



2016

NEEDS AND ASSETS REPORT

 **FIRST THINGS FIRST**

Navajo Nation Region

Navajo Nation Regional Partnership Council

2016

Needs and Assets Report

Prepared by

Community Research, Evaluation & Development (CRED)
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Funded by

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Letter from the Chair

The past two years have been rewarding for the First Things First Navajo Nation 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 First Things First Navajo Nation Regional Partnership Council will continue to advocate and provide opportunities as indicated throughout this report.

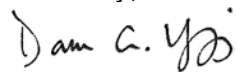
Our strategic direction has been guided by the Needs and Assets reports, specifically created for the Navajo Nation Region in 2012, 2014 and the new 2016 report. The Needs and Assets reports are vital to our continued work in building a true integrated early childhood system for our young children and our overall future. The Navajo Nation Regional Council would like to thank our Needs and Assets vendor University of Arizona Norton School of Family & Consumer Sciences for their knowledge, expertise and analysis of the Navajo Nation region. The new report will help guide our decisions as we move forward for young children and their families within the Navajo Nation region.

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

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

Thank you for your continued support.

Sincerely,



Dawn Yazzie, Chair

NAVAJO NATION Regional Partnership Council

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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 Navajo Nation 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 Navajo Nation 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 Navajo Nation 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 Navajo Nation 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

The First Things First Navajo Nation Region is defined as the Arizona portion of the Navajo Nation Reservation. The region covers nearly 16,000 square miles in the northeast corner of the state, stretching across Apache, Navajo, and Coconino counties. The entire reservation, which dates to the Navajo Treaty of 1868, includes lands in Utah and New Mexico, and is divided into 110 chapters.

Data Sources

The information contained in this report comes from a variety of sources. Much of the data was provided to First Things First by other state agencies: 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).

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 Navajo Nation Region had a population of 101,835 in 2010, of whom 10,894 (11%) were children ages birth to 5 years. Twenty-four percent of households in the region included a young child.

Nearly 40 percent of the households with young children (birth to 5) in the region (38%) are single-female households. The proportion of young children living in a grandparent's household in the region (40%) is substantially higher than the percentage statewide (14%), but the same as the percentage in all Arizona reservations combined (40%). For those children living in a grandparent's household, 57 percent live with a grandparent who is financially responsible for them, and 13 percent of the children have no parent present in the home.

The vast majority (95%) of young children (ages 0-4) in the Navajo Nation Region are American Indian. This proportion is similar to that of all Arizona reservations combined (92%), but differs greatly from the statewide rate of six percent. The percentage of young children who are Hispanic or Latino in the Navajo Nation is four percent, compared to nine percent in Arizona reservations overall and 45 percent in the state as a whole. The race and ethnicity breakdown among adults in the region is similar to that of young children, with most residents identifying as American Indian (95%), and a somewhat smaller proportion of adults than children identifying as Hispanic (1% versus 4%). In the state, however, only four percent of adults identified as American Indian, and twenty-five percent as Hispanic or Latino. The ethnic composition in the Navajo Nation is also reflected in a higher proportion of households that report speaking a Native North American language (68%) compared to households statewide

(2%). This proportion is substantially higher in the region compared to the rate in All Arizona reservations combined (51%). According to the Navajo Nation Department of Dine Education's Office of Standards, Curriculum and Assessments Development "the Navajo Language is an essential element of the life, culture, and identity of the Navajo people" and recognizes the importance of preserving the language to ensure the survival of the Nation.

Economic Circumstances

The percentage of the total population living in poverty in the Navajo Nation Region (41%) is similar to that across all Arizona reservations (42%), but substantially higher than the statewide percentage (18%). In all these geographies, young children are consistently more likely to be in poverty than members of the total population. Just over half (53%) of the children in the region live in poverty, a slightly lower proportion than that in all Arizona reservations combined (56%) but again higher than 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]). Nearly three quarters (74%) of 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 (\$31,443) is about the same as the median family income across all Arizona reservations (\$31,140).

The average unemployment rate in the region for the 2009-2013 period is 24.4 percent, higher than the estimated 25 percent across all Arizona reservations combined and the average state rate of 10.4 percent.

In January 2013, about 10 percent of children birth to seventeen in the region received Temporary Assistance for Needy Families (TANF) benefits, which was about half the rate of those receiving benefits in January 2011. The majority of young children in the region (79%) receive Supplemental Nutrition Assistance Program (SNAP) benefits, compared to half of young children statewide (51%). Eight Arizona Department of Education school districts in the Navajo Nation Region have 90 percent or more of their population of students living within the region. With the exception of the Tuba City Unified School District, where about half (54%) of students are eligible for Free or Reduced Lunch, about 80 to 90 percent of the students in the districts are eligible for lunch subsidies. The proportion of young children in the region receiving SNAP benefits between 2012 and 2014 fell at a rate (9%) similar to the state (7%), but the proportion eligible for free and reduced lunch has largely remained stable.

Educational Indicators

Children from the region attend schools in a number of Arizona Department of Education (ADE) districts, and Bureau of Indian Education schools. Data are provided for the eight ADE districts with at least 90 percent of the district within tribal lands. Students are considered to "pass" Arizona's Instrument to Measure Standards (AIMS) if they meet or exceed the standard. There is wide variability in the math and reading passing rates for school districts in the Navajo Nation

Region, with Tuba City having the highest passing rates and Chinle having the lowest passing rates.

Early Learning

Child care and early education options to families in the Navajo Nation Region include: informal care through family and friends, licensed and unlicensed child care through private non-profit or for profit organizations, public preschool primarily for children with disabilities, the Bureau of Indian Education (BIE) FACE program, child care through Child Care and Development Fund program, and Head Start.

Center and home-based care

In the Navajo Nation Region, the Child Care and Development Fund system is one of the largest providers of care for children ages 0-5. The Navajo Nation Division of Social Services Child Care and Development Fund (CCDF) Program aims to “increase the availability and quality of child care services for income eligible parents who are working, attending job training or an educational program and/or for children who have special needs or are under protective custody.” Over the course of the past two years, the Navajo Nation Division of Social Services has worked closely with the Arizona Department of Economic Security to enhance child care and achieve its mission.

In FY 2014 the Navajo Nation total CCDF funding was \$8,636,524. The program served a total of 1,099 children ages 0 to 13 at either home-based or center-based settings. Of those, 720 (66%) were children under the age of six.

