2024
NEEDS AND ASSETS REPORT

FIRST THINGS FIRST

Cocopah Tribe Region

COCOPAH TRIBE
REGIONAL PARTNERSHIP COUNCIL
2024
NEEDS AND ASSETS
REPORT

Funded by the

First Things First Cocopah Tribe Regional Partnership Council

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INTRODUCTION

Ninety percent of a child's brain growth occurs before kindergarten and the quality of a child's early experiences impacts whether their brain will develop in positive ways that promote learning. First Things First (FTF) was created by Arizonans to help ensure that Arizona children have the opportunity to start kindergarten prepared to be successful. Understanding the critical role the early years play in a child's future success is crucial to our ability to foster each child's optimal development and in turn, impact all aspects of well-being in our communities and our state.

This Needs and Assets Report for the First Things First Cocopah Tribe Region helps us in understanding the needs of young children, the resources available to meet those needs and gaps that may exist in those resources. An overview of this information is provided in the Executive Summary and documented in further detail in the full report.

The report is organized by topic areas pertinent to young children in the region, such as population characteristics or educational indicators. Within each topic area are sections that set the context for why the data found in the topic areas are important (Why it Matters), followed by a section that includes available data on the topic (What the Data Tell Us).

The FTF Cocopah Tribe Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options when it comes to supporting the healthy development and education of young children in their care. It is our sincere hope that this information will help guide community conversations about how we can best support school readiness for all children in the Region. To that end, this information may be useful to local stakeholders as they work to enhance the resources available to young children and their families and as they make decisions about how best to support children birth to age 5 in communities throughout the region.

ACKNOWLEDGEMENTS

The Cocopah Tribe Regional Partnership Council wishes to thank all of the federal, state and local partners whose contributions of data, ongoing support and partnership with FTF made this report possible. These partners included the Arizona Departments of Administration (Employment and Population Statistics), Child Safety, Economic Security, Education and Health Services; Child Care Resource and Referral; and the U.S. Census Bureau. We are especially grateful for the spirit of collaboration exhibited by all our partners as we, as a state, continue to recover from the COVID-19 pandemic.

We also want to thank parents and caregivers, local service providers and members of the public who attended regional council meetings and voiced their opinions, as well as all the organizations working to transform the vision of the regional council into concrete programs and services for children and families in the Region.

Lastly, we want to acknowledge the current and past members of the FTF Cocopah Tribe Regional Partnership Council whose vision, dedication and passion have been instrumental in improving outcomes for young children and families within the region. As we build upon those successes, we move ever closer to our ultimate goal of creating a comprehensive early childhood system that ensures children throughout Arizona are ready for school and set for life.

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EXECUTIVE SUMMARY

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

The Cocopah Indian Tribe is a federally-recognized, sovereign tribe located in southwestern Arizona, along the Colorado River and south of the city of Yuma. The Cocopah (*Kwapa*), known as the River People, are descended from Yuman-language speaking people who have inhabited the lands surrounding the Colorado River and the Colorado River delta. The current Cocopah Reservation is composed of three noncontiguous areas: East, North and West Reservations.

Population Characteristics. According to the 2020 U.S. Census, the total population of the Region was 857, of whom 63 were young children (birth to age 5). Nearly one-fifth of the 342 households in the Region (19%) had one or more young children. This proportion of households with young children in the Region (19%) was similar to that seen in all Arizona reservations (20%) and substantially higher than the proportion in Arizona (13%). According to the Census, the overall population of the Region grew by 5% between 2010 and 2020. This is larger than the increase seen in Yuma County (+4%) and counter to the decrease seen across all Arizona reservations (-3%). The population of young children (birth to age 5) decreased slightly by 3%, but this was a much smaller decline than the -26% seen across all Arizona reservations.

As previously mentioned in *2020 Census data and its limitations*, Native Americans living on reservations and young children (birth to age 4) were specifically found to be substantially undercounted in the 2020 Census (5.6% and 3-5% nationally). Given this, tribal enrollment data are another important source of population counts in Native communities. Based on data from the Cocopah Enrollment Department included in the 2022 First Things First (FTF) Regional Needs and Assets Report, the Cocopah Indian Tribe had a total enrollment of 1,206 members, 93 of whom were children birth to age 5. Of these enrolled members, 474 of all ages and 46 children birth to age 5 resided within the reservation. According to data provided by local stakeholders, 79 children birth to age 5 were enrolled in 2023, 47 of whom resided within the reservation.

About six in 10 individuals (59%) in the Region identified as Native American, much lower than the proportion seen across all Arizona reservations (93%). About a third of the total population (36%) identified as non-Hispanic White, and 12% identify as Hispanic or Latino. Much smaller proportions of the population in the Region identified as Multiracial (6%), Black or African American (3%) or Asian or Pacific Islander (1%) in 2020. In contrast, nearly nine in 10 young children birth to age 4 (89%) were identified as Native American in the Region, still lower than the percentage in all Arizona reservations

(95%). Young children were also more likely to be identified as Hispanic or Latino in the Region (15%) than in all Arizona reservations (8%). Very few young children were identified as Multiracial (6%), non-Hispanic White (4%) or Black or African American (4%).

Nearly one in five individuals ages 5 and older (18%) in the Region reported speaking a language other than English or Spanish at home (most likely the Cocopah language), a lower proportion than seen across all Arizona reservations (50%), but much higher than the share in Arizona overall (6%). A small proportion of individuals reported speaking Spanish at home (7%), and three-quarters reported speaking only English at home (75%). Of those individuals speaking a language other than English at home, most also speak English "very well,"[i] with 18% of the Region proficiently bilingual or multilingual. A small proportion (6%) reported speaking another language at home and not speaking English "very well," lower than in all Arizona reservations (12%), Yuma County (20%) and Arizona overall (8%). The majority of households in the region (75%) are English speakers, with only 3% considered limited English speaking. This is a smaller proportion than seen across all Arizona reservations (12%) or in Yuma County (11%).

Native language revitalization plays a critical role in cultural preservation and can support the cognitive and socio-emotional development of young children through exposure to multiple languages. According to the 2022 Regional Needs and Assets Report, the Cocopah Cultural Resources Department has produced educational materials for all tribal members, including children's coloring books in Cocopah and English. The Department also works with elders to provide language and cultural preservation programs for the Cocopah Indian Tribe, both for adults and for children. At the Cocopah Head Start, a contracted cultural specialist and community elder provide language and cultural classes every day.

Nearly two out of every three young children (birth to age 5) in the Region live in a household with one unmarried parent[ii] (65%), which is a larger proportion than across Arizona (37%). About one-third of young children live with two married parents (33%), while smaller shares live with relatives other than parents (such as grandparents, aunts and uncles) (2%). About one in three young children in the Region (33%) lives in a grandparent's household, which is lower than seen across all Arizona reservations (43%). Note that this includes all multigenerational households; the grandparent in these households may or may not be responsible for raising the child, and the child's parent(s) may or may not also be living in the household. However, 36% of grandparents in the Region are living with grandchildren (birth to age 17) without a parent also present in the household, a much higher proportion than seen in

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[i] *"Very well" refers to the self-rated ability to speak English in response to the American Community Survey question "How well does this person speak English?". Other response options include: "well," "not well" and "not at all." See https://www.census.gov/topics/population/language-use/about.html*

[ii] *Note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category). New data from the 2020 Census (table P20) for children ages 0-17 shows that in the Region, 34% of the children living in households with an unmarried parent are actually living in cohabitating couple families where there are two parents present but they are not married. This means that for children of all ages living with their parents in 2020, 38% were living in households led by married parents, 29% were living in households led by an unmarried (and not cohabitating) mother, 21% were living in households led by cohabitating parents and 13% were living in households led by an unmarried (and not cohabitating) father.*

all Arizona reservations (14%), Yuma County (10%) and Arizona overall (11%). This suggests that many grandparents in the Region are raising their grandchildren.

The American Community Survey (ACS) considers a grandparent to be responsible for their grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household. Based on this definition, an estimated 21 grandparents in the Region are responsible for their grandchildren under 18 years old. A parent is also present in most of these households (only 38% without the child's parent). The majority of these grandparents are female (71%), and nearly half are in the labor force (48%), meaning that they may need child care for their grandchildren while they are working. About a third (33%) have an income below the poverty level, which is slightly lower than the percentage across all Arizona Reservations (36%) but substantially higher than the proportion statewide (21%).

Economic Circumstances. Across all household types for which data are available, the median family income for all families with children (birth to age 17) in the Region is substantially less than that in Arizona overall. For example, married couple families with children in the Region have the highest median annual income ($38,500) of all family types, but this is substantially lower than seen statewide ($100,000) or in Yuma County ($72,500). The notably lower median annual income of single-male-headed families with children ($18,400) and single-female-headed families with children ($10,800) points to the additional financial stress experienced by single-parent-led households in the Region.

More than one-third (35%) of the overall population and more than half (60%) of young children (birth to age 5) in the Region live in poverty, which is about triple the poverty rates for Arizona as a whole (13% and 20%, respectively), and more than double those in Yuma County (18% and 26%, respectively). While the overall poverty rate in the Region (35%) and all Arizona reservations (37%) were similar, the poverty rate for young children in the Region (60%) was notably higher than in all Arizona reservations (48%). According to American Community Survey five-year estimates, rates of poverty among young children in the Region have decreased in recent years (-7%), from 67% in 2012-2016 to 60% in 2017-2021. Poverty rates declined similarly across all Arizona reservations (-6%), Arizona (-8%) and the U.S. (-6%) during the same time period.

The majority (87%) of young children in the Region live in households with incomes under 185% of the federal poverty level (FPL), a commonly used threshold for social safety net benefits such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and reduced-price school meals. In 2021, the 185% FPL threshold for a family of two adults and two children was $50,836; for a single parent with one child, it was $34,552. Nearly half (49%) of young children in the Region live in "deep poverty" (defined as below 50% FPL), more than five times the proportion in the state as a whole (9%). This suggests that substantially more families may have cash incomes that are not sufficient to meet their needs.

Despite the very high rates of poverty among young children in the Region, very few children birth to age 5 or families with children birth to age 5 have received Temporary Assistance for Needy Families (TANF) in recent years. In state fiscal year (SFY) 2021, 14 young children in the Region participated in

TANF, which compared to the estimated 63 children birth to age 5 in the Region, would amount to 22% of children receiving TANF that year. In all other years, the number of young children (or families with young children) participating in TANF could not be displayed due to data suppression thresholds.

Supplemental Nutrition Assistance Program (SNAP) participation among young children (birth to age 5) in the Region declined steadily from 72 in SFY 2018 to a five-year low of 61 in SFY 2020, before increasing again to 69 in SFY 2021 and 68 in SFY 2022. These numbers suggest that nearly all children in the Region likely participated in SNAP in recent years. In 2022, a total of 64 individuals were enrolled in WIC in the Region, including 11 women, 17 infants and 41 children (ages 1-4). The total number of children birth to age 4 enrolled and participating in WIC peaked in 2020, with 58 children enrolled and 56 participating. The number of children enrolled and participating has declined since then, with 49 children enrolled and 46 participating in 2022. WIC participation rates were slightly higher in the Region for women and infants than in Yuma County or Arizona overall. In 2022, 100% of the enrolled women and infants received benefits in the Region, compared to 96% of women and 98% of infants in the county and state. However, participation rates for children ages 1-4 were only 93% in the Region, lower than rates in Yuma County (96%) and Arizona (95%).

There are no schools located within the Region; thus there are no sites that serve meals through the National School Lunch Program (NSLP). From 2019-20 to 2021-22, the total number of lunches served through school nutrition programs in the Region generally increased. Due to U.S. Department of Agriculture (USDA) waivers that allowed for greater flexibility in meal service through Summer Food Service Program (SFSP) year-round, the number of lunches served through SFSP at the Cocopah Community Center more than doubled between 2019-20 and 2021-22, with 4,597 lunches served in 2021-22. Lunches served through the Children and Adult Care Food Program (CACFP) at Cocopah Head Start declined from around 3,412 in 2019-20 to just 2,245 in 2020-21 but doubled between 2020-21 and 2021-22 to 5,645 lunches served.

The unemployment rate is the proportion of the total number of people in the civilian labor force who are unemployed and looking for work. Unemployment rates do not include people who have dropped out of the labor force entirely, including those who wanted to work but could not find a suitable job and have stopped looking for employment. The ACS estimates that the average unemployment rate for the Region between 2017 to 2022 was 16%. This is more than double the unemployment rate for Yuma County (8%) and Arizona as a whole (6%) but only slightly higher than all Arizona reservations (14%). An additional metric of employment is the labor-force participation rate. This rate is the fraction of the population who are in the labor force, whether employed or unemployed. The labor force participation rate in the Region (34%) is much lower than that seen across all Arizona reservations (45%), Yuma County (55%) and Arizona overall (61%). This means that about a third of working-age teens and adults in the Region are working (28%) or actively looking for work (6%), while the remaining 66% are not (which includes students, retirees, stay-at-home parents and others).

Just under half (46%) of young children (birth to age 5) in the Region live in a household where at least one parent is in the labor force, compared to 90% of young children statewide. About one in four young

children in the Region (23%) live in households where all their parents are in the workforce, indicating they likely require some form of child care.

Traditionally, housing has been deemed affordable for families if it costs less than 30% of annual household income. According to recent ACS estimates, only 15% of households in the Region spent more than 30% of their income on housing, disproportionately impacting renters (19%) over homeowners (12%). Housing cost burden is notably lower in the Region compared to the state (29%) and very similar to that seen in all Arizona reservations (13%).

About two-thirds of households (66%) in the Region have both a computer (i.e., a desktop, laptop, tablet or smartphone) and broadband internet connectivity. This proportion is higher than that in all Arizona reservations (44%) but lower than the proportion of households in Arizona overall (88%). According to the ACS, 65% of all individuals, including children birth to age 17, in the Region have access to both a computer and internet in their household. This is higher than the proportion of the total population (51%) and children birth to age 17 (51%) in all Arizona reservations, but considerably lower than the share with access in Yuma County (both 86%) and Arizona (90% and 92%, respectively). However, according to local stakeholders, individual access to both a computer and internet in the Cocopah Indian Tribe is much lower than 65%.

Educational Indicators. There are no schools within the boundaries of the Region. Instead, students attend schools in the Crane Elementary District, Somerton Elementary District, Yuma Elementary District and Yuma Union High School District.

According to the 2022 Regional Needs and Assets Report, the Cocopah Education Department provides a range of services to families in the Cocopah Indian Tribe to support their children's education. The Education Department has a team of four advisors, one for each of the following grade groups: early elementary (grades K-2), upper elementary (grades 3-5), middle school (grades 6-8) and high school (grades 9-12). These advisors monitor student attendance and academic progress, and they also serve as liaisons between parents and schools. They help parents support their children's education through requesting meetings with teachers, participating in the development of Individualized Education Programs (IEPs) for students with special needs and assisting parents with transportation to school events. Children must be enrolled Cocopah Indian Tribe members to participate in the program (though they may live on- or off-reservation). The Education Department does provide limited services to children residing within the reservation who are not enrolled members. In addition to advisors, the Education Department also provides financial support and incentives for students, assisting with costs such as ID fees, books, clothing, school supplies and extracurricular activities. The advisor for early elementary school (grades K-2) works closely with the Cocopah Head Start program to help young children make the transition to kindergarten. This support is particularly vital as this transition involves moving from a relatively small early education program within the community to a much larger elementary school outside the reservation.

According to data from the 2022 Regional Needs and Assets Report, the number of Cocopah Indian Tribe students enrolled in K-12 schools increased from 282 in 2018 to 317 in 2020. This included 12

students in 2019 and 13 students in 2020 enrolled in kindergarten, mostly in the Somerton Elementary District. Please note that these numbers only include the students whose parents have signed a Release of Information form with the Cocopah Education Department and thus may not represent all students from the Cocopah Indian Tribe.

In the 2021-22 school year, 45 Native American students were enrolled in preschool through 3rd grade in off-reservation public and charter schools known to serve Region students. Fewer than 11 students were enrolled in preschool or kindergarten, 11 in 1st grade, 13 in 2nd grade, and 14 in 3rd grade. According to data from the 2022 Regional Needs and Assets Report, there were 12 kindergarteners from the Cocopah Indian Tribe enrolled in public and charter schools in 2019 and 13 in 2020, which suggests that Cocopah Indian Tribe students likely make up the majority of Native American students enrolled in these schools.

According to data provided by the Cocopah Education Department as part of the 2022 Regional Needs and Assets Report, graduation rates for Cocopah Indian Tribe high school students increased from 62% in 2018 to 71% in 2020. Conversely high school dropout rates declined from 38% to 29% in the same period. In 2022, just over half (53%) of Native American students enrolled in off-reservation schools serving Region students graduated within four years of starting high school, and 73% graduated within five years. This four-year graduation rate was lower than the rates for Native American students in all Yuma County schools (59%) and Arizona schools (65%), but the five-year graduation rate fell between the rate for Native American students in all Arizona schools (72%) and all Yuma County schools (75%). In 2021-22, the 7th-12th grade dropout rate for Native American students in off-reservation schools serving Region students (6%) was lower than it was for Native American students throughout Arizona (9%) and countywide (7%). Dropout rates for Native American students in off-reservation schools increased slightly from 5% to 6% between 2020-21 and 2021-22, mirroring a statewide increase from 4% to 5% for all students.

Among adults in the Region, 84% have at least a high school education. This is a higher proportion than across all Arizona reservations (77%) and Yuma County (75%) but lower than that seen statewide (89%). Compared to adults in all Arizona reservations, adults in the Region are more likely to have a bachelor's degree or higher (13% in the Region; 9% in all Arizona reservations), or some college experience (29% in the Region; 25% in all Arizona reservations). More than half of births in the Region were to mothers who had a high school education, ranging from 60% in 2020 to 75% in 2021. Overall, 52% of births in the Region between 2019 and 2022 were to mothers who had finished high school or had a GED.

Early Learning. According to the 2022 First Things First Cocopah Tribe Regional Needs and Assets Report, early childhood care and education in the Region is provided through Cocopah Day Care and Cocopah Head Start, both operated directly by the Cocopah Indian Tribe.

Cocopah Day Care provides free center-based care to children ages 3 to 12 who are enrolled members of a federally recognized tribe. The center offers care from 8 a.m. to 5 p.m. Monday through Friday and aims to provide a fun education environment for children. In 2021, Cocopah Day Care enrolled 21 children overall, including 11 children ages 3 to 5.

Cocopah Head Start provides free early education for children ages 3 to 5 in the Region. Families must meet certain income eligibility requirements to enroll their children in Head Start. In 2021, there were 20 children ages 3 to 5 enrolled in Cocopah Head Start. Data from the most recent Program Information Report show that in fiscal year (FY) 2023, Cocopah Head Start had 20 funded enrollment slots and cumulatively enrolled 22 children throughout the year. According to local stakeholders, Cocopah Head Start had a waitlist with 3 children waiting to be enrolled as of 2024.

Taken together, Cocopah early care and education programs enrolled 31 children ages 3 to 5 in 2021. Given that the Census estimated that there were 30 children ages 3 to 5 in in 2020 and 32 children in the Region in that age range based on births between 2016 and 2018, this suggests that these programs have the capacity to serve all preschool-aged children in the Region.

Very few children in the Region received assistance from the Department of Economic Security (DES). In 2017, and each year between 2020 and 2022, at least one child in the Region received a child care assistance, but the total number of children receiving assistance was less than 10 each year, meaning that data cannot be displayed due to suppression guidelines. No Department of Child Safety (DCS)-involved children received assistance in the Region in any year between 2017 and 2022.

As of 2023, there was one Quality First child care provider in the Region, Cocopah Head Start, which had a 4-star rating, indicating that the center exceeds quality standards. This means that all 20 children in the Region enrolled in a Quality First child care provider are enrolled in a quality-level provider.

In federal fiscal years (FFYs) 2021 and 2022 combined, fewer than 10 children were referred to the Arizona Early Intervention Program (AzEIP). Half of these referrals were made by physicians. None of the children referred were found eligible for AzEIP services. For 75% of the referrals, AzEIP service coordinators were unable to make contact with the family to start the screening process, and the remaining 25% were found to be ineligible. The only years where at least one child (but fewer than 10) from the Region was receiving services from AzEIP as of October 1 were 2019 and 2020. Similarly, at least one child birth to age 5 (but fewer than 10) from the Region received services from the Division of Developmental Disabilities (DDD) in SFYs 2021 and 2022.

Qualifying children may receive services from AzEIP and/or DDD, a number which can be used to estimate the total number of young children receiving early intervention services in a region. At least one child birth to age 2 (but fewer than 10 children) received AzEIP and/or DDD services each year between SFY 2019 and 2022. Statewide, based on the Census estimate of children birth to age 2, about 2.6% of young children in Arizona received early intervention services. Given the Census estimate of 33 children birth to 2 in the Region, the percentage of children receiving early intervention services is likely higher, since even one child receiving services would correspond to 3.0% of children in the Region.

Child Health. According to the 2022 FTF Cocopah Tribe Regional Needs and Assets Report, families in the Region can access health care through the Fort Yuma Health Center. Fort Yuma Health Center, located in Winterhaven, California, serves the Cocopah Indian Tribe and Fort Yuma Quechan Indian Tribe, providing primary care, pediatric, nutrition, physical therapy, dental, pharmacy and laboratory services, as well as public health nursing. As of FY 2019, there were 520 active Indian Health Service

(IHS) users[iii] from the Cocopah Indian Tribe, 53 of whom were young children birth to age 5. In addition to the services available at Fort Yuma Health Center, the Cocopah Tribal Health Maintenance Program (THMP) supports the health and wellbeing of Cocopah tribal members through providing health and nutrition education, connection to medical resources, patient advocacy and wellness checks.

Health insurance coverage plays an important role in access to health care. In the Region, the proportion of young children birth to age 5 who did not have health insurance decreased from an estimated 22% according to the 2012-2016 ACS to 15% in the 2017-2021 ACS. This ran counter to the trend in all Arizona reservations, where the share of children without health insurance increased from 17% to 20% over the same period. It is important to note that the U.S. Census Bureau does not consider coverage by IHS, including care at 638 or other Urban Indian health care facilities, to be insurance coverage, meaning that even "uninsured" individuals according to the ACS still likely have access to care through IHS. The majority of births in the Region were covered by the Arizona Health Care Cost Containment System (AHCCCS; Arizona's Medicaid agency) in 2020 (73%) and 2021 (75%), which is higher than AHCCCS coverage across all Arizona reservations in 2020 (71%) and Arizona overall (48% and 46%, respectively). Between 2019 and 2022, 66% of births were covered by AHCCCS and 30% by IHS.

Between 2019 and 2022, 45% of the 44 births in the Region were to mothers who began prenatal care in the first trimester, and just under a third of births (30%) were to mothers with fewer than five prenatal care visits. Between one and five births were to mothers with no prenatal care, which translates to somewhere between 2 and 11% of births in the Region in this period. This suggests that fewer mothers in the Region are getting timely and adequate prenatal care than elsewhere in the state; in 2020, 56% of births in all Arizona reservations were to mothers who began prenatal care in the first trimester, 14% to mothers with fewer than five prenatal visits, and 5% to mothers with no prenatal care.

In 2020 and 2021, no births in the Region were to mothers younger than age 20, much lower than the 9% of births to mothers younger than 20 in all Arizona reservations and 4% to mothers younger than 18, suggesting that births to teenaged mothers are much less prevalent in the Region compared to reservations statewide.

Between one and five births in the Region were to mothers who smoked cigarettes during pregnancy in 2020 and 2021. This means that the Region did not meet the Healthy People 2030 target of no more than 4.3% of women using tobacco during pregnancy, since even one birth with tobacco use in the Region in this period would translate to 4.3% of total births in 2020 and 2021 combined. In 2020, 11.1% of births in all Arizona reservations and 3.6% of births in Arizona overall were to mothers who reported smoking during pregnancy.

Between 2018 and 2022, eight newborns were hospitalized because of maternal drug use during pregnancy in the Region. Based on the total number of births in the Region in this period (n = 54), this equates to 14.8 newborns hospitalized per 100 births, nearly five times the 3.3 newborns hospitalized per

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[iii] *Please note that active users indicate residents of the Cocopah reservation who received services at least once in the prior three years in the Fort Yuma Service Unit - Personal Communication, Indian Health Service – Phoenix Area, April 2021*

100 live births in the state. The average length of hospital stay was slightly shorter in the Region (9.3 days) than in Arizona as a whole (9.5 days).

Between 2019 and 2022, 68% of births in the Region were to mothers with pre-pregnancy obesity, and 14% of births were to mothers with gestational diabetes. These combined rates are much higher than the percent of mothers with pre-pregnancy obesity or gestational diabetes in 2021 in Yuma County (28% and 11%, respectively) and Arizona (27% and 10%, respectively).

Between 2019 and 2022, 13.6% of births in the Region were preterm, which means the Region did not meet the Healthy People 2030 target for preterm births of 9.4% or fewer. This combined rate is slightly higher than the 12.6% of births that were preterm in all Arizona reservations in 2020 and much higher than rates of preterm births in Yuma county (9.6%) and Arizona overall (10.0%) in 2021. At least one, but no more than five, babies born between 2019 and 2022 had a low birth weight; similarly at least one, but no more than five, babies were admitted to the neonatal intensive care unit (NICU) in this same period. Compared to the overall number of births, this suggests rates that are similar to those seen statewide, where 9.6% of births were of babies born at low birth weight and 8% resulted in NICU admissions in 2021.

Overall, rates of breastfeeding for infants enrolled in WIC in the Region were similar to statewide rates between 2018 and 2022. More than three in four infants enrolled in WIC in the Region were ever breastfed in 2019 (78%), 2020 (75%) and 2022 (88%). By comparison, between 77% and 79% of infants enrolled in WIC statewide were breastfed in this period.

Childhood immunizations protect against many diseases, including diphtheria, tetanus and pertussis (DTaP); polio; and measles, mumps and rubella (MMR). Kindergarten immunization rates were not available specifically for the Region.

There were very few confirmed and probable cases of RSV (Respiratory Syncytial Virus) and influenza in young children birth to age 5 in the Region. After no cases of RSV in 2019 or 2020, at least one case (but no more than five) was seen in young children in 2021 and 2022. There were no cases of influenza in young children in 2020 but at least one (but no more than five) in 2019, 2021 and 2022. Statewide and in Yuma County, cases of RSV and influenza in young children were substantially higher in 2022 than prior years.

