

Needs and Assets Report 2010

Cocopah Tribe Regional Partnership Council

First Things First
Applied Survey Research

Table of Contents

Letter from the Chair.....**Error! Bookmark not defined.**

Regional Partnership Council Members4

Introduction and Acknowledgements5

Acknowledgements5

Methodology.....6

Secondary Data6

Executive Summary 7

Demographic Overview.....7

Early Childhood System7

Conclusion.....8

Demographic Overview: Who are the families and children living within the Cocopah Tribal Region? 9

Basic Demographics9

Children and Family Characteristics.....9

Race/Ethnic Distribution and Language Characteristics..... 11

Economic Circumstances.....12

Income12

Poverty14

Unemployment.....14

Economic Supports15

Homelessness.....17

Educational Indicators.....17

School Enrollment18

School Readiness - Dynamic Indicators of Basic Early Literacy Skills (DIBELS).....18

3rd Grade Test Scores - Arizona Instrument to Measure Standards (AIMS).....19

Graduation Rate20

Educational Attainment21

The Early Childhood System 23

Early Care and Education23

Child Care Access and Enrollment23

Cost of Child Care25

Professional Development27

Children with Disabilities29

Supporting Families30

Family Literacy30

Child Abuse31

Health32

 Prenatal Care.....32

 Birth Characteristics.....34

 Teen Births.....35

 Health Insurance36

 Health Providers.....37

 Oral Health.....39

 Immunizations.....40

 Overweight and Obesity41

 Diabetes42

 Hospital and Emergency Department Use42

 Injuries43

 Communicable Diseases44

 Leading Causes of Death45

Public Awareness and Collaboration.....46

 Community Concerns46

 Awareness of Early Childhood Issues47

Conclusion.....49

Appendix A: Data Development Agenda – What We Want to Know51



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Message from the Chair:

The 2010 Cocopah Tribe Regional Needs and Assets Report is the second in a series of assessments conducted every two years for the First Things First Cocopah Tribe Regional Partnership Council. The assessment provides a snapshot of the current status of children and families in the region. It is a collection of useful data and community information that will be used to help determine how best to invest resources to improve the lives of young children and families in the region.

The Cocopah Tribe Regional Partnership Council takes great pride in the progress made over the past two years. Together with our community partners, we are delivering on our promise to build a solid foundation for young children and their families. During the past year, we have touched the lives of young children and their families by providing support through the Cocopah Early Steps Program and ensuring children receive their basic food staples during the difficult economic times.

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

The Cocopah Tribe Regional Partnership Council would like to thank our Needs and Assets vendor, Applied Survey Research, for their thoughtful analysis of the region. This report will guide the Regional Partnership Council's decision-making.

Thanks to our dedicated staff, volunteers, and partners, First Things First is making a real difference in the lives of our youngest citizens, not only on the Cocopah Reservations, but 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 Members

<i>Jill McCormick</i>	<i>Member At Large, <u>Chair</u></i>
<i>Dr. Michael Reed</i>	<i>Business representative, <u>Vice-Chair</u></i>
<i>Paul Soto</i>	<i>Faith-based representative, Tribal Liaison</i>
<i>Gina Nierenhausen</i>	<i>Member At Large, Tribal Representative</i>
<i>Rev. Deal Begay</i>	<i>Parent</i>
<i>LaDonna Crabb</i>	<i>Member At Large</i>
<i>Rebecca Leach</i>	<i>Health Service Provider</i>
<i>Cristina Solorzano</i>	<i>Child Care Provider</i>
<i>Monica Torres</i>	<i>Early Childhood Educator</i>
<i>Vacant</i>	<i>Philanthropist</i>
<i>Vacant</i>	<i>Public School Administrator</i>

Introduction and Acknowledgements

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

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

The First Things First 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. A strong focus throughout the Region, in the past year, was a child's healthy start in life, educating parents-to-be during pregnancy and throughout the infant and toddler years, and providing nutritious foods to young children and their families. This report provides basic data points that will aid the Regional Council's decisions and funding allocations, while building a true comprehensive statewide early childhood system.

Acknowledgments:

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

To the current and past members of the 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.

Our gratitude is also given to the Arizona Department of Economic Security, the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the Arizona Head Start Association, the Office of Head Start, and Head Start and Early Head Start Programs across the State of Arizona, and the Arizona Health Care Cost Containment System for their contribution of data for this report. Special thanks to the local collaborators, such as the Indian Health Services Fort Yuma Service Unit, Cocopah Tribal Departments and Programs, and the Cocopah Indian Tribe.

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Methodology

Secondary Data

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

Whenever possible, multiple years of data were collected to present trends. County and state level data were also collected for comparison to local Cocopah data. While all efforts were made to identify data for the population ages birth through five on the Cocopah Indian Reservation, data were not always available at this level. In these cases, data were collected for other age ranges (such as birth through four) or for comparable areas (such as the Somerton zip code 85350). Cocopah data presented from the U.S. Census is for the “Cocopah Reservation.” Cocopah data from the Arizona Department of Health Services is for American Indians residing on the Cocopah Indian Reservation.

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

Executive Summary

The Cocopah Indian Tribe is a federally-recognized American Indian tribe situated on more than 6,500 acres along the lower Colorado River and delta in Southwestern Arizona. The reservation, created by an executive order in 1917, is comprised of three noncontiguous regions: the North, East, and West Reservations. The East and West Reservations are located 15 minutes from each other on either side of the town of Somerton, and 15 miles south of Yuma, Arizona, the nearest full-service city. The North Reservation is located in Yuma, approximately 25 minutes from both the East and West Reservations. Most Cocopah Indian Tribe services are located on the West Reservation, except for the Head Start which is on the East Reservation and the Indian Health Service which is located off the reservation in Winterhaven, California.

There are currently 84 children ages birth through five enrolled in the Cocopah Indian Tribe, with 50 living on the reservation. The total tribal population was projected to be almost 1,600 in 2010. Nearly all (95%) of the children ages birth through four on the reservation were American Indian/Alaska Native, though only 21% of the population five years and older spoke a Native North American Language.

Demographic Overview

Preservation of culture is very important to the members of the Cocopah Indian Tribe. A high percentage (95%) of children ages birth through four are American Indian/Alaska Native. The Cultural Resources Department, in conjunction with the Cocopah Community Center, has several programs in development to enhance the transfer of knowledge from tribal elders to youth and to foster the connection and integration between the Cocopah Tribe in the United States and the Cucupá Tribe in México.

Many children and families are living in poverty. Data from 2000 showed that 77% of children ages birth through five on the Cocopah Indian Reservation lived below the Federal Poverty Level. In Yuma County, a household with one adult and one preschooler requires \$25,740 to be self-sufficient. However, in 2000, the median family income of Cocopah families with children under 18 years old was \$20,650. Nearly three-quarters of families on the Cocopah Indian Reservation were living in single-parent households in 2000.

Early Childhood System

All Cocopah children have health insurance. Any Cocopah child with a Certificate of Degree of Indian Blood is guaranteed medical care by the Indian Health Service (IHS). The Fort Yuma Service Unit, an IHS facility, is located 30 minutes from the East and West Reservations and 15 minutes from the North Reservation. Fifty-nine percent of children have additional insurance, either AHCCCS or private insurance, providing them with greater access to the Yuma Regional Medical Center, located in Yuma, approximately 15 to 20 minutes from all three reservations.

Many women on the Cocopah Indian Reservation are not receiving adequate prenatal care. In 2008, less than half (43%) of pregnant Cocopah women began prenatal care in the first trimester of

pregnancy, with only 43% receiving the recommended or adequate number of visits. Access to prenatal care for Cocopah women on the reservation is lower than all Arizona American Indians residing on a reservation, and is considered inadequate by recommended standards of care.

Parents need early care and education options for children ages birth through three on the Cocopah Indian Reservation. The Cocopah Head Start provides early care and education for twenty children ages three through five, while the Day Care Center provides child care to children ages three through twelve after school or during the summer. There are no licensed or certified child care facilities for infants under three years old on the Cocopah Indian Reservation. As a result, most parents utilize family child care homes in Somerton and Yuma or rely on family members and friends.

Rates of childhood obesity are alarmingly high. One in ten children ages four through five are overweight or obese. This number rises with age: 50% of children ages 6 through 17 and more than 90% of adults are overweight or obese.

Children are receiving dental care. In a twelve month period, 23 Cocopah children ages birth through five were seen by a dentist. The number of visits exceeded the number of patients, indicating that many of these children were seen multiple times during the year.

Conclusion

The Cocopah Tribe Regional Needs and Assets Report on children ages birth through five identifies several areas regarding the health and well-being of Cocopah children that require improvements, but the report also identifies several areas of strength. In general, many Cocopah children and families do not receive the education, support, and services necessary to ensure future success. In light of these challenges, the Cocopah community is implementing a number of programs that address community public health concern, such as diabetes, obesity and childhood vaccinations. However, targeted efforts and continued collaboration are still needed in order to improve the situation of the members of the Cocopah community. First Things First is committed to working with the Cocopah Indian Tribe to collaborate on addressing these issues and implementing future solutions.

Demographic Overview: Who are the families and children living within the Cocopah Tribal Region?

Basic Demographics

The Cocopah Indian Tribe is a federally-recognized American Indian tribe situated on more than 6,500 acres along the lower Colorado River and delta in Southwestern Arizona. The traditional Cocopah Indian Tribal lands extended into California and Mexico, but international boundaries led to a separation of the Cocopah Indian Tribe from the Cucupá Tribe in Mexico. The current Cocopah Indian Reservation, created by an executive order in 1917, is comprised of three noncontiguous regions: the North, East, and West Reservations. The East and West Reservations are located 15 minutes from each other on either side of the town of Somerton, and 15 miles south of Yuma, Arizona, the nearest full-service city. The North Reservation is located in Yuma, approximately 25 minutes from both the East and West Reservations. Most Cocopah Indian Tribal services are located on the West Reservation, except for the Head Start which is on the East Reservation and the Indian Health Service which is located off the reservation in Winterhaven, California.

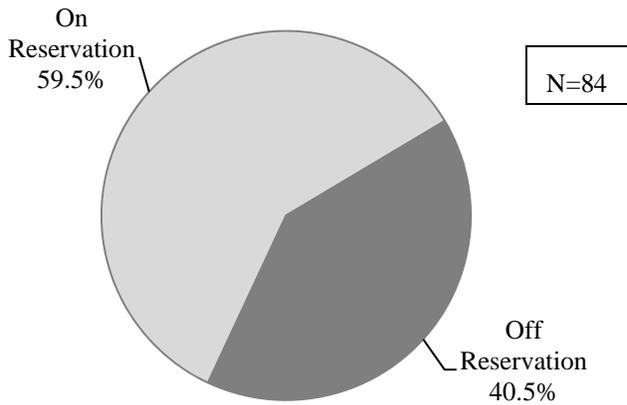
Children and Family Characteristics

Currently, there are 84 children ages birth through five enrolled in the Cocopah Indian Tribe, with 50 living on the reservation. The total tribal population was projected to be almost 1,600 in 2010. As the Cocopah population grows, so too does the number of young children in need of services and healthy developmental opportunities.

Family structure is an important factor in the health and development of young children, educational attainment, and poverty status. Single-parent families are more likely to earn less and have higher poverty rates than two-parent families.¹ This is important to acknowledge in the Cocopah community, in which half of the families with children birth through five in 2000 on the Cocopah Indian Reservation had a female head of house (householder) with no husband present. In fact, only 27% of families were two-parent households.

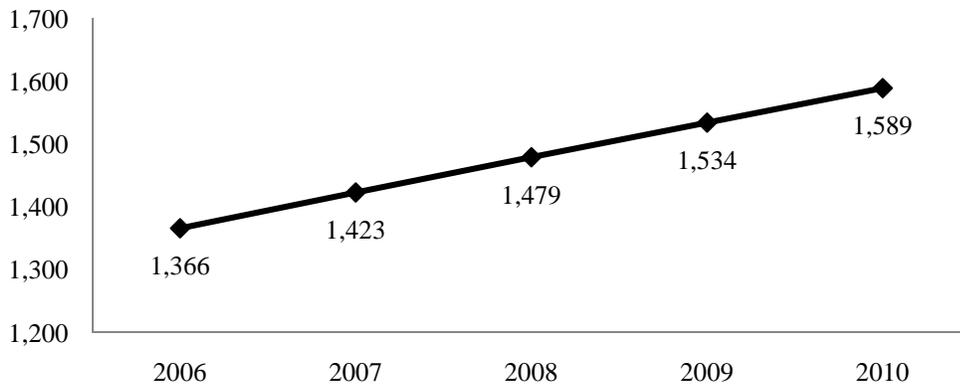
¹ Fields, J. & Smith, K. (1998). *Poverty, family structure, and child well-being: Indicators from the SIPP* (U.S. Census Bureau, Population Division, Working Paper 23). Washington DC: U.S. Census Bureau. Retrieved from <http://www.census.gov/population/www/documentation/twps0023/twps0023.html>

Population Birth Through Five, Cocopah Indian Tribe, 2010



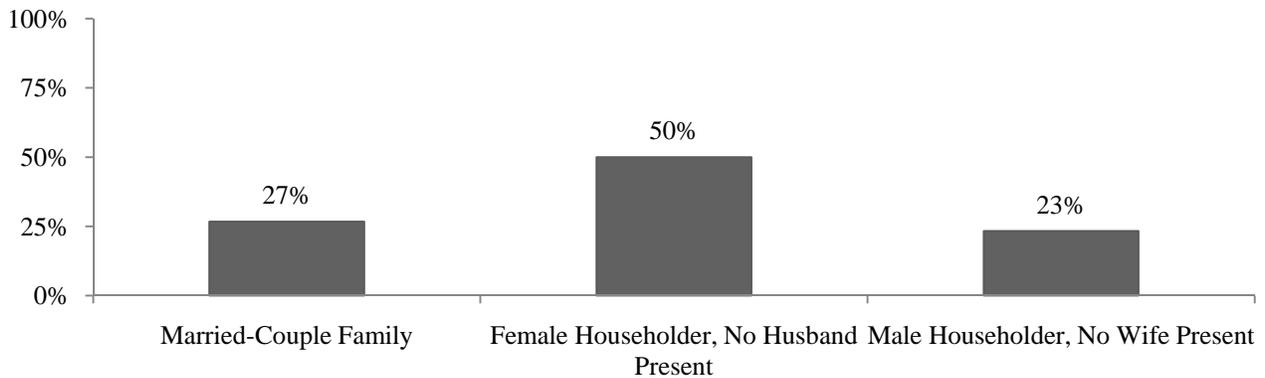
Source: Cocopah Enrollment Department, Received 2010 (Unpublished Data).

Total Population, Cocopah Indian Tribe



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

Types of Families with Children Ages Birth Through Five, Cocopah Indian Tribe, 2000



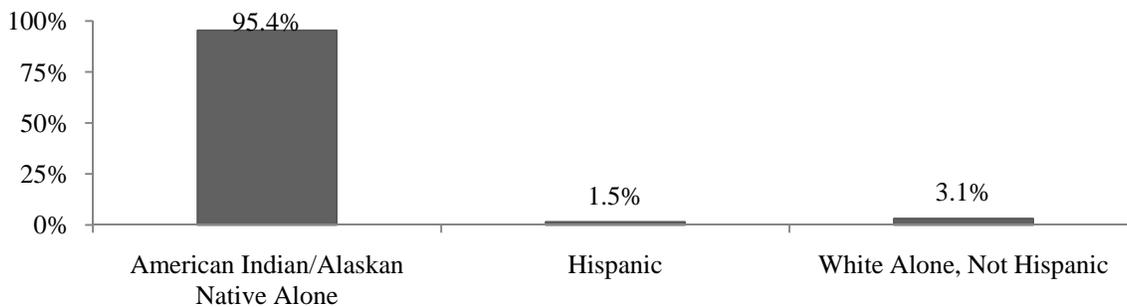
Source: U.S. Census Bureau. (2010). *Summary file 1, P34*, Retrieved from <http://factfinder.census.gov/>.

