



2016

NEEDS AND ASSETS REPORT

 **FIRST THINGS FIRST**

Colorado River Indian Tribes Region

Colorado River Indian Tribes Regional Partnership Council

2016

Needs and Assets Report

Prepared by

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Funded by

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FIRST THINGS FIRST

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Message from the Chair:

The past two years have been rewarding for the First Things First Colorado River Indian Tribes (CRIT) Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families. During the past year, we have touched many lives of young children and their families.

The CRIT Regional Partnership Council is focused upon three strategic areas: increasing access to quality child care, raising the awareness of the importance of early learning – especially literacy development, and giving children the opportunity for healthy development by promoting nutrition and physical activity for the whole family. The First Things First Colorado River Indian Tribes Regional Partnership Council will continue to advocate and provide opportunities as indicated throughout the updated report.

Our strategic direction has been guided by the Needs and Assets reports. The Colorado River Indian Tribes Regional Council would like to thank our Needs and Assets vendors with the University of Arizona's Norton School of Family and Consumer Sciences for their knowledge, expertise and analysis of the Colorado River Indian Tribes region. The updated report will help guide our decisions as we move forward for young children and their families within the region.

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

Thank you for your continued support.

Sincerely,

Amelia Flores, Chair



Colorado River Indian Tribes Regional Partnership Council

READY FOR SCHOOL. SET FOR LIFE.

Introductory Summary and Acknowledgments

Ninety percent of a child's brain develops before kindergarten and the quality of a child's early experiences impact whether their brain will develop in positive ways that promote learning. 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 wellbeing of our communities and our state.

This Needs and Assets Report for the Colorado River Indian Tribes 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 First Things First Colorado River Indian Tribes 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 of young children in their care. This report provides information that will aid the Council's funding decisions, as well as our work with community partners on building a comprehensive early childhood system that best meets the needs of young children in our community.

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 Colorado River Indian Tribes region. This information may also be useful to stakeholders in our area 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 5 years old in our area.

Acknowledgments:

We want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services, the Arizona Department of Education, the Census Bureau, the Arizona Department of Administration- Employment and Population Statistics, and the Arizona Health Care Cost Containment System for their contributions of data for this report, and their ongoing support and partnership with First Things First on behalf of young children.

To the current and past members of the Colorado River Indian Tribes Regional Partnership Council, your vision, dedication, and passion have been instrumental in improving outcomes for young children and families within the region. Our current efforts will build upon those successes with the ultimate goal of building a comprehensive early childhood system for the betterment of young children within the region and the entire state.

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Executive Summary

Regional Description

Geographically, the First Things First Colorado River Indian Tribes Region is defined as the Arizona part of the Colorado River Reservation, including the town of Parker. The region lies entirely in La Paz County.

Data Sources

The data contained in this report come from a variety of sources. Some data were provided to First Things First by state agencies, such as the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publically available sources, including the 2010 U.S. Census, the American Community Survey (ACS), and the Arizona Department of Administration (ADOA). In addition, regional data from the 2014 First Things First Parent and Caregiver Survey are included.

Where available, tables and figures in this report include data for all Arizona reservations combined in addition to data for the state of Arizona to allow for appropriate comparisons between the region and other relevant geographies.

Population Characteristics

According to the U.S. Census the Colorado River Indian Tribes Region had a population of 7,077 in 2010, of whom 739 (10%) were children ages birth to 5 years. Twenty-one percent of households in the region included a young child.

Over half (52%) of the households with young children (birth to 5) in the region are single-parent households (37% single-female households and 15% single-male households). One in four (26%) young children in the region are living with one or two foreign-born parents, a much larger percentage than that across all Arizona reservations (3%) but similar to that in the state as a whole (28%). The proportion of young children living in a grandparent's household in the region (18%) is slightly higher than the percentage statewide (14%), but it is much lower compared to the percentage in all Arizona reservations combined (40%). For those children (ages 0-17) living in a grandparent's household, 59 percent live with a grandparent who is financially responsible for them, but only 14 percent of the children have no parent present in the home.

Half (50%) of the young children (ages 0-4) in the Colorado River Indian Tribes Region are Hispanic or Latino, and forty-two percent are American Indian. This racial/ethnic breakdown is different from that seen across all Arizona reservations combined, where most children (92%) are identified as American Indian and only nine percent identify as Hispanic or Latino. The proportion of young children who are Hispanic or Latino in the Colorado River Indian Tribes Region, however, resembles that of Arizona, where 45 percent of young children are reported to be Hispanic or Latino. The race and ethnicity breakdown among adults in the region is different from that of young children. Hispanics and Latinos comprise just over one-third of the adult population (36%), followed by those who identified as white (33%) and American Indians

(27%). In the state, however, only four percent of adults identified as American Indian, and 25 percent as Hispanic or Latino.

The ethnic composition in the Colorado River Indian Tribes Region is also reflected in a higher proportion of residents who report speaking Spanish at home (28%) compared to that across all Arizona reservations combined (4%). A Native North American language is spoken by two percent of residents in the Colorado River Indian Tribes Region, a much smaller proportion than that in all Arizona reservations (51%). In the Colorado River Indian Tribes the native languages spoken are Mohave, Chemehuevi, Navajo and Hopi.

Economic Circumstances

Poverty rates for both the total (all-age) population and the population of young children are lower in the Colorado River Indian Tribes Region than across all Arizona reservations combined; however, poverty rates in the region are higher than in the state as a whole. For the total (all-age) population, 25 percent of people in the region live in poverty, compared to 42 percent across all Arizona reservations and 18 percent statewide. In all these geographies, young children are consistently more likely to be in poverty than members of the total population. Thirty-seven percent of the children in the region live in poverty, a proportion that is lower than that in all Arizona reservations combined (56%) but higher than in the state (28%). In addition to the families whose incomes fall below the federal poverty level, a substantial proportion of households in the region and across all Arizona reservations are low income (i.e., near but not below the federal poverty level [FPL]). Seven out of ten (70%) families with children aged four and under are living below 185 percent of the FPL in the region (i.e., earned less than \$3,677 a month for a family of four), compared to 77 percent in all Arizona reservations combined, and 48 percent across the state. The median family income in the region (\$37,963) is substantially lower than the median family income in the state of Arizona (\$58,897).

The Colorado River Indian Tribes Region fared comparatively well in recent years with regards to employment. The average unemployment rate in the region for the 2009-2013 period was 9.2 percent, lower than both the estimated 25 percent across all Arizona reservations combined and the average state rate of 10.4 percent.

The use of economic supports such as Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) is higher in the Colorado River Indian Tribes Region compared to the state. In 2014, six percent of children in the region received TANF benefits, a slightly higher proportion than the four percent of children statewide. The majority of young children in the region (83%) received SNAP benefits, compared to half of young children statewide (51%). Almost three-quarters (74%) of the children attending Parker Unified School District were eligible for free or reduced lunch in 2014. The proportion of young children in the region receiving SNAP decreased between 2012 and 2014, as did the proportion eligible for free and reduced price school lunch. The proportion of young children receiving TANF benefits also decreased in the same time period, although this may be due to funding and eligibility changes rather than reflecting decreased need.

Educational Indicators

Children from the Colorado River Indian Tribes Region attend schools in the Parker Unified School District, as the Colorado River Indian Tribes Reservation lies fully within this school district.

Regarding academic achievement, students are considered to “pass” Arizona’s Instrument to Measure Standards (AIMS) if they meet or exceed the standard. In the Colorado River Indian Tribes Region, about half (52%) of third grade students passed the AIMS Math test and just under three-quarters (71%) passed the AIMS reading test. Fifteen percent of third graders in the region scored “falls far below” in math; three percent scored “falls far below” on the reading test, putting them at risk of grade retention.

Early Learning

Early childhood education and care programs in the region are available through the Colorado River Indian Tribes Head Start Program and private providers.

According to data from the Child Care Resource and Referral (CCR&R), in 2014 there were two licensed child care providers in the Colorado River Indian Tribes Region, licensed to serve up to 115 children. Both of these providers were classified as child care centers (as opposed to other types of care like family child care facilities or individuals).

Colorado River Indian Tribes Head Start

In addition to the two child care centers, early care and education options in the region include the Colorado River Indian Tribes Head Start Program.

Head Start is a comprehensive early childhood education program for preschool-aged children whose families meet income eligibility criteria. The program addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The Colorado River Indian Tribes Region is served by the Colorado River Indian Tribes Head Start, which is a tribally-operated program open to both tribal and non-tribal members. The Colorado River Indian Tribes Head Start is located on reservation land between the town of Parker and the community of Poston and it provides transportation to all the children enrolled in the program.

Funding for the Colorado River Indian Tribes Head Start is provided by the U.S. Department of Health and Human Services, the Administration of Children and Families, and the Colorado River Indian Tribes. Many of the Head Start families and other community members also provide goods and services for the children enrolled in the program. For example, there were a total of 274 community volunteers who contributed to the program in the 2012-2013 program year, 137 of whom were parents of the Head Start children. Enrollment eligibility in the program is based on a point system where children who are tribal members (of Colorado River Indian Tribes or another federally recognized tribe), live in low-income homes, have special needs, are homeless or in foster care have priority. In 2013, the Colorado River Indian Tribes Head Start had a funded enrollment of 183 children.

In the Colorado River Indian Tribes Region, the Division of Developmental Disabilities (DDD) provided service visits to 62 children aged 0-2 in 2013 (data for 2014 are suppressed). Children aged 3-5 in the region received zero DDD service visits in 2014.

Parent perceptions of their children's developmental needs

The First Things First Family and Community Survey is a phone-based survey designed to measure many critical areas of parents' knowledge, skills, and behaviors related to their young children. In 2014, First Things First conducted a modified version of the Family and Community survey in six tribal regions including the Colorado River Indian Tribes Region, known as the 2014 First Things First Parent and Caregiver Survey. This survey, conducted face-to-face with parents and caregivers of young children living in the region, included a subset of items from the First Things First Family and Community Survey, as well as additional questions that explored health needs in tribal communities. A total of 143 parents and other caregivers responded to the survey at a variety of locations across the Colorado River Indian Tribes Region.

The 2014 First Things First Parent and Caregiver Survey included a set of questions aimed at gauging parents' and caregivers' concerns about their child's development. Respondents were asked to indicate how concerned they were about several developmental events and stages in eight key areas. The two areas which revealed the greatest degree of concern for respondents in the Colorado River Indian Tribes Region were "How well your child behaves" (39% worried), and "How well your child talks and makes speech sounds (32% worried).

Child Health

In 2013, there were 137 babies born to women residing in the Colorado River Indian Tribes Region. Eighteen percent of pregnant women in the region had no prenatal care during the first trimester, a similar percentage to that in the state as a whole (19%), meeting the Healthy People 2020 objective of no more than 22.1 percent of women lacking early prenatal care. Seven percent of pregnant women in the region had fewer than five prenatal care visits, a slightly higher proportion than the five percent in the state as a whole.

Almost three-quarters of births in the region (73%) were paid for by a public payor (Arizona Health Care Cost Containment System (AHCCCS, Arizona's Medicaid) or the Indian Health Service), while just over half (55%) of births in the state fall into that category.

Of the babies born in 2013 to women in the region, seven percent had low birth weight (2.5 kg or less), a percentage that is equal to that across the state (7%). Both the state and regional percentages meet the Healthy People 2020 objective of fewer than 7.8 percent. Twelve percent of babies had high-birth weight (4 kg or more), compared to eight percent of babies across the state. A slightly higher proportion of babies in the region (11%) were premature (less than 37 weeks) compared to the state (9%), although both areas met the Healthy People 2020 objective of fewer than 11.4 percent premature.

According to the American Community Survey, eleven percent of the young children in the Colorado River Indian Tribes Region are estimated to be uninsured. This percentage is almost half that across all Arizona reservations combined (20%) but similar to the percentage across the state (10%).

While immunization rates vary by vaccine, for each of the three key vaccine series tracked, at least 98 percent of the children in preschools or child care centers in the school year 2014-2015 were immunized; these rates, which represent only one school-based preschool and two child care centers in the region, were higher than those of the state. The Healthy People 2020 objective for vaccination coverage for children ages 19-35 months for the DTAP, polio, and MMR vaccines is 90 percent, so children in these settings meet the objective. However, because of immunization requirements, the rates of immunization for children in child care may be higher than immunization rates for children not in child care, so the rates across all children in the region may not be as high. Similarly, over 90 percent of children enrolled in kindergarten at Blake Primary School and Le Pera Elementary School were vaccinated. The rates of religious (2.0%) and personal belief (0%) exemptions from immunizations in the preschools and schools for which data were available were lower than the state overall.

A set of questions on the 2014 First Things First Parent and Caregiver Survey asked participants whether various health care services that their child had required in the past year were delayed or never received. Almost half (47%) of the survey participants in the region reported that their child (or children) had not received timely health care at least once during the previous year. Most frequently, it was medical care (29%), vision care (26%) or dental care (25%) that was delayed or not received.

Family Support and Literacy

The 2014 Parent and Caregiver Survey collected data about parent and caregiver knowledge of children's early development and their involvement in a variety of behaviors known to contribute positively to healthy development, including two items about home literacy events.

Twenty-nine percent of the respondents reported that someone in the home read to their child six or seven days in the week prior to the survey. A slightly smaller percentage (27%) reported that the child was not read to, or only once or twice during the week. In comparison, telling stories or singing songs was more frequent than reading. In 40 percent of homes, children are hearing stories or songs six or seven days per week. On average, respondents reported reading stories four days per week, and singing songs or telling stories about five days per week.

The 2014 First Things First Parent and Caregiver Survey also included an item aimed at eliciting information about parents' and caregivers' awareness of their influence on a child's brain development.

More than two-thirds (68%) of the respondents recognized that they could influence brain development prenatally or right from birth. Still, a sizeable proportion (15%) responded that a parent's influence would not make a big difference until after the infant was 7 months old.