There were no deaths of infants (under age 1) in the Region between 2019 and 2021. Yuma County's infant mortality rate (7.0 deaths per 1,000 live births) was much higher than Arizona's (5.4), and neither met the Healthy People 2030 target (5.0 or fewer). Like the pattern statewide, falls were the most common type of unintentional injury that resulted in an emergency department visit for young children birth to age 4 in the Region (n=10). No other cause led to six or more emergency department visits for children in the Region. Between 2018 and 2021, there were no deaths among children birth to age 17 in the Region.

Family Support and Literacy. According to the 2022 Regional Needs and Assets Report, the FTF Cocopah Tribe Regional Partnership Council funds the Early Steps home visitation program. In the

Early Steps program, a trained parent educator provides home visits to families with children birth to age 5 to help support parents in fostering their children's healthy development, promote parent-child interactions, family wellbeing and early literacy. The program also serves prenatal mothers, helping them navigate pregnancy and prenatal care. In fiscal year 2020, 27 families with 37 children birth to age 5 participated in the program, as well as 2 prenatal mothers. Additionally, Cocopah Head Start conducts home visits to promote family wellbeing and early literacy; a total of four visits per family are conducted each school year.

Cocopah Native Connections, part of the Cocopah Tribal Health Maintenance Program (THMP), serves Cocopah youth ages 9 to 24, by providing screenings for depression, suicide and substance abuse training, behavioral health referrals, well-check visits and youth counseling services. Cocopah Native Connections also hosts suicide prevention workshops, youth after-school programs and youth togetherness activities. The program's goal is to prevent youth suicide and substance misuse through promoting wellbeing of body, mind and spirit.

Between 2018 and 2021, there were fewer than 6 deaths with opiates or opioids contributing in the Region. However, it is important to note that this only includes deaths occurring within the Region and with address data that allowed the death to be properly assigned to a FTF region. As mentioned above, the Cocopah Native Connections program aims to prevent substance misuse by youth through training, screenings, referrals and community-building. In addition to Native Connections, the Cocopah Alcohol and Drug Abuse Prevention Program (ADAPP) provides culturally sensitive and competent substance dependence treatment, education and prevention services for Cocopah tribal members.

Child welfare services for the Cocopah Indian Tribe are provided by the Cocopah Social Services Department, including management of ICWA cases. Child welfare data for the Region were not available for this report or as part of the 2022 First Things First Cocopah Tribe Regional Needs and Assets Report.

ABOUT THIS REPORT

There is growing acknowledgement of the role our physical, social, and economic environments play in our day-to-day health and wellbeing.[1] These factors, known as the social determinants of health, have an especially strong effect on the development of young children ages birth to 5 and accumulate over time.[2, 3] Measuring and addressing these conditions can significantly impact not only early health and education outcomes, but also health and economic circumstances later in life.[4, 5, 6] It is important to acknowledge that structural inequities in access to quality health care, schools, and education as well as living, working and leisure conditions lead to disparate outcomes within and between groups of people.[7] For example, the U.S.'s history of segregation, discriminatory policy and differential investment across communities has created generational disparities in outcomes for people of color.[8] Native communities have additionally experienced periods of genocide, forced relocation and assimilation leading to systemically poorer economics and health compared with other groups.[9, 10] This Needs and Assets Report covers many structural and social determinants of health including population characteristics, economic characteristics, early learning and educational indicators, child health, and family support and literacy for the First Things First Cocopah Tribe Region.

The data in this report come from a variety of sources including federal and state agencies and local agencies or service providers. Federal government sources include publicly available data from the 2020 Census and the 2017-2021 American Community Survey (ACS) 5-Year Estimates. Data in this report from the ACS summarize the responses from samples of residents taken between 2017 and 2021. Because these estimates are based on samples rather than the entire population, ACS data should not be considered exact. Estimates for smaller geographies, such as regions, are less accurate than estimates for larger geographies, such as the state, because they are based on smaller sample sizes.

Data were provided to FTF by state agencies including the Arizona Department of Health Services, the Arizona Department of Education and the Arizona Department of Economic Security. In most cases, the data in this report were calculated specifically for the Needs and Assets process and are more detailed than the data that are published by these agencies for the general public. Whenever possible, this report will use data tailored to the Region; for example, this report includes tribal enrollment data provided by Cocopah Indian Tribe Administration. In some cases, there are only county-level or statewide data available to report. This report also includes publicly available data for the state and counties to supplement data received through specific requests, including from state agencies such as the Arizona Department of Commerce's Office of Economic Opportunity. When more recent data from public or state agency datasets were not available, this report also cites data from the 2022 FTF Cocopah Tribe Regional Needs and Assets Report.

To avoid confusion with data that are specific to the Cocopah Indian Tribe, the First Things First Cocopah Tribe Region is referred to as 'the Region' throughout this report. Several data sources cited in the report use the term 'American Indian;' based on local feedback, this language has been updated to Native American and discrepancies between data source language and in-text language have been noted below relevant tables and figures.

In most tables in this report, the top rows of data correspond to the FTF Region. Not all data are available at the FTF regional level because not all data sources analyze their data based on FTF regional boundaries. The other table rows present data that are useful for comparison purposes, including Yuma County, all Arizona reservations combined, the state of Arizona and national estimates or targets where available. Data tables and graphs are as complete as possible. Data which are not available for a particular geography are indicated by the abbreviation "N/A." State agencies have varying policies about reporting small values. Entries such as "<11" are used when the count is too small to be reported and has been suppressed to protect privacy. In some cases, table entries will indicate a range of values such as "1 to 9" because the suppression policy prevented the vendor from knowing the exact value, but comparison of these ranges of possible values to other values in the table or figure may still be useful. Table entries of "DS" indicate that data have been suppressed and we are unable to provide a useful range of possible values. Additional data tables not included in the body of the report can be found in Appendix 1.

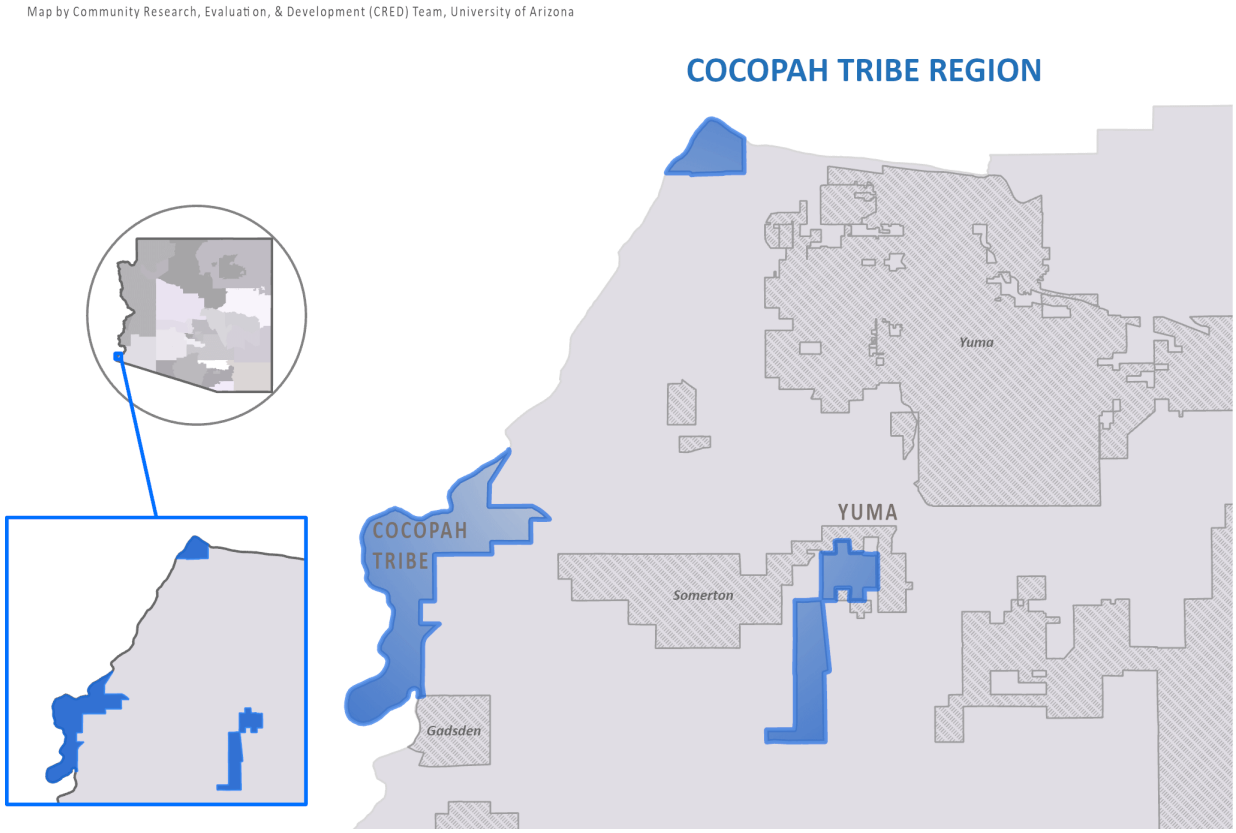
THE COCOPAH INDIAN TRIBE

The First Things First regional boundaries were initially established in 2007, creating 31 regions which were designed to (a) reflect the view of families in terms of where they access services, (b) coincide with existing boundaries or service areas of organizations providing early childhood services, (c) maximize the ability to collaborate with service systems and local governments and facilitate the ability to convene a Regional Partnership Council and (d) allow for the collection of demographic and indicator data. The regional boundaries are reviewed every two years. In state fiscal year 2015, the boundaries were modified using census blocks, creating 28 regions.

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

The Cocopah Indian Tribe is a federally-recognized, sovereign tribe located in southwestern Arizona, along the Colorado River and south of the city of Yuma. The Cocopah (*Kwapa*), known as the River People, are descended from Yuman-language speaking people who have inhabited the lands surrounding the Colorado River and the Colorado River delta.[11] The current Cocopah Reservation is composed of three noncontiguous areas: East, North and West Reservations. Figure 1 shows the geographical area covered by the Region. Additional information is available at the end of this report, including a map and table of the Region's zip codes in Appendix 3 and a map and a list of Arizona public school districts in the Region in Appendix 4.

Figure 1. The First Things First Cocopah Tribe Region



Source: 2020 TIGER/Line Shapefiles prepared by the U.S. Census. Map produced by CRED.

POPULATION CHARACTERISTICS

POPULATION CHARACTERISTICS

Why It Matters

Accurate information about the number and characteristics of families allows policy makers and program providers to understand what resources are needed in their communities, including where services should be located and how to tailor offerings to the specific needs of those who are likely to use them.[12, 13, 14, 15] For example, identifying which communities have high numbers of families with young children can facilitate strategic investments in libraries, playgrounds, health care facilities, social services and educational systems, which can help families with young children thrive.[16, 17] Program and policy decisions that are informed by data on the composition of children's home and community environments help ensure more effective supports for families and have a greater chance to improve well-being, economic security and educational outcomes for children.

2020 Census data and its limitations

The release of 2020 Census data in 2023 provided updated information on the population of Arizona and the nation as a whole. However, the 2020 Census faced unprecedented challenges in conducting an accurate count of the population, the foremost of which included the COVID-19 pandemic and its related disruptions to institutions such as tribal and local governments, schools and health care facilities.[18, 19, 20, 21, 22] Overall, data quality reviews of the 2020 Census have concluded that the data are generally reliable and accurate for the overall population; however, specific groups that have been undercounted in the past were again undercounted, this time more severely.[23] Nationwide, Native Americans living on reservations were estimated to be undercounted by 5.6% (compared to 4.9% in 2010), and Hispanic or Latino individuals were undercounted by an estimated 5.0% (compared with 1.5% in 2010). Young children birth to age 4 were also undercounted by 3-5% nationwide, meaning that as many as 1 in 20 young children birth to age 4 were missed by the Census.[24] These undercounts are important to keep in mind when using Census data, particularly data for young children and for communities with substantial Native American and Hispanic or Latino populations. Undercounted communities risk receiving fewer resources for at least the next decade since the decennial census counts are the basis of many federal funding allocations.[25, 26]

What the Data Tell Us

Population, race and ethnicity

While young children make up a small proportion of the overall population, their well-being has wide-reaching impacts on families, social service systems and the state's future population. Continued investment in children's well-being and the well-being of their families was deemed by the National Academy of Sciences as "the most efficient strategy" for strengthening the future workforce and supporting a thriving community.[27, 28]

Knowing the racial-ethnic composition of communities can inform efforts to ensure equitable access to services and resources. Many racial and ethnic minority groups in the U.S. experience reduced access to health care services, more poverty and housing inequality, poorer living conditions and increased rates of homelessness in comparison to non-Hispanic White Americans.[29, 30, 31, 32] In Native communities, these disparities have been shaped by decades of inequitable federal policies and underinvestment.[33] These inequities result in disproportionately worse overall health as indicated by higher rates of disease and illness, untreated physical health conditions and lower life expectancies within these groups.[34] Understanding a community's racial-ethnic composition is also critical for identifying communities facing higher risks from environmental and public health hazards due to historic underinvestment and other factors—as the COVID-19 pandemic made woefully clear.[35]

How the Region is faring

- According to the 2020 U.S. Census, the total population of the Region was 857, of whom 63 were young children (birth to age 5). Nearly one-fifth of the 342 households in the Region (19%) had one or more young children. This proportion of households with young children in the Region (19%) was similar to that seen in all Arizona reservations (20%) and substantially higher than the proportion in Arizona (13%) (Table 1).
- According to the Census, the overall population of the Region grew by 5% between 2010 and 2020. This is larger than the increase seen in Yuma County (+4%) and counter to the decrease seen across all Arizona reservations (-3%). The population of young children (birth to age 5) decreased slightly by 3%, but this was a much smaller decline than the -26% seen across all Arizona reservations (Table 2 & Figure 2).
- As previously mentioned in *2020 Census data and its limitations*, Native Americans living on reservations and young children (birth to age 4) were specifically found to be substantially undercounted in the 2020 Census (5.6% and 3-5% nationally). Given this, tribal enrollment data are another important source of population counts in Native communities. Based on data from the Cocopah Indian Tribe Enrollment Department included in the 2022 First Things First (FTF) Regional Needs and Assets Report, the Cocopah Indian Tribe had a total enrollment of 1,206 members, 93 of whom were children birth to age 5. Of these enrolled members, 474 of all ages and 46 children birth to age 5 resided within the reservation (Table 3). According to data provided by local stakeholders, 79 children birth to age 5 were enrolled in 2023, 47 of whom

resided within the reservation (Table 4).About six in 10 individuals (59%) in the Region identified as Native American, much lower than the proportion seen across all Arizona reservations (93%). About a third of the total population (36%) identified as non-Hispanic White, and 12% identify as Hispanic or Latino. Much smaller proportions of the population in the Region identified as Multiracial (6%), Black or African American (3%) or Asian or Pacific Islander (1%) in 2020 (Figure 3).

- In contrast, nearly nine in 10 young children birth to age 4 (89%) were identified as Native American in the Region, still lower than the percentage in all Arizona reservation (95%). Young children were also more likely to be identified as Hispanic or Latino in the Region (15%) than in all Arizona reservations (8%). Very few young children were identified as Multiracial (6%), non-Hispanic White (4%) or Black or African American (4%) (Figure 4).

Table 1. Population and households in the 2020 U.S. Census

Geography	Total population	Population (ages 0-5)	Total number of households	Number and percent of households with one or more children (ages 0-5)	
Cocopah Tribe Region	**857**	**63**	**342**	**65**	**19%**
All Arizona Reservations	173,499	15,140	50,362	10,167	20%
Yuma County	203,881	15,312	69,589	11,504	17%
Arizona	7,151,502	480,744	2,705,878	345,601	13%
United States	331,449,281	22,401,565	126,817,580	16,429,111	13%

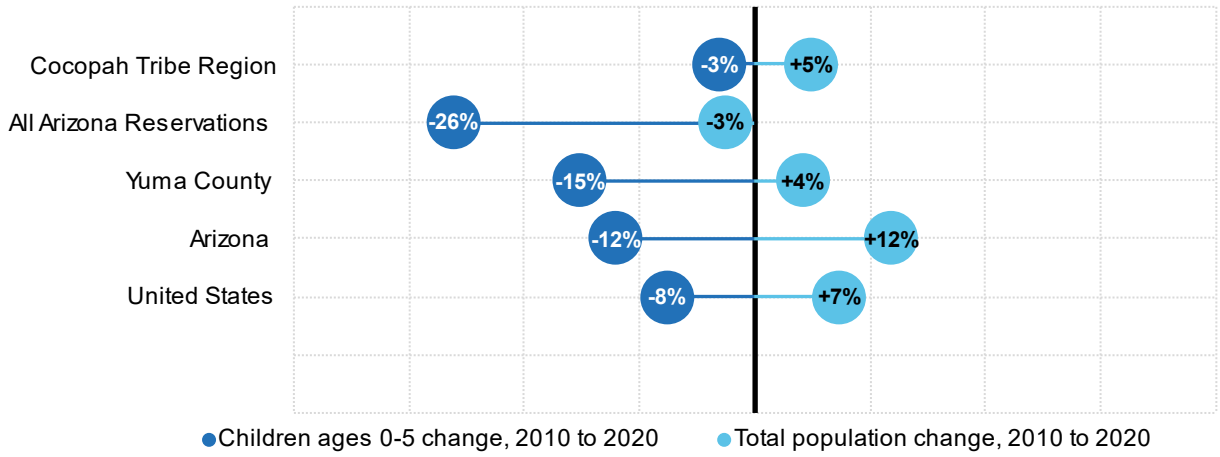
Source: U.S. Census Bureau. (2023). 2020 Decennial Census, Demographic & Housing Characteristics (DHC), Tables P1, P14, P20 & HCT3

Table 2. Change in the total population and population of children ages 0-5, 2010 to 2020 Census

Geography	Total population			Population (Ages 0-5)		
	2010	2020	% Change 2010 to 2020	2010	2020	% Change 2010 to 2020
Cocopah Tribe Region	**817**	**857**	**+5%**	**65**	**63**	**-3%**
All Arizona Reservations	178,131	173,499	-3%	20,511	15,140	-26%
Yuma County	195,751	203,881	+4%	18,048	15,312	-15%
Arizona	6,392,017	7,151,502	+12%	546,609	480,744	-12%
United States	308,745,538	331,449,281	+7%	24,258,220	22,401,565	-8%

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P1, P14, HCT3. U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, P20.

Figure 2. Change in the total population and population of children ages 0-5, 2010 to 2020 Census



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P1, P14, HCT3. U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, P20.

Table 3. Cocopah Indian Tribe Enrollment, 2022

Age group	On-reservation	Off-reservation	Total
Children birth to age 5	**46**	**47**	**93**
Children ages 6 to 17	97	176	273
Total population (all ages)	474	732	1,206

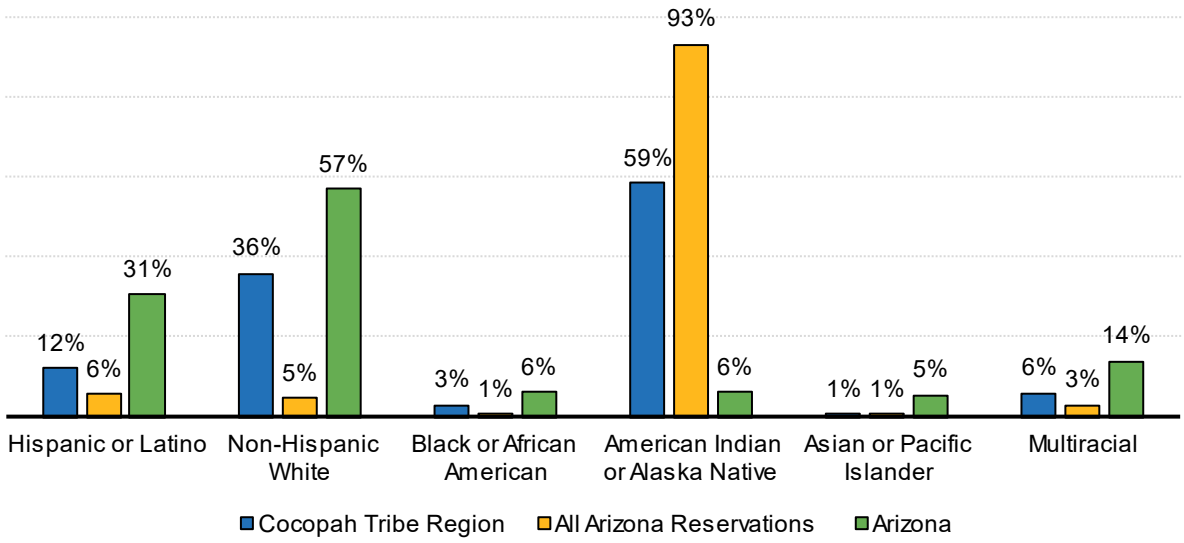
Source: First Things First (2022). Cocopah Tribe Region 2022 Needs and Assets Report. Retrieved on Dec 1, 2023 from https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Cocopah%20Tribe.pdf

Table 4. Cocopah Indian Tribe Enrollment, 2023

Age group	On-reservation	Off-reservation	Total
Children birth to age 5	**47**	**32**	**79**
Children ages 6 to 17	113	163	276
Total population (all ages)	486	693	1,179

Source: Cocopah Indian Tribe Enrollment Department (2024). [Tribal enrollment data]. Received through correspondence.

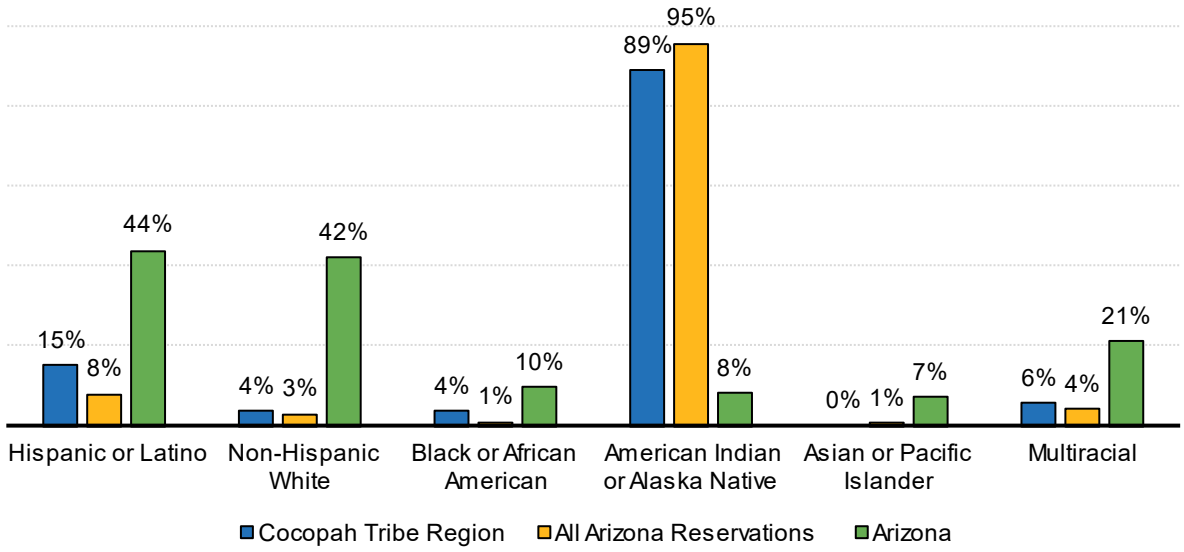
Figure 3. Race and ethnicity of the population of all ages, 2020 Census



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), P6, P7, P8, P9, P12, P12A-W.

Note: The six percentages shown in this figure may sum to more or less than 100% because (a) persons reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) persons reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding. While the Census uses the term American Indian, in-text references to this data use the term Native American based on local stakeholder feedback. Data for the Cocopah Indian Tribe Reservation include data for an RV resort on the Reservation, where winter residents live during parts of the year and make up a substantial proportion of the population in the North Reservation. The majority of the non-Hispanic White residents in the Region reside in this RV resort. For more information, please see the 2018 Cocopah Tribe Regional Partnership Council Needs and Assets Report https://www.firstthingsfirst.org/wp-content/uploads/2019/11/Regional-Needs-and-Assets-Report-2018-Cocopah.pdf.

Figure 4. Race and ethnicity for children birth to age 4, 2020 Census



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), P6, P7, P8, P9, P12, P12A-W.

Note: The six percentages shown in this figure may sum to more or less than 100% because (a) persons reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) persons reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding. While the Census uses the term American Indian, in-text references to this data use the term Native American based on local stakeholder feedback.

Language use

Language provides an important connection to family, community and culture. Arizona is home to many sovereign tribal nations whose Native languages are a vital cultural strength. Language preservation and revitalization are critical to safeguarding traditional knowledge and promoting Indigenous self-determination, social unity and educational equity.[36, 37, 38] Unfortunately, the latest estimates for Native language use in Arizona from the American Community Survey point to a sharp decline in the number of speakers of native languages between 2019 and 2021. While the population of English-only speakers rose 0.3% between 2019 and 2021, the population of speakers of Native North American languages other than Navajo[iv] declined by an estimated 27% (from over 30,000 to about 22,500).[39] This decrease reflects the devastating losses that Native communities experienced during the COVID-19 pandemic.[40,41] These deaths, especially among Native elders, signify a loss of life and of traditional knowledge, cultural history and language.[42,43] Ongoing support for cultural preservation and language revitalization continues to be a critical need for Native communities in Arizona.

