

# First Things First Needs and Assets Report

*Colorado River Indian Tribes Regional Partnership Council*

*2010*

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Evaluation, Research and Development Unit  
The University of Arizona

Funded by  
First Things First Colorado River Indian Tribes Regional Partnership Council

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### Message from the Chair:

The past two years have been rewarding for the First Things First Colorado River Indian Tribes Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families by providing support through the funding of regional prioritized areas such as Child Care Scholarships, Home Child Care Regulation, the enhancement of Special Needs Services, Professional Development, Early/Family Literacy, Preventive Health Care and Community Education on the Importance of Developmental Screening. The Regional Partnership Council also assisted in providing statewide quality improvement for the regions child care providers and responded to the state's economic crisis by supporting Emergency Child Care Scholarships and Food Boxes.

The First Things First Colorado River Indian Tribes Regional Partnership Council will continue to support and provide opportunities for the regions families by continued commitment in assessing the community's needs, educating on the community's needs and advocating for the community's needs. With the continued funding of First Things First the Regional Partnership Council will move forward in responding to the most vital needs of our region's children.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Colorado River Indian Tribes Region in 2008 and the new 2010 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Colorado River Indian Tribes Regional Council would like to thank our Needs and Assets Vendor, the Evaluation, Research and Development Unit (ERDU) at the University of Arizona for their knowledge, expertise and analysis of the Colorado River Indian Tribes region. The new report will help guide our decisions as we move forward for young children and their families within the Colorado River Indian Tribes region.

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

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

Thank you for your continued support.

Sincerely,

Veronica Homer, Chair

Colorado River Indian Tribes Regional Partnership Council

## **Introductory Summary and Acknowledgments**

### **First Things First Colorado River Indian Tribes**

#### **Regional Partnership Council**

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

This Needs and Assets Report for the Colorado River Indian Tribes Geographic Region provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported.

The First Things First Colorado River Indian Tribes 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 Colorado River Indian Tribes Region, in the past year was providing community education on the importance of early developmental and health screening; professional development of staff to allow the screening of pregnant women and children ages birth to five years; expanding families' access and affordability of child care through home regulation assistance and early child care scholarships; increasing availability and retention of skilled professionals working directly with children with special needs. This report provides basic data points that will identify the critical needs facing the regions families' and support the Regional Partnership Council's decisions of funding allocations in the effort of building a true comprehensive statewide early childhood system.

#### **Acknowledgments:**

The First Things First Colorado River Indian Tribes Regional Partnership Council owes special gratitude to the agencies and key stakeholders who provided vital information and assisted in the development of this Needs and Assets report. 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 Colorado River Indian Tribes Regional Partnership Council, your dedication, commitment and extreme passion has guided the work of making a difference in the lives of young children and families within the region. Our continued work will only aid in the direction of building a true comprehensive early childhood system for the betterment of young children within the region and the entire State.

We also want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral , the Arizona Department of Health Services and the Arizona State Immunization Information System, the Arizona Department of Education and School Districts across the State of Arizona, the 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 local regional collaborators within the Colorado River Indian Tribes, Town of Parker and La Paz County.

## Table of Contents

### Executive Summary

#### Who are the families and children living in the Colorado River Indian Tribe Region?

- General Population Trends

- Additional Population Characteristics

- Economic Circumstances

- Educational Indicators

  - Regional Educational Indicators

  - School-Based Educational Indicators

  - Adult Education

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

- Early Care and Education

  - Quality First

  - Head Start

  - Maps

- Professional Development

  - Availability of certification, credentialing or degree programs

- Supporting Families

- Health

  - Access to Care

  - Pregnancies and Births

  - Health Care Coverage

  - Developmental Screenings and Services for Children with Special Developmental and Health Care Needs

  - Asthma

  - Immunizations

  - Women, Infants and Children (WIC) Program

  - Diabetes Prevention

  - Family and Community Survey

- Public Awareness & Collaboration

  - System Coordination

### Summary and Conclusion

#### Appendix A. Characteristics of the Population in the Region

#### Appendix B. La Paz County Population Estimates

#### Appendix C. Population Race and Ethnicity: CRIT Region, La Paz County and Arizona Estimates

#### Appendix D. Population Poverty: CRIT Region, La Paz County and Arizona Estimates

#### Appendix E. County Profiles, 2008

#### Appendix F. Mortality by Age Groups, 2008

#### Appendix G. Medical and Other Risk Factors, 2008

#### Appendix H. Arizona Health Matters

#### Appendix I. Health Insurance Coverage Status for Children (ages 0 to 18), 2006

#### Appendix J. Table of Regional Assets (Prior to Inclusion of Additional Tribal Assets)

#### Appendix K. Table of Regional Strategies

#### Appendix L. Citations for Resources Used and Extant Data Referenced

## List of Tables

- Table 1. Population in the Colorado River Indian Tribes Region
- Table 2. Estimated number of migrant and seasonal farmworkers, 2008
- Table 3. Median family income by area and for families with children
- Table 4. Comparison of Parker High School and Ombudsman Alternative High School
- Table 5. Child care providers in the Colorado River Indian Tribes Region
- Table 6. Available certification, credentialing or degree programs
- Table 7. Domestic Violence Shelter Fund Report (July 2008 to June 2009)
- Table 8. Reports received by risk level and county, October 2008 to September 2009
- Table 9. Reports where a removal occurred, October 2008 to September 2009
- Table 10. Number of children removed
- Table 11. Healthcare Coverage by Region, County and State
- Table 12. Hospital Admissions for Asthma in Children Less than 6 Years of Age
- Table 13. Data from the Family and Community Survey

## List of Figures

- Figure 1. Geographical area of the Colorado River Indian Tribes Region. (to be redrawn)
- Figure 2. General location of children under six according to the 2000 U.S. Census.. (to be redrawn)
- Figure 3. Race and ethnicity in the Colorado River Indian Tribes Region
- Figure 4. Percents of children and total population living in poverty
- Figure 5. Trends in the annual unemployment rate
- Figure 6. Educational attainment in the CRIT Region and in Arizona.
- Figure 7. Third-grade AIMS Results (Reading) by Ethnicity, Region and State, 2008
- Figure 8. Third-grade AIMS Results (Math) by Ethnicity, Region and State, 2008
- Figure 9. Third-grade AIMS Results (Writing) by Ethnicity, Region and State, 2008
- Figure 10. 2008 Terra Nova Results: Parker Unified School District and Arizona
- Figure 11. Childcare Providers in the Colorado River Indian Tribes, by Type of Provider. (to be redrawn)
- Figure 12. Childcare Providers in the Colorado River Indian Tribes
- Figure 13. Ratio of population to Primary Health Care Providers
- Figure 14. Average Birth Rate per 1000 Residents(1999-2008)
- Figure 15. Average Percent of Births with 0-4 Prenatal Care Visits (1999-2008)\_\_\_\_\_

## Executive Summary

The Colorado River Indian Tribes (CRIT) Region encompasses a unique and diverse area. The Colorado River Indian Tribes include four distinct Tribes—the Mohave, Chemehuevi, Hopi and Navajo. The Colorado River Reservation covers about 420 square miles, of which about 84% lies in La Paz County, Arizona. The remainder is across the river, in California. The primary community in the CRIT Region is Parker, Arizona, which is located on a combination of Tribal land, leased land that is owned by CRIT and land owned by non-tribal members. The CRIT Regional Partnership Council serves both tribal members and non-members on the Reservation, in the town of Parker, and from surrounding communities of La Paz County.

About 38 percent of the population of La Paz County—and 60 percent of the county's young children—live in the CRIT Region. According to First Things First estimates there were 842 children under the age of six in the CRIT Region in 2009. (This number may not include all of the migrant and farmworker children in the Region.) In 2008, the US Census estimated that 44 percent of the young children in La Paz County lived in poverty.

In the 2000 census, the three largest racial/ethnic groups in the CRIT Region were people who identified as Hispanic (38%), as non-Hispanic white (32%), and as American Indians (26%). Census data also indicate that after English, Spanish was the second most frequently spoken language in the Region. Of the Region's adults 25 years old or older, nearly 40 percent do not have a high-school diploma or GED. Only 15 percent have a college degree.

The state of Arizona has designated the CRIT Region as a medically underserved area. There is no labor and delivery unit in the Region, and only one pediatrician. Only 63 percent of expectant mothers get first-trimester prenatal care. Although CRIT mothers are more likely to be teen-aged than mothers statewide, their babies are less likely to have low birth weights.

The local Head Start program, in addition to its educational mission, also collaborates with other agencies and service providers to benefit all of the children in the Region, including those who are not enrolled in the program. Virtually all of the children living in the Region are up-to-date on immunizations and dental screenings, for example.

Head Start and Blake Elementary provide services to special-needs children. There is evidence that, in the recent past, screenings for developmental disabilities have been provided less frequently than elsewhere in the state. Consequently, fewer children may be participating in the state's Early Intervention Program (AZEIP).

There are six licensed or certified childcare providers in the region, including Head Start and Blake Elementary. Only Head Start and one family home are located outside of the town of Parker. Parents report a lack of places to play, especially in the summer's heat, and places to interact with other parents.

To allow adequate time for collecting data from tribal sources (such as Head Start, WIC, IHS, and the Children's Residential Center), a second version of this report will be issued in October 2010. This first version presents as full a picture of the Region's needs and assets as possible, using only non-tribal data sources; however, it is necessarily limited in its scope until the second, expanded report.

## **Who are the families and children living in the Colorado River Indian Tribe Region?**

When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each Tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated Region or elect to be designated as a separate Region. The Colorado River Indian Tribes was one of 10 Tribes who chose to be designated as its own Region.

The Colorado River Indian Tribes include four distinct Tribes - the Mohave, Chemehuevi, Hopi and Navajo. The Colorado River Indian Tribes (CRIT) Region (Region) encompasses a unique and diverse area. The primary community in the CRIT Region is Parker, Arizona, which is located on a combination of Tribal land, leased land that is owned by CRIT and land owned by non-tribal members. Therefore, the CRIT Region serves both Tribal members and non-members on the Reservation and in the town of Parker. Other programs that are managed by the Colorado River Indian Tribes, such as the Women, Infants and Children's program (WIC), serve the population of all of La Paz County.

The information included in this report was obtained from publicly available sources, data from various state agencies provided by First Things First and findings from qualitative data collection that was conducted specifically for this report. Brief key informant phone interviews with knowledgeable individuals and face-to-face interviews with parents of children aged 0-5 years in the Region were conducted to gather parent and community members' perspectives on the assets and needs of young children in the Region.

### **General Population Trends**

The Colorado River Reservation covers about 420 square miles, of which about 84% lies in Arizona. The remainder is across the river, in California. The US Census Bureau identifies three census tracts in the reservation: the California part (9401), the town of Parker (9402), and the remainder of the Arizona portion of the reservation (9403).

For purposes of this report, "Colorado River Reservation" refers to the extension of land occupied by the Colorado River Indian Tribes. Colorado River Indian Tribes Region refers to the First Things First Region.

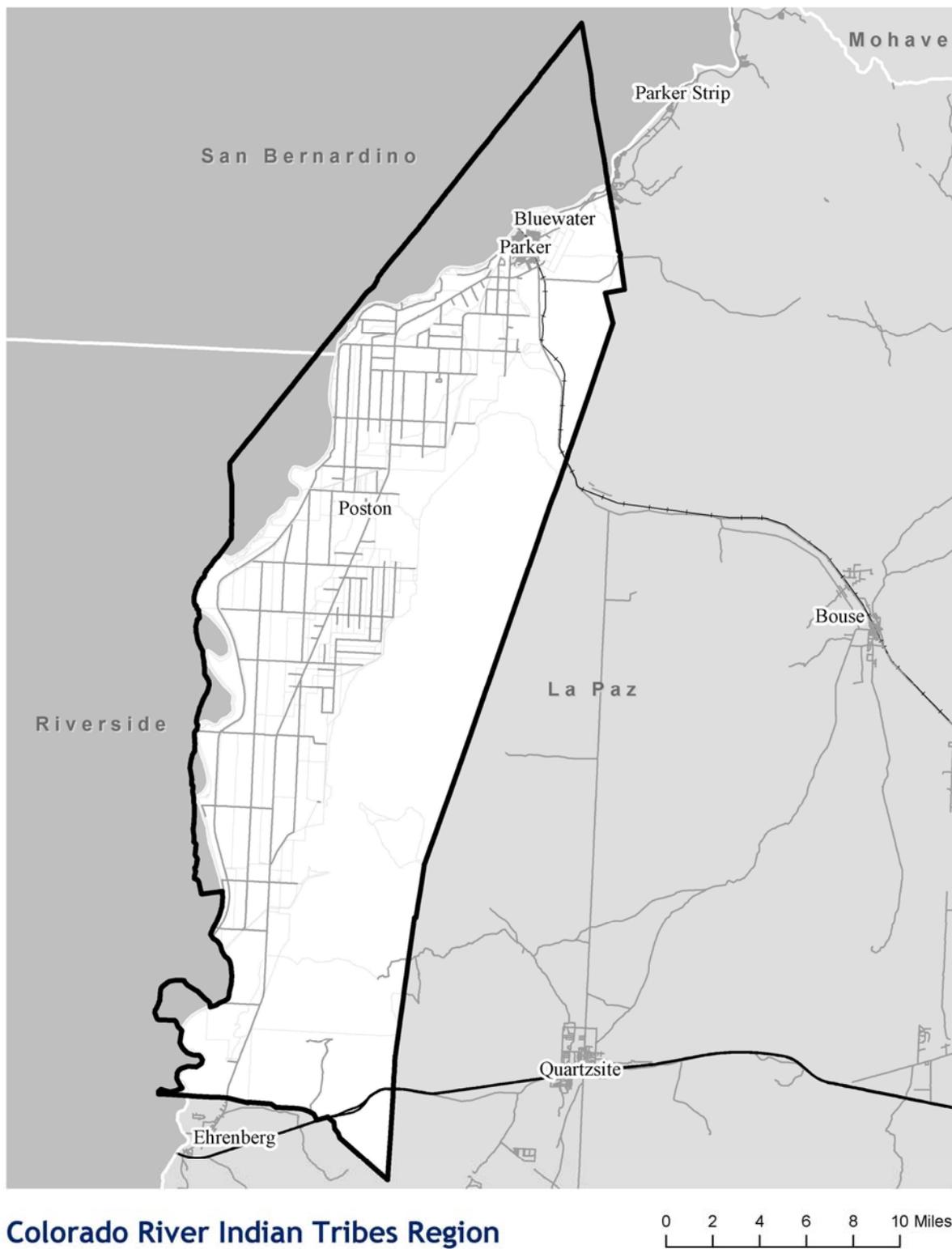


Figure 1. Geographical area of the Colorado River Indian Tribes Region.