Race/Ethnic Distribution and Language Characteristics

In 2000, 95% of children ages birth through four residing on the Cocopah Indian Reservation were American Indian/Alaska Native. Less than 2% of children were Hispanic.

The preservation of tribal culture and tradition is of importance to the members of the Cocopah Indian Tribe, in particular loss of the Cocopah language. Data from 2000 showed that 70% of the Cocopah population spoke only English, while only 21% spoke a Native North American language. In an effort to preserve the culture of the Cocopah people, the Cultural Resources Department in conjunction with the Cocopah Community Center began several programs in the community. The Cultural Arts and Language Program is in development to begin in Fall 2010, and will enhance the transfer of knowledge from tribal elders to youth. Topics will cover the various food, arts, language, stories, and songs that are a significant part of the Cocopah Indian Tribe’s history. Another similar program helps to bring elders together once a month to share their knowledge about Cocopah culture, with activities such as the creation of workbooks and brochures which discuss the traditional names and uses of native plants and animals significant to the Cocopah. Additional efforts are underway to encourage deeper integration and contact between the Cocopah and the Cucupá in Mexico.

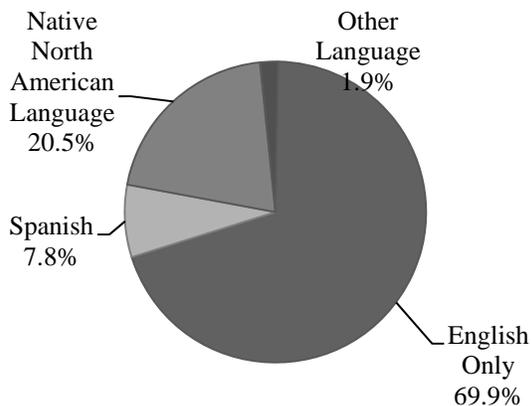
Race /Ethnicity of Children Ages Birth Through Four, Cocopah Indian Tribe, 2000



Source: U.S. Census Bureau. (2010). *Summary file 1. P12, P12H, P12C, P12I*. Retrieved from <http://factfinder.census.gov/>.

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

Language Spoken at Home, Cocopah Indian Tribe



Source: U.S. Census Bureau. (2010). *Summary File 3, QT-P16*. Retrieved from <http://factfinder.census.gov/>.

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

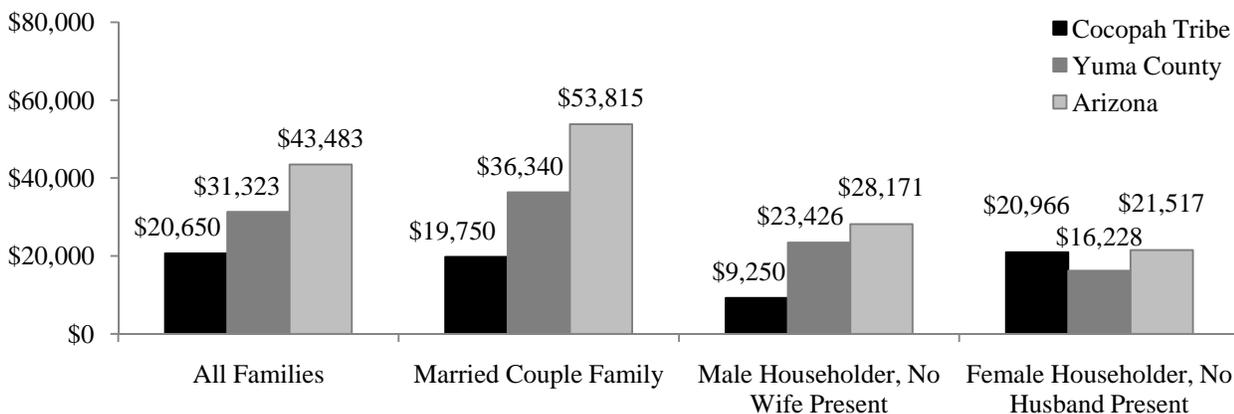
Economic Circumstances

The Cocopah Indian Reservation economy is primarily based on tribal enterprises. These include the Cocopah Resort and Conference Center with a gift shop, the Cocopah Bend RV and Golf Resort, the Cocopah Rio Colorado Golf Course, the Cocopah Casino, the Cocopah Museum, the Cocopah Speedway, and the Cocopah Korner Store with a convenience store and gas station. Many Cocopah Indian Tribal members are employed by these tribal enterprises or in the surrounding communities of Somerton or Yuma. The Tribe earns additional income by leasing many acres of tribal land to non-Cocopah farmers.

Income

Income measures are an important tool for understanding the vitality of the community and the well-being of its residents. The median family income of Cocopah families with children under 18 years was \$20,650 in 2000, less than the median family income of both Yuma County and Arizona families. The Self-Sufficiency Standard can be used as an indicator of how much income is needed for a family to meet its minimal basic needs, depending on geographic location and age of children. In Yuma County, a household with one adult and one preschooler requires \$25,740 to be self-sufficient. This is much greater than the median family income of single householder families with children on the Cocopah Indian Reservation (\$20,966 in 2000 for a female householder with no husband present).

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



Source: U.S. Census Bureau. (2010). *Census 2000, Summary File 3, Tables PCT39 and PCT40*. Retrieved from <http://factfinder.census.gov/>.

Self-Sufficiency Income Standards by Family Type, Yuma County, 2002

Monthly Expense	Family Type			
	Adult + Preschooler	Adult + Preschooler + Schoolage	2 Adults + Preschooler	2 Adults + Preschooler + Schoolage
Housing	\$603	\$603	\$603	\$603
Child Care	\$396	\$660	\$396	\$660
Food	\$266	\$396	\$429	\$544
Transportation	\$235	\$235	\$453	\$453
Health Care	\$237	\$263	\$306	\$332
Miscellaneous	\$174	\$216	\$219	\$259
Taxes	\$363	\$443	\$474	\$539
Earned Income Tax Credit (-)	-\$34	-\$11	\$0	\$0
Child Care Tax Credit (-)	-\$44	-\$80	-\$40	-\$80
Child Tax Credit (-)	-\$50	-\$100	-\$50	-\$100
Hourly	\$12.19	\$14.92	\$7.92*	\$9.12*
Monthly	\$2,145	\$2,625	\$2,789	\$3,210
Annual	\$25,740	\$31,505	\$33,470	\$38,524

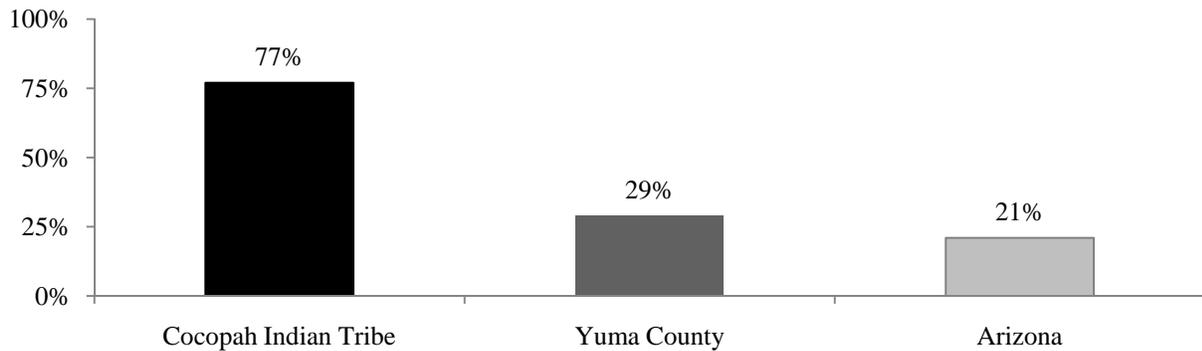
Source: Self-sufficiency standard for Arizona, 2002. (2010). Retrieved from University of Washington School of Social Work, Center for Women's Welfare web site: <http://www.selfsufficiencystandard.org/pubs.html>

*Hourly wages for two-adult households are per adult (e.g., \$7.92 for each adult in a 2 Adult family with a preschooler).

Poverty

Living in poverty puts children at risk for a wide variety of problems with both immediate and lasting effects. Children who grow up in poverty are more likely to lack adequate food and clothing, live in poor housing, become victims of crime and violence, and lack basic health care. Moreover, poverty in young children is associated with lower cognitive ability and less success in school.² Data from 2000 showed that 77% of children ages birth through five on the Cocopah Indian Reservation lived below the poverty level; more than three times the rate in Arizona.

Children Ages Birth Through Five Living Below the Poverty Level, 2000

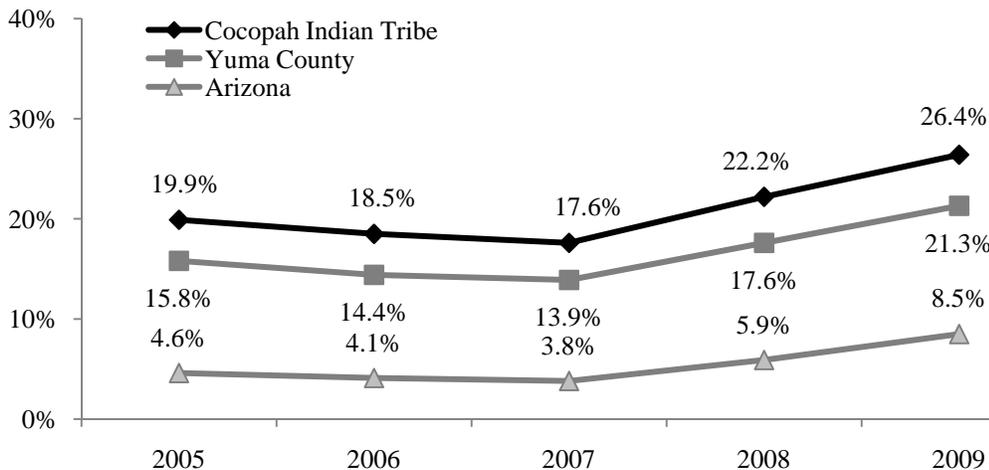


Source: U.S. Census Bureau. (2010). *Summary File 3, P87*. Retrieved from <http://factfinder.census.gov/>.

Unemployment

The unemployment rate on the Cocopah Indian Reservation increased from 18% in 2007 to 26% in 2009, much higher than the 9% unemployment rate in Arizona.

Unemployment Rate



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

² Brooks-Gunn, J & Duncan, G.J. (1997). The effects of poverty on children, *The Future of Children: Children and Poverty*, 7(21), 55-71.

Economic Supports

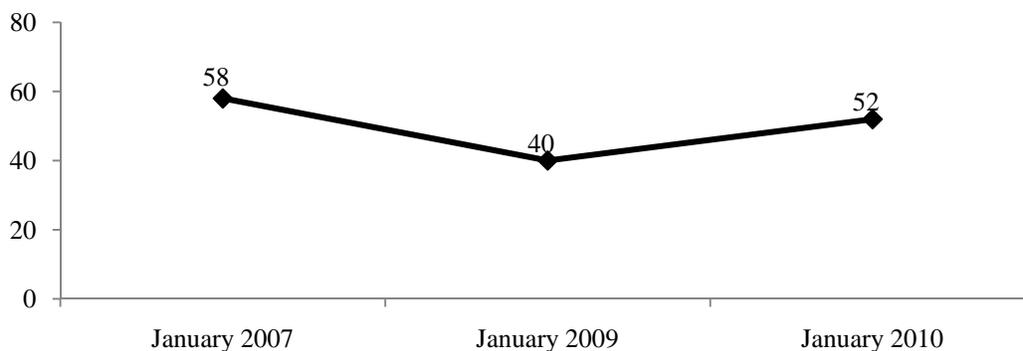
There are many state and national programs available to provide assistance for families struggling in the current economic conditions. For example, the Temporary Assistance for Needy Families (TANF) program provides cash assistance and work opportunities to help struggling families.³ In the Somerton zip code (85350), 52 families with children ages birth through five received support from TANF in January of 2010, a slight decrease from 58 in 2007.

Nutritional supports are programs specifically designed to address hunger and food insecurity. These programs assist in the prevention of chronic undernutrition, food insecurity, and hunger, which often lead to poorer health status, higher levels of aggression, hyperactivity, anxiety, and passivity. Hunger and undernutrition are also linked to diminished learning capacities, lower test scores, increased school absences, tardiness, and suspensions.⁴ The Cocopah Women, Infants, and Children (WIC) program provides services to women and children ages birth through five who need nutritious food, counseling, and health care referrals. There were a total of 28 women, children, and infant clients receiving services from WIC in April 2010.

The Supplemental Nutrition Assistance Program (SNAP), previously called Food Stamps, also provides assistance to low income Cocopah families. The number of children and families in the Somerton 85350 zip code receiving SNAP benefits increased between January of 2007 and January of 2010; 952 children ages birth through five and 645 families with children birth through five received benefits in January 2010.

The Cocopah Tribe First Things First Regional Partnership Council has also allocated additional support for improving access to nutritious food. This Food Assistance and Nutrition strategy will provide food boxes that include education on the nutritional needs of young children and on the importance of financial literacy. One important component of the program will be the development of a partnership between the Cocopah Tribe First Things First Regional Council and the Cocopah WIC program to coordinate services.

Families with Children Ages Birth Through Five Receiving Temporary Assistance for Needy Families (TANF) Recipients, Somerton Zip Code (85350)



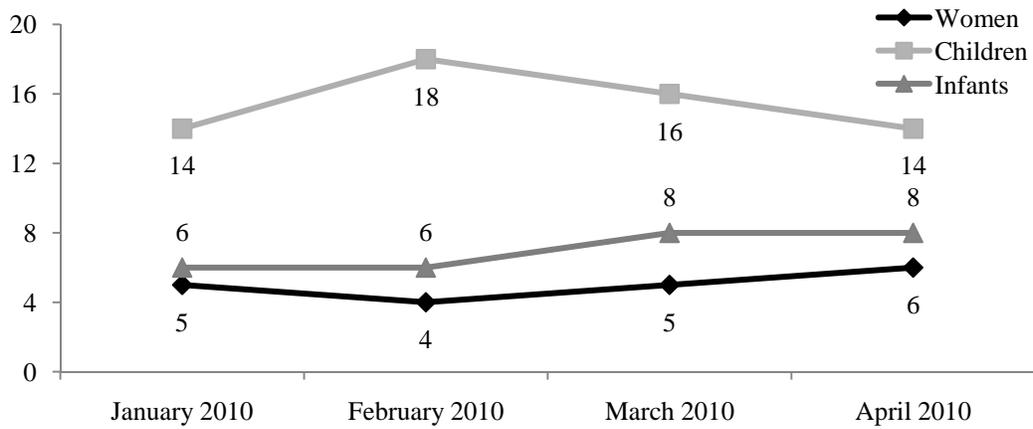
Source: Arizona Department of Economic Security. (2007, 2009). DES Multidata pulled on May 4, 2010 from Database (Unpublished Data).

³ U.S. Department of Health and Human Services. (2008, November 20). About TANF. Washington DC: U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved from U.S. Department of Health and Human Services Administration for Children and Families: <http://www.acf.hhs.gov/programs/ofa/tanf/about.html>

⁴ Center on Hunger and Poverty. The consequences of hunger and food insecurity for children: evidence from recent scientific studies. Waltham (MA): Center on Hunger and Poverty; 2002.