In 2014, there were 20 child care centers under the CCDF Program across the entire Navajo Nation, up from nine in 2011. Thirteen of those centers were located in the Arizona portion of the Nation: four in the Fort Defiance Region (Little Miss Muffet, Fort Defiance Child Care Center, Karigan Child Care Center and Leupp) and nine in the Chinle Region (Nooselti, Tsaile, Many Farms, Cottonwood, Pinon, Rough Rock, Rock Point, Kiidoobaah I and II). Typical working hours of these centers are 7:30 am to 5:30 pm, although the schedule may vary by location, with some centers opening earlier.

Also in 2014, there were 127 home-based child care providers in the entire Navajo Nation. Of those, 64 are located in Arizona and 63 in New Mexico. In addition, children also received care at 10 non-CCDF child care centers in Arizona and five non-CCDF centers in New Mexico. These providers cared for a total of 413 children in the Arizona portion of the Navajo Nation: 105 in Fort Defiance, 33 in Chinle, 138 in Tuba City and 137 in Greasewood. As of February of 2015, there were 150 children on the waiting list for CCDF slots. The CCDF Program has set up goals and objectives around early literacy, nutrition and physical activities in their child care centers. The program also emphasizes professional development for their staff.

Navajo Nation Early Head Start and Head Start Program

Head Start is an early education program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. Early Head Start is a

similar program targeted at families with children aged 0 to 3. The goal of the program is to aid young mothers in being better teachers and caregivers for their children, and to enhance the development of participating children. Until school year 2013-2014, the Early Head Start Program provided both home-based and center-based care. In that year, there were 42 children enrolled in the program, 18 in the center-based option, and 16 in home-based services. Starting in school year 2014-2015, only center-based services are being provided.

The Navajo Head Start is the largest tribal Head Start program in the United States. It is the only educational program completely run by the Navajo Nation and is one of the largest employers across the Nation. A major focus of the Navajo Head Start is Navajo Language Recovery. The program assists predominantly English speaking Navajo children in learning Navajo language, culture, history and traditions through a professionally developed home-based curriculum that is aligned with the Diné Content Standards, established by the Department of Diné Education.

In 2013-2014, the Navajo Head Start Program funded enrollment was 2,063 children. This included 1,739 children in the center-based setting (four days per week) and 324 children in the home-based option. A total of 66 Head Start centers were offering services in the 2013-2014 schools year.

FACE Program

Family and Child Education (FACE) is an early childhood and parental involvement program for American Indian families in schools sponsored by the Office of Indian Education Programs, Bureau of Indian Affairs. The goals of the FACE program include increasing family literacy; strengthening family-school-community connections; promoting the early identification and provision of services to children with special needs; and promoting the preservation of the unique cultural and linguistic diversity of the communities served by the program. FACE services and activities are currently taking place in 46 Bureau of Indian Education schools, 12 of which are located in the state of Arizona.

FACE has both a center-based and a home-based component. The home-based component includes personal visits and screenings by parent educators and is aimed at families with children from birth to age three, although families can join the program from pregnancy on. In the Navajo Nation, the home-based component is known as Baby FACE.

The FACE center-based preschool component includes an early childhood education program for children aged three to five, adult education for the children's parents, and Parent and Child Time (PACT). In 2013, there were eight FACE programs serving families in the region located in Chinle (2), Kayenta (2), Ganado (2) and Winslow (2). These programs provided services to a total of 461 unique adults and 460 unique children through both their center-based and home-based components. A small number of children and adults enrolled in both center-based and home-based programs.

In the Navajo Nation Region, the AzEIP service provider is the tribally-operated Growing in Beauty program, under the Navajo Nation Office of Special Education and Rehabilitation

Services. There has been a substantial increase in the number of services provided between 2012 and 2014.

The number of DDD service visits for children aged 0-2 in the region decreased from 626 in 2013 to 306 in 2014. Across the state there was also a decline in the number of service visits for children in this age range. Service visits for children aged 3-5, however, increased in the region in the same time period (from 814 to 1,201) while the statewide number of visits decreased.

Child Health

In 2013, there were 1,386 babies born to women residing in the Navajo Nation Region. About a third (32%) of pregnant women in the region had no prenatal care during the first trimester, a substantially higher rate than in the state as a whole (19%); the region's rate does not meet the Healthy People 2020 objective of fewer than 22.1 percent without care. Nine percent of pregnant women in the region had fewer than five prenatal care visits, compared to five percent in the state. A similar proportion of babies in the region (8%) and the state (9%) were premature (less than 37 weeks), both meeting the Healthy People 2020 objective of fewer than 11.4 percent premature.

The majority of births in the region (94%) were paid for by a public payor (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, six percent had low birth weight (2.5 kg or less), a similar rate than the statewide rate of seven percent. Both the region and state rates meet the Healthy People 2020 objective of fewer than 7.8 percent. A smaller proportion of babies in the region were placed in neonatal intensive care compared to the state (2% and 5%, respectively).

Seventeen percent of the young children in the Navajo Nation Region are estimated to be uninsured. This rate is slightly lower than those of all Arizona reservations combined (20%), but higher than the statewide rate (10%).

Although immunizations rates vary by vaccine, for each of the three key vaccines tracked, 97 percent or more of the children in selected child care and early education settings in the school year 2014-2015 were immunized; these rates, which represent only ten child care centers in the region, are slightly 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 child care centers 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 Navajo Nation Region may not be as high. Almost all (99%) of the children enrolled in kindergarten in selected schools in the region were vaccinated. The rates of religious (0.6%) and personal belief (0.5%) exemptions from immunizations in the child care centers and schools for which data were available were quite low (and lower than the state overall).

Family Support and Literacy

Parental Involvement

The Navajo Nation Regional Partnership Council has recognized the importance of supporting parental involvement in early childhood development by allocating funding to the “Parent Outreach and Awareness” strategy. This strategy funds the “Early Literacy Companion Kit,” which is distributed to parents at the three hospitals where women give birth on the Navajo Nation Region. This kit includes culturally relevant materials such as a “Navajo Nursery Lullabies.” Additionally, a component of this strategy funds the Reach Out and Read program in the region.

Parenting classes are also available through the Navajo Nation Department for Self Reliance, which offers the Motherhood is Sacred™ and Fatherhood is Sacred™ curricula, consisting of 12 four-hour sessions.