Table 1 below lists the 2000 census counts of the total population, the number of children under six years old, and the number of families in the CRIT Region (U.S. Census Bureau, 2000a). In addition, for comparison, the table includes data for the entire reservation (including California), for La Paz County, and for the state of Arizona. (Data from the 2000 census are used here because they are the most detailed population data available. Data from the 2010 census should be available within the year. More detail on the population from the 2000 census is shown in Appendix A.)

*Table 1. Population in the Colorado River Indian Tribes Region*

	Total population	Number of children 0 to 5 years of age	Total number of families
Colorado River Indian Tribes Region	7,466	720	1,821
Census Tract 9402 (Parker)	3,140	294	792
Census Tract 9403	4,326	426	1,029
Colorado River Reservation (entire)	9,201	808	2,341
La Paz County	19,715	1,195	5,616
Arizona	5,130,632	459,141	1,287,367

Source: U.S. Census Bureau, 2000a

In this report, it will occasionally be necessary to report La Paz County data, when more detailed regional data are not available. About 38 percent of the population of La Paz County lives on the reservation. Interestingly, well over half of the county’s young children (60%) live on the reservation. When La Paz County data are used they will always be identified as such.

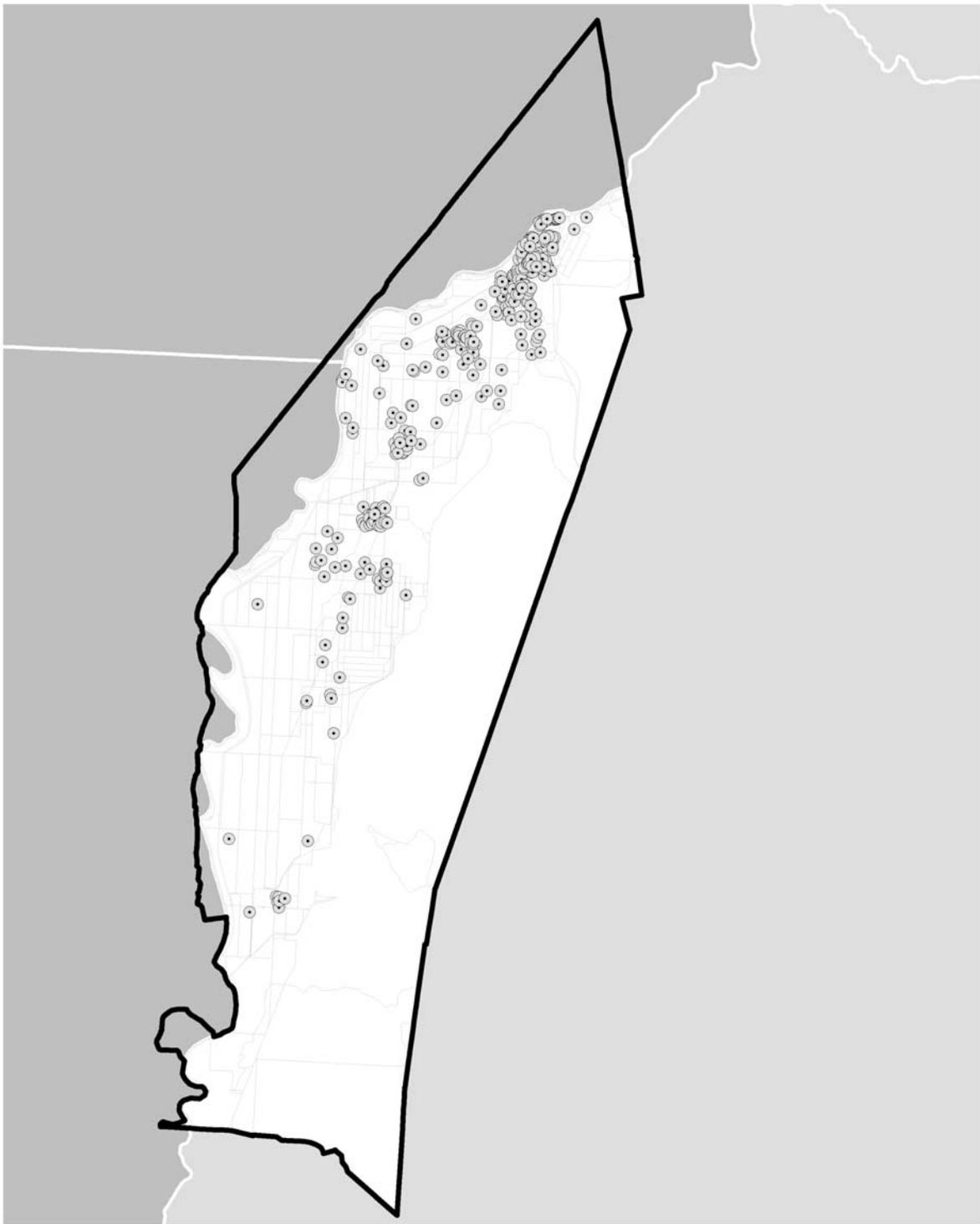
The CRIT Region had a total population of 7,466 persons in 2000, including 720 children under the age of six. According to the CRIT website<sup>1</sup>, approximately half of the CRIT residents (about 3,500 people) are Tribal members.

Each year, between decennial censuses, the Census Bureau estimates the population of each state and county in the US. For July 2009, the population estimate for La Paz County was 20,012 (only a 2% increase over 2000 figures) (US Census Bureau, 2009). In contrast, the state's population was estimated to have increased 29 percent, to more than 6.5 million Arizonans. See Appendix B for more detail.

First Things First estimates that 842 children under the age of six lived in the CRIT Region in 2009 (First Things First, 2010a). This is a 17 percent increase over 2000 numbers.

The map below marks where young children were living in the CRIT Region in the 2000 census. Each green dot represents one child, aged 0 to 5 years. The dots are not placed in exactly the location of the child's residence, but fall somewhere in the census block in which the child lived. As this illustrates, the children in the area are not only concentrated in the Parker area, but also are spread across the entire Region. Services, nevertheless, are concentrated in the Parker area, which means that transportation may become a barrier to accessing them.

<sup>1</sup> <http://www.crit-nsn.gov/>



**Colorado River Indian Tribes Region**

0 2 4 6 8 10 Miles

*Figure 2. General location of children under six according to the 2000 U.S. Census.*

## Additional Population Characteristics

This section presents data on the characteristics of families living in the CRIT Region, which includes both tribal and non-tribal families. In the 2000 census, the three largest racial/ethnic groups in the CRIT Region were people who identified as Hispanic (38%), as non-Hispanic white (32%), and as American Indians (26%) (U.S. Census Bureau, 2000b). Parker had a higher percentage of non-Hispanic white residents (45%) than the CRIT Region as a whole, and La Paz County as a whole had an even higher percent (64%). See Appendix C for more detail.

Colorado River Indian Tribes Region

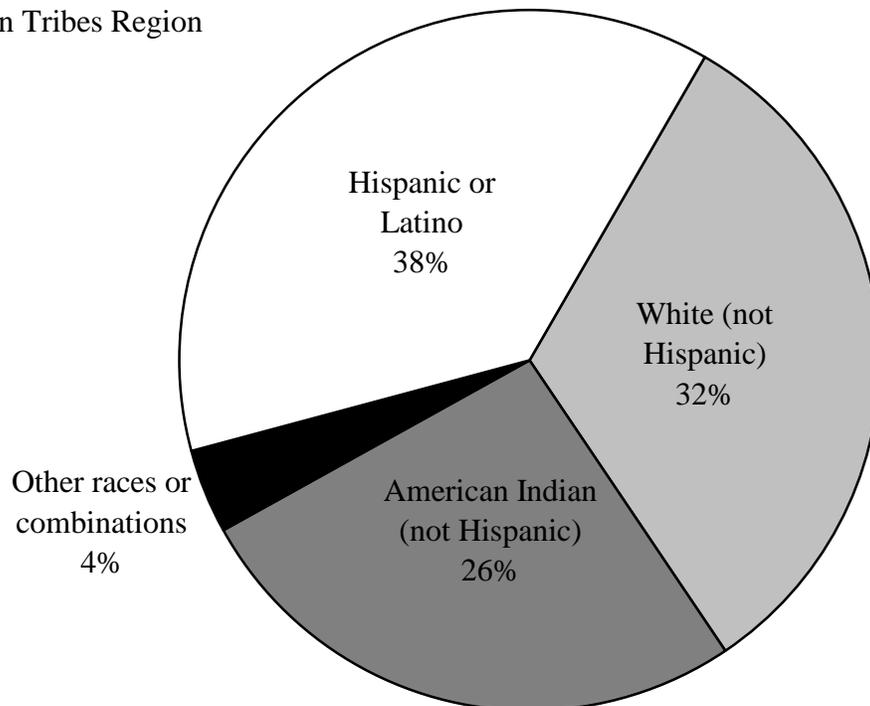


Figure 3. Race and ethnicity in the Colorado River Indian Tribes Region

Source: U.S. Census Bureau 2000b

Also according to the 2000 census, about 15 percent of the people living in the CRIT region (1,143 of 7,466) were born outside of the United States (U.S. Census Bureau, 2000b). Almost all of these people (1,063) were born in Mexico. In census tract 9403, nearly 20 percent (811 of 4,326) of the residents were born in Mexico. In the county and in the state, the percent of those Mexican-born is only 8 percent.

The 7,466 residents of the CRIT region belonged to 2,425 different households in 2000 (U.S. Census Bureau, 2000c). (A household is a group of persons living together, who may or may not be related to one another.) Sixty percent of these households reported that English was the language used most often among the members of the household. Most of the rest, (774, or 32%), reported Spanish as the language of the house. A smaller fraction of the Spanish-speaking households (177, or 7%) were classified as "linguistically isolated" by the census. In these households, all persons age 14 and older report some difficulty in speaking English. No adult in these households is a native speaker of English, or fluent in English. Eight percent of the

households in the CRIT Region used a language other than English or Spanish; almost none of these households were linguistically isolated. The languages of the four different groups that comprise the Tribes (Mohave, Chemehuevi, Navajo and Hopi) are also spoken in the Region.

The majority of the 720 children under six years old (584, or 81%) lived with one or both of their parents in 2000. Almost all of the rest (122, or 17%) lived with grandparents or other relatives. Only 14 of the children lived with non-relatives.

There were 1,821 families living in the CRIT Region in the year 2000 (U.S. Census Bureau, 2000c). Just over one-fourth of them (486) had one or more children under the age of six living with them. Most of these families (305, or 63%) were headed by a married couple. Just over a quarter of these families with young children were headed by single women (127), and about 10 percent were headed by a single man (54).

Agriculture is one of the main economic activities in both La Paz County and the CRIT Region. Estimates from 2008 (Table 2) indicate that there are about 2,700 migrant and seasonal farmworkers (MSFWs)<sup>2</sup> in La Paz County and about 1,000 MSFWs in the CRIT Region (Larson, 2008). La Paz County has the fourth largest population of MSFWs in the state after Yuma, Maricopa, and Pinal counties (*Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona*, 2008), and the CRIT Region portion itself has a larger MSFW population than nine of Arizona’s other counties. Table 2 gives an estimate, based on the data available, of 167 children 0 to 5 years of age in CRIT Region MSFW families. Although the U.S. census attempts to count all persons, it is not clear whether the entire MSFW population can be assumed to be included in census estimates. Nevertheless, note that this estimate of 167 children in MSFW families in 2008 is substantial whether it is part of or in addition to the 720 children 0 to 5 years of age in the CRIT Region as a whole in 2000 (Table 1) and the First Things First estimate of 842 children in 2009.

Table 2. Estimated number of migrant and seasonal farmworkers, 2008

	Migrant and Seasonal Farmworkers (MSFW)	Non-Farmworkers in These Households	Total Number in MSFW Households	Estimated Number of Children 0 to 5 in MSFW Households
La Paz County	2,732	2,339	5,071	442
Colorado River Indian Tribes	1,035	886	1,921	167

Based on: Larson, A.C. (2008) *Migrant and Seasonal Farmworker Enumeration Profiles Study: Arizona*

## Economic Circumstances

The most recent estimates from the US Census Bureau, in 2008, put the median household income at \$32,973 for La Paz County, and \$51,009 for the entire state of Arizona (U.S. Census

<sup>2</sup> A seasonal farmworker is defined as: “An individual whose principal employment [51% of time] is in agriculture on a seasonal basis, who has been so employed within the last twenty-four months.” The definition of a migrant farmworker is essentially the same, but includes that the farmworker “established for the purposes of such employment a temporary abode” (Larson, 2008).

Bureau, Small Area Estimates Branch, 2008). (A median is a middle value, not an average (Table 3). About half of the households in La Paz make less than \$32,973 per year, and the other half make more.) This income rate puts La Paz County in the lowest 20% of counties nationwide in terms of median household income.<sup>3</sup>

Table 3. Median family income by area and for families with children

	Median family income (2000)	Median family income (2000) for families with own children under 18 years	Median family income (2008)	Increase since 2000
Colorado River Indian Tribes Region	\$31,092	\$29,902	NA	NA
Census Tract 9402 (Parker)	\$37,663	\$35,000	NA	NA
Census Tract 9403	\$26,034	\$25,977	NA	NA
Colorado River Reservation (entire)	\$29,891	\$29,129	NA	NA
La Paz County	\$29,141	\$29,420	\$32,973	13%
Arizona	\$46,723	\$43,483	\$51,009	9%

Sources: U.S. Census 2000d, and U.S. Census Bureau, Small Area Estimates Branch, 2008

Income estimates are not available for the CRIT Region for 2008. The median family income in the CRIT Region in 2000 (\$31,092) was slightly higher than the Reservation (\$29,891) and La Paz County (\$29,141), and within the CRIT Region, the Parker area census tract (9402) has a higher median income (\$37,663) than the rest of the CRIT Region (\$26,034). On a potentially positive note, La Paz County had a larger increase in median income (13%) than the state as a whole (9%) between 2000 and 2008. However, it is unclear whether the CRIT Region benefited from this increase at the same rate as the rest of the county.

In 2008, according to the Census Bureau's Small Area Estimates Branch, about 15 percent of the population of Arizona was living in poverty (Figure 4) (U.S. Census Bureau, Small Area Estimates Branch, 2008). Young children are more likely to be living in poverty; 23 percent of the state's children under the age of six were estimated to be living in poverty. For La Paz County, both proportions are higher: 44 percent of young children and 26 percent of all ages were estimated to be in poverty. See Appendix B for more detail.

<sup>3</sup> Data assembled by Robert Benincasa and Nelson Hsu of National Public Radio from US Bureau of Labor Statistics and Nielson Claritas. Available at: <http://www.npr.org/templates/story/story.php?storyId=111494514&sc=nl&cc=bh-20090807> Accessed July 22, 2010.

