or telling stories 4.8 days per week.

**Figure 25. Reported frequencies of home literacy events: How many days per week did someone read stories to your child? How many days per week did someone tell stories or sing songs to your child?**



Source: Parent and Caregiver Survey, 2014

<sup>111</sup> Rodriguez, E., & Tamis-LeMonda, C. S. (2011). *Trajectories of the Home Learning Environment across the First Five Years: Associations with Children's Language and Literacy Skills at PreKindergarten*. *Child Development*, Vol. 82(4), pp. 1058-1075.

### Parent Education

Parenting education supports and services can help parents better understand the impact that a child’s early years have on their development and later readiness for school and life success.

Recognizing that children are active participants in the world from day one is critical for supporting a child’s healthy brain development and learning. It has been shown that babies only a few days old recognize and turn to their mother’s voice over other voices.<sup>112</sup> In addition, when mothers experience prenatal stress, there may be direct effects on the brain of the developing baby.<sup>113</sup>

The FTF Cocopah Tribe Region Parent and Caregiver Survey conducted in the region (see Appendix D for more information on the survey) included an item aimed at eliciting information about parents’ and caregivers’ awareness of their influence on a child’s brain development. More than two-thirds (69%) of the respondents recognized that they could influence brain development prenatally or right from birth. A small proportion (8%) responded that a parent’s influence would not begin until after the infant was 7 months old (see Figure 26 below).

**Figure 26. Responses to the question "When do you think a parent can begin to make a big difference on a child's brain development?"**



Source: Parent and Caregiver Survey, 2014

Parent education services are currently available in the region through the First Things First-funded Early Steps program, which offers home-based services to all interested families with young children in the region. The Early Steps program utilizes the Parents as Teachers curriculum and is currently funded to serve 15 families. The program also helps families identified children who may be at risk for developmental delays and makes appropriate referrals for additional screening or services (e.g. school-based preschool, AzEIP).

<sup>112</sup> Brazelton, T. B. (2010). *Infants and mothers: Differences in development*. Random House LLC.

<sup>113</sup> Charil, A., Laplante, D. P., Vaillancourt, C., & King, S. (2010). Prenatal stress and brain development. *Brain Research Reviews*, 65(1), 56-79.

## Food Security

Food insecurity is defined as a “household-level economic and social condition of limited or uncertain access to adequate food.”<sup>114</sup> Episodes of food insecurity are often brought on by changes in income or expenses caused by events like job loss, the birth of a child, medical emergencies, or an increase in gas prices, all of which create a shift in spending away from food.<sup>115</sup> Participating in Nutritional Assistance (SNAP) has been shown to decrease the percentage of families facing food insecurity in both all households (10.6%) and households with children (10.1%) after six months in the SNAP program.<sup>116</sup>

In 2012, 18 percent of all Arizonans and 28 percent of children in Arizona experienced food insecurity. In Yuma County, about one quarter of the total population experienced food insecurity. An estimated 21,920 children or 40 percent of the population under 18 years of age faced food insecurity in 2012.<sup>117</sup>

The Cocopah Social Services Department assist community members in signing up for and being transported to the Yuma Food Bank in Somerton.

## Child Welfare

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 although 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 for child maltreatment, as it cannot only change the outlook for young

---

<sup>114</sup> United States Department of Agriculture. Definitions of Food Security. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx#.UyDjQIVRKws>

<sup>115</sup> United States Department of Agriculture, Food and Nutrition Service. (2013). Snap food security in-depth interview study: Final report. Retrieved from <http://www.fns.usda.gov/sites/default/files/SNAPFoodSec.pdf>

<sup>116</sup> United States Department of Agriculture, Food and Nutrition Service, Office of Policy Support. (2013). Measuring the effect of supplemental nutrition assistance program (SNAP) participation on food security executive summary. Retrieved from [http://www.mathematicampr.com/publications/pdfs/Nutrition/SNAP\\_food\\_security\\_ES.pdf](http://www.mathematicampr.com/publications/pdfs/Nutrition/SNAP_food_security_ES.pdf)

