

Needs and Assets Report 2010

Navajo/Apache Regional Partnership Council

First Things First
Applied Survey Research

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Message from the Chair

The past two years have been rewarding for the First Things First Navajo/Apache 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 ensuring access to nutritious food and child care, and by providing support for parents to be the best parents that they can be.

The First Things First Navajo/Apache Regional Partnership Council will continue to advocate and provide opportunities for the very youngest members of our communities to be safe and healthy, and to have every opportunity to be successful in school and life.

Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Navajo/Apache 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 Navajo/Apache Regional Partnership Council would like to thank our Needs and Assets Vendor, Applied Survey Research, for their knowledge, expertise and analysis of the Navajo/Apache region. The new report will help guide our decisions as we move forward for young children and their families within southern Navajo and southern Apache Counties.

Going forward, the First Things First Navajo/Apache 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,

Dr. Thomas Barela, Chair
Navajo/Apache Regional Partnership Council

Navajo/Apache Regional Partnership Council

Regional Partnership Council Members

Chair

Tom Barela

Vice Chair

Leslie Meyer

Members

Cathy Taylor

Becky Towle

Claude Endfield

Michael Zimmerman

Margie Tapia

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Introduction and Acknowledgements

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

This Needs and Assets Report for the southern Navajo and southern Apache County Geographic Region provides a clear statistical analysis and helps us in understanding the needs, gaps and assets for young children and points to ways in which children and families can be supported. The needs young children and families face in the Navajo/Apache Region include, access to oral and preventative health care, access to affordable, quality child care and early education opportunities, and professional development supports for early care and educational professionals.

The First Things First Navajo/Apache 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 Navajo/Apache Region, in the past year, was supporting continuity of care for children affected by the cut in child care subsidies, providing increased access to nutritious foods, and provision of oral health screens and dental varnish applications. This report provides basic data points that will aid the Council's decisions and funding allocations; while building a true comprehensive statewide early childhood system.

Acknowledgments

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

To the current and past members of the Navajo/Apache 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.

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Executive Summary

The Navajo/Apache First Things First Region is composed of the non-reservation portions of Navajo and Apache Counties in northeast Arizona. It extends to New Mexico in the east, to the Navajo Nation in the north, to Coconino County in the west, and to the White Mountain Apache Tribes and Greenlee County in the south. The region includes the community of Forest Lakes, but not the city of Winslow. Show Low is the largest community in the region, with slightly more than 12,000 residents in 2010. To access services beyond what the region can offer, Navajo/Apache residents must drive about two hours to Flagstaff or four hours to Phoenix.

There were an estimated 6,075 children ages birth through five in the Navajo/Apache Region in 2009. In 2010, the total population for the region is projected to be approximately 78,500. In 2000, 70% of children in the region were “White alone not Hispanic,” 19% identified as Hispanic, and 8% were American Indian Alaska Native. Only 11% of the population five years and over spoke a language other than English at home, with 8% speaking Spanish and 3% speaking a Native North American language.

Demographic Overview

Many children are living in poverty. In 2000, 22% of children ages birth through five years old were living below the Federal Poverty Level, similar to Arizona as a whole. In both Navajo and Apache Counties, the median family income of married-couple families was close to the Self-Sufficiency Level, the level at which families can meet their basic needs without private or public assistance. However, the income of single parent households was much less than the level needed to be self-sufficient. Nearly one-quarter (22%) of families with children ages birth through five in the region were single-parent households in 2000.

Few children are being affected by foreclosures or parental unemployment. Foreclosure rates during March of 2010 were lower in the Navajo/Apache Region than in Arizona, with Show Low experiencing the highest rate of foreclosure (1 in 162 homes) in the region. The 7% unemployment rate in 2009 in the Navajo/Apache Region was less than Arizona’s rate (9%).

Many children are meeting educational standards. The majority of 3rd grade students in the Navajo/Apache Region met or exceeded the AIMS standards for reading, writing, and math in 2008. For many of the school districts, the percentage of students meeting or exceeding the standard was greater than Arizona as a whole. In the Navajo/Apache Region, graduation rates were generally high, with Joseph City Unified School District graduating 98% of its students in 2009. However, only 17% of adults ages 25 and older in the Navajo/Apache Region had a Bachelor’s, graduate, or professional degree.

Early Childhood System

More pregnant women should receive prenatal care early on. While most pregnant women in the region (more than 70%) began prenatal care in the first trimester between 2004 and 2008, the percentage of women receiving prenatal care early in their pregnancy fell below the Healthy People 2010 target of 90%.¹

Infant mortality rates are high. Infant mortality rates in Navajo and Apache Counties are greater than those of Arizona as a whole. In 2008 the infant mortality rate in Arizona was 6.3 per 1,000 live births. During the same year the infant mortality rate was 8.7 in Navajo County and 10.7 per 1,000 live births in Apache County.

Many children do not have health insurance. In 2000, 19% of children in Navajo County did not have insurance, and 22% of children in Apache County were not covered. These rates were higher than Arizona where 16% of children did not have health insurance.

Approximately half of children ages 19 to 35 months have not received the recommended vaccinations. A little over half (56%) of children ages 19 to 35 months had received the recommended vaccinations in Navajo and Apache Counties in 2009. In comparison, about three-quarters of children in Arizona and the U.S. overall had completed the 4:3:1:3:3:1 immunization schedule.

Many families travel over 20 miles to see a dentist. More than 40% of parents in the region are traveling more than 20 miles for their children's dental care.

The number of juvenile arrests is decreasing. Both counties have seen decreases in the number of arrests since 2000. The number of juvenile arrests for violent crimes has not risen in either county and Apache and Navajo Counties had a lower arrest rate for drug crimes compared to Arizona in 2008.

Conclusion

This Needs and Assets report on the health and well-being of children ages birth through five in the Navajo/Apache Region has identified the areas where children are doing well and areas that are more concerning. In general, children and families in this region are doing well. However, there are large disparities between communities within the region. Many communities are struggling to meet the educational, economic and social needs of their children. In light of these challenges in the Navajo/Apache Region, targeted efforts and continued collaboration are needed to help improve the situation of children and families. First Things First is committed to working with the Navajo/Apache Region to address these issues.

¹ The Healthy Communities Institute. (2010). *Mothers who Received Early Prenatal Care*, Retrieved June 2010 from <http://www.arizonahealthmatters.org/>

Demographic Overview: Who are the families and children living within the Navajo/Apache Region?

Basic Demographics

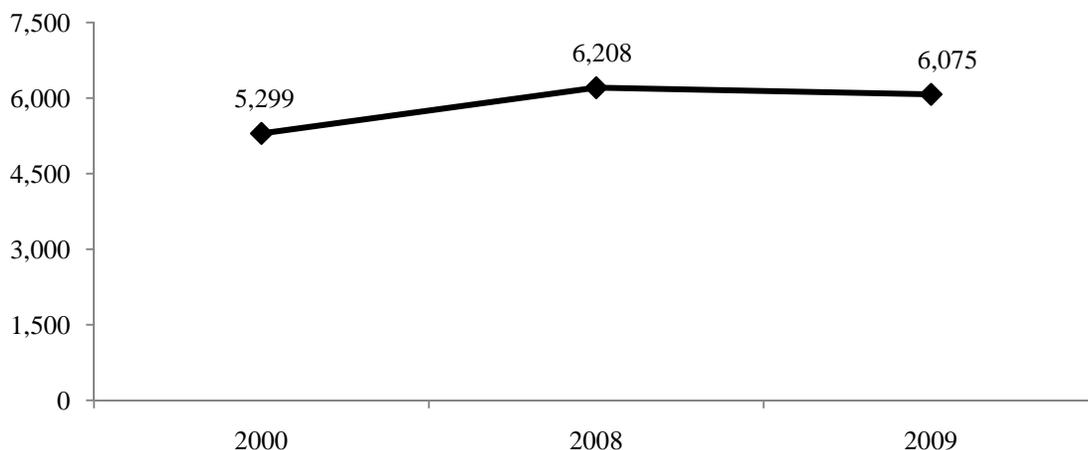
The Navajo/Apache First Things First Region is composed of the non-reservation portions of Navajo and Apache Counties in northeast Arizona. It extends to New Mexico in the east, to the Navajo Nation in the north, to Coconino County in the west, and to the White Mountain Apache Tribes and Greenlee County in the south. The region includes the community of Forest Lakes, but not the city of Winslow. Show Low is the largest community in the region, with slightly more than 12,000 residents in 2010. To access services beyond what the region can offer, Navajo/Apache residents must drive about two hours to Flagstaff or four hours to Phoenix.

Children and Family Characteristics

There were an estimated 6,075 children ages birth through five in the Navajo/Apache Region in 2009. The total population for the region is projected to be approximately 78,500 in 2010. As the Navajo/Apache Region population grows, so too does the number of young children needing services and healthy developmental opportunities.

Family structure is an important factor in the health and development of young children, as well as their educational attainment, and poverty status: single-parent families are more likely to earn less and have higher poverty rates than two-parent families.² About one-quarter (22%) of families with children ages birth through five in the region were single-parent households in 2000.

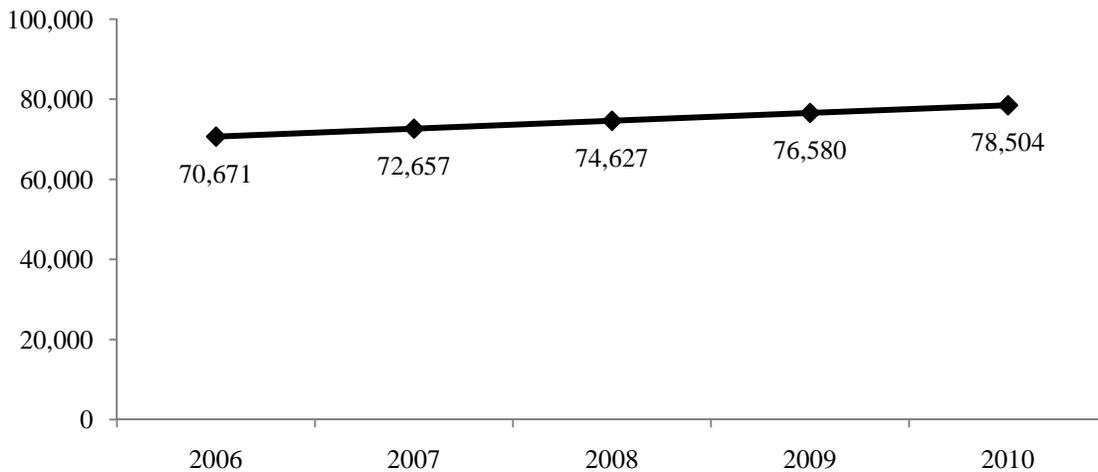
Population of Children Ages Birth Through Five, Navajo/Apache Region



Source: First Things First (2010). *Final Fiscal Year 2010 Population and Potential Discretionary Allocation*. Report presented at the meeting of First Things First – Arizona Early childhood Development and Health Board, Flagstaff, AZ.

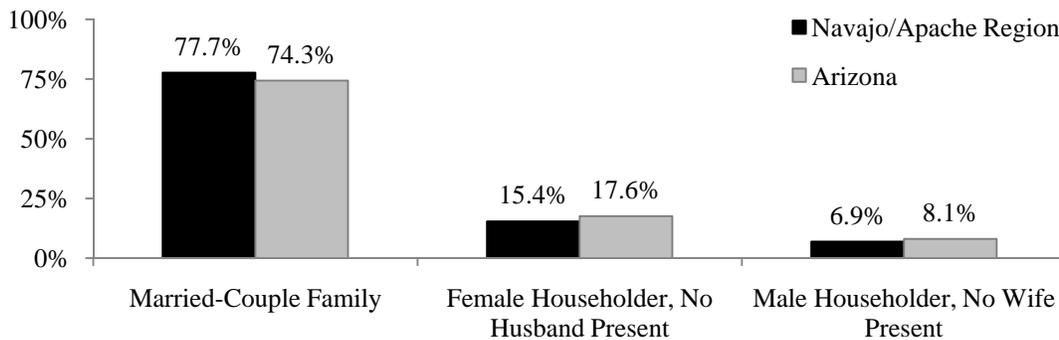
² Fields, J. & Smith, K. (1998). *Poverty, family structure, and child well-being: Indicators from the SIPP* (U.S. Census Bureau, Population Division, Working Paper 23). Washington DC: U.S. Census Bureau. Retrieved from <http://www.census.gov/population/www/documentation/twps0023/twps0023.html>

Total Population Estimates, Navajo/Apache Region



Source: Arizona Department of Economic Security, Research Administration. (2010). *Arizona Subcounty Population Projections*. Retrieved from <https://www.azdes.gov/>.
 Note: Population estimates are based on the 2000 Census for Navajo and Apache Counties, excluding American Indian Reservations and Winslow. The estimates do not include Forest Lakes.

Types of Families with Children Ages Birth Through Five, 2000

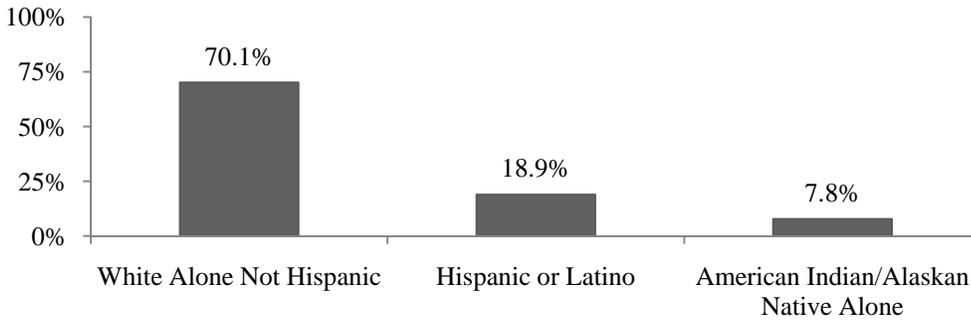


Source: U.S. Census Bureau. (2000). *Summary File 1, Table P34*, Retrieved 2010 from <http://www.factfinder.gov/>.

Race/Ethnic Distribution and Language Characteristics

The population of the Navajo/Apache Region is primarily White and English-speaking. In 2000, 70% of children ages birth through four in the region were “White alone not Hispanic,” 19% were identified as Hispanic, and 8% were American Indian Alaska Native. Only 11% of the population five years and over spoke a language other than English at home, with 8% speaking Spanish and 3% speaking a Native North American language. Very few (2%) children ages 5 through 17 lived in linguistically isolated households in the Navajo/Apache Region in 2000, as compared to 9% of children in Arizona. Linguistically isolated households are where no one over the age of 14 speaks English as the only language or no one speaks English very well.

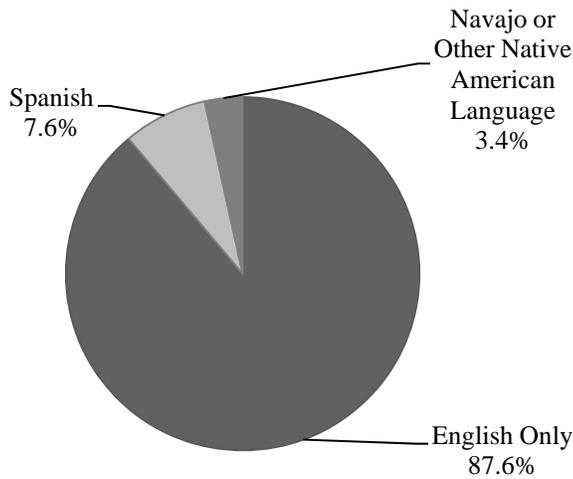
Race/Ethnicity of Children Ages Birth Through Four, Navajo/Apache Region, 2000



Source: U.S. Census Bureau. (2000). *Summary File 1, Tables 12, 12C, 12H, 12I*, Retrieved 2010 from <http://www.factfinder.census.gov/>.

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

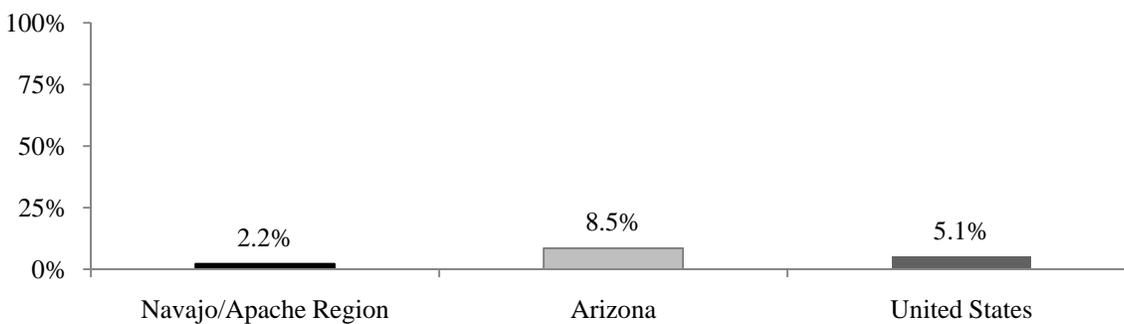
Language Spoken at Home, Navajo/Apache Region



Source: U.S. Census Bureau. (2000). *Summary File 3, Table QT-P16*, Retrieved 2010 from <http://www.factfinder.census.gov/>.

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

Children Ages 5 Through 17 Living in Linguistically Isolated (Non-English Speaking)* Households, 2000



Source: U.S. Census Bureau. (2000). *Summary File 3, Table PCT14*, Retrieved 2010 from <http://www.factfinder.gov/>.

Note: Values are the number of children ages 5 through 17 living in linguistically isolated households divided by the total number of children ages 5 through 17 living in households.

* A "linguistically isolated" household is one "in which no person 14 years old and over speaks only English and no person 14 years old and over who speaks a language other than English speaks English 'Very well.' In other words, a household in which all members 14 years old and over speak a non-English language and also speak English less than 'Very well' (have difficulty with English)." (U.S. Census Bureau)

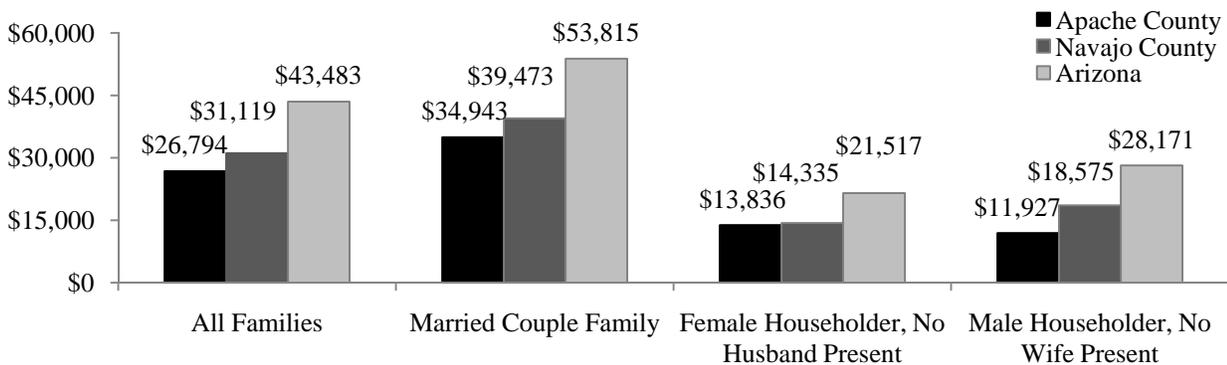
Economic Circumstances

Income

Income levels are important for understanding the vitality of a community and the well-being of its residents. The median family income in 2000 of families with children younger than 18 years old in the Navajo/Apache Region ranged from \$32,188 in Show Low to \$43,885 in Snowflake. Only families in Snowflake had a median income greater than that of Arizona families.

The Self-Sufficiency Standard can be used as an indicator of how much income is needed for a family to meet its minimal basic needs without the need for public or private assistance. The Self-Sufficiency Standard is dependent on geographic location and the age of the children. For example, in Navajo and Apache Counties, a household with two adults, one preschooler, and one school-aged child requires \$37,171 to be self-sufficient. In both Apache and Navajo Counties, the median family income of married-couple families was close to the self-sufficiency level. However, the median income of single parent households was much less than the level needed to be self-sufficient (e.g., \$24,219 for a family with one adult and one preschooler), indicating that more than half of single-parent households were unable to meet their basic needs. In Show Low, the median family income for female-headed families was only \$15,250.

Median Family Income of Families with Children Under 18 Years, Apache and Navajo Counties, 2000



Source: All Families data from U.S. Census Bureau. (2000). *Summary File 3, Table PCT39*, Retrieved 2010 from <http://factfinder.census.gov/>. All other data from First Things First. *Regional Profiles*. Received 2010.

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

Place	All Families	Married Couple Family	Female Householder	Male Householder
Eagar	\$39,750	\$49,250	\$17,813	\$31,111
Heber-Overgaard	\$36,579	\$43,846	\$14,500	\$6,875
Holbrook	\$32,378	\$44,625	\$16,964	\$26,364
Pinetop-Lakeside	\$41,393	\$43,846	\$29,286	\$20,208
St. Johns	\$37,917	\$41,208	\$22,500	\$11,625
Show Low	\$32,188	\$41,836	\$15,250	\$19,063
Snowflake	\$43,885	\$46,985	\$16,250	\$22,813
Springerville	\$35,893	\$48,333	\$16,154	\$20,000
Taylor	\$35,147	\$39,583	\$23,056	\$14,688
Apache County	\$26,794	\$34,943	\$13,836	\$11,927
Navajo County	\$31,119	\$39,473	\$14,335	\$18,575
Arizona	\$43,483	\$53,815	\$21,517	\$28,171
United States	\$48,196	\$59,461	\$20,284	\$29,907

Source: All Families data from U.S. Census Bureau. (2000). *Summary File 3, Table PCT39*, Retrieved 2010 from <http://factfinder.census.gov/>. All other data from First Things First. *Regional Profiles*, Received 2010.

Self-Sufficiency Income Standards, Apache and Navajo Counties, 2002

Monthly Expense	Family Type			
	Adult + Preschooler	Adult + Preschooler + Schoolage	2 Adults + Preschooler	2 Adults + Preschooler + Schoolage
Housing	\$503	\$503	\$503	\$503
Child Care	\$440	\$704	\$440	\$704
Food	\$266	\$396	\$429	\$544
Transportation	\$227	\$227	\$437	\$437
Health Care	\$235	\$262	\$304	\$331
Miscellaneous	\$167	\$209	\$211	\$252
Taxes	\$328	\$405	\$442	\$507
Earned Income Tax Credit (-)	-\$54	-\$40	\$0	\$0
Child Care Tax Credit (-)	-\$44	-\$80	-\$40	-\$80
Child Tax Credit (-)	-\$50	-\$100	-\$50	-\$100
Self-Sufficiency Wage				
Hourly	\$11.47	\$14.12	\$7.60*	\$8.80*
Monthly	\$2,018	\$2,486	\$2,677	\$3,098
Annual	\$24,219	\$29,829	\$32,123	\$37,171

Source: Center for Women's Welfare, University of Washington. (2002). *Self Sufficiency Standard for Arizona*. Retrieved June 2010 from <http://www.selfsufficiencystandard.org/pubs.html>.

* Hourly wages for two-adult households are per adult (e.g., \$7.60 for both adults in a two-adult family with a preschooler).

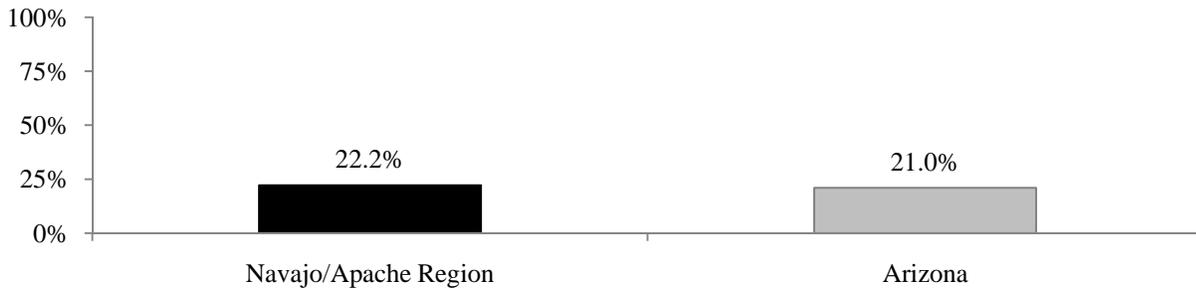
Poverty

Living in poverty puts children at risk for a wide variety of problems with both immediate and lasting effects. Children who grow up in poverty are more likely to lack adequate food, become victims of crime and violence, and lack basic health care. They are at significant risk for dropping out of school early, poor academic performance, behavior problems in school, and lower levels of literacy and attainment.³ Census 2000 data show that 22% of children ages birth through five in the Navajo/Apache Region lived below the poverty level, similar to that of Arizona. The Federal Poverty Level for a family of four was \$17,050 in 2000.⁴ Similarly, the percentage of students ages 5 through 17 enrolled in schools in the region living in families in poverty remained constant around 23% from 2006 to 2008.

³ Winsler, A., Tran, H., Hartman, S. C., Madigan, A. L., Manfra, L., & Bleiker, C. (2008). School readiness gains made by ethnically diverse children in poverty attending center-based childcare and public school pre-kindergarten programs. *Early Childhood Research Quarterly*, 23(3), 314-329.

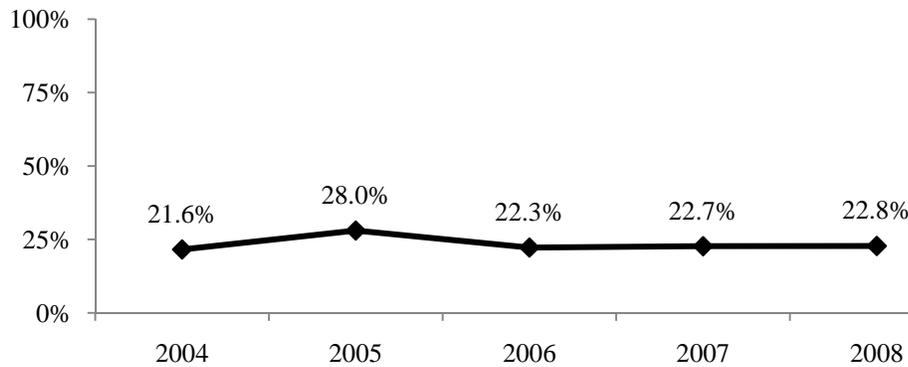
⁴ Assistant Secretary for Planning and Evaluation. (2000, February 15). *The 2000 HHS Poverty Guidelines*. Retrieved June 23, 2010 from U.S. Department of Health and Human Services: <http://aspe.hhs.gov/poverty/00poverty.shtml>

Children Ages Birth Through Five in Families Earning Less than the Federal Poverty Level, 2000



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

Children Ages 5 Through 17 in Families Living in Poverty, Navajo/Apache Region School Districts



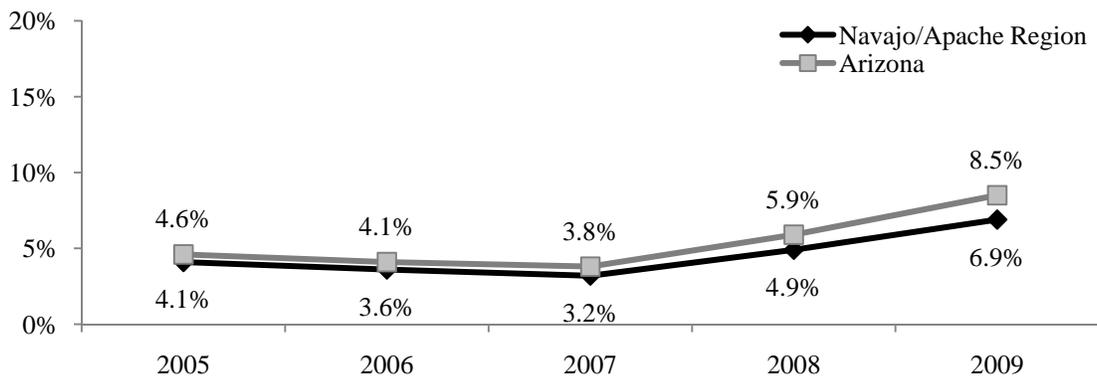
Source: U.S. Census Bureau. (2010). *Small Area Income and Poverty Assessments*. Retrieved 2010 from <http://www.census.gov/cgi-bin/saipa/saipa.cgi>

Note: Navajo/Apache Region data are the combination of data from all school districts within the region (see Methodology for list of school districts).