Home Visitation Programs

In FY 2014 the Navajo Nation Regional Partnership Council funded a home visitation program through CPLC Parenting Arizona, a program of Chicanos Por La Causa (CPLP). The Home Visitation program provides in-home services for families, and focuses on education about topics such as parenting skills, child development, early literacy, and health, using the Parents-As-Teachers curriculum.

Food Security

In March of 2015, the Navajo Nation was awarded a \$2.4 million grant by the USDA to help fight food insecurity as part of an initiative to end childhood hunger with a focus on rural areas. The Navajo Nation Division of Health will implement the Food Access Navigation Project, using Food Access Navigators to evaluate assets and gaps in food access in selected regions of the reservation and to provide technical assistance for connecting eligible households to nutrition assistance programs.

The Navajo Nation Regional Partnership Council also funds a strategy to support families facing food insecurity in the region. A mobile food pantry service is available through St. Jude Food Bank. Emergency food boxes are also distributed by St. Mary’s Food Bank Alliance.

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

Efforts to enhance the coordination among agencies and programs serving young children and their families in the region include:

- Updates to the Navajo Nation Health, Education, and Human Service Committee, and Navajo Nation Board of Education.
- Participation in networking meetings in the region (Navajo Head Start Health Service Advisory Committee, Dilkon Community Networking, Tuba City Networking Meetings, and Fort-A Team meetings, among others)
- First Things First-funded Grantee Coordination meetings

- Development of the Early Education Coalition facilitated by the Regional Partnership Council (since August of 2014)

The Navajo Nation Region

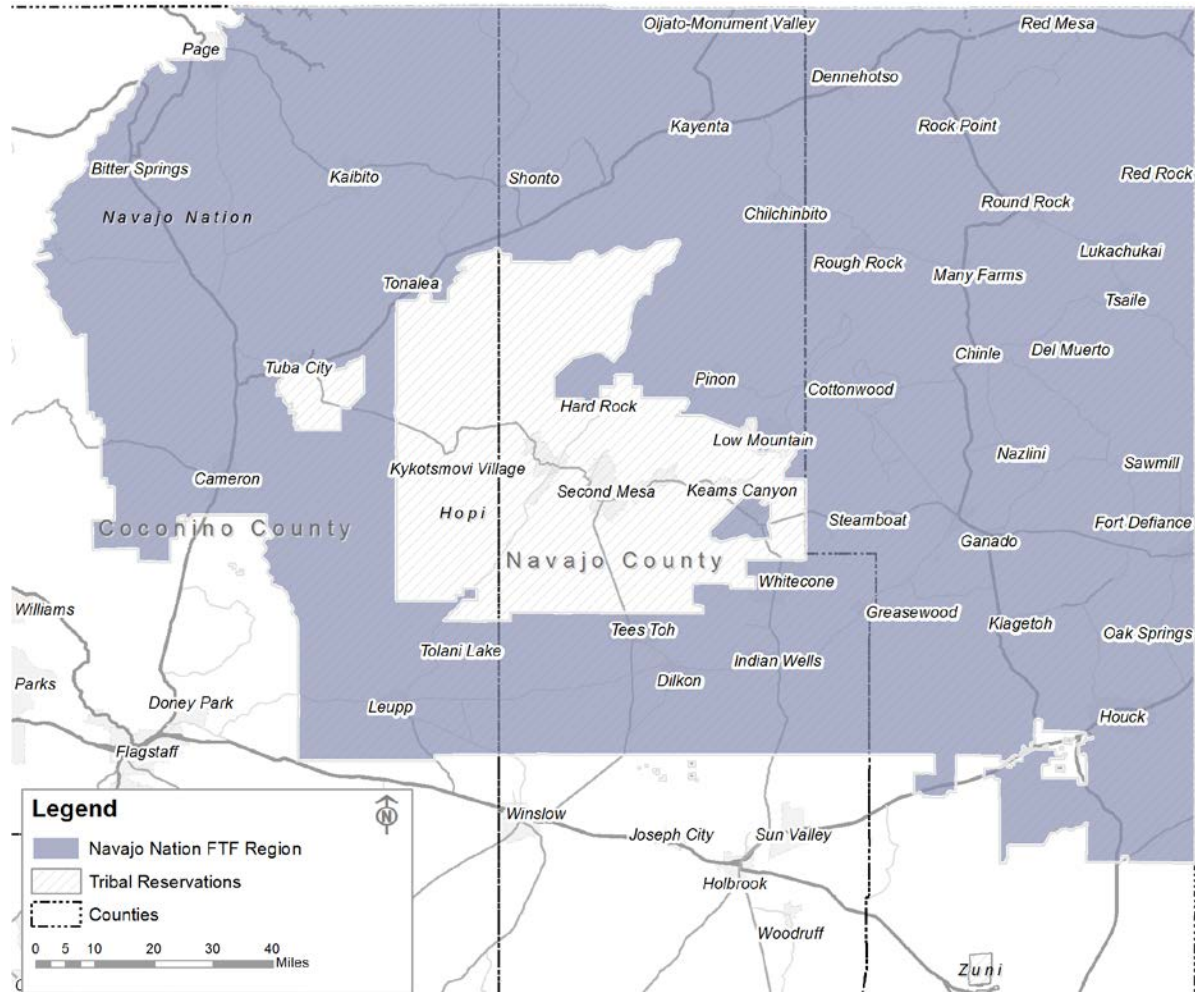
Regional Description

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 Navajo Nation was one of 10 tribes that chose to be designated as its own region. This decision must be ratified every two years, and the Navajo Nation has opted to continue to be designated as its own region.

The First Things First Navajo Nation Region is defined as the Arizona portion of the Navajo Nation Reservation. The region covers nearly 16,000 square miles in the northeast corner of the state, stretching across Apache, Navajo, and Coconino counties. The entire reservation, which dates to the Navajo Treaty of 1868, includes lands in Utah and New Mexico, and is divided into 110 chapters.

Figure 1 shows the geographical area covered by the Navajo Nation 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 Navajo Nation 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).

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.

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

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 Navajo Nation Region presented in this report were calculated by identifying each block in the region, and aggregating the data over all of those 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 Navajo Nation 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 Navajo Nation 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 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.

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

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: the 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 percent 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.

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

³U.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

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.