<sup>117</sup> Feeding America (2014). Map the Meal Gap, 2012. Retrieved from [http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/\\_media/Files/a-map-2012/AZ\\_AllCountiesCFI\\_2012.ashx](http://feedingamerica.org/hunger-in-america/hunger-studies/map-the-meal-gap/~/_media/Files/a-map-2012/AZ_AllCountiesCFI_2012.ashx)

children, but also ultimately save state and federal agencies money in the usage of other services...<sup>118</sup>

Child Welfare services in the Cocopah Indian Tribe Region are provided by the Cocopah Social Services Department, which works in close collaboration with the Cocopah Police Department, Behavioral Health providers and other agencies serving families in crisis such as the Arizona Children's Association. The Cocopah Social Services Department also collaborates closely with the Yuma and Somerton Departments of Child Safety (formerly known as Child Protective Services).

A tribally-operated Youth Home in the region provides services for children ages 5 to 18 who have been placed out-of-home. The Youth Home is also available for respite care and emergency placement (foster families are also able to provide emergency placements).

According to key informants, the current priority in the Social Services Department is to make sure children placed out-of-home stay in the community, so all efforts are made for children to remain in kinship custody.

Data provided by the Social Services Department indicate that as of May 1, 2014 in calendar year 2014 there were fewer than 10 children removed by Tribal Child Protective Services in the region. In that same time period, there were fewer than ten substantiated cases of child abuse or neglect in the region. None of them were related to children birth to five. There were fewer than ten foster homes on or off-the reservation, and a total of 26 children in foster care in the same timeframe.

### **Incarcerated Parents**

A 2011 report from the Arizona Criminal Justice Commission estimates that in Arizona, about three percent of youth under 18 have one or more incarcerated parent. 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...<sup>119</sup> More recent data from the Arizona Youth Survey corroborate this estimation. The Arizona Youth Survey is administered to 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> graders in all 15 counties across Arizona every other year. In 2012, three percent of youth in Arizona indicated that they currently have a parent in prison. Fifteen percent of youth indicated that one of their

---

<sup>118</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.

<sup>119</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.

parents has previously been to prison. This suggests that approximately one in seven adolescents in Arizona have had an incarcerated parent at some point during their youth.

This may be somewhat higher in tribal areas. According to the US Department of Justice,<sup>120</sup> the number of inmates confined in Indian country jails increased between 2011 and 2012 by 5.6%. In Indian Country jails 89% of the incarcerated population are adults and 8 out of 10 are male. Of the 14 facilities in Indian Country that held the majority of inmates, six were in Arizona. About 43 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.

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>121</sup> In recent studies, even when caregivers have indicated that children were coping well with a parent's incarceration, the youth expressed extensive and often secretive feelings of anger, sadness, and resentment. Children who witness their parents arrest also undergo significant trauma from experiencing that event and often develop negative attitudes regarding law enforcement.<sup>122</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>123</sup> Studies show that children who visit their incarcerated parent(s)

---

<sup>120</sup> Minton, T. (2013). *Jails in Indian Country, 2012*. Bureau of Justice Statistics, Office of Justice Programs, US Department of Justice

<sup>121</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>122</sup> Children of incarcerated parents (CIP). Unintended victims: a project for children of incarcerated parents and their caregivers. <http://nau.edu/SBS/CCJ/Children-Incarcerated-Parents/>

<sup>123</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>.

have better outcomes than those who are not permitted to do so<sup>124</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>125</sup> Research suggests that strong relationships with other adults is the best protection for youth against risk factors associated with having an incarcerated parent. This person can be, but does not necessarily need to be, the caregiver of the child. Youth also benefit from developing supportive relationships with other adults in their community.<sup>126</sup> Other studies have suggested that empathy is a strong protective factor in children with incarcerated parents.<sup>127</sup>