Unemployment

The unemployment rate in 2009 in the Navajo/Apache Region was 7%, less than Arizona as a whole at 9%. However, the rate of unemployment varied within the region, from a low of 4% in Heber-Overgaard to a high of 9% in Holbrook.

Unemployment Rate



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

Note: Data for Navajo/Apache Region represents unemployment in Navajo and Apache Counties excluding Native American Reservations and Winslow City.

Unemployment Rate by Community

Place	2005	2006	2007	2008	2009
Eagar	3.2%	3.0%	2.6%	3.5%	4.5%
Springerville	4.1%	3.8%	3.4%	4.5%	5.9%
St. Johns	3.7%	3.4%	3.0%	3.9%	5.2%
Heber-Overgaard	2.0%	1.8%	1.6%	2.5%	3.6%
Holbrook	5.2%	4.6%	4.1%	6.3%	9.1%
Pinetop-Lakeside	4.2%	3.8%	3.3%	5.1%	7.5%
Show Low	3.8%	3.4%	3.0%	4.7%	6.8%
Snowflake	4.3%	3.9%	3.4%	5.3%	7.7%
Taylor	3.6%	3.2%	2.8%	4.4%	6.4%
Navajo/Apache Region	4.1%	3.6%	3.2%	4.9%	6.9%
Arizona	4.6%	4.1%	3.8%	5.9%	8.5%

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

Note: Data for Navajo/Apache Region represents unemployment in Navajo and Apache Counties excluding Native American Reservations and Winslow City.

Foreclosures

Many families across the country have been negatively affected by the mortgage crisis. When foreclosures force children out of their homes they are affected both physically and emotionally. While not all children who experience a foreclosure will become homeless they often experience the same increased mobility associated with homelessness. This increased mobility leads to lower performance in math and reading and more delinquent behaviors in the classroom. The mortgage crisis is projected to cause more than 86,000 foreclosures and affect more than 68,000 children in Arizona.⁵

Foreclosure rates during March of 2010 were lower in all places in the Navajo/Apache Region than in Arizona. Within the region, Show Low had the highest rate of foreclosures (1 in 162) for a total of 50 foreclosures during March of 2010.

⁵ Lovell, P. & Isaacs, J. (2008) *The Impact of the Mortgage Crisis on Children and Their Education*. First Focus, Brookings Institute. Retrieved June 29 2010 from http://www.brookings.edu/papers/2008/04_mortgage_crisis_isaacs.aspx

Foreclosure Rate by Community, Navajo/Apache Region, March 2010

Place (Zip Codes)	Number of Foreclosures	Rate of Foreclosures
Concho (85924)	1	1 in 1,556
Eagar (85925)	5	1 in 221
Forest Lakes (85931)	1	1 in 1,043
Greer (85927)	1	1 in 811
Heber (85928)	2	1 in 314
Holbrook (86025)	3	1 in 1,053
Lakeside (85929)	20	1 in 235
Overgaard (85933)	3	1 in 1,486
Pinetop (85935)	15	1 in 454
Saint Johns (85936)	2	1 in 846
Show Low (85901)	50	1 in 162
Snowflake (85937)	13	1 in 209
Springerville (85938)	1	1 in 2,089
Taylor (85939)	2	1 in 649
Vernon (85940)	2	1 in 211
Arizona	18,856	1 in 144

Source: RealtyTrac. (March 2010). *National Real Estate Trends*, Retrieved June 2010 from <http://www.realtytrac.com/tendcenter/>.

Note: The foreclosure rate is calculated by dividing the total housing units (based on the most recent estimate from the U.S. Census Bureau) by the total number of properties that received foreclosure filings during the month.

Economic Supports

There are many state and national programs available to provide assistance for families struggling in the current economic conditions. For example, the Temporary Assistance for Needy Families (TANF) program provides cash assistance for struggling families.⁶ In the Navajo/Apache Region, 115 families with children ages birth through five received support from TANF in January of 2010, a decrease from 156 in 2007. There are a variety of possible contributors to this decline in enrollment, including more restrictive eligibility policies, time limits, full family sanctions, or reduced financial eligibility standards that decreased the number of poor families eligible for TANF.⁷

Nutritional support programs are designed to address hunger and food insecurity. These programs are important because chronic undernutrition, food insecurity, and hunger can lead to poorer health status, higher levels of aggression, hyperactivity, anxiety, and passivity, as well as diminished capacity to learn,

⁶ U.S. Department of Health and Human Services. (2008, November 20). About TANF. Washington DC: U.S. Department of Health and Human Services, Administration for Children and Families. Retrieved from U.S. Department of Health and Human Services Administration for Children and Families: <http://www.acf.hhs.gov/programs/ofa/tanf/about.html>

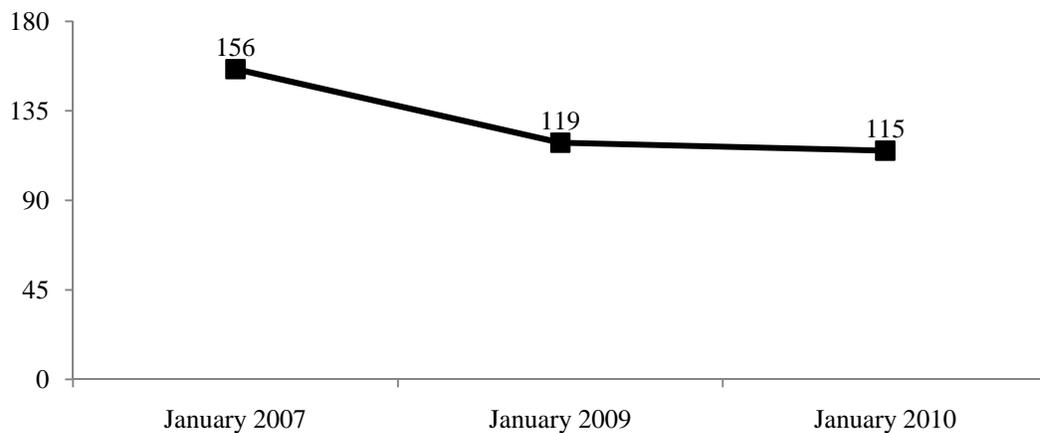
⁷ Legal Momentum. (2009). *The Bitter Fruit of Welfare Reform: A Sharp Drop in the Percentage of Eligible Women and Children Receiving Welfare*. Retrieved June 28, 2010, from Legal Momentum: Advancing Women's Rights: <http://www.legalmomentum.org/assets/pdfs/lm-tanf-bitter-fruit.pdf>.

lower test scores, and increased school absences, tardiness, and suspensions.⁸ One such program, the National School Lunch Program, qualifies low-income children living in families between 130% and 185% of the Federal Poverty Level for reduced-cost meals and those at or below 130% of the poverty level for free meals.⁹ For school districts in the Navajo/Apache Region, between 40% (Joseph City Unified) and 90% (Sanders Unified) of students were eligible for free or reduced price meals in 2009.

Other nutritional support programs include the Supplemental Nutrition Assistance Program (SNAP), previously called the Food Stamp Program, and Women, Infants, and Children (WIC). WIC services are offered from local WIC clinics in Snowflake, Heber, Pinetop, Showlow, Hollbrook, Vernon, St. Johns, Springerville, and Concho. Participants in the WIC program receive nutritious supplemental foods, health screening services, age-appropriate nutrition information, and referrals to health and human services. In recent years there has been an increase of 59% in the number of families with children ages birth through five receiving SNAP and a 36% increase in the number of women recipients of WIC in the Navajo/Apache Region.

The Association for Supportive Child Care also seeks to address the issue of adequate nutrition for children. The Child and Adult Care Food Program provides nutrition training and reimbursement to child care providers who serve nutritious meals to children. Within the Navajo/Apache Region, 25 child care centers and homes participate in the food program.

Families with Children Ages Birth Through Five Receiving Temporary Assistance for Needy Families (TANF), Navajo/Apache Region



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

Note: Navajo/Apache Region data are the combination of all zip codes in the region (see Methodology for list of zip codes).

⁸ Center on Hunger and Poverty, Heller School for Social Policy and Management, (2002, June). *The Consequences of Hunger and Food Insecurity for Children, Evidence from Recent Scientific Studies*. Massachusetts: Brandeis University.

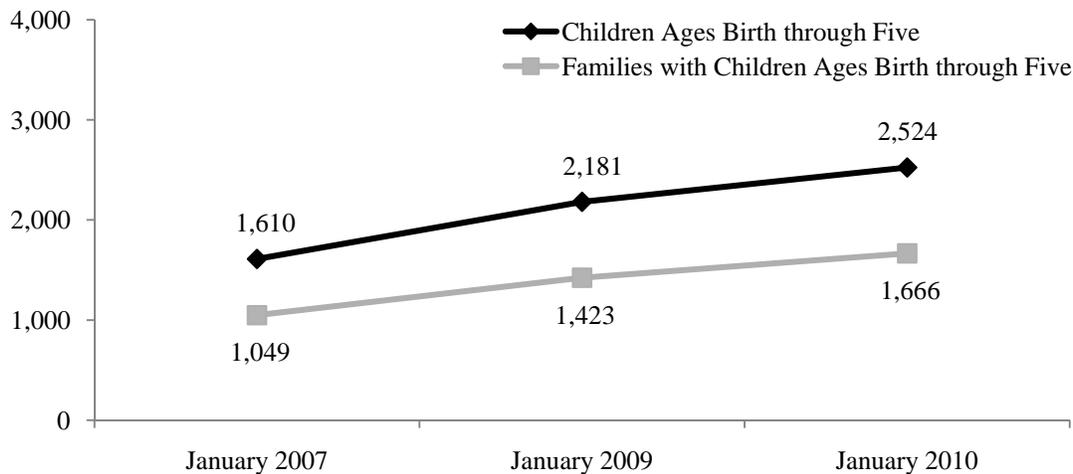
⁹ United States Department of Agriculture, Food and Nutrition Service. (2009, August). *National School Lunch Fact Sheets*. Retrieved June 22, 2010, from <http://www.fns.usda.gov/cnd/lunch/AboutLunch/NSLPFactSheet.pdf>

Children Eligible for Free and Reduced Price Meals, Navajo/Apache Region School Districts

School District	October 2006	October 2007	October 2008	October 2009
Blue Ridge Unified	42.1%	37.5%	41.7%	46.6%
Concho Elementary	79.4%	75.0%	82.8%	82.4%
Heber-Overgaard Unified	49.1%	52.4%	56.3%	58.6%
Holbrook Unified	68.7%	68.2%	67.9%	73.6%
Joseph City Unified	49.4%	40.6%	40.1%	40.4%
Sanders Unified	89.1%	55.1%	88.3%	90.2%
Show Low Unified	50.6%	49.8%	52.0%	57.3%
Snowflake Unified	52.9%	42.8%	39.7%	49.8%
St. Johns Unified	52.6%	53.0%	53.2%	56.3%

Source: Arizona Department of Education, *National School Lunch Program and School Breakfast Program*, Retrieved 2010 from <http://www.ade.az.gov/health-safety/cnp/nslp/>.

Supplemental Nutrition Assistance Program (SNAP/Food Stamps) Recipients, Navajo/Apache Region

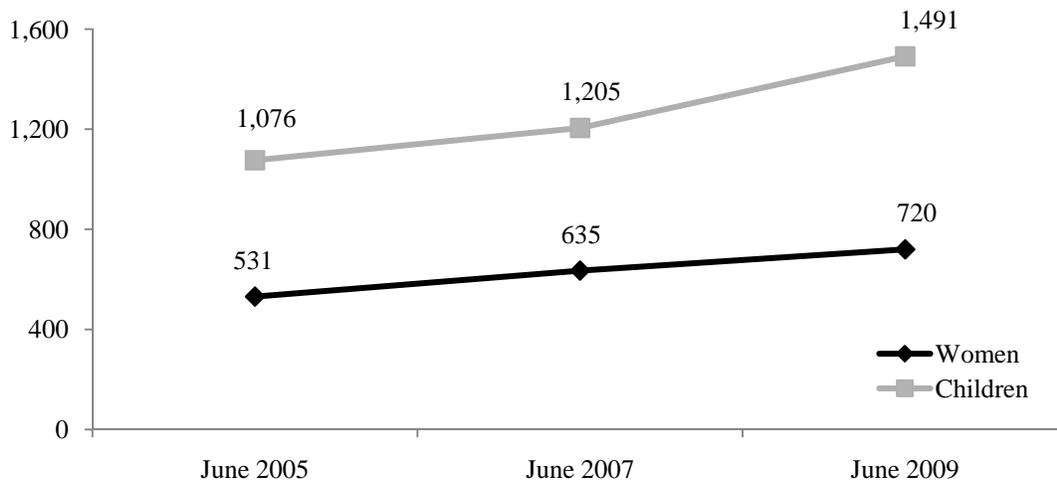


Source: Arizona Department of Economic Security. (2010). *Supplemental Nutrition Assistance Program (SNAP) Recipients*. Received June, 2010 from Arizona First Things First (Unpublished Data).

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

Note: Navajo/Apache Region data are the combination of all zip codes in the region (see Methodology for list of zip codes).

Women, Infants, and Children (WIC) Recipients, Navajo/Apache Region



Source: Arizona Department of Economic Security. (2010). *Women, Infants and Children (WIC) Recipients*. Received June, 2010 from Arizona First Things First (Unpublished Data).

Note: Navajo/Apache Region data are the combination of all zip codes in the region (see Methodology for list of zip codes).

Homelessness

Homelessness among young children, and the high mobility often associated with homelessness, can lead to behavior problems and reduced academic success in school.¹⁰ Public school districts use the McKinney-Vento Act definition of homelessness, which defines homeless as “1) an individual who lacks a fixed, regular and adequate nighttime residence, and 2) an individual who has a primary nighttime residence that is a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, b) an institution that provides a temporary residence for individuals intended to be institutionalized, or c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”¹¹ There were more than 400 students reported as homeless during the 2009/10 school year in the Navajo/Apache Region. The data for Sanders Unified District is likely underestimated due to the high percentage of American Indian families in the district who may live with other family members in overcrowded conditions. Using the U.S. Census criteria for overcrowding, 32.5% of all American Indian housing is overcrowded; this is six times higher than the national rate of 4.5%.¹² Shared and overcrowded housing can have many of the same causes and effects of homelessness on a child.

¹⁰ Zenger, S. (2004, February). Health care for homeless Native Americans. National Health Care for the Homeless Council. Retrieved from <http://www.nhchc.org/Publications/FINALHnNativeHealth.pdf>

¹¹ McKinney-Vento Homeless Assistance Act of 1986, 42 U.S.C. § 11317 (1987).

¹² Ibid.

Homeless Children, Navajo/Apache Region School Districts, 2010

School District	Preschool	Kindergarten	District Total
Alpine Elementary	*	NA	NA
Blue Ridge Unified	1	20	196
Concho Elementary	0	0	0
Heber-Overgaard Unified	0	0	3
Holbrook Unified	NA	11	93
Joseph City Unified	0	0	1
Round Valley Unified	NA	NA	NA
Sanders Unified	2	1	6
Show Low Unified	0	9	83
Snowflake Unified	1	1	23
St. Johns Unified	0	1	2
Vernon Elementary	0	0	0
Navajo/Apache Region Total **	4	43	407

Source: Navajo/Apache Region School Districts, *Correspondence with District Representatives*, Received 2010.

Note: Preschool homeless children include only students attending preschools associated with public school districts. Data on homeless children were not available from Alpine Elementary and Round Valley Unified School Districts.

* Indicates that the school district does not have a preschool.

** Navajo/Apache Region Totals are the sum of all public school districts that provided data.

Educational Indicators

Children's success in school is improved by a combination of promoting physical and mental health, increasing literacy, enhancing social and emotional skills, and increasing youth leadership roles and involvement within the community. Typically, children who do well in school have early literacy skills and higher social and emotional skills at entry to kindergarten. Continued success in school, graduation from high school, and further educational attainment leads to healthier communities and more supportive environments for the growth and development of children. Preparing children for success after graduation through higher levels of educational attainment in turn leads to healthier communities and more supportive environments for future children's growth and development.

The Navajo/Apache Region is composed of twelve public school districts (Alpine Elementary, Blue Ridge Unified, Concho Elementary, Heber-Overgaard Unified, Holbrook Unified, Joseph City Unified, Round Valley Unified, Sanders Unified, Show Low Unified, Snowflake Unified, St. Johns Unified, and Vernon Elementary). Children in the Forest Lakes community of Coconino County attend school at Heber-Overgaard Unified.

School Enrollment

School enrollment in all districts in the region was 14,620 during the 2009/10 school year. Snowflake and Blue Ridge Unified School Districts are the largest districts, while Alpine Elementary District serves the fewest number of children. There were a total of 1,218 children in preschool and kindergarten in the region.

School Enrollment, Navajo /Apache Region School Districts, 2009/10

School District	Preschool	Kindergarten	District Total
Alpine Elementary	*	NA	56
Blue Ridge Unified	33	153	2,618
Concho Elementary	7	17	201
Heber-Overgaard Unified	12	34	517
Holbrook Unified	65	165	2,073
Joseph City Unified	23	40	500
Round Valley Unified	24	113	1,501
Sanders Unified	*	65	1,040
Show Low Unified	26	133	2,443
Snowflake Unified	24	217	2,647
St. Johns Unified	*	54	912
Vernon Elementary	2	11	112
Navajo/Apache Region Total **	216	1,002	14,620

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

Note: Preschool enrollment includes only students attending preschools associated with public school districts.

* Indicates that the school district does not have a preschool.

** Navajo/Apache Region Totals are the sum of all school districts in the region.

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

Children who have early learning skills as they enter kindergarten do better in school, are more likely to graduate with a high school diploma, are more successful in their careers, and are less likely to be involved in crime and drugs.¹³ A recent study showed that of children who were ready for kindergarten, 62% of them performed well on standardized tests at 3rd grade. Of children who weren't ready for kindergarten, only 6% of them performed well on standardized tests at 3rd grade. Typically, children will not make up the learning gap that they started off with when they entered kindergarten.¹⁴

In Arizona, Dynamic Indicators of Basic Early Literacy Skills (DIBELS) are used as indicators of early literacy and reading skills in children from kindergarten to sixth grade. While the DIBELS assessments only measure skills related to the letter knowledge component of kindergarten readiness, they provide some picture of how well children are prepared when beginning school.

¹³ Rolnick, A., & Grunewald, R. (2003). "Early Childhood Development: Economic Development with a High Public Return." In *Big Ideas for Children*. First Focus, Washington, DC.

¹⁴ Applied Survey Research. (2008). Does readiness matter: How kindergarten readiness translates into academic success. San Jose, California: Applied Survey Research.

Early literacy and reading preparedness for kindergarten varied within the Navajo/Apache Region. At best, the Show Low Unified School District had only 48% of children enter kindergarten at grade level during the 2009/10 school year. In the Sanders Unified School District, 14% of children scored at grade level at the beginning of kindergarten, while more than half (53%) needed substantial intervention.

Kindergarten DIBELS Scores, Beginning of School Year, Navajo/Apache Region School Districts

School District	2005/06	2006/07	2007/08	2008/09	2009/10
Holbrook Unified (Park Elementary School)					
Benchmark - At Grade Level	NA	25%	32%	30%	28%
Strategic - Needs Additional Intervention	NA	44%	39%	44%	35%
Intensive - Needs Substantial Intervention	NA	31%	28%	26%	36%
Sanders Unified					
Benchmark - At Grade Level	6%	12%	18%	28%	14%
Strategic - Needs Additional Intervention	37%	31%	32%	37%	33%
Intensive – Needs Substantial Intervention	57%	57%	50%	35%	53%
Show Low Unified					
Benchmark - At Grade Level	NA	NA	52%	37%	48%
Strategic - Needs Additional Intervention	NA	NA	26%	39%	27%
Intensive - Needs Substantial Intervention	NA	NA	22%	24%	25%
Snowflake/Taylor Unified					
Benchmark - At Grade Level	47%	40%	42%	40%	42%
Strategic - Needs Additional Intervention	29%	22%	26%	32%	36%
Intensive - Needs Substantial Intervention	24%	39%	32%	28%	22%
St. Johns Unified					
Benchmark - At Grade Level	21%	20%	20%	11%	18%
Strategic - Needs Additional Intervention	46%	41%	44%	44%	31%
Intensive - Needs Substantial Intervention	33%	39%	36%	45%	51%

Source: Navajo/Apache Region School District, *Correspondence with District Representative*, Received 2010.

Note: School districts that did not provide data included Alpine Elementary, Blue Ridge Unified, Concho Elementary, Heber-Overgaard Unified, Joseph City Unified, and Vernon Elementary.

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

One of the most powerful indicators of later academic success is a child's reading level at the end of third grade. In third grade it is expected that children will show evidence of reading comprehension and be able to read unfamiliar words through various strategies. Reading proficiency at this point prepares the student for fourth grade, where the focus of reading instruction changes from "learning to read" to "reading to learn."¹⁵ The Arizona Instrument to Measure Standards (AIMS) is the tool used to measure third grade academic proficiency in Arizona.

The majority of students in the Navajo/Apache Region met or exceeded the AIMS standards for reading, writing, and math in 2008. For many of the school districts, the percentage of students meeting or exceeding the standard was greater than Arizona as a whole.

AIMS Reading: 3rd Grade Students Meeting or Exceeding the Standard

School District	2005	2006	2007	2008
Alpine Elementary	*	*	*	*
Blue Ridge Unified	84%	79%	82%	78%
Concho Elementary	*	67%	71%	56%
Heber-Overgaard Unified	78%	76%	62%	77%
Holbrook Unified	61%	67%	73%	72%
Joseph City Unified	72%	81%	73%	56%
Round Valley Unified	83%	74%	86%	71%
Sanders Unified	39%	35%	53%	52%
Show Low Unified	83%	81%	78%	77%
Snowflake Unified	83%	71%	81%	80%
St. Johns Unified	62%	78%	70%	82%
Vernon Elementary	*	*	*	93%
Arizona	65%	67%	69%	69%

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

* Data are not presented if fewer than 10 students are represented.

¹⁵ Annie E. Casey Foundation. (2010). *Early Warning! Why Reading by the End of Third Grade Matters*. Retrieved June 23, 2010 from <http://datacenter.kidscount.org/>

AIMS Writing: 3rd Grade Students Meeting or Exceeding the Standard

School District	2005	2006	2007	2008
Alpine Elementary	*	*	*	*
Blue Ridge Unified	77%	34%	93%	83%
Concho Elementary	*	22%	74%	57%
Heber-Overgaard Unified	70%	51%	90%	88%
Holbrook Unified	68%	52%	85%	72%
Joseph City Unified	90%	73%	94%	92%
Round Valley Unified	77%	42%	82%	78%
Sanders Unified	63%	23%	81%	54%
Show Low Unified	90%	61%	83%	85%
Snowflake Unified	83%	53%	88%	82%
St. Johns Unified	79%	39%	73%	88%
Vernon Elementary	*	*	*	77%
Arizona	73%	52%	81%	76%

Source: Arizona Department of Education. (2010). *School Report Cards*, Retrieved 2010 from <http://www10.ade.az.gov/ReportCard/>.

* Data are not presented if fewer than 10 students are represented.

AIMS Math: 3rd Grade Students Meeting or Exceeding the Standard

School District	2005	2006	2007	2008
Alpine Elementary	*	*	*	*
Blue Ridge Unified	90%	85%	82%	83%
Concho Elementary	*	73%	74%	75%
Heber-Overgaard Unified	87%	86%	71%	78%
Holbrook Unified	65%	70%	71%	67%
Joseph City Unified	79%	77%	74%	63%
Round Valley Unified	69%	74%	85%	70%
Sanders Unified	57%	36%	68%	54%
Show Low Unified	88%	91%	82%	83%
Snowflake Unified	80%	75%	86%	80%
St. Johns Unified	50%	80%	69%	76%
Vernon Elementary	*	*	*	85%
Arizona	72%	72%	72%	71%

Source: Arizona Department of Education. (2010). *School Report Cards*, Retrieved 2010 from <http://www10.ade.az.gov/ReportCard/>.

* Data are not presented if fewer than 10 students are represented.

Graduation Rate

High school graduation is an important indicator of future economic and personal success. Youth who leave high school prior to graduation are more likely to experience lower earnings and unemployment.¹⁶ Dropping out of high school may be a result of several risk factors including child abuse, substance abuse, unaddressed learning disabilities, mental health problems, pregnancy, homelessness, and poverty.¹⁷ Graduation rates in the region were generally high, with Joseph City Unified School District graduating 98% of its students in 2009. Sanders Unified School District has consistently had the lowest graduation rates of the region with 64% of students graduating in 2009.

Graduation Rate, Navajo/Apache Region School Districts

School District	2005	2006	2007	2008	2009
Blue Ridge Unified	87%	85%	80%	79%	85%
Heber-Overgaard Unified	90%	86%	92%	86%	85%
Holbrook Unified	77%	78%	72%	75%	77%
Joseph City Unified	100%	95%	97%	92%	98%
Round Valley Unified	84%	75%	81%	83%	88%
St. Johns Unified	100%	72%	91%	82%	85%
Sanders Unified	NA	72%	52%	74%	64%
Show Low Unified	78%	75%	92%	80%	83%
Snowflake Unified	89%	79%	89%	83%	92%

Source: 2008 and 2009 data from Navajo County Superintendent of Schools Office. (*Personal Correspondence with Department Representative*, June 2010). 2005-2007 data from Arizona Department of Education. (n.d). *Research Evaluation Section*, Retrieved 2010 from <https://www.ade.state.az.us/researchpolicy/grad/>.

Educational Attainment

In the Navajo/Apache Region in 2000, more than 80% of adults were high school graduates, slightly more than that of Arizona. However, fewer people in the Navajo/Apache Region go on to obtain a Bachelor's, graduate, or professional degree. In 2000, 18% of the population ages 25 and older in the region had a Bachelor's or advanced degree, compared to 24% of the population in Arizona.

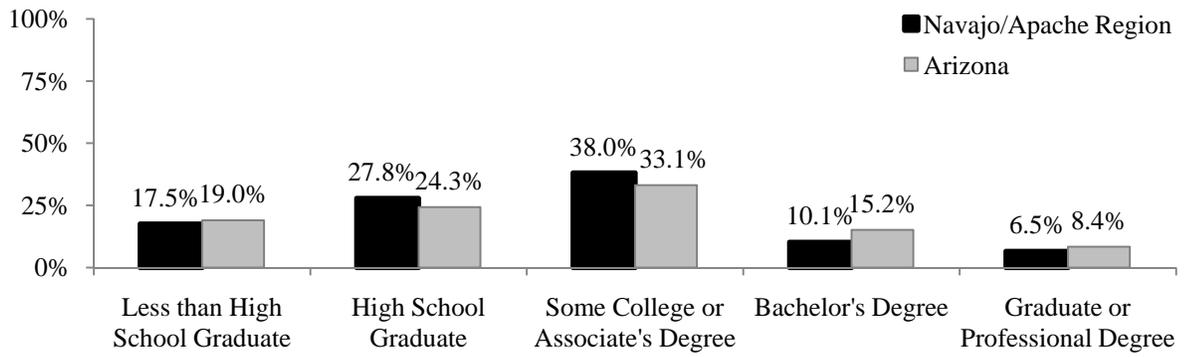
Individuals in the Navajo/Apache Region seeking to pursue higher education have several options. Northland Pioneer College is the community college for Navajo and Apache Counties. It has campuses in Snowflake/Taylor, Heber, St. Johns, and Springerville/Eagar. Additionally, students can attend one of Arizona's three public four-year universities which are located in Flagstaff, Tempe, and Tucson.

There are also several programs available for adults seeking to further their education. The Arizona Department of Education offers classes in Basic Reading, Writing, and Mathematics Skills, and GED Preparation Classes. In the Navajo/Apache Region, the programs are offered through Northland Pioneer College. Adults can take these classes face-to-face or through a distance learning approach.

¹⁶ United States Department of Education. (n.d.). *Promoting Educational Excellence for all Americans, Questions and Answers on No Child Left Behind*. Retrieved from <http://www.ed.gov/>

¹⁷ U. S. Department of Health and Human Services, (2010). *Trends in the Well-being of America's Youth, 2000*. Washington DC: U.S. Department of Health and Human Services. Retrieved from <http://www.aspe.hhs.gov/hsp/00trends/EA1.pdf>

Educational Attainment of Population 25 Years and Over, 2000



Source: U.S. Census Bureau. (2000). *Summary File 3, Table P37*, Retrieved 2010 from <http://www.factfinder.census.gov/>.