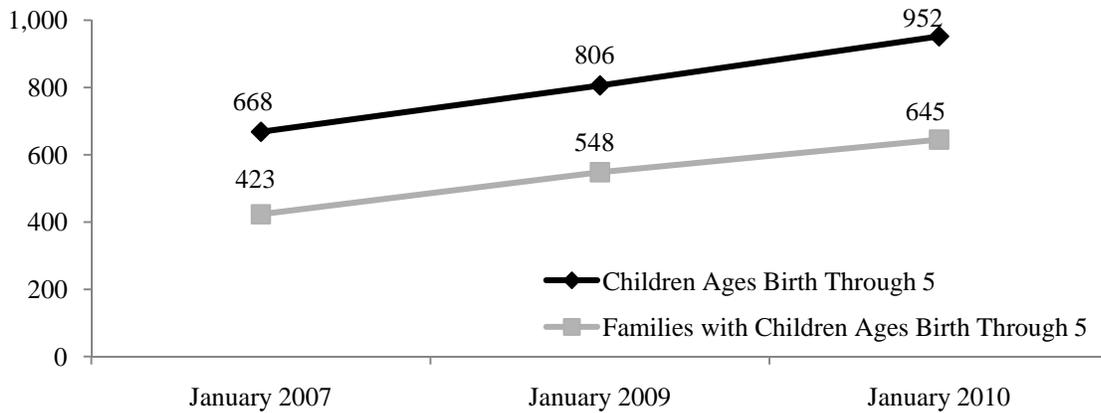
Note: Number of Families with Children Ages Birth through five.

Women, Infants, and Children (WIC) Recipients, Cocopah Indian Tribe



Source: Fort Yuma Hospital, Personal Correspondence, Received 2010.

Supplemental Nutrition Assistance Program (SNAP/Food Stamps) Recipients, 85350 Zip Code



Source: Arizona Department of Economic Security. (2010). *Supplemental Nutrition Assistance Program (SNAP) Recipients*. Received June, 2010 from Arizona First Things First (Unpublished Data).

Note: The Supplemental Nutrition Assistance Program was formerly the Food Stamp Program.

Services Received by Head Start Families

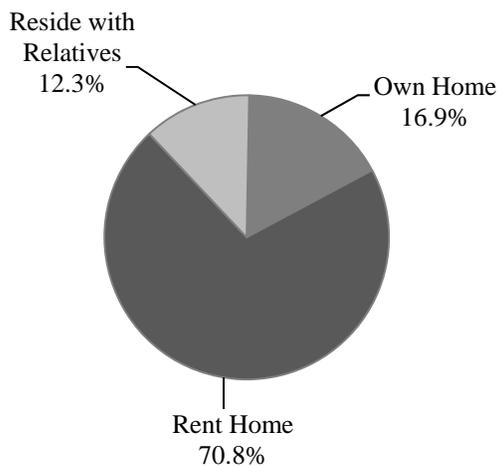
Type of Service	2007/08	2008/09
Housing Assistance (Subsidies, Utilities, Repairs, etc.)	23.5%	27.8%
Transportation Assistance (Subsidizing Public Transportation, etc.)	29.4%	0.0%
Women, Infants, and Children (WIC)	11.8%	11.1%
Total Number of Families	17	18

Source: Cocopah Head Start. (2007-2009). *Cocopah Head Start Information Report* (Unpublished Data).

Homelessness

Homelessness and the transience associated with it can lead to behavior problems and reduced academic success in school among young children.⁵ While there were no data available regarding the number of homeless youth in the region, the Cocopah Head Start Community Needs Assessment indicated that 12% of respondents were living with relatives and did not own or rent a home. In addition, according to the U.S. Census criteria for overcrowding, approximately 33% of all American Indian housing is overcrowded; a rate six times higher than the national rate of 4.5%. There is evidence that American Indian homeless persons have access to stronger social support resources than other populations.⁶

Housing Status, Cocopah Indian Tribe



N=65

Source: Cocopah Head Start Program, *Community Needs Assessment FY 07* (Unpublished Data).

Educational Indicators

Children's success in school is improved by a combination of promoting physical and mental health, increasing literacy, enhancing social and emotional skills, and increasing youth leadership roles and involvement within the community. Preparing children for success after graduation through higher levels of educational attainment in turn leads to healthier communities and more supportive environments for future Cocopah children's growth and development.

As there are no schools on the Cocopah Indian Reservation, children living on the reservation attend public schools in the surrounding Somerton and Yuma areas. For preschool and kindergarten, children attend Valle del Encanto, part of the Somerton Elementary School District. The primary elementary schools that Cocopah children attend in the Somerton Elementary School District are Tierra del Sol, Orange Grove, and Desert Sonora. Middle school students attend Somerton Middle School, and high school is completed at Cibola, Kofa, and Yuma High Schools within the Yuma Union High School District. Bus transportation to the schools is provided by the school districts.

⁵ Zenger, S. (2004, February). Health care for homeless Native Americans. National Health Care for the Homeless Council. Retrieved from <http://www.nhchc.org/Publications/FINALHnNativeHealth.pdf>

⁶ *ibid*

The Cocopah Education Department offers many services to assist Cocopah students achieve a high school diploma and to pursue higher education. The department offers funding for a range of school-related expenses including registration fees, books, tutoring, uniforms, and standardized tests. Additionally, when funding is available, the department holds a Summer Youth Program that offers paid employment to high school students for developing job experience.

School Enrollment

Although there is no data identifying exactly how many students at a particular school are Cocopah Indian Tribal members, 4% of students in the Somerton Elementary School District and 1% of students in the Yuma Union High School District were American Indian.

School Enrollment of Surrounding School Districts, 2009/10 School Year

School District	Number of American Indian Students	Percent of American Indian Students	District Total
Somerton Elementary School District	101	3.7%	2,754
Yuma Union High School District	109	1.0%	11,274

Source: Arizona Department of Education. (2010). *Research and evaluation section*, Retrieved from <http://www10.ade.az.us/researchpolicy/AZenroll>.

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

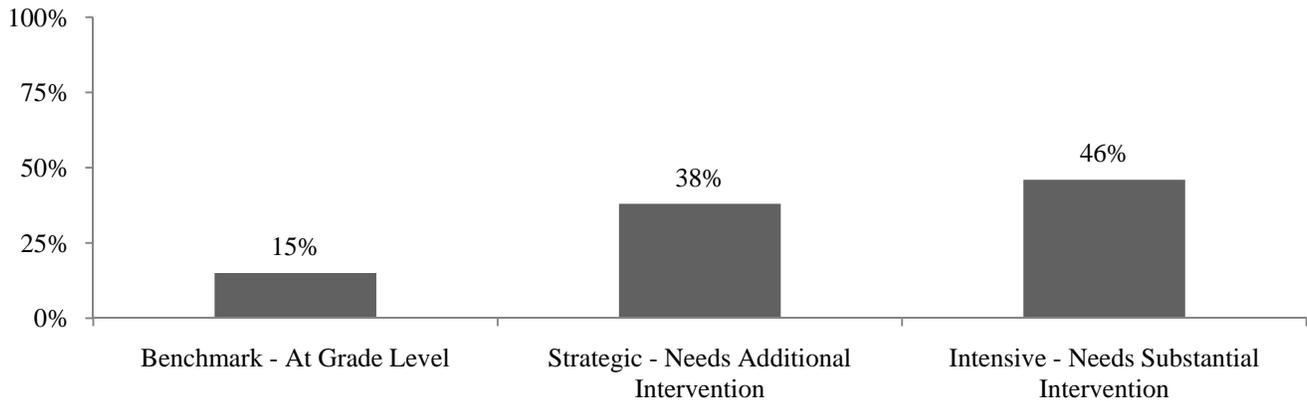
Children who have early learning skills when they enter kindergarten do better in school, are more likely to graduate with a high school diploma, are more successful in their careers, and are less likely to be involved in crime and drugs.⁷ A recent study showed that of children who were ready for kindergarten, 62% of them performed well on standardized tests at 3rd grade. Of children who weren't ready at kindergarten, only 6% of them performed well on standardized tests at 3rd grade. Typically, children will not make up the original learning gap that they had when entering kindergarten.⁸ In Arizona, Dynamic Indicators of Basic Early Literacy Skills (DIBELS) assessments are used as indicators of early literacy and reading skills in children from kindergarten to sixth grade. While the DIBELS assessments primarily measure skills related to "letter knowledge," they do provide a picture of how well prepared children are when beginning school. Data from the beginning and the end of the school year are not comparable, as the standards change during the year due to the expectation of increased knowledge.

For the 2006/07 school year, only 15% of children in the Somerton Elementary School District entered kindergarten with benchmark DIBELS scores, indicating they were at grade level. A large majority (84%) of children scored in the strategic or intensive categories at the beginning of the school year, requiring additional or substantial intervention to bring them up to grade level. Even more alarming is that by the end of the school year, less than 1% of students scored at grade level and 98% needed substantial intervention. These results indicate that improvements at both the preschool and kindergarten levels are necessary to ensure early literacy skills and the success of children in the region.

⁷ Rolnick, A., & Grunewald, R. (2003). Early Childhood Development: Economic Development with a High Public Return.

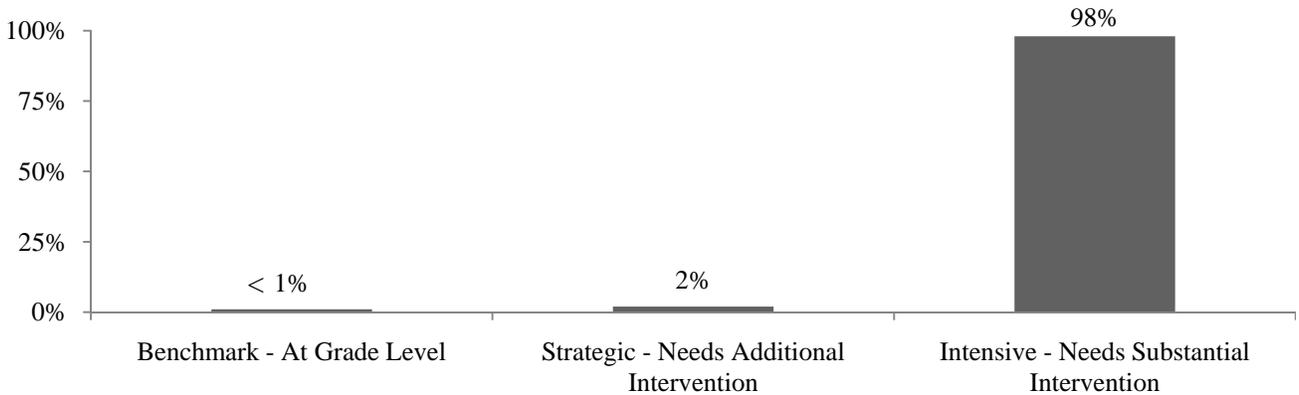
⁸ Applied Survey Research. (2008). Does readiness matter: How kindergarten readiness translates into academic success. San Jose, CA: Applied Survey Research. Retrieved from http://www.appliedsurveyresearch.org/www/products/DoesReadinessMatter_ALongitudinalAnalysisFINAL3.pdf

Beginning of School Year Kindergarten DIBELS Scores, Somerton Elementary School District, 2006/07 School Year



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

End of School Year Kindergarten DIBELS Scores, Somerton Elementary School District, 2006/07 School Year



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

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

One of the most powerful indicators of later academic success is a child’s reading level at the end of third grade. In third grade, it is expected that children will show evidence of reading comprehension and be able to read unfamiliar words through various strategies. Reading proficiency at this point prepares the student for fourth grade, where the focus of reading instruction changes from “learning to read” to “reading to learn.” The Arizona Instrument to Measure Standards is the tool used to measure third grade academic proficiency in the state. Around 50% of children at Tierra del Sol, Orange Grove, and Desert Sonora Elementary Schools met or exceeded the AIMS standard for reading in 2008, compared to 65% of all students in Arizona. Orange Grove showed better results for writing and math, while Tierra del Sol and Desert Sonora had fewer students meeting or exceeding the standards than Arizona students.

3rd Grade Students Meeting or Exceeding the AIMS Standards

School	2005	2006	2007	2008
Reading				
Tierra del Sol Elementary School	37%	47%	53%	49%
Orange Grove Elementary School	51%	48%	71%	51%
Desert Sonora Elementary School	64%	46%	55%	47%
Arizona	65%	67%	69%	65%
Writing				
Tierra del Sol Elementary School	69%	40%	72%	65%
Orange Grove Elementary School	67%	42%	83%	83%
Desert Sonora Elementary School	78%	29%	64%	47%
Arizona	73%	52%	81%	81%
Math				
Tierra del Sol Elementary School	52%	45%	54%	47%
Orange Grove Elementary School	64%	54%	85%	79%
Desert Sonora Elementary School	66%	39%	60%	42%
Arizona	72%	72%	72%	71%

Source: Arizona Department of Education. (2010). *School Report Cards*. Retrieved from http://www.ade.state.az.us/srcs/find_school.asp.

Graduation Rate

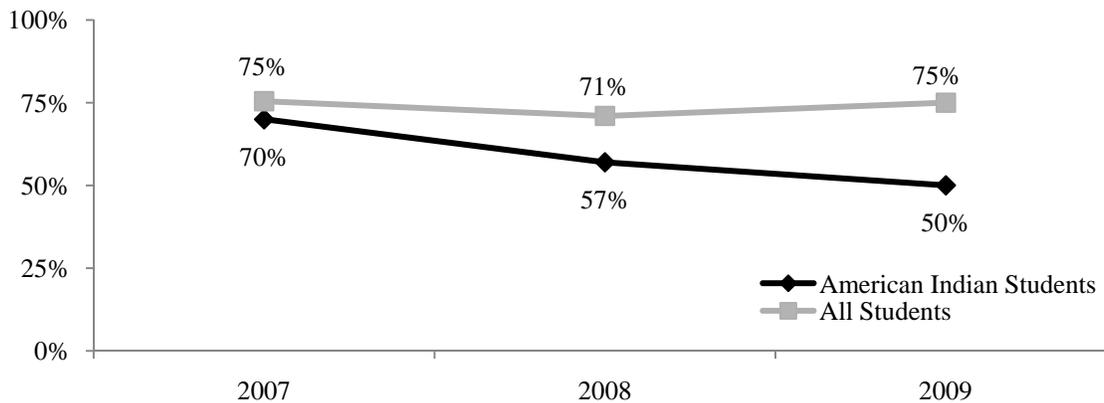
High school graduation indicates opportunities for future economic and personal success. Youth who leave high school prior to graduation are more likely to experience lower earnings and unemployment.⁹ Dropping out of high school may be due to several risk factors including child abuse, substance abuse, un-addressed learning disabilities, mental health problems, pregnancy, homelessness, and poverty.¹⁰

Cocopah students attend one of three high schools within the Yuma Union High School District. While the graduation rate for all students in the district has remained steady around 75%, the rate for American Indian students has decreased 20% since 2007. The graduation rate among American Indian students was down to 50% in 2009.

⁹ United States Department of Education (2010). *Promoting Educational Excellence for all Americans, Questions and Answers on No Child Left Behind*.

¹⁰ United States Department of Health and Human Services. (2010). *Trends in the well-being of America's youth, 2000*. Retrieved from <http://www.aspe.hhs.gov/hsp/00trends/>

Graduation Rate, Yuma Union High School District



Source: 2008 and 2009 data: Yuma County Superintendent of Schools Office, *Correspondence with Department Representative*, Received 2010.
2007 data: Arizona Department of Education. (2010). *Research Evaluation Section*. Retrieved from <https://www.ade.state.az.us/researchpolicy/grad/>.