### **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 up in a variety of ways, thereby becoming direct or indirect targets of abuse, potentially jeopardizing their physical and emotional safety.<sup>128</sup> Physically abused children are at an increased risk for gang membership, criminal behavior, and violent relationships. Child witnesses of domestic violence are more likely to be involved in violent relationships.<sup>129</sup>

Promoting a safe home environment is key to providing a healthy start for young children. Once violence has occurred, trauma-focused interventions are recommended.<sup>130</sup> In order for interventions to be effective they must take the age of the child into consideration since

---

<sup>124</sup> Adalist-Estrin, A. (1989). *Children of Prisoners Library: Visiting Mom and Dad*. Retrieved from <http://www.fcnetwork.org/cpl/CPL105-VisitingMom.html>.

<sup>125</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>126</sup> La Vigne, N. G., Davies, E. & Brazzell, D. (2008). *Broken bonds: Understanding and addressing the needs of children with incarcerated parents*. Washington, DC: The Urban Institute Justice Policy Center.

<sup>127</sup> Dallaire, D. H. & Zeman, J. L. (2013). Empathy as a protective factor for children with incarcerated parents. *Monographs of the Society for Research in Child Development*, 78(3), 7-25.

<sup>128</sup> Davies, Corrie A.; Evans, Sarah E.; and DiLillo, David K., "Exposure to Domestic Violence: A Meta-Analysis of Child and Adolescent Outcomes" (2008). Faculty Publications, Department of Psychology. Paper 321. <http://digitalcommons.unl.edu/psychfacpub/321>

<sup>129</sup> United States Department of Justice, National Task Force on Children Exposed to Violence. (2012). Report of the Attorney General's National Task Force on Children Exposed to Violence. Retrieved from <http://www.justice.gov/defendingchildhood/cev-rpt-full.pdf>

<sup>130</sup> United States Department of Justice, National Advisory Committee on Violence against Women. (2012). Final report. Retrieved from <http://www.ovw.usdoj.gov/docs/nac-rpt.pdf>

children's developmental stage will affect how they respond to trauma. While trauma-specific services are important (those that treat the symptoms of trauma), it is vital that all the providers a child interacts with provide services in a trauma-informed manner (with knowledge of the effects of trauma to avoid re-traumatizing the child). Children exposed to violence need ongoing access to safe, reliable adults who can help them regain their sense of control.

There is no domestic violence shelter available on the reservation, but the Cocopah Social Services Department utilizes the services of other shelters in the area such as Amberly's Place and Crossroads Mission. According to key informants, the Social Services Department has a good working relationship with these agencies.

### **Arizona Indian Town Hall Recommendations**

The challenges within family life that can contribute to issues such as substance abuse and domestic violence were recognized by participants at the 27<sup>th</sup> Arizona Indian Town Hall, hosted by the Arizona Commission of Indian Affairs and attended by elected and appointed public and tribal officials, policy advisors, community and business leaders, health and education leaders, and youth. Their collective recommendations were to turn to the strengths of the community to support families...<sup>131</sup> Their specific recommendations to do this included (page 14 of the report):

- Develop and/or coordinate foundational workshops that can be adapted by different tribes and communities that can train families on how to nurture healthy family behaviors such as being present, showing respect, teaching, nurturing, loving, motivating, instilling identity, learning, discipline, providing, 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 counseling services and classes from traditional spiritual leaders, elders, and others that focus on behavioral health: expand counseling time and variety of classes, peer mentors; advertise programs; increase availability of youth-oriented talking circles; increase availability of treatments programs for Indian youth; have more traditional practitioners, and support for traditional services when appropriate.
- Offer more options for parenting and life skills classes for all parents and guardians, with specific programs tailored for young people.