The Early Childhood System

Early Care and Education

Over forty years of research has shown that children begin learning at birth and that all settings where they are cared for on a daily basis need to provide a quality environment that supports optimal growth and development.¹⁸ For these reasons, parents need options for their children to be cared for in quality early care and educational settings. Quality early care and education settings include: safe, healthy environments; highly educated teachers; classrooms and materials that stimulate children at different stages of learning; and low staff to child ratios so that kids get the attention and support they need. All of these can contribute to a child's development and have long term effects that extend into adolescence and adulthood.¹⁹

Child Care Access and Enrollment

Quality child care helps children develop social and cognitive skills in preparation for school and life success.²⁰ Child care, and in particular, subsidized care for low-income families, also provides critical support for working families. Child care choices include center-based facilities, family and child care homes and informal care by family (kin) and friends (kith).

There are 48 licensed, certified, or registered child care programs within the Navajo/Apache Region, with a combined approved capacity of about 1,635 children. These numbers include a new Early Head Start program in St. Johns and new home based Head Start services in Pinetop. The data do not include Magical Moments Child Care in St. Johns which closed on July 15, 2010, effectively eliminating 80 licensed child care slots from the region.

In efforts to address the shortage of child care options in the region, the Navajo/Apache First Things First Regional Partnership Council has allocated funding to research and advocate large employer-based child care settings for employees. One such example of an employer-based child care center is the White Mountain Regional Medical Center, which opened an after school and day care facility in 2008 for employees of the Medical Center.

Beyond the basic need that parents have for someone to watch their child when they are away, the quality of the child care is essential for the future success of the child. Quality First was started by First Things First in 2009 to increase the availability of quality early care and education in child care centers and homes so that children begin school safe, healthy, and ready to succeed. It is a voluntary quality improvement and rating system for programs serving children ages birth through five. The Navajo/Apache Region currently has five Quality First programs.

National accreditation agencies provide an additional measure of quality for child care programs. These programs are voluntary and child care centers and homes must apply for accreditation. In the Navajo/Apache Region, there are two programs accredited by the National Association of Child Care

¹⁸ Enterprise Community Partners, Inc. (2006). *The Importance of Early Care and Education*. Retrieved 2010 from <http://www.practitionerresources.org/cache/documents/639/63935.doc/>

¹⁹ Ibid.

²⁰ National Institute of Child Health and Human Development. (n.d.). *Link Between Child Care and Academic Achievement and Behavior Persists Into Adolescence*, Retrieved 2010 from <http://www.nichd.nih.gov/>

Professionals and two programs with National Association for the Education of Young Children accreditation.

Additionally, the Child Care Resource and Referral Network (CCR&R) is a resource for parents to find quality early care programs in their community. CCR&R maintains a list of child care providers who are licensed by the Department of Health Services, certified by the Department of Economic Security, or registered with the CCR&R. There are providers that are registered with the CCR&R that are not licensed or certified but do meet the minimum requirements of passing a Child Protective Services background check and receiving CPR and First Aid training. CCR&R helps to match children to programs that fit their needs based on age, personality, special needs, and location. Parents are also provided with a checklist to use when visiting possible child care providers.

Child Care Programs and Capacity, Navajo/Apache Region, 2010

	Number of Programs	Approved Capacity
ADHS Licensed Programs	36	1,587
Child Care Centers	21	1,161
Child Care Public Schools	9	366
Child Care Small Group Homes	6	60
ADES Certified Programs: Child Care Homes	11	44
Child Care Resource and Referral Registered Programs: Family Child Care Homes*	1	4
Total Programs	48	1,635
Accredited Programs	4	326
Quality First Programs	5 (3 Centers, 2 Homes)	NA

Source: Arizona Department of Health Services, *Division of Licensing Services, Child Care Centers and Small Groups Homes by Zip Code*, Retrieved April, 2010 from <http://www.azdhs.gov/als/databases/index.htm>. Child Care Resource and Referral Network, *Navajo/Apache CCR&R March 2010*, Received 2010 from First Things First. Northern Arizona Council of Governments Head Start, *Correspondence with Head Start Representative*, Received 2010. National Association for the Education of Young People, *Accredited Program Search*, Retrieved July 15, 2010 from <http://www.naeyc.org/accreditation/search>. National Association for Child Care Professionals, *National Accreditation Commission for Early Care and Education Programs*, Retrieved April 16, 2010 from <http://www.naccp.org/displaycommon.cfm?an=1&subarticlenbr=294>.

Note: Approved capacity includes slots for children ages birth through 12 years. Therefore, the capacity for children ages birth through five may be less than the values presented.

* Providers registered with Child Care Resource and Referral are not licensed or certified but do meet the minimum requirements of passing a Child Protective Services background check and receiving CPR and First Aid training.

Estimated Child Care Need, Navajo/Apache Region

	Number
Number of Children Ages Birth Through Five with Parents in Work Force ¹	2,380
Total Approved Capacity of Child Care Programs ²	1,635
Approximate Number of Child Care Slots in Need ³	745

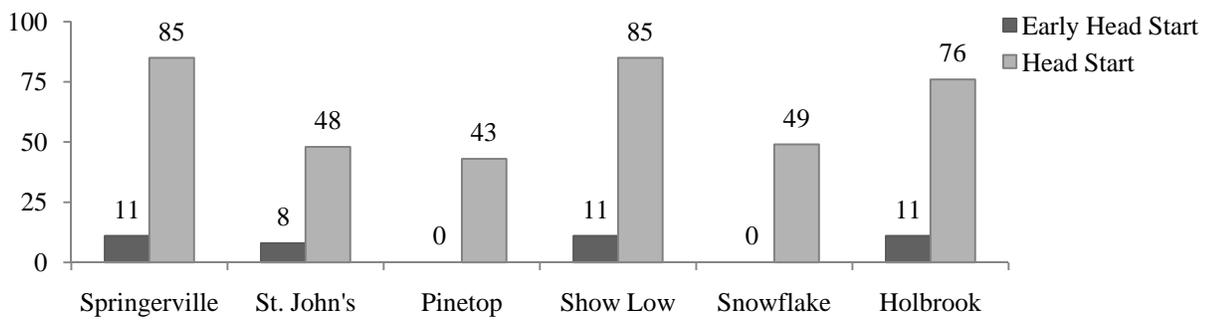
Source: Arizona Department of Health Services, *Division of Licensing Services, Child Care Centers and Small Groups Homes by Zip Code*, Retrieved April, 2010 from <http://www.azdhs.gov/als/databases/index.htm>. Child Care Resource and Referral Network, *Navajo/Apache CCR&R March 2010*. Received 2010 from First Things First. Northern Arizona Council of Governments Head Start, *Correspondence with Head Start Representative*, Received 2010. U.S. Census Bureau, *Census 2000, Summary File 3, Table P47*, Retrieved 2010 from <http://www.factfinder.census.gov/>.

¹ Includes children ages birth through five living with two parents who are both in the labor force, children ages birth through five living only with a father who is in the labor force, and children ages birth through five living only with a mother who is in the labor force. Data are from the 2000 Census. This value is an estimate of the actual number of children who need child care, as some children with all parents in the work force may have other sources of care.

² Total approved capacity for the Navajo/Apache Region includes slots for children ages birth through 12 years old.

³ The approximate number of slots needed is calculated by subtracting the total approved capacity from the number of children with all parents in the work force.

Head Start and Early Head Start Enrollment Slots, Navajo/Apache Region by Community, 2009/10



Source: Northern Arizona Council of Governments Head Start, *Correspondence with Head Start Representative*. (Unpublished Data).

Head Start Enrollment Demographics, Northern Arizona Council of Governments (Navajo, Apache, Coconino, Yavapai Counties)

	2006/07	2007/08	2008/09
Enrollment			
Funded Enrollment	1,585	1,585	1,585
Actual Enrollment	1,965	1,931	1,931
Age			
3 years old	15.5%	32.1%	10.4%
4 years old	45.4%	50.7%	45.2%
5 years and older	39.1%	17.2%	44.4%
Ethnicity			
Hispanic	43.9%	44.3%	40.3%
Eligibility			
Income Eligible	94.0%	91.0%	92.8%
Receipt of Public Assistance	3.4%	7.5%	5.2%
Foster Children	1.8%	1.1%	1.8%
Homeless	-	-	0.0%
Over Income	0.8%	0.4%	0.2%
Primary Language			
English	72.0%	70.0%	72.9%
Spanish	27.4%	29.9%	27.1%
Other Languages	0.6%	0.3%	0.0%

Source: Northern Arizona Council of Governments. (2007, 2008, 2009). *Head Start Program Information Reports*. (Unpublished Data).

Note: Data presented are for the Northern Arizona Council of Governments region, which includes Coconino, Yavapai, Navajo and Apache Counties.

Early Head Start Enrollment Demographics, Northern Arizona Council of Governments (Navajo, Apache, Coconino, Yavapai Counties)

	2006/07	2007/08	2008/09
Enrollment			
Funded Enrollment	124	124	124
Actual Enrollment	206	213	212
Age			
Less than 1 year old	17.2%	42.9%	74.3%
1 year old	28.8%	30.0%	24.3%
2 years old	28.3%	23.6%	1.5%
3 years old	25.8%	3.4%	0.0%
Ethnicity			
Hispanic	37.4%	38.5%	33.0%
Race			
American Indian/Alaska Native	13.1%	8.9%	8.0%
White	69.4%	71.4%	75.0%
Bi-Racial or Multi-Racial	17.0%	18.8%	15.6%
Other	0.5%	0.9%	1.4%
Eligibility			
Income Eligible	90.8%	90.6%	90.6%
Receipt of Public Assistance	4.9%	4.7%	3.8%
Foster Children	4.0%	4.2%	4.7%
Homeless	-	-	0.9%
Over Income	0.5%	0.5%	0.0%
Primary Language			
English	82.0%	83.1%	85.4%
Spanish	17.5%	16.9%	14.6%
Other Languages	0.5%	0.0%	0.0%

Source: Northern Arizona Council of Governments. (2007, 2008, 2009). *Early Head Start Program Information Reports*. (Unpublished Data).

Note: Data presented are for the Northern Arizona Council of Governments region, which includes Coconino, Yavapai, Navajo and Apache Counties.

Cost of Child Care

Across the country, the cost of child care has grown twice as fast as the median income of families with children since 2000.²¹ In Navajo, Apache, Coconino and Yavapai Counties, parents can pay upwards of \$30 per day for the care of infants. However, many families are benefiting from local child care programs and subsidies that significantly lessen these costs.

For those who qualify, Head Start child care is provided at no cost to parents. Low-income parents who are working, in job training, or in school can receive child care subsidies through the Child Care and Development Fund (CCDF). In Arizona for a single householder and two children, the income limit for receiving CCDF subsidies is \$27,390 and the age limit for children receiving services is 13 years old.²² The number of families in the Navajo/Apache Region who were eligible for and receiving CCDF child care subsidies in January of 2010 decreased from January of 2009, likely as a result of funding cuts to the program. There were 241 eligible families and 194 receiving subsidies in 2009. In 2010, there were only 126 eligible families and only 96 receiving subsidies. Similar to the trend for families, children eligible for and receiving subsidies decreased by about half from 350 in January of 2009 to 177 in January of 2010. In January of 2010, only 72% of children eligible for subsidies were receiving them, which was slightly less than statewide rates (77%).

Average Daily Cost of Child Care: Full-Time, Navajo, Apache, Coconino, and Yavapai Counties

Age of Child	2002	2004	2006	2008
Children Under One				
Centers	\$22.00	\$23.26	\$25.50	\$29.00
Approved Homes	\$18.00	\$20.00	\$20.00	\$24.00
Certified Group Homes	\$20.00	\$20.00	\$20.00	\$30.00
Unregulated Homes	\$20.00	\$27.50	\$25.00	\$25.00
1 and 2 Year Olds				
Centers	\$20.00	\$20.00	\$23.26	\$25.00
Approved Homes	\$17.00	\$20.00	\$20.00	\$21.00
Certified Group Homes	\$19.00	\$20.00	\$20.00	\$27.00
Unregulated Homes	\$20.00	\$27.50	\$25.00	\$20.00
3, 4, and 5 Year Olds				
Centers	\$19.50	\$18.00	\$22.00	\$23.00
Approved Homes	\$16.00	\$18.00	\$20.00	\$20.00
Certified Group Homes	\$19.00	\$20.00	\$20.00	\$26.10
Unregulated Homes	\$20.00	\$22.50	\$25.00	\$20.00

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

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

Note: Data presented are for the Arizona Department of Economic Security’s District 3, which includes Apache, Coconino, Navajo, and Yavapai Counties.

²¹ McSweeney, T. (January 29, 2010). Helping Middle Class Families with Soaring Child Care Costs. In the White House. Retrieved July 1, 2010, from www.thewhitehouse.gov/blog/2010/01/29/helping-middle-class-families-with-soaring-child-care-costs.

²² National Center for Children in Poverty. (n.d.). Arizona Child Care and Development Fund (CCDF) Subsidies. In NCCP. Retrieved June 30, 2010, from www.nccp.org/profiles/AZ_profile_14.html.

Average Daily Cost of Child Care: Part-Time, Navajo, Apache, Coconino, and Yavapai Counties

Age of Child	2002	2004	2006	2008
Children Under One				
Centers	\$15.00	\$18.00	\$18.00	\$20.00
Approved Homes	\$10.00	\$10.00	\$12.00	\$13.00
Certified Group Homes	\$15.00	\$16.00	\$16.00	\$25.00
Unregulated Homes	\$12.00	\$16.50	NA	NA
1 and 2 Year Olds				
Centers	\$14.00	\$15.00	\$15.45	\$18.50
Approved Homes	\$10.00	\$10.00	\$10.50	\$13.00
Certified Group Homes	\$15.00	\$14.00	\$16.00	\$25.00
Unregulated Homes	\$12.00	\$16.50	NA	NA
3, 4, and 5 Year Olds				
Centers	\$12.00	\$11.00	\$13.95	\$15.00
Approved Homes	\$10.00	\$10.00	\$10.00	\$12.00
Certified Group Homes	\$15.00	\$14.00	\$16.00	\$21.80
Unregulated Homes	\$12.00	\$16.50	NA	NA

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

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

Note: Data presented are for the Arizona Department of Economic Security's District 3, which includes Apache, Coconino, Navajo, and Yavapai Counties.

Families Eligible and Receiving Child Care Subsidies, Navajo/Apache Region

	January 2009	January 2010
Number of Families		
Number of Families Eligible for Subsidies: Navajo/Apache Region	241	126
Number of Families Receiving Subsidies: Navajo/Apache Region	194	96
Percent of Eligible Families Receiving Subsidies: Navajo/Apache Region	80.5%	76.2%
Percent of Eligible Families Receiving Subsidies: Arizona	81.3%	82.2%
Number of Children		
Number of Children Eligible for Subsidies: Navajo/Apache Region	350	177
Number of Children Receiving Subsidies: Navajo/Apache Region	264	128
Percent of Eligible Children Receiving Subsidies: Navajo/Apache Region	75.4%	72.3%
Percent of Eligible Children Receiving Subsidies: Arizona	76.4%	77.0%

Source: Department of Economic Security, *Child Care Subsidies*, Received 2010 from First Things First. (Unpublished Data).

Note: Navajo/Apache Region data are the combination of all zip codes in the region (see Methodology for list of zip codes).

Professional Development

The preparation and ongoing professional development of early child care professionals is closely linked to increased student learning and development.²³ Professional development options in the Navajo/Apache region are plentiful. Northland Pioneer College offers early childhood education (ECE) programs at its campuses in Snowflake/Taylor, Heber, St. Johns, Show Low, Holbrook, and Springerville/Eager. In addition, most of these programs are available through an on-site delivery approach in which all basic ECE classes are taken in the field where students are working with children. However, general education classes must be taken at one of the campuses. Many other colleges and universities offer an online Associate of Child Development certificate or offer ECE degree programs in which Navajo/Apache residents interested in the early child care field can enroll.

However, there are many barriers preventing early childhood educators from seeking further education in the area of child development. One such barrier is the cost of education. First Things First offers TEACH scholarships which help child care center teachers, directors and providers obtain their Early Childhood Associate's Degree or Child Development Associate (CDA) certificate by providing recipients with support for tuition, books, travel and paid release time. There are currently two professionals in the Navajo/Apache Region receiving TEACH scholarships. The Navajo/Apache Regional Partnership Council additionally provides Early Childhood Education (ECE)/Early Childhood Development (ECD) Professional Development scholarships to individuals in the Navajo/Apache Region. Individuals must be enrolled in at least six credits at an accredited college or university with an ECE or ECD degree plan with the intention to work in the region for two years upon degree completion. In 2010, five students received funding through this program, and an additional five new students have been approved to receive funding in 2011.

Additionally, there is a free Child Care Professional Training (CCPT) two-week (60 hours) course funded by the Arizona Department of Economic Security, Child Care Administration and designed to prepare individuals for employment in the child care and early education profession offered in the Navajo/Apache First Things First region. The training is provided by early childhood trainers from the Association for Supportive Child Care (ASCC) and the Arizona Child Care Association. There must be a minimum of five people registered for each CCPT session, and all participants may receive either 60 hours of training or three (3) college credits at no cost.

According to a survey by Northland Pioneer College, of Head Start directors and staff, 66% were interested in earning free childhood college credits for attending trainings. Respondents were most interested in trainings regarding learning environments and music & movement, creative media, and dramatic play, followed by basic child development, healthy environments, and safe environments. Lack of time and financial concerns were the biggest barriers in furthering their education.

Research has shown that teachers' wages play a significant role in program quality. Higher wages enable centers to hire better-qualified teachers, which can contribute to both lower turnover rates and more secure attachments between children and teachers.²⁴ Head Start programs in the Navajo/Apache Region are run by the Northern Arizona Council of Governments (NACOG). NACOG encompasses Navajo, Apache, Coconino, and Yavapai Counties. In the 2007/08 school year, in the NACOG region, the

²³ Bowman, B. T., Donovan, M. S., & Burns, M. S. (2000). *Eager to learn: Educating our preschoolers*. Washington DC: National Academy Press.

²⁴ Phillips, D., Mekos, D., Scarr, S., McCartney, K., & Abbott-Shim, M. (2000). Within and beyond the classroom door: Assessing quality in child care centers. *Early Childhood Research Quarterly*, 15(4), 475-496.

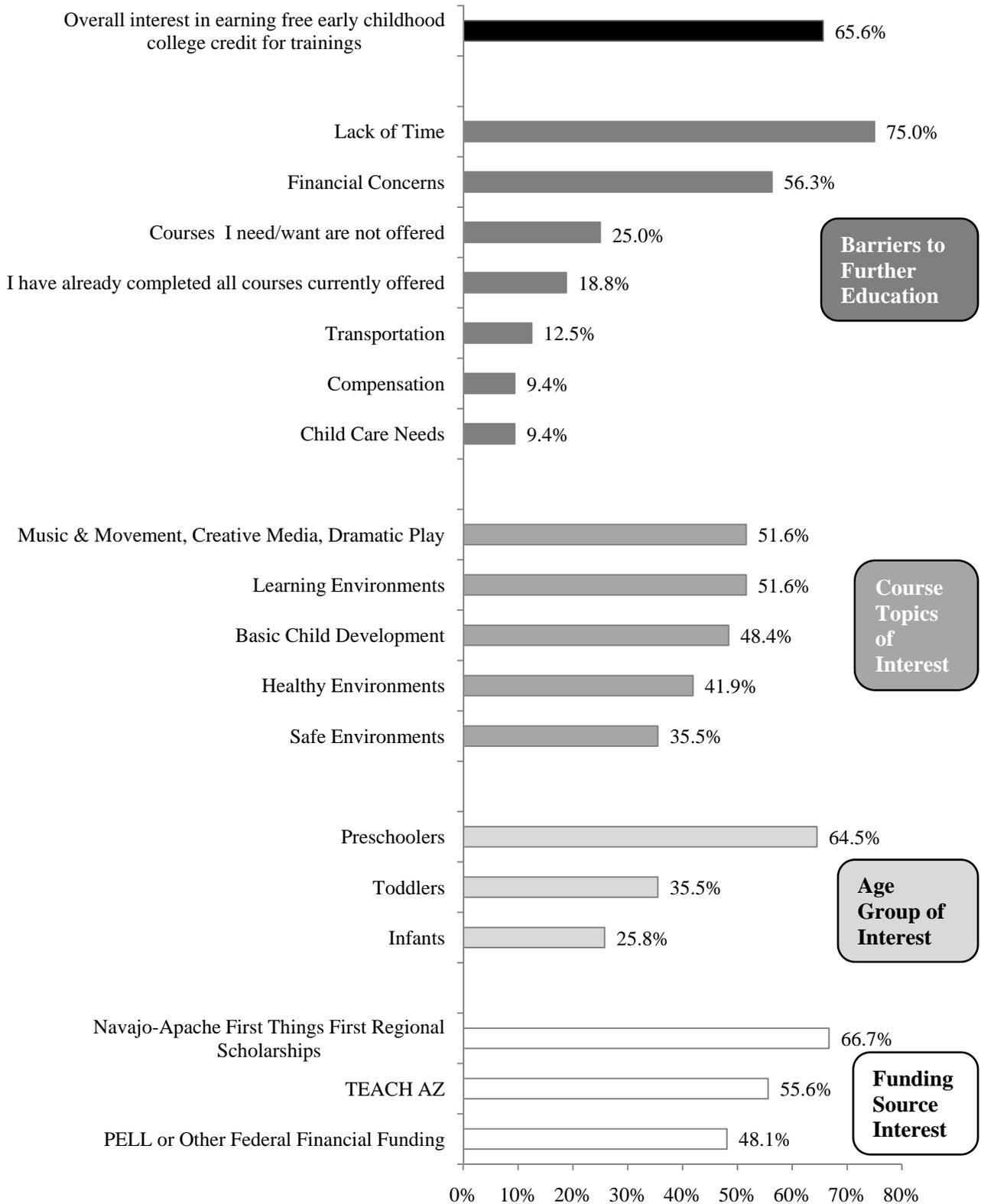
majority (57%) of Head Start teachers had an Associate's Degree, and 21% had a CDA. The remaining teachers had achieved a Bachelor's or graduate degree. The average salary in the 2007/08 school year for a Head Start teacher in the NACOG region was \$21,828 and the salary for an assistant teacher was \$14,864. Most parents (86%) who responded to the First Things First Family and Communities Survey in 2008 believed that frequent changes to child care providers had negative effects on infant development.

ECE Professional Development Programs, Navajo/Apache Region

College or Institution	Degree	Degree Name	Location
Arizona State University	M.Ed.	Curriculum and Instruction – Concentration in Early Childhood Education	Online
Childcare Education Institute	C.D.A. Certificate	Child Development Associate	Online
Grand Canyon University	B.S.	Elementary Education: Early Childhood Education	Online
	M.A.	Elementary Education	Online
Northern Arizona University	B.A.S.	Early Childhood Education	Online
Northland Pioneer College	A.A.S.	Early Childhood Development	Snowflake/Taylor, Winslow, Heber, Hopi, St. Johns, Show Low, Holbrook, Springerville/Eagar
	Certificate of Applied Science	Early Childhood Development	Snowflake/Taylor, Winslow, Heber, Hopi, St. Johns, Show Low, Holbrook, Springerville/Eagar
	Certificate of Applied Science	Early Childhood Special Needs	Snowflake/Taylor, Winslow, Heber, Hopi, St. Johns, Show Low, Holbrook, Springerville/Eagar
	Certificate of Proficiency	Early Childhood Development	Snowflake/Taylor, Winslow, Heber, Hopi, St. Johns, Show Low, Holbrook, Springerville/Eagar
	A.G.S.	Early Childhood Infant/Toddler	Snowflake/Taylor, Winslow, Heber, Hopi, St. Johns, Show Low, Holbrook, Springerville/Eagar
	A.G.S.	Early Childhood Preschool	Snowflake/Taylor, Winslow, Heber, Hopi, St. Johns, Show Low, Holbrook, Springerville/Eagar
	A.G.S.	Early Childhood Management	Snowflake/Taylor, Winslow, Heber, Hopi, St. Johns, Show Low, Holbrook, Springerville/Eagar
Prescott College	B.A.	Early Childhood Education	Online and Locally with one trip to Prescott, AZ
	B.A.	Early Childhood Special Education	Online and Locally with one trip to Prescott, AZ
Rio Salado College	Certificate	Early Childhood Education	Online
	A.A.S.	Early Childhood Education	Online
	A.A.S.	Early Learning and Development	Online
	A.A.S.	Early Childhood Administration and Management	Online
	A.T.P.	Early Childhood Teacher Education	Online
	A.A.S.	Family Life Education	Online
University of Phoenix	M.Ed.	Early Childhood Education	Online

Source: College or Institution website searches, 2010.

Northland Pioneer Community College Survey of Head Start Directors and Staff, 2010



Source: Northland Pioneer College. *Early Childhood Community Based Training Survey*. (Unpublished Data).

Level of Education of Head Start ECE Professionals, NACOG, 2007/08 School Year

ECE Professionals	Associate Degree	Baccalaureate Degree	Advanced Degree	CDA or State Equivalent	Total*
Classroom/Child Development Staff					
Teachers	45	15	2	17	79
Assistant Teachers	4	1	0	13	90
Home Visitors	3	3	2	4	15
Supervisory Child Development Staff					
Child Development Supervisors	13	8	2	2	25
Home Based Supervisors	5	7	0	4	13
Family and Community Partnerships Staff					
Family Workers	8	4	1	0	34
Family and Community Partnerships Supervisors	12	7	0	0	21

Source: Northern Arizona Council of Governments. (2008). *Head Start Program Information Reports*. (Unpublished Data).

Note: Associate, Bachelor’s, and Advanced Degrees are in Early Childhood Education or related fields.

Note: Data presented are for the Northern Arizona Council of Governments region, which includes Coconino, Yavapai, Navajo and Apache Counties.

* Total includes staff with and without a degree or credential.

Level of Education of Early Head Start ECE Professionals, NACOG, 2007/08 School Year

ECE Professionals	Associate Degree	Baccalaureate Degree	Advanced Degree	CDA or State Equivalent	Total*
Classroom/Child Development Staff					
Teachers	7	3	0	2	12
Assistant Teachers	0	0	0	0	6
Home Visitors	4	1	1	2	9
Supervisory Child Development Staff					
Child Development Supervisors	1	0	0	1	2
Home Based Supervisors	6	2	0	2	9
Family and Community Partnerships Staff					
Family Workers	5	1	0	0	16
Family and Community Partnerships Supervisors	6	2	0	0	9

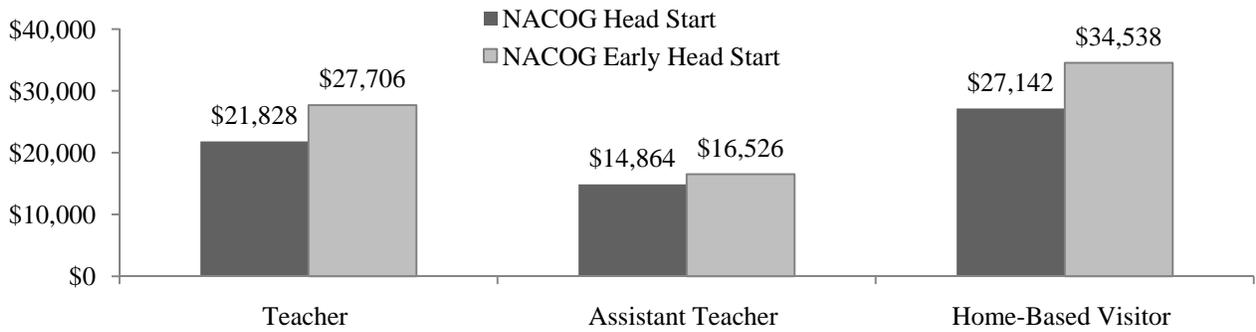
Source: Northern Arizona Council of Governments. (2008). *Early Head Start Program Information Reports*. (Unpublished Data).

Note: Associate, Bachelor’s, and Advanced Degrees are in Early Childhood Education or related fields.

Note: Data presented are for the Northern Arizona Council of Governments region, which includes Coconino, Yavapai, Navajo and Apache Counties.

* Total includes staff with and without a degree or credential.