[iv] *The population of Navajo speakers declined by an estimated 13% (from over 90,000 to about 78,000) in Arizona between 2019 and 2021.*

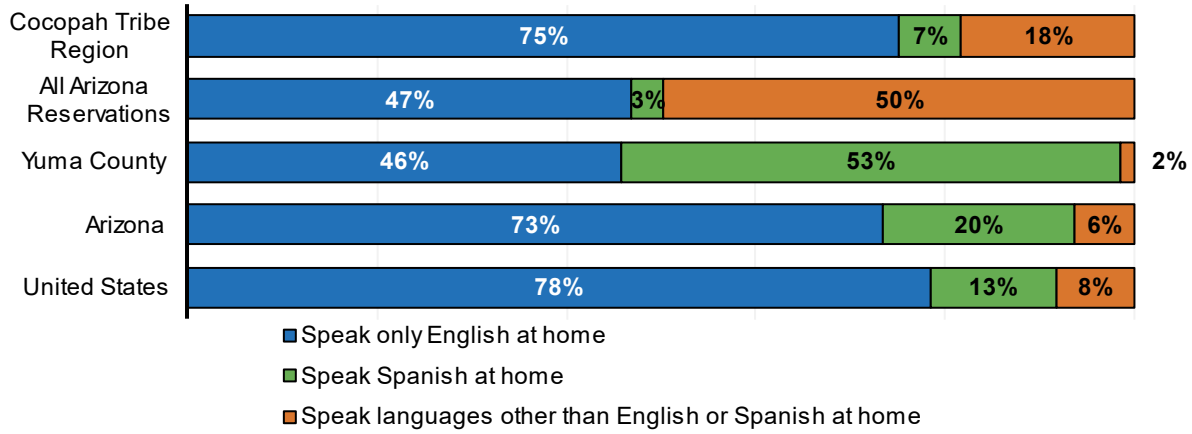
Mastery of more than one language is also an asset in school readiness and academic achievement and may offer cognitive and social-emotional benefits in early school experiences and across one's lifetime.[44, 45, 46, 47, 48] Knowing the languages spoken and level of English proficiency in a region can inform the development of resources and services in multiple languages, ensuring that they are accessible to all families.[49, 50]

How the Region is faring

- Nearly one in five individuals ages 5 and older (18%) in the Region reported speaking a language other than English or Spanish at home (most likely the Cocopah language), a lower proportion than seen across all Arizona reservations (50%), but much higher than the share in Arizona overall (6%). A small proportion of individuals reported speaking Spanish at home (7%), and three-quarters reported speaking only English at home (75%) (Figure 5).
- Of those individuals speaking a language other than English at home, most also speak English "very well,"[v] with 18% of the Region proficiently bilingual or multilingual. A small proportion (6%) reported speaking another language at home and not speaking English "very well," lower than in all Arizona reservations (12%), Yuma County (20%) and Arizona overall (8%) (Figure 6).
- The majority of households in the region (75%) are English speakers (Figure 6), with only 3% considered limited English speaking. This is a smaller proportion than seen across all Arizona reservations (12%) or in Yuma County (11%) (Figure 7).
- Native language revitalization plays a critical role in cultural preservation and can support the cognitive and socio-emotional development of young children through exposure to multiple languages. According to the 2022 Regional Needs and Assets Report, the Cocopah Cultural Resources Department has produced educational materials for all tribal members, including children's coloring books in Cocopah and English. The Department also works with elders to provide language and cultural preservation programs for the Cocopah Indian Tribe, both for adults and for children. At the Cocopah Head Start, a contracted cultural specialist and community elder provide language and cultural classes every day.[51]

[v] *"Very well" refers to the self-rated ability to speak English in response to the American Community Survey question "How well does this person speak English?". Other response options include: "well," "not well" and "not at all." See https://www.census.gov/topics/population/language-use/about.html*

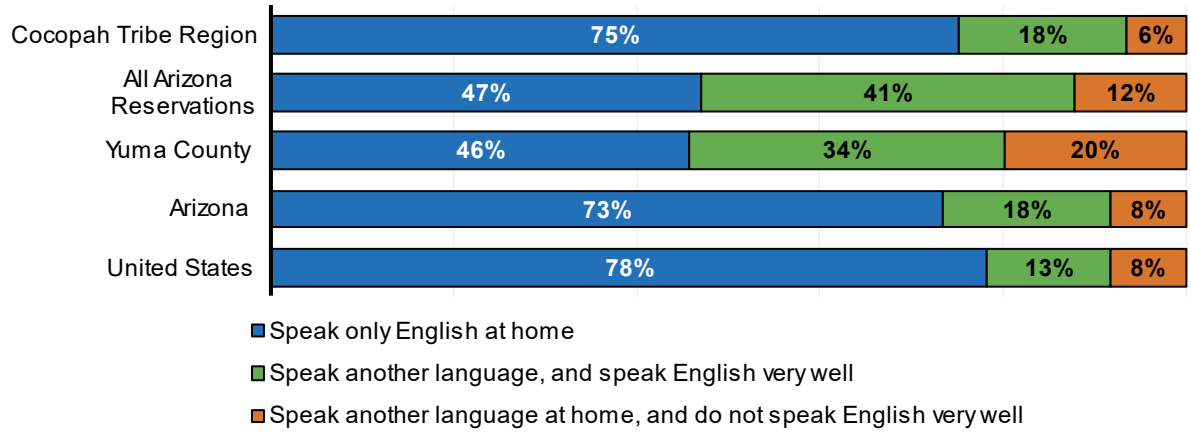
Figure 5. Language spoken at home (by persons ages 5 and older), 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16001

Note: The three percentages in each bar may not sum to 100% because of rounding. The American Community Survey (ACS) no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state. In Arizona, Navajo and other Native American languages (including Apache, Hopi, and O'odham) are the most commonly spoken (2%), following English (73%) and Spanish (20%).

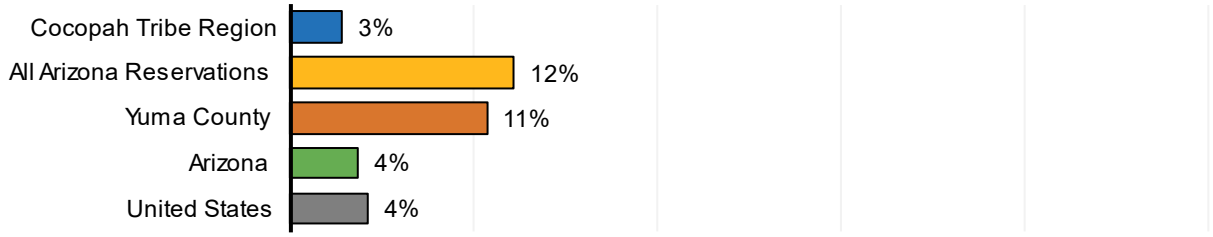
Figure 6. English-language proficiency (for persons ages 5 and older), 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16001

Note: The three percentages in the figure should sum to 100%, but may not because of rounding.

Figure 7. Share of households that are limited-English-speaking, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16002

Note: A "limited-English-speaking" household is one in which no one over the age of 13 speaks English very well.

Family and household composition

Young children in Arizona come from households with many potential compositions, each of which has possible implications for child development.[52, 53, 54] For example, families with two married parents tend to offer stability that promotes child well-being.[55, 56, 57] Single-parent households are common and can be linked to levels of poverty, access to health and education resources and the quality of a child's interactions with adult caregivers.[58, 59, 60, 61, 62, 63, 64] Multi-generational living, particularly arrangement where grandparents live in the home with children and parents, has long been practiced in some cultures and communities but is becoming increasingly common in U.S. families of all backgrounds.[65, 66, 67, 68] These living arrangements can offer financial and social benefits but also specific stressors, such as managing conflicts in parenting styles and family roles.[69, 70 ,71, 72, 73] It is also increasingly common for children to live in kinship care, defined as the care of children by someone other than their parents, such as relatives or close friends.[74, 75, 76] These kinship caregivers, especially grandparents who care for their grandchildren, can face unique challenges, including navigating the logistics of informal guardianship (e.g., difficulties in registering children for school), coping with parental absence and addressing the challenges of being an aging caregiver for a young child.[77, 78, 79, 80]

Though varying from one community to another, multigenerational households and kinship care are common in Native communities.[81, 82] The strengths associated with the extended family structure, including mutual help and respect, can provide family members with a network of support that can be valuable when dealing with socio-economic hardships.[83] Grandparents are often central to these households and care situations, in many cases sharing and strengthening Native language, history and culture.[84, 85]

How the Region is faring

- Nearly two out of every three young children (birth to age 5) in the Region live in a household with one unmarried parent[vi] (65%), which is a larger proportion than across Arizona (37%). About one-third of young children live with two married parents (33%), while smaller shares live with relatives other than parents (such as grandparents, aunts and uncles) (2%) (Table 5).
- About one in three young children in the Region (33%) lives in a grandparent's household, which is lower than seen across all Arizona reservations (43%) (Figure 8). Note that this includes all multigenerational households; the grandparent in these households may or may not be responsible for raising the child, and the child's parent(s) may or may not also be living in the household.
- However, 36% of grandparents in the Region are living with grandchildren (birth to age 17) without a parent also present in the household, a much higher proportion than seen in all Arizona reservations (14%), Yuma County (10%) and Arizona overall (11%) (Figure 9). This suggests that many grandparents in the Region are raising their grandchildren.
- The ACS considers a grandparent to be responsible for their grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household. Based on this definition, an estimated 21 grandparents in the Region are responsible for their grandchildren under 18 years old. A parent is also present in most of these households (only 38% without the child's parent). The majority of these grandparents are female (71%), and nearly half are in the labor force (48%), meaning that they may need child care for their grandchildren while they are working. About a third (33%) have an income below the poverty level, which is slightly lower than the percentage across all Arizona Reservations (36%) but substantially higher than the proportion statewide (21%) (Table 6).

[vi] *Note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category). New data from the 2020 Census (table P20) for children ages 0-17 shows that in the Cocopah Tribe Region, 34% of the children living in households with an unmarried parent are actually living in cohabitating couple families where there are two parents present but they are not married. This means that for children of all ages living with their parents in 2020, 38% were living in households led by married parents, 29% were living in households led by an unmarried (and not cohabitating) mother, 21% were living in households led by cohabitating parents and 13% were living in households led by an unmarried (and not cohabitating) father.*

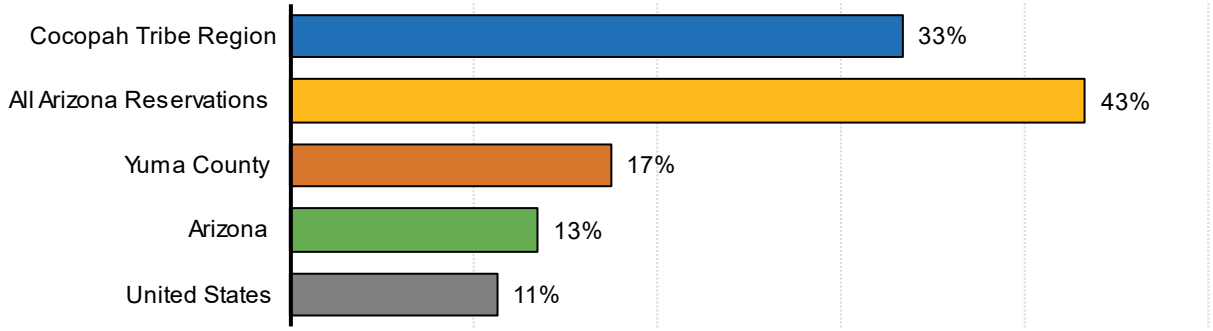
Table 5. Living arrangements for children birth to age 5, 2017-2021 ACS

Geography	Estimated number of children (birth to age 5) living in households	Living with two married parents	Living with one parent	Living not with parents but with other relatives	Living with non-relatives
Cocopah Tribe Region	**96**	**33%**	**65%**	**2%**	**0%**
All Arizona Reservations	15,661	25%	65%	8%	2%
Yuma County	16,546	51%	45%	2%	1%
Arizona	496,219	59%	37%	3%	2%
United States	23,353,556	64%	32%	2%	2%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Tables B05009, B09001, & B17001

Note: The four percentages in each row should sum to 100%, but may not because of rounding. The term "parent" here includes stepparents. Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category).

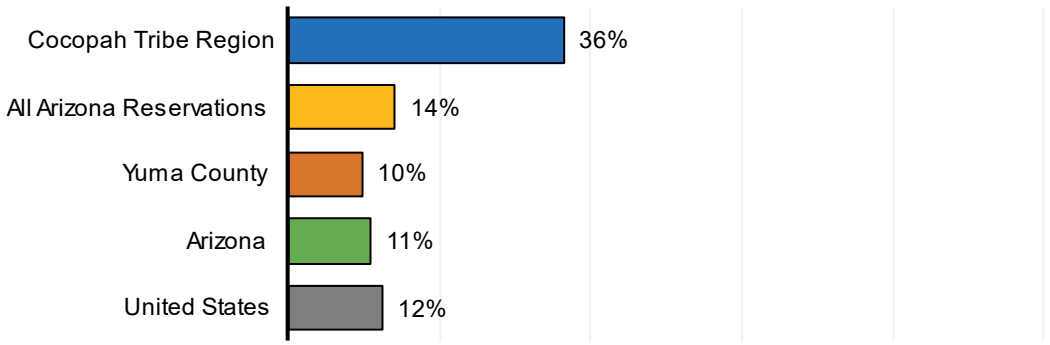
Figure 8. Grandchildren birth to age 5 living in a grandparent's household, 2020 Census



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P14, PCT11.

Note: This table includes all children (under six years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child's parent lives in the same household.

Figure 9. Percent of grandparents living with their grandchildren birth to age 17 and no parent is present in the household, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Tables B10051, B10054, B10056, & B10059

Table 6. Selected characteristics of grandparents who are responsible for one or more grandchildren under 18 in their households, 2017-2021 ACS

Geography	Estimated number of grandparents who live with and are responsible for grandchildren under 18 years old	Percent of these grandparents who:					
		Do not have the child's parents in the household	Are 60 years old or older	Are female	Do not speak English very well	In labor force	Have an income below the poverty level
Cocopah Tribe Region	**21**	**38%**	**33%**	**71%**	**19%**	**48%**	**33%**
All Arizona Reservations	5,828	30%	49%	67%	18%	44%	36%
Yuma County	2,012	30%	47%	60%	61%	49%	28%
Arizona	56,079	33%	45%	62%	21%	57%	21%
United States	2,319,443	38%	47%	63%	14%	56%	18%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Tables B10051, B10054, B10056, B10058, & B10059

Note: Grandparents are considered responsible for their grandchild or grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household. Due to small sample sizes, reliable estimates for English language proficiency were not available for the region.

Additional data tables related to *Population Characteristics* can be found in Appendix 1 of this report.

ECONOMIC CIRCUMSTANCES

ECONOMIC CIRCUMSTANCES

Why it Matters

A family's economic stability impacts children's well-being and predicts a variety of health outcomes.[86] Children who grow up in poverty and unstable economic conditions are more likely to face negative effects on their cognitive, behavioral, social and emotional development compared to those in stable economic environments.[87, 88, 89, 90, 91] The challenges they face may continue into adulthood, and such difficulties can be passed on to the next generation.[92, 93, 94] Poverty also affects children by straining parental well-being and parent-child interactions. Stressors related to poverty, like unemployment, food and housing insecurity and poor mental and physical health, make it difficult for caregivers to provide the necessary support for children's optimal development.[95] In light of these broad impacts, economic stability is a key social determinant of health and is included as a domain in the Healthy People 2030 Objectives.[vii]

Economic circumstances in tribal communities have been shaped by a long history of inequitable policies and federal investment.[96, 97] The resulting economic disparity between Native and non-Native communities affects rates of employment, poverty, food security and housing stability. Especially since the passing of the Indian Self-Determination and Education Assistance Act in 1975, which gave tribes greater autonomy in administering federally-funded programs and services, tribal governments have invested in community and economic development opportunities such as health care, manufacturing, forestry, fisheries, gaming and resorts to strengthen the economic conditions of their people.[98]

What the Data Tell Us

Income and poverty

Poverty is associated with reduced access to nutrition, green space and health care and greater exposure to psychosocial stress and environmental toxins, factors that can both directly and indirectly hinder children's growth and brain development.[99, 100, 101] Children living in poverty are thus at a higher risk of negative impacts including being born at a low birth weight, lower school achievement and poor health.[102, 103, 104, 105, 106, 107, 108] Economic hardship is included in some definitions of adverse childhood experiences (ACEs) and children living in poverty experience other non-economic ACEs, such as parental divorce or separation, exposure to violence, parental incarceration and living with someone with mental illness or a substance use disorder, at higher rates than children in higher income households.[109, 110] Given the many negative effects of poverty on child development, programs that alleviate poverty through providing cash assistance or food, housing or health care assistance can improve child well-being.[111]

[vii] *For more information on the Economic Stability Healthy People 2030 Objectives please see https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability*

The Temporary Assistance for Needy Families Cash Assistance Program (TANF)[viii] provides temporary cash benefits and supportive services to children and families. Eligibility is based on citizenship or qualified resident status, Arizona residency and limits on resources and monthly income.[112] In recognition of tribal sovereignty, federally recognized tribes have the option to administer their own TANF programs.

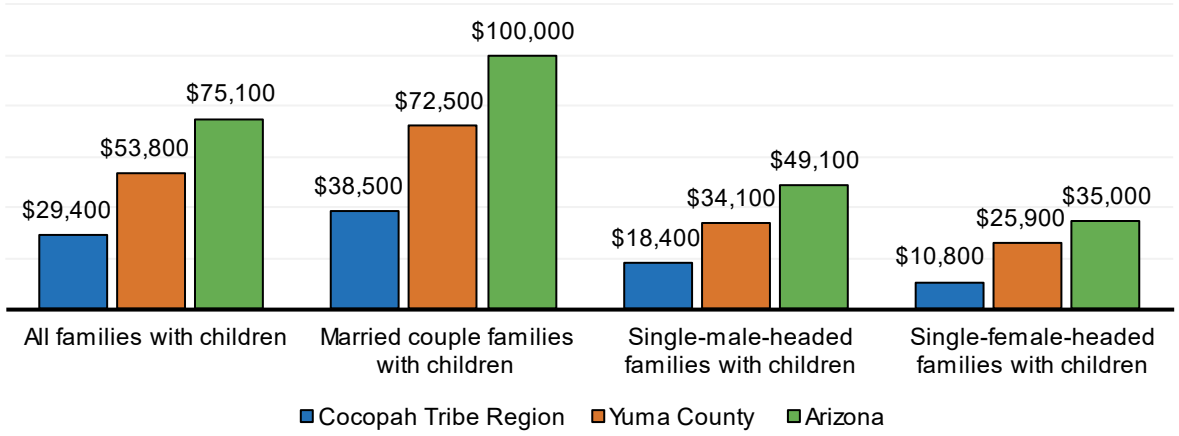
How the Region is faring

- Across all household types for which data are available, the median family income for all families with children (birth to age 17) in the Region is substantially less than that in Arizona overall. For example, married couple families with children in the Region have the highest median annual income ($38,500) of all family types, but this is substantially lower than seen statewide ($100,000) or in Yuma County ($72,500). The notably lower median annual income of single-male-headed families with children ($18,400) and single-female-headed families with children ($10,800) points to the additional financial stress experienced by single-parent-led households in the Region (Figure 10).
- More than one-third (35%) of the overall population and more than half (60%) of young children (birth to age 5) in the Region live in poverty, which is about triple the poverty rates for Arizona as a whole (13% and 20%, respectively), and more than double those in Yuma County (18% and 26%, respectively). While the overall poverty rate in the Region (35%) and all Arizona reservations (37%) were similar, the poverty rate for young children in the Region (60%) was notably higher than in all Arizona reservations (48%) (Figure 11).
- According to American Community Survey five-year estimates, rates of poverty among young children in the Region have decreased in recent years (-7%), from 67% in 2012-2016 to 60% in 2017-2021. Poverty rates declined similarly across all Arizona reservations (-6%), Arizona (-8%) and the U.S. (-6%) during the same time period (Figure 12).
- The majority (87%) of young children in the Region live in households with incomes under 185% of the federal poverty level (FPL), a commonly used threshold for social safety net benefits such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and reduced-price school meals. In 2021, the 185% FPL threshold for a family of two adults and two children was $50,836; for a single parent with one child, it was $34,552 (Figure 13).
- Nearly half (49%) of young children in the Region live in "deep poverty" (defined as below 50% FPL), more than five times the proportion in the state as a whole (9%) (Figure 13). This suggests that substantially more families may have cash incomes that are not sufficient to meet their needs.

[viii] *For more information see: https://www.acf.hhs.gov/ofa/programs/temporary-assistance-needy-families-tanf and https://des.az.gov/ca*

- Despite the very high rates of poverty among young children in the Region, very few children birth to age 5 or families with children birth to age 5 have received TANF in recent years. In state fiscal year 2021, 14 young children in the Region participated in TANF, which compared to the estimated 63 children birth to age 5 in the Region, would amount to 22% of children receiving TANF that year. In all other years, the number of young children (or families with young children) participating in TANF could not be displayed due to data suppression thresholds (Table 7 & Table 8).

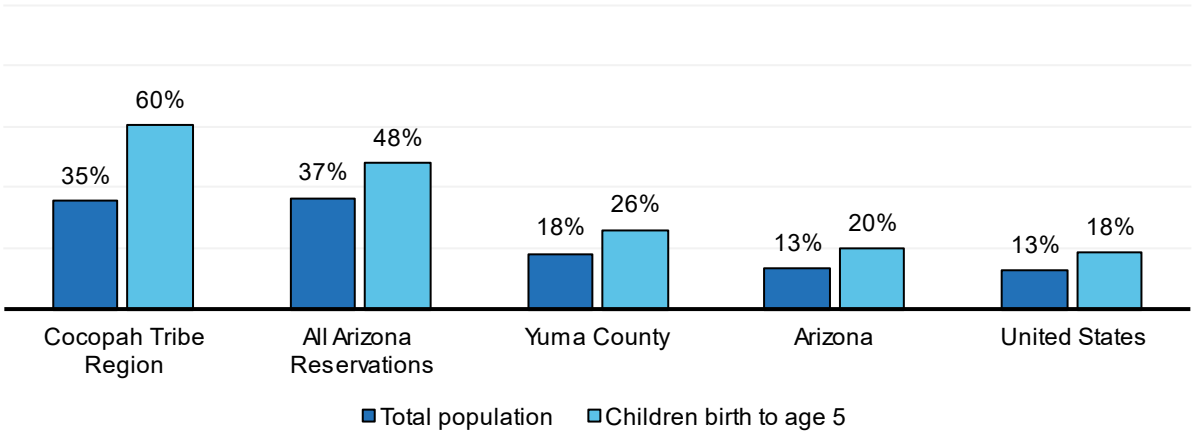
Figure 10. Median family income for families with children birth to age 17, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B19126

Note: Half of the families in the population are estimated to have annual incomes above the median value, and the other half have incomes below the median. The median family income for all families includes families without children birth to age 17. A reliable estimate of median income for single-female-headed households was not available from the ACS due to sample size limitations. Note that median income estimates are not available for all Arizona reservations.

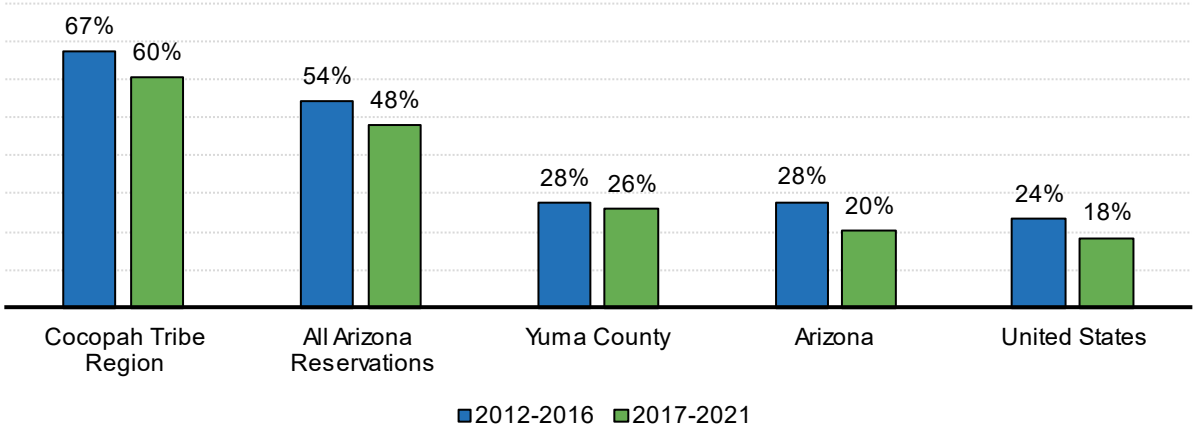
Figure 11. Rates of poverty for persons of all ages and for children birth to age 5, 2017-2021 ACS



Source: U.S. Census Bureau. (2020). American Community Survey five-year estimates 2017-2021, Table B17001

Note: This graph includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2021, the poverty threshold for a family of two adults and two children was $27,479; for a single parent with one child, it was $18,677.

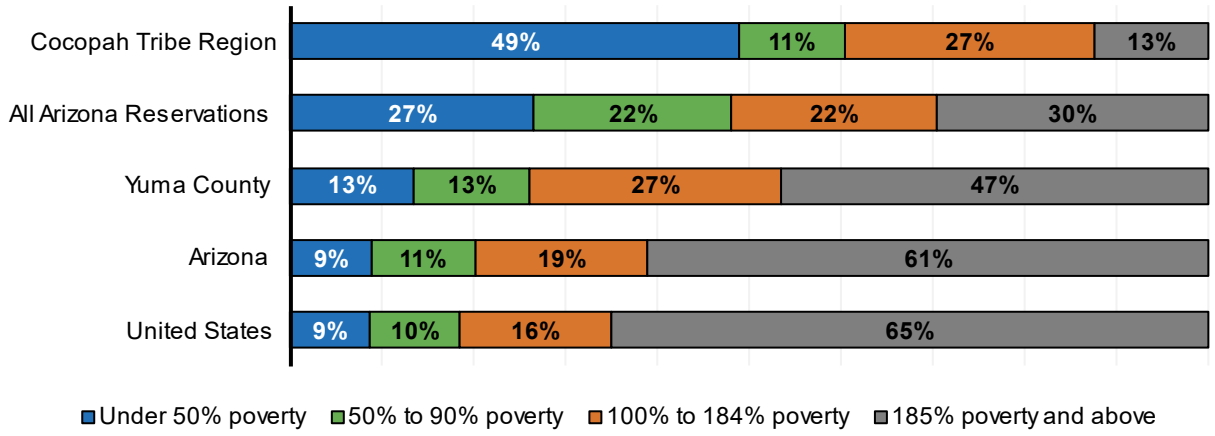
Figure 12. Rates of poverty for children birth to age 5, 2012-2016 and 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B17001. U.S. Census Bureau. (2017). American Community Survey five-year estimates 2012-2016, Table B17001.

Note: This graph includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2021, the poverty threshold for a family of two adults and two children was $27,479; for a single parent with one child, it was $18,677.

Figure 13. Children birth to age 5 living at selected poverty thresholds, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B17024

Note: The four percentages in each bar should sum to 100%, but may not because of rounding. In 2021, the poverty threshold for a family of two adults and two children was $27,479; for a single parent with one child, it was $18,677. The 185% thresholds are $50,836 and $34,552, respectively.

Table 7. Families participating in TANF, state fiscal years 2018 to 2022

Geography	Households with one or more children (ages 0-5)	Number of families participating in TANF					Percent of households with young children (0-5) participating in TANF in SFY 2022
		SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	
Cocopah Tribe Region	**65**	**2 to 18**	**2 to 18**	**2 to 18**	**1 to 9**	**1 to 9**	**DS**
Yuma County	11,504	282	272	251	236	226	2%
Arizona	345,601	10,538	9,360	9,947	9,881	9,884	3%

Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2023). 2020 Decennial Census, DHC, Table P14 & P20.