---

<sup>131</sup> Arizona Commission of Indian Affairs (2007) *State of Indian Youth 2007: Strength in Youth (Report of the 27<sup>th</sup> Arizona Indian Town Hall)*. Accessed at [http://azcia.gov/Documents/AITH/AITH\\_FinalReport2007.pdf](http://azcia.gov/Documents/AITH/AITH_FinalReport2007.pdf)

- Teach community-oriented native languages, culture, values, and traditions and ask elders to participate in teaching cultural related activities; increase communication among people with cultural knowledge.
- Identify best practices for elder participation (ex. develop Saturday and after-school culture and language classes).
- Increase and expand communication between state/tribal/local entities to foster improved collaboration, implementation, and planning of family-nurturing programs through emails, websites, or other electronic media.

## **Public Information and Awareness and System Coordination**

Information on early childhood-related topics in the region is regularly included in the Cocopah Times Newsletter.<sup>132</sup>

Key informants in the region reported that there is good collaboration among the different tribal departments that provide services to families with young children in the region. Tribal departments also work closely with other outside agencies, including the Regional Center for Border Health, which provides health education services to members of the Cocopah Tribe community and the Department of Economic Security's Somerton office.

---

<sup>132</sup> [http://www.cocopah.com/documents/newsletter\\_\\_06-14.pdf](http://www.cocopah.com/documents/newsletter__06-14.pdf)

## Summary and Conclusion

This Needs and Assets Report is the fourth biennial assessment of early education, health and support for families in the First Things First Cocopah Tribe Region.

Through both quantitative data assembled, and through interviews with regional service providers, parents and other caregivers, it is clear that the region has substantial strengths. For instance, families value the small community where cultural traditions and family connections are an important part of everyday life. Young children have the opportunity to be enrolled in tribally-operated early education centers, including a Head Start Program that has earned a Quality rating from the Quality First program. Education is valued by the tribe, and tribal departments support tribal members while in school and in pursuing vocational and higher education.

A table containing a summary of identified regional assets can be found in Appendix A.

However, there continue to be substantial challenges to fully serving the needs of young children throughout the region. Some of these needs have been recognized as ongoing issues by the Cocopah Tribe Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region. A table of Cocopah Tribe Regional Partnership Council First Things First planned strategies for fiscal year 2015 is provided in Appendix C. Some of the identified needs, and the strategies proposed to deal with them, are highlighted below.

- **Support for high quality and accessible child care** –The Quality First strategy provides supports so that the Head Start program, which serves such a high proportion of the young children in the region, can continue to improve the quality of the care they provide. However, this strategy is not able to address another large childcare need in the region that was raised by key informants and parents: there is no local provision for formal infant and early years care (birth to 3).
- **Support for families as their children’s first teachers** –With families under financial stress, parents and other caregivers in the region are likely to need additional support and guidance to help them provide enriched environments for their children that can help them arrive at kindergarten ready to learn. Two strategies are in place to help support families in this way. Home visitation services provide information on parenting skills, child development, early literacy, health and nutrition. Parent Outreach and Awareness services provide additional information and connections to resources and activities to promote healthy development and school readiness. Key informants in the

region noted that there is a particular need for educating parents about the importance of early screening and intervention for developmental delays.

- **Food insecurity**—A number of families in the region face food insecurity due to financial stress and the difficulty of accessing grocery stores due to the remoteness of the area and a lack of transportation. The Food Security strategy helps families by providing a three-day supply of nutritionally balanced food. Facilitating enrollment of eligible families in Nutrition Assistance (SNAP) may also help this community need (see below).

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

- **Improved access to and utilization of early and continuous prenatal care** – Prenatal care provides opportunities to monitor the health of the expectant woman and to improve birth outcomes, as well as to educate parents on the importance of early development. Rates of early prenatal care in the region are low, which may be related to the increasing rate of preterm births in the region.
- **A high rate of births to teen mothers**— 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, finding ways to engage these young women (and their partners) in programs that encourage and provide early 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, could be considered.
- **Provision of more local professional development opportunities for early childhood education professionals and other agency staff working with young children**—Although there are opportunities for professional development in Yuma County, the remote location of the Cocopah Tribe Region means that travel can be a barrier to taking up those opportunities. More local training could help reduce some of these barriers. In addition, key informants specifically expressed a need for additional trainings around early identification of and intervention with children with special mental and physical health care needs, within both the early education and child welfare systems.
- **Concern about levels of obesity and accompanying health risks**— Over half the young children (2-5) seen by IHS in the region are overweight or obese. There is a need for continued efforts to support educational outreach efforts in the community and to increase access for pregnant women and children to diabetes prevention, with an emphasis on early screening and intervention.
- **Relatively low rates of enrollment in SNAP and TANF programs.** Given the relatively high level of early childhood poverty in the region, outreach programs may be able to increase