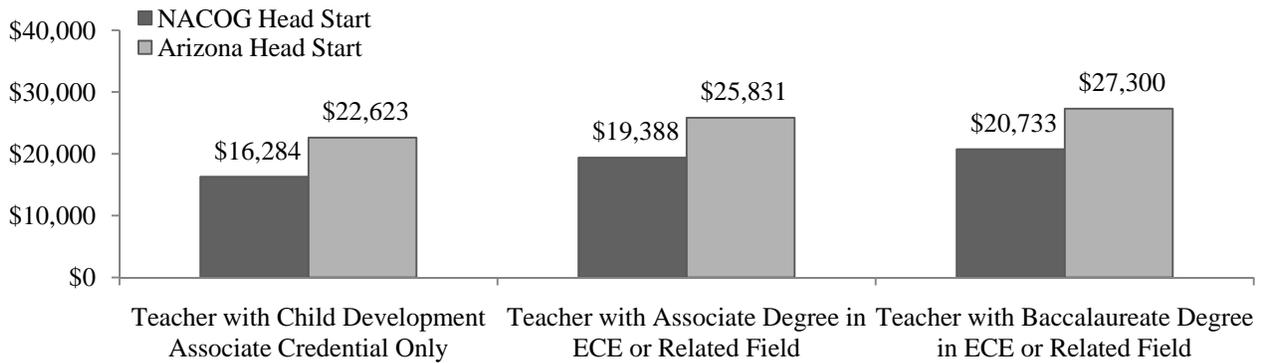
Average Salary of Head Start ECE Professionals, 2008/09 School year



Source: Northern Arizona Council of Governments. (2009). *Head Start Program Information Reports*. (Unpublished Data).

Note: Data presented are for the Northern Arizona Council of Governments region, which includes Coconino, Yavapai, Navajo and Apache Counties.

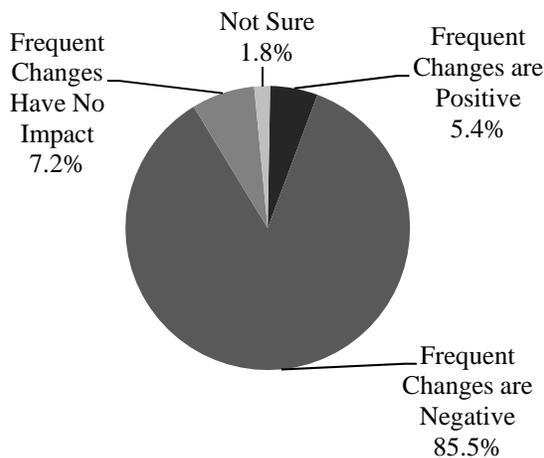
Average Salary of Head Start ECE Teachers by Level of Education, 2007/08 School Year



Source: Northern Arizona Council of Governments. (2008). *Head Start Program Information Reports*. (Unpublished Data).

Note: Data presented are for the Northern Arizona Council of Governments region, which includes Coconino, Yavapai, Navajo and Apache Counties.

Parent Perception of the Impact of Frequent Changes in Child Care Providers on Infant Development, Navajo/Apache Region, 2008



Source: Arizona First Things First. (2008). *Family and Community Survey*. (Unpublished Data).

Children with Disabilities

Supporting children and adults with disabilities helps make sure these individuals are not left behind in school, in employment, or in life. Early identification of children with special needs helps ensure these children get the support and opportunities they need to achieve success in school and in the community.²⁵ In 2007/08 and 2008/09, the Northern Arizona Council of Governments (NACOG) Head Start and Early Head Start screened more than 2,000 children for developmental disabilities. In the 2008/09 school year, 11% of children needed follow-up or further screenings.

The Navajo/Apache Region has a severe shortage of providers for children with disabilities. The Arizona Early Childhood Intervention Program (AzEIP) does not have a full team of therapists in Navajo County. Children in Navajo County needing special services must travel to Flagstaff in order to be seen. Further, many of the physical therapists who are in the Navajo/Apache Region are employed by school districts, limiting available services to children ages three and older. The Arizona Department of Health Services Licensing Department reports that there are only three audiologists in the Navajo/Apache Region; there are 27 speech language therapists in the region in 2010.

In the Navajo/Apache Region, 143 children received AzEIP services in 2009. One component of AzEIP services is the development of an Individualized Family Service Plan (IFSP) within 45 days of referral to AzEIP. In Navajo and Apache Counties, about 2% of all children ages birth to three had an IFSP in 2007/08. These levels were slightly less than the national percentage of children with an IFSP in 2007/08 of 2.5%.²⁶ Of all children referred to AzEIP in Navajo and Apache Counties, the percentage who had an IFSP developed within 45 days increased from 57% in 2005/06 to 98% in 2007/08. The percentage of children receiving services at home or in programs for typically developing children decreased in both counties between 2006/07 and 2007/08. More than 90% of families participating in AzEIP services reported that services had helped the family know their rights, helped the family effectively communicate their children's needs, and helped the family help their children develop and learn.

Additionally, 58 children ages birth through five received services from the Department of Developmental Disabilities (DDD) in 2009. Only children who are considered at risk for epilepsy, cerebral palsy, cognitive disability, or autism qualify for DDD services.

When children turn three years old, the local school districts assume responsibility for services for children with disabilities. For the 2009/10 school year, for the school districts in the Navajo/Apache Region that provided data, there were approximately 1,698 children of all grade levels with special needs; 173 of the children were in preschool. Speech and language impairment was the most common type of disability among preschool children.

²⁵ Steele, M.M. (2004). Making the Case for Early Identification and Intervention for Young Children at Risk for Learning Disabilities, *Early Childhood Education Journal*, Vol. 32, 2, 75-79.

²⁶ State of Wisconsin Department of Health Services. (FFY 2007). Annual Performance Report IDEA Part C. Retrieved from <http://www.dhs.wisconsin.gov/bdds/birthto3/reports/aprffy2007rev200901.pdf>

Head Start Developmental Screenings, NACOG

	2007/08	2008/9
Head Start		
Number of Children Screened	1,910	1,854
Number of Screened Children Needing Follow-up or Formal Evaluation	332	206
Percent of Screened Children Needing Follow-Up or Formal Evaluation	17.4%	11.1%
Early Head Start		
Number of Children Screened	203	200
Number of Screened Children Needing Follow-up or Formal Evaluation	25	18
Percent of Screened Children Needing Follow-Up or Formal Evaluation	12.3%	9.0%

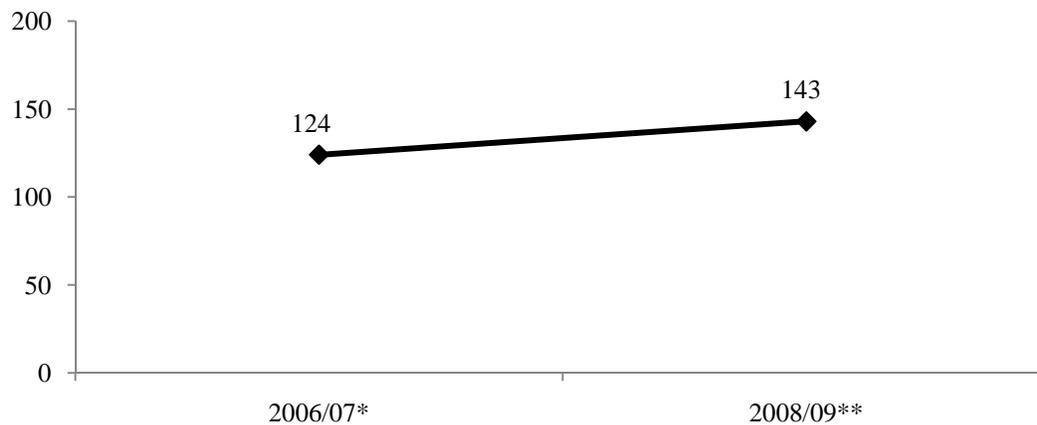
Source: Head Start Program Information Report (2007-2008). Profile Report – Grant level Summary (Unpublished Data).

Speech Language and Hearing Service Providers, Navajo/Apache Region, 2010

Type of Provider	Number of Providers
Audiologists	3
Speech Language Assistant	1
Speech Language Pathology	17
Speech Language Pathology Limited	9

Source: Arizona Department of Health Services. (2010). *Division of Licensing Services, Provider Databases*. Data pulled on May 2010 Database from (Unpublished data).

Children Receiving Arizona Early Intervention Program (AzEIP) Services, Navajo/Apache Region



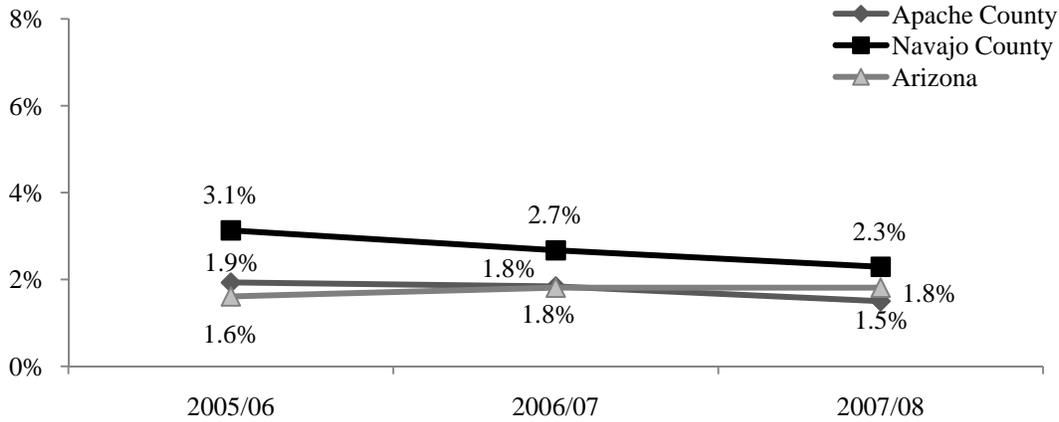
Source: Arizona Department of Economic Security (2007, 2009). DES Multidata pulled on May 4, 2010 Database from (Unpublished Data).

Note: Navajo/Apache Region data are the combination of all zip codes in the region (see Methodology for list of zip codes).

* 2007 data are cases serviced between 07/01/2006 and 06/30/2007.

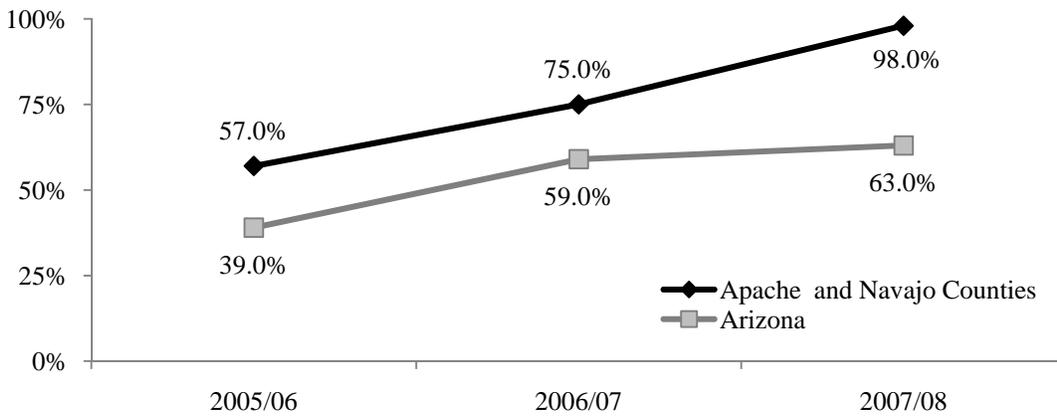
** 2009 data are cases serviced between 07/01/2008 and 06/30/2009.

Infants Ages Birth to Three with an Individualized Family Service Plan (IFSP)



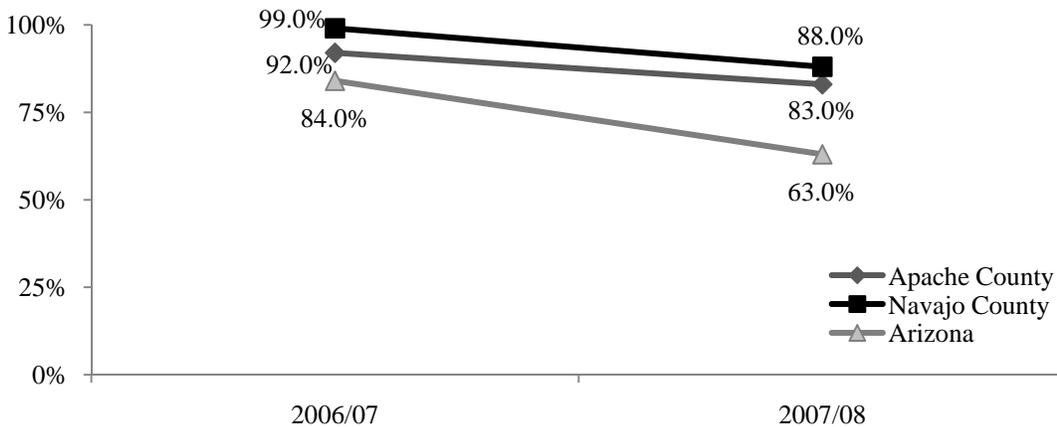
Source: Arizona Department of Economic Security (n.d.). *Early Intervention Program Reports*, Retrieved 2010 from <https://www.azdes.gov/appreports.aspx>

Infants and Toddlers with IFSPs who Received an Evaluation Assessment and IFSP Within 45 Days of Referral



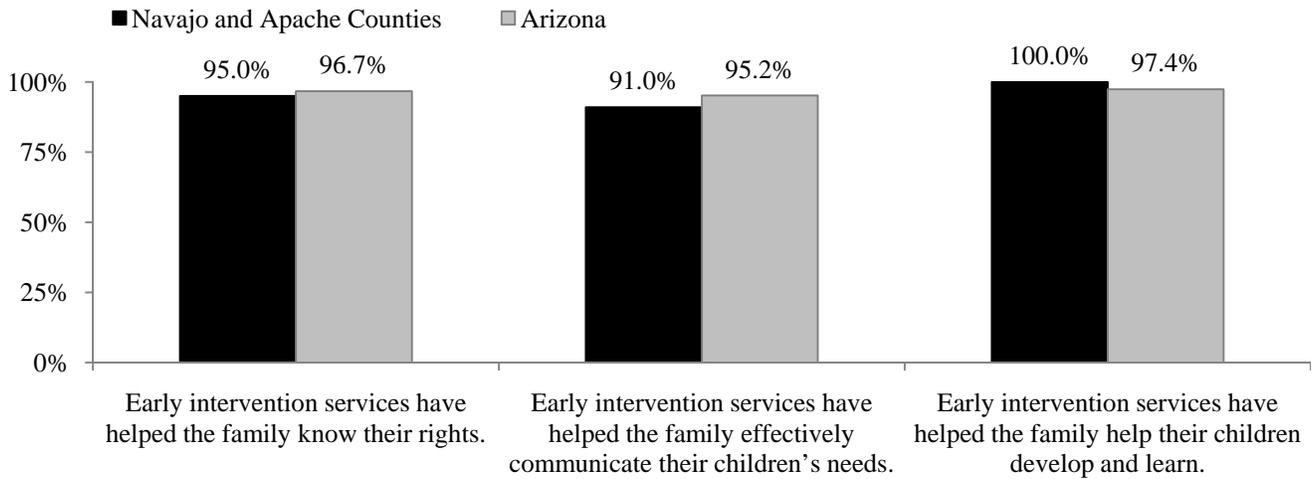
Source: Arizona Department of Economic Security (n.d.). *Early Intervention Program Reports*, Retrieved 2010 from <https://www.azdes.gov/appreports.aspx>

Infants and Toddlers with IFSPs who Primarily Receive Early Intervention Services in the Home or in Programs for Typically Developing Children



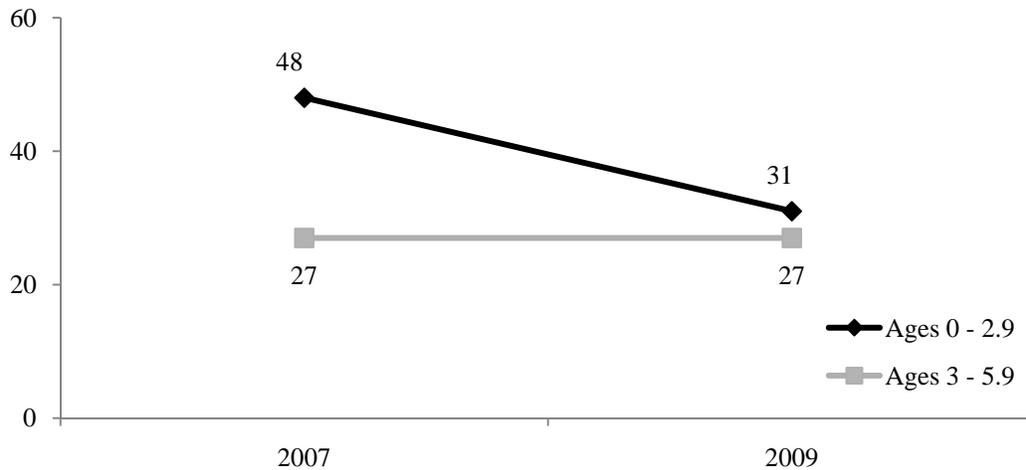
Source: Arizona Department of Economic Security (n.d.). *Early Intervention Program Reports*, Retrieved 2010 from <https://www.azdes.gov/appreports.aspx>

Perceptions of Families Participating in Early Intervention Services, 2007/08



Source: Arizona Department of Economic Security. (n.d.). *Early Intervention Program Reports*, Retrieved 2010 from <https://www.azdes.gov/appreports.aspx>

Children Receiving Division of Developmental Disabilities (DDD) Services, Navajo/Apache Region



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

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

Note: Navajo/Apache Region data are the combination of all zip codes in the region (see Methodology for list of zip codes).

Preschool Enrollment by Disability, Navajo/Apache Region School Districts

School District	Developmentally Delayed	Hearing Impaired	Preschool Severe Delay	Speech Language Impaired	Visually Impaired	Preschool Disability Total	District Disability Total
Alpine Elementary	NA	NA	NA	NA	NA	NA	NA
Blue Ridge	12	0	2	14	2	38	332
Concho Elementary	7	0	1	0	0	8	51
Heber-Overgaard	1	0	1	13	0	15	70
Holbrook Unified	6	0	11	8	1	26	242
Joseph City Unified	0	0	8	6	0	14	94
Round Valley Unified	NA	NA	NA	NA	NA	NA	NA
Sanders Unified	4	1	4	3	0	12	190
Show Low	3	1	3	10	3	20	283
Snowflake/ Taylor Unified	16	0	5	17	0	38	403
St. Johns Unified	NA	NA	NA	NA	NA	NA	NA
Vernon Unified	2	0	0	0	0	2	33

Source: Navajo/Apache Region School Districts, *Personal Communication with District Representatives*, Received 2010

Note: School districts that did not provide data are marked as "not available" (NA).

Supporting Families

Parents are their children's first teachers and all parents can benefit from networking with other parents, sharing ideas with them, and hearing from experts about a range of topics such as child development, nutrition needs, positive discipline, managing a crying baby, and building a child's self-esteem.

The Navajo and Apache communities provide supports for parents and families to assist with the growth and development of children. Arizona First Things First provides Parent Kits to new parents in hospitals that include a parent guide, an infant board book, and DVDs covering six parenting topics. Beginning in September 2010, these kits will also be available at local libraries. To augment this service, the Navajo/Apache Regional Partnership Council has expanded a home visiting program to help support parents with their infants. The program was conducted through Northland Therapy Services, Inc. and served 30 newborns per month during the 2010 fiscal year.

The Birth to Five Helpline is another resource open to all families with young children looking for the latest child development information from experts in the field. Professionals may also take advantage of this free service. Staffed by early childhood development specialists, registered nurses, disabilities specialists, early literacy specialists, and mental health counselors, the Helpline provides a toll-free number (1-877-705-KIDS) for all Arizona families with young children, and parents-to-be, to call with questions or concerns about their infants, toddlers and preschoolers; access to the Fussy Baby Program

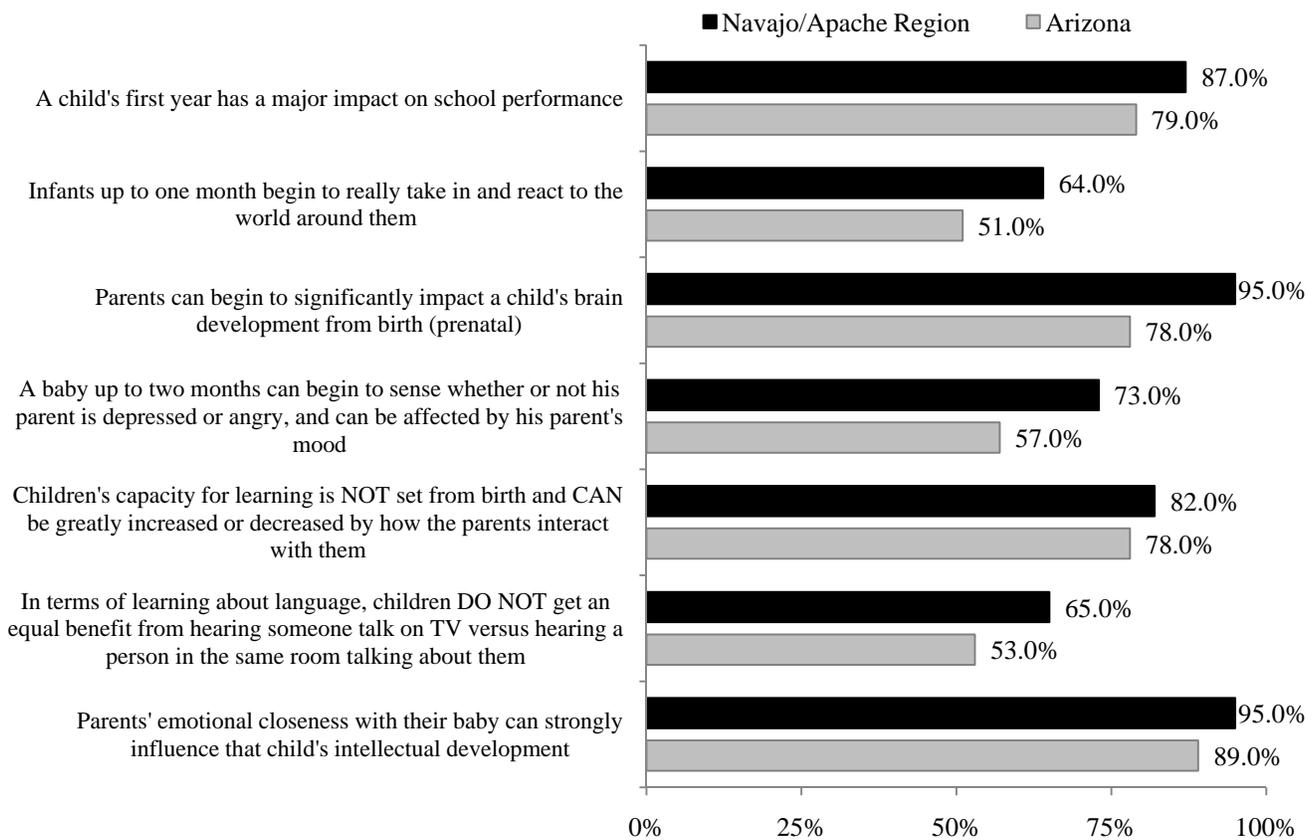
for parents struggling with issues and challenges associated with hard to soothe infants; individualized child development information; and home visitation services for the highest risk families.

Parent Knowledge of Child Development

Parents provide the emotional and physical support that children need to succeed in school and life. Having a basic understanding of child development allows parents to provide the right kind of support at the right time.²⁷

First Things First conducted a survey in 2008 among family and community members in Arizona. Respondents were asked questions about their knowledge of child development. Parents in the Navajo/Apache Region seemed to have a better understanding of their child’s cognitive development than Arizona parents as a whole. Almost all of respondents (95%) believed that parents can begin to significantly impact a child’s brain development from birth compared to 78% of Arizona respondents. Navajo/Apache parents had less of an understanding of the social and emotional development of children. Only 43% of respondents understood that a 15-month old baby is too young to be expected to share their toys compared to 60% of Arizona respondents.

Parent Understanding of Child’s Cognitive Development

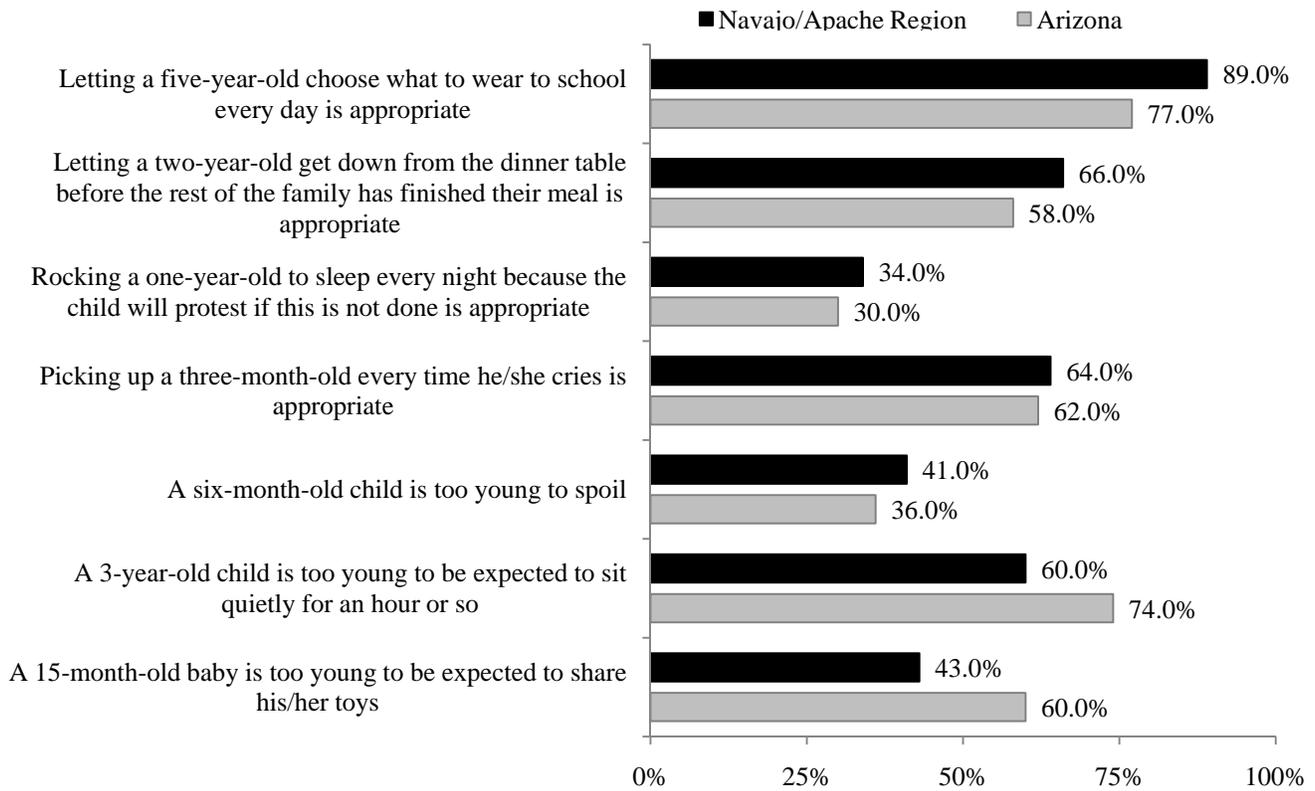


Source: Arizona First Things First. (2008). *Family and Community Survey*, (Unpublished Data.).

Note: Responses shown are the percent of parents who accurately identified that the given statement was true or appropriate.