A current initiative that aims at addressing some of these challenges 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 begun 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, 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 help and respect- can provide members of these families with a network of support which can

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.

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.

What the Data Tell Us

According to the U.S. Census the Navajo Nation Region had a population of 101,835 in 2010, of whom 10,894 (11%) were children ages birth to 5 years (see Table 1). Twenty-four percent of households in the region included a young child. Nearly 40 percent of the households with young children (birth to 5) in the region (38%) are single-female households (Figure 3). The proportion of young children living in a grandparent's household in the region (40%) is substantially higher than the percentage statewide (14%), but the same as the percentage in all Arizona reservations combined (40%) (see Table 4). For those children living in a grandparent's household, 57 percent live with a grandparent who is financially responsible for them, and 13 percent of the children have no parent present in the home (see Table 5).

The vast majority (95%) of young children (ages 0-4) in the Navajo Nation Region are American Indian. This proportion is similar to that of all Arizona reservations combined (92%), but differs greatly from the statewide rate of six percent. The percentage of young children who are Hispanic or Latino in the Navajo Nation is four percent, compared to nine percent in Arizona reservations overall and 45 percent in the state as a whole (see Table 6). The race and ethnicity breakdown among adults in the region is similar to that of young children, with most residents identifying as American Indian (95%), and a somewhat smaller proportion of adults than

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. *Native Languages* <http://www.acf.hhs.gov/programs/ana/programs/native-language-preservation-maintenance>

children identifying as Hispanic (1% versus 4%) (see Table 7). In the state, however, only four percent of adults identified as American Indian, and twenty-five percent as Hispanic or Latino (Table 7). The ethnic composition in the Navajo Nation is also reflected in a higher proportion of people aged five and older that report speaking a Native North American language (68%) compared to the proportion of people statewide (2%). This proportion is substantially higher in the region compared to the rate in All Arizona reservations combined (51%) (see Figure 4). According to the Navajo Nation Department of Dine Education’s Office of Standards, Curriculum and Assessments Development “the Navajo Language is an essential element of the life, culture, and identity of the Navajo people” and recognizes the importance of preserving the language to ensure the survival of the Nation.¹⁵

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)	
Navajo Nation Region	101,835	10,894	29,232	7,159	24%
Navajo Nation (entire)	173,667	18,335	49,946	12,119	24%
All Arizona Reservations	178,131	20,511	50,140	13,115	26%
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>

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

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
Navajo Nation Region	10,894	1,800	1,736	1,811	1,849	1,812	1,886
All Arizona Reservations	20,511	3,390	3,347	3,443	3,451	3,430	3,450
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.

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

¹⁵ Retrieved from: <http://www.odclc.navajo-nsn.gov/About-Us>

Table 3. State population projections, 2015 & 2020

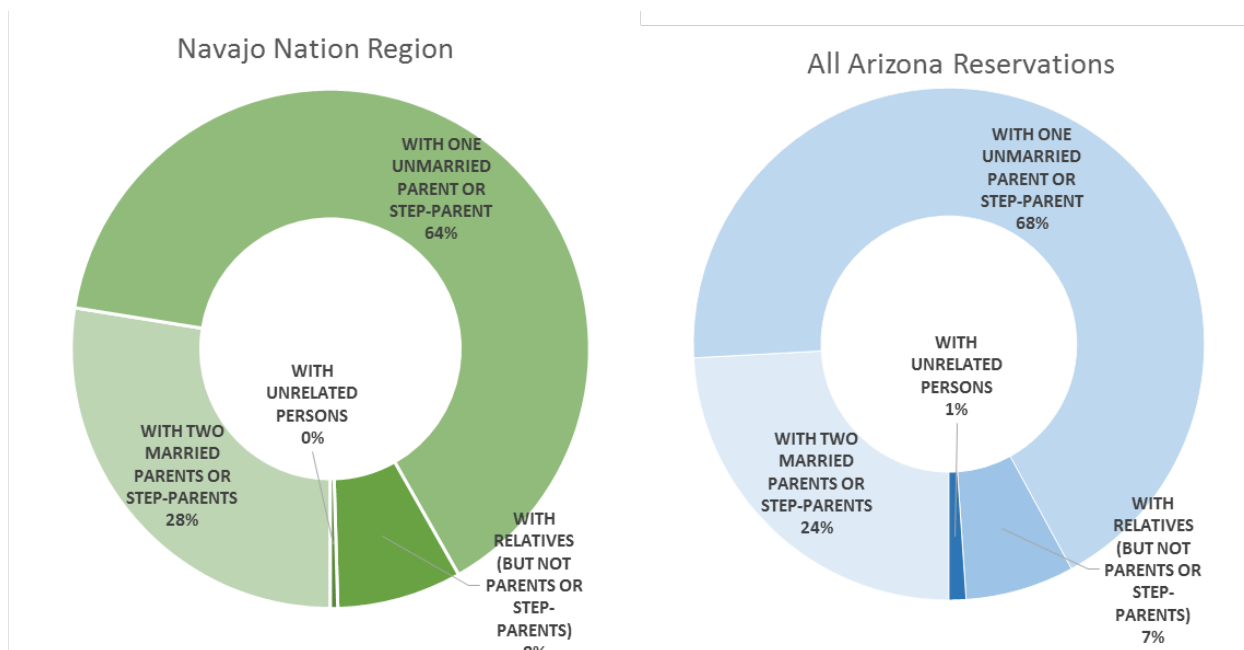
	POPULATION (AGES 0-5) IN 2010 CENSUS	PROJECTED POPULATION (AGES 0-5) IN 2015	PROJECTED POPULATION (AGES 0-5) IN 2020	PROJECTED CHANGE FROM 2010 TO 2020
Arizona	546,609	537,200	610,400	12%