enrollment among eligible residents, providing additional supports for families who may be under financial stress.

- **Low enrollment in third-party insurance.** Nearly half of the children receiving IHS services are not enrolled in any sort of third-party insurance. Facilitating enrollment in Medicaid or private insurance plans can offer benefits both at the individual and tribal community levels. Community members who enroll in a health insurance plan can gain increased access to health care services by being able to receive care through their insurance plan providers, Indian Health Service facilities, Tribes and Tribal Organizations, and Urban Indian Organizations. At the community level, tribes can benefit when IHS or tribally-operated 638 facilities bill an outside insurer for medical services resulting in savings in Contract Health Service funds. The money saved through outside billing (3<sup>rd</sup> party billing) can then be used in other ways to benefit all tribal citizens.

Although there are challenges for families in the region, by continuing their tradition of “working together for the well-being of our children,” community members and service providers can respond creatively to these challenges and further support the health, welfare and development of the families and young children in the Cocopah Tribe Region.

## Appendix A. Table of Regional Assets

<b><i>First Things First Cocopah Tribe Regional Assets</i></b>
Close-knit community where cultural traditions are valued
Commitment to language preservation
Strong support from Cocopah Education Department and Cocopah Vocational Training for tribal members wanting to complete GED or pursue higher education
Opportunities for high proportion of 3-4 year olds to be enrolled in tribally-operated early education centers (Cocopah Day Care and Head Start)
Cocopah Department of Education Monitors, who provide one-on-one support for Cocopah children attending schools in the surrounding communities (in grades K-12) and coordinate with Head Start to ensure a smooth transition for children in that program into Kindergarten

## Appendix B. Table of Regional Challenges

<b><i>First Things First Cocopah Tribe Regional Challenges</i></b>
A high percentage of young children in the region are living in poverty
High unemployment rate
Lack of transportation
Mental health professional shortages
Need for early identification of, and referrals for, children with special needs
Low adult educational attainment, including low rates of high school graduation
Lack of available care for children birth to 3 years old
Limited professional development opportunities for early childhood professionals
Lack of early prenatal care
High rate of teen births
Increasing rate of preterm births
Over half of the children 2 to 5 years are overweight or obese
Lack of third-party insurance coverage

## Appendix C. Table of Regional Strategies, FY 2015

Cocopah Tribe Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2015		
Goal Area	Strategy	Strategy Description
	Quality First	Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.
Family Support	Home Visitation	Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition.
	Parent Outreach and Awareness	Provides families with education, materials and connections to resources and activities that promote healthy development and school readiness.
	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.
Evaluation	Statewide Evaluation	Statewide evaluation includes the studies and evaluation work which inform the FTF Board and the 31 Regional Partnership Councils, examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.

## Appendix D. Parent and Caregiver Survey Methodology

First Things First collects data from parents and caregivers of children 0 to 5 through its Family and Community Survey, a statewide survey that has been conducted by phone every two years since 2008. The Family and Community Survey includes a series of items designed to measure many critical areas of parent knowledge, skills and behaviors related to their young children.

After receiving feedback about phone-based surveys not being the most appropriate method of collecting data in tribal communities, First Things First allocated additional resources to gather data from a subset of survey items in a face-to-face manner as part of the Needs and Assets data collection effort. We will subsequently refer to this subset of items as the Parent and Caregiver Survey.