Raising young children in the region: positive aspects

Parents and caregivers who participated in the 2014 First Things First Parent and Caregiver Survey in the region were asked what they liked best about raising children in their community, and participants noted a number of community strengths. Twenty-two percent of parents and caregivers indicated that they like the fact that their community is small and "everyone knows everyone." Along these lines, another 16 percent mentioned their community is close-knit and

supportive of one another. Eighteen percent indicated being able to raise children near their family was one of the best parts about raising children in their community. A number of survey responders (14%) reported liking the community and family events that take place, and others indicated they liked having the opportunity to teach children about their culture and life-lessons (14%). Parents and caregivers also indicated many other aspects they liked about raising children in their community, including: feeling their children are safe (7%); that there are many opportunities and activities for children and youth (5%); being able to watch their child(ren) grow-up (3%); that the community is quiet (3%); that there are many opportunities and resources for community members (3%); the diversity of their community (2%); that there are good schools (3%) and a good Head Start program (3%); that there are parks (2%), sporting activities (2%), nature (2%), libraries (1%), playgrounds (1%), church activities (1%), and friends (1%) around for their children.

Most important things that would improve young children’s lives

Parents and caregivers were also asked to consider what would improve the lives of young children birth to 5 years and their families in the region. In response to this question, 29 percent of survey respondents indicated that the most important thing that could happen would be for parents to be involved in their child’s life and spend time with their child(ren). Thirteen percent of parents and caregivers recommended increasing the number of activities within the community for children and families. Twelve percent of survey takers indicated they felt it was important for children to begin their education early and to stay in school. Nine percent of survey takers felt children and their families would benefit if there were more opportunities for recreation in their community (a community pool or a multipurpose room for sporting events). A number of responders (6%) mentioned that they felt better communication within a family was important, a similar proportion (6%) indicated they felt a higher degree of community involvement would benefit children and families in the community, and another six percent recommended providing additional services to parents who have problems with drugs and/or alcohol. Other responses to this question included: ensuring children stay healthy (5%); ensuring children have a stable environment to grow up in (5%); providing more cultural education (5%); providing more resources/assistance for low-income families (4%); ensuring children have a stable home environment (4%); providing more health and child development education to parents (4%), including parenting classes for young/teen parents (3%); teaching parents healthy discipline skills (3%); increasing the opportunities for parents to increase their own education (3%); ensuring children have all their basic needs met (2%); increasing public transportation in the community (2%); keeping families together (2%); increasing the opportunities children have to spend time with elders (1%); increasing job opportunities for parents (1%); increasing the number of day care facilities in the community (1%) and providing free or reduced cost child care for working parents (1%); and increasing public awareness about community activities that take place (1%).

Communication, Public Information and Awareness and Systems Coordination among Early Childhood Programs and Services

Starting in the summer of 2013, the First Things First Colorado River Indian Tribes Regional Partnership Council (RPC) initiated a series of discussions around systems building efforts in the region, the possible partners that should be engaged in those efforts and the potential outcomes of building a stronger early childhood system in the region. As a result, the Colorado River Indian Tribes Regional Partnership Council members agreed on the following System Focus Areas:

1. Early Head Start or similar comprehensive home-based early care and family support model – this area has been identified based on the high need for quality infant child care.
2. Best for Babies Court Team approach – coordination with Mohave County Superior Court Infant and Toddler Mental Health Team would be part of this effort. It should also address the need for additional Native foster families in the region to care for infants. A multi-regional collaboration began in 2015, with Judicial Leadership from the Colorado River Indians Tribes Tribal Court and a partnership with Mohave County Superior Court to develop a Court Team for Colorado River Indian Tribes.
3. A comprehensive web of support and services around Infant/child mental health – this effort would place a strong emphasis on preventative services. A strong need for education around infant/child mental health among community members in the region has been identified, including a better understating among parents about developmental stages.

The Colorado River Indian Tribes Region

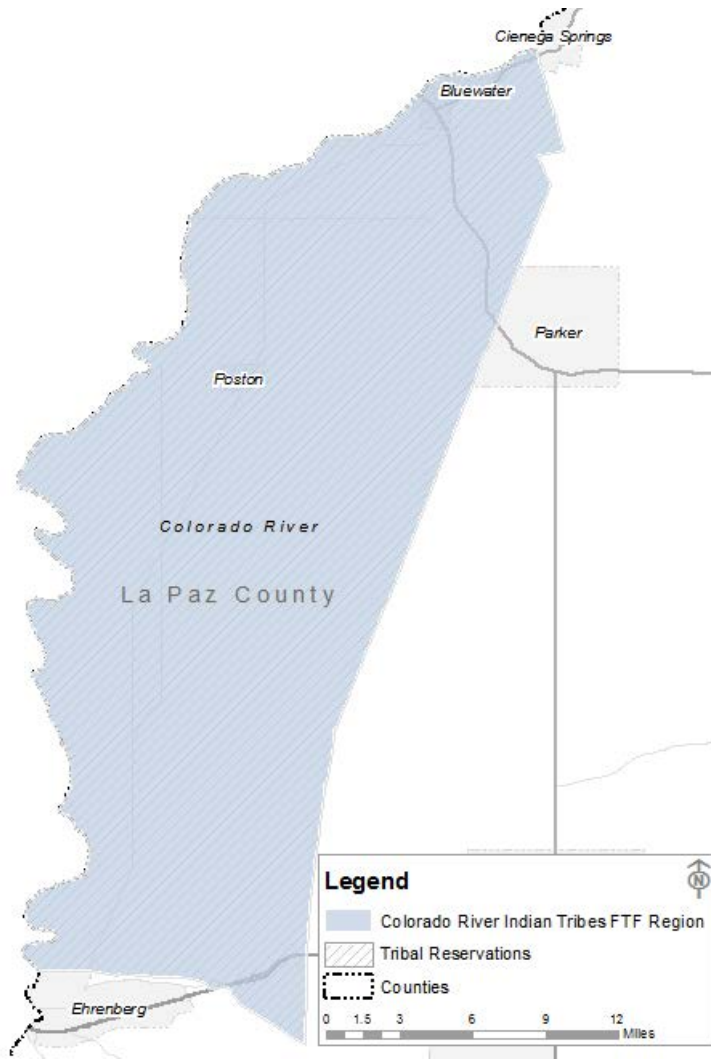
Regional Description

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

Geographically, the First Things First Colorado River Indian Tribes Region is defined as the Arizona part of the Colorado River Indian Tribes Reservation, including the town of Parker. The region lies entirely in La Paz County.

Figure 1 shows the geographical area covered by the Colorado River Indian Tribes Region. Additional information available at the end of this report includes a map of the region by zip code in Appendix 1, a table listing zip codes for the region in Appendix 2, and a map of school districts in the region in Appendix 3.

Figure 1. The Colorado River Indian Tribes Region



Source: U.S. Census Bureau (2010). TIGER/Line Shapefiles: TabBlocks, Streets, Counties, American Indian/Alaska Native Homelands. Retrieved from <http://www.census.gov/geo/maps-data/data/tiger-line.html>

Data Sources

The data contained in this report come from a variety of sources. Some data were provided to First Things First by state agencies, such as the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publically available sources, including the 2010 U.S. Census, the American Community Survey (ACS), and the Arizona Department of Administration (ADOA). In addition, regional data from the 2014 First Things First Parent and Caregiver Survey are included.

The U.S. Census¹ 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 2010 U.S. Census data are available by census block. There are about 115,000 inhabited blocks in Arizona, with an average population of 56 people each. The Census data for the Colorado River Indian Tribes Region presented in this report were calculated by identifying each block in the region, and aggregating the data over all of those blocks. (Note that the Census 2010 data in the current report may vary to a small degree from census data reported in previous Needs & Assets reports. The reason is that in the previous reports, the Census 2010 data were aggregated by zip code; the current report uses aggregation by census blocks.)

The American Community Survey² 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. The ACS data are available by census tract. Arizona is divided into about 1,500 census tracts, with an average of about 4,200 people in each. The ACS data for the Colorado River Indian Tribes Region were calculated by aggregating over the census tracts which are wholly or partially contained in the region. The data from partial census tracts were apportioned according to the percentage of the 2010 Census population in that tract living inside the Colorado River Indian Tribes Region. 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 2009 to 2013. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates.

To protect the confidentiality of program participants, the First Things First Data Dissemination and Suppression Guidelines preclude our reporting social service and early education programming data if the count is less than ten, and preclude our reporting data related to

¹ U.S. Census Bureau. (May, 2000). *Factfinder for the Nation*. Retrieved from <http://www.census.gov/history/pdf/cff4.pdf>

² U.S. Census Bureau (April, 2013). *American Community Survey Information Guide*. Retrieved from http://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS_Information_Guide.pdf

health or developmental delay if the count is less than twenty-five. In addition, some data received from state agencies may be suppressed according to their own guidelines. The Arizona Department of Health Services, for example, does not report counts less than six. Throughout this report, information which is not available because of suppression guidelines will be indicated by entries of "N/A" in the data tables.

A note on the Census and American Community Survey data included in this report:

In this report we use two main sources of data to describe the demographic and socio-economic characteristics of families and children in the region: U.S. Census 2010 and the American Community Survey. These data sources are important for the unique information they are able to provide about children and families across the United States, but both of them have acknowledged limitations for their use on tribal lands. Although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that "American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent."³ In the past, the decennial census was the only accessible source of wide-area demographic information. Starting in 2005, the Census Bureau replaced the "long form" questionnaire that was used to gather socio-economic data with the American Community Survey (ACS). As noted above, the ACS is an ongoing survey that is conducted by distributing questionnaires to a sample of households every month of every year. Annual results from the ACS are available but they are aggregated over five years for smaller communities, to try to correct for the increased chance of sampling errors due to the smaller samples used.

According to the State of Indian Country Arizona Report⁴ this has brought up new challenges when using and interpreting ACS data from tribal communities and American Indians in general. There is no major outreach effort to familiarize the population with the survey (as it is the case with the decennial census), and the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona Report indicates that at the National level, in 2010 the ACS failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona report, ACS may be particularly unreliable for the smaller reservations in the state.

³ U.S. Census Bureau. (May, 2012). *Estimates of Undercount and Overcount in the 2010 Census*. www.census.gov/newsroom/releases/archives/2010_census/cb12-95.html

⁴ Inter Tribal Council of Arizona, Inc., ASU Office of the President on American Indian Initiatives, ASU Office of Public Affairs. (2013). *The State of Indian Country Arizona. Volume 1*. Retrieved from http://outreach.asu.edu/sites/default/files/SICAZ_report_20130828.pdf

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

An initiative that aims at addressing some of these challenges, the Tribal Indicators Project, has been started by the American Indian Policy Institute, the Center for Population Dynamics, and the American Indian Studies Department at Arizona State University. The Tribal Indicators Project⁵ was initiated at the request of tribal leaders interested in the development of tools that can help them gather and utilize meaningful and accurate data for governmental decision-making. An important part of this effort is the analysis of Census and ACS data in collaboration with tribal stakeholders. We hope that in the future these more reliable and tribally-relevant data will become available for use in these community assessments.

⁵ http://aipi.clas.asu.edu/Tribal_Indicators

Population Characteristics

Why it Matters

The characteristics of families living within a region can influence the availability of resources and supports for those families.⁶ Population characteristics and trends in family composition are often considered by policymakers when making decisions about the type and location of services to be provided within a region such as schools, health care facilities and services, and social services and programs. As a result of these decisions, families with young children may have very different experiences within and across regions regarding access to employment, food resources, schools, health care facilities and providers, and social services. It is important, therefore, that decision-makers understand who their constituents are so that they can prioritize policies that address the needs of diverse families with young children. Accurate and up-to-date information about population characteristics such as the number of children and families in a geographic region, their ethnic composition, whether their parents were born abroad, living arrangements and languages spoken can support the development or continuation of resources that are linguistically, culturally, and geographically most appropriate for a given locale.

In addition to being affected by community resources, the likelihood of a child reaching his or her optimal development can also be affected by the supports and resources available within the family.^{7,8} The availability of family resources can be influenced by the characteristics of the family structure, such as who resides in a household and who is responsible for a child's care.

Children living with and being cared for by relatives or caregivers other than parents, is increasingly common.⁹ Extended, multigenerational families and kinship care are more typical in Native communities.^{10,11} The strengths associated with this open family structure -mutual

⁶ U.S. Department of Health and Human Services. Health Resources and Services Administration, Maternal and Child Health Bureau. (2014). *Child Health USA 2014. Population Characteristics*. Retrieved from: <http://mchb.hrsa.gov/chusa14/population-characteristics.html>

⁷ Center for American Progress. (2015). *Valuing All Our Families. Progressive Policies that Strengthen Family Commitments and Reduce Family Disparities*. Retrieved from: <https://cdn.americanprogress.org/wp-content/uploads/2015/01/FamilyStructure-report.pdf>

⁸ Kidsdata.org. (n.d.). *Summary: Family Structure*. Retrieved from: <http://www.kidsdata.org/topic/8/family-structure/summary>

⁹ U.S. Department of Health and Human Services. (2012). *ASPE Report. Children in Nonparental Care: A Review of the Literature and Analysis of Data Gaps*. Retrieved from <http://aspe.hhs.gov/basic-report/children-nonparental-care-review-literature-and-analysis-data-gaps>

¹⁰ Harrison, A. O., Wilson, M. N., Pine, C. J., Chan, S. Q., & Buriel, R. (1990). Family ecologies of ethnic minority children. *Child Development*, 61(2), 347-362.

¹¹ Red Horse, J. (1997). Traditional American Indian family systems. *Families, Systems, & Health*, 15(3), 243.

help and respect- can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships.¹² Grandparents are often central to these multigenerational households. However, when caring for children not because of choice, but because parents become unable to provide care due to the parent's death, physical or mental illness, substance abuse, incarceration, unemployment or underemployment or because of domestic violence or child neglect in the family, grandparents may be in need of specialized assistance and resources to support their grandchildren.¹³

Understanding language use in the region can also contribute to being better able to serve the needs of families with young children. Language preservation and revitalization have been recognized by the U.S. Department of Health & Human Services as keys to strengthening culture in Native communities and to encouraging communities to move toward social unity and self-sufficiency.¹⁴ Special consideration should be given to respecting and supporting the numerous Native languages spoken by families, particularly in tribal communities. In addition, assuring that early childhood resources and services are available in Spanish is important in many areas of Arizona, given that five percent of the households in the state are limited English speaking households (that is, a household where none of the members speak English very well). Language barriers for these families can limit their access to health care and social services, and can provide challenges to communication between parents and their child's teachers, which can impact the quality of education children are able to receive.¹⁵

¹² Hoffman, F. (Ed.). (1981). *The American Indian Family: Strengths and Stresses*. Isleta, NM: American Indian Social Research and Development Associates.