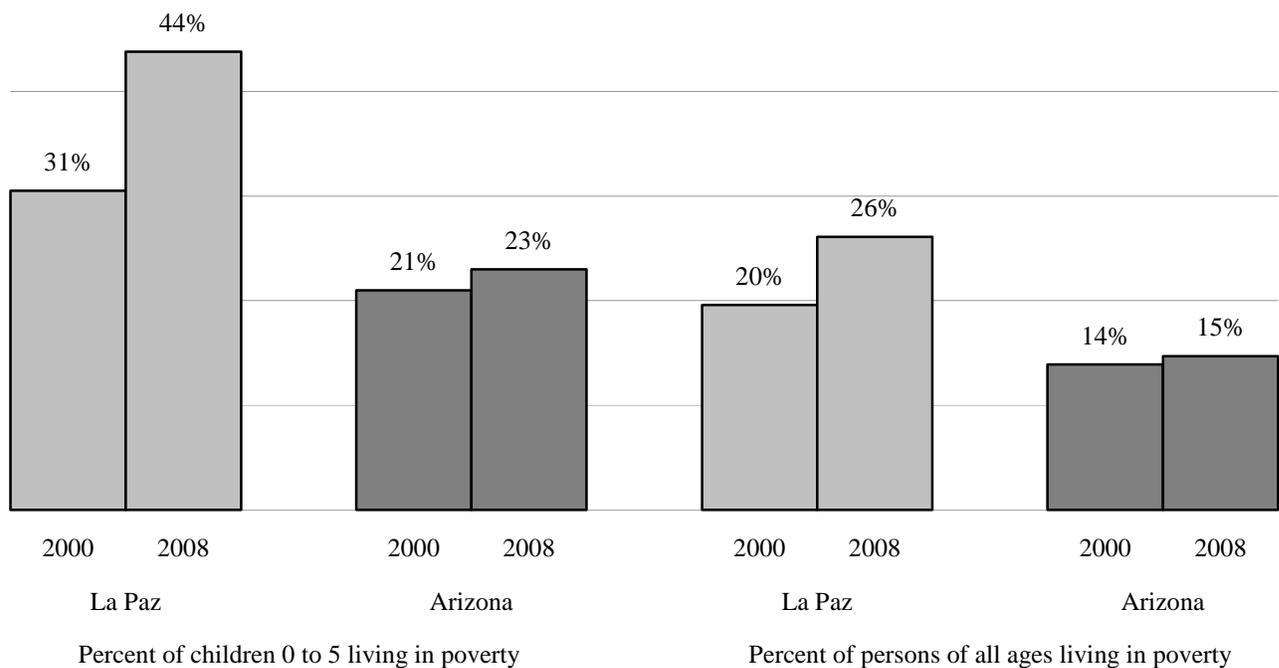


Figure 4. Percents of children and total population living in poverty

Sources: U.S. Census Bureau 2000e and U.S. Census Bureau, Small Area Estimates Branch, 2008

We should note that the poverty threshold is a function of household income and family composition. It does not take into account differences in the cost of living in different locations. The December 2009 cost of living index for La Paz County was 82.2<sup>4</sup>. In contrast, the cost of living index for Maricopa County (the highest cost county in Arizona) is 93.5. Therefore, La Paz County’s higher poverty rate is somewhat tempered by its lower cost of living.

As with median family income rates above, poverty estimates are not available for the CRIT Region for 2008, but they are available from the 2000 US Census (U.S. Census Bureau, 2000e). As can be seen by the higher percents in the second column in Figure 4, it is generally more likely for children 0 to 5 years of age to be living below the poverty line than the rest of the population. Within the CRIT Region, poverty rates are also higher in the 9403 census tract area than they are in the Parker (9402) census tract. The percentages living in poverty in 2008 only increased slightly from 2000 for the state, but they increased dramatically for La Paz County.

Figure 5 shows the trend seen in unemployment rates in the state and the CRIT Region from 2006 through mid-2010. As can be seen, the average unemployment rate for the first half of 2010 in Parker town (9.3%) is almost identical to that of Arizona as a whole (9.5%) (Arizona Department of Commerce, 2010). However, the unemployment rate in the community of Poston is double than the one seen in Parker (20% compared to 9%). On a somewhat positive note,

<sup>4</sup> <http://www.city-data.com/>

although the unemployment rate for the state as a whole has more than doubled since 2006, the rates of unemployment in the CRIT Region have increased about two-thirds.

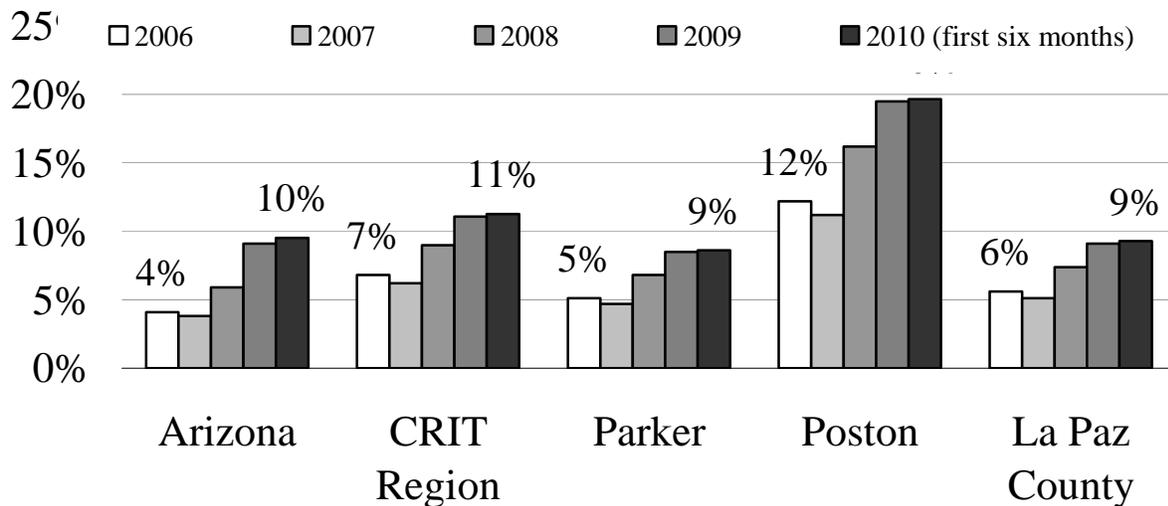


Figure 5. Trends in the annual unemployment rate

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

Public assistance programs in Arizona include Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP). In the entire state of Arizona, the number of children under six receiving TANF benefits increased 14 percent (20,867 to 23,866) from January 2007 to January 2010 (Arizona Department of Economic Security, 2010). In the 85344 zip code area, however, the number stayed nearly unchanged over the same three-year period (72 to 69).

The number of young children in Arizona receiving SNAP assistance was 60 percent higher in January 2010 than it was three years earlier (Arizona Department of Economic Security, 2007, 2009). The 85344 zip code area, however, saw a much lower rate of increase, only 24 percent (389 to 482).

In May 2010 the home foreclosure rate for La Paz County was 1 foreclosure for every 2,241 homes. This is in the mid-range of foreclosure rates across the country, and is the third-best rate across Arizona counties (behind Apache and Greenlee counties).<sup>5</sup>

<sup>5</sup> Data assembled by Robert Benincasa and Nelson Hsu of National Public Radio from Realty Trac, Inc.; and Nielson Claritas. Available at: <http://www.npr.org/templates/story/story.php?storyId=111494514&sc=nl&cc=bh-20090807> Accessed July 22, 2010.

## Educational Indicators

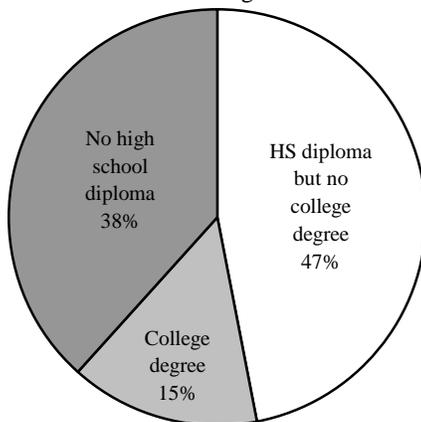
### Regional Educational Indicators

Across the U.S., the level of educational attainment in the population is closely associated with income. Those who graduate high school make, on average, about 1.5 times the annual income of those who do not graduate, and those with a college degree average 2.5 times the annual income of those who do not graduate from high school (U.S. Census, 2004). Within Arizona, the poverty rate among those with a college degree is four percent, compared to three times that rate (12%) for high school graduates, and six times that rate (25%) for adults without a high school education (U.S. Census, n.d.)

Although the rates of childhood enrollment in nursery school, preschool, and kindergarten are higher in the CRIT Region than seen in the rest of the state, levels of adult education attainment tend to be substantially lower than in Arizona as a whole. One of the primary needs for the Region, therefore, is to support a higher level of educational achievement among the residents.

The combined enrollment in nursery school, preschool, and kindergarten for children 0 to 5 years of age was 44 percent in the CRIT Region compared to 35 percent in the state as a whole in 2000. This high coverage rate is due largely to the CRIT Head Start program, which serves the Region (see the *Early Care and Access*, section below). However, school drop-out rates (grades 7-12) are about 60 percent higher in the CRIT Region (7%) than the state as a whole (4%) (U.S. Census Bureau, 2000f). This is consistent with the higher percent of adults with no high school diploma seen in 2000 census data (see Figure 6). The proportion of adults without a high school diploma (or its equivalent) in the CRIT Region is twice that of the state as a whole. The Region also has half the State's rate of adults with college degrees (15% in the Region versus 30% for the State). However, The CRIT Region rate is somewhat higher than La Paz County as a whole (13%).

Colorado River Indian Tribes Region



Arizona

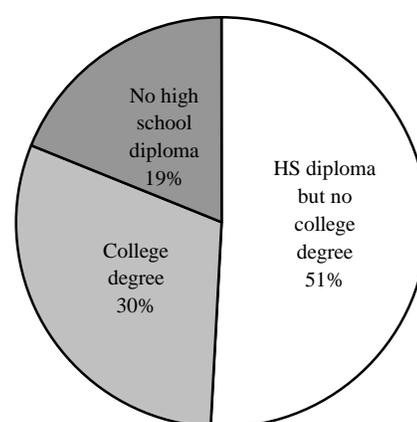


Figure 6. Educational attainment in the CRIT Region and in Arizona.

Source: U.S. Census Bureau 2000f

This generally low level of educational attainment in the Region is linked with its higher poverty levels. It is also likely to affect employment opportunities for residents, and to have implications for the ability of employers to attract sufficient numbers of qualified staff in the Region.

Besides the financial impacts, dropping out of school is also associated with a number of social and health problems that can go on to affect not only those adolescents but the next generation, including substance abuse and unintended pregnancy (Centers for Disease Control and Prevention & Health Resources and Services Administration, 2010a). In fact, the teen birth rate, is substantially higher in the Region than in the state as a whole (see *Health*, below).

### **School-Based Educational Indicators**

Children living within the Colorado River Indian Tribes Region attend school in the Parker Unified School District. The elementary schools in the district are Blake Primary (grades K-3), LePera Elementary (grades K-8) and Wallace Elementary (grades 4-6). Blake Primary School also provides a preschool program that includes services for children with special needs (see *Health* below). The Region also has one private school, Tree of Life, which serves children from preschool to grade twelve. There are currently six children enrolled in grades one to twelve. No charter schools serve the Region.

Young children's language and literacy development upon entry to school is assessed in the Region by the Dynamic Indicators of Basic Early Literacy Skills (DIBELS)<sup>6</sup>. The DIBELS is used to measure children's skills in alphabet knowledge and phonological awareness as an indicator of literacy readiness. Children are identified as being on track for reading with regular effective instruction, in need of additional support, or in need of intensive support.

In the 2008-2009 school year, about half (43-49%, depending on indicator) of the children entering kindergarten in the Region were identified as needing support, with 20-30 percent needing intensive support. By the end of the year, about 80 percent of the students were assessed as on track, with 6-10 percent needing continued intensive support towards reading.<sup>7</sup>

The in-school performance of current students in the elementary schools in the Region are measured by the Arizona Instrument to Measure Standards (AIMS)<sup>8</sup> and the Terra Nova standardized achievement tests.<sup>9</sup> The AIMS is used to track how well students are performing compared to state standards, and the TerraNova is used to compare students to their peers nationwide. Students in grades 2 and 9 take the TerraNova by itself, and students in grades 3 through 8 take a combination of the AIMS and TerraNova. Students must pass the grade 10 AIMS exam in order to graduate from high school.

In reading, third-graders in the Region perform slightly better on the AIMS when compared to children in the state as a whole, with 72 percent meeting or exceeding the standard, versus 69 percent in the State (Arizona Department of Education, 2010a and 2010b). In math, although the CRIT Region youth are similar in the percentage who meet or exceed the standards (70% vs. 71% for the State), a somewhat higher percentage (13% vs. 10%) of students fall into the "far

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<sup>6</sup> For more information on the DIBELS, see the University of Oregon, College of Education, Center on Teaching and Learning: <https://dibels.uoregon.edu/>

<sup>7</sup> Parker Unified School District, Dynamic indicators of Basic Early Literacy Skills Reports; August 2008-2009 and April 2008-2009, unpublished data.

<sup>8</sup> For more information on the AIMS test see the Arizona Department of Education's website: <http://www.ade.state.az.us/aims/students.asp>

<sup>9</sup> The Terra Nova test is a McGraw Hill product. For more information see their site: <http://www.ctb.com/ctb.com/control/productFamilyViewAction?productFamilyId=449&p=products>.

below standard" category. In writing, a substantially lower proportion meet or exceed the standards (69% vs. 76% for the State).

When broken out by ethnic group, it appears that American Indian and Hispanic students have lower rates of meeting or exceeding the standards than their White peers, across all subjects. This is consistent with results across the state. However, students in all ethnic groups in the Region perform better than their statewide peers in reading, American Indian and White students perform somewhat better than students of their ethnicity elsewhere in the state in math, and all students perform similarly to their ethnic group peers in writing.