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

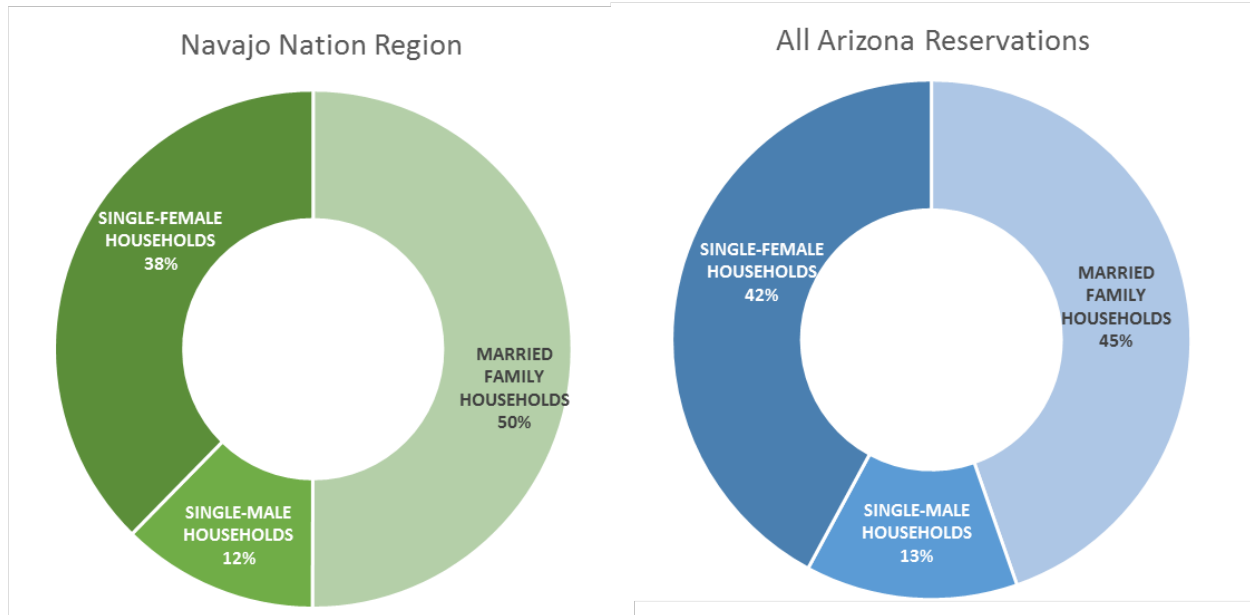
Figure 2. Living arrangements for children (ages 0-5), 2009-2013 five-year estimate



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 in the household of a grandparent, 2010

CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD	
Navajo Nation Region	39%
Navajo Nation (entire)	40%
All Arizona Reservations	40%
Arizona	14%

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

Table 5. 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	
Navajo Nation Region	9,029	5,150	57%	1,163	13%
Navajo Nation (entire)	14,755	8,273	56%	1,798	12%
All Arizona Reservations	17,142	10,120	59%	2,013	12%
Arizona	137,753	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 6. 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
Navajo Nation Region	9,008	4%	1%	0%	95%	0%
Navajo Nation (entire)	15,167	4%	1%	0%	95%	0%
All Arizona Reservations	17,061	9%	1%	0%	92%	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>

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

Table 7. 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
Navajo Nation Region	67,252	1%	3%	0%	95%	0%	1%
Navajo Nation (entire)	115,823	1%	2%	0%	95%	0%	1%
All Arizona Reservations	117,049	5%	5%	0%	88%	0%	1%

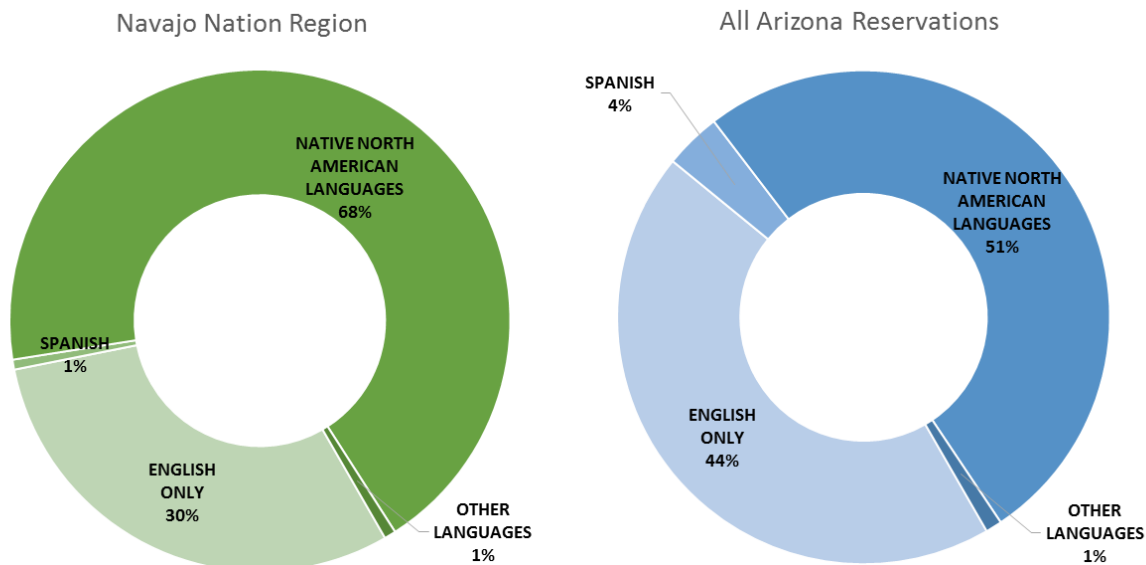
Arizona	4,763,003	25%	63%	4%	4%	3%	1%
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Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Table P11

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

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

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 8. 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)
Navajo Nation Region	25,415	88%	17%	0%	17%
Navajo Nation (entire)	43,623	90%	16%	0%	16%
All Arizona Reservations	47,351	80%	1%	0%	1%
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.^{16,17} 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.¹⁸ 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.)¹⁹ 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)²⁰ to meet basic needs.²¹ 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.²² High housing costs, relative to income, are associated with increased risk for homelessness, overcrowding, poor nutrition, frequent moving, lack of supervision while

¹⁶ Annie E Casey Foundation. *Kids Count 2015 Data Book – State Trends in Child Well-being*. Retrieved from <http://www.aecf.org/m/databook/aecf-2015kidscountdatabook-2015-em.pdf>

¹⁷ 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>

¹⁸ Isaacs, J. (2013). *Unemployment from a child's perspective*. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

¹⁹ Ibid.