¹³ Population Reference Bureau. (2012). *More U.S. Children Raised by Grandparents*. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

¹⁴ U.S. Department of Health & Human Services, Administration for Native Americans. (n.d.). *Native Languages* <http://www.acf.hhs.gov/programs/ana/programs/native-language-preservation-maintenance>

¹⁵ Shields, M. & Behrman, R. (2004). Children of immigrant families: Analysis and Recommendations. *The Future of Children*. 14(2). Retrieved from: https://www.princeton.edu/futureofchildren/publications/docs/14_02_1.pdf

What the Data Tell Us

According to the U.S. Census the Colorado River Indian Tribes Region had a population of 7,077 in 2010, of whom 739 (10%) were children ages birth to 5 years (see Table 1). Twenty-one percent of households in the region included a young child.

Half (50%) of the households with young children (birth to 5) in the region are single-parent households (37% single-female households and 13% single-male households) (see Figure 3). One in four (26%) young children in the region are living with one or two foreign-born parents, a much larger percentage than that across all Arizona reservations (3%) but similar to that in the state as a whole (28%) (see Table 4). The proportion of young children living in a grandparent's household in the region (18%) is slightly higher than the percentage statewide (14%), but it is much lower compared to the percentage in all Arizona reservations combined (40%) (see Table 5). For those children (ages 0-17) living in a grandparent's household, 59 percent live with a grandparent who is financially responsible for them, but only 14 percent of the children have no parent present in the home (see Table 6).

Half (50%) of the young children (ages 0-4) in the Colorado River Indian Tribes Region are Hispanic or Latino, and forty-two percent are American Indian. This racial/ethnic breakdown is different from that seen across all Arizona reservations combined, where most children (92%) are identified as American Indian and only nine percent identify as Hispanic or Latino. The proportion of young children who are Hispanic or Latino in the Colorado River Indian Tribes Region, however, resembles that of Arizona, where 45 percent of young children are reported to be Hispanic or Latino (see Table 7). The race and ethnicity breakdown among adults in the region is different from that of young children. Hispanics and Latinos comprise just over one-third of the adult population (36%), followed by those who identified as white (33%) and American Indians (27%). In the state, however, only four percent of adults identified as American Indian, and twenty-five percent as Hispanic or Latino (see Table 8).

The ethnic composition in the Colorado River Indian Tribes Region is also reflected in a higher proportion of residents who report speaking Spanish at home (28%) compared to that across all Arizona reservations combined (4%). A Native North American language is spoken by two percent of residents in the Colorado River Indian Tribes Region, a much smaller proportion than that in all Arizona reservations (51%) (see Figure 4). In the Colorado River Indian Tribes the native languages spoken are Mohave, Chemehuevi, Navajo and Hopi.¹⁶

¹⁶ First Things First Colorado River Indian Tribes Regional Partnership Council 2014 Needs and Assets Report retrieved from: <http://www.aztf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20Colorado%20River%20Indian%20Tribes.pdf>

Population and Households

Table 1. Population and households, 2010

	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Colorado River Indian Tribes Region	7,077	739	2,336	485	21%
All Arizona Reservations	178,131	20,511	50,140	13,115	26%
La Paz County	20,489	1,227	9,198	822	9%
Arizona	6,392,017	546,609	2,380,990	384,441	16%

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, P20.
Retrieved from: <http://factfinder.census.gov>

Table 2. Population of children by single year-of-age, 2010

	AGES 0-5	AGE 0	AGE 1	AGE 2	AGE 3	AGE 4	AGE 5
Colorado River Indian Tribes Region	739	106	116	125	144	125	123
All Arizona Reservations	20,511	3,390	3,347	3,443	3,451	3,430	3,450
La Paz County	1,227	178	199	203	244	204	199
Arizona	546,609	87,557	89,746	93,216	93,880	91,316	90,894

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Table P14.
Retrieved from: <http://factfinder.census.gov>

Note: Children age 0 were born between April 2009 and March 2010; children age 5 were born between April 2004 and March 2005.

Table 3. State and county population projections, 2015 & 2020

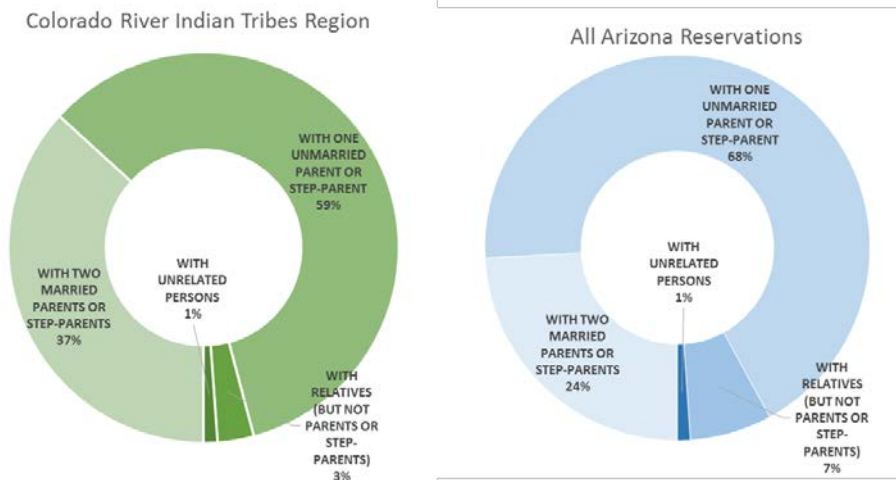
	POPULATION (AGES 0-5) IN 2010 CENSUS	PROJECTED POPULATION (AGES 0-5) IN 2015	PROJECTED POPULATION (AGES 0-5) IN 2020	PROJECTED CHANGE FROM 2010 TO 2020
La Paz County	1,227	1,200	1,300	6%
Arizona	546,609	537,200	610,400	12%

Sources: Arizona Dept. of Administration, Employment and Population Statistics, "2012-2050 State and county population projections" & 2010 U.S. Census

Note: Regional data were not available for this indicator.

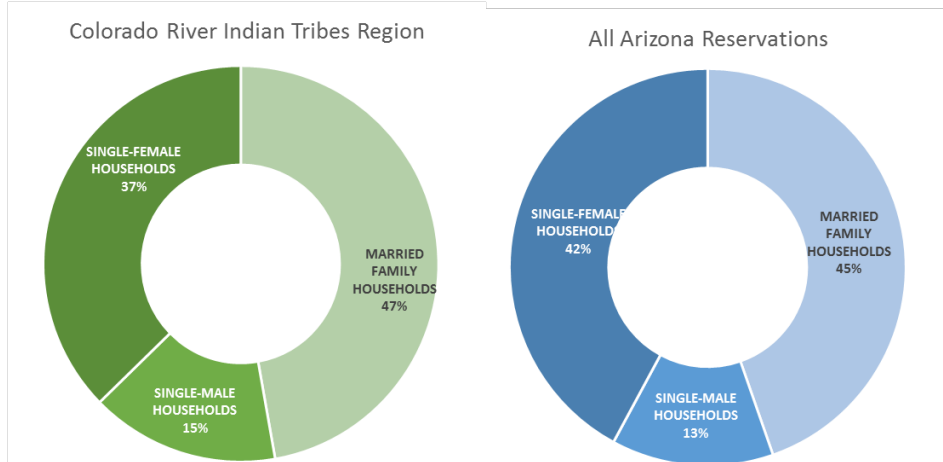
Living Arrangements for Young Children

Figure 2. Living arrangements for children (ages 0-5), 2009-2013 five-year estimate



Source: American Community Survey, 5-year estimates (2009-2013), Tables B05009, B09001, B17006.
Retrieved from: <http://factfinder.census.gov>

Figure 3. Heads of households in which young children (ages 0-5) live, 2010



Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P20, P32.
Retrieved from: <http://factfinder.census.gov>

Table 4. Children (ages 0-5) living with one or two foreign-born parents, 2009-2013 five-year estimate

CHILDREN (0-5) LIVING WITH ONE OR TWO FOREIGN-BORN PARENTS	
Colorado River Indian Tribes Region	26%
All Arizona Reservations	3%
La Paz County	31%
Arizona	28%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B05009. Retrieved from: <http://factfinder.census.gov>

Table 5. Children (ages 0-5) living in the household of a grandparent, 2010

CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD	
Colorado River Indian Tribes Region	18%
All Arizona Reservations	40%
La Paz County	16%
Arizona	14%

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Table P41. Retrieved from: <http://factfinder.census.gov>

Table 6. Grandparents responsible for grandchildren (ages 0-17) living with them, 2009-2013 five-year estimate

	GRANDCHILDREN (0-17) LIVING WITH GRANDPARENT HOUSEHOLDER		GRANDPARENT HOUSEHOLDER RESPONSIBLE FOR OWN GRANDCHILDREN (0-17)		GRANDPARENT HOUSEHOLDER RESPONSIBLE FOR OWN GRANDCHILDREN (0-17) WITH NO PARENT PRESENT	
	Count	%	Count	%	Count	%
Colorado River Indian Tribes Region	260	59%	153	59%	36	14%
All Arizona Reservations	17,142	59%	10,120	59%	2,013	12%
La Paz County	567	49%	280	49%	56	10%
Arizona	137,753	53%	73,467	53%	20,102	15%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B10002. Retrieved from: <http://factfinder.census.gov>

Race, Ethnicity, and Language

Table 7. Race and ethnicity of the population of young children (ages 0-4), 2010

	TOTAL POPULATION (AGES 0-4)	HISPANIC OR LATINO	WHITE, NOT HISPANIC	BLACK OR AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
Colorado River Indian Tribes Region	616	50%	12%	1%	42%	0%
All Arizona Reservations	17,061	9%	1%	0%	92%	0%
La Paz County	1,028	50%	24%	1%	27%	0%
Arizona	455,715	45%	40%	5%	6%	3%

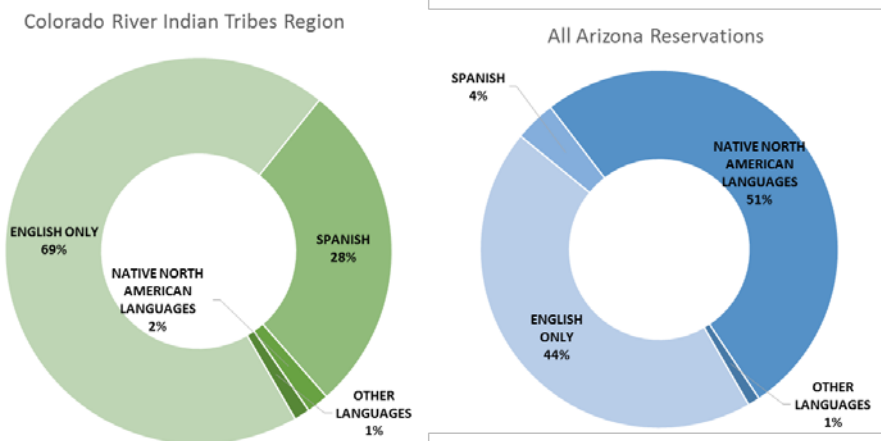
Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P12A-H.
Retrieved from: <http://factfinder.census.gov>

Table 8. Race and ethnicity of the adult population (ages 18 and older), 2010

	TOTAL POPULATION (AGES 18+)	HISPANIC OR LATINO	NOT HISPANIC OR LATINO				
			WHITE	BLACK OR AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER	OTHER
Colorado River Indian Tribes Region	4,961	36%	33%	1%	27%	1%	2%
All Arizona Reservations	117,049	5%	5%	0%	88%	0%	1%
La Paz County	16,811	18%	70%	1%	9%	0%	2%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Table P11
Retrieved from: <http://factfinder.census.gov>

Figure 4. Language spoken at home, by persons ages 5 and older, 2009-2013 five-year estimate



Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B16001.
Retrieved from: <http://factfinder.census.gov>

Table 9. Household use of languages other than English, 2009-2013 five-year estimate

	NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LIMITED ENGLISH SPEAKING HOUSEHOLDS (TOTAL)	LIMITED ENGLISH SPEAKING HOUSEHOLDS (SPANISH)	LIMITED ENGLISH SPEAKING HOUSEHOLDS (NOT SPANISH)
Colorado River Indian Tribes Region	3,199	30%	6%	6%	1%
All Arizona Reservations	47,351	80%	1%	0%	1%
La Paz County	10,221	16%	5%	5%	0%
Arizona	2,370,289	27%	5%	4%	1%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B16002.
Retrieved from: <http://factfinder.census.gov>

Economic Circumstances

Why it Matters

Many economic factors contribute to a child's well-being, including family income, parent employment status, and the availability of safety-net programs such as housing and nutrition assistance.^{17,18} Understanding the economic context in which families with young children live is crucial when designing programs and policies intended to assist them.

Employment rates and income are common indicators of economic well-being. Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children's development. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parental behaviors.¹⁹ Parental job loss can also impact children's school performance (shown by lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs.)²⁰ Unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality.

Employment rates and job opportunities contribute to the income families have available. It is estimated that families need an income of about twice the federal poverty level (FPL)²¹ to meet basic needs.²² Families earning less may experience unstable access to basic resources like food and housing. Food insecurity – the lack of reliable access to affordable, nutritious food – negatively impacts the health and well-being of children, including a heightened risk for developmental delays.²³ High housing costs, relative to income, are associated with increased risk for homelessness, overcrowding, poor nutrition, frequent moving, lack of supervision while

¹⁷ Annie E Casey Foundation. (2015). *Kids Count 2015 Data Book – State Trends in Child Well-being*. Retrieved from <http://www.aecf.org/m/databook/aecf-2015kidscountdatabook-2015-em.pdf>

¹⁸ Kalil, A. (2013). Effects of the Great Recession on Child Development. *The Annals of the American Academy of Political and Social Science*, 650(1), 232-250. Retrieved from <http://ann.sagepub.com/content/650/1/232.full.pdf+html>

¹⁹ Isaacs, J. (2013). *Unemployment from a child's perspective*. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

²⁰ Ibid

²¹ The 2015 FPL for a family of four is \$24,250. U.S. Department of Health and Human Services. (2015). *2015 Poverty Guidelines*. Retrieved from: <http://aspe.hhs.gov/2015-poverty-guidelines>

²² National Center for Children in Poverty. (2015). *Arizona Demographics of Low-income Children*. Retrieved from http://www.nccp.org/profiles/AZ_profile_6.html

²³ Rose-Jacobs, R., Black, M. M., Casey, P. H., Cook, J. T., Cutts, D. B., Chilton, M., Heeren, T., Levenson, S. M., Meyers, A. F., & Frank, D. A. (2008). Household food insecurity: associations with at-risk infant and toddler development. *Pediatrics*, 121(1), 65-72. Retrieved from <http://pediatrics.aappublications.org/content/121/1/65.full.pdf>

parents are at work, and low cognitive achievement.²⁴ Even when housing is affordable, housing *availability* is typically lower on tribal land, due to the legal complexities of land ownership and the lack of rental properties, often leading to a shortage of safe, quality housing.²⁵ Low income and poverty, especially among children, can have far reaching negative consequences, including an effect on brain development and later cognitive ability.²⁶

Public assistance programs are one way of combating the effects of poverty and providing supports to children and families in need. Temporary Assistance for Needy Families²⁷ (TANF, which has replaced previous welfare programs) provides cash assistance and services to the very poor and can help offset some of the economic circumstances of families that may have a detrimental effect on young children.