Educational Attainment

Cocopah Indian Tribal members are encouraged to pursue higher education opportunities. Arizona Western College is based in Yuma and has satellite campuses in Somerton, San Luis, and Wellton. Degree programs include occupational certificates, occupational degrees, and transfer degrees. One of Arizona's public four-year universities, Northern Arizona University, has a Yuma campus where students can pursue a wide range of opportunities. The other two public universities are located in Phoenix and Tucson. The Cocopah Education Department offers several scholarship programs to assist with the cost of school including the Higher Education Grant Program for students attending college full-time, the Part-Time Student Program, the Summer Tuition Assistance Program, the Pre-Graduate Support Program for students entering a graduate level program, the Graduate Fellowship for students completing a Master's or Doctorate Degree, and the Student Summer Internship Program.

The Cocopah Education Department reports that approximately 50% of Cocopah Indian Tribal members pursue some level of higher education.

With respect to the relationship between education and child well-being, it is important to examine maternal education levels. Research suggests that a mother's education is related to her child's health¹¹, school readiness¹², and school achievement¹³. Mothers that have attained higher levels of education tend to have healthier children who are more ready for school, and who do better in school. On the Cocopah Reservation, only one of the seven mothers who gave birth in 2008 had more than a high school diploma.

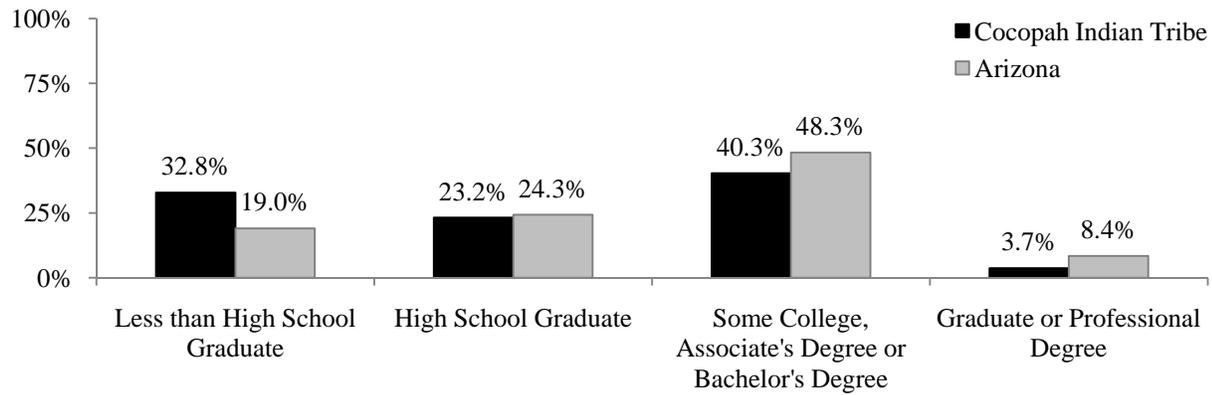
The Somerton Elementary School District's Family Literacy Program offers Adult Education classes for Cocopah Indian Tribal members. These classes are held in the evenings and cover computer literacy, English as a second language, basic reading and writing education, and GED preparation. According to the Director of the Family Literacy Program, Cocopah students are primarily interested in GED preparation.

¹¹ Desai, S. & Alva, S. (1998). Maternal education and child health: Is there a strong causal relationship? *Demography*, 35(1), 71-81

¹² Augustine, J.M., Cavanagh, S. E., & Crosnoe, R. (2009). Maternal education, early child care and the reproduction of advantage. *Social Forces*, 88(1), 1-29.

¹³ Klebanov, P.K., Brooks-Gunn, J., & McCormick, M.C. (1994). School achievement and failure in very low birth weight children. *Journal of Developmental and Behavioral Pediatrics*, 15(4), 248-256.

Educational Attainment, Cocopah Indian Tribe, 2000



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

Educational Attainment of Mothers Who Gave Birth That Year, Cocopah Indian Tribe

Educational Attainment Level	2004	2005	2006	2007	2008
Less than High School Graduate	60.0%	42.9%	28.6%	42.1%	42.9%
High School Graduate	30.0%	57.1%	57.1%	42.1%	42.9%
Some College, Associate's Degree or Bachelor's Degree	10.0%	0.0%	14.3%	15.8%	14.3%
Graduate or Professional Degree	0.0%	0.0%	0.0%	0.0%	0.0%
Total Number of Mothers Who Gave Birth	10	14	7	19	7

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

Note: Percentage of all births based on small N's, interpret results with caution.

Educational Attainment of Parents with Children Enrolled in Head Start

Highest Level of Education	2007/08	2008/09
Less than High School Graduate	41.2%	55.6%
High School Graduate or GED	35.3%	44.4%
Some College, Vocational School, or Associate's Degree	23.5%	0.0%
Bachelor's or Advanced Degree	0.0%	0.0%
Total Number of Head Start Parents	17	18

Source: Cocopah Head Start. (2007-2009). *Cocopah Head Start Information Report* (Unpublished Data).

The Early Childhood System

Early Care and Education

Early care and education is what many professionals are currently calling child care because quality child care encompasses both care and nurturing for the child as well as early learning. Quality child care nurtures children by providing a safe place for kids, nutritionally balanced meals, and an environment that encourages socialization, physical development, and learning. All of these can contribute to a child's development and have long term effects that extend into adolescence and adulthood.¹⁴

Child Care Access and Enrollment

Quality child care helps children develop social and cognitive skills in preparation for school and life success.¹⁵ Child care, and in particular, subsidized care for low-income families, also provides critical support for working families. Child care choices include center-based facilities, family and child care homes, and informal care by family (kin) and friends (kith).

On the Cocopah Indian Reservation, child care options are limited and do not fully meet the needs of the community. The Cocopah Head Start provides early care and education to 20 children ages three to five. However, it is located on the East Reservation, so children from the North and West Reservations must be transported to the East Reservation to receive care. The Cocopah Day Care provides before and after school and summer care for up to 20 children ages 3 through 12. There is no infant or toddler care available on the reservation. The nearest Department of Economic Security certified home care providers are located in Somerton and Yuma. The only licensed child care centers are in Yuma. When parents must rely on providers outside of the Cocopah community, issues of transportation, quality, and cultural competency can arise. As a result, many families use unregulated kith and kin care, and may experience unstable child care arrangements in which children are watched by a different person each day.

Beyond the necessity of child care for parents, the quality of the child care source is essential for a child's success. Quality First was started by First Things First in 2009 to increase the availability of quality early care and education in child care centers and homes so that children can begin school safe, healthy, and ready to succeed. It is a voluntary quality improvement and rating system for programs serving children ages birth through five. The Cocopah Head Start is currently the only Quality First participant in the Cocopah Tribe First Things First Region.

¹⁴ Enterprise Community Partners, Inc., *The Importance of Early Care and Education*, 2006. Retrieved 2010 from www.practitionerresources.org/cache/documents/639/63935.doc/

¹⁵ National Institutes of Health, (2010). *Link between child care and academic achievement and behavior persists into adolescence*. Washington DC: Enice Kennedy Shriver National Institute of Health and Child Development. Retrieved from <http://www.nichd.nih.gov/news/releases/051410-early-child-care.cfm>

Head Start Enrollment Demographics, Cocopah Indian Tribe

	2007/08	2008/09
Enrollment		
Funded Enrollment Number	20	20
Actual Enrollment Number	20	20
Age		
3 years old	35%	45%
4 years old	65%	55%
Ethnicity		
Hispanic	10%	20%
Race		
American Indian or Alaska Native	90%	80%
Unspecified	10%	0%
Other	0%	20%
Eligibility		
Income Eligible	75%	85%
Foster Children	25%	15%
Primary Language of Family		
English	90%	90%
Spanish	10%	10%

Source: Cocopah Head Start. (2007-2009). *Cocopah Head Start Information Report* (Unpublished Data).

Cost of Child Care

The Cocopah Head Start provides early care and education at no cost to parents. The Cocopah Day Care is tribally and federally subsidized, with parental co-pay between \$1 and \$10 for a full day of child care. However, parents who enroll their children in family child care homes off the reservation in Somerton must pay the standard market rates. In 2008, the average daily cost of full-time child care was between \$18 and \$25 in Yuma, La Paz, and Mohave Counties, depending on the type of child care center and the age of the child. To assist with this cost, parents are eligible to receive child care subsidies from the Department of Economic Security. In the Somerton zip code (85350), 88% of families eligible for subsidies received them in January of 2010.

Average Daily Cost of Child Care: Full-Time, District 4 (Yuma, La Paz, and Mohave Counties)

Age of Child	2002	2004	2006	2008
Children Under One				
Centers	\$20.00	\$20.00	\$21.60	\$25.00
Approved Homes	\$18.00	\$18.00	\$18.00	\$20.00
Certified Group Homes	\$18.00	\$20.00	\$20.00	\$22.00
Unregulated Homes	\$16.00	\$16.00	\$16.00	\$25.00
1 and 2 Year Olds				
Centers	\$19.00	\$19.00	\$20.00	\$22.00
Approved Homes	\$17.00	\$17.00	\$18.00	\$19.50
Certified Group Homes	\$18.00	\$18.00	\$20.00	\$21.00
Unregulated Homes	\$16.00	\$16.00	\$16.00	\$25.00
3, 4, and 5 Year Olds				
Centers	\$17.75	\$18.00	\$19.00	\$21.00
Approved Homes	\$17.00	\$16.00	\$18.00	\$18.00
Certified Group Homes	\$18.00	\$18.00	\$20.00	\$20.00
Unregulated Homes	\$16.00	\$16.00	\$16.00	\$23.50

Source: Department of Economic Security. (2010). *Market Rate Survey*. Retrieved from <https://www.azdes.gov/appreports.aspx?category=136>.

Note: Full-time is 6 or more hours a day.

Average Daily Cost of Child Care: Part-Time, District 4 (Yuma, La Paz, and Mohave Counties)

Age of Child	2002	2004	2006	2008
Children Under One				
Centers	\$15.00	\$16.00	\$17.00	\$17.00
Approved Homes	\$10.00	\$10.00	\$10.00	\$12.00
Certified Group Homes	\$12.00	\$13.00	\$15.00	\$16.00
Unregulated Homes	NA	\$8.00	\$16.00	\$15.00
1 and 2 Year Olds				
Centers	\$14.40	\$16.00	\$16.00	\$17.60
Approved Homes	\$10.00	\$10.00	\$10.00	\$11.03
Certified Group Homes	\$12.00	\$13.00	\$15.00	\$15.50
Unregulated Homes	NA	\$8.00	\$16.00	\$15.00
3, 4, and 5 Year Olds				
Centers	\$12.00	\$12.60	\$14.00	\$15.75
Approved Homes	\$10.00	\$10.00	\$10.00	\$11.00
Certified Group Homes	\$12.00	\$13.00	\$15.00	\$15.00
Unregulated Homes	NA	\$8.00	\$16.00	\$15.00

Source: Department of Economic Security. (2010). *Market Rate Survey*. Retrieved from <https://www.azdes.gov/appreports.aspx?category=136>.

Note: Part-time is fewer than 6 hours a day.

Families Eligible and Receiving Child Care Subsidies, Somerton Zip Code (85350)

	January 2009	January 2010
Families		
Number of Families Eligible for Subsidies	108	57
Number of Families Receiving Subsidies	81	50
Percent of Eligible Families Receiving Subsidies: 85350	75.0%	87.7%
Percent of Eligible Families Receiving Subsidies: Arizona	81.3%	82.2%
Children		
Number of Children Eligible for Subsidies	147	82
Number of Children Receiving Subsidies	104	68
Percent of Eligible Children Receiving Subsidies: 85350	70.7%	82.9%
Percent of Eligible Children Receiving Subsidies: Arizona	76.4%	77.0%

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

Professional Development

Preparation and ongoing professional development of Early Child Care (ECE) professionals is linked to increased learning and development of children under their care.¹⁶ On the Cocopah Indian Reservation, there are limited opportunities for the professional development of ECE professionals. Those individuals wishing to pursue a college degree or Child Development Associate (CDA) certificate must either attend classes off the reservation or have access to the Internet. Arizona Western College offers several Early Childhood Education certificates and associate degree programs right in Yuma and Somerton, and Northern Arizona University offers Early Childhood Education Master of Education programs at its Yuma Branch campus.

One barrier preventing ECE staff from pursuing further education in the field is the cost. The Cocopah Education Department provides some scholarship assistance for advanced education. In addition, First Things First offers TEACH scholarships which help child care center teachers, directors, and providers obtain their Associate of Early Childhood or Child Development Associate Assessment. Recipients receive tuition support, books, travel and paid release time. While TEACH scholarships are available, currently no one from the Cocopah community is enrolled.

In 2008/09, the Cocopah Head Start had one teacher with a Bachelor's Degree and one Assistant Teacher with an advanced degree. The additional two staff members had an Associate's Degree and GED or High School Diploma.

¹⁶ Bowman, B. T., Donovan, M. S., & Burns, M. S. (2000). *Eager to learn: Educating our preschoolers*. Washington DC: National Academy Press.

ECE Professional Development Programs

College or Institution	Degree	Degree Name	Location
Arizona State University	M.Ed.	Curriculum and Instruction – Concentration in Early Childhood Education	Online
Arizona Western College	Certificate	Early Childhood Education	Yuma, Somerton, San Luis, Wellton
	Occupational Degree	Early Childhood Education	Yuma, Somerton, San Luis, Wellton
	A.A.	Elementary Education: Early Childhood Emphasis	Yuma, Somerton, San Luis, Wellton
Childcare Education Institute	C.D.A. Certificate	Child Development Associate	Online
Grand Canyon University	B.S.	Elementary Education: Early Childhood Education	Online
	M.A.	Elementary Education	Online
Northern Arizona University	B.A.S.	Early Childhood Education	Online
	M.Ed.	Special Education: Early Childhood	Yuma
	M.Ed.	Early Childhood Education	Yuma
Prescott College	B.A.	Early Childhood Education	Locally with one trip to Prescott, AZ
	B.A.	Early Childhood Special Education	Locally with one trip to Prescott, AZ
Rio Salado College	Certificate	Early Childhood Education	Online
	A.A.S.	Early Childhood Education	Online
	A.A.S.	Early Learning and Development	Online
	A.A.S.	Early Childhood Administration and Management	Online
	A.T.P.	Early Childhood Teacher Education	Online
University of Phoenix	M.Ed.	Early Childhood Education	Online

Source: College or Institution website searches, 2010.

Level of Education of Head Start ECE Professionals, 2008/09

Type of ECE Professional	Number	Level of Education
Teacher	1	Bachelor’s Degree in ECE
Assistant Teacher	1	Advanced Degree in ECE
Head Start Director	1	Associate’s Degree
Family and Community Partnerships Manager	1	GED or High School Graduate

Source: Cocopah Head Start. (2007-2009). *Cocopah Head Start Information Report* (Unpublished Data).

Children with Disabilities

Early identification of children with special needs helps ensure that these children receive the support and opportunities they need to achieve success in school and within the community.¹⁷ This education prepares them for future educational development and job growth later in life

Head Start data indicated that of the 20 students enrolled and receiving developmental screenings in 2008 and 2009, only one child each year required follow-up or formal evaluation. In 2009, there were no Head Start children with diagnosed disabilities, down from six children with speech or language impairments in the previous year.

The number of children receiving Arizona Early Intervention Program (AZEIP) assistance and Division of Developmental Disabilities (DDD) assistance in the Somerton zip code (85350) reflect the same trend. The numbers of children receiving each service were lower in 2009 than in 2008.