Table 8. Children participating in TANF, state fiscal years 2018 to 2022

Geography	Number of young children (ages 0-5) in the population	Number of children (0-5) participating in TANF					Percent of young children (0-5) participating in TANF in SFY 2022
		SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	
Cocopah Tribe Region	**63**	**2 to 18**	**2 to 18**	**2 to 18**	**14**	**1 to 9**	**DS**
Yuma County	15,312	395	389	340	326	295	2%
Arizona	480,744	14,659	13,029	13,747	13,654	13,592	3%

Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2023). 2020 Decennial Census, DHC, Table P14 & P20.

Food security

Many families struggle with consistent access to "enough food for an active, healthy life," a problem known as food insecurity.[113] Food insecurity is linked with many aspects of child and parent well-being; it can be a major source of stress for parents and has been linked to health and behavioral problems for children, such as poorer parent-child attachment, decreased social skills and self-control and increased risk of depression.[114, 115, 116, 117, 118, 119]

The Supplemental Nutrition Assistance Program (SNAP; also referred to as "nutrition assistance" and "food stamps"),[ix] is administered by the Arizona Department of Economic Security and aims to support working families who are unable to afford the food necessary to sustain their health with their income alone. Nationally, about one in every five children participates in SNAP, and families on average receive a benefit of up to $2.61 per person for each meal.[120] The SNAP program has been shown to reduce hunger and improve access to healthy food options among those who utilize it.[121]

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) [x] is a federally funded program administered by the Arizona Department of Health Services aimed to support economically disadvantaged women who are pregnant, postpartum and/or breastfeeding, along with infants and young children. The program's services include directing participants to health services, nutrition and breastfeeding education and supplemental funding for food. In Arizona, WIC provided an average monthly benefit of $42 per month in 2022, lower than the national average of $48 per month.[122] The WIC program is administered in the state of Arizona by the Arizona Department of Health Services (ADHS) as well as the Inter Tribal Council of Arizona (ITCA) for 20 tribal nations in the state.

School meals provide another important nutritional safety net for children and their families. The National School Lunch Program (NSLP), administered by the Arizona Department of Education (ADE) and funded by the United States Department of Agriculture (USDA), provides meals for students of low-

[ix] *For more information see: https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program and https://des.az.gov/na*

[x] *For more information see: https://www.fns.usda.gov/wic and https://www.azdhs.gov/prevention/azwic/*

income families at a reduced price. The Summer Food Service Program (SFSP)[xi], also funded by the USDA and administered by ADE, works to keep all children birth to age 18 fed when school is out of session by providing free meals (breakfast, lunch, supper) and snacks at community sites. SFSP unites community sponsors like camps, faith-based organizations and schools with sites like parks, libraries, community centers and apartment complexes in high-need areas to distribute food.[123] In March 2020, in response to school closures due to the COVID-19 pandemic, the USDA issued waivers allowing year-round operation of the (SFSP) to serve meals to children of all ages engaging in remote learning; these waivers remained in effect through June 2022 and led to increased meal service through SFSP compared to NSLP for many schools.[124] The Child and Adult Care Food Program (CACFP),[xii] also funded by the USDA, gives reimbursements to participating child care centers, preschools, emergency centers and after-school programs for nutritious meals and snacks served to eligible children. Eligible providers include for-profit child care centers serving at least 25% free or reduced-price lunch participants or any non-profit program.[125]

How the Region is faring

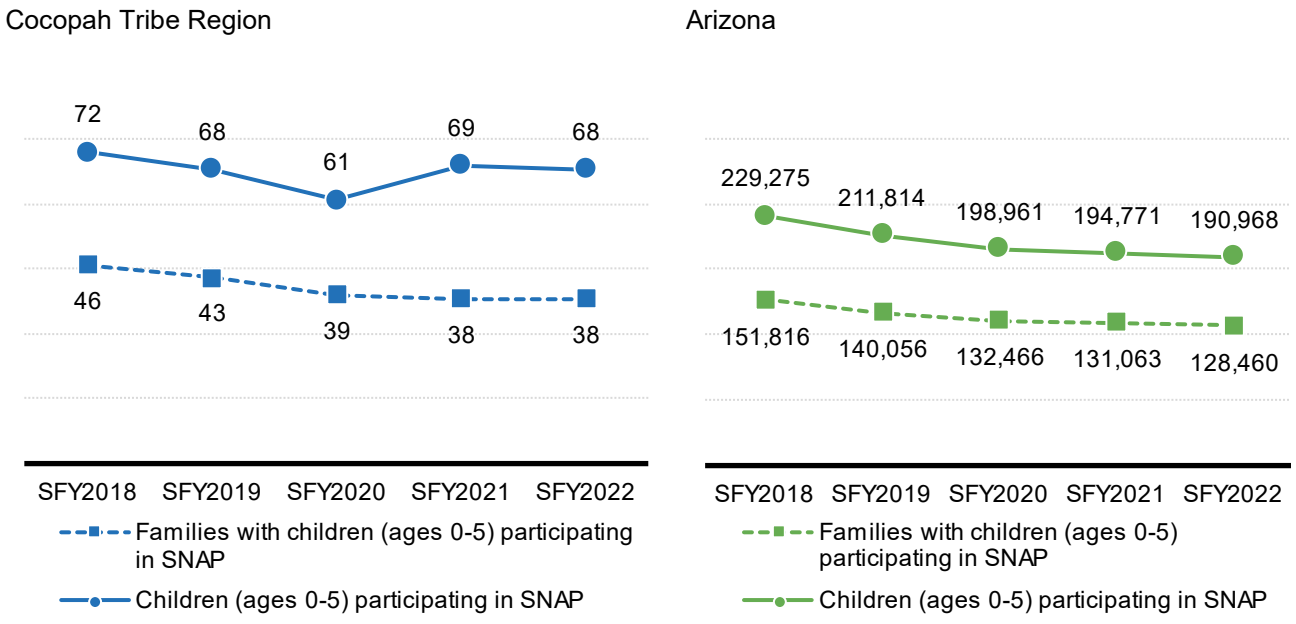
- SNAP participation among young children (birth to age 5) in the Region declined steadily from 72 in state fiscal year (SFY) 2018 to a five-year low of 61 in SFY 2020, before increasing again to 69 in SFY 2021 and 68 in SFY 2022 (Figure 14). These numbers suggest that nearly all children in the Region likely participated in SNAP in recent years.
- In 2022, a total of 64 individuals were enrolled in WIC in the Region, including 11 women, 17 infants and 41 children (ages 1-4) (Table 9). The total number of children birth to age 4 enrolled and participating in WIC peaked in 2020, with 58 children enrolled and 56 participating. The number of children enrolled and participating has declined since then, with 49 children enrolled and 46 participating in 2022 (Figure 15).
- WIC participation rates were slightly higher in the Region for women and infants than in Yuma County or Arizona overall. In 2022, 100% of the enrolled women and infants received benefits in the Region, compared to 96% of women and 98% of infants in the county and state. However, participation rates for children ages 1-4 were only 93% in the Region, lower than rates in Yuma County (96%) and Arizona (95%) (Figure 16).
- There are no schools located within the Region; thus there are no sites that serve meals through NSLP. From 2019-20 to 2021-22, the total number of lunches served through school nutrition programs in the Region generally increased. Due to USDA waivers that allowed for greater flexibility in meal service through SFSP year-round, the number of lunches served through SFSP at the Cocopah Community Center more than doubled between 2019-20 and 2021-22, with 4,597 lunches served in 2021-22. Lunches served through CACFP at Cocopah Head Start declined from

[xi] For more information see: https://www.azed.gov/hns/sfsp

[xii] For more information see: https://www.azed.gov/hns/cacfp

around 3,412 in 2019-20 to just 2,245 in 2020-21 but doubled between 2020-21 and 2021-22 to 5,645 lunches served (Figure 17 & Table 10).

Figure 14. Number of children birth to age 5 and households with children birth to age 5 participating in SNAP, state fiscal years 2018 to 2022



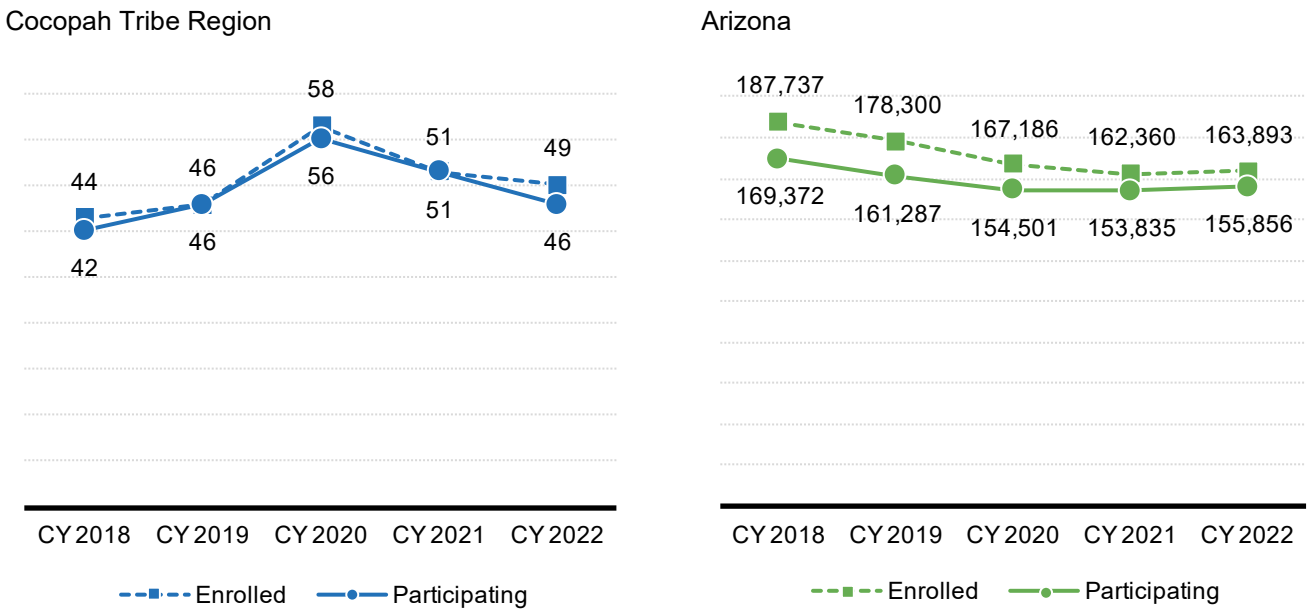
Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

Table 9. Enrollment in WIC by category, 2022

	Women enrolled	Infants enrolled	Children enrolled	Total enrolled
Cocopah Tribe Region	**11**	**17**	**41**	**64**
Yuma County	3,405	3,665	7,040	**14,253**
Arizona	58,456	65,855	123,513	249,493

Source: Arizona Department of Health Services (2023). [WIC Dataset]. Unpublished data.

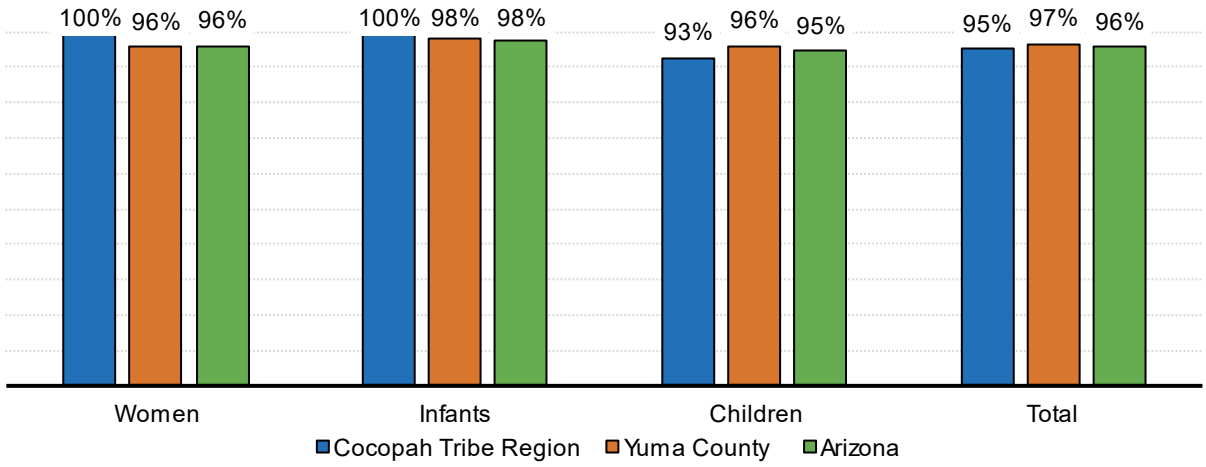
Figure 15. Children birth to age 4 enrolled and participating in WIC, 2018 to 2022



Source: Arizona Department of Health Services (2023). [WIC Dataset]. Unpublished data.

Note: Children are counted as 'participating' if they received benefits during the time period in question.

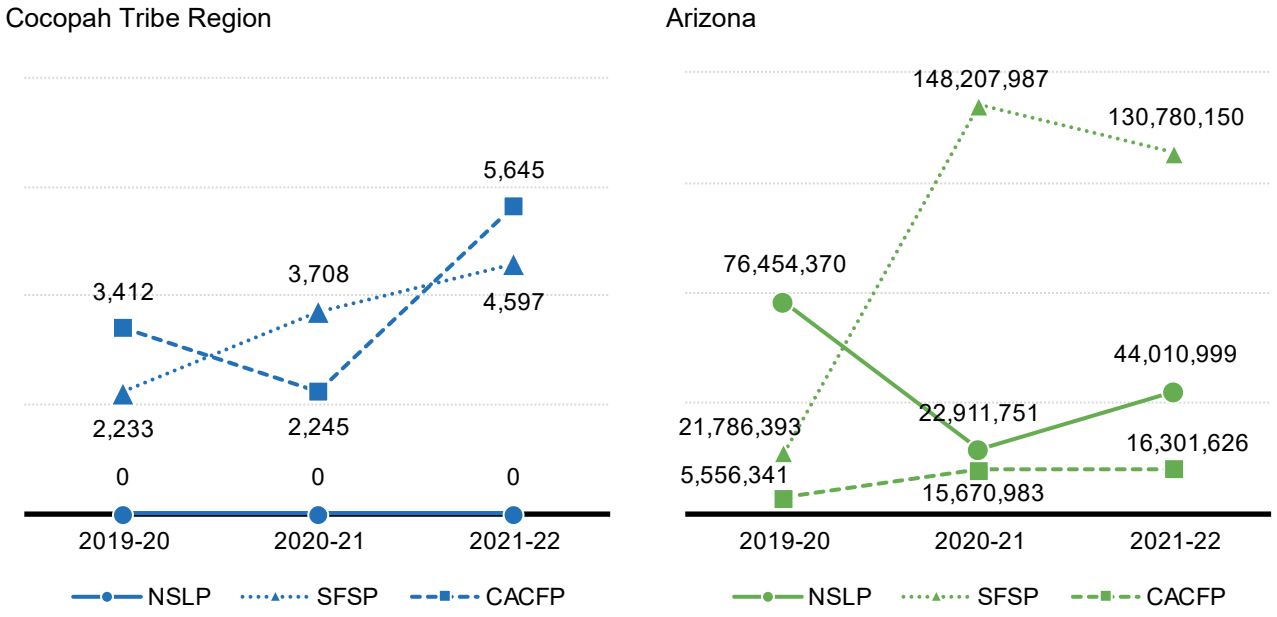
Figure 16. WIC participation rates by category, 2022



Source: Arizona Department of Health Services (2023). [WIC Dataset]. Unpublished data.

Note: Individuals are counted as 'participating' if they received benefits during the time period in question.

Figure 17. Trends in lunches served through school nutrition programs, 2019-20 to 2021-22



Source: Arizona Department of Education (2023). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: There are no schools located within the region, though most of the off-reservation schools that enroll students from the region participate in NSLP. Meals are served at the Cocopah Community Center through SFSP (sponsored through the Somerton Elementary School District), and Cocopah Head Start participates in CACFP. Due to the COVID-19 pandemic, the USDA issued a substantial number of waivers for school nutrition programs to allow greater flexibility for schools to get meals to students in need. More information on the pandemic's effect on school nutrition can be found on the ADE website: https://www.azed.gov/hns/covid19

Table 10. Lunches served through CACFP, 2019-20 to 2021-22

Geography	Number of sites			Number of lunches served		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
Cocopah Head Start	**1**	**1**	**1**	**3,412**	**2,245**	**5,645**
Yuma County sites	N/A	38	35	239,315	633,916	790,183
Arizona sites	N/A	715	643	5,556,341	15,670,983	16,301,626

Source: Arizona Department of Education (2023). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Employment

Unemployment and underemployment[xiii] can impact families in ways that affect children's health and well-being.[126] Unemployment can limit access to resources that support children's physical and mental health, like health insurance, and can also contribute to family stress, conflict, homelessness and child abuse.[127, 128] Children with parents who have lost their jobs may also experience poorer school performance and behavioral issues, resulting in grade repetition, suspension or expulsion.[129] Due to many historical and legal reasons as well as differences in practical economic structures, employment rates in Native communities can vary greatly from state rates.[130]

Education and employment support programs for parents and caregivers are important for increasing wages and improving the economic stability of families. "Two-generation" or "2Gen" approaches address the needs of both parents and children simultaneously through programs to support children and families together, such as a family literacy program that provides educational support to parents while enrolling children in free high-quality preschool.[131, 132, 133] These programs have the goal of decreasing the intergenerational effects of poverty by building parental capacity and protective factors within families.[134, 135, 136]

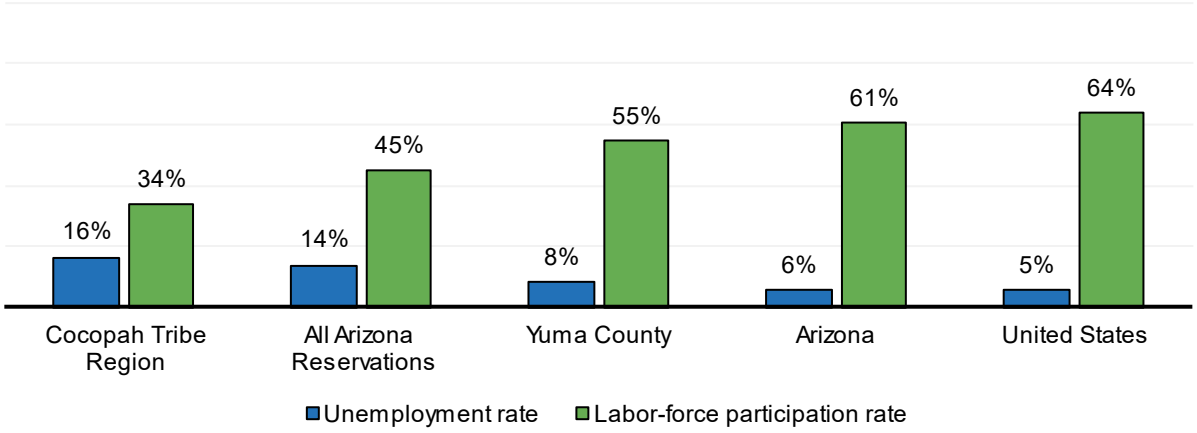
How the Region is faring

- The unemployment rate is the proportion of the total number of people in the civilian labor force who are unemployed and looking for work. Unemployment rates do not include people who have dropped out of the labor force entirely, including those who wanted to work but could not find a suitable job and have stopped looking for employment.[137] The ACS estimates that the average unemployment rate for the Region between 2017 to 2022 was 16%. This is more than double the unemployment rate for Yuma County (8%) and Arizona as a whole (6%) but only slightly higher than all Arizona reservations (14%) (Figure 18 & Table 11).
- An additional metric of employment is the labor-force participation rate. This rate is the fraction of the population who are in the labor force, whether employed or unemployed. The labor force participation rate in the Region (34%) is much lower than that seen across all Arizona reservations (45%), Yuma County (55%) and Arizona overall (61%). This means that about a third of working-age teens and adults in the Region are working (28%) or actively looking for work (6%), while the remaining 66% are not (which includes students, retirees, stay-at-home parents and others) (Figure 18 & Table 11).
- Just under half (46%) of young children (birth to age 5) in the Region live in a household where at least one parent is in the labor force, compared to 90% of young children statewide. About one

[xiii] Underemployment means that someone works fewer hours than they would like or is in a job that does not require the skills or training that they have.

in four young children in the Region (23%) live in households where all their parents are in the workforce, indicating they likely require some form of child care (Figure 19).

Figure 18. Unemployment and labor-force participation rates, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B23025

Note: Data in this figure are for people ages 16 and older. The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The "labor force participation rate" is the fraction of the population who are in the labor force, whether employed or unemployed. The "unemployment rate" is the fraction of the civilian labor force which are unemployed.

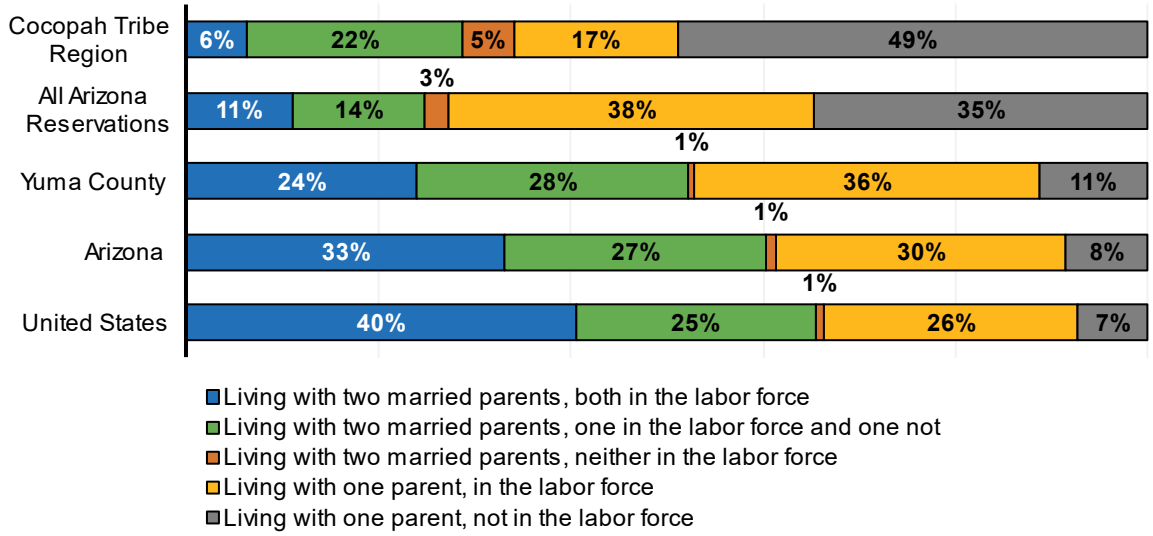
Table 11. Unemployment and labor-force participation for the adult population (ages 16 and older), 2017-2021 ACS

Geography	Estimated working-age population (age 16 and older)	Unemployment rate	Labor-force participation rate	In the labor force and employed	In the labor force but unemployed	In armed forces	Not in the labor force
Cocopah Tribe Region	**1,009**	**16%**	**34%**	**28%**	**6%**	**0.0%**	**66%**
All Arizona Reservations	132,731	14%	45%	39%	6%	0.0%	55%
Yuma County	157,081	8%	55%	48%	4%	2.5%	45%
Arizona	5,650,624	6%	61%	57%	3%	0.4%	39%
United States	264,087,642	5%	64%	60%	3%	0.5%	36%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B23025

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The "labor force participation rate" is the fraction of the population who are in the labor force, whether employed or unemployed. The "unemployment rate" is the fraction of the civilian labor force which are unemployed. The last four percentages in each row (employed, unemployed, in armed forces, and not in the labor force) should sum to 100% but may not because of rounding.

Figure 19. Parents of children birth to age 5 who are or are not in the labor force, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B23025

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The term "parent" here includes step-parents. The five percentages in each row should sum to 100%, but may not because of rounding. Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category).

Housing instability and internet access

Housing instability can have harmful effects on the development of young children. High housing costs relative to family income are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines in mental health and homelessness.[138, 139, 140] High relative housing costs leave inadequate funds for other necessities, such as food and utilities.[141] This can negatively affect the physical, social-emotional and cognitive development of children, with severe forms of housing instability associated with poorer performance in school.[142, 143]

In Native nations, land- and homeownership differs legally from other parts of the state. Native nations have experienced periods of forced relocation and assimilation as well as complex and changing policies of land ownership that have significantly reduced the total amount of land under tribal governance as well as the resources on these lands.[144] Tribal housing authorities have worked to build affordable housing options for their people, however housing availability is typically limited by funding and other critical infrastructure issues.[145] The most common housing challenges on tribal lands include overcrowding and physical housing problems such as insufficient kitchen, plumbing, electrical, heating and cooling utilities.[146] A nationwide study found that Native households are 19 times more likely to

lack indoor plumbing than White households, meaning that access to safe and reliable drinking water is a major concern for many families.[147]

Another increasingly important utility in homes is reliable internet access. Access to broadband (high-speed) internet enables quick access to a far greater number of resources and information, telehealth options and other opportunities that can be critical for education and employment. Internet access has been deemed a "super determinant" of health because of its influence on more traditional social determinants of health such as education, employment, health care access and social connection.[148] Household access to computers and high-speed internet is also important for school-aged children who may need this technology for school assignments and projects, particularly during the later years of primary education and beyond.[149] Lack of access to reliable high-speed internet disproportionately occurs in rural areas and pockets of segregated urban areas, and this disparate access is known as the digital divide. Due to the importance of high-speed internet access, the federal government has instituted several funding initiatives to improve access to and affordability of high-speed internet, including for Native communities in particular, such as the Tribal Broadband Connectivity Project.[xiv, 150]

How the Region is faring

- Traditionally, housing has been deemed affordable for families if it costs less than 30% of annual household income.[151] According to recent ACS estimates, only 15% of households in the Region spent more than 30% of their income on housing, disproportionately impacting renters (19%) over homeowners (12%). Housing cost burden is notably lower in the Region compared to the state (29%) and very similar to that seen in all Arizona reservations (13%) (Table 12).