Another safety net program, the Supplemental Nutrition Assistance Program (SNAP, also referred to as “Nutrition Assistance” and “food stamps”) has been shown to help reduce hunger and improve access to healthier food.²⁸ SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional income from SNAP is substantial. For example, for a three-person family with one person whose wage is \$10 per hour, SNAP benefits boost take-home income by ten to 20 percent.²⁹ Similarly, the National School Lunch Program³⁰ provides free and reduced-price

²⁴ The Federal Interagency Forum on Child and Family Statistics. (2015). *America's Children: Key National Indicators of Well-Being, 2015*. http://www.childstats.gov/pdf/ac2015/ac_15.pdf

²⁵ Housing Assistance Council. (2013). *Housing on Native American Lands*. Retrieved from http://www.ruralhome.org/storage/documents/rpts_pubs/ts10_native_lands.pdf

²⁶ Noble, K.G., Houston, S.M., Brito, N.H., Bartsch, H. Kan E., et. al. (2015). Family Income, parental education and brain structure in children and adolescents. *Nature Neuroscience*, 18, 773–778. Retrieved from <http://www.nature.com/neuro/journal/v18/n5/full/nn.3983.html#close>

²⁷ In Arizona, TANF eligibility is capped at \$335 per month, or \$4020 annually for a family of four, and has recently undergone significant changes. Beginning in 2016, Arizona will become the first and only state that limits a person's lifetime benefit to 12 months. In addition, since 2009, a steadily decreasing percentage of Arizona TANF funds have been spent on three of the key assistance categories: cash assistance to meet basic needs, helping connect parents to employment opportunities, and child care; in 2013, Arizona ranked 51st, 47th, and 46th respectively in proportional spending in those categories across all states and the District of Columbia. Meanwhile, since 2009, an increasing percentage of Arizona TANF funds have been spent on other costs such as child protection, foster care, and adoption. Sources: Reilly, T., and Vitek, K. (2015). *TANF cuts: Is Arizona shortsighted in its dwindling support for poor families?* Retrieved from: https://morrisoninstitute.asu.edu/sites/default/files/content/products/TANF.doc_0.pdf; Floyd, I., Pavetti, L., and Schott, L. (2015). *How states use federal and state funds under the TANF block grant*. Retrieved from: <http://www.cbpp.org/research/family-income-support/how-states-use-federal-and-state-funds-under-the-tanf-block-grant>;

²⁸ Food Research and Action Center. (2013). *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*. Retrieved from http://frac.org/pdf/snap_and_public_health_2013.pdf

²⁹ Ibid

³⁰ United States Department of Agriculture, Food and Nutrition Service. (2015). *National School Lunch Program (NSLP)*. Retrieved from <http://www.fns.usda.gov/nslp/national-school-lunch-program-nslp>

meals at school for students whose families meet income criteria. These income criteria are 130 percent of the federal poverty level (FPL) for free lunch, and 185 percent of the FPL for reduced price lunch.

What the Data Tell Us

Poverty rates for both the total (all-age) population and the population of young children are lower in the Colorado River Indian Tribes Region than across all Arizona reservations combined; however, poverty rates in the region are higher than in the state as a whole. For the total (all-age) population, 25 percent of people in the region live in poverty, compared to 42 percent across all Arizona reservations and 18 percent statewide (see Figure 5). In all these geographies, young children are consistently more likely to be in poverty than members of the total population. Thirty-seven percent of the children in the region live in poverty, a proportion that is lower than that in all Arizona reservations combined (56%) but higher than in the state (28%) (see Figure 5). In addition to the families whose incomes fall below the federal poverty level, a substantial proportion of households in the region and across all Arizona reservations are low income (i.e., near but not below the federal poverty level [FPL]). Seven out of ten (70%) families with children aged four and under are living below 185 percent of the FPL in the region (i.e., earned less than \$3,677³¹ a month for a family of four), compared to 77 percent in all Arizona reservations combined, and 48 percent across the state (see Table 10). The median family income in the region (\$37,963) is substantially lower than the median family income in the state of Arizona (\$58,897) (see Figure 6).

The Colorado River Indian Tribes Region fared comparatively well in recent years with regards to employment. The average unemployment rate in the region for the 2009-2013 period was 9.2 percent, lower than both the estimated 25 percent across all Arizona reservations combined and the average state rate of 10.4 percent (see Figure 7).

The use of economic supports such as Temporary Assistance to Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) is higher in the Colorado River Indian Tribes Region compared to the state (see Table 14 and Table 15). In 2014, six percent of children in the region received TANF benefits, a slightly higher proportion than the four percent of children statewide (see Table 14). The majority of young children in the region (83%) received SNAP benefits, compared to half of young children statewide (51%) (see Table 15). Almost three-quarters (74%) of the children attending Parker Unified School District were eligible for free or reduced lunch in 2014 (see Table 16).³² The proportion of young children in the region

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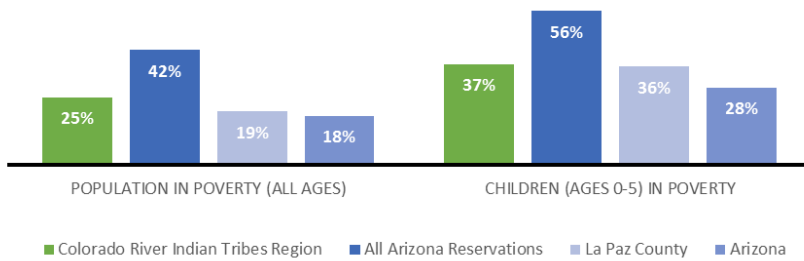
³¹ Based on 2014 FPL Guidelines, see <http://aspe.hhs.gov/2014-poverty-guidelines>

³² The Colorado River Indian Tribes Reservation lies fully within this school district.

receiving SNAP decreased between 2012 and 2014, as did the proportion eligible for free and reduced price school lunch. The proportion of young children receiving TANF benefits also decreased in the same time period, although this may be due to funding and eligibility changes rather than reflecting decreased need.

Poverty and Income

Figure 5. Percent of population in poverty, 2009-2013 five-year estimate



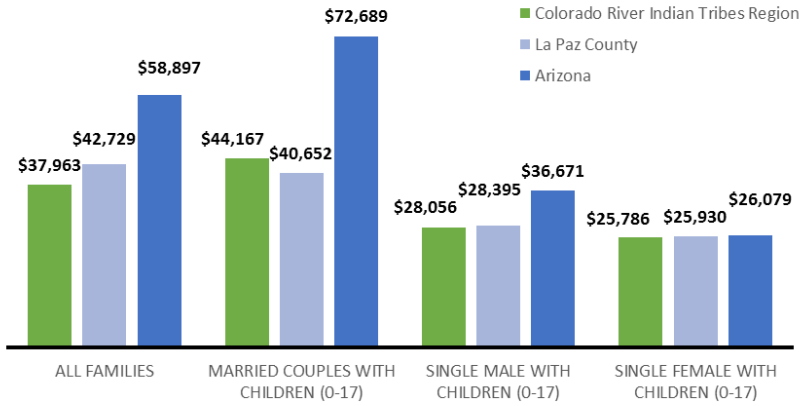
Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B17001. Retrieved from: <http://factfinder.census.gov>

Table 10. Federal poverty levels for families with young children (ages 0-4), 2009-2013 five-year estimate

	FAMILIES WITH CHILDREN 0-4	FAMILIES WITH CHILDREN 0-4			
		BELOW POVERTY	BELOW 130% POVERTY	BELOW 150% POVERTY	BELOW 185% POVERTY
Colorado River Indian Tribes Region	530	35%	49%	59%	70%
All Arizona Reservations	9,660	52%	63%	69%	77%
La Paz County	864	32%	42%	73%	81%
Arizona	307,126	26%	35%	40%	48%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table 17010 & 17022. Retrieved from: <http://factfinder.census.gov>

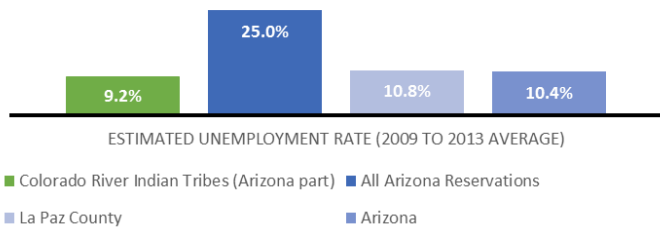
Figure 6. Median annual family incomes, 2009-2013 five-year estimate



Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B19126.
Retrieved from: <http://factfinder.census.gov>

Employment and Housing

Figure 7. Average annual unemployment rates, 2009 to 2013³³



Source: U.S. Census Bureau (2015). 2009-2013 American Community Survey 5-Year Estimates, Table S2301. Retrieved from <http://factfinder.census.gov>

Table 11. Parents of young children (ages 0-5) who are or are not in the labor force, 2009-2013 five-year estimate

	ESTIMATED NUMBER OF CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO PARENTS	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH ONE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
Colorado River Indian Tribes Region	670	22%	16%	0%	50%	12%
All Arizona Reservations	18,682	13%	11%	2%	40%	34%
La Paz County	1,040	29%	17%	0%	41%	13%
Arizona	517,766	31%	29%	1%	29%	10%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B23008. Retrieved from: <http://factfinder.census.gov>

Note: Persons who are unemployed but looking for work are considered to be "in the labor force."

³³ Please note that the source for the unemployment data presented in this report is different than that used in previous Needs and Assets Reports for the region. The previous estimates are no longer be available, so the data in this figure are the most recent available for the region. According to the Arizona Department of Administration Office of Employment and Population Statistics, these unemployment rates are calculated using a fixed ratio method derived from the 2009-2013 American Community Survey. Previous unemployment statistics for Arizona reservations were obtained using a fixed ratio derived from the 2000 Decennial Census. Source: Arizona Department of Administration, Office of Employment and Population Statistics (2014). *Special Unemployment Report, 2009-2014*. Arizona Department of Administration, Office of Employment and Population Statistics (2015). *2009 to 2015 Special Unemployment Report*. Retrieved from <https://laborstats.az.gov/local-area-unemployment-statistics>

Table 12. Vacant and occupied housing units, 2009-2013 five-year estimate

	TOTAL HOUSING UNITS	OCCUPIED HOUSING UNITS	VACANT HOUSING UNITS (NON-SEASONAL)	VACANT HOUSING UNITS (SEASONAL)
Colorado River Indian Tribes Region	3,980	80%	11%	8%
All Arizona Reservations	68,118	70%	15%	15%
La Paz County	16,062	64%	8%	28%
Arizona	2,859,768	83%	10%	7%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B25002, B25106.

Retrieved from: <http://factfinder.census.gov>

Note: Seasonal units are intended for use only in certain seasons or for weekends or other occasional use.

Table 13. Occupied housing units and costs relative to income, 2009-2013 five-year estimate

	NUMBER OF OCCUPIED HOUSING UNITS	UNITS WHICH COST THE OWNER OR RENTER MORE THAN 30% OF THEIR INCOME	
Colorado River Indian Tribes Region	3,199	679	21%
All Arizona Reservations	47,351	8,030	17%
La Paz County	10,221	1,766	17%
Arizona	2,370,289	847,315	36%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B25002, B25106.

Retrieved from: <http://factfinder.census.gov>; <http://www.realtytrac.com/statsandtrends/az>

Economic Supports

Table 14. Children (ages 0-5) receiving Temporary Assistance to Needy Families (TANF)

	CENSUS 2010 POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) RECEIVING TANF			CHANGE FROM 2012 TO 2014
		2012	2013	2014	
Colorado River Indian Tribes Region	739	12%	10%	6%	-51%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
La Paz County	1,227	9%	8%	5%	-43%
Arizona	546,609	5%	5%	4%	-26%

Source: The Arizona Department of Economic Security (July 2015). [SNAP/TANF Dataset]. Unpublished data.

Note: The data reflect unduplicated counts of children served during each of calendar year.

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

Table 15. Children (ages 0-5) in the Supplemental Nutrition Assistance Program (SNAP)

	CENSUS 2010 POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) RECEIVING SNAP			CHANGE FROM 2012 TO 2014
		2012	2013	2014	
Colorado River Indian Tribes Region	739	92%	88%	83%	-10%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
La Paz County	1,227	80%	79%	73%	-9%
Arizona	546,609	54%	53%	51%	-7%

Source: The Arizona Department of Economic Security (July 2015)

Note: The data reflect unduplicated counts of children served during each calendar year.

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

Table 16. Students eligible for free or reduced-price lunch, 2012-2014

	STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH		
	2012	2013	2014
Parker Unified School District	77%	77%	74%
La Paz County	80%	79%	77%
Arizona	57%	57%	58%

Source: The Arizona Department of Education (July 2015). [Education Dataset]. Unpublished data.

Note: Regional data were not available for this indicator.

Educational Indicators

Why it Matters

Characteristics of educational involvement and achievement in a region, such as school attendance, standardized tests scores, graduation rates, and the overall level of education of adults, all impact the developmental and economic resources available to young children and their families. Education, in and of itself, is an important factor in how able parents and caregivers are to provide for the children in their care. Parents who graduate from high school earn more and are less likely to rely on public assistance programs than those without high school degrees.^{34,35} Higher levels of education are associated with better housing, neighborhood of residence, and working conditions, all of which are important for the health and well-being of children.^{36,37}

By third grade, reading ability is strongly associated with high school completion. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.³⁸ In recognition of the importance of assuring that children are reading by the third grade, legislators enacted the Arizona Revised Statute §15-701 (also known as the *Move on When Reading* law) which states that as of school year 2013-2014 a student shall not be promoted from the third grade if the student obtains a score on the statewide reading assessment “that demonstrates that the pupil’s reading falls far below the third-grade level.” Exceptions exist for students identified with or being evaluated for learning disabilities, English language learners, and those with reading impairments.