Head Start Developmental Screenings, Cocopah Indian Tribe

	2007/08	2008/09
Number of Children Screened	20	20
Number of Screened Children Needing Follow-up or Formal Evaluation	1	1
Percent of Screened Children Needing Follow-up or Formal Evaluation	5.0%	5.0%

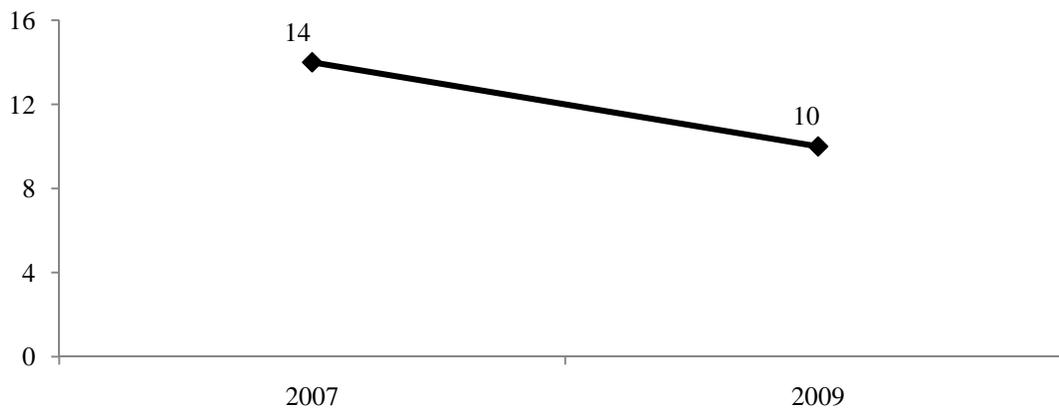
Source: Cocopah Head Start. (2007-2009). *Cocopah Head Start Information Report* (Unpublished Data).

Head Start Children with Diagnosed Disabilities, Cocopah Indian Tribe

Diagnosed Disability	2007/08	2008/09
Speech or language impairment	6	0

Source: Cocopah Head Start. (2007-2009). *Cocopah Head Start Information Report* (Unpublished Data).

Children Receiving Arizona Early Intervention Program (AZEIP) Services, 85350 Zip Code

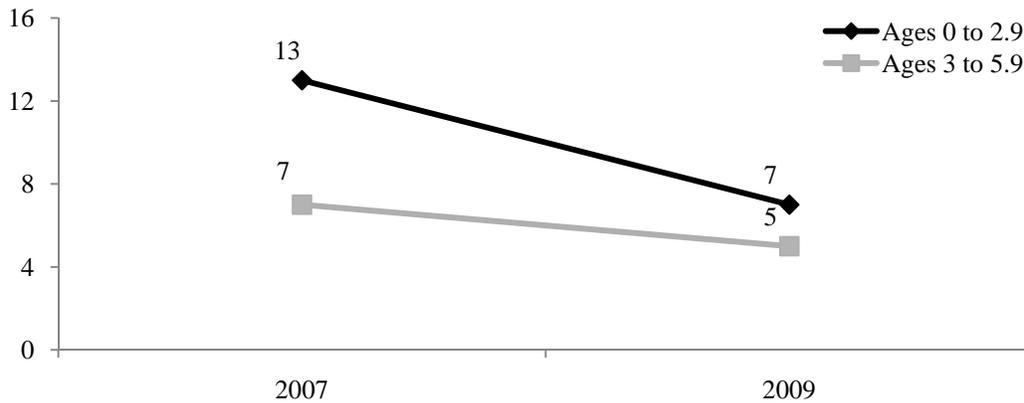


Source: Arizona Department of Economic Security (2007, 2009). DES Multidata pulled on May 4, 2010 Database from (Unpublished Data).

Note: 2007 data includes cases serviced between 07/01/2006 and 06/30/2007. 2009 data includes cases serviced between 07/01/2008 and 06/30/2009.

¹⁷ Steele, M.M. (2004). Making the case for early Identification and Intervention for young children at risk for learning disabilities, *Early Childhood Education Journal*, 32(2), 75-79.

Children Receiving Division of Developmental Disabilities (DDD) Services, 85350 Zip Code



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

Note: Children are eligible for DDD services if they are considered at risk for epilepsy, cerebral palsy, cognitive disability, or autism.

Supporting Families

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

One program in the Cocopah community seeks to assist parents with the demands of parenting and to provide the essential skills necessary for raising healthy, successful children. Early Steps, funded through First Things First, provides free trainings and resources to parents of children ages birth through five and expecting parents on the Cocopah Indian Reservation. The prenatal and parenting classes were first held in May 2010 and a total of six parents were enrolled. Classes are held outside of work hours to accommodate working parents, and the program also offers one-on-one consultations in the home.

The Yuma County Health Department offers additional parent support trainings in Yuma, yet these are often held during working hours and require transportation that is often limited. The training topics cover breastfeeding, car seat safety, asthma in young children, and prenatal care.

Family Literacy

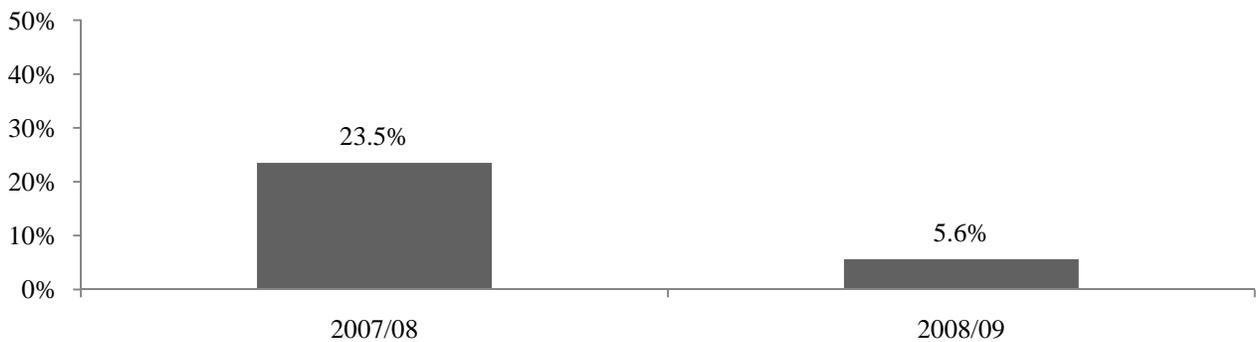
One critical component of parenting knowledge is the importance of reading to and with children from an early age. When families read to their infants and preschool children, children learn crucial skills like how to recognize letters, words, and sounds. Young children who have these early reading skills are more successful later in school.¹⁸

There are no family literacy programs on the Cocopah Indian Reservation. However, the Somerton Family Literacy Program is open to Cocopah parents. The program is for parents of children in preschool to third grade. Classes are held during the day while school is in session, and include

¹⁸ *Improving the reading achievement of America’s children.* (1998). Retrieved from the University of Michigan School of Education, Center for the Improvement of Early Reading Achievement website: <http://www.ciera.org/library/instresrc/comprprinciples/index.html>

instruction in adult education, English as a Second Language, GED preparation, citizenship preparation, and parenting. In addition, parents follow the same reading curriculum as their children so that they are familiar with the topics and can continue working with their child at home. To further integrate parents into the learning process, the program offers Parent and Child Together time, during which parents and children eat lunch and work together in the classroom. Although Cocopah parents are welcome to participate in the program, very few parents were enrolled. Additionally, there has been nearly a 20% decrease in participation in parenting education services provided by the Cocopah Head Start.

Head Start Parents Receiving Parenting Education Services, Cocopah Indian Tribe



2007/08 N=17, 2008/09 N=18

Source: Arizona Department of Economic Security, Child Protective Services. (2007 – 2009). Received 2010 (Unpublished Data).

Child Abuse

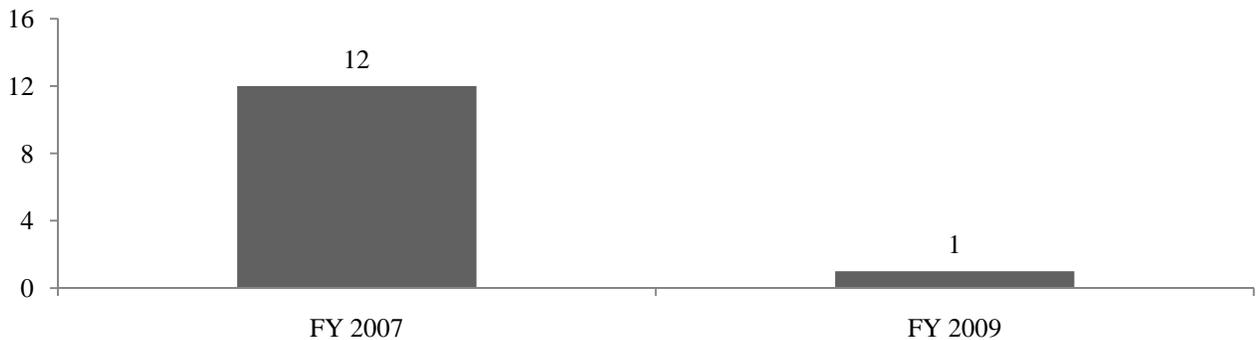
Child abuse and neglect can be found in families across the social and economic spectrum. Social isolation, financial stress, poverty, substance abuse, and domestic violence are all factors leading to child abuse.¹⁹ There is evidence that victims of child abuse or neglect experience higher rates of suicide, depression, substance abuse, difficulties in school, and behavioral problems later in life that include an increased risk of mistreating their own children.²⁰ It is therefore essential that communities work to reduce the incidence of child abuse and neglect to end the cycle of abuse.

There was a decrease in the number of children removed from their home by Child Protective Services in the Somerton zip code (85350), dropping from 12 in 2007 to only 1 case in 2009.

¹⁹ Child Welfare Information Gateway. (2004, February). *Risk and protective factors for child abuse and neglect*. Retrieved from <http://www.childwelfare.gov/preventing/pdfs/riskprotectivefactors.pdf>

²⁰ Kolbo, J. R. (1996). Risk and resilience among children exposed to family violence. *Violence & Victims, 11*, 113-128; and Child abuse: The hidden bruises. (2008, May). American Academy of Child and Adolescent Psychiatry. Retrieved from http://www.aacap.org/cs/root/facts_for_families/child_abuse_the_hidden_bruires

Children Removed from Home by Child Protective Services (CPS), 85350 Zip Code



Source: Department of Economic Security. Child Protective Services. (2007 – 2009). Received 2010 (Unpublished Data).

Health

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

The health status of the Cocopah Indian Tribe is maintained by the Indian Health Service Fort Yuma Service Unit and by the Cocopah Tribal Health Maintenance Program. Both provide medical services and public health programs to community members. These include the Diabetes Program, the Alcohol and Drug Abuse Program, well-baby examinations, and immunization clinics.

Prenatal Care

Prenatal care is comprehensive medical care for pregnant women, including screening and treatment for medical conditions and identification and interventions for behavioral risk factors like tobacco, alcohol, and substance abuse that are associated with poor birth outcomes. Women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term births and babies born weighing more than 5.5 pounds. Babies born to mothers who receive no prenatal care are three times more likely to be born at a low birth weight (less than 5.5 pounds), and five times more likely to die, than those whose mothers received prenatal care.²¹ Lack of prenatal care is often associated with lack of health insurance and other barriers to health care, including communication difficulties, lack of child care, and transportation obstacles.²²

It is essential for women to receive prenatal care early in their pregnancy (first trimester) and to have regular prenatal visits throughout the pregnancy (nine or more visits). Timely and consistent visits allow for the identification of medical problems. Health providers are also able to provide pregnancy and delivery education, education service referrals, and prevent maternal health risks including death.²³

²¹ U.S. Department of Health Services, Maternal and Child Health Bureau (n.d.) *A Healthy start: Begin before baby's born*. Retrieved June 28, 2010 from <http://www.mchb.hrsa.gov/programs/womeninfants/prenatal.htm>

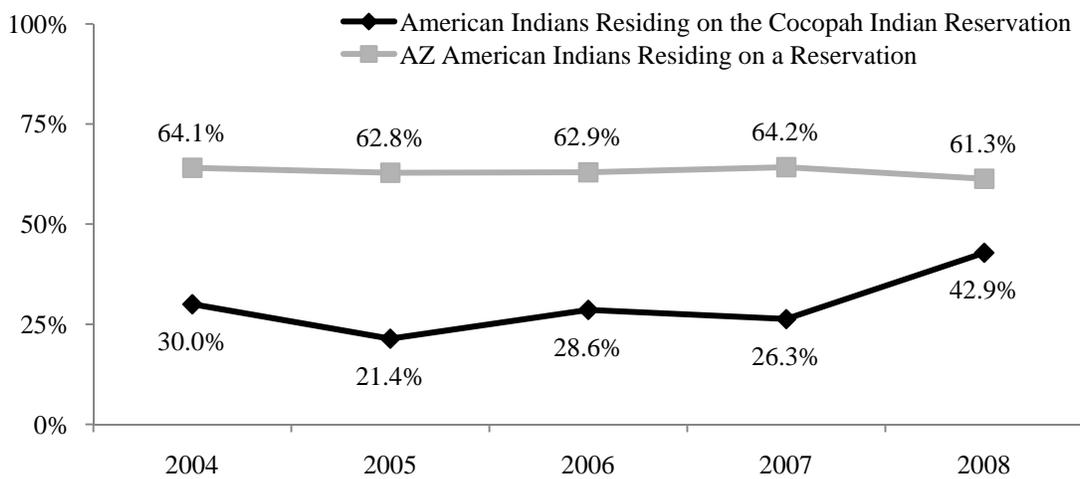
²² American Congress of Obstetricians and Gynecologists. (2010). *Universal maternity care*. Retrieved June 23, 2010 from http://www.acog.org/acog_districts/dist_notice.cfm?recno=1&bulletin=2893

²³ Kotelchuck, M. (1994). An evaluation of the Kessner Adequacy of Prenatal Care Index and a Proposed Adequacy of Prenatal Care Utilization Index. *American Journal of Public Health*, 84(9), 1414-1420. Retrieved from <http://ajph.aphapublications.org/cgi/reprint/84/9/1414.pdf>

Cocopah women with low-risk pregnancies primarily receive prenatal care from a Nurse Practitioner at the Fort Yuma Service Unit. When they near term, around 30 weeks, they are transferred to the Women’s Health Center in Yuma. Women with high-risk pregnancies are referred directly to a prenatal provider in Yuma to receive all prenatal care.

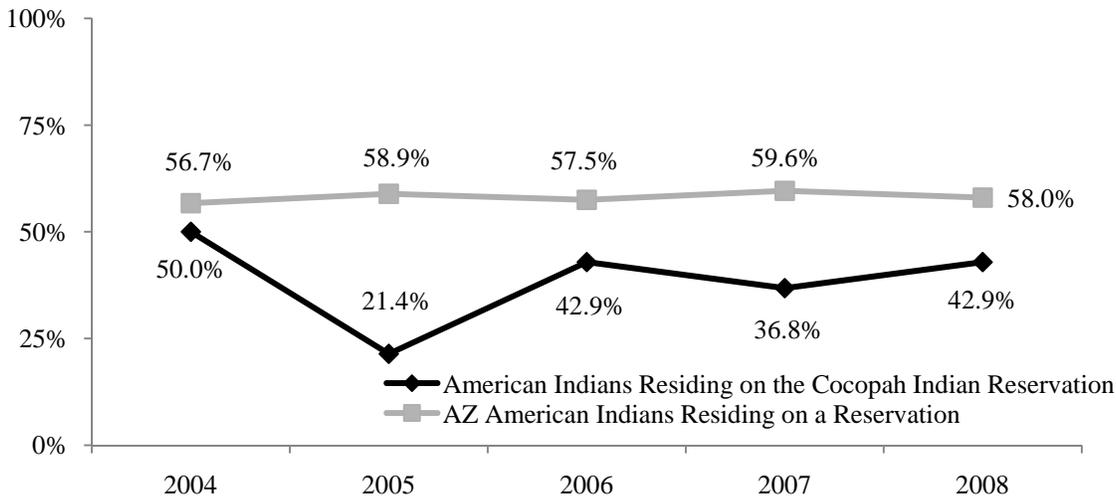
While most pregnant women on the Cocopah Indian Reservation receive some prenatal care, most women are not receiving care as frequently or as early as recommended. Less than half (43%) of pregnant women began prenatal care in the first trimester of pregnancy in 2008 and only 43% received nine or more visits. These levels of accessing care are low compared to all Arizona American Indians residing on a reservation.