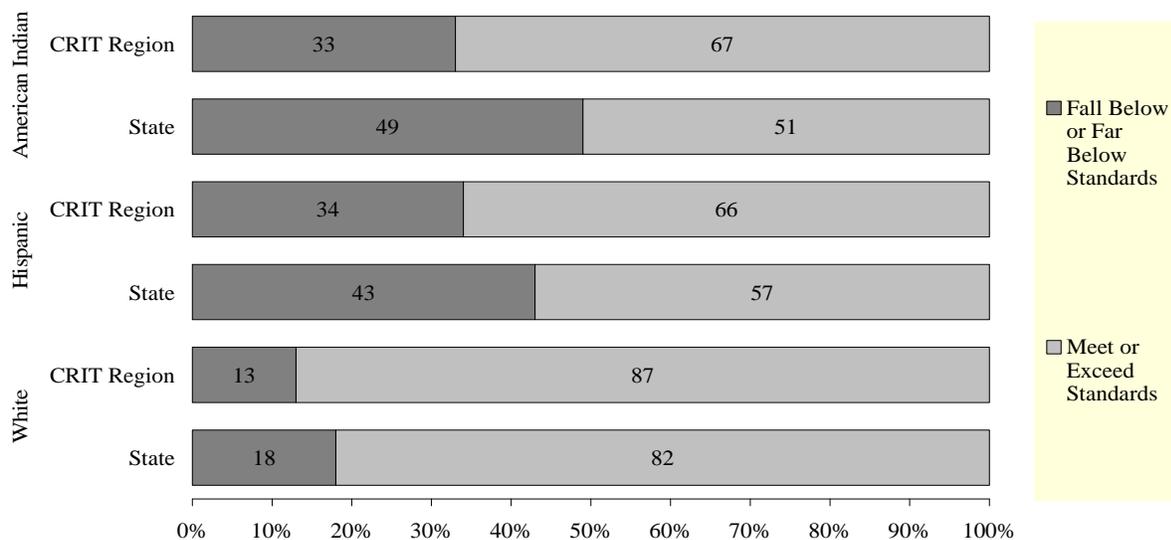


Figure 7. *Third-grade AIMS Results (Reading) by Ethnicity, Region and State, 2008*  
 Source: Arizona Department of Education, 2010b

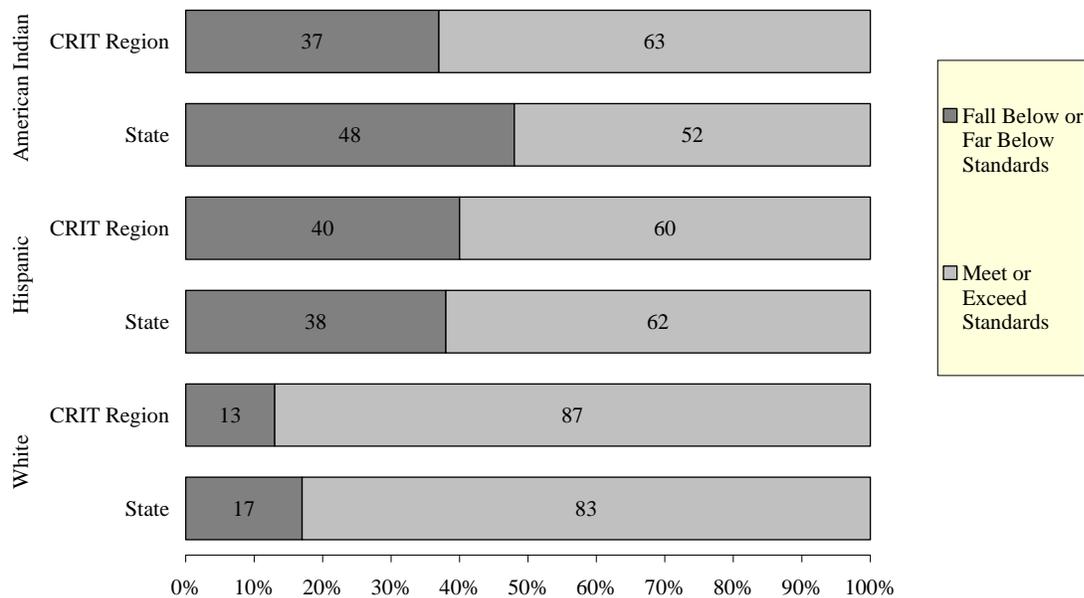


Figure 8. *Third-grade AIMS Results (Math) by Ethnicity, Region and State, 2008*  
 Source: Arizona Department of Education, 2010b

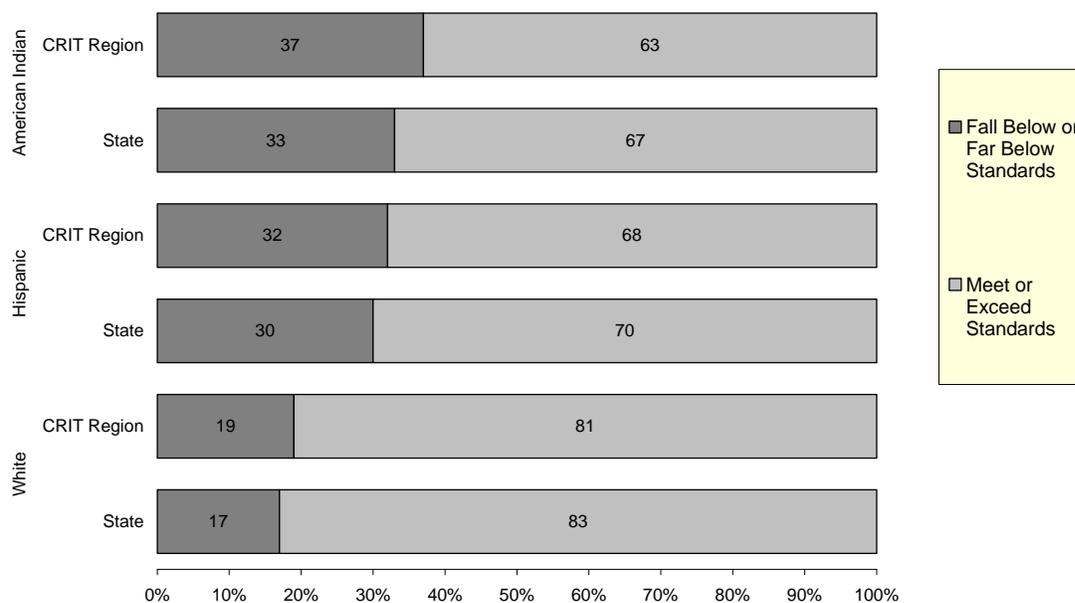


Figure 9. *Third-grade AIMS Results (Writing) by Ethnicity, Region and State, 2008*  
 Source: Arizona Department of Education, 2010b

The results of the Terra Nova tests, however, show higher early reading and language scores that begin to drop off in third grade, though second- and third-grade children in the CRIT Region perform about as well as children in the rest of the state in math (Arizona Department of Education, 2010b).

Overall, it appears that, at least by second grade, children in the CRIT Region show similar test results to students in the State on average. However, it should be kept in mind that Arizona students as a whole consistently perform under the national average on standardized tests. Fourth graders in Arizona are in the lowest 20 percent of the nation in both reading and math achievement as assessed by the National Assessment of Educational Progress. In fact, in the 2009 assessment, three quarters of Arizona fourth graders fall below Proficient (solid academic performance) and nearly half (44%) fall below the Basic (partial mastery) level of competency in reading.<sup>10</sup> Therefore, even though CRIT Region elementary students may reflect the statewide pattern, there is still cause to promote increasing literacy and math achievement among young learners in the CRIT Region.

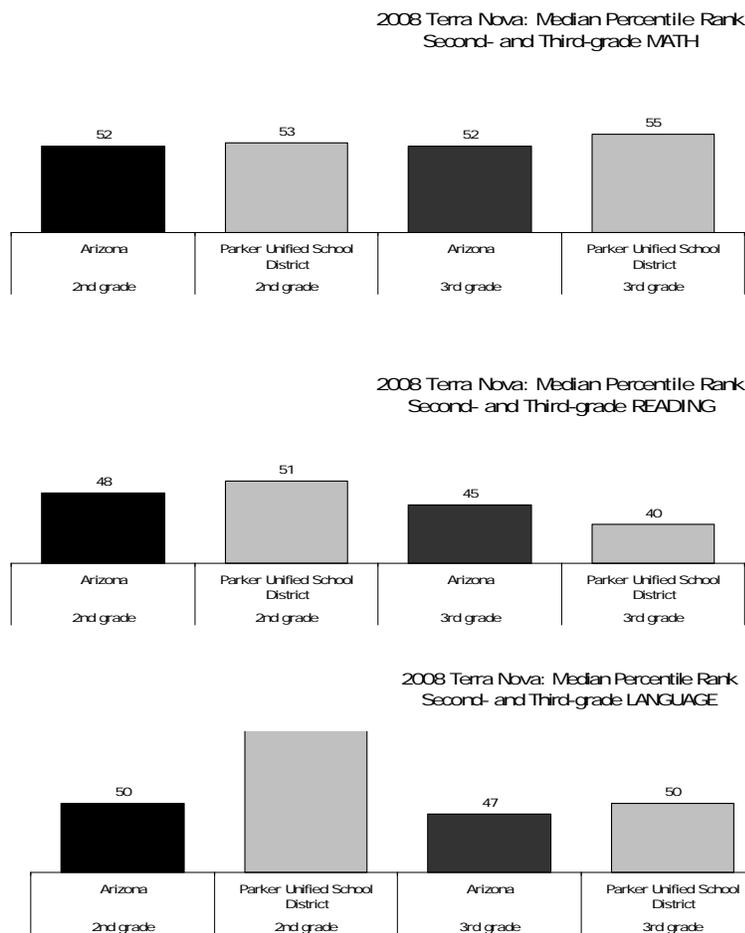


Figure 10. 2008 Terra Nova Results: Parker Unified School District and Arizona

Source: Arizona Department of Education, 2010b

The youth in the CRIT Region are served by the Wallace Junior High and the Parker High School. Parker Unified School District offers two alternative programs for at-risk children: the

<sup>10</sup> [http://nationsreportcard.gov/reading\\_2009/state\\_g4.asp](http://nationsreportcard.gov/reading_2009/state_g4.asp)

“Alternative Behavior Learning Environment” (ABLE) program for students in grades 5 to 8 who were initially enrolled at Wallace Elementary or Wallace Junior High and the Ombudsman Alternative High School for high school students. Through non-traditional programming, students who are potential dropouts are afforded the opportunity to become successful and receive their 8<sup>th</sup> grade diploma or earn a high school diploma. Those students who complete the ABLE program participate in the Wallace Junior High promotion ceremony. Students who complete the Ombudsman Program participate in the Parker High School graduation ceremony. Although the drop-out rates are high and graduation rates are low for the Ombudsman Alternative High School, they are comparable with other alternative schools in the State (Arizona Department of Education, 2010b).

Table 4. Comparison of Parker High School and Ombudsman Alternative High School

	Parker High School	Ombudsman Alternative High School
Enrollment	548	43
Attendance rate	96%	76%
Promotion rate	94%	62%
Dropout rate	4%	34%
Four-year graduation rate	87%	49%
Five-year graduation rate	90%	57%

Source: Arizona Department of Education, 2010b

### Adult Education

The adult population in the Region can take advantage of resources made available by both the county and the Colorado River Indian Tribes to continue their education. The La Paz Career Center has a program to provide Adult Education throughout the county. The center offers Adult Basic Education (reading, writing and math through 8th grade level), Adult Secondary Education (reading writing, math, science and social studies instruction that may lead to attainment of a high school equivalency diploma) and English Language Acquisition for Adult classes. During program year 2008-2009, 74 adults were registered in Adult Education classes, about half of which were employed. In this same period, 28 Arizona High School Equivalence Diplomas were issued.<sup>11</sup>

The Colorado River Indian Tribes’ Employment and Development and Training (EDT) Program provides career enhancement and adult education and literacy opportunities for qualified tribal members. The EDT’s One-Stop Service Center is considered an electronic one-stop site for the Native American population in Arizona. It offers a computer lab designed and set up for students to enter training for basic education, GED preparation, typing skills, computer courses, and Internet access for researching information. The Computer Lab is also available to job-seekers.<sup>12</sup>

The Colorado River Indian Tribes Library and Archives provides free-of-cost computer classes to the community at large. The CRIT Library and Archives has received computer equipment as well as computer training, troubleshooting and public access training through a grant from the

<sup>11</sup> [http://www.ade.state.az.us/adult-ed/Documents/Countyinfo/La\\_Paz.pdf](http://www.ade.state.az.us/adult-ed/Documents/Countyinfo/La_Paz.pdf)

<sup>12</sup> <http://www.crit-nsn.gov/critemployeedev>

Bill & Melinda Gates Foundation’s “Native American Access to Technology Program,” and laptops through an Arizona State Library Archives grant. It is now solely funded by the Colorado River Indian Tribes.

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

### Early Care and Education

In the Colorado River Indian Tribes (CRIT) Region, there are six child care providers, according to the Arizona Child Care Resource and Referral (CCR&R) report of April 2010 (Arizona Child Care Resource and Referral Southern Arizona 2010).

Table 5 below summarizes the available information about the child care providers in the CRIT Region (Child Care Resource and Referral Southern Arizona, 2010). (In La Paz County, outside of the reservation, there are three additional providers, in Ehrenberg, Quartzsite, and Wenden.)

Table 5. Child care providers in the Colorado River Indian Tribes Region

PROVIDER	Blake Elementary	CRIT Head Start	Morales Family Child Care	Ms Bumi's Gingetbread House PLLC	Tree Of Life Christian Preschool	Wee Care Day Care & Preschool
Ages	2 to 5	3 to 5	0 to 5	2 to 12	3 to 5	1 to 12
City	Parker	Parker	Parker	Parker	Parker	Parker
Type of care	ADHS licensed childcare center	Head Start Center	DES certified home	ADHS licensed childcare center	ADHS licensed childcare center	ADHS licensed childcare center
Capacity		183	4	56	10	37
Accredited?						
Open 24 Hours?			✓			
DES Contract?			✓	✓		
Food Program Participant?			✓			
Tribal Regulated?		✓				
Days	TuWTh	MTWTF	MTWTFs	MTWTF	MTWTF	MTWTF

Sources: Arizona Child Care Resource and Referral (CCRR) Southern Arizona, April 2010, and FTF CRIT Needs and Assets Report, 2008.

### Quality First

The First Things First Quality First program is a statewide quality improvement and rating system for providers of center- or home-based early care and education, with a goal to help parents identify quality care settings for their children. There are two center-based Quality First participants in the CRIT Region: Wee Care Day Center and the CRIT Head Start Program.

### Head Start

Head Start is a comprehensive early childhood education program for children pre-school age whose families meet income eligibility criteria. The program addresses a wide range of early

childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The CRIT Region is served by the Colorado River Indian Tribes Head Start, which is a tribally-operated program open to both tribal and non-tribal members. The CRIT Head Start is located on reservation land between the town of Parker and the community of Poston and it provides transportation to the children enrolled in the program.

Parents and key informants in La Paz County made very positive remarks about the quality and types of services provided by the Colorado River Indian Tribes (CRIT) Head Start Program, a major resource for families in the Parker area and surroundings. Parents indicated being very much satisfied not only with the services provided to children, but also with those provided to the parents themselves.