A total of nine core items from the Family and Community Survey were included in the Parent and Caregiver Survey (see below). The Norton School team obtained input from First Things First Regional Partnership Council members and other stakeholders in tribal communities regarding the wording of the items, its cultural appropriateness and its reading level to make sure the items would be well received by parents and caregivers in tribal communities. The wording of the items was subsequently modified in a way that could still be comparable to the original Family and Community Survey but that could also be more accessible to survey participants.

In addition to the nine core items, the First Things First Research and Evaluation Office recommended that a few other quantitative items be included in the survey to gather exploratory data around health needs in tribal communities. Three additional qualitative items were added to the survey to elicit parent and caregiver input with regards to the best and most challenging aspects of raising a young child in their communities.

Finally, the First Things First Cocopah Tribe Regional Partnership Council asked that a few additional items be included in the survey to explore areas of interest to the Council.

The vendor for the Cocopah Tribe Region, the University of Arizona Norton School, worked in close collaboration with the Regional Director to find opportunities to collect data from parents and caregivers in a face-to-face manner. Members of the Norton School team partnered with other programs that provide services to families with young children in the region such as the FTF-Funded Early Steps Program and the Cocopah Tribe Head Start Program.

Eligibility for participation was based on parents or caregivers having a child under the age of six living in their household, even if they were not the main caregiver. A total of 26 surveys with parents and caregivers were conducted in the region in the fall of 2013 and spring of 2014.

Results from a selected set of individual items are presented in the Health and Family Support sections of this report. Please note that in this report we refer to the face-to-face survey as the Parent and Caregiver Survey in order to distinguish it from the statewide Family and Community Survey.

The instrument utilized to gather information from parents and caregivers is included below.

### *Cocopah Parent and Caregiver Survey*

**Thank you for your interest in participating in this survey! Your input will help guide the services funded by the Cocopah Tribe First Things First Regional Partnership Council.**

Are there any children ages 5 or younger living in your household?

Yes (go to the next question)

No → **Only individuals with children ages 5 or younger living in their household can participate in the survey. Please return this form to the facilitator. Thank you!**

Are you one of this child(ren)'s main caregivers?

Yes  No

How old are the child(ren) 5 or younger that you care for?

---

1. **When do you think a parent can begin to make a big difference on a child's brain development? (For example: impact the child's ability to learn?)**
2. **At what age do you think an infant or young child begins to really take in and react to the world around them?**
3. **At what age do you think a baby or young child can begin to sense whether or not his parent is depressed or angry, and can be affected by how his parents are feeling?**
4. **During the past week, how many days did you or other family members read stories to your child/children?**

<input type="checkbox"/> None	<input type="checkbox"/> 4 days
<input type="checkbox"/> 1 day	<input type="checkbox"/> 5 days
<input type="checkbox"/> 2 days	<input type="checkbox"/> 6 days
<input type="checkbox"/> 3 days	<input type="checkbox"/> 7 days
5. **During the past week, how many days did you or other family members tell stories or sing songs to your child/children?**

- |                                 |                                 |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> None   | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day  | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

6. *Children's capacity for learning is pretty much set from birth and cannot be greatly changed by how the parents interact with them. **This statement is...***

- Definitely True    Probably True    Probably False    Definitely False

7. *In terms of learning about language, children get the same benefit from hearing someone talk on the TV as they do from hearing a person in the same room talk to them. **This statement is...***

- Definitely True    Probably True    Probably False    Definitely False

8. ***I feel I am able to support my child's safety, health and well-being.***

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

9. ***I feel I am able to support my child's learning and ability to think (cognitive development).***

- Strongly Agree    Somewhat Agree    Somewhat Disagree    Strongly Disagree

### Now I'm going to ask you some questions about your child/ren's health

10. **Sometimes people have difficulty getting health care when they need it. During the past 12 months, was there any time when any of your children needed these types of care but it was delayed or not received?**