Women Who Began Prenatal Care in First Trimester of Pregnancy



American Indians Residing on the Cocopah Indian Reservation: 2004 N= 10, 2005 N= 14, 2006 N=7, 2007 N=19, 2008 N= 7.
 Source: Arizona Department of Health Services. (2010). *Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/index.html/>
 Note: Percentage of total births based on small N’s, interpret results with caution.

Women Who Had Nine or More Prenatal Visits



American Indians Residing on the Cocopah Indian Reservation: 2004 N= 10, 2005 N= 14, 2006 N=7, 2007 N=19, 2008 N= 7.
 Source: Arizona Department of Health Services. (2010). *Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/index.html/>
 Note: Percentage of total births based on small N’s, interpret results with caution.

Women Who Received No Prenatal Care During Pregnancy, American Indians Residing on the Cocopah Indian Reservation

	2004	2005	2006	2007	2008
No Prenatal Care	1	5	0	1	0
Total Births	8	14	7	19	7

Source: Arizona Department of Health Services. (2010). *Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/index.html/>

Birth Characteristics

Low birth weight in particular is a risk factor for developmental delays, visual and hearing defects, chronic respiratory problems, autism, and learning difficulties.²⁴ Low birth weights are also commonly associated with pre-term births which increase the risk of infant mortality and serious lasting disabilities like cerebral palsy.²⁵

Women on the Cocopah Indian Reservation deliver at Yuma Regional Medical Center. The hospital is a 15 to 20 minute drive from all three Reservations.

In the Cocopah Indian Tribe, there were 7 to 19 births each year between 2004 and 2008. Babies born at a low birth weight were rare, and the number of preterm births is between zero and three. While very few births had medical risk factors associated with them, between approximately one-third and one-half of births had complications of labor and delivery. Due to the close proximity to Yuma Regional Medical Center, nearly all Cocopah births are attended to by a licensed Doctor of Medicine (M.D.) or Certified Nurse Midwife. The majority of labors and deliveries (71% in 2008) are paid for by the Arizona Health Care Cost Containment System (AHCCCS), compared to only 53% of births to all Arizona American Indians living on a reservation. All other births are either paid for by the Indian Health Service or private insurance.

Selected Birth Characteristics, American Indians Residing on the Cocopah Indian Reservation

Birth Characteristic	2004	2005	2006	2007	2008
Low Birth Weight (Less than 2,500 Grams)	0.0%	14.3%	0.0%	0.0%	0.0%
Preterm Births (Gestational Age of Less Than 37 Weeks)	0.0%	14.3%	0.0%	15.8%	0.0%
Births with Complication of Labor and Delivery	30.0%	50.0%	57.1%	36.8%	42.9%
Births with Medical Risk Factors	40.0%	21.4%	0.0%	15.8%	0.0%
Total Births	10	14	7	19	7

Source: Arizona Department of Health Services. (2010). *Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/index.html/>

Note: Percentage of births based on small N, results should be interpreted with caution.

²⁴ U.S. Department of Health and Human Services, Health Resources and Services and Administration. (2009, September). *Child health USA 2008-2009*. Retrieved from <http://mchb.hrsa.gov/chusa08/>

²⁵ March of Dimes Foundation. (2010). *Preterm Births*. Retrieved June 22, 2010 from http://www.marchofdimes.com/professionals/14332_1157.asp#head4

Attendant at Birth, American Indians Residing on the Cocopah Indian Reservation

Attendant	2004	2005	2006	2007	2008
Doctor of Medicine (M.D.)	7	10	5	17	5
Certified Nurse Midwife	2	4	2	2	2
Other	1	0	0	0	0

Source: Arizona Department of Health Services. (2010). *Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/index.html/>

Source of Payment for Labor and Delivery

Payee	2004	2005	2006	2007	2008
AHCCCS					
American Indians Residing on the Cocopah Indian Reservation	80.0%	64.3%	57.1%	63.2%	71.4%
Arizona American Indians Residing on a Reservation	46.1%	48.1%	52.4%	52.0%	52.6%
Indian Health Service					
American Indians Residing on the Cocopah Indian Reservation	10.0%	7.1%	28.6%	5.3%	28.6%
Arizona American Indians Residing on a Reservation	38.6%	37.8%	36.2%	37.6%	36.5%
Private Insurance					
American Indians Residing on the Cocopah Indian Reservation	0.0%	7.1%	14.3%	31.6%	0.0%
Arizona American Indians Residing on a Reservation	7.9%	7.1%	7.9%	7.7%	7.7%
Self					
American Indians Residing on the Cocopah Indian Reservation	10.0%	21.4%	0.0%	0.0%	0.0%
Arizona American Indians Residing on a Reservation	0.5%	1.0%	0.8%	0.6%	0.5%
Unknown					
American Indians Residing on the Cocopah Indian Reservation	0.0%	0.0%	0.0%	0.0%	0.0%
Arizona American Indians Residing on a Reservation	6.8%	6.0%	2.8%	2.2%	2.6%

Source: Arizona Department of Health Services. (2010). *Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/index.html/>

Teen Births

Teen parents and children born to teenagers are often at greater risk of experiencing short and long term health, economic, social, and academic challenges than parents who delay childbirth. Teen mothers, many of whom are single, often have more difficulty providing the support and nurturing that promote a child’s emotional and social development.²⁶ Additionally, research from the National Campaign to Prevent Teen Pregnancy links teen pregnancy to premature births and low birth weight, and indicates that children born to teens are 50% more likely to repeat a grade, are less likely to complete high school, and perform lower on standardized tests than the children of older mothers.²⁷

²⁶ Klein, J.D., & the Committee on Adolescence. (2005). Adolescent pregnancy: Current trends and issues. *Pediatrics*, 116(1), 281-286. doi:10.1542/peds.2005-0999.

²⁷ National Campaign to Prevent Teen and Unplanned Pregnancy (2002). *Not Just Another Single Issue: Teen Pregnancy Prevention’s Link to Other Critical Social Issues*. Retrieved 2004 from <http://www.teenpregnancy.org/resoures/data/pdf/notjust.pdf>.

On the Cocopah Indian Reservation, there have been between one and four births to teenage mothers each year since 2004, representing between 10% and 21% of the total number of births. Teen births on the Cocopah Indian Reservation are generally higher than teen births in Arizona as a whole.

Births to Teen Mothers

	2004	2005	2006	2007	2008
Number of Births to American Indian Teen Mothers Residing on the Cocopah Indian Reservation	1	2	1	4	1
Percent of Births to American Indian Teen Mothers Residing on the Cocopah Indian Reservation	10.0%	14.3%	14.3%	21.1%	14.3%
Percent of Births to Teen Mothers in Arizona	12.7%	12.5%	12.7%	12.6%	12.3%

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

Health Insurance

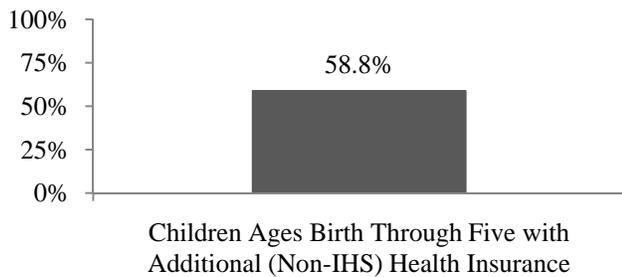
A key measure of access to the health care system is whether a child has health insurance. Children who have health insurance have better health, learn better in school, and miss fewer days of school.²⁸ Children who do not have health insurance are four times more likely to have delayed medical care, and are more likely to be hospitalized for conditions that could have been treated by a primary care physician.²⁹

The situation is slightly different among the American Indian population, in which every person with a Certificate of Degree of Indian Blood is guaranteed coverage by the Indian Health Service (IHS). IHS, an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders. IHS is the principal federal health care provider and health advocate for Indian people and its goal is to raise their health status to the highest possible level. IHS provides a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives who belong to 564 federally recognized tribes in 35 states. While every person with a Certificate of Degree of Indian Blood is guaranteed coverage by IHS, by having an additional source of insurance, whether through private, employment-based insurance, or through state programs like the Arizona Health Care Cost Containment System (AHCCCS), tribal members have access to additional care beyond what IHS offers. Of the children ages birth through five registered at the IHS Fort Yuma Service Unit, 59% of children have additional insurance, either AHCCCS or private insurance.

²⁸ Mathematica Policy Research, Inc. (2007, March). Evaluation of the Santa Clara County children’s health initiative. *In Brief, 4*, 1-4. Retrieved from <http://www.mathematica-mpr.com/publications/PDFs/CHIimproves.pdf>

²⁹ American Academy of Pediatrics (n.d.) *MediKids fact sheet*. Retrieved from <http://www.aap.org/advocacy/washing/MediKids-Fact-Sheet.pdf>

Children Birth Through Five with Additional (Non-IHS) Health Insurance Coverage, Fort Yuma Service Unit, Cocopah Indian Tribe, 2010



Source: The Indian Health Service Representative, Personal Correspondence, Received 2010.

Note: Data presented are the percentage of the 80 living Cocopah children birth through 5 who are registered at the Fort Yuma Service Unit.

Health Providers

The Cocopah Indian Reservation is classified by the Arizona Department of Health Services as a Health Professional Shortage Area and a Medically Underserved Area. This designation identifies the reservation as having a need for medical services based on demographic data, including provider to population ratio, population living in poverty, uninsured births, low birth weight, access to prenatal care, infant mortality rate, and unemployment.³⁰

The Indian Health Service Fort Yuma Service Unit is the primary source of medical care for the Cocopah Indian Tribe. The Fort Yuma ambulatory (outpatient) care center is located just across the river from Yuma, Arizona on the Quechan/Fort Yuma Indian Reservation. Transportation time is approximately 30 minutes for residents living on the East and West Reservations and approximately 15 minutes for residents living on the North Reservation. The Cocopah Tribal Health Maintenance Program provides transportation at no cost for Cocopah Indian Tribal members to get to the medical center.

The Fort Yuma Service Unit serves both the Cocopah and Quechan/Fort Yuma Indian Tribes. It has an active user population of about 4,450 patients. An active user is someone who has had an appointment within the last three years. Active users from the Cocopah Indian Reservation make up about 700 patients. To provide care for this population, there are currently three family medicine physicians (2 M.D. and 1 D.O.), 13 nurses (including nurse practitioners, registered nurses, a licensed vocational nurse, and public health nurses), 1 dentist, and 1 nutritionist on-site. Several specialists make trips to Fort Yuma a couple times a month or year. Telemedicine is another option for accessing care. Patients who are referred for specialty care can be seen remotely by a Cardiologist, Rheumatologist, Dermatologist, or a Pain Management specialist. Patients requiring additional services are either referred to Yuma Regional Medical Center or to other medical centers, specifically the Phoenix Indian Medical Center (PIMC). The Indian Health Service will pay for the costs of the referred care, including transportation to services. For optometry and ophthalmology services, patients are sent directly to PIMC. Other services provided by Fort Yuma Service Unit include a pharmacy, radiology, and a lab. Prescription medications are free to the patient if they are filled at Fort Yuma; if the medication is not available at Fort Yuma, the patient must go elsewhere and is responsible for the bill.

³⁰ Arizona Department of Health Services. Bureau of Health Systems Development and Oral Health. (2010). *Arizona Medically Underserved Areas*. Retrieved from <http://www.azdhs.gov/hsd/azmuadesignation.htm>.

Behavioral health services are also provided by the Fort Yuma Service Unit. There is one contracted Psychiatrist who makes two visits per month. On-site support includes two counselors, one behavioral health technician, and one social worker.

The Fort Yuma Service Unit uses an appointment system to schedule some medical appointments in advance while leaving some same-day slots available. Wait times for scheduled appointments vary by specialty, but are about 15 days for Family Medicine and about 23 days for Women's Health.

The number of providers and services offered by Fort Yuma are insufficient to handle the patient case load. There is a great need for more than one dentist, and more family medicine providers are needed as opposed to specialists. In addition, an internal medicine provider is necessary due to the high rate of diabetes in the community.

Health Care Providers, Fort Yuma Service Unit

Type of Provider	Number	Schedule or Location
Primary Care Practitioners		
Family Medicine Physicians	3 (2 M.D., 1 D.O.)	On-Site
Nurse Practitioners	3 (1 Pediatric, 1 Family Medicine, 1 Women's Health)	On-Site
Registered Nurses	7	On-Site
Licensed Vocational Nurse	1	On-Site
Public Health Nurse	2	On-Site
Nutritionist	1	On-Site
Dentist	1	On-Site
Dental Assistant	1	On-Site
Specialists		
Rheumatologist	1	3 to 4 times per year
Obstetrician/Gynecologist	1	2 times per month
Cardiologist	1	4 times per year
Telemedicine		
Cardiologist	1	Native American Cardiology, Tucson
Rheumatology	1	Phoenix Indian Medical Center
Pain Management	1	Phoenix Indian Medical Center
Dermatologist	1	Phoenix Indian Medical Center
Behavioral Health		
Psychiatrist	1	2 times per month
Counselor	2	On-Site
Behavioral Health Technician	1	On-Site
Social Worker	1	On-Site

Source: The Indian Health Service Representative, Personal Correspondence, Received 2010.

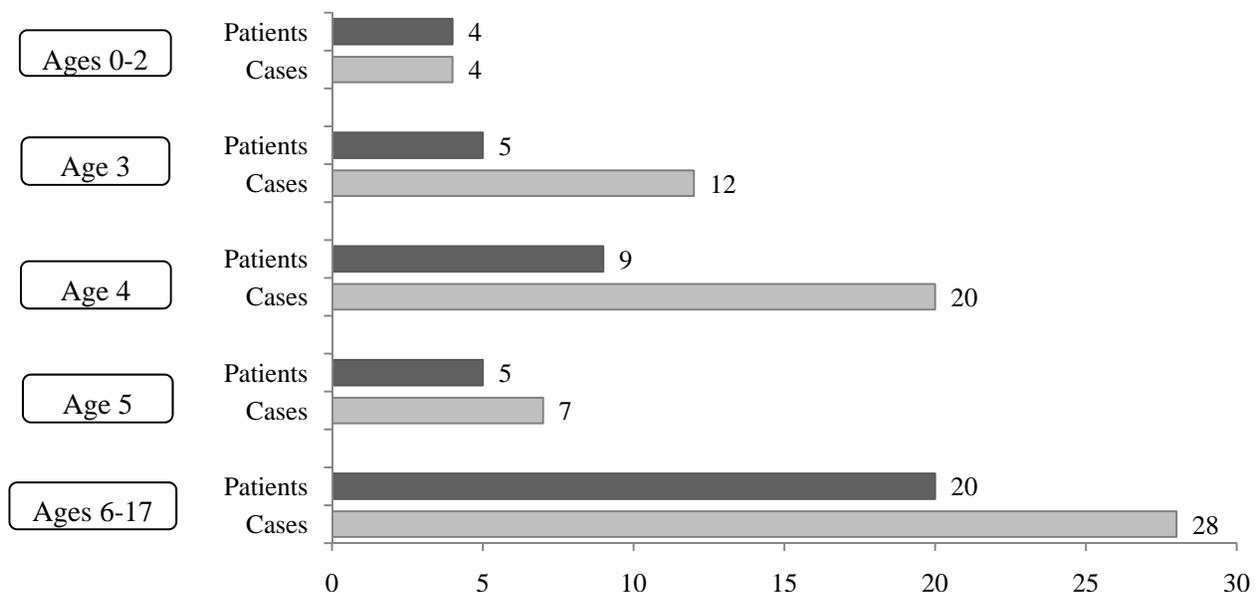
Oral Health

Many pediatricians highlight dental problems as a major health problem among low-income children. Dental and gum problems can be minimized through regular preventive dental services. Experts therefore recommend that children as young as one year old be examined for evidence of developing early childhood dental caries (also known as tooth decay or cavities), the most common form of childhood oral disease.³¹ In addition to providing an opportunity for early diagnosis, treatment, and prevention of oral disease, regular dental visits can develop oral health knowledge and healthy dental practice habits for parents and children.