The Head Start Program is funded to serve only 183 children. For those who do not meet eligibility requirements, other affordable early care and education options can be limited.

### **Maps**

Figures 11 and 12 below show the locations of child care providers in the Colorado River Indian Tribes Region (Arizona Child Care Resource and Referral Southern Arizona, 2010). Table 5 contains a list of all six providers. For some providers, the mapped location might correspond to an administrative office, rather than to the location where children attend.

Figure 2, above, showed that, although most of the young children in the Region lived in or near Parker, there were many living several miles to the south. Access to child care could be problematic for parents living in the southern part of the Region, particularly for those families living in Poston, or farther south.

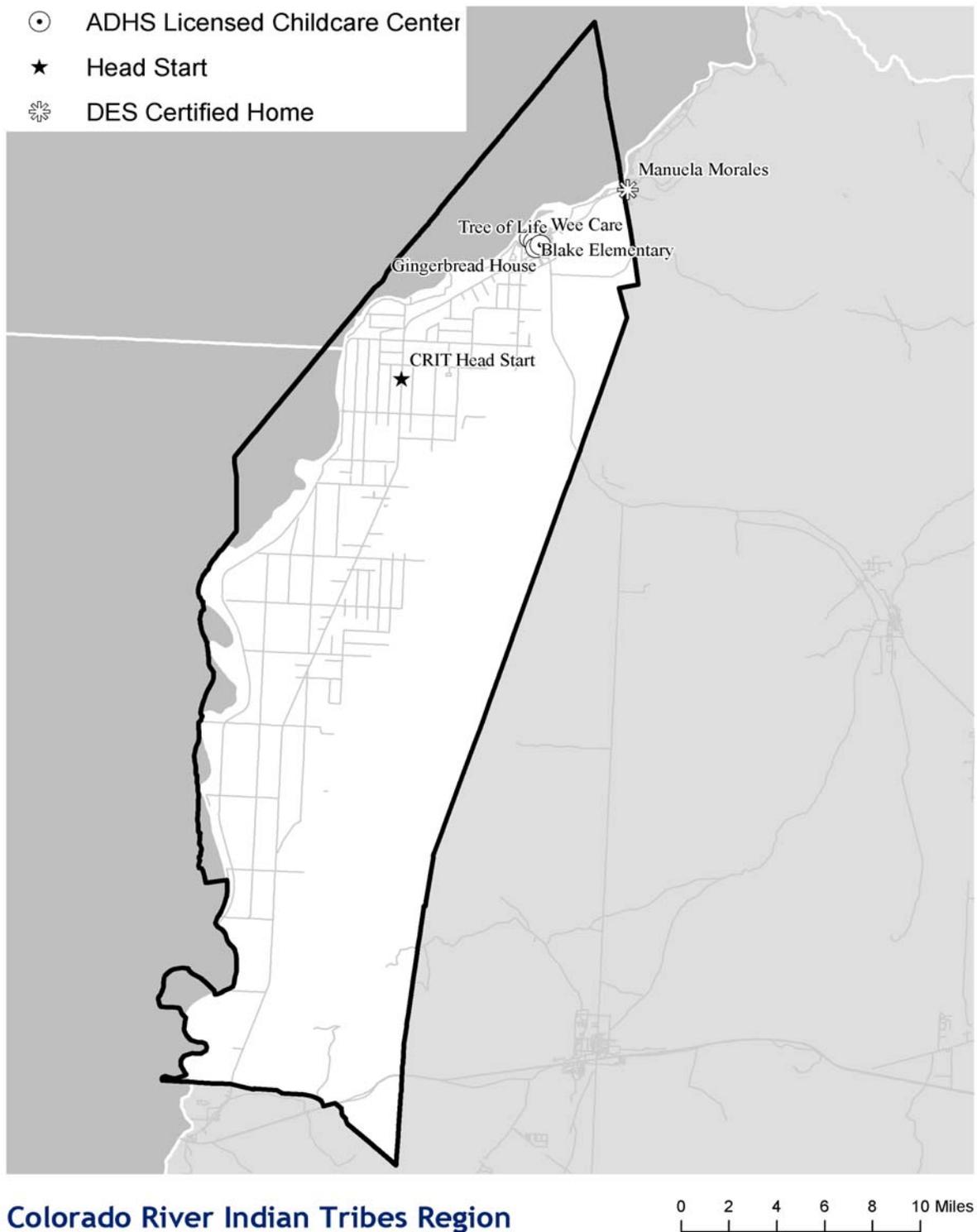


Figure 11. Childcare Providers in the Colorado River Indian Tribes, by Type of Provider.



Figure 12. Childcare Providers in the Colorado River Indian Tribes

## **Professional Development**

Statewide, 77 percent of classroom teachers and 15 percent of assistant teachers have the Early Childhood Education (ECE) or related degree.

First Things First offers Teacher Education and Compensation Helps (TEACH) Scholarships to support child care providers in their pursuit of their Child Development Associate (CDA) certification or Associate of Arts (AA) certificate/degree. Through participation in TEACH, child care providers, directors, assistant directors, teachers, and assistant teachers working in licensed or regulated private, public and Tribal programs are able to participate in 9-15 credits of college coursework leading to their CDA, a certificates of completion in Early Childhood Education or their AA degree. A Bachelors Degree model of the TEACH program is also currently being developed.

According to First Things First data, there were no child-care professionals in the Colorado River Indian Tribes Region using TEACH scholarships to take coursework. Statewide, 474 scholarships have been awarded.

In Arizona, the average salary for a Head Start bachelors-level teacher was approximately \$27,300. In Yuma, La Paz, and Mohave counties, however, the average was considerably lower: \$21,900 (Head Start Program Information Report, 2007-2008). Statewide, the teacher turn-over rate is about 23 percent each year.

### **Availability of certification, credentialing or degree programs**

On March 26, 2009 the Arizona Western College (AWC) inaugurated two new facilities for the Parker Learning Center and the Quartzsite Learning center. Through these facilities, AWC offers an Associate of Arts (A.A.) degree in Elementary Education and Secondary Education, an Associate of Applied Sciences (A.A.S.) degree in Child Development and a Certificate in Early Childhood Education. These degrees can be completed in a combination of live and online classes, and represent an expansion in the opportunities for professional development offered in the County. The centralization of services in the Parker Learning Center has greatly increased students' opportunities to interact with instructors and peers.

Staff with the AWC indicated that local residents do appear to take advantage of the general educational opportunities available at the Parker Learning Center. However, several barriers remain for people to access and continue with post-high school education. Distance learning classes might be challenging for people with low computer literacy. Older residents in particular might not even have a computer at home. The availability of instructors varies a lot, which in turn affects the consistency of the programs that are offered. Low salaries make it difficult to find and retain qualified instructors in the community to teach. In addition, other general socioeconomic factors in the Region may prevent more residents from taking advantage of the local educational opportunities offered. The low overall educational attainment of many families in the Region and inexperience with the higher education system might make it more difficult for first generation college students to successfully navigate that system. Many students, for instance, may qualify for financial aid but they may also find it challenging to follow through with all the steps required in the process.

On the positive side, there is a good level of collaboration between AWC and local early childhood and childhood education providers in the Region, especially with those at the Colorado River Head Start Program and the Parker Unified School District.

In addition to the degrees shown in Table 6, the Association for Supportive Child Care (ASCC) provides a community-based training program for child care providers in La Paz County. These trainings are offered locally in Parker. They are structured as a series and incentives are offered to participants to complete the series.

*Table 6. Available certification, credentialing or degree programs*

School	Location	Degree or Certificate
Arizona Western College	Parker Learning Center	Associate of Arts in Elementary Education
		Associate of Arts in Secondary Education
		Certificate in Early Childhood Education
		Associate of Applied Sciences in Child Development
Northern Arizona University	Lake Havasu City and online	Masters of Education in Early Childhood Education
Northern Arizona University	Online	Bachelors of Applied Science in Early Childhood Education

## Supporting Families

Parents in Parker reported that living in a small community—where "everyone knows everyone" and where there are often family around to help with child care—was a key advantage to raising children in the Region.

At the same time, there is very limited infrastructure and activities available in the community for young children. Parents mentioned the lack of parks, places for children to go, and places for families to spend time together, especially in summer. In Parker, the two local fast food establishments with air-conditioned play areas were often cited as the only place for children to play in the summer. The community pool was recently closed.

Key informants cited a need for greater resources to improve parents' understanding of the importance of children's early years to their future growth and development, and of the parents' role in supporting that. Parenting classes or any kind of training for parents was identified as a big need by key informants, as was a lack of awareness among parents of the importance of early childhood education, or of effects that neglect and other types of abuse have in children's future lives. According to key informants, this includes raising awareness of the effects of drug and alcohol use (e.g., fetal alcohol syndrome, secondhand smoke effects).

The Colorado River Indian Tribes have recently opened a Children's Residential Center, which is available to tribal members. The Tribes are also in the process of opening a Domestic Violence Advocacy Office. At the time this report was being prepared, CRIT's Deputy Attorney's Office was involved in the recruitment of two Victim Advocates for the new Domestic Violence Advocacy Office, which is expected to begin operating in the Fall of 2010. The Colorado River Regional Crisis Shelter, a program of the La Paz County located in Parker, will assist CRIT in setting up policy, procedures, training, and program audit and reviews for the new office.

Table 7 compares the services offered by the Colorado River Regional Crisis Shelter to those offered by all domestic violence shelters in the state (Arizona Department of Economic Security, 2009). The Colorado River Regional Crisis Shelter has the same average length of stay as seen across the state, and provides more hours of support services per person served than seen across the state (an average of 41 hours versus 16 hours for Arizona as a whole).

Table 7. Domestic Violence Shelter Fund Report (July 2008 to June 2009)

	Population Served			Units of Services Provided			
	Total served	Adults	Children	Bed Nights	Average Length of Stay (Days)	Hours of Support Services	Info & Referral and Hotline Calls
Arizona (state-wide totals)	11,209	5,943	5,266	373,601	33	175,393	22,358
Colorado River Regional Crisis Shelter	91	55	36	3,008	33	3,721	67

Source: Arizona Department of Economic Security, 2009

The types and prevalence of child welfare reports in La Paz County are almost identical to that seen in the state as a whole. (These data are provided by Child Protective Services for the State; they do not include cases managed by the Tribal Child Protective Services office in Parker.) As can be seen in Tables 8 and 9, there is an almost identical mix of risk level and type of maltreatment as seen across the state, and the proportion of children placed in out-of-home care is also similar (Arizona Department of Economic Security, Division of Children, Youth and Families, 2009). The number of child welfare reports per person living in La Paz County (i.e., the frequency of the reports) is also almost identical to the state as a whole. The 80 reports received in La Paz County represent just under half a percent of the population of the county, and the 33,228 reports statewide represent a similar fraction of the population of the state as a whole.

Table 8. Reports received by risk level and county, October 2008 to September 2009

RISK LEVEL:	High		Moderate		Low		Potential	Total	
Arizona	4,552	14%	10,035	30%	14,316	43%	4,325	13%	33,228
La Paz County	11	14%	24	30%	35	44%	10	13%	80

TYPE OF MALTREATMENT:	Emotional abuse		Neglect		Physical abuse		Sexual abuse		Total
Arizona	387	1%	19,511	59%	11,436	34%	1,894	6%	33,228
La Paz County	2	3%	47	59%	28	35%	3	4%	80

Source: Arizona Dept of Economic Security, Division of Children, Youth and Families, 2009

Table 9. Reports where a removal occurred, October 2008 to September 2009

	Reports assigned	Reports assigned with a removal	Percent of reports where a child was placed in out-of-home care
Arizona	32,392	3,548	11%
La Paz County	67	8	12%

Source: Arizona Dept of Economic Security, Division of Children, Youth and Families, 2009

Finally, although the number of children removed from their homes due to child welfare concerns has gone up between 2007 and 2009 in Arizona as a whole, the number in Parker has gone down.

Table 10. Number of children removed

	SFY 2007 (July 2006 to June 2007)	SFY 2009 (July 2008 to June 2009)
Arizona	7,462	8,002
85344 zip code area	9	2

Source: Arizona Dept of Economic Security, Division of Children, Youth and Families, 2009

The First Things First Family and Community survey included several questions relevant to family support (First Things First, 2009). Question 19 on the survey asked parents in the 31 First Things First Regions about various sources of support they receive for raising children. Because of small sample sizes, First Things First combined all the responses of all participants from the ten tribal Regions. The total sample for the tribal Regions combined included 345 parents, of whom 26 (8%) were from the Colorado River Indian Tribes Region. Compared to the general statewide population, parents living in the tribal Regions reported relying less often on books, friends and neighbors, and spouses. Parents in the tribal Regions were more likely to rely on telephoning nurses.

## Health

### Access to Care

The Region is served by two hospitals: the La Paz Regional Hospital, a county facility, and the Parker Indian Health Center, which is operated by the IHS. The Parker Indian Health Center is part of the IHS Colorado River Service Unit, which includes CRIT, Hualapai, Havasupai, Chemehuevi and Fort Mojave tribes.<sup>13</sup> The Parker Indian Health Center is a 20-bed facility that provides general medical care and pediatric services to IHS eligible patients. In fact, the only pediatrician practicing in La Paz County is the one affiliated with the Parker Indian Health Center, though family practice physicians and nurse practitioners provide care for children, as well. There is no pediatric care available in the Region for non-tribal members. The La Paz Regional Hospital also provides general medical care, as well as inpatient, outpatient and emergency room services to the local community. However, there is no Labor and Delivery Unit available at either one of these two Hospitals, so women have to travel outside of the Region (to Lake Havasu City, Phoenix, or Blythe, California) to give birth.

The Arizona Department of Health Primary Care Area Program designates Arizona Medically Underserved Areas (AzMUAs) in order to identify portions of the state that may have inadequate access to health care. These Primary Care Areas are geographically based areas in which most residents seek primary medical care within the same places.<sup>14</sup> The Colorado River Indian Tribes Primary Care Area, like the FTF Colorado River Indian Tribes Region, includes the Colorado River Indian Reservation, including Poston, and Parker.

<sup>13</sup> The Colorado River Service Unit also includes the following smaller clinics: Peach Springs Health Center, Supai Clinic and the Chemehuevi Clinic.  
[http://www.ihs.gov/facilitiesServices/areaoffices/Phoenix/phx\\_su\\_coloradoRiver.cfm](http://www.ihs.gov/facilitiesServices/areaoffices/Phoenix/phx_su_coloradoRiver.cfm)

<sup>14</sup> Definition based on Arizona Department of Health Services, Division of Public Health Services Data Documentation for Primary Care area and Special Area Statistical profiles. Bureau of Health Systems Development

Each Primary Care Area is given a score based on 14 weighted items including points given for ambulatory sensitive conditions, provider to population ratio, transportation score, percentage of population below poverty, percentage of uninsured births, low birth weight births, prenatal care, percentage of deaths before the U.S. birth life expectancy, infant mortality rate, and percent minorities, elderly and unemployed. Based on its scores on these indicators, the Colorado River Indian Tribes Primary Care Area is designated as Medically Underserved.