[xiv] *For more information, please see https://internetforall.gov/program/digital-equity-act-programs and https://www.ntia.gov/page/tribal-broadband-connectivity-program*

Table 12. Households with housing costs of 30% or more of household income by home ownership status, 2017-2021 ACS

Geography	Estimated number of households	Housing costs 30 percent or more of household income	Estimated number of owner-occupied housing units	Housing costs 30 percent or more of household income	Estimated number of renter-occupied housing units	Housing costs 30 percent or more of household income
Cocopah Tribe Region	**498**	**15%**	**248**	**12%**	**250**	**19%**
All Arizona Reservations	52,248	13%	35,840	12%	16,408	16%
Yuma County	72,716	27%	49,742	21%	22,974	41%
Arizona	2,683,557	29%	1,765,658	21%	917,899	45%
United States	124,010,992	30%	80,152,161	22%	43,858,831	46%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B25106

Additional data tables related to *Economic Circumstances* can be found in Appendix 1 of this report.

EDUCATIONAL INDICATORS

EDUCATIONAL INDICATORS

Why it Matters

A community's K-12 education system can support positive outcomes for children, families and the overall well-being of the community. Individuals who have higher levels of education tend to live longer and healthier lives.[152] Graduating from high school, in particular, is associated with better health, financial stability and socio-emotional outcomes as well as a lower risk for incarceration compared to dropping out of high school.[153, 154] Children with parents that have attained higher levels of education are more likely to do well in school, such as score higher in reading, math and science in their first four years of school and attain higher levels of education themselves.[155, 156, 157] High-quality early learning experiences also set a strong foundation for children's learning in kindergarten, elementary school and beyond.[158] When children participate in high-quality early education, they are more likely to perform better in reading and math in later grades.[159] Given these lifetime and intergenerational impacts of educational attainment, it is critical to provide substantial support for early education and promote policies and programs that encourage the success of Arizona's children.

What the Data Tell Us

School attendance and absenteeism

School attendance is an important factor in predicting the academic performance and future health of children. Chronic absenteeism, defined as missing 10% of school days in a school year, predicts a student experiencing academic difficulties and even dropping out of school entirely.[160] Children who are part of a racial or ethnic minority group, have disabilities or other health conditions or are economically disadvantaged are at increased risk of absenteeism.[161, 162] These are also the children who are most likely to benefit from resources available through schools. Elementary school absenteeism among Native youth, in particular, may be influenced by a number of factors including a historically-rooted distrust of educational institutions, low use of culturally-relevant teaching methods and curricula as well as infrastructure-related issues (e.g., road conditions, bus availability and distances to schools).[163, 164, 165]

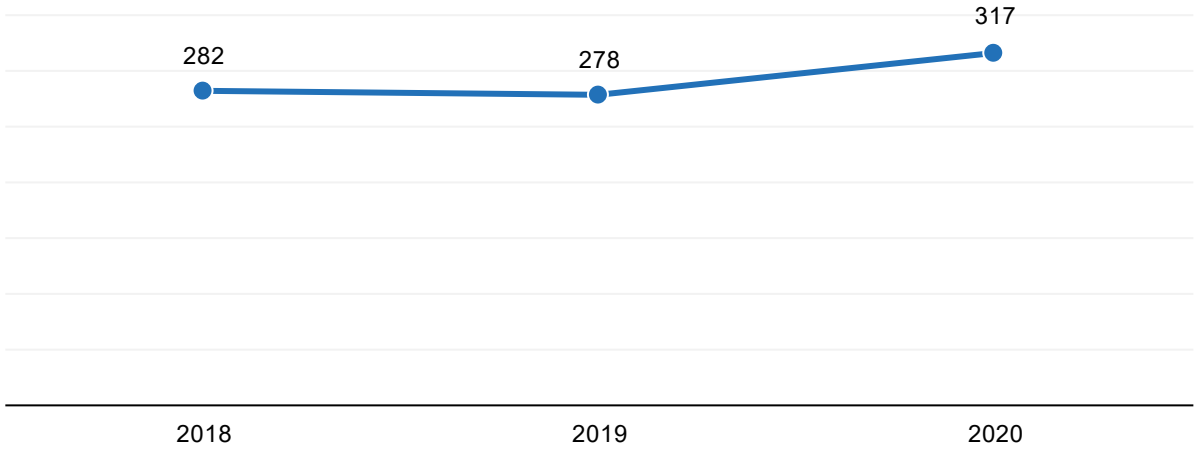
How the Region is faring

- There are no schools within the boundaries of the Region. Instead, students attend schools in the Crane Elementary District, Somerton Elementary District, Yuma Elementary District and Yuma Union High School District.
- According to the First Things First (FTF) Cocopah Tribe Region 2022 Regional Needs and Assets Report, the Cocopah Education Department provides a range of services to families in the Cocopah Indian Tribe to support their children's education. The Education Department has a team of four advisors, one for each of the following grade groups: early elementary (grades K-2), upper elementary (grades 3-5), middle school (grades 6-8) and high school (grades 9-12). These

advisors monitor student attendance and academic progress, and they also serve as liaisons between parents and schools. They help parents support their children's education through requesting meetings with teachers, participating in the development of Individualized Education Programs (IEPs) for students with special needs, and assisting parents with transportation to school events. Children must be enrolled Cocopah Indian Tribe members to participate in the program (though they may live on- or off-reservation). The Education Department does provide limited services to children residing within the reservation who are not enrolled members. In addition to advisors, the Education Department also provides financial support and incentives for students, assisting with costs such as ID fees, books, clothing, school supplies and extracurricular activities.[166]

- The advisor for early elementary school (grades K-2) works closely with the Cocopah Head Start program to help young children make the transition to kindergarten. This support is particularly vital as this transition involves moving from a relatively small early education program within the community to a much larger elementary school outside the reservation.[167]
- According to data from the 2022 Regional Needs and Assets Report, the number of Cocopah Indian Tribe students enrolled in K-12 schools increased from 282 in 2018 to 317 in 2020 (Figure 20). This included 12 students in 2019 and 13 students in 2020 enrolled in kindergarten, mostly in the Somerton Elementary District. Please note that these numbers only include the students whose parents have signed a Release of Information form with the Cocopah Education Department and thus may not represent all students from the Cocopah Indian Tribe.[168]
- In the 2021-22 school year, 45 Native American students were enrolled in preschool through 3rd grade in off-reservation public and charter schools known to serve Cocopah Indian Tribe students. Fewer than 11 students were enrolled in preschool or kindergarten, 11 in 1st grade, 13 in 2nd grade, and 14 in 3rd grade (Table 13). According to data from the 2022 Regional Needs and Assets Report, there were 12 kindergarteners from the Cocopah Indian Tribe enrolled in public and charter schools in 2019 and 13 in 2020, which suggests that Cocopah Indian Tribe students likely make up the majority of Native American students enrolled in these schools.[169]

Figure 20. Cocopah Indian Tribe students enrolled in K-12 schools, 2018 to 2020



Source: First Things First (2022). Cocopah Tribe Region 2022 Needs and Assets Report. Retrieved on Dec 1, 2023 from https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Cocopah%20Tribe.pdf

Table 13. Native American preschool to 3rd grade students enrolled in public and charter schools, 2021-22

Geography	Preschool	Kindergarten	1st Grade	2nd Grade	3rd Grade
Off-reservation schools serving Cocopah Indian Tribe students	<11	<11	11	13	14
Yuma County schools	<11	13	15	18	25
Arizona schools	541	2,924	3,042	3,130	3,221
Arizona schools *(All Students)*	17,840	79,423	79,202	82,342	82,243

Source: Arizona Department of Education (2023). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: See Appendix 4 for a full list of off-reservation schools.

Achievement on standardized testing

All Arizona public schools, including both district and charter schools, are required to administer state and federally mandated standardized tests. Between 2019 and 2022, the statewide English Language Arts (ELA) and Math assessment tool for 3rd through 8th graders in public schools was Arizona's Statewide Achievement Assessment for English Language Arts and Math (AzM2), previously called

Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT).[xv,170,171] The *Move on When Reading* policy, enacted by the Arizona legislature in 2010, states that a 3rd grade student shall not be promoted to 4th grade if their reading score falls far below the 3rd grade level, as established by the State Board of Education.[xvi, 172] These policies are intended to help identify struggling readers who may benefit from more targeted literacy interventions. Children's reading comprehension and proficiency skills when in the 3rd grade can predict their future academic success, such as their likelihood of graduating high school and attending college.[173] Poor reading skills are associated with a six-fold increase in the likelihood of dropping out of high school compared to proficient readers.[174] However, it is important to note that standardized tests have been found to have lower cultural relevancy to non-White students, which has contributed to a disparity in achievement on standardized tests across racial and ethnic groups.[175]

How the Region is faring

- As previously mentioned, there are no schools within the boundaries of the Region; assessment data specific to 3rd grade students in the Region were therefore not available.

Graduation rates and adult educational attainment

Understanding the current high school graduation and dropout rates within a region provides insight into the assets within and challenges faced by a community and its future workforce. Adults who graduated from high school have higher rates of employment, higher incomes and better overall health compared to adults who dropped out of high school, even if they received a high school equivalency degree (GED).[176] Maternal education is associated with an array of child outcomes starting with infant health,[177, 178, 179] and both targeted and universal programs serving children from families with lower educational backgrounds can support child development.[180, 181]

In contrast to the U.S. as a whole, Arizona has a larger proportion of disconnected youth, defined as teenagers ages 16 to 19 who are neither attending school nor employed,[xvii] which has been linked to negative physical and mental health outcomes and higher rates of unemployment.[182] Native youth, both nationally and in Arizona, are disproportionately disconnected and therefore particularly vulnerable to negative outcomes and may need additional outreach and supports.[183]

[xv] *In 2022, AzM2 was replaced by Arizona's Academic Standards Assessment (AASA).*

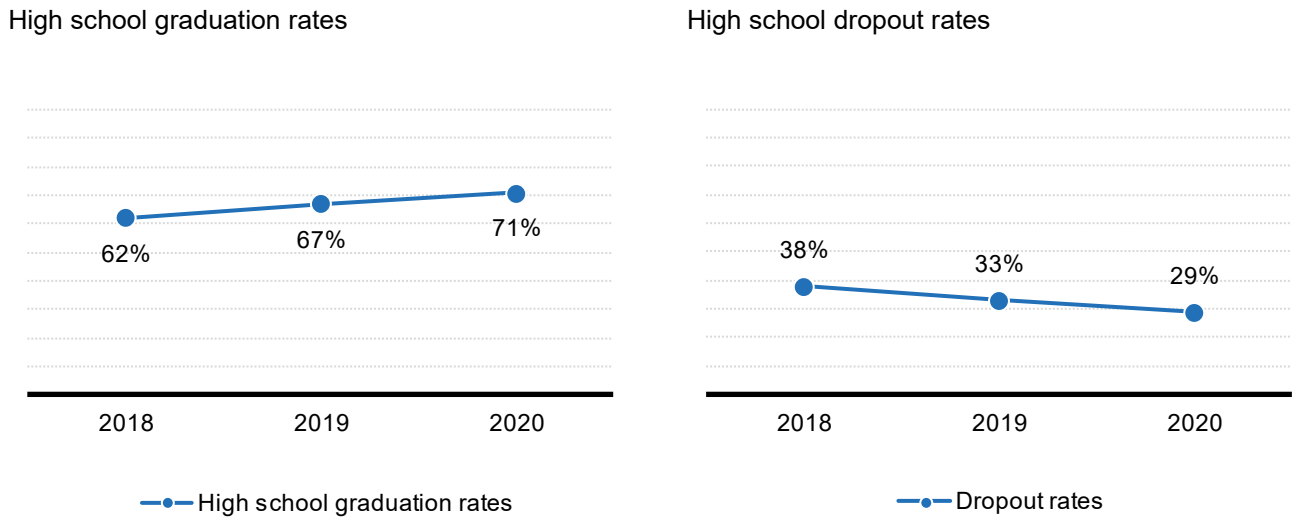
[xvi] *Exceptions exist for students identified with or being evaluated for learning disabilities or reading impairments, English Language Learners and those who have demonstrated reading proficiency on alternate forms of assessment approved by the State Board of Education. Students who test in the 'far below' proficiency range can also be promoted to 4th grade if they complete summer school and then demonstrate reading at a proficient level. Given these exceptions, historically very few 3rd grade students (<1%) have been retained due to Move on When Reading. As of 2022, schools with early elementary grade students are now required to screen all kindergarten and first grade students for dyslexia and have at least one teacher who has complete ADE-approved trainings in reading instruction, intensifying instruction and understanding and recognizing dyslexia.*

[xvii] *Age ranges used for 'disconnected youth' vary by source, with some estimates including both teenagers ages 16-19 and young adults ages 20-24 and others focusing on only teenagers or young adults.*

How the Region is faring

- According to data provided by the Cocopah Education Department as part of the 2022 Regional Needs and Assets Report, graduation rates for Cocopah Indian Tribe high school students increased from 62% in 2018 to 71% in 2020 (Figure 21). Conversely high school dropout rates declined from 38% to 29% in the same period.
- In 2022, just over half (53%) of Native American students enrolled in off-reservation schools serving Region students graduated within four years of starting high school, and 73% graduated within five years. This four-year graduation rate was lower than the rates for Native American students in all Yuma County schools (59%) and Arizona schools (65%), but the five-year graduation rate fell between the rate for Native American students in all Arizona schools (72%) and all Yuma County schools (75%) (Table 14).
- In 2021-22, the 7th-12th grade dropout rate for Native American students in off-reservation schools serving Region students (6%) was lower than it was for Native American students throughout Arizona (9%) and countywide (7%). Dropout rates for Native American students in off-reservation schools increased slightly from 5% to 6% between 2020-21 and 2021-22, mirroring a statewide increase from 4% to 5% for all students (Table 15).
- Among adults in the Region, 84% have at least a high school education. This is a higher proportion than across all Arizona reservations (77%) and Yuma County (75%) but lower than that seen statewide (89%). Compared to adults in all Arizona reservations, adults in the Region are more likely to have a bachelor's degree or higher (13% in the Region; 9% in all Arizona reservations), or some college experience (29% in the Region; 25% in all Arizona reservations) (Figure 22).
- More than half of births in the Region were to mothers who had a high school education, ranging from 60% in 2020 to 75% in 2021. Overall, 52% of births in the Region between 2019 and 2022 were to mothers who had finished high school or had a GED (Table 16).

Figure 21. Trends in Cocopah high school graduation and dropout rates, 2018 to 2020



Source: First Things First (2022). Cocopah Tribe Region 2022 Needs and Assets Report. Retrieved on Dec 1, 2023 from https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Cocopah%20Tribe.pdf

Note: Data for Cocopah Indian Tribe high school graduation and dropout rates were provided by the Cocopah Education Department for the 2022 Regional Needs and assets report

Table 14. 4-year and 5-year graduation rates for Native American students, 2022

Geography	4-Year senior cohort (2022)	4-Year graduates (2022)	4-Year graduation rate (2022)	5-Year graduates (2022)	5-Year graduation rate (2022)
Off-reservation schools serving Cocopah Tribe Region students	DS	<11	53%	<11	73%
Yuma County schools	29	17	59%	DS	75%
Arizona schools	4,213	2,739	65%	3,040	72%
Arizona schools *(All Students)*	90,880	69,623	77%	71,277	79%

Source: Arizona Department of Education (2023). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: The 4-year graduation rate reflects the percentage of students who graduated high school within 4 years of entry; the 5-year graduation rate reflects the percentage of students who graduated high school within five years of entry. See https://www.azed.gov/sites/default/files/2017/08/2018%2006%2001%20Graduation%20DO%20and%20Persistence%20Rate%20Tech%20Manual.pdf?id=598a34233217e10ce06647ff

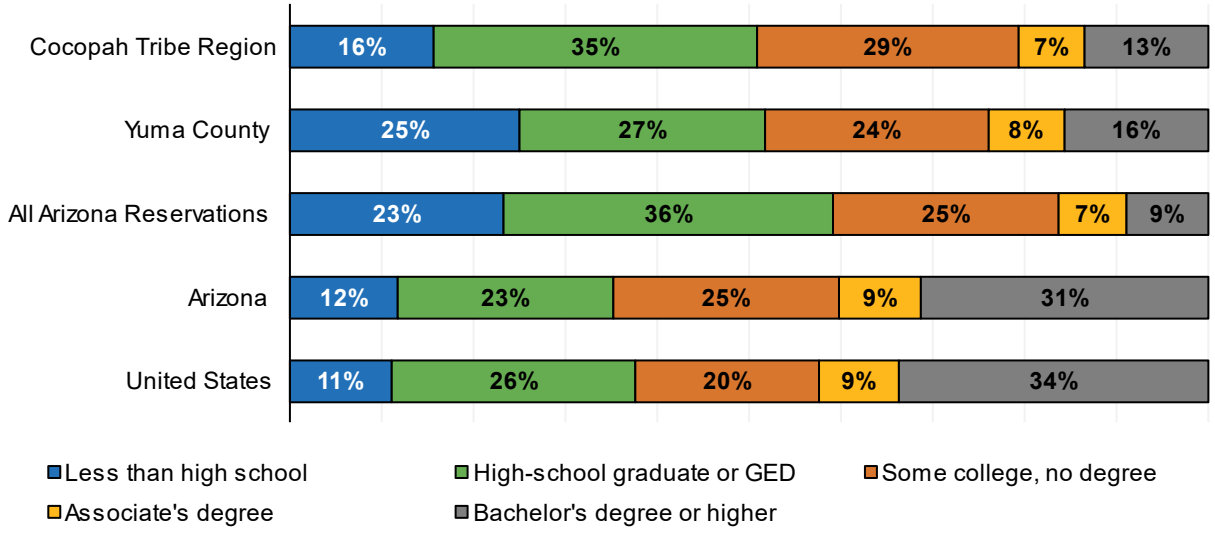
Table 15. 7th to 12th grade dropout rates for Native American students, 2019-20 to 2021-22

Geography	Dropout Rate, 2019-20	Dropout Rate, 2020-21	Dropout Rate, 2021-22
Off-reservation schools serving Cocopah Tribe Region students	N/A	5%	6%
Yuma County schools	5%	7%	7%
Arizona schools	5%	10%	9%
Arizona schools *(All Students)*	3%	4%	5%

Source: Arizona Department of Education (2021). [Dropout Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Notes: Dropout rates for Native American students alone in off-reservation schools were not available for 2019-20. Dropouts are defined by ADE as students who were enrolled in school at any time during the school year but were not enrolled at the end of the year and who did not transfer to another school, graduate, or die. Dropout rates are calculated by dividing the number of dropouts by the total enrollment. In many elementary districts, dropout rates reflect students who transferred out and were lost to follow-up.

Figure 22. Level of education for the adult population (ages 25 and older), 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B15002

Note: The five percentages in each bar should sum to 100% but may not because of rounding.

Table 16. Level of education for the mothers of babies born in 2020 and 2021

Geography	Calendar year	Number of births	Mother had less than a high-school education	Mother finished high school or had GED	Mother had more than a high-school education
Cocopah Tribe Region	**2020**	**15**	**7 to 33%**	**60%**	**7 to 33%**
	2021	**8**	**25%**	**75%**	**0%**
	2019-2022 combined	**44**	**30 to 39%**	**52%**	**9 to 18%**
All Arizona Reservations	2020	1,900	27%	38%	35%
	2021	*Data for All Arizona Reservations not available*			
Yuma County	2020	2,972	20%	31%	49%
	2021	2,895	20%	31%	49%
Arizona	2020	76,781	12%	27%	57%
	2021	77,857	12%	27%	58%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2022). Health status profile of American Indians in Arizona 2020. Retrieved from https://pub.azdhs.gov/health-stats/report/hspam/index.php

Note: Mothers of twins are counted twice in this table. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health Status Profile of American Indian in Arizona for 2021 has not yet been released. A small number of births are missing data on maternal educational attainment, so percentages in this table may not sum to 100%.

Additional data tables related to *Educational Indicators* can be found in Appendix 1 of this report.

EARLY LEARNING

EARLY LEARNING

Why it Matters

Early childhood is a pivotal time when crucial physical, cognitive and social-emotional skills are built.[184,185] Early experiences are important for healthy brain development and set the stage for lifelong learning and well-being.[186, 187, 188] Just as rich, stimulating environments can promote healthy development, early negative experiences can also have lasting effects.[189, 190] However, considering the major COVID-19 pandemic-related challenges experienced by many Arizona families, including disproportionate numbers of deaths and losses of family member and caregivers in Native American and Alaska Native communities,[191] it remains important to remember that while these short- and long-term effects may be more likely, they are not inevitable.[192, 193] Access to quality early care and learning environments can be a powerful protective factor for every child, and the effects can be particularly life-changing for children facing chronic stressors and for children with disabilities.[194, 195]

Quality early care and educational experiences help children develop into capable learners by supporting many crucial systems in the body.[196] In addition to brain development, positive and adverse experiences in the first few years of life can shape a child's immune functioning, ability to handle stress in a healthy way and capacity to learn and thrive.[197] Each of these factors contribute to being a skillful learner and well-adjusted person.[198]

What the Data Tell Us

Access to early care and education

Early childhood systems play a key role in supporting children, parents, caregivers and communities as a whole.[199, 200] In Native nations, early care and education services are provided at center-based, home-based and school-based settings that are funded through a combination of tribal, state and federal grants in addition to privately-owned and operated child care facilities.[201] Unfortunately, many Arizona families, both Native and non-Native, continue to face obstacles when seeking quality early care and education. Communities in both urban and rural areas of Arizona face a gap between the number of young children and licensed child care slots.[202, 203, 204, 205] According to the Center for American Progress, almost half of Arizonans (48%), including the majority of rural, low-income and Hispanic or Latino families, live in a "child care desert," defined as areas where there are three times as many children as there are available child care opportunities.[206, 207]

Analyses by the Bipartisan Policy Center indicate that Arizona needed an additional 76,740 licensed or registered early care and education slots to have enough for all young children in working families in 2019.[208] Because the COVID-19 pandemic forced many child care centers and home-based providers to close either temporarily or permanently, care has been disrupted for many more families in Arizona and nationwide.[209]

Availability and cost are especially challenging for parents seeking care for infants and young children in Arizona. For example, a family with one infant and one preschooler can expect to pay about $1,670 per month for a licensed child care provider. This monthly cost exceeds what many Arizonans pay per month for housing, creating potential financial challenges that are further compounded for families with multiple children under the age of 6.[xviii, 210, 211] The Arizona Department of Economic Security (DES) provides child care assistance to financially eligible families, including specific funding for families involved with the Arizona Department of Child Safety (DCS).[212] However, families that are eligible to receive funding may not have access to child care services in their community that are licensed or that accept assistance payments, leaving them unable to utilize the funding.[213, 214]

How the Region is faring

- According to the 2022 First Things First Cocopah Tribe Regional Needs and Assets Report, early childhood care and education in the Region is provided through Cocopah Day Care and Cocopah Head Start, both operated directly by the Cocopah Indian Tribe.[215]
- Cocopah Day Care provides free center-based care to children ages 3 to 12 who are enrolled members of a federally recognized tribe. [216] The center offers care from 8 a.m. to 5 p.m. Monday through Friday and aims to provide a fun education environment for children.[217] In 2021, Cocopah Day Care enrolled 21 children overall, including 11 children ages 3 to 5 (Table 17).
- Cocopah Head Start provides free early education for children ages 3 to 5 in the Region. Families must meet certain income eligibility requirements to enroll their children in Head Start. [218] In 2021, there were 20 children ages 3 to 5 enrolled in Cocopah Head Start (Table 17). Data from the most recent Program Information Report show that in fiscal year (FY) 2023, Cocopah Head Start had 20 funded enrollment slots and cumulatively enrolled 22 children throughout the year.[219] According to local stakeholders, Cocopah Head Start had a waitlist with 3 children waiting to be enrolled as of 2024.
- Taken together, Cocopah early care and education programs enrolled 31 children ages 3 to 5 in 2021 (Table 17). Given that the Census estimated that there were 30 children ages 3 to 5 in 2020 and 32 children in the Region in that age range based on births between 2016 and 2018,[220] this suggests that these programs have the capacity to serve all preschool-aged children in the Region.
- Very few children in the Region received assistance from DES. In 2017, and each year between 2020 and 2022, at least one child in the Region received a child care assistance, but the total

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[xviii] *In addition to the financial challenges faced by parents paying for child care, the early care and education workforce is one of the most underpaid fields in the country. Nationally, educators working with infants and toddlers are 7.7 times more likely to live in poverty compared to K-8 teachers. The median hourly wage for a child care worker in Arizona ($11.97) is $13.19 less per hour than what is considered a living wage for a single parent with 1 child ($25.16). For more information on early care and education workforce wages visit https://cscce.berkeley.edu/workforce-index-2020/the-early-educator-workforce/early-educator-pay-economic-insecurity-across-the-states/*

number of children receiving assistance was less than 10 each year, meaning that data cannot be displayed due to suppression guidelines (Table 18). No DCS-involved children received assistance in the Region in any year between 2017 and 2022.

Table 17. Cocopah Early Care and Education Programs, 2021

	Ages served	Enrollment (All Ages)	Enrollment (Children birth to age 5)
Cocopah Day Care	Ages 3-12	21	11
Cocopah Head Start	Ages 3-5	20	20
Total Enrollment		41	31

Source: First Things First (2022). Cocopah Tribe Region 2022 Needs and Assets Report. Retrieved on Dec 1, 2023 from https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Cocopah%20Tribe.pdf.

Table 18. Children receiving DES child care assistance, 2017 to 2022

	Number of children receiving assistance						Percent of eligible children receiving assistance					
Geography	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Cocopah Tribe Region	**1 to 9**	**0**	**0**	**1 to 9**	**1 to 9**	**1 to 9**	**DS**	**DS**	**DS**	**DS**	**67%**	**100%**
Yuma County	492	582	743	773	1,010	741	91%	88%	93%	85%	91%	91%
Arizona	16,922	19,813	23,155	19,909	22,359	20,099	93%	92%	92%	80%	88%	90%

Source: Arizona Department of Economic Security (2023). [Child Care Administration dataset]. Unpublished data.

High quality early care and education

Children who begin their education in high-quality preschool programs tend to repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems and are more likely to graduate from high school.[221] This provides a return on investment to society through increased educational achievement and employment, reductions in crime and better overall health of children as they mature into adults.[222, 223] The key ingredients in positive early experiences include responsive relationships, core adaptive skills development, reduced sources of stress and appropriate nutrition – all things that quality early care and education are in a unique position to provide at the critical time to encourage optimal learning and well-being for years to come.[224] Early care and education shapes far more than a child's future academic achievement, and an investment in early childhood can be one of the most productive investments a community can make.[225]

One way that the quality of early child care and education is measured in Arizona is through the Quality First program.[226] The Quality First program rates the quality of child care providers and preschools on a scale of one to five stars, with providers considered high quality when they have received a three-star rating or higher. Quality First also offers training and funding for participating schools and providers to improve their services.[227] Quality First providers are supported by regional funding.