³⁴ Planty, M., Hussar, W., Snyder, T., Provasnik, S., Kena, G., Dinkes, R., KewalRamani, A., & Kemp, J. (2008). *The Condition of Education 2008* (NCES 2008-031). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education, Washington, D.C. Retrieved from: <http://nces.ed.gov/pubs2008/2008031.pdf>

³⁵ Waldfogel, J., Garfinkel, I. & Kelly, B. (2007). Welfare and the costs of public assistance. In C.R. Belfield and H.M. Levin (Eds.). *The price we pay: Economic and social consequences for inadequate education*. Washington, DC: The Brookings Institution, 160-174.

³⁶ Annie E. Casey Foundation. (2013). *The First Eight Years. Giving kids a foundation for lifelong success*. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>

³⁷ Lynch, J., & Kaplan, G. (2000). Socioeconomic position (pp. 13-35). In *Social Epidemiology*. Berkman, L. F. & Kawachi, I. (Eds.). New York: Oxford University Press.

³⁸ Hernandez, D. (2011). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation*. The Annie E. Casey Foundation. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

From 2000-2014, the primary in-school performance of students in the public elementary schools in the state has been measured by Arizona’s Instrument to Measure Standards (AIMS).³⁹ AIMS scores were used to meet the requirement of *Move on When Reading*.

However, a new summative assessment system which reflects Arizona’s K-12 academic standards, Arizona’s Measurement of Educational Readiness to Inform Teaching (AzMERIT), was implemented in the 2014-2015 school year.⁴⁰ This assessment replaced the reading and mathematics portions of the AIMS test. Although it is not a graduation requirement, it will still be used to determine promotion from the third grade in accordance with Arizona Revised Statute §15-701.⁴¹

AIMS results are included in this report, but future reports will use AzMERIT scores as they become available.

In order for children to be prepared to succeed on tests such as the AIMS or AzMERIT, research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.⁴²

What the Data Tell Us

Children from the Colorado River Indian Tribes Region attend schools in the Parker Unified School District (see Appendix 3), as the Colorado River Indian Tribes Reservation lies fully within this school district.

Regarding academic achievement, students “pass” Arizona’s Instrument to Measure Standards (AIMS) if they meet or exceed the standard. In the Colorado River Indian Tribes Region, about half (52%) of third grade students passed the AIMS Math test and just under three-quarters (71%) passed the AIMS reading test (see Figure 9 and Figure 10). Fifteen percent of third graders in the region scored “falls far below” in math; three percent scored “falls far below” on the reading test, putting them at risk of grade retention.

³⁹ For more information on the AIMS test, see <http://arizonaindicators.org/education/aims>

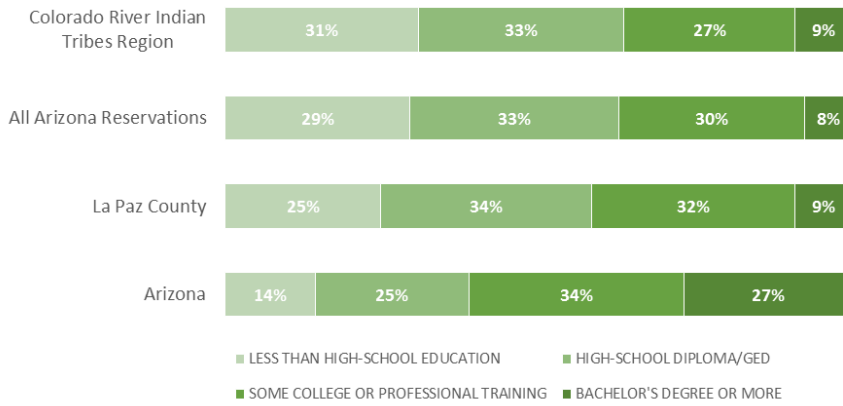
⁴⁰ For more information on AzMERIT, see <http://www.azed.gov/assessment/azmerit/>

⁴¹ For more information on Move on When Reading, see <http://www.azed.gov/mowr/>

⁴² First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.aztf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

Educational Attainment of the Adult Population

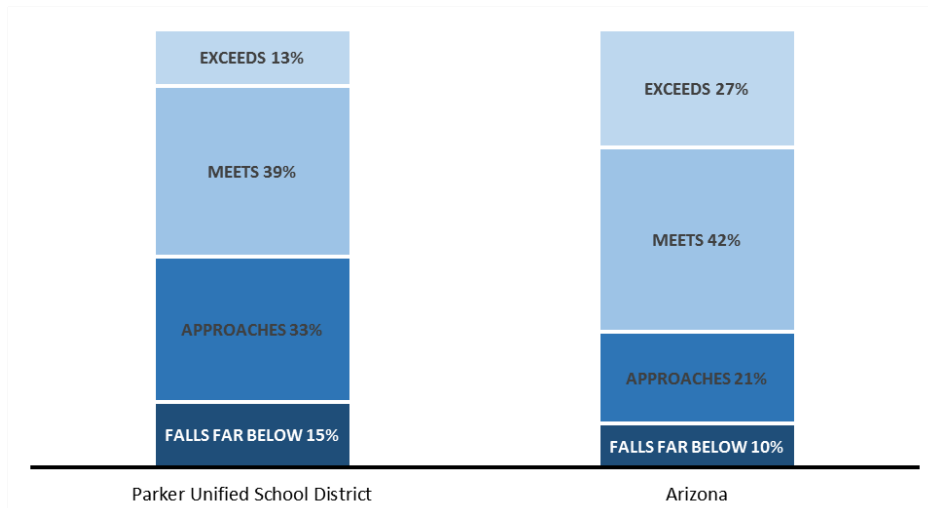
Figure 8. Level of education for the population ages 25 and older, 2009-2013 five-year estimate



Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B15002.
Retrieved from: <http://factfinder.census.gov>

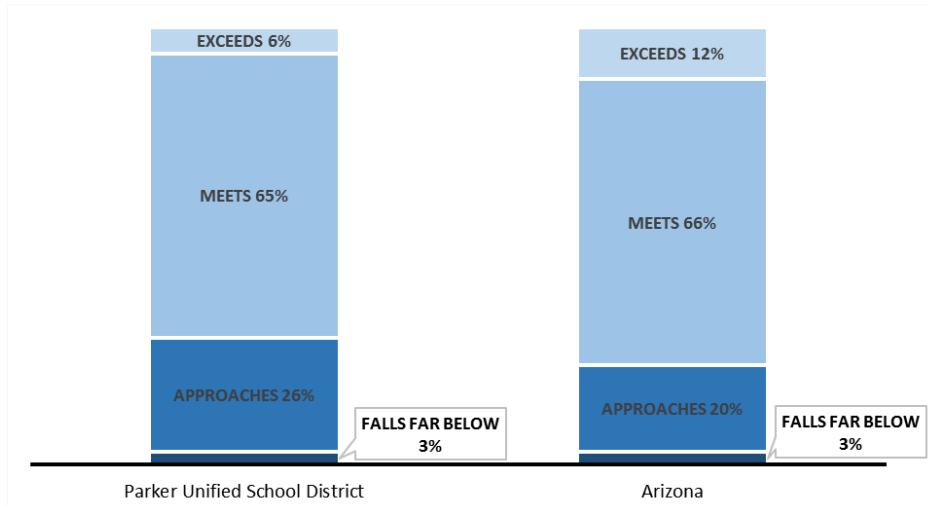
Third-grade Test Scores

Figure 9. Results of the 2014 third-grade AIMS Math test



Source: Arizona Department of Education, Research and Evaluation (2015). AIMS Assessment Results
Retrieved from: www.azed.gov/research-evaluation/aims-assessment-results

Figure 10. Results of the 2014 third-grade AIMS Reading test



Source: Arizona Department of Education, Research and Evaluation (2015). AIMS Assessment Results
Retrieved from: www.azed.gov/research-evaluation/aims-assessment-results

Early Learning

Why it Matters

Early childhood marks a time of peak plasticity in the brain, and early adversity can weaken the foundation upon which future learning will be built; in other words, positive developmental experiences in early life are crucial.⁴³ Research has shown that the experiences that children have from birth to five years of age influence future health and well-being, and that supporting children during this time has a great return on investment.⁴⁴ Investing in high-quality early childhood programs, particularly for disadvantaged children, provides substantial benefits to society through increased educational achievement and employment, reductions in crime, and better overall health of those children as they mature into adults.^{45,46} Children whose education begins with high-quality preschool repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems, and are more likely to graduate high school.⁴⁷

The ability of families to access quality, affordable early care and education opportunities, however, can be limited. The annual cost of full-time center-based care for a young child in Arizona is only slightly less than a year of tuition and fees at a public college.⁴⁸ Although the Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care,⁴⁹ the cost of center-based care for a single infant, toddler, or 3-5 year old is an estimated 17, 15, and 11 percent, respectively, of an average Arizona family's income.⁵⁰

⁴³ Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2015/05/Foundations-of-Lifelong-Health.pdf>

⁴⁴ Executive Office of the President of the United States. (2014). *The Economics of Early Childhood Investments*. Retrieved from https://www.whitehouse.gov/sites/default/files/docs/early_childhood_report1.pdf

⁴⁵ The Heckman Equation. (2013). *The Heckman Equation Brochure*. Retrieved from <http://heckmanequation.org/content/resource/heckman-equation-brochure-0>

⁴⁶ The Heckman Equation. (n.d.). *Research Summary: Abecedarian & Health*. Retrieved from <http://heckmanequation.org/content/resource/research-summary-abecedarian-health>

⁴⁷ Annie E. Casey Foundation. (2013). *The First Eight Years. Giving kids a foundation for lifelong success*. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>

⁴⁸ Child Care Aware® of America. (2014). *Parents and the High Cost of Child Care. 2014 Report*. Retrieved from https://www.ncsl.org/documents/cyf/2014_Parents_and_the_High_Cost_of_Child_Care.pdf

⁴⁹ U.S. Department of Health and Human Services, Child Care Bureau (2008). *Child Care and Development Fund: Report of state and territory plans: FY 2008-2009*. Section 3.5.5 – Affordable co-payments, p. 89. Retrieved from <http://www.researchconnections.org/childcare/resources/14784/pdf>

⁵⁰ The cost of center-based care as a percentage of income is based on the Arizona median annual family income of \$58,900.

Child care subsidies can help families who otherwise would be unable to access early learning services.⁵¹ However, the availability of this type of support is also limited. The number of children receiving Child Care and Development Fund (CCDF) subsidies in Arizona is low. In 2014, only 26,685 children aged birth to 5 (about 5% of Arizona’s children in this age range) received CCDF vouchers. With half of young children in Arizona living below the federal poverty level, the number in need of these subsidies is likely much higher than those receiving them.

The availability of services for young children with special needs is an ongoing concern across the state, particularly in more geographically remote communities. The services available to families include early intervention screening and intervention services provided through the Arizona Department of Education AZ FIND (Child Find),⁵² the Arizona Early Intervention Program (AzEIP)⁵³ and the Division of Developmental Disabilities (DDD).⁵⁴ These programs help identify and assist families with young children who may need additional support to meet their potential. Timely intervention can help young children with, or at risk for, developmental delays improve language, cognitive, and social/emotional development. It also reduces educational costs by decreasing the need for special education.^{55,56,57}

What the Data Tell Us

Early childhood education and care programs in the region are available through the Colorado River Indian Tribes Head Start Program and private providers.

According to data from the Child Care Resource and Referral (CCR&R), in 2014 there were two licensed child care providers in the Colorado River Indian Tribes Region, licensed to serve up to 115 children (see Table 17). Both of these providers were classified as child care centers (as opposed to other types of care like family child care facilities or individuals).

Colorado River Indian Tribes Head Start

⁵¹ For more information on child care subsidies see <https://www.azdes.gov/child-care/>

⁵² For more information on AZ FIND see <http://www.azed.gov/special-education/az-find/>

⁵³ For more information on AzEIP see <https://www.azdes.gov/azeip/>

⁵⁴ For more information on DDD see https://www.azdes.gov/developmental_disabilities/

⁵⁵ The National Early Childhood Technical Assistance Center. (2011). *The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families*. Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>

⁵⁶ Hebbeler, K, Spiker, D, Bailey, D, Scarborough, A, Mallik, S, Simeonsson, R, Singer, M & Nelson, L. (2007). *Early intervention for infants and toddlers with disabilities and their families: Participants, services and outcomes. Final Report of the National Early Intervention Longitudinal Study (NEILS)*. Retrieved from http://www.sri.com/sites/default/files/publications/neils_finalreport_200702.pdf

⁵⁷ NECTAC Clearinghouse on Early Intervention and Early Childhood Special Education. (2005). *The long term economic benefits of high quality early childhood intervention programs*. Retrieved from <http://ectacenter.org/~pdfs/pubs/econbene.pdf>

In addition to the two child care centers, early care and education options in the region include the Colorado River Indian Tribes Head Start Program.

Head Start is a comprehensive early childhood education program for preschool-aged children whose families meet income eligibility criteria. The program addresses a wide range of early childhood needs such as education and child development, special education, health services, nutrition, and parent and family development. The Colorado River Indian Tribes Region is served by the Colorado River Indian Tribes Head Start, which is a tribally-operated program open to both tribal and non-tribal members. The Colorado River Indian Tribes Head Start is located on reservation land between the town of Parker and the community of Poston and it provides transportation to all the children enrolled in the program.⁵⁸

Funding for the Colorado River Indian Tribes Head Start is provided by the U.S. Department of Health and Human Services, the Administration of Children and Families, and the Colorado River Indian Tribes. Many of the Head Start families and other community members also provide goods and services for the children enrolled in the program. For example, there were a total of 274 community volunteers who contributed to the program in the 2012-2013 program year, 137 of whom were parents of the Head Start children. Enrollment eligibility in the program is based on a point system where children who are tribal members (of Colorado River Indian Tribes or another federally recognized tribe), live in low-income homes, have special needs, are homeless or in foster care have priority. In 2013, the Colorado River Indian Tribes Head Start had a funded enrollment of 183 children.⁵⁹

In the Colorado River Indian Tribes Region, the Division of Developmental Disabilities (DDD) provided service visits to 62 children aged 0-2 in 2013 (data for 2014 are suppressed). Children aged 3-5 in the region received zero DDD service visits in 2014 (see Table 21 and Table 22).