²⁷The Child Development Institute. (n.d.). Home Page. In *Child Development Institute*. Retrieved <http://www.childdevelopmentinfo.com>

Parent Understanding of Child’s Social and Emotional Development



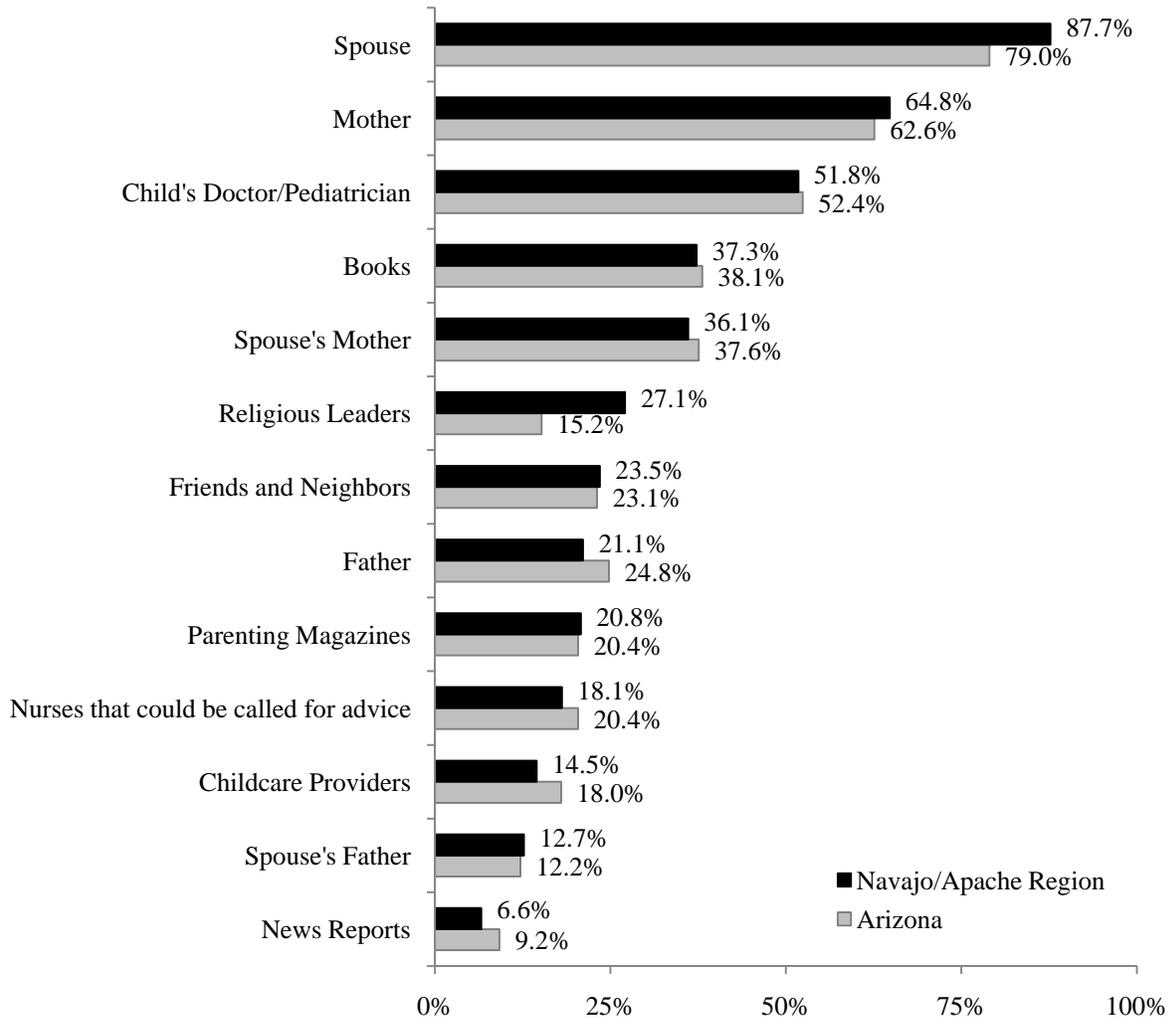
Source: First Things First (2009, March). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination*. Report presented at the meeting of First Things First – Arizona Early Child Development and Health Board, Phoenix, AZ.

Note: Responses shown are the percent of parents who accurately identified that the given statement was true or appropriate.

Family and Community Supports

Community ties with friends and relatives are a principal means by which people and households get supportive resources. Different social ties provide different kinds of support. According to the 2008 First Things First Families and Communities Survey, parents in the Navajo/Apache Region primarily rely on the support of a spouse, their own mother, and their child’s pediatrician for support and advice. Around 37% of respondents in the Navajo/Apache Region found support in books and 21% used parenting magazines. Less than 20% of respondents in the region and in Arizona as a whole relied on the support of child care providers.

Parents who Report that They “Frequently” Rely on Family and Community Members, 2008



Source: First Things First (2009, March). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination*. Report presented at the meeting of First Things First – Arizona Early Child Development and Health Board, Phoenix, AZ.

Family Literacy

One important component of parenting knowledge is understanding the importance of reading to and with children from an early age. When families read to their infants and preschool children, children learn crucial skills such as how to recognize letters, words, and sounds. Young children who have these early literacy skills are more successful later in school.²⁸

While there are limited data documenting the frequency that Navajo/Apache parents read or show picture books to their children, there are several programs in the region that promote family literacy. Public libraries are the primary source of family literacy programs. Apache County has seven library branches in Alpine, Concho, Greer, Round Valley, Sanders, St. Johns, and Vernon. Many of the branches offer summer reading programs and weekly story times. In Navajo County, there are library

²⁸ Levy, B. A., Gong, Z., Hessels, S., Evans, M. A., & Jared, D. (2006). Understanding print: Early reading development and the contributions of home literacy experiences. *Journal of Experimental Child Psychology*, 93(1), 63-93.

branches in the communities of Holbrook, Woodruff, Clay Springs, Heber, Snowflake-Taylor, Show Low, and Pinetop-Lakeside. Each library offers Dial-a-Story, weekly story times, and summer reading programs. The Forest Lakes Community Library, operated by the Coconino County Public Library, holds summer reading programs and other summer youth activities.

The national Reach Out and Read program also promotes early literacy and school readiness by giving new books to children and educating parents about the importance of reading to children. The program partners with doctors to use the pediatric medical setting as the primary point of contact with children and families. In the Navajo/Apache Region, the Reach Out and Read program is offered at the North County HealthCare Round Valley Clinic, the Nahat'a Dzii Health Center in Sanders, the North Country HealthCare St. John's Clinic, the North Country Community Health Clinic in Holbrook, Pediatrics in the Pines in Show Low, Robin's Nest Pediatrics in Lakeside, White Mountain Pediatrics in Lakeside, and Your Family Practice Team in Show Low. The Navajo/Apache Regional Partnership Council has partnered with Reach Out and Read to expand the capacity of early language and literacy programs in the region. In the 2010 fiscal year, 4,000 children were served.

In addition, all of the NACOG Head Start Centers participate in Reading is Fundamental (RIF), one of the nation's largest children's literacy organizations, each year. Each enrolled child in the Head Start program receives three new books a year through the Books for Ownership service (formerly known as the National Book Program) which motivates children, families, and community members to read together through the principles of book ownership, motivational activities, and family involvement in children's reading.

Child Abuse

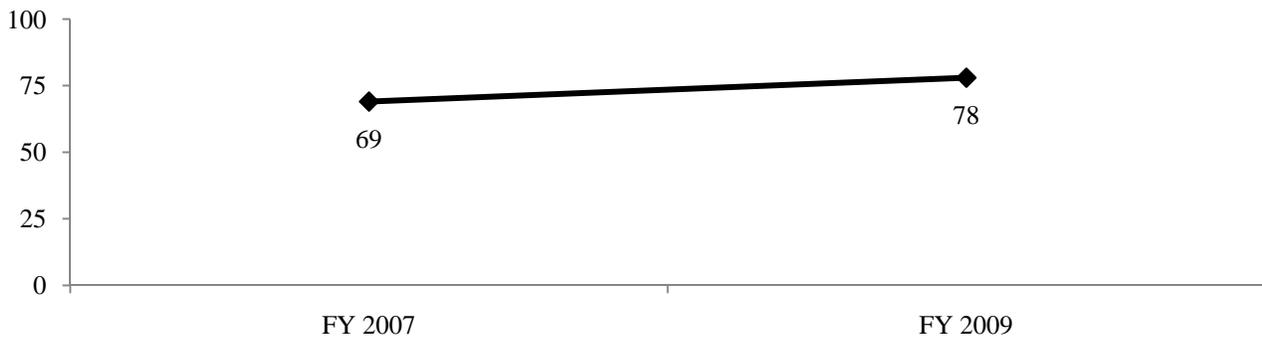
Child abuse and neglect is found in families across the social and economic spectrum. Social isolation, financial stress, poverty, substance abuse, and domestic violence are all factors that can lead to adults abusing children.²⁹ Children who are victims of abuse or neglect experience higher rates of suicide, depression, substance abuse, difficulties in school, and other behavioral problems later in life, including a greater risk of mistreating their own children.³⁰ It is therefore essential that communities work to reduce the incidence of child abuse and neglect so as to end this cycle of abuse.

In the Navajo/Apache Region, the number of children removed from home by Child Protective Services (CPS) increased slightly from 69 to 78 between 2007 and 2009. The number of substantiated cases of child abuse and neglect in the two counties remained steady during the same time period. Neglect continues to be the primary type of substantiated child abuse in Navajo and Apache Counties.

²⁹ Child Welfare Information Gateway. (2004, February). *Risk and protective factors for child abuse and neglect*. Retrieved from <http://www.childwelfare.gov/preventing/pdfs/riskprotectivefactors.pdf>

³⁰ Kolbo, J. R. (1996). Risk and resilience among children exposed to family violence *Violence & Victims, 11*, 113-128; and Child abuse: The hidden bruises. (2008, May). American Academy of Child and Adolescent Psychiatry. Retrieved from http://www.aacap.org/cs/root/facts_for_families/child_abuse_the_hidden_bruises

Children Removed from Home by Child Protective Services (CPS), Navajo/Apache Region



Source: Department of Economic Security (2007, 2009) *Child Protective Services*, (Unpublished Data).
 Note: Navajo/Apache Region data are the combination of all zip codes in the region (see Methodology for list of zip codes).

Substantiated Cases of Child Abuse/Neglect, Navajo and Apache Counties

Type of Maltreatment	FY 2006	FY 2007	FY 2008	FY 2009
Emotional Abuse	0	1	1	0
Neglect	41	27	27	33
Physical Abuse	16	11	10	7
Sexual Abuse	6	4	3	3
Total	63	43	41	43

Source: Department of Economic Security (2006-2009). *Child Welfare Reporting Requirements Semi-Annual Reports*. Retrieved June 2010 from <https://www.azdes.gov/>

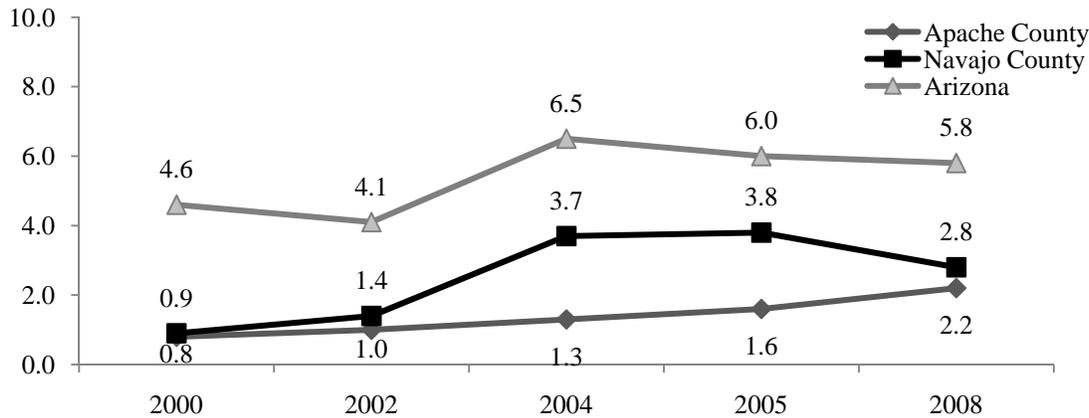
Foster Care

Children who are victims of child abuse or neglect may be placed in foster care by the court. Foster care is care for children ages birth through 17 who are removed from their parents’ or guardians’ home and placed in a different setting such as a family foster care home, relatives’ home, group residential home, or an institutional care facility. It is generally held that the child’s best interests are served by being with their parents, and there is often an effort to address the issues at home so as to reunite the family.³¹

The rate of children in out-of-home care in Navajo and Apache Counties increased between 2000 and 2008, but remained consistently lower than Arizona.

³¹ Department of Health and Human Services, Administration for Children and Families, *Family Preservation Services*, Retrieved 2010 from <http://www.childwelfare.gov/supporting/preservation/>

Children in Out-of-Home Care (Rate per 1,000 Children)



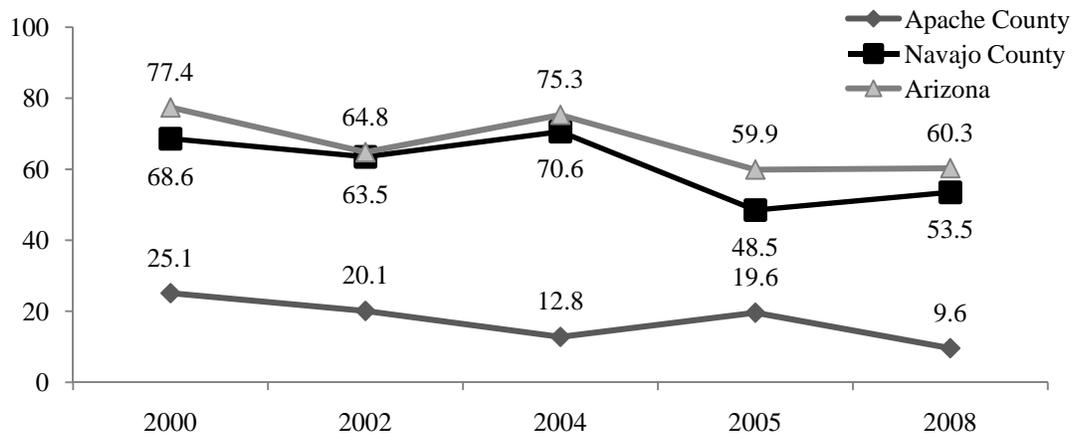
Source: Kids Count Data Center. (n.d). *State Profile*, Retrieved 2010 from <http://datacenter.kidscount.org/>
 Note: Rate per 1,000 children. Data represent the number of children in substitute care arrangements on June 30 of the specified year. Substitute care arrangements can include shelters, homes with foster parents or relatives, group homes, residential treatment centers, and other locations.

Juvenile Justice

Juvenile crime is one of the most salient indicators of community safety, as it is associated with histories of abuse or neglect, substance abuse, mental health problems, family disorganization, peer pressure, and gang activity.³² To reduce juvenile crime, it is important that the community promote youth assets and positive attitudes by providing opportunities for education, mentoring, employment, and leadership.

Navajo County, Apache County, and Arizona have all seen a decrease in the rate of juvenile arrests between 2000 and 2008. Apache County had the lowest rate of juvenile arrests, with 10 arrests per 1,000 youth ages 8 through 17 in 2008, compared to 54 in Navajo County and 60 in Arizona. The arrest rate for violent crimes stayed relatively constant in all three areas between 2000 and 2008, and both Apache and Navajo Counties had a lower juvenile arrest rate for drug crimes compared to Arizona in 2008.

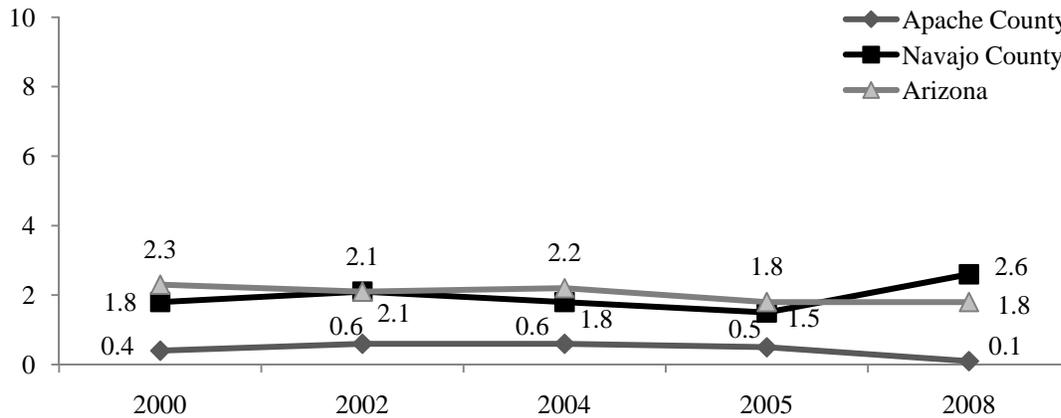
Juvenile Arrests Ages 8 Through 17 (Rate per 1,000 Youth)



Source: Kids Count Data Center. (n.d). *State Profile*, Retrieved 2010 from <http://datacenter.kidscount.org/>
 Note: Rate per 1,000 youth ages 8 through 17.

³² Noguera, P. (1995). Reducing and Preventing Youth Violence: An Analysis of Causes and an Assessment of Successful Programs, *Harvard Education Review*

Juvenile Arrests for Violent Crimes Ages 8 Through 17 (Rate per 1,000 Youth)



Source: Kids Count Data Center. (2000-2008). *State Profile*. Retrieved 2010 from <http://datacenter.kidscount.org/>
 Note: Rate per 1,000 youth ages 8 through 17.

Juvenile Arrests for Drug Crimes Ages 8 Through 17, 2008

	Apache County	Navajo County	Arizona
Number of Arrests for Drug Crimes	17	85	5,440
Rate per 1,000 of Arrests for Drug Crimes	1.5	4.8	6.0

Source: Kids Count Data Center. (2008). *State Profile*. Retrieved 2010 from <http://datacenter.kidscount.org/>

Children of Incarcerated Parents

Arizona had the highest rate of incarceration nationally. There were an estimated 95,669 minor children in Arizona affected by parental incarceration 2007, and an additional 80,398 children have at least one parent on probation. Overall, it was estimated that on any given day, 176,067 children have a parent involved in the Arizona criminal justice system.³³ In Navajo and Apache Counties, it was estimated in 2007 that more than 900 children had a parent in a county jail and more than 22% of those children were under age four.

Children of incarcerated parents are more likely to experience poverty and household instability. They are more likely to witness drug and alcohol abuse and domestic violence and they are more likely to exhibit higher levels of emotional and behavioral problems than children whose caregivers had never been arrested.³⁴

³³ Prima Prevention Partnership. (2007, December). *Arizona Children of Incarcerated Parents* Arizona: Bill of Rights Project. Retrieved 2010 from http://thepartnership.us/newsite/pdfs/Final_report.pdf

³⁴ Nickel, J. Garland, C., and Kane, L. (2009). *Children of Incarcerated Parents: An Action Plan for Federal Policymakers* (New York: Council of State Governments Justice Center, 2009). Retrieved June 29, 2010 from http://www.thecrimereport.org/wp-content/uploads/2009/10/Children_Incarcerated_Parents_v8.pdf

Estimated Daily Number of Children of Arrested and Incarcerated Parents

Arrests by Facility	Number of Minor Children*	Number of Children Under the Age of 4
Correctional System		
Apache County Jail	204	45
Navajo County Jail	712	157
Federal Prison System in Arizona	5,681	1,250
Arizona State Prison	63,050	13,871
Arizona Correctional System Total	95,669	21,047
Probation Department		
Apache County Probation	827	182
Navajo County Probation	1,756	386
Federal Probation	8,500	1,870
Arizona State Probation Total	80,398	17,688

Source: The Pima Prevention Partnership, *Arizona Children of Incarcerated Parents Report*, Retrieved 2010 from http://thepartnership.us/newsite/pdfs/Final_report.pdf.

* On average, every inmate in Arizona has 1.7 minor children less than 18 years.

Health

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

The health status of children and families in the Navajo/Apache Region is maintained through efforts by Navajo County Public Health Services, Apache County Public Health Services District, Summit Regional Medical Center in Show Low, White Mountain Regional Medical Center in Springerville, North Country HealthCare, and many other health organizations and health professionals.

North Country HealthCare is a comprehensive source of primary care for low income and uninsured residents of Northern Arizona. It is the only publicly supported community health center in the area. Outpatient centers are located in Showlow, Hollbrook, Springerville, and St. Johns. Services provided include preventive health care, dental care, family medicine, pediatrics, and more. Patients are charged on a sliding fee scale determined by income and family size.

Prenatal Care

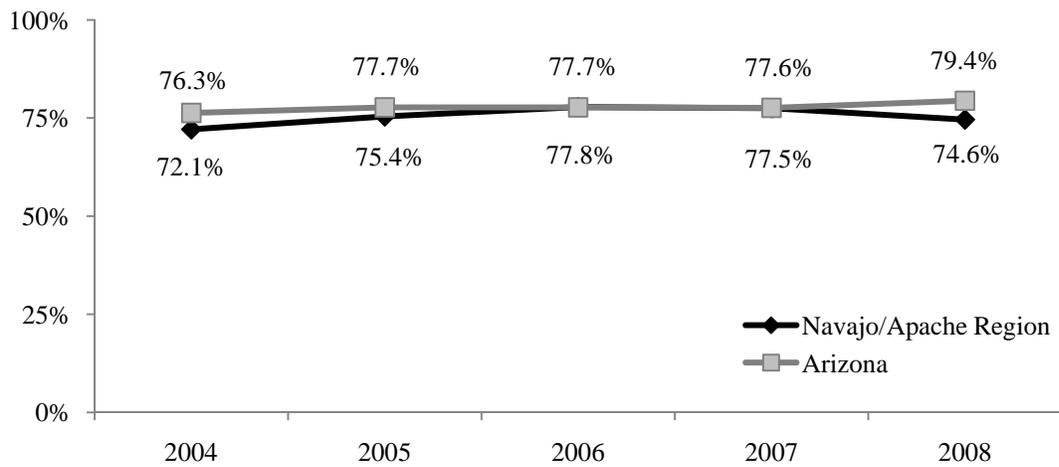
Prenatal care is comprehensive medical care for pregnant women, including screening and treatment for medical conditions and identification and interventions for maternal behavioral risk factors like tobacco, alcohol, and substance abuse that are associated with poor birth outcomes. Women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies. Babies born to mothers who receive no prenatal care are three times more likely to be born at low birth weight, and five times more likely to die, than those whose mothers receive prenatal

care.³⁵ Lack of prenatal care is often associated with lack of health insurance and other barriers to health care, including communication difficulties, lack of child care, and transportation obstacles.³⁶

It is essential for women to receive prenatal care early in their pregnancy (first trimester) and to have regular prenatal visits throughout the pregnancy (nine or more visits). Timely and regular visits allow for the identification of medical problems, provide pregnancy and delivery education and service referrals, and reduce maternal deaths.³⁷

Most women in the Navajo/Apache Region received prenatal care early in their pregnancy. Between 2004 and 2008, more than 70% of pregnant women began prenatal care in the first trimester, similar to the percentage of women in Arizona as a whole. However, both the region and Arizona percentages fell below the Healthy People 2010 target of 90% of pregnant women receiving prenatal care in the first trimester.³⁸ In 2008, only 1% of women did not receive any prenatal care during pregnancy in the Navajo/Apache Region.

Women Who Began Prenatal Care in First Trimester of Pregnancy



Source: Arizona Department of Health Services. (2010). *Health Status and Vital Statistics*, Retrieved 2010 from <http://www.azdhs.gov/plan/index.htm>.
 Note: Percentage of total births.

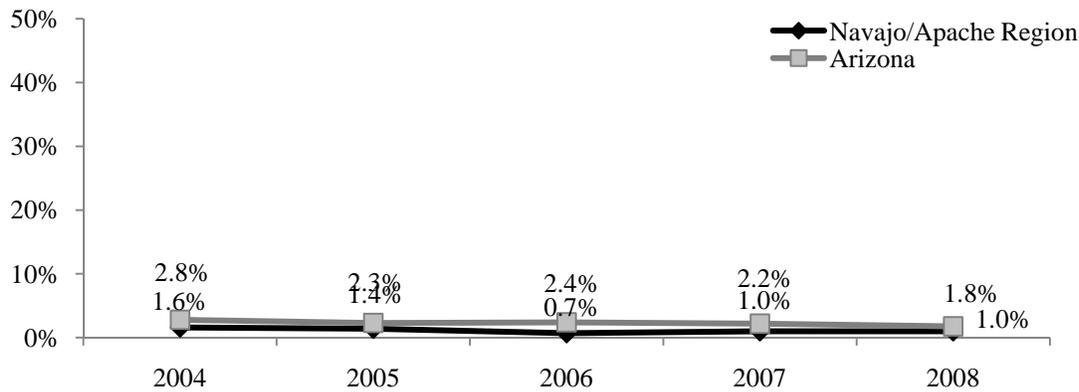
³⁵ U.S. Department of Health Services, Maternal and Child Health Bureau (n.d.) *A Healthy start: Begin before baby's born*. Retrieved June 28, 2010 from <http://www.mchb.hrsa.gov/programs/womeninfants/prenatal.htm>

³⁶ American Congress of Obstetricians and Gynecologists. (2010). *Universal maternity care*. Retrieved June 23, 2010 from http://www.acog.org/acog_districts/dist_notice.cfm?recno=1&bulletin=2893

³⁷ Kotelchuck, M. (1994). An Evaluation of the Kessner Adequacy of Prenatal Care Index and a Proposed Adequacy of Prenatal Care Utilization Index. *American Journal of Public Health*, Vol. 84, No. 9, 1414-1420. Retrieved June 23, 2010 from <http://ajph.aphapublications.org/cgi/reprint/84/9/1414.pdf>

³⁸ The Healthy Communities Institute. (2010). *Mothers who Received Early Prenatal Care*, Retrieved June 2010 from <http://www.arizonahealthmatters.org/>

Women Who Received No Prenatal Care During Pregnancy



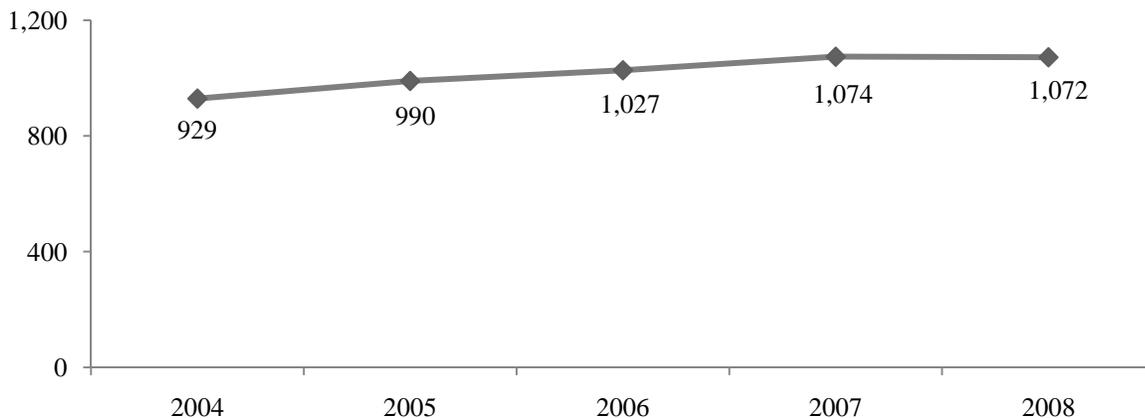
Source: Arizona Department of Health Services. (2010). *Health Status and Vital Statistics*, Retrieved 2010 from <http://www.azdhs.gov/plan/index.htm>.
 Note: Percentage of total births.

Birth Characteristics

There are many factors surrounding a child’s birth that are related to infant and child survival, health, and development. Low birth weight in particular is a risk factor for developmental delays, visual and hearing defects, chronic respiratory problems, autism, and learning difficulties.³⁹ Low birth weights are commonly associated with pre-term births which also increase the risk of serious lasting disabilities like cerebral palsy and increased infant mortality.⁴⁰

In the Navajo/Apache Region, the number of births per year increased from 929 in 2004 to 1,072 births in 2008. Between 7% and 9% of babies were born with a low birth weight in the region which is slightly higher than the Healthy People 2010 target of no more than 5% of babies born at low birth weight.⁴¹ Approximately 10% of babies in Navajo and Apache Counties were born pre-term. Both the rates of low birth weight and pre-term births were similar to the rates in Arizona.

Total Births, Navajo/Apache Region



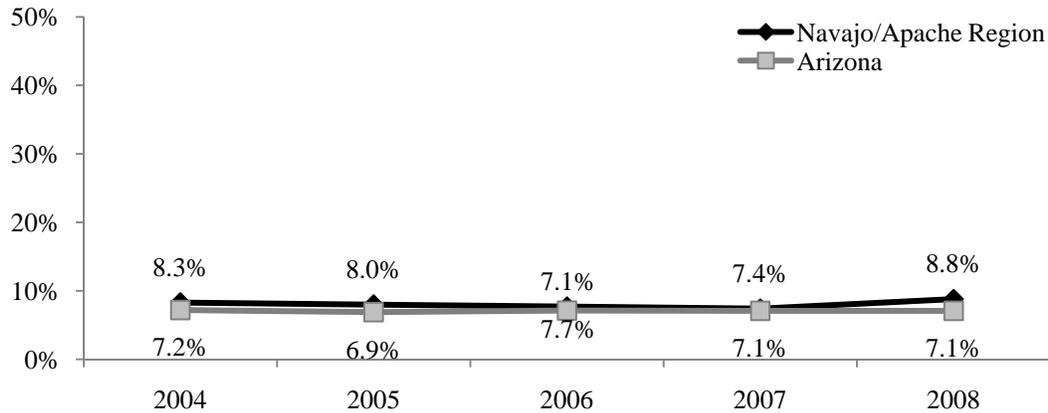
Source: Arizona Department of Health Services. (2010). *Health Status and Vital Statistics*. Retrieved 2010 from <http://www.azdhs.gov/plan/index.htm>.