Cocopah children ages birth through five appear to be receiving dental care. According to dental care visit data from the Fort Yuma Service Unit between 2009 and 2010, the number of visits was higher than the number of patients, indicating that some patients saw the dentist multiple times during the year. However, nearly 10% of Cocopah children ages birth through five showed signs of tooth decay. This number increased with age; nearly 50% of children ages six through 17 also experienced tooth decay.

In light of the long term health effects of early childhood caries, the Indian Health Service has begun an Early Childhood Caries Initiative to address this issue. The Initiative promotes prevention and early intervention of tooth decay in children through collaboration with Head Starts, WIC, nurses, doctors, and community health representatives. Some of the program components include oral health assessments, application of dental sealants, and the establishment of a national oral health surveillance system. Head Start programs are requested to promote oral health through implementing daily teeth brushing, applying fluoride varnish, and teaching positive oral health messages. Head Start staff can obtain certification to apply fluoride varnish through online certification programs. The Cocopah Head Start was certified to apply fluoride varnishes in 2010.

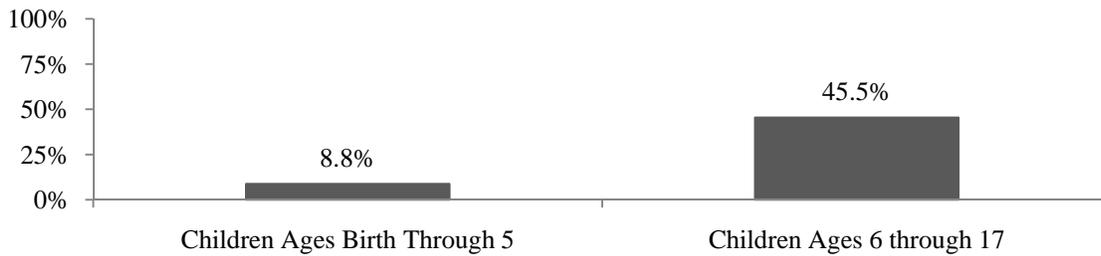
Dental Care Visits, Fort Yuma Service Unit, 4/19/09 – 4/19/10



Source: The Indian Health Service Representative, Personal Correspondence, June 22, 2010.

³¹ American Academy of Pediatric Dentistry, Council on Clinical Affairs. (2010). *Policy on the Dental Home*. Retrieved from http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf

Children with Tooth Decay, Fort Yuma Service Unit, Cocopah Indian Tribe, 2010



Source: The Indian Health Service Representative, Personal Correspondence, June 22, 2010.

Note: Data presented are the percentages of the 80 living Cocopah children birth through 5 and the 222 children ages 6 to 17 who are registered at the Fort Yuma Service Unit.

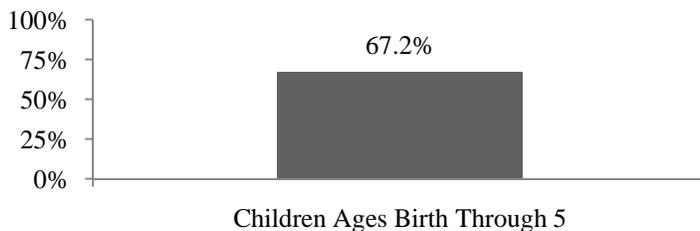
Immunizations

Immunization requirements help to prevent a number of serious and sometimes fatal vaccine-preventable diseases in young children. In Arizona, immunizations are a requirement for entry into kindergarten and children must be up-to-date with age-appropriate vaccinations in order to attend preschool or child care. The required vaccinations protect against hepatitis B, polio, measles, mumps, rubella, diphtheria, tetanus, pertussis, influenza, and varicella (chickenpox). Most require multiple doses to be administered between birth and kindergarten. The Healthy People 2010 Objective for childhood immunizations was set at 90%.³²

Children on the Cocopah Indian Reservation have varied coverage levels for vaccine-preventable diseases, based on age. Of the 80 Cocopah children ages birth through five registered with the Fort Yuma Health Service Unit, 16 children have not been to the clinic in the past year. These 16 children may be receiving immunizations elsewhere other than the Fort Yuma Service Unit. Of the 64 children ages birth through five who have been to the clinic in the past year, 67% were up-to-date on their vaccinations. In comparison, data from Arizona Health Matters for 2007/08 indicated that 96% of Arizona kindergarteners had completed all required vaccinations.³³

In an effort to promote the immunization of children, the public health nurse at the Fort Yuma Service Unit holds immunization clinics on the Cocopah Indian Reservation each month. Flu shots are included in the vaccinations available at the clinics. The clinics are held at the Cocopah Wellness Center on the West Reservation.

Children Up-to-Date on Age-Appropriate Immunizations, Fort Yuma Service Unit, Cocopah Indian Tribe, 2010



Source: The Indian Health Service Representative, Personal Correspondence, July 23, 2010.

Note: Data presented are the percentages of the 80 living Cocopah children birth through 5 who are registered at the Fort Yuma Service Unit.

³² Arizona Department of Health Services (2009). *Immunizations: A Publication of the Arizona Immunization Program Office*.

³³ Arizona Health Matters, *Kindergarteners with Required Immunizations*, Retrieved 2010.

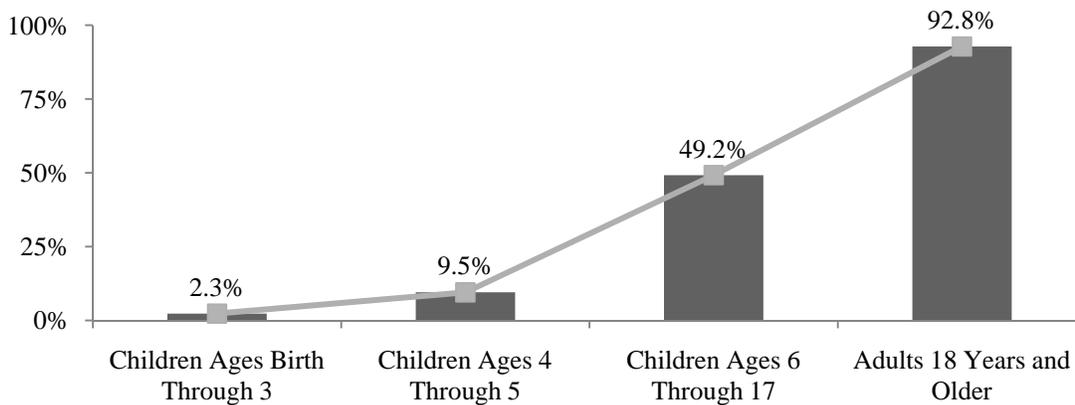
Overweight and Obesity

Children and adolescents with a BMI between the 85th and 94th percentiles are generally considered overweight, and those with a BMI at or above the gender- and age-specific 95th percentile of population on this growth chart are typically considered obese. Overweight and obese conditions in children can lead to severe physical and emotional health effects, including a greater risk of hospitalization, type II diabetes, cardiovascular disease, low self-esteem, and depression. Furthermore, overweight adolescents have a 70% chance of becoming overweight adults, and this increases to 80% if one or both parents are overweight.³⁴

Among members of the Cocopah Indian Tribe, the incidence of overweight and obesity is concerning. Nearly 10% of children ages four through five were overweight or obese, rising to nearly 50% of children ages 6 through 17, to then 93% of adults. It should be noted that these data only represent patients who have a Body Mass Index (BMI) measurement on record at the Fort Yuma Service Unit, thus possibly slightly overestimating the percentage of overweight or obese tribal members. According to the 2007 to 2008 National Health and Nutrition Examination Survey (NHANES), 10% of infants and toddlers in the US were obese, 49% of children and adolescents aged 2 through 19 years were considered overweight or obese, and 60% of adults were obese or overweight.^{35 36 37}

The Fort Yuma Service Unit social worker has noticed an increase in the number of children ages birth through age three who are overweight. In response, the social worker requested that First Things First implement a program to prevent obesity among children.

Children and Adults Who are Overweight or Obese, Fort Yuma Service Unit, Cocopah Indian Tribe



Source: The Indian Health Service Representative, Personal Correspondence, 2010.

Note: Data presented are the percentages of the 43 living Cocopah children birth through 3, the 21 children ages 4 to 5, the 126 children ages 6 to 17, and the 433 adults 18 years and older who are registered at the Fort Yuma Service Unit and have a Body Mass Index on record.

³⁴ Goran, M. (2001). Metabolic precursors and effects of obesity in children: A decade of progress, 1990–1999. *American Journal of Clinical Nutrition*, 73(2), 158-171.

³⁵ Ogden, C.L., Carroll, M., Curtin, L., Lamb, M., & Flegal, K. (2010). Prevalence of high body mass index in US children and adolescents 2007-2008. *Journal of American Medical Association*, 303(3), 242-249.

³⁶ Centers for Disease Control and Prevention. National Center for Health Statistics. (2010, March). *Health behaviors of adults: United States, 2005–2007. Vital and Health Statistics*, 10(245), 1-143. Retrieved from http://www.cdc.gov/nchs/data/series/sr_10/sr10_245.pdf

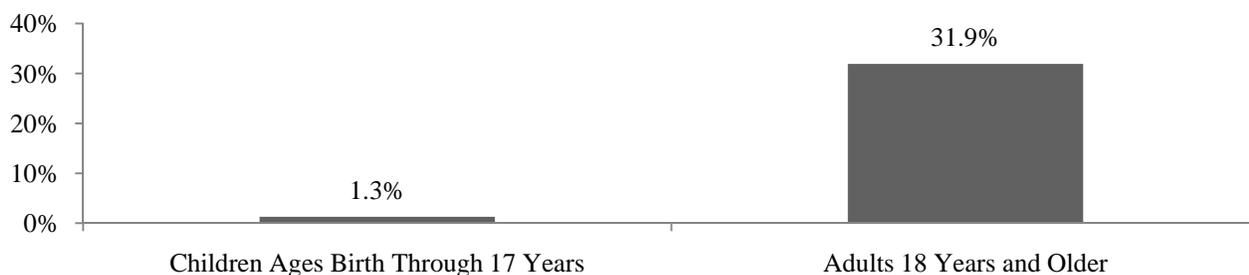
³⁷ Ogden, C.L., Carroll, M., Curtin, L., Lamb, M., & Flegal, K. (2010). Prevalence of high body mass index in US children and adolescents 2007-2008. *Journal of American Medical Association*, 303(3), 242-249.

Diabetes

While type II diabetes is primarily associated with overweight adults over age 40, inactivity and increased obesity rates have led to greater incidence in children. Children with type II diabetes are at greater risk for the long-term complications of diabetes, including hypertension and cardiovascular disease. Early diagnosis and treatment of type II diabetes can prevent or delay the onset of diabetes complications. The cornerstones of diabetes management for children with type II diabetes are weight management and increased physical activity.³⁸ This is important to consider when looking at the rising rates of obesity in Cocopah Indian Tribal members as they age.

Among Cocopah Indian Tribal members receiving medical care at Fort Yuma Service Unit, nearly a third (32%) of adults 18 years and older had been diagnosed with type II diabetes. The percentage of children under age 18 with type II diabetes was close to 1%. The nutritionist at the Fort Yuma Service Unit serves as a Diabetes Educator and holds a support group on the Cocopah Indian Reservation. The clinics are held at the Cocopah Wellness Center on the West Reservation.

Children and Adults Diagnosed with Type II Diabetes, Cocopah Indian Tribe



Source: The Indian Health Service Representative, Personal Correspondence, June, 2010.

Note: Data presented is percentage of the 302 living Cocopah children birth through 17 and the 634 adults 18 years and older who are registered at the Fort Yuma Service Unit.

Hospital and Emergency Department Use

The Indian Health Service Fort Yuma Service Unit stopped offering emergency care in 2007. Now it is an ambulatory (outpatient) center with scheduled hours from 9am to 7pm Monday through Friday and 10am to 4pm on Saturday. For patients requiring care outside of the scheduled hours, there is a 24 hour nurse line at Yuma Regional Medical Center to provide assistance over the phone or to determine whether it is an emergency situation. For emergency care, people living on the Cocopah Indian Reservation use the Emergency Department at Yuma Regional Medical Center. The Indian Health Service (IHS) will pay for verified emergency visits. However, IHS will not pay if a Cocopah Indian Tribal member goes to the Emergency Department for non-emergency reasons.

The most common reason that patients ages birth through five visited the Emergency Department at the Yuma Regional Medical Center was for diseases of the respiratory system (29%), including pneumonia, asthma, and bronchitis. Injuries and poisoning was the second most common cause of visits to the Emergency Department with 19% of visits. The majority of patients were treated as outpatients; only 4% of cases resulted in hospitalization.³⁹

³⁸ National Diabetes Education Program. (2008). *Overview of diabetes in children and adolescents*. Retrieved from www.yourdiabetesinfo.org

³⁹ Yuma Regional Medical Center. (2009). *Inpatient and Outpatient ER Visits Ages 0-5*. (Unpublished Data).

Emergency Department Utilization for Children Ages Birth Through Five by Diagnosis Category, Yuma Regional Medical Center

Diagnosis	Number of Cases	Percent of Total Cases
Diseases of the Respiratory System (Includes Acute Respiratory Infections)	2,629	28.7%
Injuries and Poisoning	1,764	19.3%
Diseases of the Digestive System (Includes Dental Conditions)	956	10.4%
Ear Infections and Other Ear Complaints	885	9.7%
Unclassified Symptoms (Includes Fever)	850	9.3%
Infectious or Parasitic Disease	497	5.4%
Diseases of the Skin	421	4.6%
Routine or Scheduled Visits	253	2.8%
Examination with No Diagnosis	129	1.4%
Congenital Anomalies and Conditions Originating in the Perinatal Period	128	1.4%
Other	638	7.0%
Total	9,150	100.0%

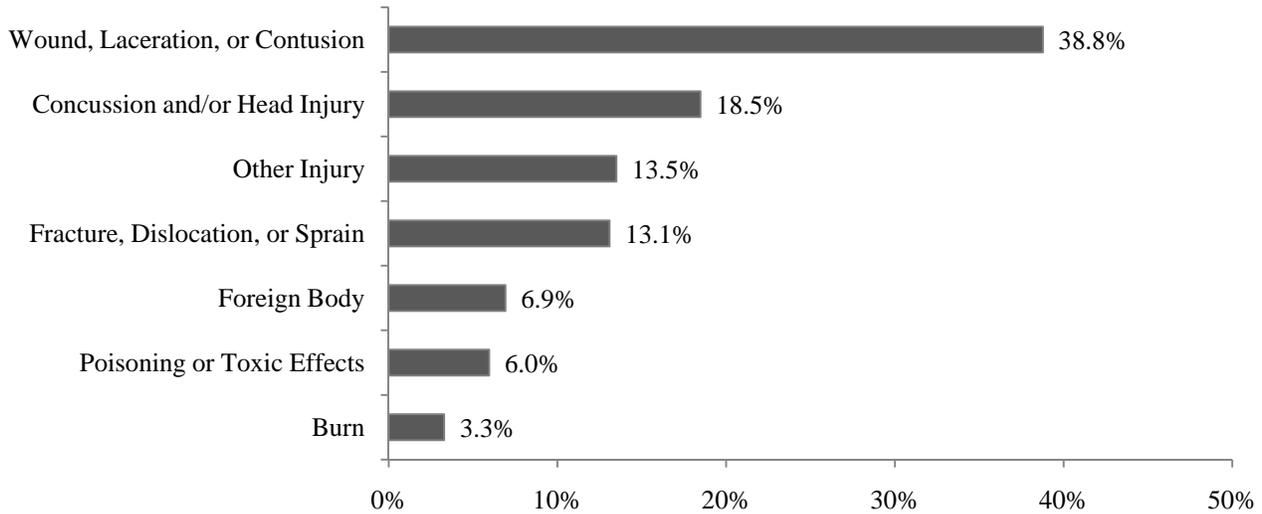
Source: Yuma Regional Medical Center Representative, Personal Correspondence, June, 2010.