Parent perceptions of their children's developmental needs

The First Things First Family and Community Survey is a phone-based survey designed to measure many critical areas of parents' knowledge, skills, and behaviors related to their young children. In 2014, First Things First conducted a modified version of the Family and Community survey in six tribal regions including the Colorado River Indian Tribes Region, known as the 2014 First Things First Parent and Caregiver Survey. This survey, conducted face-to-face with parents and caregivers of young children living in the region, included a subset of items from the First Things First Family and Community Survey, as well as additional questions that explored health

⁵⁸ First Things First Colorado River Indian Tribes Regional Partnership Council 2014 Needs and Assets Report retrieved from: <http://www.azfff.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20Colorado%20River%20Indian%20Tribes.pdf>

⁵⁹ Ibid

needs in tribal communities. A total of 143 parents and other caregivers responded to the survey at a variety of locations across the Colorado River Indian Tribes Region.⁶⁰

The 2014 First Things First Parent and Caregiver Survey included a set of questions aimed at gauging parents’ and caregivers’ concerns about their child’s development. Respondents were asked to indicate how concerned they were about several developmental events and stages in eight key areas. The two areas which revealed the greatest degree of concern for respondents in the Colorado River Indian Tribes Region were “How well your child behaves” (39% worried), and “How well your child talks and makes speech sounds (32% worried) (see Figure 11).

Early Care and Education

Table 17. Child care providers, number of providers and total licensed capacity, 2014

	CHILD CARE CENTERS		GROUP HOMES		FAMILY CHILD CARE		NANNY OR INDIVIDUAL		ALL TYPES OF CARE	
	NUM	LICENSED CAPACITY	NUM	LICENSED CAPACITY	NUM	LICENSED CAPACITY	NUM	LICENSED CAPACITY	NUM	LICENSED CAPACITY
Colorado River Indian Tribes Region	2	115	0	0	0	0	0	0	2	115
La Paz County	6	353	0	0	0	0	0	0	6	353
Arizona	2,020	219,482	272	2,683	833	3,312	54	211	3,179	225,688

Source: The Arizona Department of Economic Security (2015). [Child care dataset]. Unpublished data.
 Note: "Licensed Capacity" refers to the number of children (of all ages) who may be served, according to the provider's license.

⁶⁰ For more information about the 2014 Parent and Caregiver Survey see the First Things First Colorado River Indian Tribes Regional Partnership Council 2014 Needs and Assets Report. Available at: <http://www.aztf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20Colorado%20River%20Indian%20Tribes.pdf>

Table 18. Median daily charge for full-time child care, 2014

	MEDIAN DAILY CHARGE FOR FULL-TIME CHILD CARE IN LICENSED CHILD CARE CENTERS			MEDIAN DAILY CHARGE FOR FULL-TIME CHILD CARE IN APPROVED FAMILY HOMES			MEDIAN DAILY CHARGE FOR FULL-TIME CHILD CARE IN CERTIFIED GROUP HOMES		
	1 OR 2 YEAR		3 TO 5 YEAR	1 OR 2 YEAR		3 TO 5 YEAR	1 OR 2 YEAR		3 TO 5 YEAR
	INFANT	OLD	OLD	INFANT	OLD	OLD	INFANT	OLD	OLD
La Paz County	\$26	\$24	\$23	\$20	\$20	\$18	\$25	\$24	\$23
Arizona	\$42	\$38	\$33	\$22	\$20	\$20	\$27	\$25	\$25

Source: Arizona Department of Economic Security (2015). Child Care Market Rate Survey. Received by request.
 Note: Regional data were not available for this indicator.

Table 19. Cost of child care in a licensed center as a percentage of median family income

	MEDIAN ANNUAL FAMILY INCOME	CHARGE FOR FULL-TIME CHILDCARE IN A LICENSED CHILDCARE CENTER AS A PERCENTAGE OF MEDIAN INCOME		
		INFANT	1 OR 2 YEAR OLD	3 TO 5 YEAR OLD
La Paz County	\$42,700	15%	13%	13%
Arizona	\$58,900	17%	15%	11%

Source: United State Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B19126. Retrieved from <http://factfinder.census.gov>; Arizona Department of Economic Security (2015). [2014 Child care market rate survey data]. Received by request.
 Note: Regional data were not available for this indicator.

Families with Children Who Have Special Needs

Table 20. AzEIP referrals and children served, 2014

	NUMBER OF AzEIP REFERRALS DURING FISCAL YEAR 2014			NUMBER OF CHILDREN BEING SERVED BY AzEIP ON OCTOBER 1, 2014		
	LESS THAN 1 YEAR OLD	FROM 13 TO 24 MONTHS OLD	FROM 25 TO 35 MONTHS OLD	LESS THAN 1 YEAR OLD	FROM 13 TO 24 MONTHS OLD	FROM 25 TO 35 MONTHS OLD
Colorado River Indian Tribes Region	0	N/A	N/A	0	N/A	N/A
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A	0	N/A	N/A
Arizona	2,651	3,669	5,421	746	1,659	2,843

Source: The Arizona Department of Economic Security (July 2015). [Special needs dataset]. Unpublished data.

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

Table 21. Division of Developmental Disabilities (DDD) services to children (ages 0-2), 2013-2014

	CHILDREN (AGES 0-2) REFERRED TO DDD		CHILDREN (AGES 0-2) SCREENED BY DDD		CHILDREN (AGES 0-2) SERVED BY DDD		NUMBER OF DDD SERVICE VISITS TO CHILDREN (AGES 0-2)	
	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014
Colorado River Indian Tribes Region	N/A	N/A	0	0	N/A	N/A	62	N/A
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	0	0	N/A	N/A	62	N/A
Arizona	2,186	2,479	314	216	2,693	2,341	158,496	130,486

Source: The Arizona Department of Economic Security, Division of Developmental Disabilities (July 2015). [Special needs dataset]. Unpublished data.

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

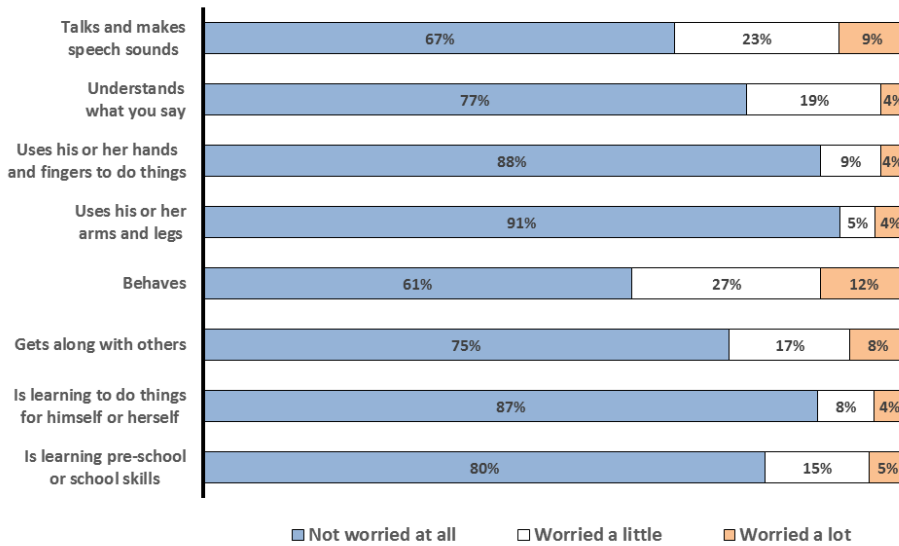
Table 22. Division of Developmental Disabilities (DDD) services to children (ages 3-5), 2013-2014

	CHILDREN (AGES 3-5) REFERRED TO DDD		CHILDREN (AGES 3-5) SCREENED BY DDD		CHILDREN (AGES 3-5) SERVED BY DDD		NUMBER OF DDD SERVICE VISITS TO CHILDREN (AGES 3-5)	
	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014
Colorado River Indian Tribes Region	N/A	0	0	0	N/A	0	N/A	0
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	0	0	0	N/A	N/A	81	68
Arizona	1,401	1,804	731	727	2,600	2,533	374,440	367,590

Source: The Arizona Department of Economic Security, Division of Developmental Disabilities (July 2015). [Special needs dataset]. Unpublished data.

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

Figure 11. Parents' and caregivers' reported levels of concern for how well their children are meeting developmental milestones (Parent and Caregiver Survey, 2014).



Source: FTF Parent and Caregiver Survey, 2014

Child Health

Why it Matters

The Institute of Medicine defines children's health as the extent to which children are able or enabled to develop and realize their potential, satisfy their needs, and develop the capacities that allow them to successfully interact with their biological, physical, and social environments.⁶¹ Health therefore encompasses not only physical health, but also mental, intellectual, social, and emotional well-being. Children's health can be influenced by their mother's health and the environment into which they are born and raised.^{62,63} The health of a child in utero, at birth, and in early life can impact many aspects of a child's development and later life. Factors such as a mother's prenatal care, access to health care and health insurance, and receipt of preventive care such as immunizations and oral health care all influence not only a child's current health, but long-term development and success as well.^{64,65,66}

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. Understanding where Arizona mothers and children fall in relation to these national benchmarks can help highlight areas of strength in relation to young children's health and those in need of improvement in the state. The Arizona Department of Health Services monitors state level progress towards a number of maternal, infant and child health objectives for which data are available at the regional level, including increasing the proportion of pregnant women who receive prenatal care in the first trimester; reducing low birth weight; reducing preterm births; and increasing abstinence from cigarette smoking among pregnant

⁶¹ National Research Council and Institute of Medicine. (2004). *Children's Health, the Nation's Wealth: Assessing and Improving Child Health*. Washington, DC: National Academies Press. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK92198/#ch2.s3>

⁶² The Future of Children. (2015). *Policies to Promote Child Health*, 25(1). Retrieved from <http://www.princeton.edu/futureofchildren/publications/docs/FOC-spring-2015.pdf>

⁶³ Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2015/05/Foundations-of-Lifelong-Health.pdf>

⁶⁴ Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. (n.d.). *Prenatal services*. Retrieved from <http://mchb.hrsa.gov/programs/womeninfants/prenatal.html>

⁶⁵ Patrick, D. L., Lee, R. S., Nucci, M., Grembowski, D., Jolles, C. Z., & Milgrom, P. (2006). Reducing oral health disparities: A focus on social and cultural determinants. *BMC Oral Health*, 6(Suppl 1), S4. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2147600/>

⁶⁶ Council on Children With Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, and Medical Home Initiatives for Children With Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118s(1), 405-420. Retrieved from <http://pediatrics.aappublications.org/content/118/1/405.full>

women.⁶⁷ Although not a target of a Healthy People 2020 objective, high-birth weight, or macrosomia, is also associated with health risks for both the mother and infant during birth. These children are also at increased risk for obesity and metabolic syndrome (which is linked to an increase risk of heart disease, stroke, and diabetes).⁶⁸

The ability to obtain health care is critical for supporting the health of young children. In the early years of a child's life, well-baby and well-child visits allow clinicians to offer developmentally appropriate information and guidance to parents and provide a chance for health professionals to assess the child's development and administer preventative care measures like vaccines and developmental screenings. Without health insurance, each visit can be prohibitively expensive and may be skipped.⁶⁹ Health care services to members of federally-recognized Indian tribes are available from Indian Health Service (IHS) facilities and other tribally-administered health care facilities.⁷⁰ Being eligible for IHS services alone, however, does not meet the minimum essential coverage requirement under the Affordable Care Act.⁷¹

What the Data Tell Us

In 2013, there were 137 babies born to women residing in the Colorado River Indian Tribes Region. Eighteen percent of pregnant women in the region had no prenatal care during the first trimester (see Table 23), a similar percentage to that in the state as a whole (19%), meeting the Healthy People 2020 objective of no more than 22.1 percent of women lacking early prenatal care (see Figure 12). Seven percent of pregnant women in the region had fewer than five prenatal care visits, a slightly higher proportion than the five percent in the state as a whole (see Table 23).

⁶⁷ Arizona Department of Health Services. (2013). *Arizona Health Status and Vital Statistics 2013 Annual Report. Table 6A: Monitoring Progress Toward Arizona and Selected Healthy People 2020 Objectives: Statewide Trends* Retrieved from: http://www.azdhs.gov/plan/report/ahs/ahs2013/pdf/6a1_10.pdf

⁶⁸ Mayo Clinic Staff. (2015). *Fetal macrosomia*. Retrieved from <http://www.mayoclinic.org/diseases-conditions/fetal-macrosomia/basics/complications/con-20035423>

⁶⁹ Yeung, LF, Coates, RJ, Seeff, L, Monroe, JA, Lu, MC, & Boyle, CA. (2014). Conclusions and future directions for periodic reporting on the use of selected clinical preventive services to improve the health of infants, children, and adolescents—United States. *Morbidity and Mortality Weekly Report 2014*, 63(Suppl-2), 99-107. Retrieved from <http://www.cdc.gov/mmwr/pdf/other/su6302.pdf>

⁷⁰ As a result of the Indian Self-Determination and Education Assistance Act (PL-93-638) (ISDEAA), federally recognized tribes have the option to receive the funds that the Indian Health Service (IHS) would have used to provide health care services to their members. The tribes can then utilize these funds to directly provide services to tribal members. This process is often known as 638 contracts or compacts. Source: Rainie, S., Jorgensen, M., Cornell, S., & Arsenault, J. (2015). The Changing Landscape of Health Care Provision to American Indian Nations. *American Indian Culture and Research Journal*, 39(1), 1-24.

⁷¹ <https://www.ihs.gov/aca/index.cfm/thingstoknow/>

Almost three-quarters of births in the region (73%) were paid for by a public payor (Arizona Health Care Cost Containment System (AHCCCS, Arizona's Medicaid) or the Indian Health Service), while just over half (55%) of births in the state fall into that category (see Table 23).