³⁹ U.S. Department of Health and Human Services, Health Resources and Services and Administration. (2009, September). *Child health USA 2008-2009*. Retrieved from <http://mchb.hrsa.gov/chusa08/>

⁴⁰ March of Dimes Foundation. (2010). *Preterm Births*. Retrieved June 22, 2010 from http://www.marchofdimes.com/professionals/14332_1157.asp#head4

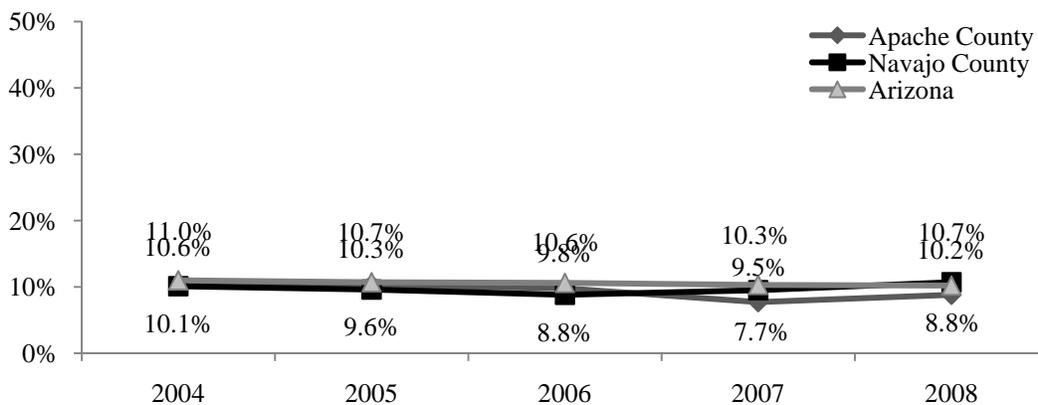
⁴¹ The Healthy Communities Institute. (2010). *Babies with Low Birth Weight*, Retrieved 2010 <http://www.arizonahealthmatters.org>.

Births with Low Birth Weight (Less than 2,500 Grams)



Source: Arizona Department of Health Services (2010) *Health Status and Vital Statistics*. Retrieved 2010 from <http://www.azdhs.gov/plan/index.htm>.
 Note: Percent of total births.

Preterm Births (Gestational Age of Less Than 37 Weeks)



Source: Arizona Department of Health Services. (2010). *Health Status and Vital Statistics*. Retrieved 2010 from <http://www.azdhs.gov/plan/index.htm>.
 Note: Percent of total births

Teen Births

Teen parents and their children are often at greater risk of experiencing short- and long-term health, economic, social, and academic challenges than parents who delay childbirth. Teen mothers, many of whom are single, often have more difficulty providing the support and nurturing that promote a child’s emotional and social development.⁴² Additionally, research from the National Campaign to Prevent Teen Pregnancy links teen pregnancy to premature births and low birth weight, and indicates that children born to teens are 50% more likely to repeat a grade, are less likely to complete high school, and perform lower on standardized tests than children of older mothers.⁴³

In the Navajo/Apache Region, there were 132 births to teen mothers in 2008, representing 14% of the total number of births. Teen births in the Navajo/Apache Region were slightly higher than teen births in Arizona as a whole.

⁴² Klein, J.D., & the Committee on Adolescence. (2005). Adolescent pregnancy: Current trends and issues. *Pediatrics*, 116(1), 281-286. doi:10.1542/peds.2005-0999.

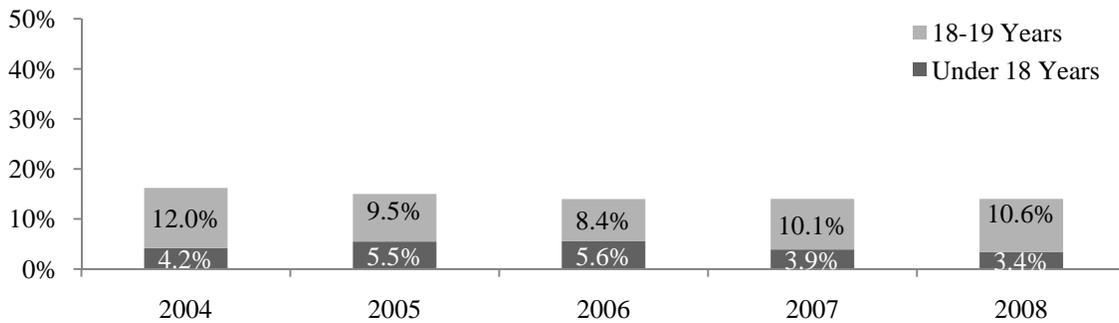
⁴³ National Campaign to Prevent Teen and Unplanned Pregnancy (2002). *Not Just Another Single Issue: Teen Pregnancy Prevention’s Link to Other Critical Social Issues*. Retrieved 2004 from <http://www.teenpregnancy.org/resoures/data/pdf/notjust.pdf>.

Births to Teen Mothers

	2004	2005	2006	2007	2008
Navajo/Apache Region	16.2%	15.0%	14.0%	14.0%	14.0%
Arizona	12.7%	12.5%	12.7%	12.6%	12.3%

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

Births to Teen Mothers by Age, Navajo/Apache Region

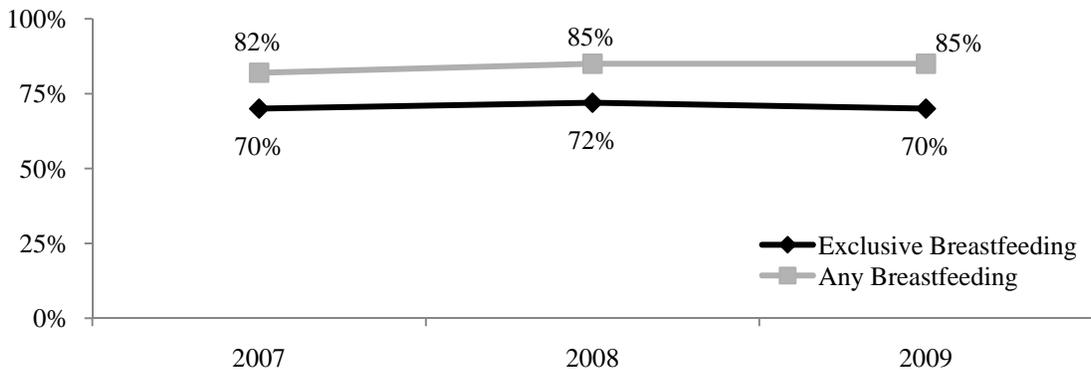


Source: Arizona Department of Health Services. (2010). *Health Status and Vital Statistics*. Retrieved 2010 from <http://www.azdhs.gov/plan/index.htm>.
 Note: Births to teen mothers are shown as a percentage of the total number of births in the region.

Breastfeeding

Breastfeeding offers multiple health advantages to the infant and the mother. Breast milk contains properties that increase immunity, lower the risk of infection, and decrease susceptibility to chronic illness. Mothers who breastfeed have fewer postpartum problems and a reduced risk of osteoporosis, ovarian cancer, and breast cancer.⁴⁴ Of the women discharged from Summit Healthcare Regional Medical Center, exclusive breastfeeding of infants was consistently high from 2007 to 2009, with at least 70% of mothers reporting that they exclusively breastfed their children.

Breastfeeding by Mothers at Discharge from Hospital, Summit Regional Medical Center



Source: Summit Regional Medical Center. (Personal Correspondence with Hospital Representative, June 2010).

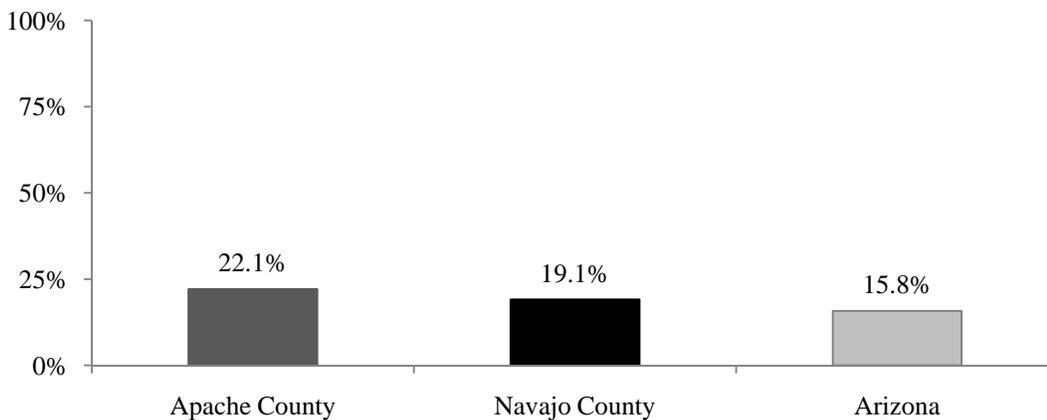
⁴⁴ Schack-Nielsen, L, Larnkjær, A & Michaelsen, K. F. (2005) Long Term Effects of Breastfeeding on the Infant and Mother. In *Early Nutrition and its Later Consequences: New Opportunities*. (pp16-23). Springer Netherlands doi: 10.1007/1-4020-3535-7_3

Health Insurance

A key measure of access to the health care system is whether a child has health insurance. Children who have health insurance learn better in school and miss fewer days of school.⁴⁵ Children who don't have health insurance are four times more likely to have delayed medical care and are more likely to be hospitalized for conditions that could have been treated by a primary care physician.⁴⁶

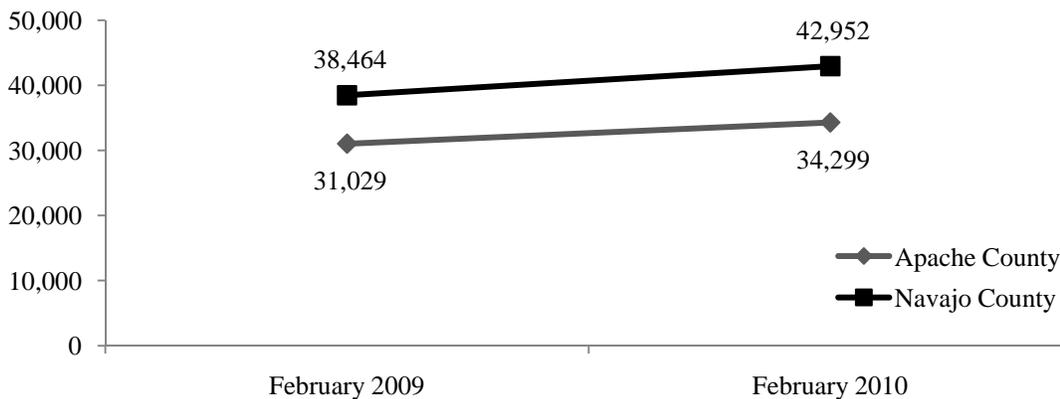
Close to one fifth of children ages 18 and younger in Navajo (19%) and Apache (22%) counties did not have health insurance coverage in 2000. In February of 2010, 77,251 children ages birth through five in Navajo and Apache Counties had insurance coverage through the Arizona Health Care Cost Containment System (AHCCCS). Slightly more than 1,700 children were insured through KidsCare, fewer than in previous years, a decline likely related to reduced funding.

Children Without Health Insurance Coverage (Ages 18 and Younger)



Source: U. S. Census Bureau. (2000). *Small Area Health Insurance Estimates*. Retrieved 2010 from <http://www.factfinder.census.gov/>.

Arizona Health Care Cost Containment System (AHCCCS) Enrollment

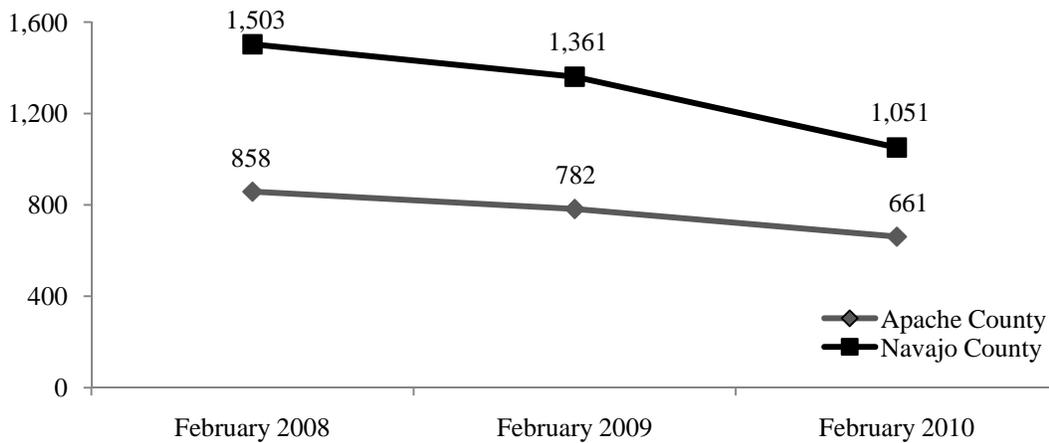


Source: Arizona Health Care Cost Containment System, *AHCCCS Population by County*. Retrieved 2010 from <http://www.azahcccs.gov/reporting/enrollment/population.aspx>.

⁴⁵ Mathematica Policy Research, Inc. (2004) Evaluation of the Santa Clara County Children's Health Initiative • *In Brief Number 4*, Retrieved June 22, 2010 from <http://www.mathematica-mpr.com/publications/PDFs/CHIimproves.pdf>

⁴⁶ American Academy of Pediatrics, *MediKids Fact Sheet*, Retrieved June 22, 2010 from <http://www.aap.org/advocacy/washing/MediKids-Fact-Sheet.pdf>,

KidsCare Enrollment



Source: Arizona Health Care Cost Containment System. (2010). *Kids Care Enrollment*. Retrieved 2010 from <http://www.azahcccs.gov/reporting/enrollment/population.aspx>.

Health Providers

All communities in the Navajo/Apache Region are classified by the Arizona Department of Health Services as Health Professional Shortage Areas and Medically Underserved Areas. These designations identify the region as having a need for medical services based on demographic data, including provider to population ratio, population living in poverty, uninsured births, low birth weight, access to prenatal care, infant mortality rate, and unemployment.⁴⁷

The Navajo/Apache Region is served by two general hospitals – Summit Healthcare Regional Medical Center and White Mountain Regional Medical Center. In 2008 the region had 34 primary care physicians, 392 registered nurses, and 36 dentists. There was only one mental health care physician. In 2005, there were approximately 50 primary care physicians and 24 dentists per 100,000 people in Navajo and Apache Counties.

⁴⁷ Arizona Department of Health Services. Bureau of Health Systems Development and Oral Health. (2010). *Arizona Medically Underserved Areas*. Retrieved from <http://www.azdhs.gov/hsd/azmuadesignation.htm>.

Health Care Providers, Navajo/Apache Region

Type of Provider	2008
Personnel	
Primary Care Physicians (M.D. and D.O.)	34
Physician Assistants	44
Nurse Practitioners	24
Registered Nurses	392
Dentists	36
Licensed and Certified Nurse Midwives	2
Mental Health Care Physicians	1
Emergency Medical Transport Personnel	214
Clinics and Hospitals	
General Hospitals	2
Sliding Fee Scale Clinics	16

Source: Arizona First Things First. *Regional Profiles*. (Unpublished Data).

Note: Region includes the communities of Eagar, Heber-Overgaard, Holbrook, Pinetop-Lakeside, Show Low, Snowflake, Springerville, St. Johns, and Taylor.

Provider to Population Rates, 2005

Type of Provider	Apache County	Navajo County
Primary Care Physicians per 100,000 population	51.9	49.8
Dentists per 100,000 population	23.1	24.0

Source: Community Department of Health and Human Services, *Community Health Status Indicators*, Retrieved 2010 from <http://www.hhs.gov>.

Primary Care

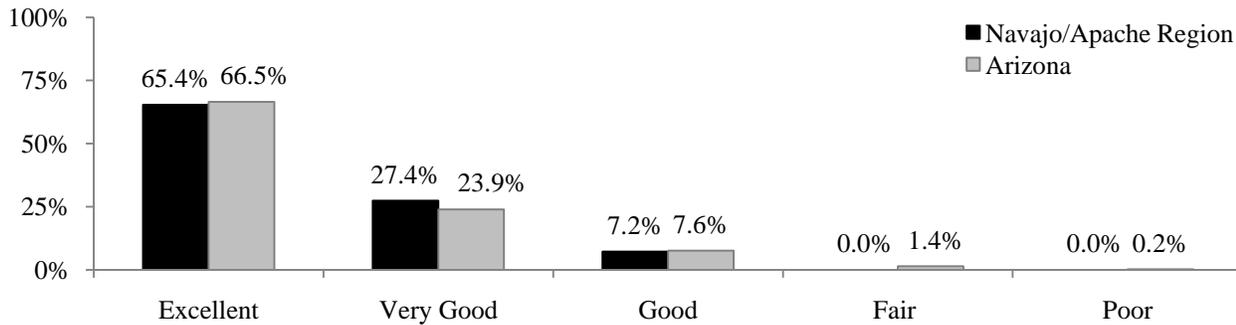
Access to health care is tied to many financial, physical, and cultural factors, such as employment, health insurance, transportation and proximity, language, and education.⁴⁸ Children’s access to primary health care is especially important to monitor healthy growth and development and to prevent illnesses from progressing into more severe health problems.

According to the Arizona First Things First Family and Community Survey in 2008, most parents reported that their children were in good health and saw the same doctor regularly. They also reported that they had medical providers who knew their families and would help them make healthy decisions.

The Navajo/Apache Regional Partnership Council has allocated funding to support the Healthy Steps program. In 2010, First Things First worked with North Country HealthCare to implement this pediatric medical home model at one site with a case load of 100 children. The goal of the program is to enhance the stability and quality of pediatric care in the region.

⁴⁸ U.S. Department of Health and Human Services. (2003) *National Healthcare Disparities Report 2003*, Rockville, MD. Retrieved June 22, 2010 from <http://www.ahrq.gov/qual/nhdr03/nhdrsum03.htm#ref6>

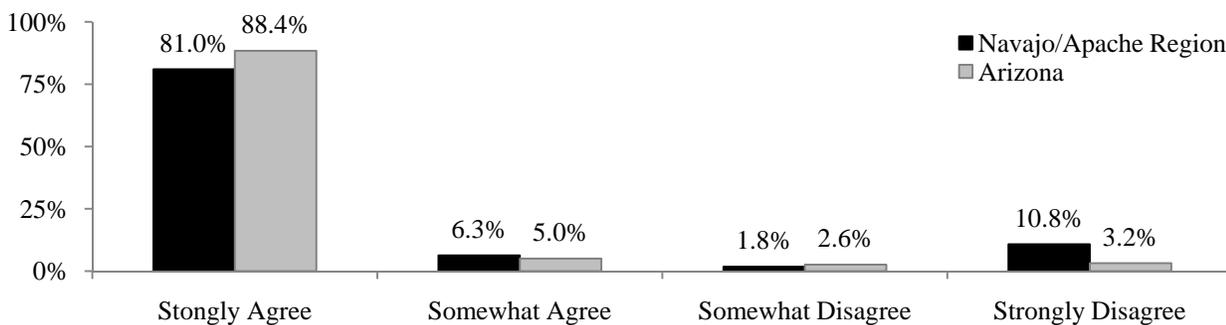
Parent Perceptions of the Statement “Compared with Other Children Ages Birth Through Five, Would You Say that Your Child’s Health Is…”



Source: First Things First (2009, March). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination*. Report presented at the meeting of First Things First – Arizona Early Child Development and Health Board, Phoenix, AZ.

Note: Totals may not add to 100% due to respondents answering “don’t know” or refusing to answer.

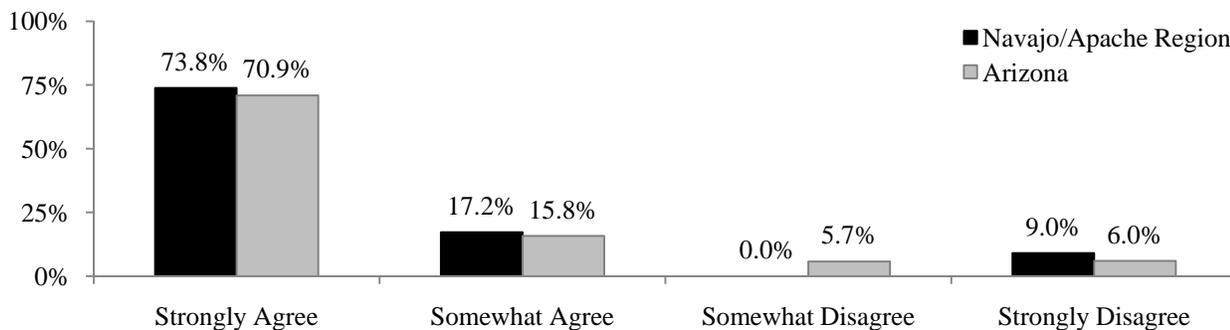
Parent Responses to the Statement “My Child/children Age Five and Under Have Regular Visits at the Same Doctor’s Office.”



Source: First Things First (2009, March). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination*. Report presented at the meeting of First Things First – Arizona Early Child Development and Health Board, Phoenix, AZ.

Note: Totals may not add to 100% due to respondents answering “don’t know” or refusing to answer.

Parent Responses to the Statement “My Regular Medical Provider Knows my Family Well and Helps Us Make Healthy Decisions.”



Source: First Things First (2009, March). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination*. Report presented at the meeting of First Things First – Arizona Early Child Development and Health Board, Phoenix, AZ.

Note: Totals may not add to 100% due to respondents answering “don’t know” or refusing to answer.

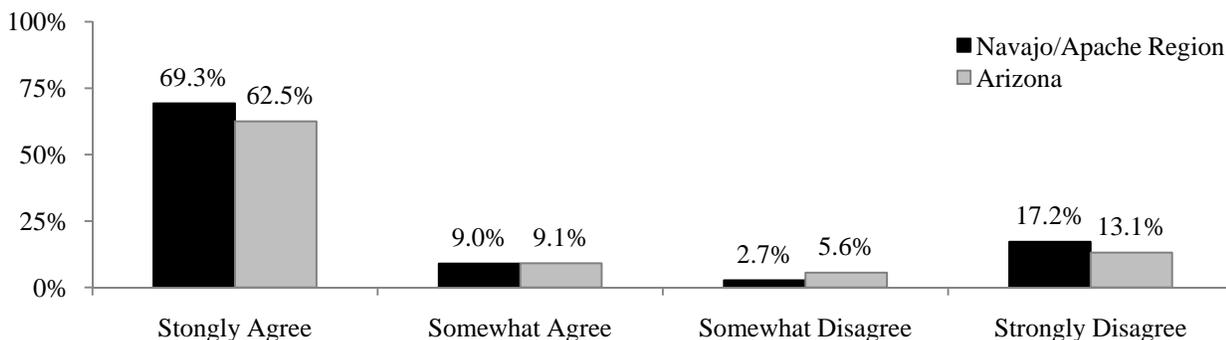
Oral Health

Many pediatricians highlight dental problems as a major health problem among low-income children. Dental and gum problems can be minimized through regular preventive dental services. Experts therefore recommend that children as young as one year old be examined for evidence of developing early childhood dental caries, the most common form of childhood oral disease.⁴⁹ In addition to providing an opportunity for early diagnosis, treatment, and prevention of oral disease, regular dental visits can develop oral health knowledge and healthy dental practice habits for parents and children.

The Navajo/Apache Regional Partnership Council has funded an oral health initiative within the region to increase the number of children receiving dental screenings. During the first quarter of the initiative, January through March of 2010, oral health events were held at six preschools and child care centers in the communities of Heber-Overgaard, Holbrook, Joseph City, Show Low, and Lakeside. Children must have a permission form signed and on file before they can be screened. The oral health screening day consists of a dental screen by a registered dental hygienist and the application of fluoride varnish if necessary. Parents are encouraged to attend and talk to the dental hygienist and receive information about proper dental care for children. A total of 126 children received oral health screenings and 124 fluoride varnishes were applied.

Most parents (69%) in the Navajo/Apache Region stated that their children have regular dental visits with the same dental provider; this was slightly higher than all Arizona residents. However, many children in the Navajo/Apache Region are experiencing tooth decay and many of them are going untreated. More than half (56%) of children screened by First Things First between January and March of 2010 had early childhood caries. Untreated decay was found in 42% of children, while 27% of children had evidence of decay that had been treated. This high level of untreated decay may relate to the distance parents must travel to receive care for their children as more than 40% of parents reported traveling more than 20 miles for their children’s dental care.

Parent Responses to the Statement “My Child/Children Age Five and Under Have Regular Visits with the Same Dental Provider.”

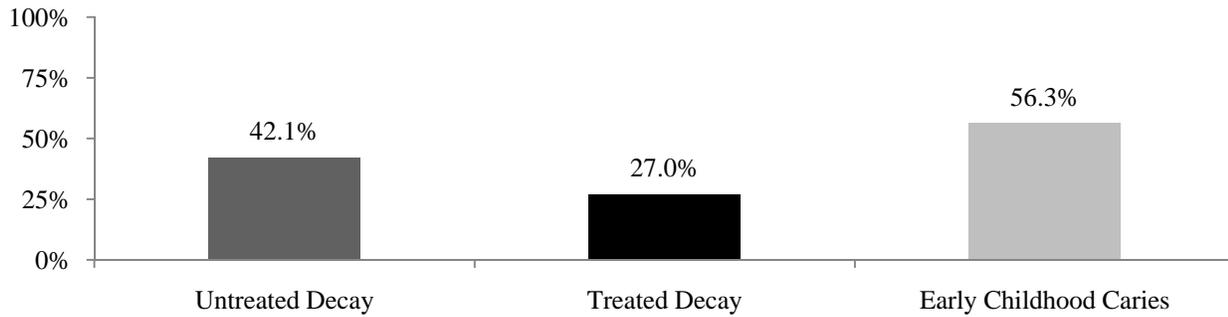


Source: First Things First (2009, March). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination*. Report presented at the meeting of First Things First – Arizona Early Child Development and Health Board, Phoenix, AZ.

Note: Totals may not add to 100% due to respondents answering “not sure.”

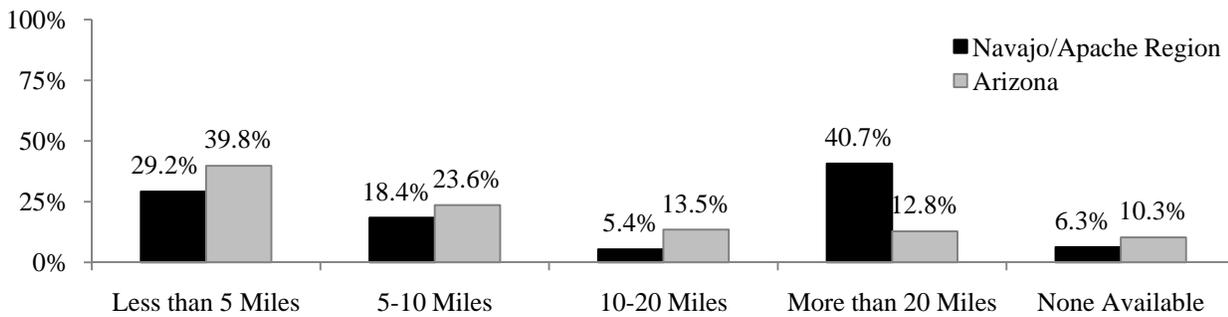
⁴⁹ American Association for Pediatric Dentistry. (2004). *Policy on the Dental Home*. Retrieved June 22, 2010 from http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf

Children Receiving Oral Health Screenings Experiencing the Following Types of Tooth Decay, Navajo/Apache Region, January-March 2010



Source: Navajo/Apache First Things First Regional Partnership Council, *First Things First Quarterly Oral Health Narrative Report*, Received 2010. (Unpublished data).

Distance Parents Travel to Get Dental Care for Children Ages Birth Through Five



Source: First Things First (2009, March). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination*. Report presented at the meeting of First Things First – Arizona Early Child Development and Health Board, Phoenix, AZ.