- |                        |   |
|------------------------|---|
| Medical care           | <input type="checkbox"/> yes <input type="checkbox"/> no                      |
| Dental care            | <input type="checkbox"/> yes <input type="checkbox"/> no                      |
| Vision care            | <input type="checkbox"/> yes <input type="checkbox"/> no                      |
| Mental health services | <input type="checkbox"/> yes <input type="checkbox"/> no                      |
| Hearing services       | <input type="checkbox"/> yes <input type="checkbox"/> no                      |
| Speech therapy         | <input type="checkbox"/> yes <input type="checkbox"/> no                      |
| Physical therapy       | <input type="checkbox"/> yes <input type="checkbox"/> no                      |
| Something else         | <input type="checkbox"/> yes <input type="checkbox"/> no (Describe:<br>_____) |

11. **Please tell me if you are currently worried a lot, a little or not at all about how well your child(ren):**

♦ Talks and makes speech sounds? (ages 4 months- 5 years)

- Worried a lot    Worried a little    Not worried at all    I don't have a child this age

◆Understands what you say? (**ages 4 months- 5 years**)

- Worried a lot    Worried a little    Not worried at all    **I don't have a child this age**

◆Uses his/her hands and fingers to do things? (**ages 4 months- 5 years**)

- Worried a lot    Worried a little    Not worried at all    **I don't have a child this age**

◆Uses his/her arms and legs (**ages 4 months- 5 years**)

- Worried a lot    Worried a little    Not worried at all    **I don't have a child this age**

◆Behaves? (**ages 4 months- 5 years**)

- Worried a lot    Worried a little    Not worried at all    **I don't have a child this age**

◆Gets a long with others? (**ages 4 months- 5 years**)

- Worried a lot    Worried a little    Not worried at all    **I don't have a child this age**

◆Is learning to do things for himself/herself? (**ages 10 months- 5 years**)

- Worried a lot    Worried a little    Not worried at all    **I don't have a child this age**

◆Is learning pre-school or school skills? (**ages 18 months- 5 years**)

- Worried a lot    Worried a little    Not worried at all    **I don't have a child this age**

**We are almost done! We now have a few questions for you to answer about yourself.**

**12. What are the top three ways in which you like to receive information about what is going on in your community? (MARK UP TO THREE CHOICES)**

- Word of mouth
- Text message
- Phone call
- Email
- Facebook
- Twitter
- TV
- Radio
- Newspaper

Fliers posted in the community

13. **Do you currently have a paid job?**

Yes       No

14. **Are you currently?**

Married                                       Widowed  
 Single     Living with a partner  
 Divorced/Separated

15. **What is your age?** \_\_\_\_\_

16. **Gender?**  Male    Female

17. **What is the highest grade or year of school you have completed?**

Less than high school  
 Still in high school  
 High school graduate  
 GED  
 Technical or vocational school  
 Some college  
 College graduate or postgraduate

18. **How would you describe your ethnic or racial background:**

Native American/ American Indian       White/European/Anglo  
 Hispanic/Latino                                       Hawaiian/Pacific Islander  
 African American/Black                               Two or more races  
 Asian     Other (Specify: \_\_\_\_\_)

19. **Is your total family income before taxes...**

<input type="checkbox"/> Less than \$10,000	<input type="checkbox"/> \$30,000 to \$39,999	<input type="checkbox"/> \$60,000 to
\$74,999		
<input type="checkbox"/> \$10,000 to \$19,999	<input type="checkbox"/> \$40,000 to \$49,999	<input type="checkbox"/> \$75,000 or more
<input type="checkbox"/> \$20,000 to \$29,999	<input type="checkbox"/> \$50,000 to \$59,999	

20. **Where do you live?** Town: \_\_\_\_\_ Zip code: \_\_\_\_\_

*Thank you very much for participating in the survey!*

*Thank you very much for the responses you have already provided. Below are some final questions that the First Things First Cocopah Regional Partnership Council is interested in.*

*Your responses would help them better understand the needs of parents in your community. We appreciate any thoughts you would like to share on these issues.*