Of the babies born in 2013 to women in the region, seven percent had low birth weight (2.5 kg or less), a percentage that is equal to that across the state (7%) (see Table 24). Both the state and regional percentages meet the Healthy People 2020 objective of fewer than 7.8 percent (see Figure 13). Twelve percent of babies had high-birth weight (4 kg or more), compared to eight percent of babies across the state (see Table 24). A slightly higher proportion of babies in the region (11%) were premature (less than 37 weeks) compared to the state (9%), although both areas met the Healthy People 2020 objective of fewer than 11.4 percent premature (Figure 13).

According to the American Community Survey, eleven percent of the young children in the Colorado River Indian Tribes Region are estimated to be uninsured. This percentage is almost half that across all Arizona reservations combined (20%) but similar to the percentage across the state (10%) (see Figure 14).

While immunization rates vary by vaccine, for each of the three key vaccine series tracked, at least 98 percent of the children in preschools or child care centers in the school year 2014-2015 were immunized; these rates, which represent only one school-based preschool and two child care centers in the region, were higher than those of the state (see Table 25). The Healthy People 2020 objective for vaccination coverage for children ages 19-35 months for the DTAP, polio, and MMR vaccines is 90 percent,⁷² so children in these settings meet the objective. However, because of immunization requirements, the rates of immunization for children in child care may be higher than immunization rates for children not in child care,⁷³ so the rates across all children in the region may not be as high. Similarly, over 90 percent of children enrolled in kindergarten at Blake Primary School and Le Pera Elementary School were vaccinated (see Table 26). The rates of religious (2.0%) and personal belief (0%) exemptions from immunizations in the preschools and schools for which data were available were lower than the state overall (see Table 25 and Table 26).

⁷² U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2015). *Immunization and Infectious Diseases*. Washington, DC. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>

⁷³ For example, the National Immunization Survey (NIS) monitors vaccination coverage among U.S. children aged 19–35 months, and estimates the Arizona statewide rate for DTAP (Diphtheria, Tetanus, Pertussis, 4 or more doses) to be about 81 percent, and the statewide rate for MMR (Measles, Mumps and Rubella, 1 or more doses) to be about 84 percent. Hill, H., Elam-Evans, L., Yankey, D., Singleton, J., Kolasa, M. (2015). National, State, and Selected Local Area Vaccination Coverage among Children Aged 19–35 Months — United States, 2014. *Morbidity and Mortality Weekly*. 64(33); 889-896. Retrieved from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6433a1.htm>

A set of questions on the 2014 First Things First Parent and Caregiver Survey asked participants whether various health care services that their child had required in the past year were delayed or never received. Almost half (47%) of the survey participants in the region reported that their child (or children) had not received timely health care at least once during the previous year (see Figure 15). Most frequently, it was medical care (29%), vision care (26%) or dental care (25%) that was delayed or not received.

Mothers Giving Birth

Table 23. Selected characteristics of mothers giving birth, 2013

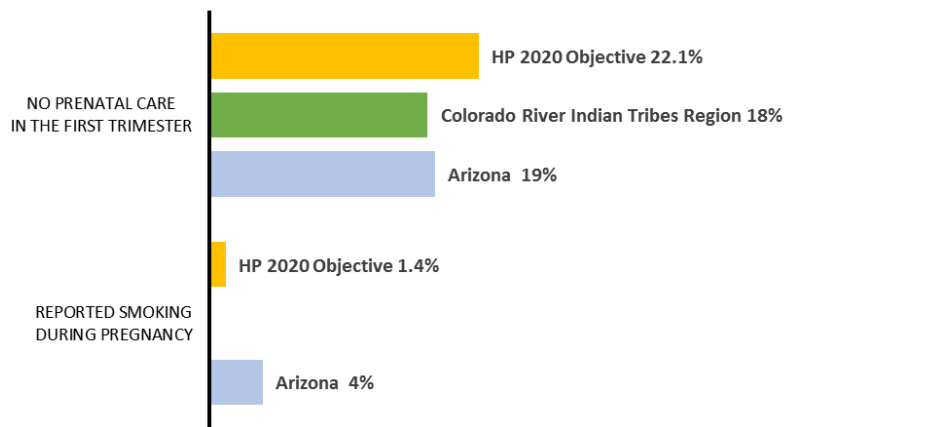
	TOTAL NUMBER BIRTHS TO ARIZONA-RESIDENT MOTHERS, 2013	HAD FEWER THAN 5 PRENATAL VISITS	HAD NO PRENATAL CARE IN FIRST TRIMESTER	MOTHER REPORTED SMOKING DURING PREGNANCY	MOTHER REPORTED DRINKING DURING PREGNANCY	MOTHER HAD LESS THAN A HIGH SCHOOL-EDUCATION*	MOTHERS YOUNGER THAN 20 YEARS OLD	BIRTH WAS PAID FOR BY AHCCCS OR IHS (PUBLIC PAYOR)
Colorado River Indian Tribes Region	137	7%	18%	N/A	0%	25% to 27%	15%	73%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	204	9%	20%	N/A	0%	26%	16%	75%
Arizona	84,963	5%	19%	4%	0%	18%	9%	55%

Source: The Arizona Department of Health Services, Bureau of Public Health Statistics (July 2015). [Vital statistics dataset]. Unpublished data.

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

*Due to data suppression policies, exact numbers cannot be calculated for the region for this indicator.

Figure 12. Healthy People 2020 objective for mothers, compared to 2013 region and state data



Sources: The Arizona Department of Health Services, Bureau of Public Health Statistics (July 2015). [Vital statistics dataset]. Unpublished data. Healthy People 2020 objectives from ADHS, "Arizona Health Status and Vital Statistics 2013 Annual Report," Table 6A. Retrieved from <http://www.azdhs.gov/plan/menu/info/status.php>

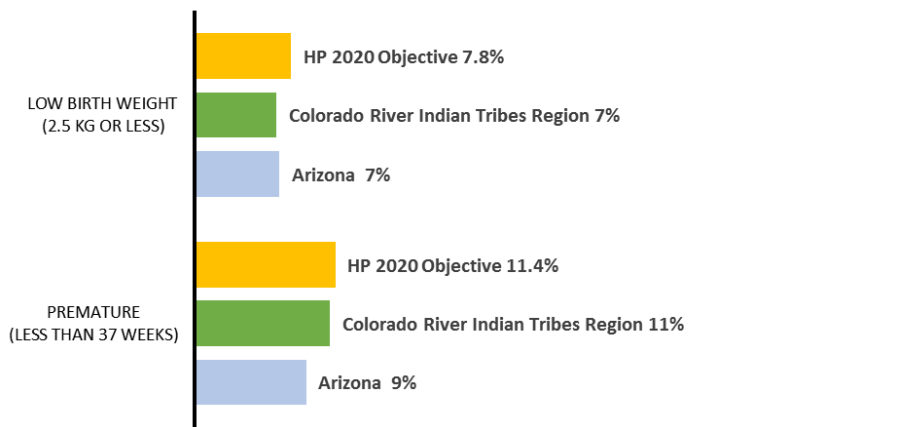
Infant Health

Table 24. Selected characteristics of babies born, 2013

	TOTAL NUMBER OF BIRTHS TO ARIZONA-RESIDENT MOTHERS, 2013	BABY HAD LOW BIRTH WEIGHT (2.5 kg OR LESS)	BABY HAD HIGH BIRTH WEIGHT (4 kg OR MORE)	BABY WAS PREMATURE (LESS THAN 37 WEEKS)	BABY WAS IN NEONATAL INTENSIVE CARE
Colorado River Indian Tribes Region	137	7%	12%	11%	N/A
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
La Paz County	204	7%	11%	12%	3%
Arizona	84,963	7%	8%	9%	5%

Source: The Arizona Department of Health Services, Bureau of Public Health Statistics (July 2015). [Vital statistics dataset]. Unpublished data. Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

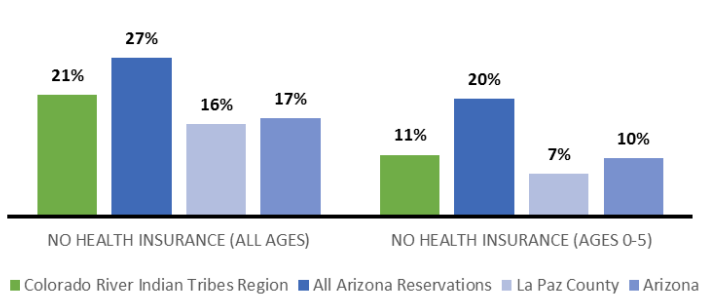
Figure 13. Healthy People 2020 objectives for babies, compared to 2013 region and state data



Sources: The Arizona Department of Health Services, Bureau of Public Health Statistics (July 2015). [Vital statistics dataset]. Unpublished data. Healthy People 2020 objectives from ADHS, "Arizona Health Status and Vital Statistics 2013 Annual Report," Table 6A. Retrieved from <http://www.azdhs.gov/plan/menu/info/status.php>

Health Insurance

Figure 14. Estimated percent of population without health insurance, 2009-2013 five-year estimate



Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B27001. Retrieved from: <http://factfinder.census.gov>

Immunizations

Table 25. Immunizations for children in child care, school year 2014-15*

	NUMBER OF STUDENTS	DTAP (DIPHTHERIA, TETANUS, PERTUSSIS), 4 OR MORE DOSES	POLIO, 3 OR MORE DOSES	MMR (MEASLES, MUMPS, RUBELLA), 1 OR MORE DOSES	RELIGIOUS BELIEFS EXEMPTIONS	MEDICAL EXEMPTIONS
Colorado River Indian Tribes Region	51	98%	100%	98%	2.0%	0.0%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	100	94%	97%	98%	3.0%	0.0%
Arizona	84,778	93%	95%	96%	3.6%	0.5%

*Regional data included in this table are from Ms. Buni's Gingerbread House, Parker Unified School District Developmental Preschool, and Sunshine Center only.

Source: The Arizona Department of Health Services (2015). [Regional immunization dataset]. Unpublished data. Arizona Department of Health Services (2015). Arizona childcare immunization coverage. Retrieved from: <http://azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

Note: Regional data were not available for this indicator.

Table 26. Immunizations for children in kindergarten, school year 2014-15*

	NUMBER OF STUDENTS	DTAP (DIPHTHERIA, TETANUS, PERTUSSIS), 4 OR MORE DOSES	POLIO, 3 OR MORE DOSES	MMR (MEASLES, MUMPS, RUBELLA), 1 OR MORE DOSES	PERSONAL BELIEFS EXEMPTIONS	MEDICAL EXEMPTIONS
Colorado River Indian Tribes Region	135	93%	92%	93%	0.0%	0.0%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	179	92%	92%	93%	2.8%	0.0%
Arizona	84,651	94%	95%	94%	4.6%	0.3%

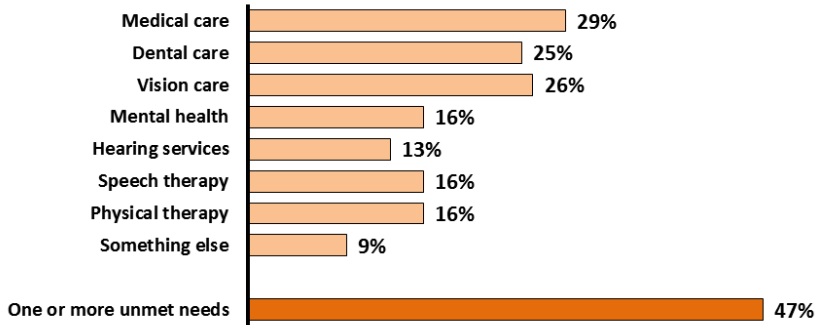
*Regional data included in this table are from Blake Primary School and Le Pera Elementary School

Source: Arizona Department of Health Services (2015). [Regional immunization dataset]. Unpublished data. Arizona Department of Health Services (2015). Arizona kindergarten immunization coverage. Retrieved from: <http://azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: Entries of "N/A" indicate percentages which cannot be reported because of data suppression, or are otherwise not available.

Access to care

Figure 15. Percent of respondents who reported that necessary health care was delayed or not received (Parent and Caregiver Survey, 2014)



Source: FTF Parent and Caregiver Survey, 2014

Family Support and Literacy

Why it Matters

Parents and families have a crucial role in providing nurturing and stable relationships for optimal brain development during their child's first years.^{74,75,76} When children experience nurturing, responsive caregiving, they face better life prospects across a number of social, physical, academic and economic outcomes.^{77,78} Consequently, healthy development depends on positive relationships between children and their caregivers from an early age.⁷⁹ For parents of young children, reading aloud, singings songs, practicing nursery rhymes, and engaging in conversation primes children to reach their full potential. Such interactions not only support literacy skills, but also offer exposure to a range of ideas, including recognizing and naming emotions, an important socio-emotional skill. Parents and family are children's first teachers; the most rapid expansion in vocabulary happens between ages one and three.⁸⁰ In fact, literacy promotion is so central to a child's development that the American Academy of Pediatrics has recently focused on it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.⁸¹

Data on the amount and quality of the interaction parents typically have with their children can be useful to inform programs and policies to encourage positive engagement. Communities may employ many resources to support families in engaging with their children.

⁷⁴ Evans, G. W., & Kim, P. (2013). Childhood Poverty, Chronic Stress, Self-Regulation, and Coping. *Child Development Perspectives*, 7(1), 43-48. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/cdep.12013/abstract>

⁷⁵ Shonkoff, J. P., & Fisher, P. A. (2013). Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy. *Development and Psychopathology*, 25, 1635- 1653. Retrieved from http://journals.cambridge.org/download.php?file=%2FDPP%2FDPP25_4pt2%2FS0954579413000813a.pdf&code=aeb62de3e0ea8214329e7a33e0a9df0e

⁷⁶ Shonkoff, J. P. & Phillips, D. A. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press. Retrieved from <http://www.nap.edu/read/9824/chapter/1>

⁷⁷ Magnuson, K. & Duncan, G. (2013). Parents in poverty (95-121) In Bornstein, M. *Handbook of Parenting: Biology and Ecology of Parenting Vol. 4: Social Conditions and Applied Parenting*. New Jersey: Lawrence Erlbaum.