Immunizations

Immunization requirements help to prevent against a number of serious and sometimes fatal vaccine-preventable diseases in young children. In Arizona, immunizations are a requirement for entry into kindergarten and children must be up-to-date with age-appropriate vaccinations in order to attend preschool or child care. The required vaccinations protect against hepatitis B, polio, measles, mumps, rubella, diphtheria, tetanus, pertussis, influenza, and varicella (chickenpox). Most require multiple doses to be administered between birth and kindergarten. Healthy People 2010 set a target for 95% of kindergarteners to be fully vaccinated.⁵⁰ In the 2007/08 school year, 96% of kindergarten aged children were up-to-date on their vaccinations in both Navajo and Apache counties. This is comparable to all kindergarten aged children in Arizona.

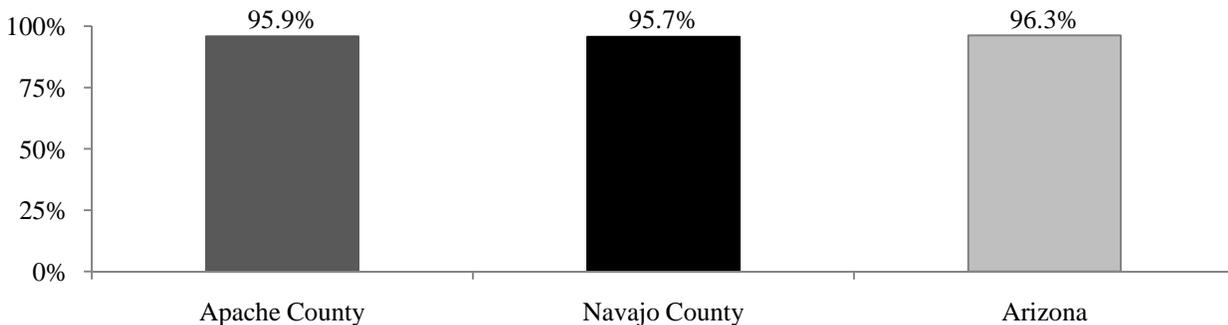
Another standard measure of childhood vaccination completion, as measured by the National Immunization Survey, is the percentage of children ages 19 to 35 months who have received 4 or more doses of diphtheria-tetanus-acellular pertussis (DTaP) vaccine, 3 or more doses of poliovirus vaccine, 1 or more doses of any measles-containing vaccine (often paired with mumps and rubella into MMR), 3 or more doses of *Haemophilus influenzae* type b (Hib) vaccine, 3 or more doses of hepatitis B (HepB)

⁵⁰ The Healthy Communities Institute, *Kindergarteners with Required Immunizations*, Retrieved June 2010 from <http://www.arizonahealthmatters.org>.

vaccine, and 1 or more doses of varicella (chickenpox) vaccine.⁵¹ This set of vaccinations is referred to as the 4:3:1:3:3:1 immunization schedule. Just over half (56%) of children ages 19 to 35 months had received the recommended vaccinations in the Navajo/Apache Region in 2009. In comparison, National Immunization Survey results from 2007/08 indicated that 73% of Arizona children and 78% of children nationwide had completed the 4:3:1:3:3:1 immunization schedule.⁵² The Healthy People 2010 Objective for childhood immunizations was set at 90%.⁵³

In Navajo and Apache Counties, free immunizations are offered to children through the federal Vaccines for Children Program. Children 18 years and younger can receive free vaccinations at routine immunization clinics held by Navajo County Public Health Services and Apache County Public Health Clinical Services. Walk-in clinics are held several times a month in Springerville and St. Johns in Apache County and in Holbrook, Snowflake/Taylor, and Show Low in Navajo County. The goal of the program is to have all children up-to-date on their vaccinations. A reminder is provided for children under two years of age who have not completed the recommended schedule of vaccines.

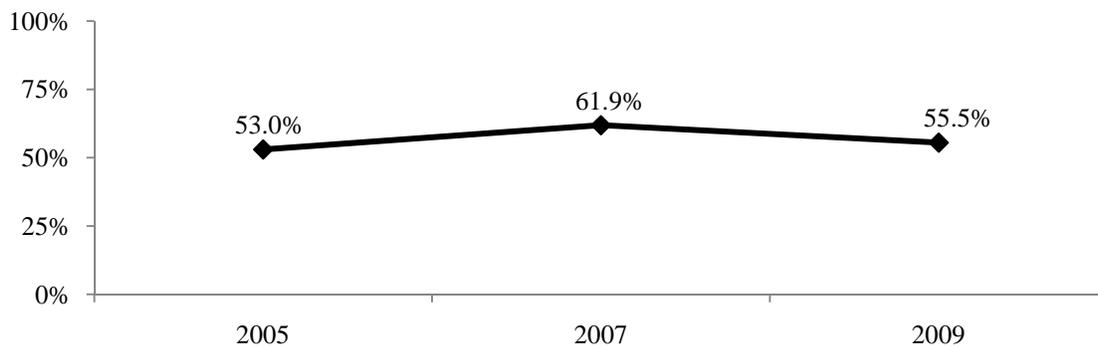
Kindergarteners with All Required Immunizations, 2007/08



Source: Arizona Department of Health Services (2005, 2007, 2009). Arizona State Immunization Information System Data Base (ASIIS) data pulled on May 4, 2010 (Unpublished Data).

Note: Required immunizations include 4+ DTP, 3+ Polio, 2+ MMR, 3+ Hep B, and 1+ Var or physician documented varicella disease.

Children Ages 19 to 35 Months with Completed Vaccination Schedule, Navajo/Apache Region



Source: Arizona Department of Health Services (2005, 2007, 2009). Arizona State Immunization Information System Data Base (ASIIS) data pulled on May 4, 2010 (Unpublished Data).

Note: Children with completed schedule have received all vaccines in the 4:3:1:3:3:1 combination. Data only include children who have been entered into the Arizona State Immunization Information System, and do not capture children who have never seen a doctor or whose doctor did not enter them into the system.

⁵¹ U.S. Centers for Disease Control (May 2010). *National Immunization Survey*, Retrieved June 2010 from <http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis>.

⁵² Arizona Department of Health Services, *Immunizations: A Publication of the Arizona Immunization Program Office*, Summer 2009.

⁵³ Arizona Department of Health Services (2009). *Immunizations: A Publication of the Arizona Immunization Program Office*.

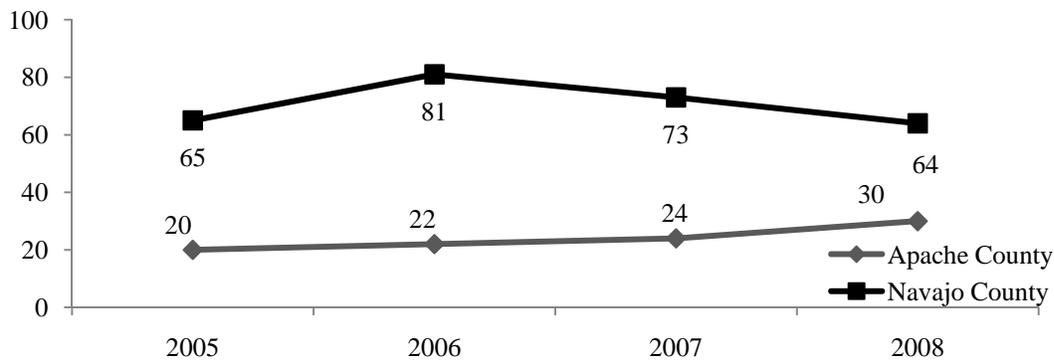
Asthma

In the United States, about 20 million people have asthma. Nearly 9 million of them are children. Children have smaller airways than adults, which makes asthma especially serious for them. Many things can cause asthma, including allergens (mold, pollen, animals, and irritants such as, cigarette smoke and air pollution), weather (cold air, changes in weather), exercise, and infections, including the flu and the common cold.⁵⁴

Asthma is treated with two kinds of medicines: quick-relief medicines to stop asthma symptoms and long-term control medicines to prevent symptoms.⁵⁵ Even severe asthma symptoms can be minimized with appropriate medical care. Well-controlled asthma allows for less symptoms and decreases interference with normal activities, including sleep, work and school.⁵⁶

The number of children ages birth through five discharged from the hospital with asthma as a diagnosis increased slightly for Apache County and remained the same for Navajo County from 2005 to 2008. The number of emergency room visits rose slightly in both counties.

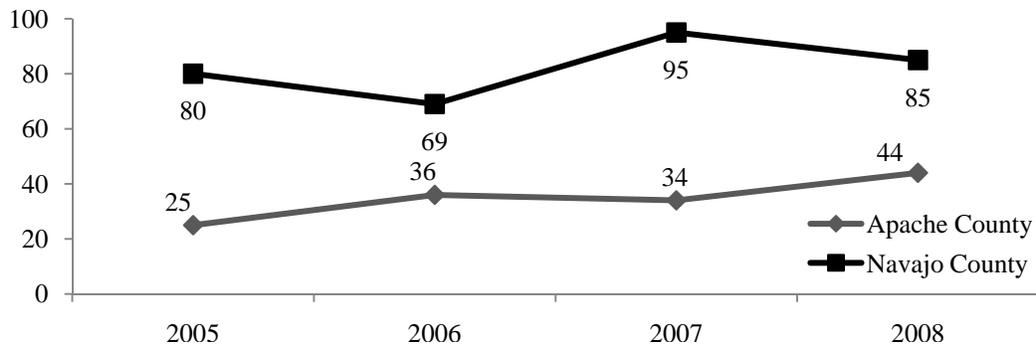
Hospital Discharges of Inpatients Ages Birth Through Five with Asthma



Source: Arizona Department of Health Services (2004-2009) *Emergency Room Visits and Discharges of Patients with Asthma, Table 7*. Retrieved 2010 from <http://www.azdhs.gov/plan/hip/for/asthma/index.htm>

Note: Includes all mentioned asthma cases, not just first listed diagnosis.

Emergency Room Visits by Children Ages Birth Through Five with Asthma



Source: Arizona Department of Health Services, (2010). *Emergency Room Visits and Discharges of Patients with Asthma, Table 7*, Retrieved 2010 from <http://www.azdhs.gov/plan/hip/for/asthma/index.htm>

Note: Includes all mentioned asthma cases, not just first listed diagnosis.

⁵⁴ U.S. National Library of Medicine and the National Institutes of Health. (2010) Asthma. *Medline Plus*. Retrieved June 23 2010 from <http://www.nlm.nih.gov/medlineplus/asthmachildren.html>.

⁵⁵ Ibid.

⁵⁶ The Mayo Clinic (2010) *Asthma*. Retrieved June 23, 2010 from <http://www.mayoclinic.com/health/asthma-treatment/AS00011/NSECTIONGROUP=2>.

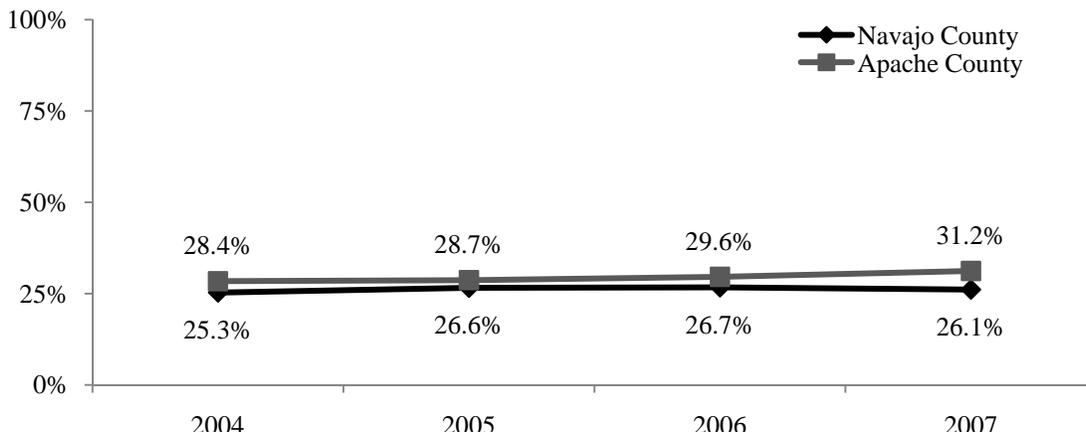
Obesity

Children and adolescents with a BMI between the 85th and 94th percentiles are generally considered overweight, and those with a BMI at or above the gender- and age-specific 95th percentile of population on this growth chart are typically considered obese. Overweight and obese conditions in children can lead to severe physical and emotional health effects, including a greater risk of hospitalization, type II diabetes, cardiovascular disease, low self-esteem, and depression. Furthermore, overweight adolescents have a 70% chance of becoming overweight adults, and this increases to 80% if one or both parents are overweight.⁵⁷

Since 2004 the obesity rate in Navajo County has remained around 26%. Apache County’s obesity rate rose slightly from 28% in 2004 to 31% in 2008. These rates are slightly higher than the national average of 25%.⁵⁸

The First Things First Navajo/Apache Regional Partnership Council is partnering with the University of Arizona’s Cooperative Extension and the county Health Departments to implement a Nutrition Education and Outreach program. As good nutrition is essential to reducing obesity in the community, the program will provide nutrition education for families, with a target of reaching 100 families in the 2011 fiscal year.

Age-Adjusted Estimates of Adults Who are Obese



Source: Centers for Disease Control and Prevention (2010). *National Diabetes Surveillance System*, Retrieved 2010 from <http://www.cdc.gov/diabetes/statistics/index.htm>.

Diabetes

While type II diabetes is primarily associated with overweight adults over age 40, inactivity and increased obesity rates have led to greater incidence in children. Children with type II diabetes are at greater risk for the long-term complications of diabetes, including hypertension and cardiovascular disease. Early diagnosis and treatment of type II diabetes can prevent or delay the onset of diabetes complications. The cornerstones of diabetes management for children with type II diabetes are weight management and increased physical activity.⁵⁹

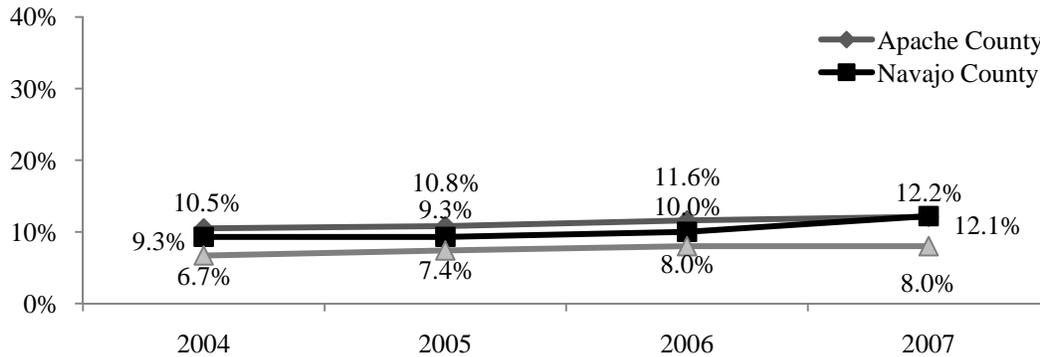
⁵⁷ Goran, M. (2001). Metabolic precursors and effects of obesity in children: A decade of progress, 1990–1999. *American Journal of Clinical Nutrition*, 73(2), 158-171.

⁵⁸ Schoenborn C, Adams P. (2010). *Health behaviors of adults: United States, 2005–2007*. National Center for Health Statistics. Vital Health Statistics 10(245). Retrieved July 1, 2010 from http://www.cdc.gov/nchs/data/series/sr_10/sr10_245.pdf

⁵⁹ National Diabetes Education Program. (2008). *Overview of Diabetes in Children and Adolescents*. Retrieved June 22, 2010 from www.yourdiabetesinfo.org

In Navajo and Apache Counties, the percentage of adults with diagnosed diabetes was just over 12% in 2007, greater than the 8% of adults in Arizona. For adults with diabetes or with a desire to learn more about the disease, Summit Healthcare Regional Medical Center offers a free monthly diabetic education discussion and support group.

Age-Adjusted Estimates of the Percentage of Adults with Diagnosed Diabetes



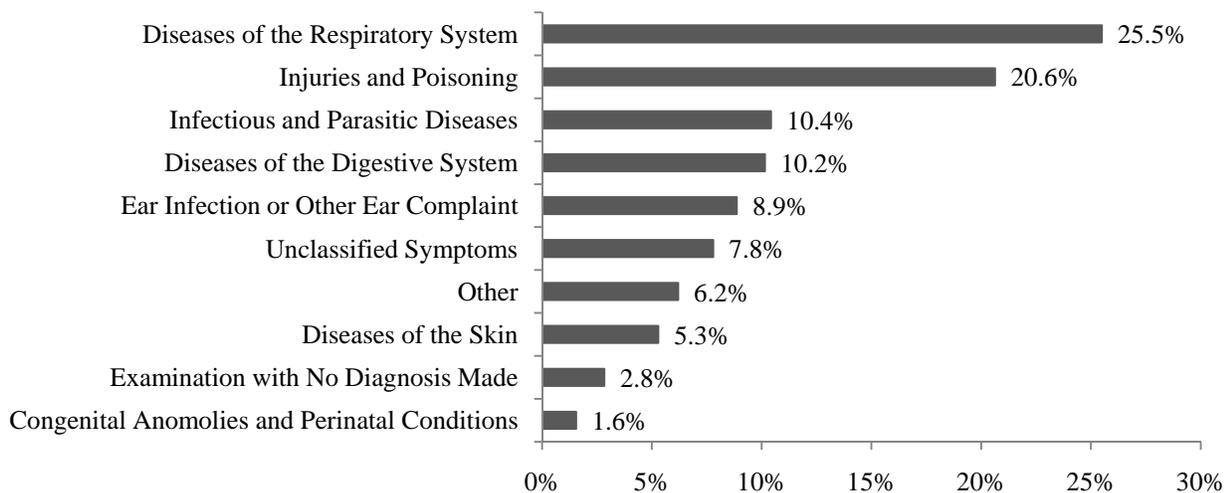
Source: Centers for Disease Control and Prevention. (2010). *National Diabetes Surveillance System*. Retrieved 2010 from <http://www.cdc.gov/diabetes/statistics/index.htm>.
 Note: Includes adults ages 20 and older

Hospital and Emergency Department Use

There are two general hospitals in the Navajo/Apache Region. Summit Healthcare Regional Medical Center is located in Show Low. White Mountain Regional Medical Center is located in Springerville. Both have 24-hour 7-days a week emergency departments.

Data on Emergency Department visits by children ages birth through five at Summit Healthcare Regional Medical Center indicate that in 2009, there were 2,418 visits by 2,187 children. The most common diagnoses were diseases of the respiratory system (26%) and injuries and poisonings (21%).

Emergency Department Utilization for Children Ages Birth Through Five, Summit Healthcare Regional Medical Center, 2009



Source: Summit Healthcare Regional Medical Center. (Personal Correspondence with Hospital Representative, June 2010).

Injuries

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

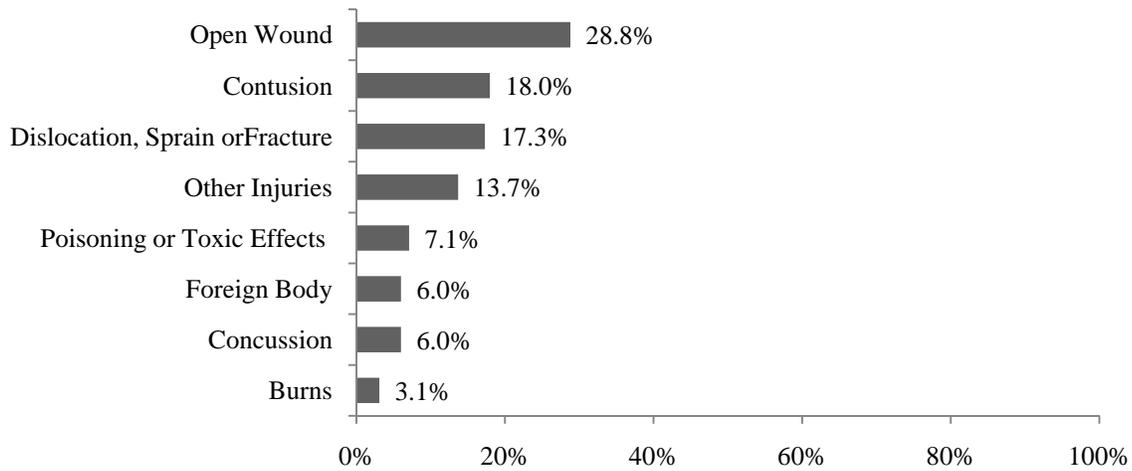
In Navajo and Apache Counties, the number of injury-related emergency department visits and inpatient hospitalizations decreased between 2005 and 2007, while the number of injury-related deaths remained about the same. At Summit Healthcare Regional Medical Center in 2009, an open wound was the most common injury diagnosis for emergency department visits by children ages birth through five, representing 29% of all injury diagnoses. Contusions and dislocations, sprains, and fractures were the next most common injuries.

Injury-Related Outcomes for Children Ages Birth Through 14, Apache and Navajo Counties

Injury-Related Outcome	2005	2007	2008
Injury-Related Emergency Department Visits			
Apache County	848	895	779
Navajo County	1,480	1,449	1,357
Injury-Related Inpatient Hospitalizations			
Apache County	39	9	12
Navajo County	64	55	54
Injury-Related Deaths			
Apache County	4	2	7
Navajo County	10	6	5

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

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



Source: Summit Healthcare Regional Medical Center. (Personal Correspondence with Hospital Representative, June 2010).

Causes of Illness

Communicable diseases are conditions that can be transmitted directly or indirectly to a person from an infected person or animal. Reporting cases of communicable diseases is essential to preventing further spread and protecting the public health of the community. State and federal agencies have certain diseases that are required by law to be reported. In Navajo and Apache Counties, enteritides such as *E. coli*, salmonella, and cryptosporidia, were the most common type of notifiable diseases. There were also several cases of hepatitis, tuberculosis, and vaccine-preventable diseases such as measles, mumps, or rubella.

Reported Cases of Notifiable Diseases, All Ages, Apache and Navajo Counties

Notifiable Disease	2004	2005	2006	2007	2008
Vaccine Preventable					
Apache County	2	9	0	1	1
Navajo County	0	5	2	2	3
Enteritides					
Apache County	64	148	139	63	59
Navajo County	76	91	113	86	98
Hepatitides (Hepatitis)					
Apache County	4	3	2	2	4
Navajo County	9	10	9	2	6
Tuberculosis					
Apache County	5	5	1	5	3
Navajo County	6	0	5	10	3

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

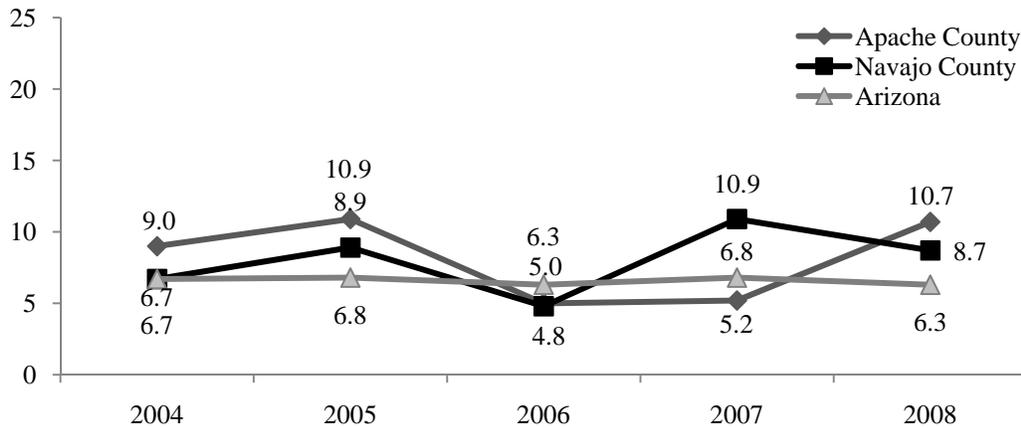
Notes: Vaccine Preventable includes cases of measles, mumps, pertussis, rubella, congenital rubella syndrome, and *H. influenzae*. Enteritides includes cases of amebiasis, campylobacteriosis, cholera, cryptosporidiosis, *E. coli*, Salmonellosis, *Salmonella*, shigellosis, and typhoid fever. Hepatitides includes cases of Hepatitis A, B, C, D, and E.

Leading Causes of Death

Infant mortality rates are an overall indicator of children's health and community development. Infant mortality rates in Navajo and Apache Counties are greater than those of Arizona as a whole between 2004 and 2008. The leading causes of infant death in the Navajo Apache Region are congenital malformations, short gestation and low birth weight during this same time period.

In the Navajo/Apache Region there were fewer than 20 deaths each year among children ages birth through 14 from 2004 to 2008. Within Navajo and Apache Counties the leading causes of death for children under the age of 18 were medical, followed by motor vehicle crashes and other injuries. While the manner of deaths in both Navajo and Apache Counties and Arizona were primarily natural, suicide was more common in Navajo and Apache Counties than in Arizona in 2008. Additionally, the percentage of accidental deaths in Navajo and Apache Counties was double that of Arizona as a whole.

Infant Mortality Rate per 1,000 Live Births



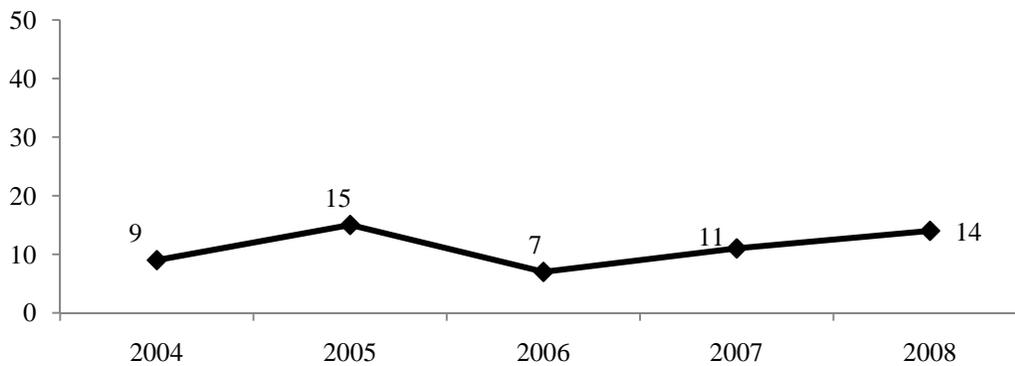
Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics*. Retrieved 2010 from <http://www.azdhs.gov/plan/index.htm>.
 Note: Under-five mortality rates and infant mortality rates are not actually rates but a probability of death expressed as rate per 1,000 live births.⁶⁰

Cause of Infant Deaths, Navajo/Apache Region

Selected Causes of Death	2004	2005	2006	2007	2008
Accidents	0	0	1	0	1
Bacterial Sepsis	0	0	0	1	1
Congenital Malformations	1	1	0	3	4
Short Gestation and Low Birth Weight	1	2	0	0	1
Maternal Complications	0	2	0	0	0
Sudden Infant Death Syndrome	1	0	0	0	0
Total, All Causes	5	12	2	10	9

Source: Arizona Department of Health Services (2010). *Health Status and Vital Statistics*. Retrieved 2010 from <http://www.azdhs.gov/plan/report/cvs/cvs04/cvsindex.htm>.
 Note: Total will not equal sum of causes presented because only selected causes are shown.

Number of Deaths for Children Ages Birth Through 14, Navajo/Apache Region



Source: Arizona Department of Health Services, *Health Status and Vital Statistics*, Retrieved 2010 from <http://www.azdhs.gov/plan/report/cvs/cvs04/cvsindex.htm>.

⁶⁰ World Health Organization. (2010). *Probability of dying aged < 5 years per 1000 live births (under-five mortality rate)*. Retrieved June 29, 2010 from <http://www.who.int/whosis/indicators/2007MortChild/en/>

Cause of Death for Children Under 18 Years, Apache and Navajo Counties

Cause of Death	2005	2006	2007	2008
Medical (excluding prematurity and SIDS)	21	15	21	23
Motor Vehicle Crash	11	13	12	9
Prematurity	6	1	7	4
SIDS – Sudden Infant Death Syndrome	1	0	3	1
Hanging	3	2	1	6
Other Cause	13	10	7	7
Undetermined	1	1	1	0
Total Apache and Navajo Counties	56	42	52	50

Source: Arizona Department of Health Services. (2010). *Child Fatality Review Report, Apache and Navajo Counties*. Retrieved 2010 from <http://www.azdhs.gov/plan/index.htm/>.