²⁰ U.S. Department of Health and Human Services. (2015). *2015 Poverty Guidelines*. The 2015 FPL for a family of four is \$24,250. Retrieved from: <http://aspe.hhs.gov/2015-poverty-guidelines>

²¹ National Center for Children in Poverty. (2015). *Arizona Demographics of Low-income Children*. Retrieved from http://www.nccp.org/profiles/AZ_profile_6.html

²² 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.²³ 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.²⁴ Low income and poverty, especially among children, can have far reaching negative consequences, including an effect on brain development and later cognitive ability.²⁵

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 Families²⁶ (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. In recognition of tribal sovereignty, the federal agency in charge of overseeing the TANF program, the U.S. Department of Health and Human Services, Administration for Children and Families (ACF), gives federally-recognized tribes the option to administer their own TANF program. The Navajo Nation is one of the six Arizona tribes that operate a Tribal TANF program. Some Tribal TANF program requirements are different from those in state programs (e.g. time limit on receipt of TANF cash assistance). Tribal TANF programs also have more flexibility in determining program requirements, which allows them, for instance, to incorporate socially and culturally appropriate activities into their self-sufficiency plans for clients.²⁷ The Navajo Nation Tribal TANF program is known as Navajo Nation Department for Self Reliance (NND SR) and is administered by the Navajo Nation Division of Social Services.

²³ 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

²⁴ Housing Assistance Council (2013). *Housing on Native American Lands*. Retrieved from http://www.ruralhome.org/storage/documents/rpts_pubs/ts10_native_lands.pdf

²⁵ 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>

²⁶ 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>;

²⁷ Hahn, H., Healy, O., Hillabrant, W., and Narducci, C. (2013). *A Descriptive Study of Tribal Temporary Assistance for Needy Families (TANF) Programs*. OPRE Report #2013-34, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

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 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

The percentage of the total population living in poverty in the Navajo Nation Region (41%) is similar to that across all Arizona reservations (42%), but substantially higher than the statewide percentage (18%) (see Figure 5). In all these geographies, young children are consistently more likely to be in poverty than members of the total population. Just over half (53%) of the children in the region live in poverty, a slightly lower proportion than that in all Arizona reservations combined (56%) but again higher than 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]). Nearly three quarters (74%) of 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 9). The median family income in the FTF Navajo Nation region (\$31,443) is about the same as the median family income in the entire Navajo Nation (\$31,140) (see Figure 6).

The average unemployment rate in the region for the 2009-2013 period is 24.4 percent, higher than the estimated 25 percent across all Arizona reservations combined and the average state rate of 10.4 percent (see Figure 7).

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.

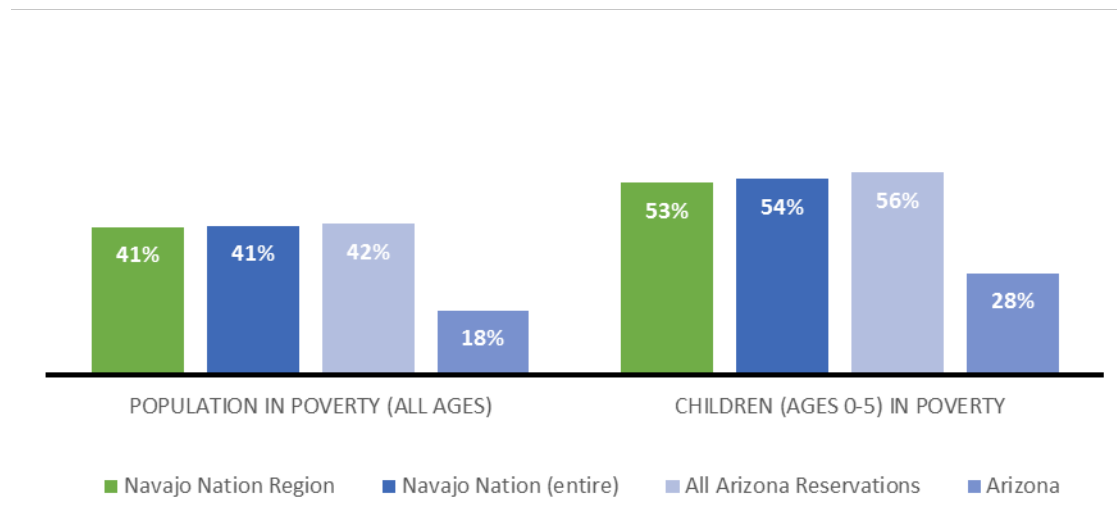
³⁰ United States Department of Agriculture, Food and Nutrition Service. (2015). *National School Lunch Program (NSLP)*. Retrieved from <http://www.fns.usda.gov/nslp/national-school-lunch-program-nslp>

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

In January 2013, about 10 percent of children birth to seventeen in the region received TANF benefits, which was about half the rate of those receiving benefits in January 2011 (see Table 13). The majority of young children in the region (79%) receive SNAP benefits, compared to half of young children statewide (51%). The proportion of young children in the region receiving SNAP benefits between 2012 and 2014 fell at a rate (9%) similar to the state (7%), but the proportion eligible for free and reduced lunch has largely remained stable. Eight Arizona Department of Education school districts in the Navajo Nation Region have 90 percent or more of their population of students living within the region. With the exception of the Tuba City Unified School District, where about half (54%) of students are eligible for Free or Reduced Lunch, about 80 to 90 percent of the students in the districts are eligible for lunch subsidies (see Table 15).

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.

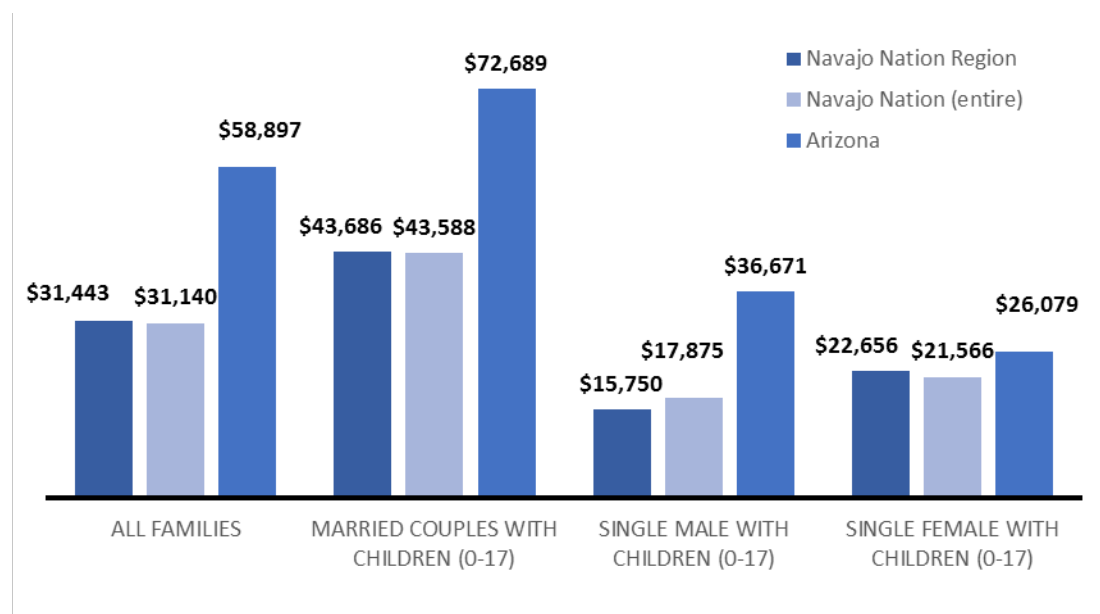
Retrieved from: <http://factfinder.census.gov>