One asset to the Region, though, is that the ratio of the population to primary care providers in the Region is lower than in La Paz County, in other rural areas in the state,<sup>15</sup> and even in the state as the whole, meaning that there are more providers available to care for the people in the Region (see Figure 13).<sup>16</sup> In addition, there are 4.8 hospital beds available per 1,000 residents in the Region, over twice the proportion of those in the state as a whole (two per 1,000 residents)<sup>17</sup> (Arizona Department of Health Services, Bureau of Health Systems Development, 2010).

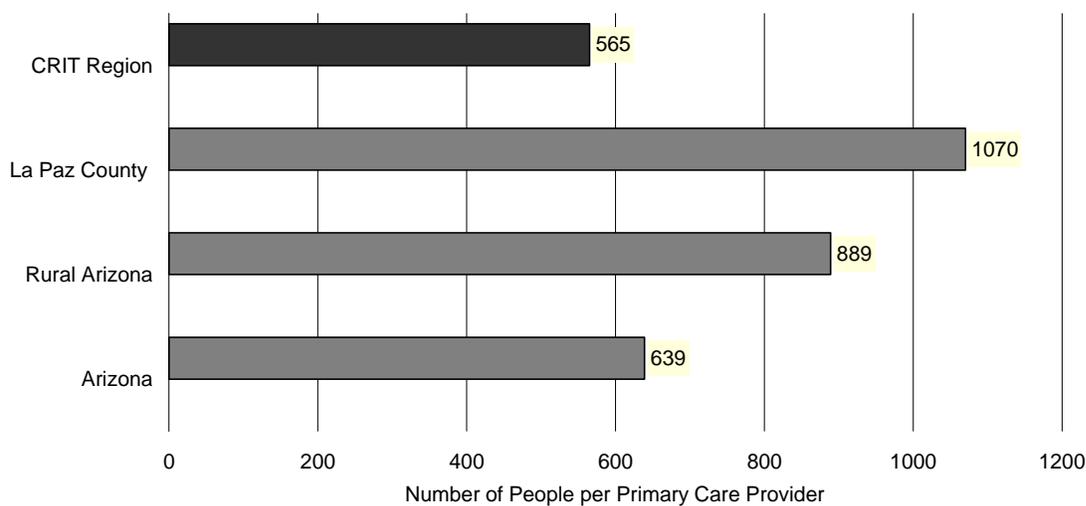


Figure 13. Ratio of population to Primary Health Care Providers

Source: Arizona Department of Health Services, Bureau of Health Systems Development, 2010

### Pregnancies and Births

Because the CRIT Region is relatively sparsely populated, data from any one year for rare occurrences (such as births) tend to be unreliable because of small sample sizes. Therefore, the data illustrated below are an average of the rates across a number of years (1999-2008). These

<sup>15</sup> Defined by the Arizona Department of Health Services for the purposes of Primary Care Areas as those PCAs with a population density of 44 people or fewer per square mile. The CRIT Region has a population density of 22.6 per square mile.

<sup>16</sup> Primary care providers were considered to be active providers in Family Practice, General Practice, Gynecology, Internal Medicine, Obstetrics and Gynecology, Obstetrics, Pediatrics (MD's) physicians, all active Osteopathic Physicians (DO's), Nurse Practitioners (NP's) and Physician Assistants (PA's) working in Primary Care (includes federal doctors) in 2009.

<sup>17</sup> The ratios of population to Primary Health Care Providers and hospital beds were obtained from the CRIT Primary Care Area Statistical Profile, which does not include Indian hospitals (see <http://www.azdhs.gov/hsd/profiles/datadocu.pdf>). This means that in the calculation of these two ratios the Providers and bed capacity of the Parker Indian Health Center were not included.

data are based on the Colorado River Indian Tribes Primary Care Area, described above. For comparison, they include the State average, the La Paz County average, as well as the averages for other less populated (rural) areas of the State.

The birthrate in the CRIT region is slightly higher than the state as a whole, and quite a bit higher than the surrounding county (Arizona Department of Health Services, Bureau of Health Systems Development, 2010). This suggests that there may be relatively high demand for services related to the care and development of infants and young children in the Region.

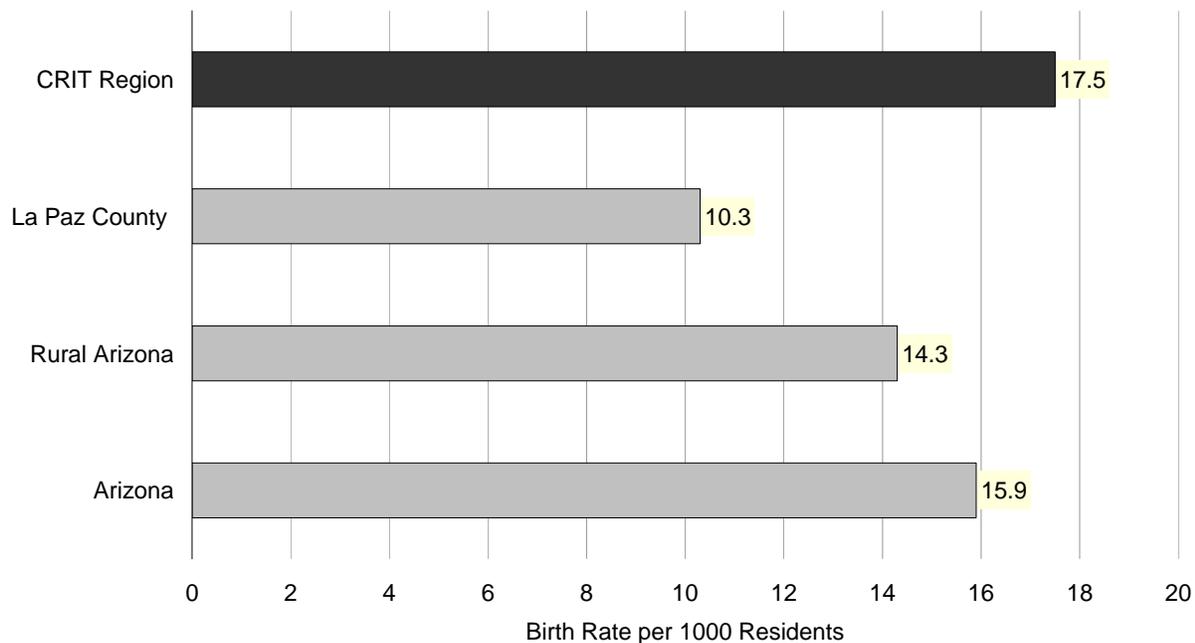


Figure 14. Average Birth Rate per 1000 Residents (1999-2008)

Source: Arizona Department of Health Services, Bureau of Health Systems Development, 2010

Many of the risk factors for poor birth and neonatal outcomes can be mitigated by good prenatal care, which is most effective if delivered early and throughout pregnancy to provide risk assessment, treatment for medical conditions or risk reduction, and education (Centers for Disease Control and Prevention & Health Resources and Services Administration, 2010b). Care should ideally begin in the first trimester, and the American College of Obstetrics and Gynecology recommends at least 13 prenatal visits for a full-term pregnancy; seven or fewer prenatal care visits are considered an “inadequate” number (American College of Obstetricians and Gynecologists, 2002).

Expectant mothers in the CRIT Region receive first trimester prenatal care at about the same rate as other women in La Paz County (63%), though this rate is lower than the percentage who receives early care in other rural areas (74%) and in the state as a whole (77%). Throughout the state, the rate is lower than the Healthy People 2010 target of 90 percent of pregnant women receiving prenatal care in the first trimester.

In addition, women in the CRIT Region are more likely to receive an inadequate number of prenatal care visits.<sup>18</sup> The proportion of those receiving between 0 and four prenatal visits are nearly twice as high as the state as a whole (see Figure 15). It is clear that expectant mothers throughout the Region are in need of increased prenatal care, which can help reduce poor birth outcomes and better prepare infants for a healthy start in life.

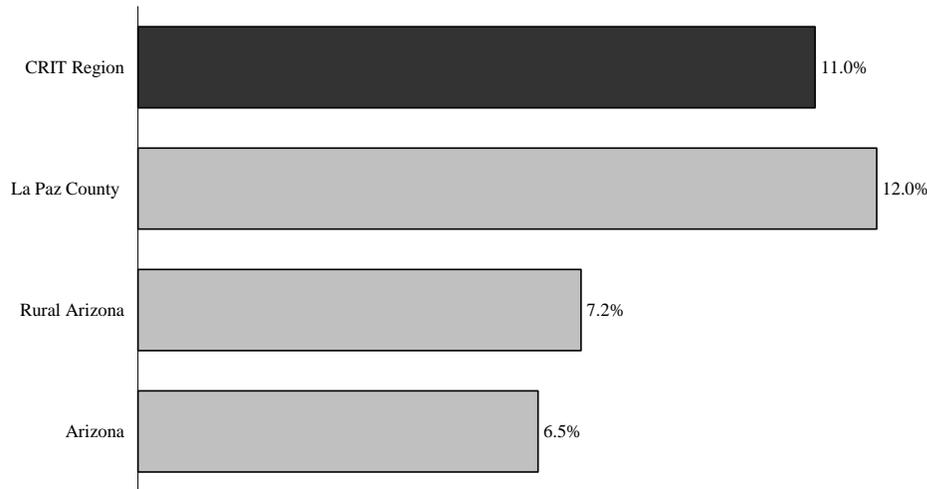


Figure 15. Average Percent of Births with 0-4 Prenatal Care Visits (1999-2008)

Source: Arizona Department of Health Services, Bureau of Health Systems Development, 2010

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

The rate of births to teen mothers in the CRIT PCA (58 per 1,000 females 14-19 years old) was higher than La Paz County’s (43) and also higher than other rural areas (38) and the state as a whole (39).<sup>19</sup> It is important to note that Arizona ranks fifth highest nationally for teen births, with a birthrate 23 percent higher than the most recent national estimates (Guttmacher Institute, 2010). Teen pregnancy and teen birth continues to be a statewide issue, as well as a prominent issue for the Region.

Although teen birth has been linked to low birth weight, and the accompanying poor infant outcomes, the rate of low-weight births was lower in the CRIT PCA (53 per 1,000 live births) than in La Paz County (60) and in the state (71) (Arizona Department of Health Services, Bureau of Health Systems Development, 2010).

<sup>18</sup> According to the American College of Obstetrics and Gynecology, seven or less prenatal care visits are considered “inadequate” prenatal care. The ADHS CRIT PCA Statistical Profile rates presented here are for four or less prenatal care visits.

<sup>19</sup> The ADHS CRIT PCA Statistical Profile 2009 rates are averages for 1999-2008

The rate of uninsured births (defined as self pay or ‘unknown’ payee in the Vital Statistics birth record) in the Region (10.4%) was lower than in the rest of the county (12.5%), but nearly twice the rate seen in other rural areas (5.2%) or the state as a whole (4.3%).

### **Health Care Coverage**

Health care coverage for residents of the Colorado River Indian Tribes Region is provided by the Indian Health Service (IHS), the Arizona Health Care Cost Containment System (AHCCCS, or Arizona’s Medicaid) and through private providers.

Children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona’s Medicaid, through both the Title XIX program (Traditional Medicaid and the Proposition 204 expansion of this coverage up to 100% of the Federal Poverty Level or FPL) and the Title XXI program (KidsCare) (Arizona State Legislature, Joint Legislative Budget Committee, 2010). As of July 2009 approximately half (49.5%) of AHCCCS enrollees were children under 18 years of age (Arizona Health Care Cost Containment System, 2010a).

Arizona’s State Children’s Health Insurance Program (SCHIP) is called KidsCare. It offers free or affordable health insurance for children 18 years of age or younger who do not qualify for employer-based health coverage or for Medicaid through Title XIX. Just over a quarter (26.2%) of KidsCare children are under 6 years of age.

KidsCare enrollment reached its peak in the state in mid-2008. Between June 2008 and June 2010 enrollment dropped by approximately half. This substantial drop seems to be due to two main reasons: an increase in premiums charged for KidsCare that went into effect in May 2009 and a subsequent enrollment cap put in place January 2010 due to lack of funding for the program<sup>20</sup>. However, in the face of the current economic climate, AHCCCS enrollment as a whole has continued to rise. From June 2009 to June 2010 it increased in the State by 8.5 percent.

In the CRIT Region, enrollment in AHCCCS and in KidsCare is lower than in La Paz County and in the State (Arizona Health Care Cost Containment System, 2010b, 2010c) (see Table 11). This may be because a larger proportion of adults and children in the region are eligible for care by the Indian Health Service. However, the proportion of uninsured children in the Region is nearly 1.5 times the rate seen in the state as a whole. Some of these may be children whose families are eligible for AHCCCS but are not enrolled; others may be children of the working poor without affordable employer coverage who fall in the gap between being eligible for AHCCCS and being able to pay for self-insurance. Note that the most recent data are for 2008, when KidsCare enrollment was still at its peak. The proportion of uninsured children in the Region is likely to be higher now that that source of coverage is less available. This is particularly troubling in light of a recent study based on Arizona Health Survey data showed that in Arizona as a whole, households with children were 60 percent more likely than households without children to report medical debt—either problems paying medical bills or current paying off medical bills (Herman, 2010).

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<sup>20</sup> AHCCCS, Arizona KidsCare (CHIP) State Plan Amendments, <http://azahcccs.gov/reporting/PoliciesPlans/KidsCarePlanAmendments.aspx>

Table 11. *Healthcare Coverage by Region, County and State*

	CRIT Region	La Paz County	Arizona
Percent of population enrolled in AHCCCS (2009)	17%	24%	21%
Percent of children (0-19) enrolled in KidsCare (2009)	2%	3%	2%
Percent of children (0-18) without medical insurance coverage	23%	23%	16%

Sources: ADHS Bureau of Health Systems Development, 2010, & FTF Regional Profile (2008)

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

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to assure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. The National Survey on Children with Special Health Care Needs estimated that 7.9 percent of children from birth to five in Arizona have special health care needs, defined broadly as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally” (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2008).

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

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

The Region’s AzEIP service provider is Milemarkers Therapy, an agency based in Lake Havasu.