Manner of Death for Children Under 18 Years

Manner of Death	2005	2006	2007	2008
Accident				
Apache and Navajo Counties	32%	40%	31%	28%
Arizona	19%	21%	18%	14%
Homicide				
Apache and Navajo Counties	4%	10%	2%	2%
Arizona	5%	6%	6%	6%
Suicide				
Apache and Navajo Counties	5%	5%	6%	12%
Arizona	3%	4%	2%	3%
Natural				
Apache and Navajo Counties	50%	38%	59%	56%
Arizona	70%	66%	69%	69%
Undetermined				
Apache and Navajo Counties	9%	7%	2%	2%
Arizona	3%	3%	5%	8%

Source: Arizona Department of Health Services. (2010). *Child Fatality Review Report, Apache and Navajo Counties*. Retrieved 2010 from <http://www.azdhs.gov/plan/index.htm/>.

Note: Arizona excluding Apache and Navajo Counties

Public Awareness and Collaboration

First Things First believes that “All Arizonans have a shared responsibility to help kids grow up healthy and ready to learn.” Awareness of community concerns and needs, as well as community assets, is essential in order to gain the necessary momentum to tackle community problems and form solutions. Effective collaboration among agencies helps families more easily access and receive services, and helps to ensure that services are more responsive to the specific needs of the families.

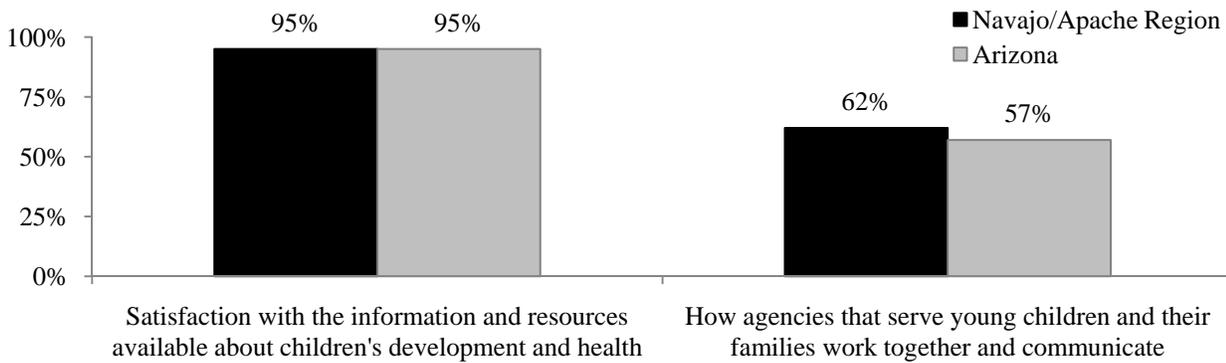
Parent knowledge of the services and supports available in the community is also essential to ensure that children and families receive important information and assistance. The First Things First Navajo/Apache Regional Partnership Council has made improved communication with families in the region and with partner organizations a priority. One strategy involves community outreach presentations to spread the message of First Things First (FTF) and describe its impact and programs. Part of this strategy is Storybanking, the online compilation of stories by Arizona children and families that provide a human perspective to the services provided by FTF. Additionally, Palm Cards with FTF information and key child development points were developed that can be distributed at presentations and in the community. A second strategy attempts to build parent awareness of the importance of early childhood on a child’s future success. This strategy utilizes the Born Learning campaign, which works with parents, caregivers, and communities to ensure quality early learning opportunities.

Parent Perceptions of Early Childhood Services

Parents were asked to provide their perspectives about the quality of, and access to, information and services provided by Arizona agencies that serve young children and their families. Nearly all (95%) parents surveyed in the Navajo/Apache Region were satisfied with the information and resources available to them regarding children’s development and health, but only 62% of parents were satisfied with the collaboration between agencies serving children and families.

In general, Navajo/Apache Region parents agreed that providers spoke their language (92%), and that services were very good (74%), reflected their cultural standards (72%), and were easy to locate (84%). In comparison to Arizona, parents in the Navajo/Apache Region had more favorable perceptions of community services. While most parents in the Navajo/Apache Region were able to access services, many still encountered difficulties. A little over half of parents agreed that the services in their community were available at convenient times and locations (55%), over one-third of parents (39%) felt that the available services met some of their needs but not all, and almost one-third (29%) did not know if they were eligible to receive services.

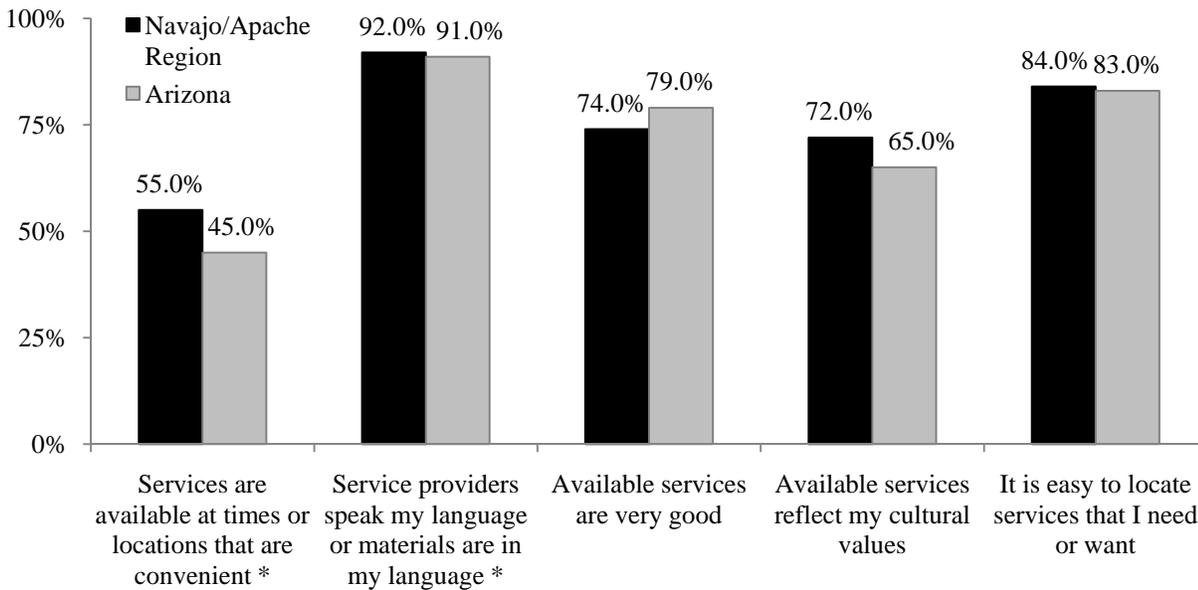
Parents Who Responded “Somewhat” or “Very Satisfied” to the Following Statements, 2008



Source: First Things First (2009, March). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination*. Report presented at the meeting of First Things First – Arizona Early Child Development and Health Board, Phoenix, AZ.

Note: Early Childhood Services: Parents Who “Somewhat” or “Strongly Agree” with the Following Statements, 2008

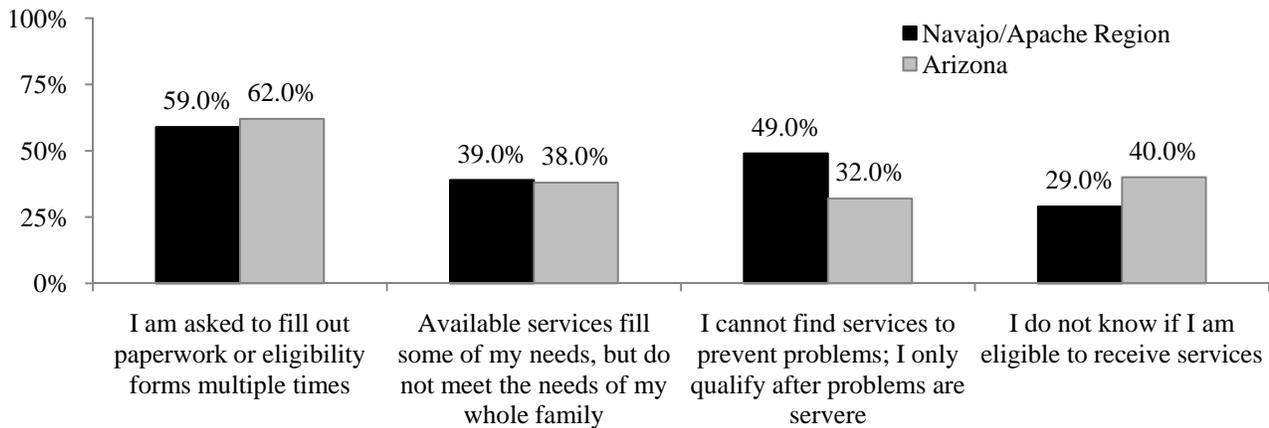
Parents Who Responded “Somewhat” or “Strongly Agree” to the Following Statements, 2008



Source: Arizona First Things First (2009, March). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination*. Report presented at the meeting of First Things First – Arizona Early Child Development and Health Board, Phoenix, AZ.

* These questions were asked of respondents in the reverse: “Service providers do not speak my language or materials are not in my language,” and “Services are not available at times or locations that are convenient.” The questions were reversed in this report for consistency with the other questions.

Early Childhood Services: Parents Who “Somewhat” or “Strongly Agree” with the Following Statements, 2008



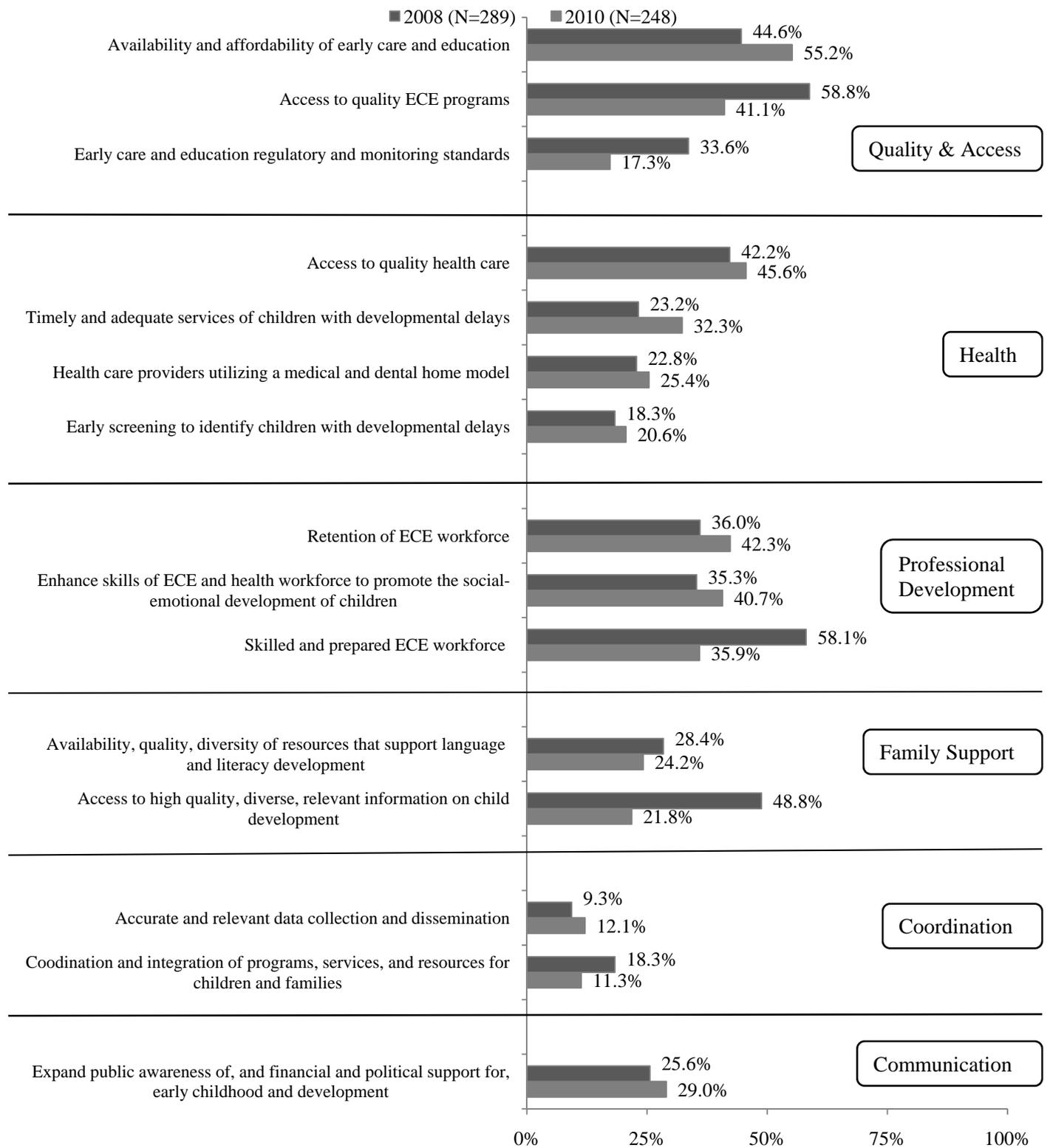
Source: First Things First (2009, March). *Family and Community Survey on Early Childhood: A Baseline Report on Families and Coordination*. Report presented at the meeting of First Things First – Arizona Early Child Development and Health Board, Phoenix, AZ.

Community Perception of Top Early Childhood Issues

The First Things First Navajo/Apache Regional Partnership Council conducted a community survey in 2008 and again in 2010 to gather community input on the importance of issues related to children ages birth through five in the region. The survey, listing the First Things First Navajo/Apache Region strategic planning goal areas for the upcoming fiscal year, asked respondents to indicate their top five priorities. The survey was distributed to local community service organizations, service providers, and community members to complete. A total of 289 completed surveys were returned in 2008 and there were 248 surveys completed in 2010.

Between the years 2008 and 2010, the Navajo/Apache community reported increased concern regarding the availability and affordability of early care and education, timely and adequate services and screening of children with developmental delays, the professional development of the ECE workforce, and public awareness and political support for early childhood development. However, during this same time period there was a decrease in concern for access to quality ECE programs (56% to 41%); concern for issues of early care and education regulatory and monitoring standards (34% to 17%); skilled and prepared ECE workforce (58% to 36%); and access to high quality, diverse, and relevant information on child development (49% to 22%).

Responses to First Things First Navajo/Apache Community Survey



Source: Arizona First Things First, Navajo/Apache Strategic Planning Community Survey, Received 2010.

Conclusion

The families and children living within the Navajo/Apache Region

There are more than 6,000 children ages birth through five living in the Navajo/Apache Region. The total population for the region is projected to be approximately 78,500 in 2010. The population of the region is primarily white and English-speaking; in 2000, 70% of children in the region were “White alone not Hispanic,” 19% were identified as Hispanic or Latino, and 8% were American Indian/Alaska Native. Only 11% of the population five years and over spoke a language other than English at home.

Community Assets and Areas of Strength

There are many people and organizations in the Navajo/Apache Region dedicated to making a difference in the lives of children ages birth through five and their families, and they appear to be having a positive effect. Despite the economic recession, rates of foreclosures and unemployment were lower in the Navajo/Apache Region than in Arizona as a whole. To help children meet their nutritional needs, the Association for Supportive Child Care implemented the Child and Adult Care Food Program, which provides nutrition training and reimbursement to child care providers who serve nutritious meals to children. In the Navajo/Apache Region, 25 child care centers and homes are participating in the program. In the area of health, most women are receiving prenatal care early on and rates of preterm births and low birth weights are low. Nearly all kindergarteners (96%) in both Navajo and Apache Counties have received the recommended vaccinations, likely due to the work of programs such as Vaccines for Children. Over two-thirds of parents (69%) said that their children have regular visits with a dental care provider. To further increase dental care for children, the Navajo/Apache Regional Partnership Council has funded an oral health initiative which holds oral health events at preschools and child centers throughout the region. Additionally, the Navajo/Apache Regional Partnership Council allocated funding to the Healthy Steps Program to implement a pediatric medical home model with medical providers in the region, thus setting the stage to increase access and continuity of primary care for children.

There are also efforts to increase literacy and expand educational opportunities within the Navajo/Apache Region. Literacy events are regularly held at public libraries and the Reach Out and Read program was expanded in 2010. This commitment to literacy, and education in general, is reflected in the majority of 3rd grade students meeting national standards for reading, writing and math. Graduation rates are generally high and juvenile arrests are below those of Arizona. For community members seeking to pursue additional education, the local community college, Northland Pioneer College, has campuses throughout the region and also offers adult education classes. In addition there is increased emphasis on educating early childhood educators working in the region. The Regional Partnership Council has created scholarships for individuals wishing to pursue further professional development in the ECE field, and T.E.A.C.H. scholarships are also available. These efforts directly help address the concerns that respondents of the Navajo/Apache Strategic Planning Community Survey voiced about the need for a high quality early childhood education workforce. Parents in the region also have a better understanding of child cognitive development than Arizona as a whole.

Community Challenges and Areas for Improvement

Despite the concerted efforts of First Things First, community organizations, and individuals, there are areas affecting the health and well-being of children and families in the Navajo/Apache Region that need additional improvement.

- Many children are living in poverty

Even though the unemployment rate in the Navajo/Apache Region is less than Arizona as a whole, poverty is a problem for community members. Nearly a quarter of children ages birth through five (22%) lived below the Federal Poverty Level in 2000. The median family income for single householders in Navajo and Apache Counties was substantially lower than the Self-Sufficiency Standard. While the food assistance programs in the communities will help families and children, families would likely benefit from additional assistance. Support for household costs aside from food, such as housing subsidization, and additional scholarships for higher education and job training programs to increase earning potential could be beneficial.

- More children ages 19 to 35 months should be receiving scheduled immunizations

About half (56%) of children ages 19 to 35 months had received the recommended vaccinations in the region in 2009. In comparison, about three-quarters of children in both Arizona and the U.S. as a whole had completed the 4:3:1:3:3:1 immunization schedule. However, by kindergarten, nearly all children were up to date on their immunizations. Increasing education among parents regarding the importance of staying on track with the recommended immunization schedule may help to increase immunization rates.

- Lack of higher educational attainment, particularly among early childhood education professionals

Though children are meeting the standards for reading, writing, and math in 3rd grade, and the high school graduate rate is high, very few people in the Navajo/Apache Region pursue education beyond high school. The educational attainment of early childhood professionals also reflects this, and continues to remain low. Parents who participated in the Navajo/Apache Strategic Planning Community Survey indicated that they were aware of the need for more highly-skilled early childhood professionals. However, the average salary of Head Start professionals tends to be low, even with a Bachelor's Degree. Early childhood professionals cited lack of time and financial concerns as the top barriers to pursuing further education, but two-thirds expressed interest in earning free early childhood college credit for trainings. In addition to higher education scholarships, funding to provide paid teacher trainings (so teachers did not have to lose income while attending school), and increasing the wages for early childhood education professionals (or a program to subsidize other cost-of-living expenses) might help more community members pursue higher education in early education fields.

- Lack of service providers for children with disabilities

The Navajo/Apache Region has a large shortage of providers for children with disabilities. There is not a complete team of therapists in Navajo County to serve children ages birth to three, requiring parents to drive their children to Flagstaff for services. Introducing loan repayment or stipend programs to entice providers to move to the region might help to address the shortage.

- Infant mortality rates are higher than the state average

While about three-quarters of women began prenatal care during the first trimester of pregnancy, the rate is still below the target of 90% set by Healthy People 2010. In Navajo and Apache Counties there is also a higher percentage of babies born preterm and babies born with low birth weights than in Arizona as a whole. Working to increase the percentage of women who begin prenatal care during the first trimester of pregnancy, and increasing the overall number of prenatal visits might help decrease the infant mortality rate.

- Many children do not have health insurance

Even though the Arizona Health Care Cost Containment System (AHCCCS) covers many children in Navajo and Apache counties, close to one-fifth of children ages 18 and younger in Navajo (19%) and Apache (22%) Counties did not have health insurance coverage in 2000. KidsCare enrollment decreased from 2008 to 2010, likely due to budget cuts. Additionally, when children and their families do not have health insurance, the emergency departments are utilized more frequently for health conditions and illnesses that could have been prevented or managed with regular primary care access. Given that health insurance is linked to many other educational and health indicators, re-authorizing funding to ensure that all children have health insurance is essential to the future of the community.

- Lack of access to dental care

All parts of the Navajo/Apache Region are considered “Medically Underserved.” Although the Healthy Steps program is working to improve general pediatric care, and the oral health initiative is beginning to help children, there is still a great need for dental care. A large number of families must travel over 20 miles to see a dentist. At six oral health events held in early 2010, over half (56%) of children had early childhood caries, and 42% have untreated tooth decay. Information about the importance of dental care, starting from birth, needs to be conveyed to parents. Since almost half of parents have to drive their children 20 miles or more to see a dentist, increasing the number of dental care providers is also critical. Providing dental screenings at pre-schools and community centers, or other conveniently-located venues in the community might help children receive adequate dental care.

Conclusion

This Needs and Assets report on the health and well-being of children ages birth through five in the Navajo/Apache Region has identified the areas where children are doing well and areas that need additional investment. In general, children and families in the region are thriving. However, communities appear to be struggling to meet some of the health, economic and social needs of their children, particularly in regards to health insurance, dental care access, and services for children with disabilities. In light of these challenges in the Navajo/Apache Region, targeted efforts, such as those highlighted above, and continued collaboration are needed to help improve the situation of children and families. First Things First is committed to working with the communities in the Navajo/Apache Region to address these issues and ensure that all children have the opportunity for a bright and healthy future.

Appendix A: Methodology

Primary Data

First Things First Strategic Planning Community Survey

The First Things First Navajo/Apache Regional Partnership Council conducted a community survey in 2008 and again in 2010 in order to gather community input on the importance of issues related to children ages birth through five in their region. The survey, which listed the First Things First Navajo/Apache Region strategic planning goal areas for the upcoming fiscal year, asked respondents to indicate their top five priorities based on this particular list of goals. It was distributed to Navajo/Apache Regional Partnership Council Members, Navajo and Apache County libraries, child care centers and preschools, Head Start centers, North Country Healthcare clinics, school districts, and other community partners. Representatives at each organization were asked to distribute the survey to parents, patients, and other community members to complete. The 2008 survey was administered in August and September of 2008 and the 2010 survey was administered between April and May of 2010. A total of 289 completed surveys were returned in 2008 and there were 248 surveys completed in 2010.

First Things First Family and Community Survey

First Things First conducted a survey of community members and parents (or related, non-paid caregivers) of children ages birth through five in 2008. The survey assessed respondents' views of coordination among service providers, the quality and accessibility of family support programs, and their understanding of early childhood development and parenting. A randomly-selected, geographically-balanced sample of 5,193 Arizona adults (18 and older) was surveyed. The sample included 3,690 parents/caregivers of children ages birth through five and 1,503 members of the general population who did not have children under six. This randomized sample was drawn to ensure the generalizability of results to the adult Arizona population. Computer Assisted Telephone Interviews (CATIs) were conducted during August and September, 2008. The respondents were selected randomly from sample lists, and random predictive dialing was also used to supplement the purchased lists. This strategy helped to ensure that residents who were not yet listed in a directory (or who chose not to be listed) were still eligible for selection. To include "cell phone only" households, the contractor manually dialed randomly-generated cell phone numbers (based on known cell phone exchanges). Cell phone contacts were given the option of completing their interview using their calling plan minutes or scheduling a call-back (on a land line or such a time when cell phone calling plan minutes were "free"). The average length of a parent interview was 21 minutes; and the average general population interview lasted 7 minutes. Interviewers and respondents remained blind to the survey sponsor. For the Navajo/Apache Region, there were 156 surveys completed from 111 parents and 45 members of the general population.

Secondary Data

Secondary (pre-existing) data were collected from a variety of sources, including but not limited to: the U.S. Census; the Arizona Department of Health Services; the Arizona Department of Economic Security; the Arizona Department of Education; Summit Regional Medical Center; Northern Arizona Council of Governments Head Start; and other local, state, and federal agencies. Additional data were provided by First Things First for inclusion in the Needs and Assets Report.

The Navajo/Apache Region is a complicated region for which to collect representative data. County-level data are not completely accurate because they include the Navajo Nation, the White Mountain Apache Tribes, and Winslow, and they exclude Forest Lakes. Therefore, whenever possible, every effort was made to collect data for just the region. In some cases, such as for the U.S. Census, data were available at the zip code level. In these cases, data for all zip codes within the Navajo/Apache Region (see below) were combined to form one value for the region as a whole. In other cases, data were available for individual communities within the region and these were combined together when possible (see below for the communities used from Arizona Department of Health Services data). Further, some data were available at the school district level, and data for the school districts in the Navajo/Apache Region were combined to present a region total (see below for school districts in the region; only public school data were collected). However, data were not always available at the regional level, and data for comparable areas are presented as a proxy. These instances include the use of Navajo and Apache County data; the Department of Economic Security's District-level data (which for Navajo/Apache Region includes Navajo, Apache, Coconino, and Yavapai Counties); and the Northern Arizona Council of Governments (NACOG) Head Start data (which represents Navajo, Apache, Coconino, and Yavapai Counties).

In addition, all efforts were made to identify data for the population ages birth through five in the Navajo/Apache Region, although data were not always available for this age group. In these cases, data were collected for other age ranges, such as birth through four or under 18 years. Whenever possible, multiple years of data were collected to present trends. State level data were also collected for comparison to Navajo/Apache Region data.

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

Navajo/Apache Region Zip Codes

85901, 85902, 85912, 85920, 85923, 85924, 85925, 85926, 85927, 85928, 85929, 85931, 85932, 85933, 85934, 85935, 85936, 85937, 85938, 85939, 85940, 85942, 86025, 86028, 86029, 86032

Navajo/Apache Region School Districts

Public School Districts: Alpine Elementary, Blue Ridge Unified, Concho Elementary, Heber-Overgaard Unified, Holbrook Unified, Joseph City Unified, Round Valley Unified, Sanders Unified, Show Low Unified, Snowflake Unified, St. Johns Unified, and Vernon Elementary

Navajo/Apache Region Department of Health Services Communities

Apache County: Alpine, Concho, Eagar, Greer, Nutrioso, Saint Johns, Sanders, Snowflake, Springerville, Vernon

Coconino County: Forest Lakes

Navajo County: Clay Springs, Heber, Holbrook, Joseph City, Lakeside, Overgaard, Pinedale, Pinetop, Show Low, Snowflake, Sun Valley, Taylor, White Mountain Lake, Woodruff

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

Data collection for the Navajo/Apache Region can be difficult due to the First Things First regional boundaries. Most sources publish data at the county level, which in the case of Navajo and Apache Counties is not representative of the true population in the Navajo/Apache Region. Despite these challenges, region-specific data were collected about many issues related to children ages birth through five and their families. Support and collaboration with many community members, schools, and organizations in the area resulted in current and relevant data regarding emergency department use, breastfeeding, Head Start enrollment, kindergarten readiness scores, children with disabilities, community priorities, and more.

Yet, even with publicly accessible data and collaboration with the community, some vital information about the children ages birth through five in the region is still missing. More comprehensive, current, and representative data will help to make more informed conclusions about the state of Navajo/Apache Region children and can better guide initiatives within the communities. Future efforts should be made to improve the data available for the following areas of interest:

- **Cost of child care** – These data are collected through the Department of Economic Security’s Market Rate Survey. While the survey is conducted within all regions, the data are presented at only the district level, which for Navajo/Apache includes Navajo, Apache, Coconino, and Yavapai Counties.
- **Child Care professional qualifications and compensation** – The only comprehensive source of this information is the state-level Compensation and Credentials Report, which presents data for all of Arizona. Data on Head Start child care professionals are available, but only at the Northern Arizona Council of Governments level, which includes Navajo, Apache, Coconino, and Yavapai Counties. Additional data are necessary to develop a picture of the qualifications and compensation levels of all child care professionals in the Navajo/Apache Region.
- **Child abuse, foster care, and juvenile justice** – These indicators are available only at the county level. While child abuse and foster care data are collected at a zip code level, the Department of Economic Security was unable to release it.
- **Health insurance** – Enrollment numbers for the Arizona Health Care Cost Containment System (AHCCCS) and KidsCare are not available at breakdowns lower than the county level. In addition, there is no other source for whether children and families have health insurance.
- **Asthma** – The Arizona Department of Health Services collects data on hospital use for children with asthma, but only at the county level. There are no region-specific data on the number or percentage of children with asthma.
- **Obesity and Diabetes** – Obesity and diabetes data are available for adults living in the Navajo/Apache Region. There are no current data available regarding the number of children and in particular the number of children ages birth through five who are considered to be overweight or obese or diagnosed with diabetes.