⁷⁸ Center on the Developing Child at Harvard University. (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://www.developingchild.harvard.edu>

⁷⁹ National Scientific Council on the Developing Child. (n.d.). Category: Working Papers. Retrieved from <http://developingchild.harvard.edu/resourcecategory/working-papers/>

⁸⁰ Read On Arizona. (n.d.). *As a parent what can I do at home to support early literacy?* Retrieved from <http://readonarizona.org/about-us/faq/>

⁸¹ American Academy of Pediatrics. (n.d.). *Pediatric Professional Resource: Evidence Supporting Early Literacy and Early Learning*. Retrieved from https://www.aap.org/en-us/Documents/booksbuildconnections_evidencesupportingearlyliteracyandearlylearning.pdf

What the Data Tell Us⁸²

The 2014 First Things First Parent and Caregiver Survey collected data about parent and caregiver knowledge of children’s early development and their involvement in a variety of behaviors known to contribute positively to healthy development, including two items about home literacy events.

Twenty-nine percent of the respondents reported that someone in the home read to their child six or seven days in the week prior to the survey (see Figure 16). A slightly smaller percentage (27%) reported that the child was not read to, or only once or twice during the week. In comparison, telling stories or singing songs was more frequent than reading. In 40 percent of homes, children are hearing stories or songs six or seven days per week. On average, respondents reported reading stories four days per week, and singing songs or telling stories about five days per week.

The 2014 First Things First Parent and Caregiver Survey also included an item aimed at eliciting information about parents’ and caregivers’ awareness of their influence on a child’s brain development.

More than two-thirds (68%) of the respondents recognized that they could influence brain development prenatally or right from birth. Still, a sizeable proportion (15%) responded that a parent’s influence would not make a big difference until after the infant was 7 months old (see Figure 17).

Raising young children in the region: positive aspects

Parents and caregivers who participated in the 2014 First Things First Parent and Caregiver Survey in the region were asked what they liked best about raising children in their community, and participants noted a number of community strengths. Twenty-two percent of parents and caregivers indicated that they like the fact that their community is small and “everyone knows everyone.” Along these lines, another 16 percent mentioned their community is close-knit and supportive of one another. Eighteen percent indicated being able to raise children near their family was one of the best parts about raising children in their community. A number of survey responders (14%) reported liking the community and family events that take place, and others indicated they liked having the opportunity to teach children about their culture and life-lessons (14%). Parents and caregivers also indicated many other aspects they liked about

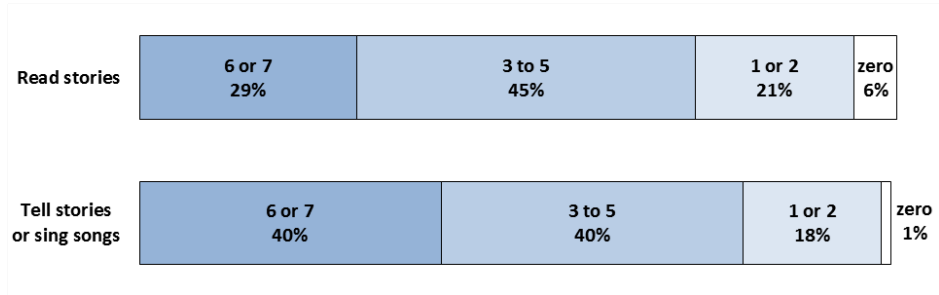
⁸² First Things First Colorado River Indian Tribes Regional Partnership Council 2014 Needs and Assets Report retrieved from: <http://www.azfff.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20Colorado%20River%20Indian%20Tribes.pdf>

raising children in their community, including: feeling their children are safe (7%); that there are many opportunities and activities for children and youth (5%); being able to watch their child(ren) grow-up (3%); that the community is quiet (3%); that there are many opportunities and resources for community members (3%); the diversity of their community (2%); that there are good schools (3%) and a good Head Start program (3%); that there are parks (2%), sporting activities (2%), nature (2%), libraries (1%), playgrounds (1%), church activities (1%), and friends (1%) around for their children.

Most important things that would improve young children’s lives

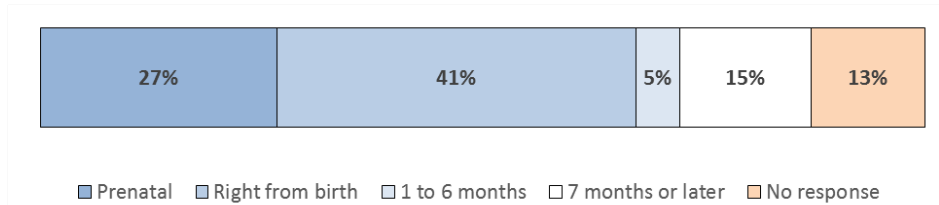
Parents and caregivers were also asked to consider what would improve the lives of young children birth to 5 years and their families in the region. In response to this question, 29 percent of survey respondents indicated that the most important thing that could happen would be for parents to be involved in their child’s life and spend time with their child(ren). Thirteen percent of parents and caregivers recommended increasing the number of activities within the community for children and families. Twelve percent of survey takers indicated they felt it was important for children to begin their education early and to stay in school. Nine percent of survey takers felt children and their families would benefit if there were more opportunities for recreation in their community (a community pool or a multipurpose room for sporting events). A number of responders (6%) mentioned that they felt better communication within a family was important, a similar proportion (6%) indicated they felt a higher degree of community involvement would benefit children and families in the community, and another six percent recommended providing additional services to parents who have problems with drugs and/or alcohol. Other responses to this question included: ensuring children stay healthy (5%); ensuring children have a stable environment to grow up in (5%); providing more cultural education (5%); providing more resources/assistance for low-income families (4%); ensuring children have a stable home environment (4%); providing more health and child development education to parents (4%), including parenting classes for young/teen parents (3%); teaching parents healthy discipline skills (3%); increasing the opportunities for parents to increase their own education (3%); ensuring children have all their basic needs met (2%); increasing public transportation in the community (2%); keeping families together (2%); increasing the opportunities children have to spend time with elders (1%); increasing job opportunities for parents (1%); increasing the number of day care facilities in the community (1%) and providing free or reduced cost child care for working parents (1%); and increasing public awareness about community activities that take place (1%).

Figure 16. Reported frequencies of home literacy events: "How many days per week did someone read stories to your child? How many days per week did someone tell stories or sing songs to your child?" (Parent and Caregiver Survey, 2014).



Source: FTF Parent and Caregiver Survey, 2014

Figure 17. Responses to the question "When do you think a parent can begin to make a big difference on a child's brain development?" (Parent and Caregiver Survey, 2014).



Source: FTF Parent and Caregiver Survey, 2014

Communication, Public Information and Awareness and Systems Coordination among Early Childhood Programs and Services

Why it Matters

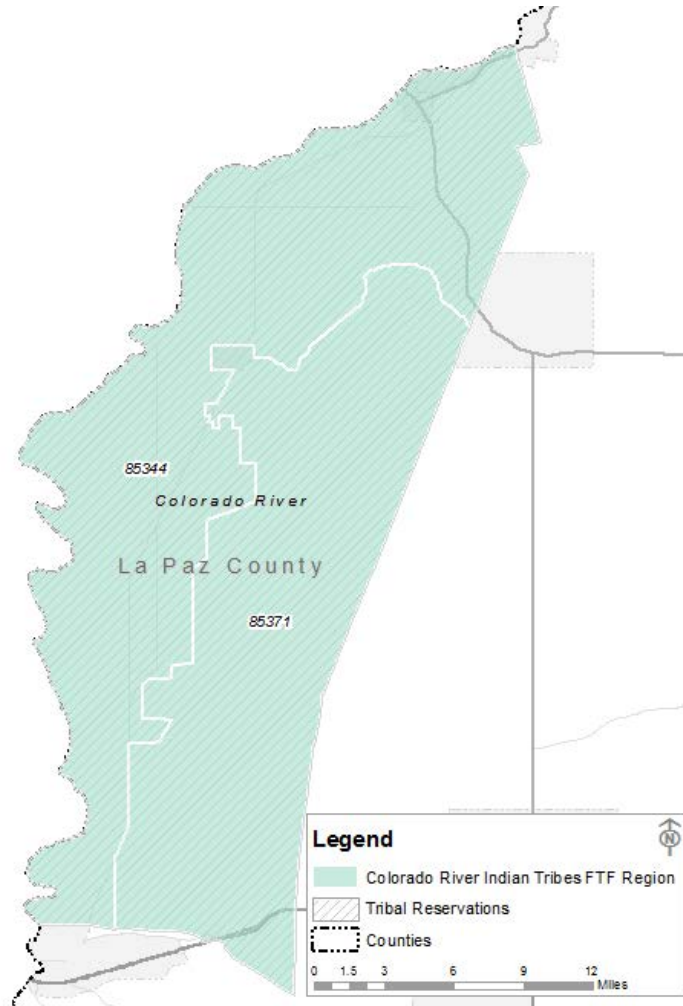
To create a strong, comprehensive, and sustainable early childhood system, communities need an awareness of the importance of the first five years in a child’s life, and a commitment to align priorities and resources to programs and policies affecting these first years. Supporting public awareness by providing accessible information and resources on early childhood development and health, and educating community members about the benefits of committing resources to early childhood, are key to supporting and growing this system. Assessing the reach of these educational and informational efforts in First Things First regions across the state can help early childhood leadership and stakeholders refine, expand or re-direct these efforts.

What the Data Tell Us

Starting in the summer of 2013, the First Things First Colorado River Indian Tribes Regional Partnership Council (RPC) initiated a series of discussions around systems building efforts in the region, the possible partners that should be engaged in those efforts and the potential outcomes of building a stronger early childhood system in the region. As a result, the Colorado River Indian Tribes Regional Partnership Council members agreed on the following System Focus Areas:

1. Early Head Start or similar comprehensive home-based early care and family support model – this area has been identified based on the high need for quality infant child care.
2. Best for Babies Court Team approach – coordination with Mohave County Superior Court Infant and Toddler Mental Health Team would be part of this effort. It should also address the need for additional Native foster families in the region to care for infants. A multi-regional collaboration began in 2015, with Judicial Leadership from the Colorado River Indians Tribes Tribal Court and a partnership with Mohave County Superior Court to develop a Court Team for Colorado River Indian Tribes.
3. A comprehensive web of support and services around Infant/child mental health – this effort would place a strong emphasis on preventative services. A strong need for education around infant/child mental health among community members in the region has been identified, including a better understating among parents about developmental stages.

Appendix 1: Map of zip codes of the Colorado River Indian Tribes Region



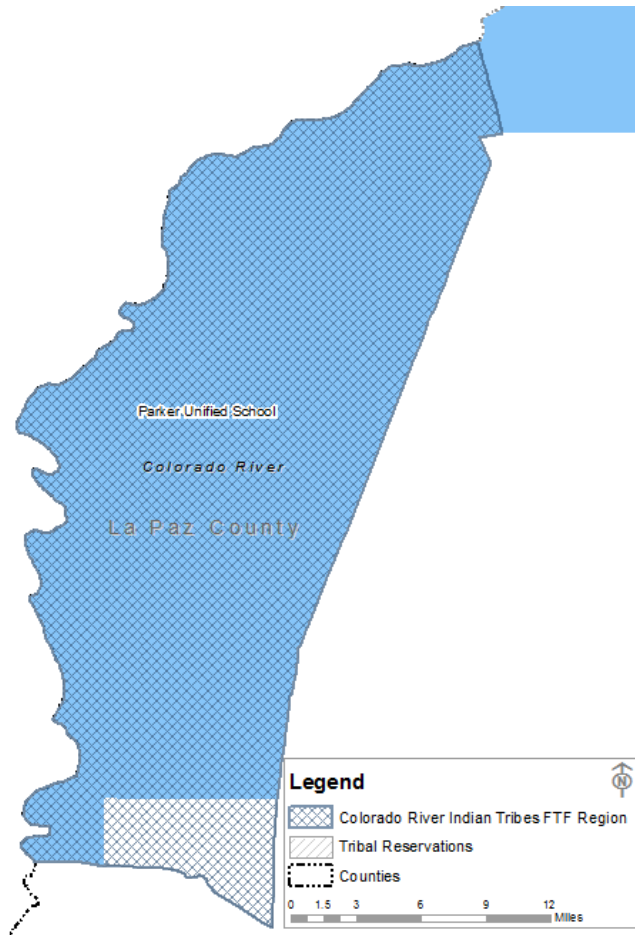
Source: U.S. Census Bureau (2010). TIGER/Line Shapefiles: ZCTAs, Counties, American Indian/Alaska Native Homelands. Retrieved from <http://www.census.gov/geo/maps-data/data/tiger-line.html>

Appendix 2: Zip codes of the Colorado River Indian Tribes Region

ZIP CODE TABULATION AREA (ZCTA)	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	PERCENT OF ZCTA'S TOTAL POPULATION LIVING IN THE COLORADO RIVER INDIAN TRIBES REGION	THIS ZCTA IS SHARED WITH
Colorado River Indian Tribes Region	7,077	739	2,336	485		
85344	6,658	669	2,206	442	73%	La Paz/ Mohave
85371	419	70	130	43	100%	

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, P20.

Appendix 3: Map of Elementary and Unified School Districts in the Colorado River Indian Tribes Region



Source: U.S. Census Bureau (2015). TIGER/Line Shapefiles: Elementary School Districts, Unified School Districts. Retrieved from <http://www.census.gov/geo/maps-data/data/tiger-line.html>

Appendix 4: Data Sources

- Arizona Department of Administration, Office of Employment and Population Statistics. (December 2012). "2012-2050 State and county population projections." Retrieved from <http://www.workforce.az.gov/population-projections.aspx>
- Arizona Department of Administration, Office of Employment and Population Statistics. (2014). *Local area unemployment statistics (LAUS)*. Retrieved from <https://laborstats.az.gov/local-area-unemployment-statistics>
- Arizona Department of Economic Security. (2015). *Child Care Market Rate Survey 2014*. Data received from the First Things First State Agency Data Request
- Arizona Department of Economic Security. (2015). [Attendance data set]. Unpublished raw data received from the First Things First State Agency Data Request
- Arizona Department of Economic Security. (2015). [AzEIP Data]. Unpublished raw data received through the First Things First State Agency Data Request
- Arizona Department of Economic Security. (2015). [DDD Data]. Unpublished raw data received through the First Things First State Agency Data Request
- Arizona Department of Economic Security. (2015). [Drop-Out and Graduation data set]. Unpublished raw data received from the First Things First State Agency Data Request
- Arizona Department of Economic Security. (2015). [Homeless data set]. Unpublished raw data received from the First Things First State Agency Data Request
- Arizona Department of Economic Security. (2015). [SNAP data set]. Unpublished raw data received from the First Things First State Agency Data Request
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