Data from the Region suggest that very young children may not be being screened and evaluated for services consistent with the likely rate of delay in the area. The AzEIP Public Report for the

2008-2009 fiscal year (Arizona Department of Economic Security, AzEIP, 2010) showed that the La Paz County area (which is combined with Mohave County for purposes of AzEIP reporting) was one of only three of the State's nine County programs that did not meet the state target, based on other state and national benchmarks, of assuring that at least 1.8% of infants and children aged 0-3 years of age in the area had an Individualized Family Service Plan (ISFP) in place. The Mohave and La Paz Counties program had an actual rate of 1.3 percent, somewhat higher than Yuma County's rate of 1.11 percent, and lower than Maricopa's 1.58 percent. In addition, the Mohave and La Paz Counties program had the lowest rate of IFSPs for infants 0-1 years, at 0.3%, substantially lower than the state target of 0.75% of infants, and one of only three programs under 0.5%.

These low rates for AzEIP participation are echoed by data from the Department of Developmental Disabilities (DDD) for La Paz Counties (Arizona Department of Economic security, 2007, 2009). In 2007, eight infants and children under three years of age, and one child in the three to six age range, were receiving services from DDD. In 2009, the number of infants and children under three years decreased to four, but the number of children from three to six years increased to four. The DDD caseload across the entire state increased by about five percent for both age groups from 2007 to 2009.

Arcadia Therapy Services, a Phoenix-based agency, is a contractor with DDD and provides services only to DDD-eligible children. Staff from Arcadia travel to Parker once a week to provide services locally.

Children over age three with developmental delays are supported by the public schools in their home district who are responsible for "finding" and evaluating eligible children, and for arranging appropriate classes and therapies. If the school, parents or other provider feel that the child is delayed sufficiently to qualify for Department of Developmental Disabilities, a referral can be made. In the CRIT Region, the Parker Unified School District (PUSD) is responsible for providing these services. PUSD's Blake Elementary Preschool Program serves children with special needs in the area in their three-day-per-week program.

Another important resource for children with special needs in the Region is the CRIT Head Start Program. All children enrolled in the program receive periodic developmental screenings and services are provided in-house for those who are identified as having special needs. The Blake Elementary Preschool Program works in collaboration with the CRIT Head Start Program to provide Head Start children with physical and occupational therapy services.

In addition, the CRIT Head Start provides free-of-cost health screenings for children birth to five in the community who are not enrolled in the program. These screenings, which are open to all children regardless of tribal membership, are held four times a year and they represent a very important resource for families that might otherwise not have easy access (or access at all) to these services. The screenings for children birth to two are conducted in conjunction with the Arizona Early Intervention Program (AzEIP). Assessments for children aged three to five include a physical exam, vision and dental examination, nutrition and immunization assessments and developmental screenings.

The lack of pediatric psychiatrists and mental health specialists represents a substantial challenge to providing comprehensive care for young children with special needs. These challenges are, unfortunately, not unusual for rural areas. There is a shortage of pediatric physical, speech, and occupational therapists throughout the state; the 2005-2006 National Survey on Children with

Special Health Care Needs estimated that about one in four of these children in Arizona had an unmet need for pediatric physical, speech, and occupational therapy (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2008). Analyses have also suggested that there are only two areas in Arizona that have a population of young children large enough to support pediatric subspecialty practices (estimated to be between 100,000 to 200,000 children per specialist): Pima and Maricopa Counties (Arizona Department of Health Services, 2010). This results in a concentration of specialty care in these areas, and a challenge for providing subspecialty care across the rest of the state.

Private insurance often does not cover the therapies needed for their children. The 2005-2006 National Survey of Children with Special Health Care Needs found that about 22 percent of families with a child with special health care needs pay \$1000 or more in out of pocket medical expenses (U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, 2008). The cost of care is likely to become an even more substantial issue as state budget shortfalls have led AzeIP to begin instituting a system of fees for certain services. Although no fees will be associated with determining eligibility or developing and Individualized Family Service Plan, some services that were previously offered free of charge, such as speech, occupational and physical therapy, will have fees (Arizona Department of Economic Security, 2010). The families of AHCCCS-enrolled children will not be required to pay the fees.

### **Asthma**

It seems that the prevalence of asthma<sup>21</sup> in resident children aged five and below in the Parker area is roughly similar to that seen in the rest of the state (Table 12)—at least before the implementation of the statewide smoking ban. It is interesting to note that during the 13 months after the ban was implemented on May 1, 2007, the asthma admission rate for children from Parker dropped to zero. The admission rate should have been 3 or 4 children in the period after the ban, if no change in the rate of asthma attacks occurred. The substantial decrease in asthma admissions after the ban in Parker but not in the state as a whole, may be due to the fact that Parker and La Paz County, in contrast to most the state, had no previous smoking bans in place. Therefore, their residents experienced the full impact of the statewide ban on secondhand smoke exposure. In fact, a recent study estimated that hospital admissions for asthma were reduced an average of 22 percent in counties with no previous smoking bans (Herman and Walsh, 2010).

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<sup>21</sup> prevalence as evidenced by Arizona hospital admissions for asthma; Arizona Department of Health Services, 2005, 2007, 2009

Table 12. Hospital Admissions for Asthma in Children Less than 6 Years of Age

	Number of Admissions		Average Annual Rate per 100,000	
	Arizona	Parker Area	Arizona	Parker Area
January 2004 to April 2007 (before statewide smoking ban)	5,603	12	454	488
May 2007 to May 2008 (after statewide smoking ban)	1,615	0	402	0

Source: Arizona Department of Health Services (2009a).

### Immunizations

Data from the Arizona Department of Health Services show that, in 2008, almost all kindergarteners in La Paz County (98.8%) had their required course of immunizations, which is slightly higher than the state average of 96.3 percent (Arizona Department of Health Services, Vital Statistics, 2008). Immunizations for children who are tribal members are also provided by the Parker Indian Health Center.

### Women, Infants and Children (WIC) Program

The Inter Tribal Council of Arizona (ITCA) operates the WIC program for the American Indian population in Arizona. Services are provided through Tribal health departments and Urban Indian Centers.<sup>22</sup> The WIC program in the CRIT Region is managed by the Colorado River Indian Tribes but offers services to the population in the entire La Paz County, regardless of tribal membership.

### Diabetes Prevention

The Colorado River Indian Tribes is one of three Arizona tribes that have been awarded a grant from the Indian Health Service's "Special Diabetes Program for Indians" to provide type 2 diabetes prevention services.<sup>23</sup> In addition to the Special Diabetes Program, CRIT also has a Diabetes Prevention Program which is supplemented by a First Things First CRIT Regional grant to address childhood obesity and diabetes prevention. Such programs are especially important here, where the premature mortality rate (60%) is much higher than the state average of 46 percent, and the rate of gestational diabetes is reportedly quite high.

### Family and Community Survey

Some health-related questions were included on the First Things First Family and Community Survey (First Things First, 2009). Because of small sample sizes, First Things First combined all respondents from the ten tribal Regions. The total sample from all tribal Regions included 345 parents, of whom 26 (8%) were from the Colorado River Indian Tribes Region.

Compared with the state as a whole, parents from the tribal Regions reported slightly less positive responses on all medical questions. Parents from tribal Regions more frequently

<sup>22</sup> <http://www.itcaonline.com/wic>

<sup>23</sup> [http://www.diabetes.ihs.gov/index.cfm?module=resourcesFactSheets\\_CompetitiveGrantDP08](http://www.diabetes.ihs.gov/index.cfm?module=resourcesFactSheets_CompetitiveGrantDP08)

disagreed with the statements about having regular visits with doctors and dentists, and with the statement about the medical provider helping make healthy decisions. In addition, parents from the tribal Regions less frequently reported that their child's health was excellent or very good, and more frequently reported having to travel more than 20 miles for dental care.

Additional health-related data for La Paz County and the state (including comparisons to Healthy People 2010 targets, mortality by age group, medical and other risk factors, and Arizona Health Matters data) are found in Appendices E through I.

## Public Awareness & Collaboration

In this section, we describe how parents in the Region understand early childhood development. The primary data source used is the First Things First Family and Community survey (First Things First, 2009).

Question 17 on the Family and Community Survey asked parents how they perceived the effects of changes in childcare providers. Compared to the general statewide population, relatively more parents for the ten tribal Regions combined considered changes in childcare providers to have a positive effect on an infant's development. Less than half of the parents in the tribal Regions (compared to nearly three-quarters of the statewide sample) expected frequent changes to harm an infant's development.

Table 13. Data from the Family and Community Survey

**How do frequent changes in childcare providers impact an infant's development?**

	Number of parents and community members	Frequent changes are positive	Frequent changes have no impact	Frequent changes are negative
Ten Tribal FTF Regions	345	26%	16%	48%
All 31 FTF Regions	5,193	9%	9%	74%

Source: FTF Family and Community Survey, 2009

## System Coordination

The Colorado River Indian Tribes Region is a unique service area in that it encompasses a population of both tribal and non-tribal members. This particular circumstance offers both opportunities and challenges regarding the availability of services and how those services are coordinated. There is great variability in who operates the different programs in the area, and who is eligible to receive them (e.g. programs operated by the town of Parker or the La Paz County that are available to all residents in the area, programs operated by the Colorado River Indian Tribes that are available to all area residents such as WIC and Head Start, and programs or services that are available only to tribal members or members of any other federally recognized Indian tribe, such as those provided at the Parker Indian Health Center.)

The largest challenge might be represented by the services that are available only to a segment of the population, in this case tribal members. This is particularly critical for the youngest population in the Region because, for instance, the only pediatrician available in the entire county (at the Parker Indian Health Center) is accessible to IHS eligible patients only. This leaves out an important proportion of the young children living in the area.

On the other hand, the fact that numerous services are available because of the variety of agencies providing them can result in important advantages when those services are well coordinated. A good example of this positive collaboration and coordination is the CRIT Head Start, which works closely with other tribal (e.g. WIC, Parker Indian Health Center) and non-tribal (e.g. Parker Unified School District) agencies to provide a comprehensive array of services to the young children in the area. This benefits both the children enrolled in their program, and those that are not enrolled but that attend the Head Start Health Screenings held four times a year and open to the community at large.

Another example of effective collaboration in the Region is the relationship between institutions of higher education (such as Arizona Western College and Northern Arizona University) and the early care and education staff at the local school district and the Head Start Program.

Continued and increased collaboration among tribal and non-tribal services will ensure that the children of the Region receive the best care available to them.

## Summary and Conclusion

This Needs and Assets Report is the second biennial assessment of early education and health services in the First Things First Colorado River Indian Tribes Region. This is the first version of the report. The second version will incorporate additional, tribal-specific data to provide a more complete picture of the Region.

Through both quantitative data assembled, and through the brief interviews with providers and parents, it is clear that the Region has substantial strengths. These include a strong Head Start program that provides high quality care, early education and health services to a large proportion of children in the area, as well as access to support and education for their parents; and the Parker Indian Health Center, which provides a variety of services for tribal families, including pediatric care. A table containing a full summary of identified Regional assets can be found in Appendix J.

However, there continue to be substantial challenges to fully serving the needs of young children throughout the Region. Many of these have been recognized as ongoing issues by the Colorado River Indian Tribes Regional Partnership Council and are being addressed by current First Things First-supported strategies in the Region. Some of these needs, and the strategies proposed to deal with them, are highlighted below. A table of Colorado River Indian Tribes Regional Partnership Council First Things First planned strategies for fiscal year 2011 is provided in Appendix K

- **A lack of affordable, high quality and accessible child care** – Three strategies in the Region are focusing on this crucial area. To address the challenge of affordability, one strategy will provide childcare scholarships so that parents can continue to utilize the services of licensed early childcare and education centers, giving priority to low income families, parents of children with special needs and single-parent homes. Another strategy will focus on improving the quality of new and existing childcare programs, which includes supporting home-base childcare settings to become regulated. The third strategy will promote the availability of a skilled early childhood workforce in the area by providing additional TEACH scholarships.
- **Low educational attainment combined with a need to raise the awareness of the importance of early childhood and a parent’s role in supporting health and development** – Although the proportion of children who are enrolled in some kind of childcare setting is higher in the CRIT Region than in the rest of the state, levels of adult educational attainment tend to be substantially lower than in Arizona as a whole. Because this has a direct effect on the wellbeing of families with young children, the CRIT Regional Partnership Council will fund a community literacy program aimed at caregivers by including an adult literacy education component in existing early language and family literacy programs. In addition, a cross-regional communications campaign is being developed to expand public awareness of, and the financial and political support for, early childhood development and health.
- **A need to increase the number of local service providers to children with special needs** – In order to increase the availability and retention of skilled early childhood workforce that specializes in young children with special needs, one strategy will provide financial incentives in the way of stipends and loan forgiveness to specialists in this area.

- **Concern about community levels of diabetes and accompanying complications and mortality** – Increase access for pregnant women and children to diabetes prevention, with an emphasis on early screening and intervention.

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

- **Improved access to and utilization of early and continuous prenatal care** – Prenatal care provides opportunities to monitor the health of the expectant woman and to improve birth outcomes, as well as to educate parents on the importance of early development.
- **A high rate of births to teen mothers** – Because of the impact that unplanned teen births can have on the life of a teen mother and the health and welfare of her child, programs that encourage and provide prenatal care for expectant teen mothers, as well as education and support to enable them to continue their education and care well for their infant, are needed.

Although the dire economic climate in the State presents challenges for families across the rural areas, the Colorado River Indian Tribal Region has some substantial strengths that can help it deal effectively with these. Leveraging the unique opportunities for cross-community collaboration and resource sharing in the Colorado River Indian Tribes Region can help those there respond creatively to these challenges and to support the health, welfare and development of the families and young children who live there.