How the Region is faring

- As of 2023, there was one Quality First child care provider in the Region, Cocopah Head Start, which had a 4-star rating, indicating that the center exceeds quality standards (Table 19).[228] This means that all 20 children in the Region enrolled in a Quality First child care provider are enrolled in a quality-level provider (Table 20 & Figure 23).

Table 19. Quality First child care providers by funding source, state fiscal year 2023

Geography	Child care providers served	Regional Funding	DES Expansion	Buy-In
Cocopah Tribe Region	1	1	0	0
Yuma County	*County data not available*			
Arizona	1,434	1,045	384	5

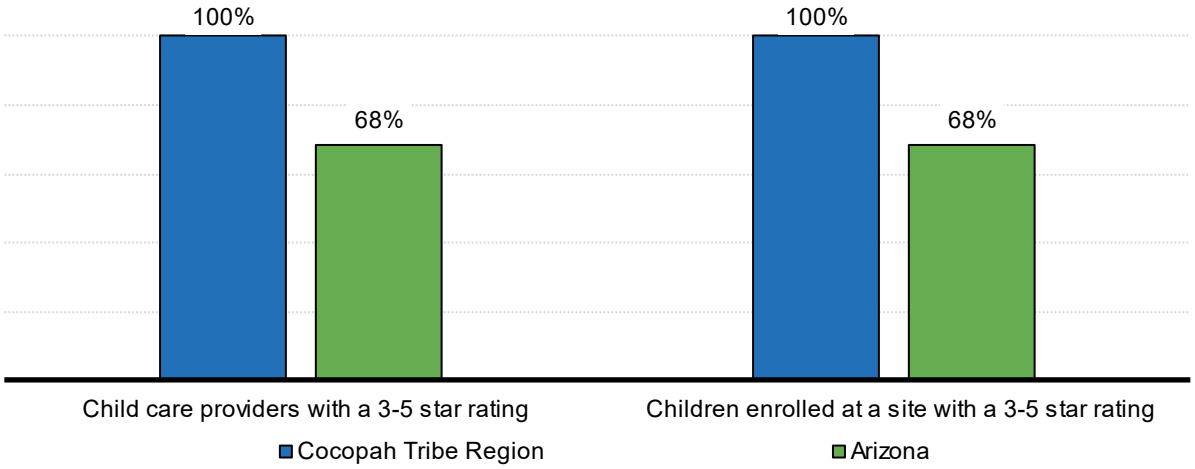
Source: First Things First (2023). Quality First Summary Data. Unpublished data.

Table 20. Children served by Quality First child care providers, state fiscal year 2023

Geography	Children enrolled at a Quality First provider site	Children enrolled at a Quality First provider site with a star rating	Children enrolled at a Quality First provider site with a 3-5 star rating	% of Children in a Quality-Level Setting (3-5 Stars)	Children served by Quality First Scholarships
Cocopah Tribe Region	20	20	20	100%	0
La Paz County	*County data not available*				
Arizona	70,837	54,155	48,379	68%	8,262

Source: First Things First (2023). Quality First Summary Data. Unpublished data.

Figure 23. Percent of Quality First programs with a 3-5 star-rating and percent of children enrolled in quality-level programs, state fiscal year 2023



Source: First Things First (2023). Quality First Summary Data. Unpublished data.

Note: Quality First considers providers with a 3-star rating and above to be 'quality level.' Percents are of total Quality First providers and children enrolled in Quality First sites.

Young children with special needs

Timely intervention can improve the language, cognitive and socio-emotional developmental outcomes of young children who have, or are at risk for, developmental delays.[229, 230, 231] Early intervention also reduces educational costs by decreasing the need for special education.[232] Ensuring that children have access to timely and adequate screening and intervention services from birth to age 5 can be key for preparing children for kindergarten.

In Arizona, the Arizona Early Intervention Program (AzEIP),[xix] the Division of Developmental Disabilities (DDD)[xx] and the Arizona Department of Education Early Childhood Special Education Program are designed to provide services to families with children who have special needs.[xxi] AzEIP is a division of DES that provides early intervention and a variety of supportive services to Arizona children birth to age 2 with disabilities and their families.[233] The goal of these services is to improve the learning and development of children and inform their family members of how they can best support their child.[234] DDD is a division of DES that provides supportive services to people of all ages with a qualifying developmental disability, including cerebral palsy, autism spectrum disorder, down syndrome, epilepsy and cognitive disabilities.[235] Children under the age of 6 that have been assessed by AzEIP to have a qualifying disability may also receive DDD services. At age 3, children with special needs transition from AzEIP services to their local education agency (LEA), usually a school district. Each Arizona school district is mandated to participate in Child Find[xxii] and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start.

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities and tribal nations. According to national research, insufficient funding and staffing of these programs are the greatest obstacles to identifying and providing resources for all children who would benefit from early intervention, and Arizona already falls in the bottom 10 states in the nation for early intervention service provision.[236] Fewer children in Arizona are accessing critical early intervention services that can identify disabilities, provide parent-coaching and encourage optimal development at home.[237] This matters because, while early education discussions often center around pre-kindergarten for 4-year-olds, research continues to point to the impact of experiences during the first 3 years of life as being just as crucial for healthy brain and body development.[238] Positively, Arizona has taken steps toward improving funding for early intervention, including being 1 of 10 states to cross-reference Medicaid and Early Intervention data to maximize federal Medicaid matching of funds.[239]

How the Region is faring

- In the Region, very few children birth to age 2 were referred to AzEIP in recent years. In federal fiscal years (FFYs) 2021 and 2022 combined, fewer than 10 children were referred to AzEIP. Half of these referrals were made by physicians. None of the children referred were found

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[xix] *For more information on AzEIP (which is a division of the Department of Economic Security), visit https://www.azdes.gov/azeip/*

[xx] *For more information on DDD (which is a division of the Department of Economic Security), visit https://des.az.gov/services/disabilities/developmental-disabilities*

[xxi] *For more information on ADE's Early Childhood Special Education program, visit http://www.azed.gov/ece/early-childhood-special-education/ and http://www.azed.gov/special-education/az-find/*

[xxii] *The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to ensure that they receive the supports and services they need.*

eligible for AzEIP services. For 75% of the referrals, AzEIP service coordinators were unable to make contact with the family to start the screening process, and the remaining 25% were found to be ineligible.[240]

- The only years where at least one child (but fewer than 10) from the Region was receiving services from AzEIP as of October 1 were 2019 and 2020 (Table 21). Similarly, at least one child birth to age 5 (but fewer than 10) from the Region received services from DDD in state fiscal years (SFYs) 2021 and 2022 (Table 22).
- Qualifying children may receive services from AzEIP and/or DDD, a number which can be used to estimate the total number of young children receiving early intervention services in a region. At least one child birth to age 2 (but fewer than 10 children) received AzEIP and/or DDD services each year between SFY 2019 and 2022. Statewide, based on the Census estimate of children birth to age 2, about 2.6% of young children in Arizona received early intervention services. Given the Census estimate of 33 children birth to 2 in the Region, the percentage of children receiving early intervention services is likely higher, since even one child receiving services would correspond to 3.0% of children in the Region (Table 23).

Table 21. Number of children birth to age 2 receiving services from AzEIP as of October 1, 2018 to 2022

Geography	Oct 2018	Oct 2019	Oct 2020	Oct 2021	Oct 2022
Cocopah Tribe Region	0	1 to 9	1 to 9	0	0
Yuma County	147	167	160	175	218
Arizona	5,974	5,828	5,403	5,275	5,473

Sources: Arizona Department of Economic Security (2023). [Arizona Early Intervention Program dataset]. Unpublished data.

Note: These data reflect the Oct 1 snapshot of AzEIP services, not a cumulative total throughout the year.

Table 22. Number of children (birth to age 5) receiving DDD services, state fiscal years 2019 to 2022

Geography	SFY 2019	SFY 2020	SFY 2021	SFY 2022	Percent change from 2019 to 2022
Cocopah Tribe Region	**0**	**0**	**1 to 9**	**1 to 9**	**DS**
Yuma County	67	69	69	70	**+4%**
Arizona	4,005	4,078	2,438	3,691	-8%

Source: Arizona Department of Economic Security (2023). [Division of Developmental Disabilities dataset]. Unpublished data.

Table 23. Number of children (ages 0-2) receiving AzEIP and/or DDD services, state fiscal years 2019 to 2022

Geography	Number of children ages 0-2 receiving services from AzEIP and/or DDD				Population ages 0-2 (Census 2020)	Estimated percent of children (ages 0-2) receiving AzEIP and/or DDD services, SFY 2022
	SFY 2019	SFY 2020	SFY 2021	SFY 2022		
Cocopah Tribe Region	**1 to 9**	**1 to 9**	**1 to 9**	**1 to 9**	**33**	**DS**
Yuma County	158	161	129	149	7,291	2.0%
Arizona	6,376	5,721	5,916	5,876	225,737	2.6%

Source: Arizona Department of Economic Security (2023). [Arizona Early Intervention Program dataset]. Unpublished data.

Additional data tables related to *Early Learning* can be found in Appendix 1 of this report.

CHILD HEALTH

CHILD HEALTH

Why it Matters

The physical and mental health of both children and their caregivers are important for optimal child development and well-being. Early childhood health, and even maternal health before pregnancy, has lasting impacts on an individual's quality of life.[241, 242] Experiences during the prenatal and early childhood periods can result in lifelong impacts on immune functioning, brain development and risk for chronic diseases.[243, 244] Poor health in childhood can also result in lower educational attainment and socioeconomic status in adolescence, adulthood and even inter-generationally.[245, 246] Therefore, adequate access to preventive care and treatment services is vital to support a child's long-term health, development and success.[247, 248, 249] Members of federally-recognized tribes have access to health care services provided through the Indian Health Service (IHS) and/or tribally-administered health care facilities.[250, 251]

What the Data Tell Us

Access to health services

Health insurance coverage is an important indicator of whether families can access, afford and utilize medical care. In Arizona, children up to 19 years of age can enroll in health insurance through the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program. Children whose families earn too much to qualify for AHCCCS but do not earn enough to afford private health insurance may also be enrolled in KidsCare, Arizona's Children's Health Insurance Program.[xxiii] During the COVID-19 pandemic, uninsured rates declined due to federal policies prohibiting states from disenrolling people from Medicaid.[252] Despite these efforts, uninsured rates in the overall population are still high.[253] One primary reason for this is perceived cost, with more than two-thirds (69.6%) of uninsured U.S. adults citing their inability to pay for health insurance as the primary reason they were uninsured.[254] Families who qualify for low- or no-cost health insurance may not be aware that they qualify or they may face administrative barriers to enrolling.[255]

A variety of health outcomes for both mothers and infants depend on access to quality health care and support before, during and after pregnancy. Early initiation of prenatal care reduces the risk of prenatal smoking, pregnancy complications, [xxiv] premature births and maternal and infant mortality.[256, 257, 258, 259, 260] Poor access to maternal health care (e.g., hospitals with labor and delivery units, birth centers and obstetric providers) is one factor that can contribute to these outcomes.[261, 262, 263] Black, Hispanic, Native

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[xxiii] *For more information on AHCCCS and KidsCare see: https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.html*

[xxiv] *One such complication is congenital syphilis, where untreated maternal syphilis is passed to the fetus and can lead to stillbirth or infant death. The number of babies born in Arizona with congenital syphilis increased more than 10-fold in the last 6 years, even though congenital syphilis can be prevented with adequate prenatal care. For more information, see: https://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/std-control/congenital-syphilis/index.php*

American and Alaska Native mothers experience a disproportionate lack of access to quality health care and support for their pregnancies.[264, 265] Lack of access to this care has contributed to considerably higher rates of low birth weight births, preterm births and maternal and infant mortality compared to non-Hispanic White Americans.[266, 267, 268] Efforts to increase the number of women in Arizona with access to early prenatal care, such as expanding access to telehealth care and midwifery care, could improve the health outcomes of the state's mothers and babies, especially in counties with lower access to maternal health care services.[269]

Like many rural communities, Native communities often have lower access to high-quality health care. Hospitals and specialty services are fewer and further-between on reservations and in rural areas than in urban areas, and factors such as poor road conditions and lower transportation and internet access can further worsen access issues. Additionally, a report from 2022 estimated that the IHS, through which many tribal members access services, is chronically underfunded by as much as 50% compared to health care needs.[270, 271] Significant and sustained investment is needed to reduce this gap in adequate health care services for Native communities.

How the Region is faring

- According to the 2022 FTF Cocopah Tribe Regional Needs and Assets Report, families in the Region can access health care through the Fort Yuma Health Center.[272] Fort Yuma Health Center, located in Winterhaven, California, serves the Cocopah Indian Tribe and Fort Yuma Quechan Indian Tribe, providing primary care, pediatric, nutrition, physical therapy, dental, pharmacy and laboratory services, as well as public health nursing.[273, 274] As of fiscal year 2019, there were 520 active IHS users[xxv] from the Cocopah Indian Tribe, 53 of whom were young children birth to age 5 (Table 24).
- In addition to the services available at Fort Yuma Health Center, the Cocopah Tribal Health Maintenance Program (THMP) supports the health and wellbeing of Cocopah tribal members through providing health and nutrition education, connection to medical resources, patient advocacy and wellness checks.[275]
- Health insurance coverage plays an important role in access to health care. In the Region, the proportion of young children birth to age 5 who did not have health insurance decreased from an estimated 22% according to the 2012-2016 American Community Survey (ACS) to 15% in the 2017-2021 ACS. This ran counter to the trend in all Arizona reservations, where the share of children without health insurance increased from 17% to 20% over the same period. It is important to note that the U.S. Census Bureau does not consider coverage by IHS, including care at 638 or other Urban Indian health care facilities, to be insurance coverage, meaning that even "uninsured" individuals according to the ACS still likely have access to care through IHS. The majority of births in the Region were covered by AHCCCS in 2020 (73%) and 2021 (75%),

[xxv] *Please note that active users indicate residents of the Cocopah reservation who received services at least once in the prior three years in the Fort Yuma Service Unit - Personal Communication, Indian Health Service – Phoenix Area, April 2021*

which is higher than AHCCCS coverage across all Arizona reservations in 2020 (71%) and Arizona overall (48% and 46%, respectively). Between 2019 and 2022, 66% of births were covered by AHCCCS and 30% by IHS (Table 25).

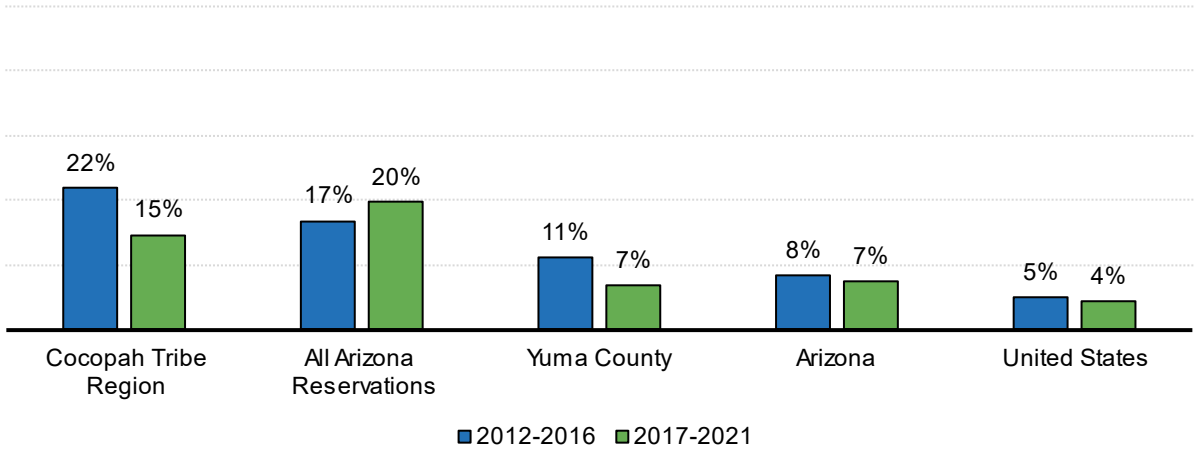
- Between 2019 and 2022, 45% of the 44 births in the Region were to mothers who began prenatal care in the first trimester, and just under a third of births (30%) were to mothers with fewer than five prenatal care visits. Between one and five births were to mothers with no prenatal care, which translates to somewhere between 2 and 11% of births in the Region in this period. This suggests that fewer mothers in the Region are getting timely and adequate prenatal care than elsewhere in the state; in 2020, 56% of births in all Arizona reservations were to mothers who began prenatal care in the first trimester, 14% to mothers with fewer than five prenatal visits, and 5% to mothers with no prenatal care (Table 26).

Table 24. Number of Active IHS users from the Cocopah Indian Tribe, FY 2019

	Young children (ages 0-5)	All ages
Cocopah Indian Tribe	**53**	**520**

Source: First Things First (2022). Cocopah Tribe Region 2022 Needs and Assets Report. Retrieved on Dec 1, 2023 from https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Cocopah%20Tribe.pdf .

Figure 24. Children birth to age 5 without health insurance, 2012-2016 and 2017-2021 ACS



Source: U.S. Census Bureau. (2021). American Community Survey 5-year estimates 2012-2016 & 2017-2022, Table B27001

Note: This table excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau.

Table 25. Insurance coverage for babies born in 2020 and 2021

Geography	Calendar year	Number of births	Birth was covered by AHCCCS	Birth was covered by IHS	Birth was covered by AHCCCS or IHS
Cocopah Tribe Region	**2020**	**15**	**73%**	**6.7 to 33.3%**	**80 to 100%**
	2021	**8**	**75%**	**25%**	**100%**
	2019 to 2022 combined	**44**	**66%**	**30%**	**95%**
All Arizona Reservations	2020	1,900	71%	16%	86%
	2021	Data for All Arizona Reservations not available			
Yuma County	2020	2,972	59%	0.4%	59%
	2021	2,895	59%	0.3%	59%
Arizona	2020	76,781	48%	1%	49%
	2021	77,857	46%	1%	47%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. Percentages may not sum to 100% due to rounding. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health status profile of American Indian in Arizona for 2021 has not yet been released.

Table 26. Prenatal care for the mothers of babies born in 2020 and 2021

Geography	Calendar year	Number of births	Mother had no prenatal care	Mother had fewer than five prenatal visits	Mother began prenatal care in the first trimester
Cocopah Tribe Region	**2020**	**15**	**DS**	**DS**	**47%**
	2021	**8**	**DS**	**DS**	**DS**
	2019 to 2022 combined	**44**	**2 to 11%**	**30%**	**45%**
All Arizona Reservations	2020	1,900	5%	14%	56%
	2021	*Data for All Arizona Reservations not available*			
Yuma County	2020	2,972	6%	8%	55%
	2021	2,895	7%	8%	58%
Arizona	2020	76,781	2%	5%	69%
	2021	77,857	2%	5%	72%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health status profile of American Indian in Arizona for 2021 has not yet been released.

Maternal age and substance abuse

Infants' immediate and long-term health can be influenced by maternal characteristics including age and substance use during or after pregnancy. For example, teenage parents often experience increased stress and hardship in comparison to older parents and other non-parent teenagers as they are less likely to complete high school or college and more likely to maintain a lower socioeconomic status and require public assistance to make ends meet.[276, 277, 278, 279, 280]

The use of substances during pregnancy can cause negative health complications for fetuses and babies. For example, babies born to mothers who smoked cigarettes during pregnancy are more likely to be born preterm, have low birth weight, die from sudden infant death syndrome (SIDS) and have weak lungs.[281, 282] The use of opioids, whether prescribed or illicit, during pregnancy also poses health risks to developing fetuses including preterm birth, stillbirth and birth defects.[283] It may also cause infants to experience withdrawal symptoms after birth, which is referred to as neonatal abstinence syndrome (NAS). Symptoms of NAS include sleep problems, seizures, poor feeding, dehydration, loose stool, sweating, tremors and vomiting. In Native communities, substance abuse issues can be linked to historical trauma and adverse childhood experiences (ACEs). Protective factors, which are also important elements of effective substance use interventions, include cultural and family connection and traditional healing.[284, 285]

How the Region is faring

- In 2020 and 2021, no births in the Region were to mothers younger than age 20, much lower than the 9% of births to mothers younger than 20 in all Arizona reservations and 4% to mothers younger than 18, suggesting that births to teenaged mothers are much less prevalent in the Region compared to reservations statewide (Table 27).
- Between one and five births in the Region were to mothers who smoked cigarettes during pregnancy in 2020 and 2021. This means that the Cocopah Tribe Region did not meet the Healthy People 2030 target of no more than 4.3% of women using tobacco during pregnancy, since even one birth with tobacco use in the Region in this period would translate to 4.3% of total births in 2020 and 2021 combined. In 2020, 11.1% of births in all Arizona reservations and 3.6% of births in Arizona overall were to mothers who reported smoking during pregnancy (Table 27).
- Between 2018 and 2022, eight newborns were hospitalized because of maternal drug use during pregnancy in the Region. Based on the total number of births in the Region in this period (n = 54), this equates to 14.8 newborns hospitalized per 100 births, nearly five times the 3.3 newborns hospitalized per 100 live births in the state. The average length of hospital stay was slightly shorter in the Region (9.3 days) than in Arizona as a whole (9.5 days) (Table 28).

Table 27. Selected characteristics of mothers giving birth, 2020 to 2021

Geography	Calendar year	Number of births	Mother was younger than 18	Mother was younger than 20	Mother smoked cigarettes during pregnancy
Cocopah Tribe Region	**2020**	**15**	**0%**	**0%**	**DS**
	2021	**8**	**0%**	**0%**	**DS**
All Arizona Reservations	2020	1,900	4%	9%	11.1%
	2021	*Data for All Arizona Reservations not available*			
Yuma County	2020	2,972	2%	6%	2.3%
	2021	2,895	2%	6%	1.5%
Arizona	2020	76,781	1%	5%	3.6%
	2021	77,857	1%	5%	3.2%
Healthy People 2030 target					4.3%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. The Healthy People 2030 target for maternal use of tobacco during pregnancy is 95.7% of females reporting abstaining from smoking during pregnancy. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health Status Profile of American Indian in Arizona for 2021 has not yet been released.

Table 28. Newborns hospitalized because of maternal drug use during pregnancy, 2018-2022 combined

Geography	Newborns hospitalized	Average length of stay (days)
Cocopah Tribe Region	**8**	**9.3**
Yuma County	281	10.3
Arizona	12,939	9.5

Source: Arizona Department of Health Services (2023). [Hospital Discharge dataset]. Unpublished data.

Note: Data on newborns hospitalizations were geocoded to FTF regions using the address provided by parents at the time of hospitalization; however, in cases where the address provided was not valid, hospitalizations could not be assigned to a region. County of residence is captured separately from addresses, meaning that counts in the county often exceed those seen in a particular region because they include all newborns regardless of address validity.

Maternal health and well-being

A pregnant woman's health and well-being are closely linked to infant and child health and development. Gestational diabetes (i.e., diabetes that only presents during the pregnancy) increases the likelihood of an infant having low blood sugar, being born preterm, being larger than average at birth, needing to be delivered through cesarean section and even developing type 2 diabetes and cardiovascular diseases later in life.[286, 287] Children of mothers categorized as having maternal obesity have increased risk of birth complications, asthma, diabetes, heart disease and neonatal and infant mortality.[288, 289, 290] A variety of social determinants of health have been linked to the development of diabetes and obesity, including low socioeconomic status, employment struggles, lack of health insurance and living in rural areas with fewer resources.[291, 292, 293, 294] Risks associated with these conditions can be reduced through increased access to maternal health care before, during and after childbirth as well as planning high-risk deliveries at hospital facilities with more resources and technical expertise.[295, 296]

Postpartum depression has a clear link to negative outcomes in infant health and development. Untreated postpartum depression can lead to infant sleeping, eating and behavioral problems, issues with maternal and infant bonding and infant developmental delays.[297,298] Groups that have higher rates of postpartum depression include Native American and Alaska Native mothers, mothers who are under the age of 19 and mothers who smoked during or after pregnancy.[299] The United States Preventive Services Task Force and the American Congress of Obstetricians and Gynecologists recommend assessing mothers' mental health both during pregnancy and after giving birth to facilitate early identification and intervention.[300] In 2022, AHCCCS implemented a policy requiring depression screenings during prenatal and postpartum visits as well as well-child visits within the first 6 months of an infant's life for all enrolled mothers in Arizona.[301] Mothers who screen positively for depression must be referred to a case manager or treatment services. [302] These screenings, as well as the ability to bill AHCCCS for the cost of screenings, will hopefully increase the likelihood that mothers experiencing postpartum depression are referred to appropriate mental health services.

In a recent study, Native American mothers shared that their experiences of postpartum depression were shaped by their medical experiences just before and after giving birth and a feeling that historical factors and colonized perspectives have limited their ability to birth and mother fully in their culture.[303] Additionally, mothers expressed needing to remain resilient for their families and communities, which may increase the feeling of isolation common in postpartum disorders. Integrating cultural birthing practices into healthcare services and considering cultural-specific factors in follow-up treatment services is a key need to support Native mothers and their families.[304]

How the Region is faring

- Between 2019 and 2022, 68% of births in the Region were to mothers with pre-pregnancy obesity, and 14% of births were to mothers with gestational diabetes. These combined rates are much higher than the percent of mothers with pre-pregnancy obesity or gestational diabetes in

2021 in Yuma County (28% and 11%, respectively) and Arizona (27% and 10%, respectively) (Table 29).

Table 29. Births to mothers with gestational diabetes or pre-pregnancy obesity, 2020 to 2021

Geography	Calendar year	Number of births	Mother had gestational diabetes	Mother had pre-pregnancy obesity
Cocopah Tribe Region	**2020**	**15**	**DS**	**73%**
	2021	**8**	**DS**	**DS**
	2019 to 2022 combined	**44**	**14%**	**68%**
All Arizona Reservations	2020	1,900		
	2021	*Data for All Arizona Reservations not available*		
Yuma County	2020	2,972	9%	29%
	2021	2,895	11%	28%
Arizona	2020	76,781	10%	27%
	2021	77,857	10%	27%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations and does not include data on gestational diabetes or obesity. The Health status profile of American Indian in Arizona for 2021 has not yet been released.