Table 9. 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
Navajo Nation Region	4,732	49%	61%	66%	74%
Navajo Nation (entire)	7,753	49%	60%	65%	73%
All Arizona Reservations	9,660	52%	63%	69%	77%
Arizona	307,126	26%	35%	40%	48%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table 17002. Retrieved from: <http://factfinder.census.gov>

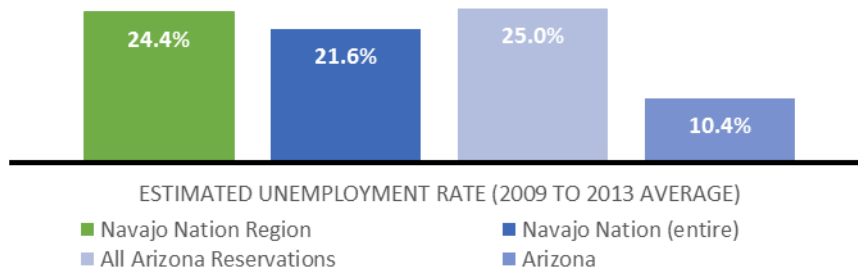
Figure 6. Median annual family incomes, 2009-2013 five-year estimate



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 2013³²



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

³² 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 10. 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
Navajo Nation Region	9,691	14%	12%	3%	36%	34%
Navajo Nation (entire)	16,603	13%	13%	4%	35%	34%
All Arizona Reservations	18,682	13%	11%	2%	40%	34%
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."

Table 11. Vacant and occupied housing units, 2009-2013 five-year estimate

	TOTAL HOUSING UNITS	OCCUPIED HOUSING UNITS	VACANT HOUSING UNITS	
			(NON-SEASONAL)	(SEASONAL)
Navajo Nation Region	40,637	63%	17%	20%
Navajo Nation (entire)	68,945	63%	20%	17%
All Arizona Reservations	68,118	70%	15%	15%
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 12. 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	
Navajo Nation Region	25,415	3,960	16%
Navajo Nation (entire)	43,623	6,692	15%
All Arizona Reservations	47,351	8,030	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 13. Children (ages 0-5) receiving Temporary Assistance to Needy Families (TANF)

GEOGRAPHY	CHILDREN AGES 0-17	JAN 2011		JAN 2012		JAN 2013		% CHANGE 2011-2013
		#	%	#	%	#	%	
Navajo Nation Region	34,583	6,926	20%	5,083	15%	3,506	10%	-49%
Navajo Nation	57,844	10,692	18%	7,584	13%	5,487	9%	-49%

Source: US Department of Health & Human Services, Administration for Children & Families, Office of Family Assistance (2014). Tribal TANF Caseload Data [Fiscal Years 2011, 2012, 2013]. Retrieved from [http://www.acf.hhs.gov/programs/ofa/resource-library/search?area\[2394\]=2394#?area\[2394\]=2394&topic\[2388\]=2388&ajax=1](http://www.acf.hhs.gov/programs/ofa/resource-library/search?area[2394]=2394#?area[2394]=2394&topic[2388]=2388&ajax=1)

Note: The "Change from 2011 to 2013" column shows the amount of increase or decrease, using 2011 as the baseline. The percent change between two given years is calculated using the following formula: $(\text{Number in Year 2} - \text{Number in Year 1}) / \text{Number in Year 1} \times 100$.

Table 14. 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	
Navajo Nation Region	10,894	87%	84%	79%	-9%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
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 15. Students eligible for free or reduced-price lunch, 2012-2014

	STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH		
	2012	2013	2014
Chinle Unified District	79%	79%	79%
Ganado Unified School District	76%	86%	78%
Kayenta Unified District	82%	85%	82%
Pinon Unified District	92%	87%	87%
Red Mesa Unified District	89%	91%	91%
Sanders Unified District	85%	90%	89%
Tuba City Unified School District	54%	54%	54%
Window Rock Unified District	76%	75%	78%

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.^{33,34} 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.^{35,36}

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.³⁷ 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.

³³ 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>

³⁴ Waldfogel, J., Garfinkel, I. and 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.

³⁵ 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>

³⁶ Lynch, J., & Kaplan, G. (2000). Socioeconomic position (pp. 13-35). In *Social Epidemiology*. Berkman, L. F. & Kawachi, I. (Eds.). New York: Oxford University Press. Retrieved from <http://deepblue.lib.umich.edu/bitstream/handle/2027.42/51520/Lynch;jsessionid=6B74BA11DC47266133239FB7703042DD?sequence=1>

³⁷ 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).³⁸ 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.³⁹ 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 §15-701.⁴⁰

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.⁴¹

What the Data Tell Us

Children from the region attend a number schools regulated by the Arizona Department of Education (ADE) districts (see Appendix 3), and Bureau of Indian Education. Data are provided for the eight ADE districts with at least 90 percent of the district within tribal lands. Students “pass” Arizona’s Instrument to Measure Standards (AIMS) if they meet or exceed the standard. There is wide variability in the math and reading passing rates for school districts in the Navajo Nation Region, with Tuba City having the highest passing rates and Chinle having the lowest passing rates (see Table 16 and Table 17).