**What do you like best about raising young children in your community?**

**What are the hardest things about raising young children in your community?**

**Can you tell us how parenting has changed since you were a child? Are there things that are still the same? How do you balance raising your children between two cultures?**

**Do you have any suggestions for how to make sure the Cocopah language continues to be used?**

**What do you think are the two most important things that should happen to improve the lives of kids 0-5 and their families in your community?**

## Appendix E. Data Sources

- Arizona Department of Administration, Office of Employment and Population Statistics (December 2012). "2012-2050 State and county population projections (Medium series)." Retrieved from <http://www.workforce.az.gov/population-projections.aspx>
- Arizona Department of Administration, Office of Employment and Population Statistics (December 2012): "2012-2050 State and county population projections." Retrieved from <http://www.workforce.az.gov/population-projections.aspx>
- Arizona Department of Administration, Office of Employment and Population Statistics (2014). Special Unemployment Report, 2009-2014. Retrieved from <http://www.workforce.az.gov/local-area-unemployment-statistics.aspx>
- Arizona Department of Economic Security (2014). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request
- Arizona Department of Economic Security (2014). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request
- Arizona Department of Education (2014). 2012 Four Year Graduation Rate Data. Retrieved from <http://www.azed.gov/research-evaluation/graduation-rates/>
- Arizona Department of Education (2014). 2012-2013 Dropout Rates. Retrieved from <http://www.azed.gov/research-evaluation/dropout-rate-study-report/>
- Arizona Department of Education (2014). October 1 Enrollment 2013-2014. Retrieved from <http://www.azed.gov/research-evaluation/arizona-enrollment-figures/>
- Arizona Department of Education (2014). Percentage of children approved for free or reduced-price lunches, October 2013. Retrieved from <http://www.azed.gov/health-nutrition/frpercentages/>
- Arizona Department of Health Services (2013). Primary Care Area Statistical Profiles 2012. Retrieved from <http://www.azdhs.gov/hsd/data/profiles/primary-care/>
- Arizona Department of Health Services (2014). [Vital Statistics Dataset]. Unpublished raw data received from the First Things First State Agency Data Request
- Cocopah Education Department. (2014). Graduation and dropout rates. Unpublished data provided by the Cocopah Education Department.
- First Things First (2014). [First Things First Cocopah Tribe Parent and Caregiver Survey, 2014]. Unpublished data received from First Things First.
- Huber, D. (2013, June). Arizona Basic Screening Survey Results 2010, 2011. Presentation delivered at the 2013 Intertribal Circle of Caring and Sharing Training Conference, Prescott, Arizona.
- Indian Health Service Phoenix Area (2014). [2012-2013 Health Indicators]. Unpublished data provided by the Indian Health Service Phoenix Area

- Office of Head Start (2013). 2013 Performance Indicator Report Data Extract. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/data/pir>
- U.S. Census Bureau (2000). 2000 Decennial Census, Table QT-P2. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
- U.S. Census Bureau (2010). 2010 Tiger/Line Shapefiles prepared by the U.S. Census. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
- U.S. Census Bureau (2010). 2010 Decennial Census, Tables P1, P11, P12, P12B, P12C, P12D, P12E, P12F, P12G, P12H, P12I, P14, P20, P32, P41, PCT14. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
- U.S. Census Bureau (2013). American Community Survey 5-Year Estimates, 2008-2012, Table B05009, Table B14003, B15002, B16001, B16002, B17001, B19126, B22002, B23008, B25001, B25004, B27001. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
- U.S. Department of Housing and Urban Development (2011). CHAS 2008-2010 ACS 3-year average data by place. Retrieved from [http://www.huduser.org/portal/datasets/cp/CHAS/data\\_download\\_chas.html](http://www.huduser.org/portal/datasets/cp/CHAS/data_download_chas.html)
- U.S. Department of Agriculture (2014). Child Nutrition Programs- Income eligibility guidelines. Federal Register, 79(43), 12467. Retrieved from <http://www.fns.usda.gov/sites/default/files/2014-04788.pdf>