Infant health

Health in early infancy shapes childhood health for many years to come. Infants who are born preterm or at a low birthweight have a higher possibility of short- and long-term health complications. Preterm birth is defined as birth at less than 37 weeks of gestation. Risks related to preterm births include respiratory, immune, neurological, vision, hearing and intestinal developmental issues.[305] Infants born preterm also have increased rates of mortality during their first 28 days to 1 year of life, longer hospitalization after birth, more health care costs and physical impairments.[306, 307] Preterm births are more likely among mothers who are under age 20, over the age of 35, low income, experience infections during pregnancy or engage in substance use.[308]

Low birthweight is defined as weighing less than 5 pounds and 8 ounces (2,500 grams) at birth. Babies born with this condition have a higher risk of infant mortality and long-term health problems such as diabetes, hypertension and cardiac disease.[309, 310] Low birthweight risk factors include low maternal

weight during pregnancy, preterm birth, teen pregnancy, pregnancy over the age of 35, high blood pressure, diabetes, substance use and air pollution.[311]

Newborns are admitted into neonatal intensive care units (NICUs) in hospitals for numerous reasons that can vary across medical providers and have implications for the short- and long-term health of babies and families.[312] NICU stays can take a large emotional and financial toll on families, especially families living far from the hospital. However, although NICU admissions may be an indicator of important health concerns in newborns, including low birthweight, they can also be a site of family-based interventions that can positively impact infant development and parent-child relationships.[313]

For parents who are able to breastfeed, the American Academy of Pediatrics recommends breastfeeding infants exclusively for the first 6 months after birth, followed by a combination of breastfeeding and other foods for up to 2 years or longer.[314] Breastfeeding offers a variety of benefits to infants due to the nutrition and antibodies that human breast milk provides. These benefits include lowering an infant's risk of type 1 diabetes, obesity, ear infections, SIDS, asthma and gastrointestinal infections.[315] Robust data on breastfeeding rates are only available for children served through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program.

How the Region is faring

- Between 2019 and 2022, 13.6% of births in the Region were preterm, which means the Region did not meet the Healthy People 2030 target for preterm births of 9.4% or fewer. This combined rate is slightly higher than the 12.6% of births that were preterm in all Arizona reservations in 2020 and much higher than rates of preterm births in Yuma county (9.6%) and Arizona overall (10.0%) in 2021 (Table 30).
- At least one, but no more than five, babies born between 2019 and 2022 had a low birth weight; similarly at least one, but no more than five, babies were admitted to the NICU in this same period. Compared to the overall number of births, this suggests rates that are similar to those seen statewide, where 9.6% of births were of babies born at low birth weight and 8% resulted in NICU admissions in 2021 (Table 30).
- Overall, rates of breastfeeding for infants enrolled in WIC in the Region were similar to statewide rates between 2018 and 2022. More than three in four infants enrolled in WIC in the Region were ever breastfed in 2019 (78%), 2020 (75%) and 2022 (88%). By comparison, between 77% and 79% of infants enrolled in WIC statewide were breastfed in this period (Figure 25).

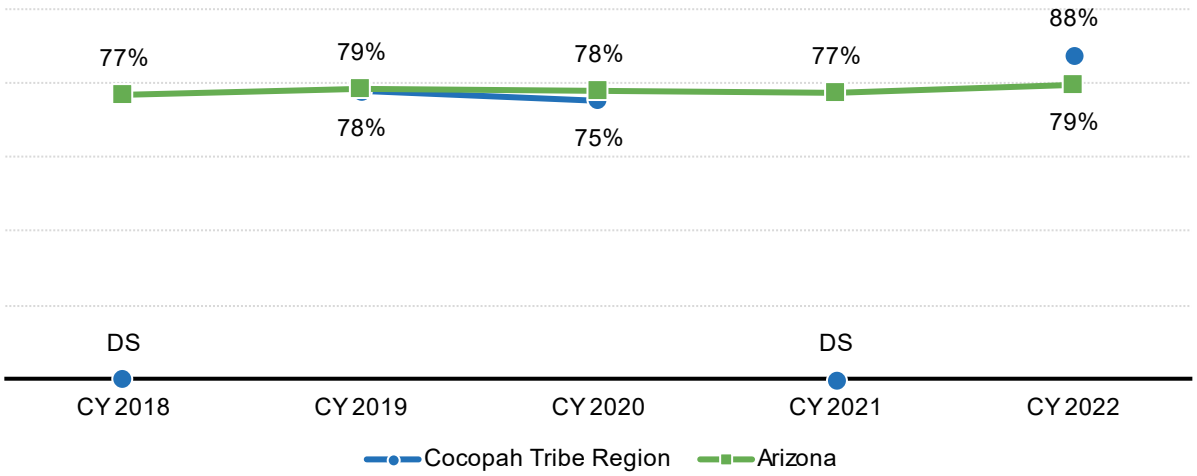
Table 30. Selected birth outcomes, 2020 to 2021

Geography	Calendar year	Number of births	Baby weighed less than 2500 grams	Baby was preterm (less than 37 weeks)	Baby was admitted to a NICU
Cocopah Tribe Region	**2020**	**15**	**0.0%**	**DS**	**0%**
	2021	**8**	**DS**	**DS**	**DS**
	2019 to 2022 combined	**44**	**2.3 to 11.4%**	**13.6%**	**2 to 11%**
All Arizona Reservations	2020	1,900	8.9%	12.6%	N/A
	2021	*Data for All Arizona Reservations not available*			
Yuma County	2020	2,972	6.1%	9.1%	9%
	2021	2,895	6.7%	9.6%	9%
Arizona	2020	76,781	7.4%	9.5%	8%
	2021	77,857	9.6%	10.0%	8%
Healthy People 2030 targets				9.4%	

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health Status Profile of American Indian in Arizona for 2021 has not yet been released.

Figure 25. Breastfeeding rates for WIC-enrolled infants, 2018 to 2022



Source: Arizona Department of Health Services (2023). [WIC Dataset]. Unpublished data.

Note: Rates show infants who were "ever breastfed" which means that an infant was breastfed or fed human milk for at least some period after birth.

Childhood infectious disease and immunization

Immunization against preventable diseases protects both children and the surrounding community from potential illness and death. Immunization protects not only the vaccinated person but also individuals who are unable to be vaccinated through "community immunity."[316] In order to attend state-licensed child care programs and public or charter schools, children are required to receive specific vaccinations or obtain an official exemption, which can be requested for medical, personal or religious reasons.[317] Statewide and nationally, childhood immunization rates have been declining in recent years. The COVID-19 pandemic exacerbated disparities in health care access, including routine immunizations, that specifically impacted children who are Black, Hispanic, low-income, live in rural areas or lack health insurance.[318] National survey data from the Pew Research Center also show that declining childhood immunization rates, particularly for the Measles, Mumps and Rubella (MMR) vaccine, can be linked to parents' shifting attitudes towards vaccines. While most U.S. parents continue to express confidence in the value of childhood vaccination for MMR, a sizable proportion expressed concerns about the necessity of vaccines and showed declining support for vaccine requirements for children to attend public schools.[319]

Respiratory syncytial virus (RSV) and influenza (flu) are leading causes of serious illness in young children, and following the COVID-19 pandemic in 2020, recent flu and RSV seasons have been more severe nationwide.[320, 321] RSV is the most frequent cause of hospitalization in children under 1 year of age.[322] In 2023, two new preventative therapies for RSV were approved—a single-dose antibody medication for infants, and an adult immunization for pregnant people administered in the 3rd trimester of pregnancy.[323, 324] These new treatments have the potential to prevent severe illness in infants and

young children, but shortages of the antibody medication have led the Centers for Disease Control and Prevention (CDC) to recommend prioritizing access for the highest-risk infants. This includes infants under 6 months of age, those with underlying health conditions such as lung or heart disease and Native American or Alaska Native infants under 8 months of age, as well as older Native American or Alaska Native infants who live in remote areas with limited access to health care facilities.[325] The flu can also cause serious illness in young children under age 5, particularly for children birth to age 2, who are the most likely to be hospitalized with flu complications.[326] The American Academy of Pediatrics recommends that all children ages 6 months and older be vaccinated against influenza each year.[327]

How the Region is faring

- Kindergarten immunization rates were not available specifically for the Region.
- There were very few confirmed and probable cases of Respiratory Syncytial Virus (RSV) and influenza in young children birth to age 5 in the Region. After no cases of RSV in 2019 or 2020, at least one case (but no more than five) was seen in young children in 2021 and 2022. There were no cases of influenza in young children in 2020 but at least one (but no more than five) in 2019, 2021 and 2022. Statewide and in Yuma County, cases of RSV and influenza in young children were substantially higher in 2022 than prior years (Table 31).

Table 31. Confirmed and probable cases of infectious diseases in children birth to age 5, 2019 to 2022

Geography	Confirmed & probable RSV cases				Confirmed & probable Influenza cases			
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2019	CY 2020	CY 2021	CY 2022
Cocopah Tribe Region	**0**	**0**	**1 to 5**	**1 to 5**	**1 to 5**	**0**	**1 to 5**	**1 to 5**
Yuma County	158	76	88	212	107	184	6	222
Arizona	4,840	4,459	4,935	9,606	6,459	6,094	508	7,334

Source: Arizona Department of Health Services (2023). [FTF VPD Flu RSV dataset]. Unpublished data.

Infant and child hospitalization and mortality

Infant mortality refers to the death of infants under 1 year of age. Some of the most common causes of infant mortality in Arizona and the U.S. include congenital abnormalities, low birth weight, preterm birth, pregnancy complications, sudden infant death syndrome (SIDS) and unintentional injuries.[328, 329, 330] According to provisional CDC data, infant mortality increased between 2021 and 2022 by 3% nationally, 13% in Arizona for all infants and 21% for Native American or Alaska Native infants nationwide, the highest increase seen for any group.[331] In addition to increasing, the infant mortality rates for Native American or Alaska Native (9.1 deaths per 1,000 live births) and Black infants (10.9)

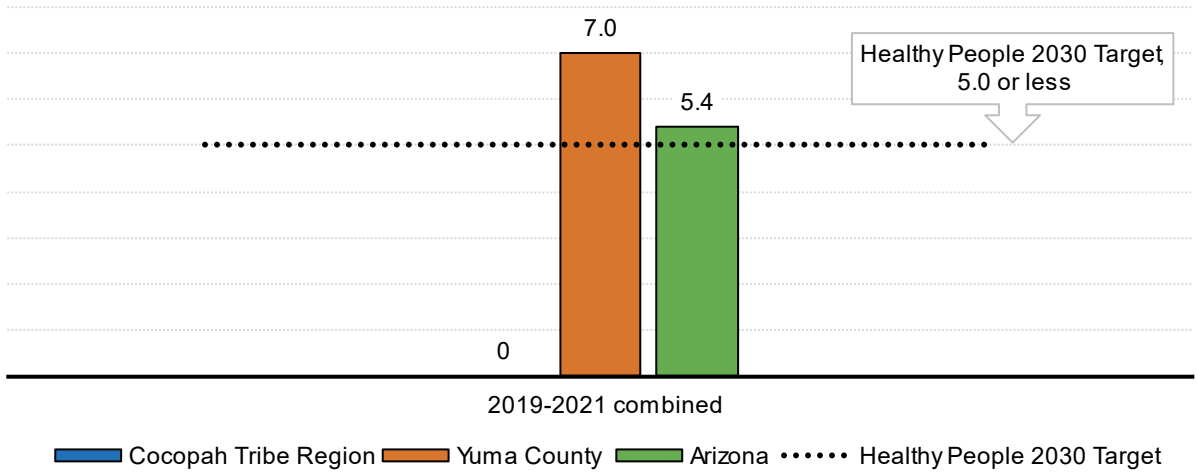
were also notably higher than White (4.52) or Hispanic (4.9) infants in 2022, racial disparities that have been linked to maternal care deserts, which are particularly prevalent on tribal lands.[332, 333] This indicates a serious need to increase access to timely prenatal care, newborn screening and home visiting programs in rural and tribal areas to begin to reduce infant mortality rates.[334]

The leading cause of death for children birth to age 17 in the United States is unintentional injuries.[335] The most prevalent accidental injuries are car crashes, drowning, falls, suffocation, fires and poisoning.[336] Deaths from unintentional injuries are more common for children living in rural areas, as well as among Native American and Alaska Native children.[337, 338] Increased awareness and safety precautions have helped reduce childhood deaths in the last decade, including child swimming lessons, proper infant sleeping position, installing smoke detectors, keeping medications out of reach, practicing gun safety and utilizing seatbelts and helmets.[339]

How the Region is faring

- There were no deaths of infants (under age 1) in the Region between 2019 and 2021. Yuma County's infant mortality rate (7.0 deaths per 1,000 live births) was much higher than Arizona's (5.4), and neither met the Healthy People 2030 target (5.0 or fewer) (Figure 26).
- Like the pattern statewide, falls were the most common type of unintentional injury that resulted in an emergency department visit for young children birth to age 4 in the Region (n=10) (Figure 27). No other cause led to six or more emergency department visits for children in the Region.
- Between 2018 and 2021, there were no deaths among children birth to age 17 in the Region.[340]

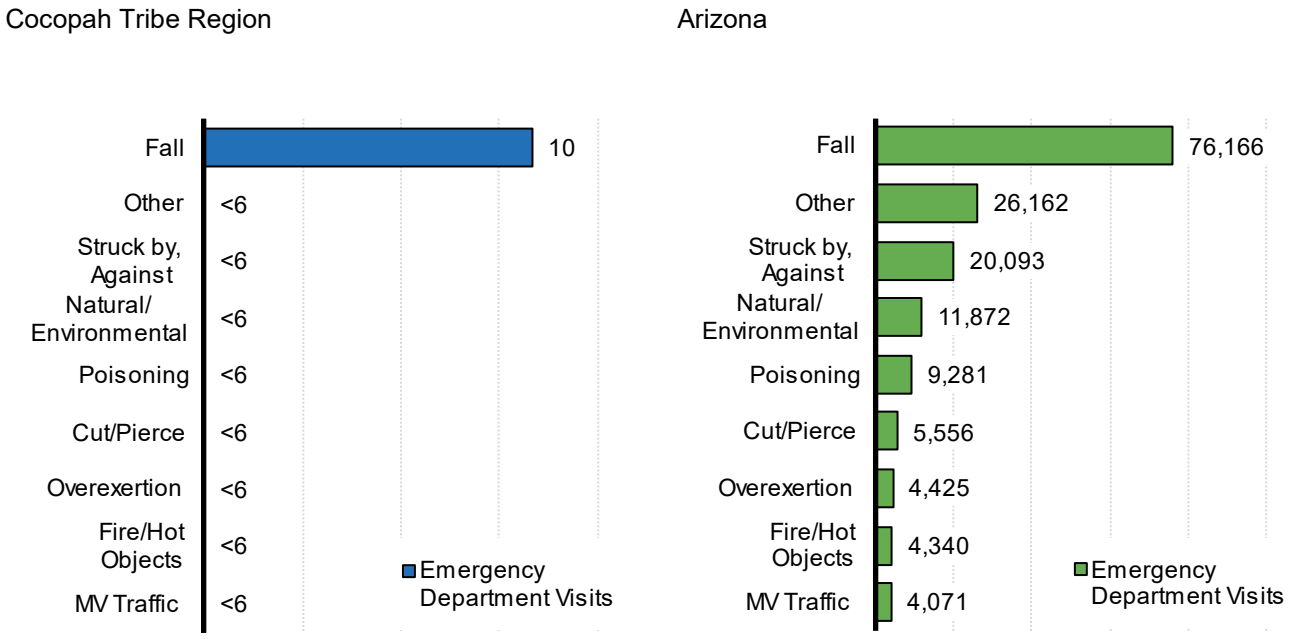
Figure 26. Infant mortality rates, 2019 to 2021 combined



Source: Arizona Department of Health Services (2023). [Vital Statistics Mortality Report dataset]. Unpublished data.

Note: Infant mortality rates are the number of infant deaths (babies under age 1) per 1,000 live births.

Figure 27. Non-fatal emergency department visits due to unintentional injuries for children birth to age 4 by selected mechanism of injury, 2018-2022 combined



Source: Arizona Department of Health Services (2023). [Hospital Discharge dataset]. Unpublished data.

Additional data tables related to *Child Health* can be found in Appendix 1 of this report.

FAMILY SUPPORT AND LITERACY

FAMILY SUPPORT AND LITERACY

Why it Matters

Children's long-term well-being and success is tied to their relationships and experiences with their caregivers. Adverse childhood experiences (ACEs) refer to childhood experiences of abuse, neglect and other life events that can negatively impact children's immediate and long-term well-being.[xxvi, 341] ACEs have been associated with negative effects on development, educational achievement, future employment, mental health, drug and alcohol use and overall increased health care utilization.[342, 343, 344] ACEs are more prevalent among Arizona children with special health care needs and children living in poverty.[345]

Social, physical, academic and economic outcomes are positively influenced by healthy relationships and interactions with family members and caregivers during childhood.[346, 347, 348, 349, 350] An understanding of, and ability to utilize, positive parenting skills is an important protective factor that reduces the likelihood of abuse and neglect, leading to better childhood and long-term outcomes.[351] Positive Childhood Experiences (PCEs), including positive parent-child relationships and feelings of safety and support, have been shown to have positive long term impacts on mental and relational health.[352] Even if children have experienced multiple ACEs, if their families show high levels of resilience and connection (e.g., working together to solve problems, staying hopeful in difficult times and talking together about things that matter to their family) they show higher rates of flourishing, characterized by healthy social and emotional development and an open and engaged approach to learning.[353] These higher flourishing scores coupled with higher ACE scores point to the reality that childhood flourishing can, and does, exist amid adverse experiences and can potentially help mitigate their negative health effects.[354] Supporting families with the knowledge and skills to promote resilience and connection can therefore be critical for ensuring children's long-term well-being.

What the Data Tell Us

Early literacy and developmental support

Parents and families can play an important role in promoting early academic skills. When families read, sing and tell stories together, it can help young children develop reading and writing fluency as well as their capacity for reading comprehension.[355, 356, 357] Literacy practices at home have also been found to increase children's motivation to learn.[358] These early literacy skills are important because they are linked to durable outcomes including elementary school performance and overall educational achievement.[359]

[xxvi] *ACEs include 8 categories of traumatic or stressful life events experienced before the age of 18 years. The 8 ACE categories are sexual abuse, physical abuse, emotional abuse, household adult mental illness, household substance abuse, domestic violence in the household, incarceration of a household member, and parental divorce or separation.*

Some families may face challenges to implementing literacy practices with their young children, especially when they are low-resourced. Barriers include being unfamiliar with child development benchmarks, having limited free time to spend with children, and lower access to books in the home.[360] In Arizona, reading scores have been slowly approaching the national average, however Native American students still have the lowest scores as a group.[361] Community programs, family resources centers, home visitation and larger-scale initiatives can help caregivers implement home-based literacy practices to improve children's reading scores. Recognizing the influence caregivers can have, the American Academy of Pediatrics suggests that pediatricians provide information to families about the benefits of early literacy practices. Doctor's offices and other community locations are also places where initiatives like Read on Arizona and Reach Out & Read may provide books and other materials that families can bring home.[362]

How the Region is faring

- According to the 2022 First Things First (FTF) Regional Needs and Assets Report, the FTF Cocopah Tribe Regional Partnership Council funds the Early Steps home visitation program.[363] In the Early Steps program, a trained parent educator provides home visits to families with children birth to age 5 to help support parents in fostering their children's healthy development, promote parent-child interactions, family wellbeing and early literacy.[364] The program also serves prenatal mothers, helping them navigate pregnancy and prenatal care.[365] In fiscal year 2020, 27 families with 37 children birth to age 5 participated in the program, as well as 2 prenatal mothers (Table 32). Additionally, Cocopah Head Start conducts home visits to promote family wellbeing and early literacy; a total of four visits per family are conducted each school year.
- According to the 2022 Regional Needs and Assets Report, the Cocopah Cultural Resources Department has produced educational materials for all tribal members, including children's coloring books in Cocopah and English. The Department also works with elders to provide language and cultural preservation programs in the Region, both for adults and for children. At the Cocopah Head Start, a contracted cultural specialist and community elder provide language and cultural classes every day.[366]

Table 32. Cocopah Early Steps Home Visitation Services, FY 2021

Geography	FY 2021
Families Served	27
Children Served	37
Prenatal Mothers Enrolled	2

Source: First Things First (2022). Cocopah Tribe Region 2022 Needs and Assets Report. Retrieved on Dec 1, 2023 from https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Cocopah%20Tribe.pdf .

Mental and behavioral health

Early childhood experiences shape the developing brain, which in turn shapes other aspects of development including forming human connections, coping with adversity, and even how successful one is in school, work, and community life down the road.[367] Parent and caregiver mental health and wellbeing plays an important role in the early childhood environment, the provision of essential care and availability of stable family bonds.[368, 369] Community services that support families with young children can make a lasting difference, especially when they provide a connection to culture.[370, 371, 372]

How the Region is faring

- According to the 2022 FTF Cocopah Tribe Regional Needs and Assets Report, families in the Region can access health care through the Fort Yuma Health Center.[373] Fort Yuma Health Center, located in Winterhaven, California, serves the Cocopah Indian Tribe and Fort Yuma Quechan Indian Tribe, providing primary care, pediatric, nutrition, physical therapy, dental, pharmacy and laboratory services, as well as public health nursing.[374, 375]
- In addition to the services available at Fort Yuma Health Center, the Cocopah Tribal Health Maintenance Program (THMP) supports the health and wellbeing of Cocopah tribal members through providing health and nutrition education, connection to medical resources, patient advocacy and wellness checks.[376]
- According to the 2022 Regional Needs and Assets Report, Cocopah Native Connections, part of the Cocopah Tribal Health Maintenance Program (THMP), serves Cocopah youth ages 9 to 24, by providing screenings for depression, suicide and substance abuse training, behavioral health referrals, well-check visits and youth counseling services. Cocopah Native Connections also hosts suicide prevention workshops, youth after-school programs and youth togetherness activities. [377] The program's goal is to prevent youth suicide and substance misuse through promoting wellbeing of body, mind and spirit.[378]

Substance use disorders

Parental substance use has major implications for children's health and well-being. Children of parents with substance use disorders are frequently referred to child welfare services due to neglect or abuse and face a higher risk of later mental health and behavioral health issues, including developing substance use disorders themselves.[379, 380] Access to treatment for substance use disorders and supports for parents and families grappling with these issues can help to ameliorate the short and long-term impacts on young children.[381, 382]

How the Region is faring

- Between 2018 and 2021, there were fewer than 6 deaths with opiates or opioids contributing in the Region (Table 33). However, it is important to note that this only includes deaths occurring within the Region and with address data that allowed the death to be properly assigned to a FTF Region.
- As mentioned above, the Cocopah Native Connections program aims to prevent substance misuse by youth through training, screenings, referrals and community-building. In addition to Native Connections, the Cocopah Alcohol and Drug Abuse Prevention Program (ADAPP) provides culturally sensitive and competent substance dependence treatment, education and prevention services for Cocopah tribal members.[383]

Table 33. Number of deaths with opiates or opioids contributing, 2018-2021 combined

Geography	Number of deaths with opiates or opioids contributing, 2018-2021
Cocopah Tribe Region	**<6**
Yuma County	32
Arizona	6,315

Source: Arizona Department of Health Services (2023). [Vital Statistics dataset]. Unpublished data.

Note: About 35% of overdose deaths statewide were missing address information and thus could not be geocoded to an FTF region.

Child removals and foster care

In situations where the harm in remaining with their family is determined to be too great to a child, they may be removed from their home, either temporarily or permanently. In accordance with the Indian Child Welfare Act of 1978 (ICWA), nearly all tribal governments set their own child welfare laws and manage their own child welfare systems.[384] ICWA established national standards to prevent unwarranted removals and policies for all state custody proceedings involving Indian children. Under ICWA, an Indian child's family and tribe are able and encouraged to be actively involved in the

decision-making that takes place regarding the child, and they may petition for tribal jurisdiction over the custody case.[385] ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family and after an Indian child is removed through family reunification efforts.[386] Despite being challenged recently by several states, ICWA was upheld by the supreme court.[387, 388] Groups including the National Indian Child Welfare Association (NICWA) and Uniform Law Commission (ULC) are investigating whether state laws could be implemented to promote better compliance with ICWA without threatening tribal sovereignty.[389]

The Family First Prevention Services Act, signed into federal law on February 9, 2018, aims to ensure children are placed in the least restrictive, most family-like setting appropriate to their unique needs when foster care is needed. One effect of the Family First Prevention Services Act has been an increased focus on kinship placements, which are placements of children with relatives or close family friends.[390] In recent years, the number of unlicensed kinship homes has even exceeded the number of foster homes in Arizona.[391] More than half of Native American and Alaska Native children (55%) in foster care in Arizona were in kinship placements, a much higher rate of kinship placement than that seen nationwide.[392]

How the Region is faring

- Child welfare services for the Cocopah Indian Tribe are provided by the Cocopah Social Services Department, including management of ICWA cases.[393] Child welfare data for the Region were not available for this report or as part of the 2022 First Things First Cocopah Tribe Regional Needs and Assets Report.

APPENDIX 1: ADDITIONAL DATA TABLES

Population Characteristics

Table 34. Population of children birth to age 5 by single years of age in the 2020 Census

Geography	Population (Ages 0-5)	Population under age 1	Population age 1	Population age 2	Population age 3	Population age 4	Population age 5
Cocopah Tribe Region	**63**	**16**	**7**	**10**	**15**	**5**	**10**
All Arizona Reservations	15,140	2,183	2,338	2,492	2,570	2,733	2,824
Yuma County	15,312	2,328	2,429	2,534	2,578	2,632	2,811
Arizona	480,744	72,415	75,163	78,159	82,033	84,600	88,374
United States	22,401,565	3,480,117	3,532,512	3,672,703	3,797,741	3,917,162	4,001,330

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P1, P14. U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14.

Table 35. Race and ethnicity of the population of all ages, 2020 Census

Geography	Estimated population (all ages)	Hispanic or Latino	White, not Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
Cocopah Tribe Region	**857**	**12%**	**36%**	**3%**	**59%**	**1%**	**6%**
All Arizona Reservations	173,499	6%	5%	1%	93%	1%	3%
Yuma County	203,881	64%	32%	3%	3%	2%	25%
Arizona	7,151,502	31%	57%	6%	6%	5%	14%
United States	331,449,281	19%	62%	14%	3%	8%	10%

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), P6, P7, P8, P9, P12, P12A-W.