Injuries

Injuries among children can be intentional or unintentional. Intentional injuries, including child abuse, assault, and self-inflicted injuries, require intervention by the authorities to protect the child and prevent recurrence. Unintentional injuries, or accidents, are more common, and are generally preventable. Parent education on the importance of child-proofing the home, appropriate use of car/booster seats, placing fences around pools and yards, bicycle helmet use, animal safety, and safe storage of weapons can reduce the likelihood of accidents.

The Yuma Regional Medical Center Emergency Department reported the greatest number of injuries to children ages birth through five as wounds, lacerations, or contusions (39%). Concussions and other head injuries was the next most common cause of injury to children in the Emergency Department (19%).

Cause of Injury-Related Emergency Department Visits for Children Ages Birth Through Five, Yuma Regional Medical Center



N=1,764.
 Source: Yuma Regional Medical Center Representative, Personal Correspondence, June, 2010.

Communicable Diseases

Communicable diseases are conditions that can be transmitted directly or indirectly to a person from an infected person or animal. Reporting cases of communicable diseases are essential to preventing further spread and protecting the public health of the community. State and federal agencies have certain diseases that are required by law to be reported. Between January and May of 2010, the Fort Yuma Service Unit reported four cases of Arizona notifiable diseases among the Cocopah population, all of which were in adults.

Reported Cases of Notifiable Diseases, Cocopah Indian Tribe, 2010

Notifiable Disease	Number of Cases
Chlamydia	2
Hepatitis C	2

Source: The Indian Health Service, Personal Correspondence, 2010.
 Note: Data presented only represent Cocopah Indian Tribal members who are registered at the Fort Yuma Service Unit.

Leading Causes of Death

Deaths among children are rare on the Cocopah Indian Reservation. Between 2004 and 2008 there were only two deaths to children ages birth through four. Each year the number of deaths of American Indians residing on the Cocopah Indian Reservation was less than 15, where the primary causes were accidents, cardiovascular disease, chronic liver disease, and diabetes.

Number of Deaths for Children Ages Birth Through Four, American Indians Residing on the Cocopah Indian Reservation

Age Group	2004	2005	2006	2007	2008
Less than 1 year	0	0	0	1	0
1 through 4 years	0	0	0	0	1

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

Cause of Death, All Ages, Cocopah Indian Tribe

Cause of Death	2004	2005	2006	2007	2008
Accidental Death	1	1	0	0	1
Cardiovascular Disease	3	1	1	0	1
Cancer	0	1	1	0	0
Chronic Liver Disease or Cirrhosis	2	0	1	2	0
Diabetes	1	1	0	1	1
Influenza or Pneumonia	1	1	0	0	0
Septicemia	1	0	0	1	0
Stroke	0	0	1	0	1
Symptoms, Signs, Abnormal Findings	0	0	0	1	0
Other	2	1	0	3	0
Total	11	6	4	8	4

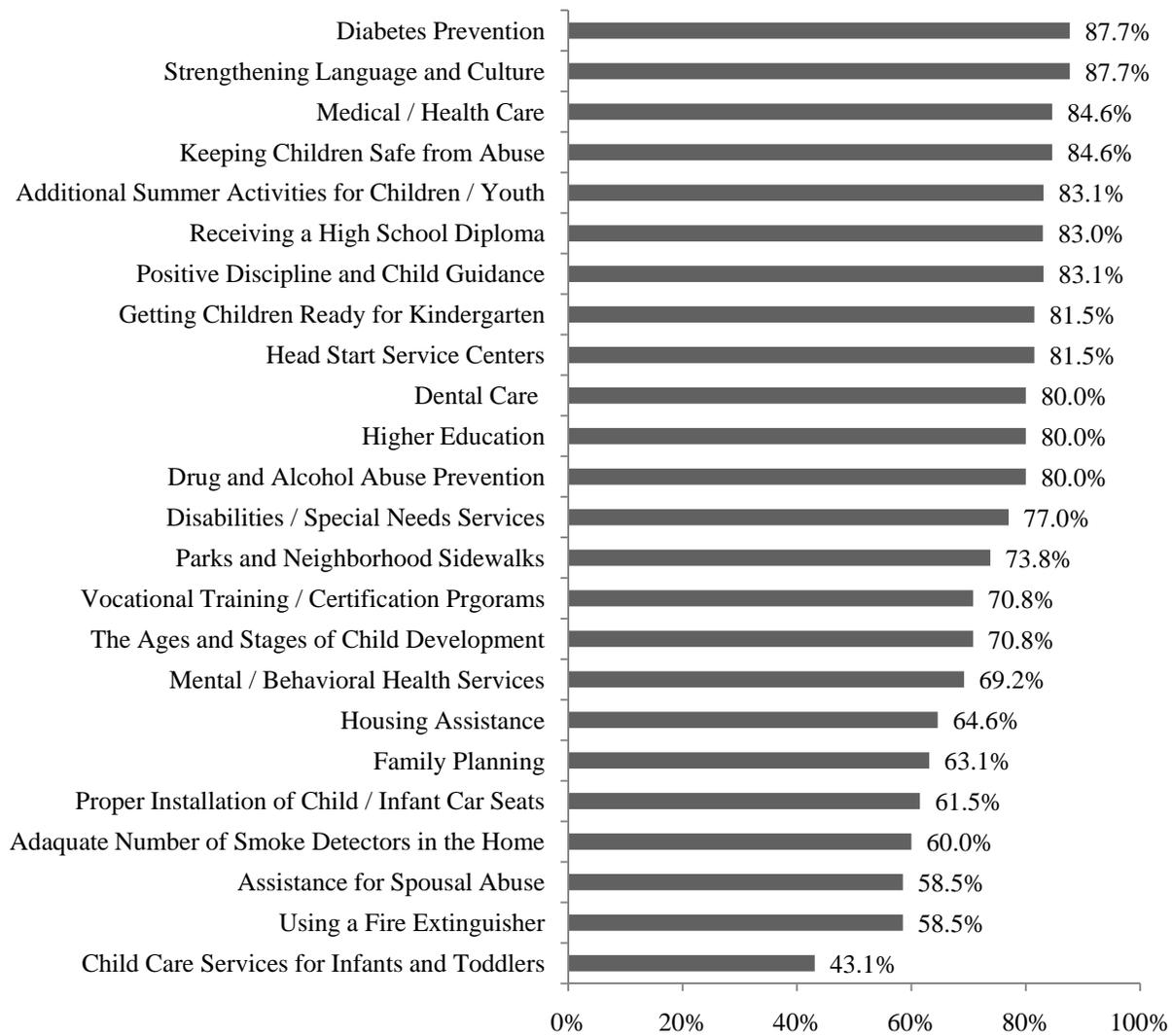
Source: Arizona Department of Health Services. (2010). *Health Status and Vital Statistics, Health Status Profile of American Indians*. Retrieved from <http://www.azdhs.gov/plan/report/hspam/index.htm>

Public Awareness and Collaboration

Community Concerns

The Cocopah Head Start conducted a Community Assessment among members of the Cocopah community in 2007. When asked what issues were of most concern in the community, respondents rated diabetes prevention (88%), strengthening language and culture (88%), medical/health care (85%), and keeping children safe from abuse (85%) as “high concerns.” Respondents were also concerned about issues related to children and their safe and healthy development, such as positive discipline and child guidance (83%), getting children ready for kindergarten (82%), and Head Start service centers (82%). Notably, only 43% of respondents rated child care services for infants and toddlers as a “high concern,” despite the lack of these services in the community.

Community Members Who Had a High Level of Concern for the Following Community Issues, Cocopah Indian Tribe



Note: N=65

Source: Cocopah Head Start Program, *Community Needs Assessment FY 07*. (Unpublished Data).

Awareness of Early Childhood Issues

Clearly, many community leaders are aware of the issues facing Cocopah children. Many new community support programs are being discussed and implemented in the community. These programs include the immunization clinic, obesity prevention program, Early Steps parenting class funded by First Things First, and supplemental food assistance program. Each of these programs increases awareness of early childhood issues in the community and provides tangible resources for community members.

Community leaders are also looking beyond economic and medical supports to provide activities and resources that can help youth connect with their families and the community. The Cocopah Indian Tribe opened the Wild River Family Entertainment Center at the end of 2009, providing the community with a family friendly space that offers bowling, laser tag and meeting rooms. Together with the Cocopah Community Center, the Cultural Resources Department's Cultural Arts and Language program will provide positive youth activities and help to deepen the connection between youth and tribal elders.

Conclusion

The families and children living within the Cocopah Tribe First Things First Region

There were an estimated 1,600 people living on the Cocopah Indian Reservation in 2010, and there are currently 84 children ages birth through five. Nearly all of the children ages birth through four on the reservation were American Indian/Alaska Native in 2000. While there were no data about the language spoken by children under six years, 21% of the population five years and older spoke a Native North American Language. Nearly half of families with children under age six were single-parent households.

Community Assets and Areas of Strength

There are many people and organizations on the Cocopah Indian Reservation dedicated to making a difference in the lives of children birth through five and their families, particularly in the areas of health and cultural development and preservation resources. With respect to health, most women and children on the Cocopah Indian Reservation have at least some access to the medical care they need. All children on the Cocopah Indian Reservation have health insurance and many are receiving dental care. Many children and families with children ages birth through five are receiving support services and fewer children in the area are being removed from their homes by Child Protective Services. The Food Assistance and Nutrition program, funded by the First Things First Cocopah Tribe Regional Partnership Council, is helping reservation members meet their nutritional needs, the First Things First Early Steps program offers free trainings and resources to parents and expecting parents, the Fort Yuma Service Unit vaccination clinic provides necessary vaccinations, and the Indian Health Service's Early Childhood Caries Initiative is in place to help prevent childhood dental caries.

Additionally, the Cultural Resources Department, in conjunction with the Cocopah Community Center, has several programs in development. Beginning in Fall 2010, the Cultural Arts and Language program will work to enhance the transfer of knowledge from tribal elders to youth. The program will cover a broad range of topics, including food, arts, language, stories, songs, and history significant to the Cocopah Tribe. Efforts are also underway to foster the connection and integration between the Cocopah Tribe in the United States and the Cucupá Tribe in México.

Community Challenges and Areas for Improvement

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

- High levels of poverty and unemployment

Poverty is a serious problem for members of the Cocopah Tribe. More than three quarters of children ages birth through five lived below the Federal Poverty Level in 2000 and more than one quarter of residents were unemployed. The median family income for Cocopah Tribe members was substantially lower than the Self-Sufficiency standard. While the Food Assistance and Nutrition strategy and WIC Program will help reservation members receive food and nutritional education, families would likely benefit from additional assistance. Support for household costs aside from food, such as housing subsidization, a program for transportation cost reimbursement if family members must travel off the reservation for work or school, and additional job training programs could be beneficial.

- Inadequate prenatal and early childhood health care

While the WIC program helps provide food and educational resources to women and their children, and the Fort Yuma Service Unit vaccination clinic provides necessary vaccinations, many women and their children are still not receiving adequate services. Less than half (43%) of Cocopah Tribe women received prenatal care during the first trimester, and less than half (43%) of women had nine or more prenatal visits. Additionally, about two-thirds of children ages birth through five were up-to-date with their immunizations. Given that the average wait time for a Women's Health appointment is over three weeks, and that the immunization clinics are held monthly, increasing the number of clinicians might better help meet the needs of women and their children. Having appointment times and immunization clinics outside of regular working hours might also be helpful for working parents.

- High rates of obesity and type II diabetes

There is a very high rate of obesity among children ages 6 through 17 and this rate increases with age. Furthermore, nearly one-third of adults have type II diabetes. Though the Food Assistance and Nutrition strategy is a step toward providing nutritious food and nutrition education, more needs to be done to address this issue. In addition to food assistance and education, it is also important to focus on nutritious food preparation and physical activity. Incorporating indigenous food practices and physical activity in the elementary schools and through the new Cultural Arts and Language program might be possible strategies for implementing change.

- Lack of early care and education options on the Cocopah Indian Reservation

Although there is a Head Start which serves 20 children ages three through five, there is only one and it is located on the East Reservation (requiring transportation for those living on the North and West Reservations). Overall, there is a lack of child care options for children ages birth through three on the Cocopah Indian Reservation. The nearest Department of Economic Security certified home care providers are located in Somerton and Yuma. Even though First Things First offers TEACH scholarships which help child care center teachers, directors, and providers obtain their Early Childhood Associates Degree or Child Development Associate Assessment, no one from the Cocopah community was enrolled. In order to help Cocopah community members obtain the child care support they need for children ages birth through five, the number of quality child care options needs to be increased. Publicizing the TEACH scholarships might encourage more people to obtain degrees in the field of early childhood development, which in turn could lead to more child care options for parents, and more job opportunities for Cocopah community members.

The Conclusion

This Needs and Assets report on the health and well-being of children ages birth through five on the Cocopah Indian Reservation has identified the areas where children are doing well and areas that are more concerning. In general, many Cocopah children and families are not receiving the education, support, and services necessary for ensuring future successes. In light of these challenges, the Cocopah community has begun implementing a number of programs to address community concerns including diabetes, obesity and childhood vaccinations. However, targeted efforts and continued collaboration are needed to help improve the situation of children and families. The First Things First Cocopah Tribe Region is committed to working with the Cocopah community to address these issues.

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

Thanks to the support and collaboration of the Cocopah Indian Tribe this is the most comprehensive Needs and Assets report to date. Data collection for small communities such as the Cocopah Indian Tribe can be difficult. Many state and federal agencies do not provide data at this level, and data that are available may not be fully representative of the community. Working directly with the departments on the Reservation can provide the most accurate up-to-date data. In the future, continued partnership is essential for monitoring and updating the status of ages children birth through five and their families. In particular, enrollment data; data regarding recipients of Women, Infants, and Children (WIC) services; and health data from the Indian Health Service Fort Yuma Service Unit would not have been accessible without the collaboration between First Things First and the Cocopah Indian Tribe.

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

- **Educational Data** –Much of the education data presented in this report are not specific to Cocopah children. In future reports, additional data identifying kindergarten readiness, test scores, and graduation rates for Cocopah children could provide a better understanding of the educational strengths and needs of the community.
- **Children with Disabilities** – Similar to the education data, data regarding children with disabilities were only available at the zip code level, not for the Cocopah Indian Tribe specifically.
- **Homelessness** – While the Head Start Community Assessment collects data on a small portion of the community who are homeless, there are no representative data of all families on the Cocopah Indian Reservation. Additionally, traditional definitions of homelessness may not apply to members of the Cocopah Indian Tribe, and data on overcrowding of homes may better indicate how many children are not living in ideal housing circumstances.
- **Barriers to Care** – Members of the Cocopah Indian Tribe have access to free or reduced cost health care, education, and social supports but are not always taking full advantage of these services. In future reports, a survey of residents and parents about barriers to care, support needed, and knowledge of supports would provide a better understanding regarding the underutilization of services.