## Appendix A. Characteristics of the Population in the Region

	Colorado River Indian Tribes Region				Census Tract 9402 (Parker)				Census Tract 9403				CRIT Reservation (including California part)				La Paz County		Arizona	
Total population	7,466		3,140		4,326		9,201		19,715		5,130,632									
Hispanic or Latino	2805	38%	935	30%	1,870	43%	2,940	32%	4,420	22%	1,295,617	25%								
White alone (not Hispanic)	2,414	32%	1,427	45%	987	23%	3,895	42%	12,573	64%	3,274,258	64%								
American Indian alone (not Hispanic)	1961	26%	619	20%	1,342	31%	1,997	22%	2,155	11%	233,370	5%								
Black alone (not Hispanic)	85	1%	59	2%	26	1%	119	1%	149	1%	149,941	3%								
White and American Indian (not Hispanic)	80	1%	30	1%	50	1%	95	1%	172	1%	18,572	0%								
Other races or other combinations	121	2%	70	2%	51	1%	155	2%	246	1%	158,874	3%								
Total population	7,466		3,140		4,326		9,201		19,715		5,130,632									
Total foreign-born	1143	15%	301	10%	842	19%	1,225	13%	1,917	10%	656,183	13%								
Born in Mexico	1063	14%	252	8%	811	19%	1,092	12%	1,618	8%	436,022	8%								
Number of children 0 to 5	720		294		426		808		1,195		459,141									
Children 0 to 5 living in households	720	100%	294	100%	426	100%	808	100%	1,195	100%	458,498	100%								
Children 0 to 5 living with one or both parents	584	81%	248	84%	336	79%	653	81%	987	83%	391,021	85%								
Children 0 to 5 living with other relatives (not parents)	122	17%	39	13%	83	19%	136	17%	183	15%	59,688	13%								
Children 0 to 5 living with non-relatives	14	2%	7	2%	7	2%	19	2%	25	2%	7,789	2%								
Total number of families	1821		792		1,029		2,341		5,616		1,287,367									
Families with at least one child 0 to 5	486	27%	194	24%	292	28%	539	23%	820	15%	333,244	26%								
Married-couple family:	305	17%	134	17%	171	17%	335	14%	577	10%	243,037	19%								
Male householder, no wife present:	54	3%	23	3%	31	3%	62	3%	72	1%	28,226	2%								
Female householder, no husband present:	127	7%	37	5%	90	9%	142	6%	171	3%	61,981	5%								
Total number of households	2,425		1,062		1,363		3,278		8,392		1,901,625									
Household language is English	1450	60%	702	66%	748	55%	2,227	68%	6,615	79%	1,399,747	74%								
Household language is Spanish	774	32%	286	27%	488	36%	818	25%	1,403	17%	351,078	18%								

First Things First Colorado River Indian Tribes Region 2010 Needs and Assets Report

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Linguistically isolated	177	7%	44	4%	133	10%	183	6%	264	3%	81,460	4%
Household language is other than English or Spanish	201	8%	74	7%	127	9%	233	7%	374	4%	150800	8%
Linguistically isolated*	6	0%	4	0%	2	0%	6	0%	11	0%	24508	1%
Population for which income is known	7,171		3,119		4,052		8,892		19,383		5,021,238	
Less than 100% FPL	1,590	22%	460	15%	1,130	28%	1,939	22%	3,798	20%	698,669	14%
Less than 200% FPL	3,823	53%	1,347	43%	2,476	61%	4,656	52%	9,391	48%	1,680,876	33%
Children 0 to 5 for whom income is known	710		274		436		799		1,146		448,446	
Children 0 to 5 below 100% FPL	234	33%	55	20%	179	41%	268	34%	350	31%	94187	21%
Children 0 to 5 above 100% FPL	476	67%	219	80%	257	59%	531	66%	796	69%	354259	79%
Total number of grandparents	3,714		1,613		2,101		5,061		13,406		2,821,947	
Grandparents responsible for own grandchildren under 18 years	137		53		84		162		249		52,210	

\*A linguistically isolated household is one in which all members 14 years old and over have at least some difficulty speaking English

Source: U.S. Census Bureau 2000a, b, c, d, e, f

## Appendix B. La Paz County Population Estimates

Geographic area	Census 2000 (April 2000)	Population Estimates (July 2009)	Estimated Population Growth
La Paz County	19,715	20,012	2%
Quartzsite	3,354	3,466	3%
Parker	3,140	3,120	-1%
La Paz remainder	13,221	13,426	2%
Arizona	5,130,632	6,595,778	29%

*Source: U.S. Census (2000a, 2009)*

## Appendix C. Population Race and Ethnicity: CRIT Region, La Paz County and Arizona Estimates

	Total population	Hispanic or Latino	White alone (not Hispanic)	American Indian alone (not Hispanic)	Other races or combinations
Colorado River Indian Tribes Region	7,466	2,805 38%	2,414 32%	1,961 26%	286 4%
Census Tract 9402 (Parker)	3,140	935 30%	1,427 45%	619 20%	159 5%
Census Tract 9403	4,326	1,870 43%	987 23%	1,342 31%	127 3%
Colorado River Reservation (entire)	9,201	2,940 32%	3,895 42%	1,997 22%	369 4%
La Paz County	19,715	4,420 22%	12,573 64%	2,155 11%	567 3%
Arizona	5,130,632	1,295,617 25%	3,274,258 64%	233,370 5%	327,387 6%

Source: U.S. Census (2000b, 2009)

## Appendix D. Population Poverty: CRIT Region, La Paz County and Arizona Estimates

	Percent of population living below poverty (2000)	Percent of children 0 to 5 years of age living below poverty (2000)	Percent and number of the population living below poverty (2008)	Percent and number of children 0 to 5 years of age living below poverty (2008)
Colorado River Indian Tribes Region	22.2%	33.0%	NA	NA
Census Tract 9402 (Parker)	14.7%	20.1%	NA	NA
Census Tract 9403	27.9%	41.1%	NA	NA
Colorado River Reservation (entire)	21.8%	33.5%	NA	NA
La Paz County	19.6%	30.5%	26.1% 5,162	43.8% 531
Arizona	13.9%	21.0%	14.7% 935,247	23.0% 129,572

*Source: US Census, 2000e, U.S. Census SAEB, 2006*

## Appendix E. County Profiles, 2008

Focus areas and selected objectives (in parentheses are Healthy People 2010 objective numbers)	Healthy People 2010 Target	Arizona	La Paz County
<b>6B-1. MATERNAL, INFANT AND CHILD HEALTH</b>			
Reduce fetal deaths at 20 or more weeks of gestation (HP16-1a)	4.1	5.5	8.1
Reduce fetal and infant deaths during perinatal period (HP16-1b)	4.5	6.4	12.1
Reduce infant deaths (HP16-1c)	6.0	6.3	12.2
Reduce neonatal deaths (HP16-1d)	2.9	4.2	8.1
Reduce postneonatal deaths (HP16-1e)	1.2	2.1	4.1
Increase the proportion of pregnant women who receive prenatal care in the first trimester (HP16-6a)	0.9	79.4	75.2
Reduce low birth weight (LBW) (HP16-10a)	0.1	7.1	6.5
Reduce very low birth weight (VLBW) (HP16-10b)	0.0	1.2	2.4
Reduce preterm births (HP16-11a)	0.1	10.2	9.3
Increase abstinence from cigarette smoking among pregnant women (HP16-17c)	1.0	95.1	97.2
<b>6B-2. RESPONSIBLE SEXUAL BEHAVIORS</b>			
Reduce pregnancies among adolescent females aged 15 to 17 years a (HP9-7)	25.0	34.6	44.2
<b>6B-4. INJURY AND VIOLENCE</b>			
Reduce firearm-related deaths (HP15-3)	4.1	13.5	7.0
Reduce deaths caused by unintentional injuries (HP15-13)	17.5	44.7	88.7
Reduce deaths caused by motor vehicle crashes (HP15-15)	16.0	13.6	48.0
Reduce deaths from falls (HP15-27)	3.0	10.8	6.9
Reduce homicides (HP15-32)	5.0	7.1	15.8
Reduce the suicide rate (HP18-1)	10.0	14.8	7.0

Source: Arizona Department of Health Services Vital Statistics, 2008

## Appendix F. Mortality by Age Groups, 2008

MORTALITY BY AGE GROUPS, 2008	ARIZONA	La Paz County
All deaths of residents	45,128	200
Deaths of infants, under one year old	625	3
Less than one day	241	2
1 to 365 days	384	1
Deaths of children, 1 to 14 years old	262	1
1 to 4 years	128	-
5 to 9 years	66	-
10 to 14 years	68	1
LEADING CAUSES OF INFANT DEATH, 2008	ARIZONA	La Paz County
Total, all causes	625	3
Certain conditions originating in the perinatal period	307	1
Congenital malformations	148	1
Sudden infant death syndrome	43	1
Accident (unintentional injury)	25	-
LEADING CAUSES OF DEATH AMONG CHILDREN (1-14 YEARS), 2008	ARIZONA	La Paz County
Total, all causes	262	1
Accident (unintentional injury)	83	-
Malignant neoplasms	30	-
Congenital malformations	22	-
Assault (homicide)	14	-

Source: Arizona Department of Health Services Vital Statistics, 2008

## Appendix G. Medical and Other Risk Factors, 2008

MEDICAL AND OTHER RISK FACTORS, 2008	ARIZONA	La Paz County
Total live births	99,215	246
Births with medical risk factors	31,841	45
Medical risk factors (may report more than one)		
Anemia	3,918	7
Diabetes	3,861	9
Pregnancy associated hypertension	3,502	2
Hydramnios	1,138	1
Genital herpes	1,008	2
Chronic hypertension	769	2
Lung disease	743	-
Eclampsia	724	3
Previous SGA infant	702	1
Uterine bleeding	454	-
Previous infant 4000+g	428	1
Renal disease	232	1
Cardiac disease	218	-
Incompetent cervix	177	-
RH sensitization	145	-
Hemoglobinopathy	14	-
Other risk factors	21,712	31
Substance use		
Nonsmoker and nondrinker	94,017	238
Smoker, nondrinker	4,664	7
Drinker, nonsmoker	339	1
Smoker and drinker	195	-

### RATES OF OCCURRENCE FOR SELECTED CHARACTERISTICS OF NEWBORNS AND MOTHERS GIVING BIRTH, 2008

	ARIZONA	La Paz County
Women receiving prenatal care in the first trimester	79%	75%
Public sources of payment for birth (AHCCCS or IHS)	54%	73%
Births to unmarried mothers	45%	57%
Births with medical risk factors reported	32%	18%
Primary and repeat cesarean deliveries	28%	27%
Births with complications of labor and/or delivery reported	27%	14%
Preterm births (gestational age <37 weeks)	10%	9%
Low birthweight births (<2,500 grams)	7%	7%
Births with abnormal conditions reported	7%	23%
Infants admitted to newborn intensive care units	6%	4%

Tobacco use during pregnancy	5%	3%
Alcohol use during pregnancy	1%	0%
Very low birthweight births (<1,500 grams)	1%	2%
Births with congenital anomalies reported	1%	0%
Alcohol use during pregnancy	1%	0%

BIRTHS BY MOTHER'S RACE/ETHNICITY, 2008	ARIZONA	La Paz County
Total live births	99,215	246
Hispanic or Latino	42,639	73
White non-Hispanic	41,925	123
American Indian or Alaska Native	6,362	45
Black or African American	4,301	2
Asian or Pacific Islander	3,425	2
Other/unknown	563	1

BIRTHS BY MOTHER'S AGE GROUP, 2008	ARIZONA	La Paz County
Under 15	161	-
15 to 17	4,151	16
18 to 19	7,849	24
20 to 24	26,111	85
25 to 29	28,139	70
30 to 34	20,648	31
35 to 39	10,019	14
40 to 44	1,999	6
45 or older	133	-
Mothers younger than 20	12%	16%
Mothers younger than 25	39%	51%
Approximate average age of mothers	27	25

PERINATAL DEATHS AND MORTALITY RATES, 2008	ARIZONA	La Paz County
Total live births	99,215	246
Reportable spontaneous fetal losses, 28 weeks or later	293	1
Live births plus fetal losses	99,508	247
Infant deaths of less than 7 days	339	2
Total Perinatal Deaths (count)	632	3
Total Perinatal Deaths (rate per thousand births plus losses)	6.4	12.1

Source: Arizona Department of Health Services Vital Statistics, 2008

## Appendix H. Arizona Health Matters

	Arizona	La Paz County	Year	Source
Unemployed Workers in Civilian Labor Force	9.1%	8.5%	April 2010	US Bureau of Labor Statistics
Households with Public Assistance	2.9%	3.1%	2000	Census
Median Household Income	\$51,009	\$32,973	2008	Census
Per Capita Income	\$20,275	\$14,916	2000	Census
Children Living Below Poverty Level	19.3%	28.8%	2000	Census
School Drop-out Rate (Grades 7-12)	3.6%	5.7%	2008	ADE
Adults (25 and older) with at least bachelor's degree	23.5%	8.7%	2000	Census
Infants born to mothers with less than 12 years education	26.1%	23.6%	2008	ADHS Vital Stats
Teen birth rate (live births per 1,000 female teenagers)	54.9	74.8	2008	ADHS Vital Stats
Kindergarteners with required immunizations	96.3%	98.8%	2008	ADHS

*Source: Arizona Health Matters, <http://www.arizonahealthmatters.org/index.php>*

## Appendix I. Health Insurance Coverage Status for Children (ages 0 to 18), 2006

Area	Income	Children 0 to 18	Insured		Uninsured	
Arizona	All income levels	1,736,066	1,456,703	84%	279,363	16%
La Paz County	All income levels	3,814	3,268	86%	546	14%
Arizona	At or below 200% poverty	796,874	606,704	76%	190,170	24%
La Paz County	At or below 200% poverty	2,510	2,143	85%	367	15%
Arizona	Above 200% poverty	939,192	849,999	91%	89,193	9%
La Paz County	Above 200% poverty	1,304	1,125	86%	179	14%

*Source: US Census SAEB, 2006*

## **Appendix J. Table of Regional Assets (Prior to Inclusion of Additional Tribal Assets)**

<b>First Things Colorado River Indian Tribe Regional Assets</b>
Opportunities for cross-community collaboration and resource sharing
Head Start Program
Educational opportunities for teachers and other staff from the school district and early care centers
High rate of primary care providers per capita
High rate of hospital beds available per 1000 residents

## Appendix K. Table of Regional Strategies

<b>Colorado River Indian Tribes Regional Partnership Council First Things First Planned Strategies for Fiscal Year 2011</b>
<b>Child Care Scholarships</b> - Coordinate with existing programs to expand families' access to early child care and education programs through child care scholarships. Priority is given to infants and toddlers of: low-income families, special needs children, single family homes.
<b>Expansion Increase Slots and/or Capital Expense</b> - Assist new and existing childcare programs in establishing high quality; assist child care homes to become regulated. Assistance will include insurance and quality improvement costs.
<b>Recruitment – Stipends/Loan Forgiveness</b> - Increase availability and retention of skilled early childhood workforce working directly with children birth to age five identified with special needs and in need of therapy services by providing financial incentives.
<b>TEACH Scholarships</b> - Increase availability of skilled early childhood workforce working directly with children by funding additional TEACH scholarships.
<b>Community-based Literacy</b> - Support care givers as the primary educator within their home by expanding adult literacy within early language/family literacy programs by incorporating an adult literacy education component. This will also create opportunities for adults to carry out daily life skills such as homework assistance, completing job applications and feeling secure in communicating with the community's family support agencies.
<b>Developmental and Health Screenings; Parent -Community Health Education</b> - Community resources will be expanded to support pregnant women and children's access to preventive health care specifically in the area of Diabetes Prevention. Education and information about the importance of early screening and intervention will promote the positive effects early screenings can have on a child's early developmental years.
<b>Court Teams</b> - Specialized training and technical assistance on infant and toddler mental health will be provided to Court Team members, including early intervention and behavioral health providers, emergency response/crisis shelter staff, child welfare (CPS) professionals, dependency court judges, social services workers (Foster Care), probation officers, and other health and behavioral health providers serving children age birth through five years.

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