Note: The six percentages shown in this figure may sum to more or less than 100% because (a) persons reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) persons reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding. While the Census uses the term American Indian, in-text references to this data use the term Native American based on local stakeholder feedback. Data for the Cocopah Indian Tribe Reservation include data for an RV resort on the Reservation, where winter residents live during parts of the year and make up a substantial proportion of the population in the North Reservation. The majority of the non-Hispanic White residents in the Region reside in this RV resort. For more information, please see the 2018 Cocopah Tribe Regional Partnership Council Needs and Assets Report https://www.firstthingsfirst.org/wp-content/uploads/2019/11/Regional-Needs-and-Assets-Report-2018-Cocopah.pdf.

Table 36. Race and ethnicity of children birth to age 4

Geography	Estimated number of children (birth to age 4)	Hispanic or Latino	White, not Hispanic or Latino	Black or African American	Native American	Asian or Pacific Islander	Two or more races
Cocopah Tribe Region	**53**	**15%**	**4%**	**4%**	**89%**	**0%**	**6%**
All Arizona Reservations	12,316	8%	3%	1%	95%	1%	4%
Yuma County	12,501	78%	19%	4%	4%	3%	31%
Arizona	392,370	44%	42%	10%	8%	7%	21%
United States	18,400,235	25%	54%	18%	4%	9%	16%

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), P6, P7, P8, P9, P12, P12A-W.

Note: The six percentages in each row may sum to more or less than 100% because (a) children reporting Hispanic ethnicity are counted twice if their race is Black, Native American, Asian, Pacific Islander, or any combination of two or more races, (b) children reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding. While the Census uses the term American Indian, in-text references to this data use the term Native American based on local stakeholder feedback.

Table 37. Race and ethnicity for the mothers of babies born in 2020 and 2021

Geography	Calendar year	Number of births	Mother was non-Hispanic White	Mother was Hispanic or Latina	Mother was Black or African American	Mother was Native American	Mother was Asian or Pacific Islander
Cocopah Tribe Region	**2020**	**15**	**0%**	**6.7 to 33.3%**	**0%**	**93%**	**0%**
	2021	**8**	**0%**	**25%**	**0%**	**75%**	**0%**
Yuma County	2020	2,972	19%	76%	1%	2%	1%
	2021	2,895	18%	78%	1%	1%	2%
Arizona	2020	76,781	43%	41%	6%	5%	4%
	2021	77,857	43%	41%	6%	5%	4%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: The five percentages in each row should sum to 100%, but may not because of rounding. Mothers who report more than one race or ethnicity are assigned to the one which is smaller. Mothers of twins are counted twice in this table.

Table 38. Children birth to age 5 living with parents who are foreign-born, 2017-2021 ACS

Geography	Estimated number of children (birth to age 5) living with one or two parents	Number and percent living with one or two foreign-born parents	
Cocopah Tribe Region	**94**	**3**	**3%**
All Arizona Reservations	14,097	191	1%
Yuma County	15,935	5,723	36%
Arizona	473,732	115,267	24%
United States	22,399,131	5,504,770	25%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B05009

Note: The term "parent" here includes stepparents.

Table 39. Language spoken at home (by persons ages 5 and older), 2017-2021 ACS

Geography	Estimated population (age 5 and older)	Speak only English at home	Speak Spanish at home	Speak languages other than English or Spanish at home
Cocopah Tribe Region	**1,163**	**75%**	**7%**	**18%**
All Arizona Reservations	166,148	47%	3%	50%
Yuma County	188,662	46%	53%	2%
Arizona	6,666,597	73%	20%	6%
United States	310,302,360	78%	13%	8%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16001

Note: The three percentages in each row may not sum to 100% because of rounding. The American Community Survey (ACS) no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state. In Arizona, Navajo and other Native American languages (including Apache, Hopi, and O'odham) are the most commonly spoken (2%), following English (73%) and Spanish (20%).

Table 40. English-language proficiency (for persons ages 5 and older), 2017-2021 ACS

Geography	Estimated population (age 5 and older)	Speak only English at home	Speak another language at home, and speak English very well	Speak another language at home, and do not speak English very well
Cocopah Tribe Region	**1,163**	**75%**	**18%**	**6%**
All Arizona Reservations	166,148	47%	41%	12%
Yuma County	188,662	46%	34%	20%
Arizona	6,666,597	73%	18%	8%
United States	310,302,360	78%	13%	8%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16001

Note: The three percentages in each row should sum to 100%, but may not because of rounding.

Table 41. Limited-English-speaking households, 2017-2021 ACS

Geography	Estimated number of households	Number and percent of limited-English-speaking households	
Cocopah Tribe Region	**498**	**14**	**3%**
All Arizona Reservations	52,248	6,361	12%
Yuma County	72,716	7,767	11%
Arizona	2,683,557	99,159	4%
United States	124,010,992	5,241,326	4%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16002

Note: A "limited-English-speaking" household is one in which no one over the age of 13 speaks English very well.

Table 42. Grandchildren birth to age 5 living in a grandparent's household, 2020 Census

Geography	Estimated number of children (birth to age 5) living in households	Number and percent living in their grandparent's household	
Cocopah Tribe Region	**63**	**21**	**33%**
All Arizona Reservations	15,140	6,558	43%
Yuma County	15,312	2,670	17%
Arizona	480,744	64,792	13%
United States	22,401,565	2,520,305	11%

Source: U.S. Census Bureau (2022). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P14, PCT11.

Note: This table includes all children (under six years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child's parent lives in the same household.

Economic Circumstances

Table 43. Median annual family income, 2017-2021 ACS

Geography	Median annual income for all families	Median annual income for all families with children under 18 years old	Median annual income for married-couple families with children under 18 years old	Median annual income for single-male-headed families with children under 18 years old	Median annual income for single-female-headed families with children under 18 years old
Cocopah Tribe Region	**$39,100**	**$29,400**	**$38,500**	**$18,400**	**$10,800**
All Arizona Reservations	*All Arizona reservations data not available*				
Yuma County	$58,600	$53,800	$72,500	$34,100	$25,900
Arizona	$78,800	$75,100	$100,000	$49,100	$35,000
United States	$85,000	$82,800	$110,000	$50,900	$32,600

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B19126

Note: Half of the families in the population are estimated to have incomes above the median value, and the other half have incomes below the median.

Table 44. Children birth to age 5 living at selected poverty thresholds, 2017-2021 ACS

Geography	Estimated number of children (birth to age 5) who live with parents or other relatives	Percent of children under 50% of the poverty level	Percent of children between 50% and 99% of the poverty level	Percent of children between 100% and 184% of the poverty level	Percent of children at or above 185% of the poverty level
Cocopah Tribe Region	**56**	**82%**	**11%**	**0%**	**7%**
All Arizona Reservations	8,876	55%	5%	10%	30%
Yuma County	10,753	34%	7%	12%	47%
Arizona	486,513	9%	11%	19%	61%
United States	22,940,195	9%	10%	16%	65%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B17024

Note: The four percentages in each row should sum to 100%, but may not because of rounding. In 2021, the poverty threshold for a family of two adults and two children was $27,479; for a single parent with one child, it was $18,677. The 185% thresholds are $50,836 and $34,552, respectively.

Table 45. Families participating in SNAP, state fiscal years 2018 to 2022

Geography	Households with one or more children (ages 0-5)	Number of families participating in SNAP					Percent of households with young children (0-5) participating in SNAP in SFY 2022
		SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	
Cocopah Tribe Region	**65**	**46**	**43**	**39**	**38**	**38**	**58%**
Yuma County	11,504	6,943	6,615	6,253	6,007	6,187	54%
Arizona	345,601	151,816	140,056	132,466	131,063	128,460	37%

Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2023). 2020 Decennial Census, DHC, Table P14 & P20.

Table 46. Children participating in SNAP, state fiscal years 2018 to 2022

Geography	Number of young children (ages 0-5) in the population	Number of children (0-5) participating in SNAP					Percent of young children (0-5) participating in SNAP in SFY 2022
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Cocopah Tribe	**63**	**72**	**68**	**61**	**69**	**68**	**N/A**
Yuma County	15,312	10,133	9,701	9,071	8,652	8,989	59%
Arizona	480,744	229,275	211,814	198,961	194,771	190,968	40%

Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2023). 2020 Decennial Census, DHC, Table P14 & P20.

Table 47. Lunches served through SFSP, 2019-20 to 2021-22

Geography	Number of sites			Number of lunches served		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
Cocopah Community Center	**1**	**1**	**1**	**2,233**	**3,708**	**4,597**
Yuma County Schools	N/A	77	63	1,341,170	6,413,434	5,591,069
Arizona Schools	N/A	2,926	2,346	21,786,393	148,207,987	130,780,150

Source: Arizona Department of Education (2023). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Table 48. Parents of children birth to age 5 who are or are not in the labor force, 2017-2021 ACS

Geography	Estimated number of children (birth to 5 years old) living with parent(s)	Living with two married parents, both in the labor force	Living with two married parents, one in the labor force and one not	Living with two married parents, neither in the labor force	Living with one parent, in the labor force	Living with one parent, not in the labor force
Cocopah Tribe Region	**94**	**6%**	**22%**	**5%**	**17%**	**49%**
All Arizona Reservations	14,097	11%	14%	2.6%	38%	35%
Yuma County	15,935	24%	28%	1%	36%	11%
Arizona	473,732	33%	27%	1%	30%	8%
United States	22,399,131	40%	25%	1%	26%	7%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B23008

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The term "parent" here includes step-parents. The five percentages in each row should sum to 100%, but may not because of rounding. Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one parent' category).

Table 49. Persons of all ages in households with and without computers and internet connectivity, 2017-2021 ACS

Geography	Estimated number of persons (all ages) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Cocopah Tribe Region	**1,240**	**65%**	**21%**	**13%**
All Arizona Reservations	177,201	51%	23%	26%
Yuma County	196,724	86%	7%	7%
Arizona	6,930,677	90%	6%	4%
United States	321,899,278	90%	6%	4%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B28005

Note: The three percentages in each row should sum to 100%, but may not because of rounding.

Table 50. Children birth to age 17 in households with and without computers and internet connectivity, 2017-2021

Geography	Estimated number of children (ages 0-17) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Cocopah Tribe Region	**312**	**60%**	**26%**	**14%**
All Arizona Reservations	52,122	55%	24%	21%
Yuma County	51,462	90%	6%	4%
Arizona	1,611,069	92%	6%	2%
United States	74,041,861	93%	5%	2%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B28005

Note: The three percentages in each row should sum to 100%, but may not because of rounding.

Early Learning

Table 51. School enrollment for children ages 3 to 4, 2017-2021 ACS

Geography	Estimated number of children (3 or 4 years old)	Number and percent enrolled in school	
Cocopah Tribe Region	**50**	**12**	**24%**
All Arizona Reservations	5,701	2,326	41%
Yuma County	6,320	2,522	40%
Arizona	176,033	63,974	36%
United States	8,100,136	3,719,992	46%

Source: U.S. Census Bureau. (2023). American Community Survey five-year estimates 2017-2021, Table B14003

Note: In this table, "school" may include nursery school, preschool, or kindergarten.

Table 52. Children receiving DES child care assistance who are enrolled in quality environments, 2022

Geography	Children ages 0-5 (non-DCS involved)			DCS-involved children ages 0-5		
	Received assistance	Enrolled in quality environment	Percent in quality environment	Received assistance	Enrolled in quality environment	Percent in quality environment
Cocopah Tribe Region	**1 to 9**	**1 to 9**	**100%**	**0**	**0**	**N/A**
Yuma County	741	532	72%	115	103	90%
Arizona	20,099	13,619	68%	8,268	5,969	72%

Source: Arizona Department of Economic Security (2023). [Child Care Administration dataset]. Unpublished data.

Note: Quality environments are defined by DES as child care providers with a 3-, 4-, or 5-star Quality First rating, a national accreditation, or a Child Development Associate (CDA) credential for family child care providers.

Child Health

Table 53. Non-fatal hospitalizations and emergency department visits due to unintentional injuries for children birth to age 5, 2018-2022 combined

Geography	Non-fatal inpatient hospitalizations for unintentional injuries	Non-fatal emergency department visits for unintentional injuries
Cocopah Tribe Region	**<6**	**27**
Yuma County	67	5,572
Arizona	2,811	160,742

Source: Arizona Department of Health Services (2023). [Hospital Discharge dataset]. Unpublished data.

Note: Data on hospitalizations were geocoded to FTF regions using the address provided by parents or caregivers at the time of hospitalization; however, in cases where the address provided was not valid, hospitalizations could not be assigned to a region. County of residence is captured separately from addresses, meaning that counts in the county often exceed those seen in a particular region because they include all hospitalizations regardless of address validity.

APPENDIX 2: METHODS AND DATA SOURCES

U.S. Census and American Community Survey Data. The U.S. Census[394] is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. The 2020 U.S. Census data are available by census block. There are about 108,000 inhabited blocks in Arizona, with an average population of 66 people each. Both the 2010 and 2020 Census data for the Cocopah Tribe Region presented in this report are drawn from the Census Geography for the Cocopah Reservation. Please note that the 2020 reservation geography is slightly different than the geography of the First Things First region, which is based on the reservation geography as of 2015.

The American Community Survey (ACS)[395] is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. It covers many different topics, including income, language, education, employment, and housing. ACS data are available by census tract. Arizona is divided into about 1,750 census tracts, with an average of about 3,900 people in each. The ACS data for the region presented in this report are drawn from the Census Geography for the Cocopah Reservation. The most recent and most reliable ACS data are averaged over the past five years; those are the data included in this report. They are based on surveys conducted from 2017 to 2021. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates.

Education Data from ADE. Education data from the Arizona Department of Education (ADE) included in this report were obtained through a custom tabulation of unredacted data files conducted by the vendor on a secure ADE computer terminal in the fall of 2023. The vendor worked with the regional director to create a list of all public and charter schools in the region based on the school's physical location within the region as well as local knowledge as to whether any schools located outside the region served a substantial number of children living within the region. This list was used to assign schools and districts to the region and to aggregate school-level data to the region-level. This methodology differs slightly from the methods that ADE uses to allocate school-level data to counties, so county and region totals may vary in some tables. Data were presented over time where available; however, due to changes in the ADE data system as well as the effects of the COVID-19 pandemic on data collection and definitions over the past three years, some indicators could not be presented as a time series.

Change Calculations. Unless otherwise specified, changes in counts of data over time (i.e., percent increase or decrease) are calculated by subtracting the earlier number (e.g., a 2010 count) from the later number (e.g. the 2020 count) and dividing the result by the earlier number (e.g. the 2010 count). This calculation provides the percent change between the most recent count and the prior count, relative to the prior count.

Data Availability. State agency data in this report were provided to FTF by agency staff through a data request process initiated in May 2023 and extending to January 2024. Wherever possible, data were requested for multiple years to allow for the visualization of trends as well as for the most recent year

available. However, due to both the constraints of agency staff and agency-maintained datasets as well as the timing of requests, not all data were available on the same time and geographic scales. This report attempts to include the most recent and complete data available, with notes indicating where data were not available for particular time periods or geographies.

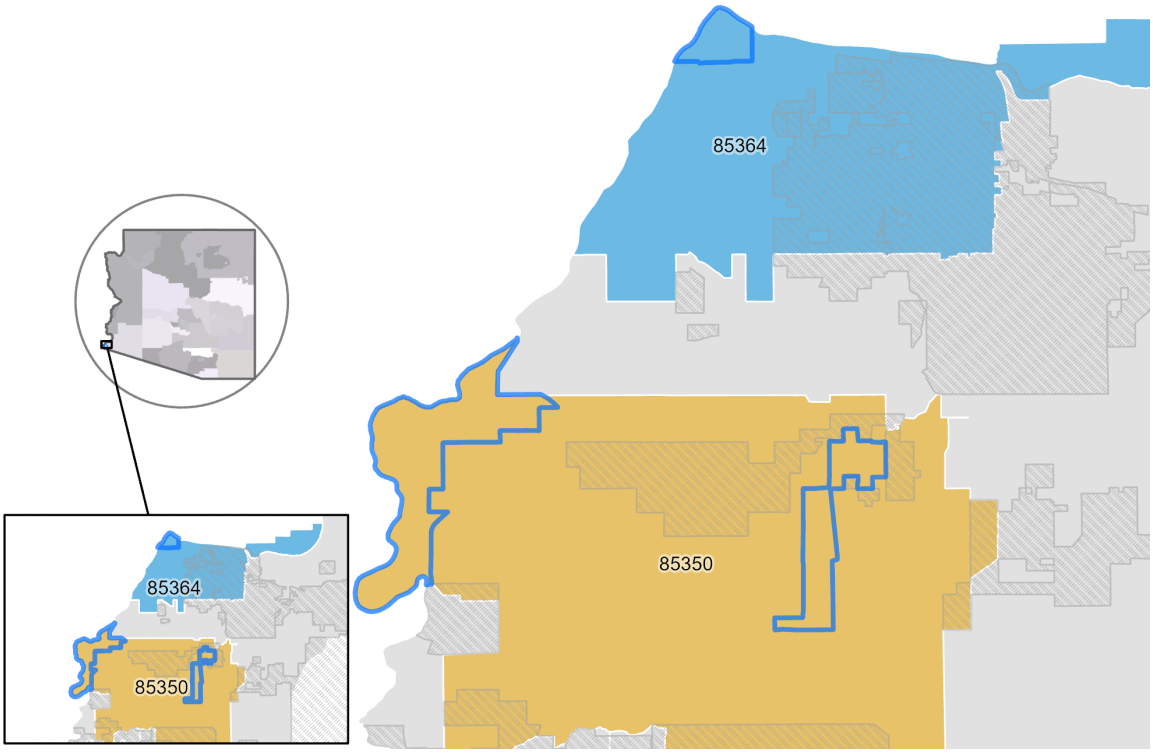
Data Suppression. To protect the confidentiality of program participants, the FTF Data Dissemination and Suppression Guidelines preclude our reporting of social service and early education programming data if the count is less than 10 and preclude our reporting data related to health or developmental delay if the count is less than 6. In addition, some data received from state agencies are suppressed according to their own guidelines. ADHS does not report counts between 1 and 5; DES does not report counts between 1 and 9; ADE does not report counts less than 11. Additionally, both ADE and DES require suppression of the second-smallest value or the denominator in tables where a reader might be able to use the numbers provided to calculate a suppressed value. Throughout this report, information which is not available because of suppression guidelines is indicated by entries of "1-5" or "1-9" or "<11" for counts, or "DS" (data suppressed) for percentages. Data are sometimes not available for particular regions, either because a program did not operate in the region or because data are only available at the county level. Cases where data are not available will be indicated by an entry of "N/A" or a table row note that states "regional data not available."

For some data, an exact number was not available because it was the sum of several numbers provided by a state agency, and some numbers were suppressed in accordance with agency guidelines or because the number was suppressed as a second-smallest value that could be used to calculate a suppressed value. In these cases, a range of possible numbers is provided, where the true number lies within that range. For example, for data from the sum of a suppressed number of children enrolled in Child-only Temporary Assistance for Needy Families Cash Assistance Program (TANF) and 12 children enrolled in a household with TANF, the entry in the table would read "13 to 21." This is because the suppressed number of children in Child-only TANF is between 1 and 9, so the possible range of values is the sum of the known number (12) and 1 on the lower bound to the sum of the known number (12) plus 9 on the upper bound. Ranges that include numbers below the suppression threshold of less than 6 or 10 may still be included if the upper limit of the range is above 6 or 10. Since a range is provided rather than an exact number, the confidentiality of program participants is preserved.

APPENDIX 3: ZIP CODES OF THE COCOPAH TRIBE REGION

Figure 28. Zip Code Tabulation Areas (ZCTAs) in the Cocopah Tribe Region

Map by Community Research, Evaluation, & Development (CRED) Team, University of Arizona



Source: Custom map by the Community Research, Evaluation, & Development (CRED) Team using shapefiles obtained from First Things First and the U.S. Census Bureau 2019 TIGER/Line Shapefiles (https://www.census.gov/cgi-bin/geo/shapefiles/index.php)

Table 54. Zip Code Tabulation Areas (ZCTAs) in the Cocopah Tribe Region

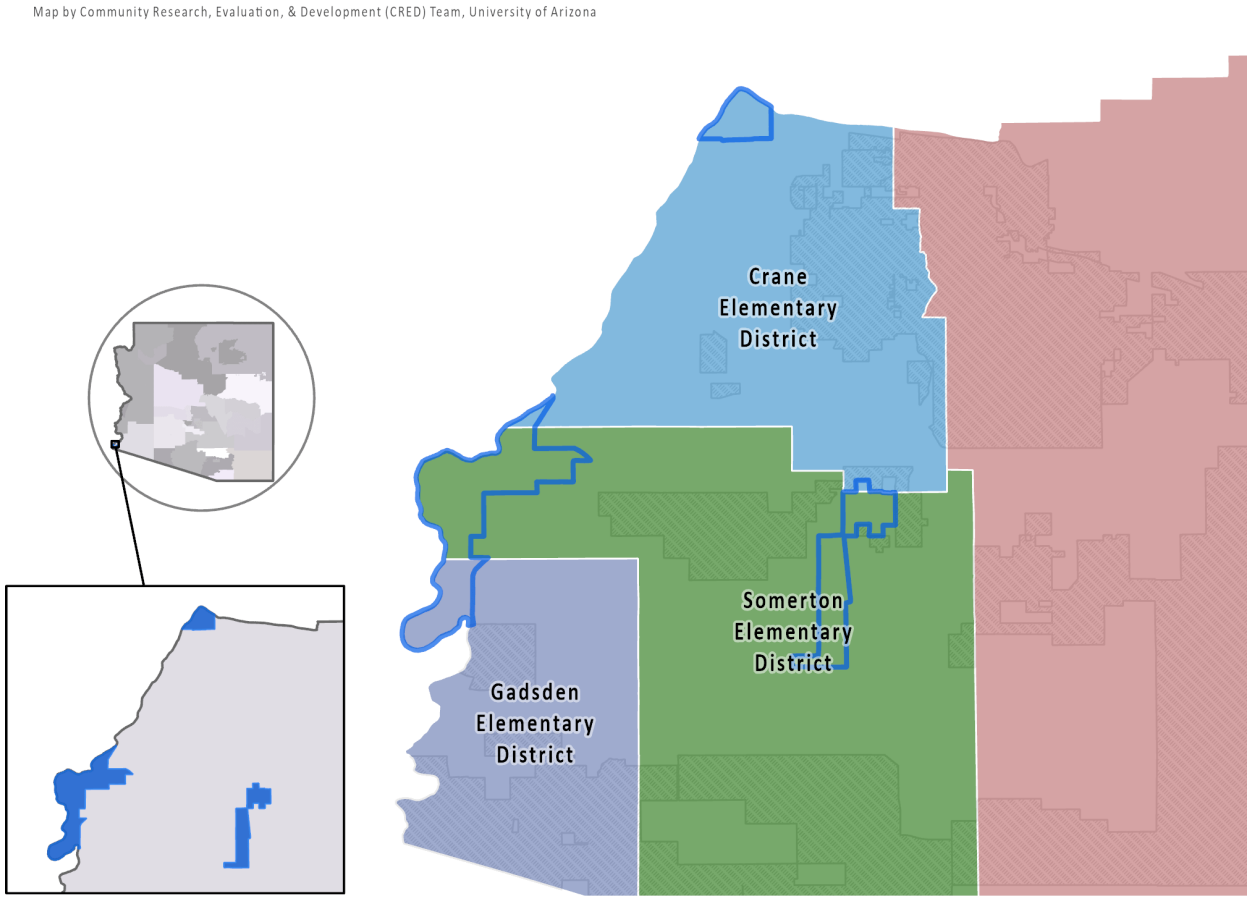
Zip Code Tabulation Area (ZCTA)	Population (all ages)	Percent of this ZCTA's total population living in the Cocopah Tribe Region	This ZCTA is shared with
Cocopah Tribe Region	**857**		
85350	469	2.5%	Yuma Region
85364	388	0.5%	Yuma Region

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics, Table P1.

Note: With the implementation of differential privacy in the 2020 Census, small area estimates now have injected 'noise' (error) to prevent accidental disclosure of Census responses. Geographies that are not primary census geographies, like ZCTAs, have noisier (or less accurate) estimates than primary geographies, like tracts.

APPENDIX 4: SCHOOLS AND SCHOOL DISTRICTS FOR THE COCOPAH TRIBE REGION

Figure 29. School Districts in the Cocopah Tribe Region



Source: Custom map by the Community Research, Evaluation, & Development (CRED) Team using shapefiles obtained from First Things First and the U.S. Census Bureau 2019 TIGER/Line Shapefiles (https://www.census.gov/cgi-bin/geo/shapefiles/index.php)

Table 55. School Districts and Local Education Agencies (LEAs) where students from the Cocopah Indian Tribe may attend school

Name of District or Local Education Agency (LEA)	School Name	Number of schools	Grades Served
Crane Elementary District	Crane Middle School	1	6-8
Crane Elementary District	H L Suverkrup Elementary School	1	PK-6
Crane Elementary District	Valley Horizon Elementary School	1	PK-6
Crane Elementary District	Centennial Middle School	1	6-8
Crane Elementary District	Salida Del Sol Elementary	1	PK-6
Crane Elementary District	Gowan Science Academy	1	PK-8
Somerton Elementary District	Somerton Middle School	1	7-8
Somerton Elementary District	Orange Grove Elementary School	1	PK-6
Somerton Elementary District	Desert Sonora Elementary School	1	PK-6
Somerton Elementary District	Tierra Del Sol Elementary School	1	PK-6
Somerton Elementary District	Encanto Learning Center	1	PK-6
Somerton Elementary District	Bravie T. Soto Elementary School	1	K-6
Yuma Elementary District	Alice Byrne Elementary School	1	PK-5
Yuma Elementary District	George Washington Carver Elementary School	1	PK-6
Yuma Elementary District	C W Mcgraw Elementary School	1	PK-6
Yuma Elementary District	O C Johnson School	1	PK-5
Yuma Elementary District	James B Rolle School	1	PK-6
Yuma Elementary District	Desert Mesa Elementary School	1	PK-5
Yuma Elementary District	Fourth Avenue Junior High School	1	6-8
Yuma Elementary District	Gila Vista Jr High School	1	6-8
Yuma Elementary District	R Pete Woodard Jr High School	1	6-8
Yuma Elementary District	Castle Dome Middle School	1	6-8
Yuma Elementary District	Ron Watson Middle School	1	6-8
Yuma Union High School District	Yuma High School	1	9-12
Yuma Union High School District	Kofa High School	1	9-12
Yuma Union High School District	Cibola High School	1	9-12
Yuma Union High School District	Vista High School	1	9-12
Yuma Union High School District	Somerton High School	1	9-12

Source: Arizona Department of Education (2023). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

APPENDIX 5: DATA SOURCES

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