³⁸ For more information on the AIMS test, see <http://arizonaindicators.org/education/aims>

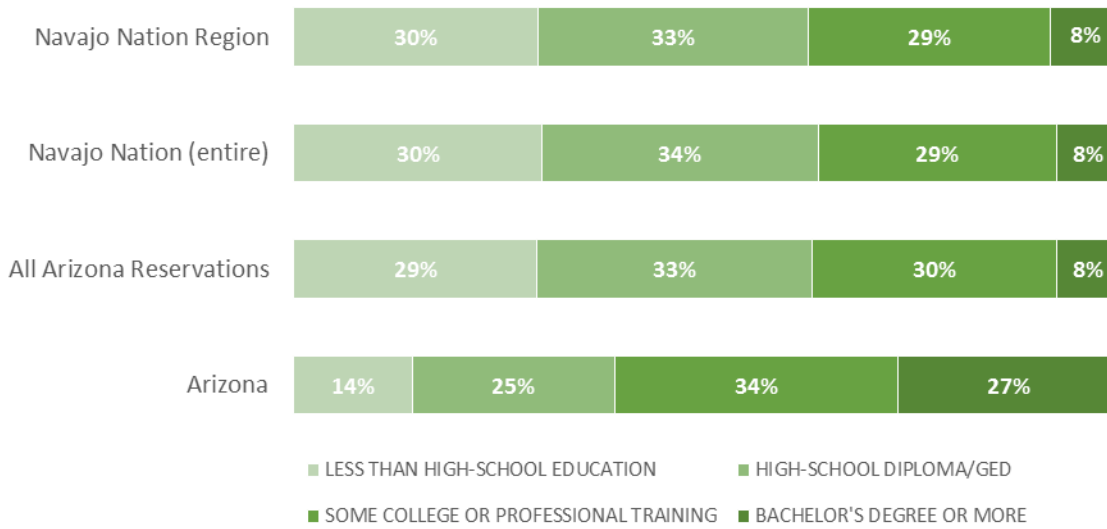
³⁹ For more information on AzMERIT, see <http://www.azed.gov/assessment/azmerit/>

⁴⁰ For more information on Move on When Reading, see <http://www.azed.gov/mowr/>

⁴¹ 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

Table 16. Results of the 2014 third-grade AIMS Math test

	RESULTS OF THIRD-GRADE AIMS MATH (2014)				
	FALLS FAR BELOW	APPROACHES	MEETS	EXCEEDS	PASSES
Chinle Unified District	27%	41%	30%	2%	32%
Ganado Unified School District	12%	47%	36%	6%	41%
Kayenta Unified District	19%	39%	35%	7%	42%
Pinon Unified District	13%	40%	35%	11%	46%
Red Mesa Unified District	15%	41%	41%	2%	43%
Sanders Unified District	21%	34%	34%	11%	45%
Tuba City Unified District	14%	21%	50%	16%	66%
Window Rock Unified District	28%	35%	33%	5%	38%
Arizona	10%	21%	42%	27%	70%

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

Table 17. Results of the 2014 third-grade AIMS Reading test

	RESULTS OF THIRD-GRADE AIMS READING (2014)				
	FALLS FAR BELOW	APPROACHES	MEETS	EXCEEDS	PASSES
Chinle Unified District	5%	49%	N/A	N/A	45%
Ganado Unified School District	2%	36%	60%	2%	62%
Kayenta Unified District	4%	44%	N/A	N/A	52%
Pinon Unified District	1%	41%	56%	1%	57%
Red Mesa Unified District	7%	35%	N/A	N/A	59%
Sanders Unified District	6%	47%	45%	2%	47%
Tuba City Unified District	3%	37%	56%	4%	60%
Window Rock Unified District	5%	34%	58%	2%	60%
Arizona	3%	20%	66%	12%	78%

Source: Arizona Dept. of Education, Research and Evaluation, "AIMS Assessment Results"

Retrieved from: www.azed.gov/research-evaluation/aims-assessment-results

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

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.⁴² 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.⁴³ 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.^{44,45} 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.⁴⁶

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.⁴⁷ Although the Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care,⁴⁸ 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.⁴⁹

⁴² 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>

⁴³ 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

⁴⁴ The Heckman Equation. (2013). *The Heckman Equation Brochure*. Retrieved from <http://heckmanequation.org/content/resource/heckman-equation-brochure-0>

⁴⁵ The Heckman Equation. (n.d.). *Research Summary: Abecedarian & Health*. Retrieved from <http://heckmanequation.org/content/resource/research-summary-abecedarian-health>

⁴⁶ 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>

⁴⁷ 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

⁴⁸ 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>

⁴⁹ 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.⁵⁰ 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),⁵¹ the Arizona Early Intervention Program (AzEIP)⁵² and the Division of Developmental Disabilities (DDD).⁵³ 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.^{54,55,56}

What the Data Tell Us

Child care and early education options to families in the Navajo Nation Region include: informal care through family and friends, licensed and unlicensed child care through private non-profit or for profit organizations, public preschool primarily for children with disabilities, the Bureau of Indian Education (BIE) FACE program, child care through Child Care and Development Fund, and Head Start.

Center and home-based care

⁵⁰ For more information on child care subsidies, see [https://www.azdes.gov/child care/](https://www.azdes.gov/child%20care/)

⁵¹ For more information on AZ FIND, see <http://www.azed.gov/special-education/az-find/>

⁵² For more information on AzEIP, see <https://www.azdes.gov/azeip/>

⁵³ For more information on DDD, see https://www.azdes.gov/developmental_disabilities/

⁵⁴ 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>

⁵⁵ 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

⁵⁶ 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 the Navajo Nation Region, the Child Care and Development Fund system is one of the largest providers of care for children ages 0-5. The Navajo Nation Division of Social Services Child Care and Development Fund (CCDF) Program aims to “increase the availability and quality of child care services for income eligible parents who are working, attending job training or an educational program and/or for children who have special needs or are under protective custody.” Over the course of the past two years, the Navajo Nation Division of Social Services has worked closely with the Arizona Department of Economic Security to enhance child care and achieve its mission.⁵⁷

In FY 2014 the Navajo Nation total CCDF funding was \$8,636,524. The program served a total of 1,099 children ages 0 to 13 at either home-based or center-based settings. Of those, 720 (66%) were children under the age of six.⁵⁸

In 2014, there were 20 child care centers under the CCDF Program across the entire Navajo Nation, up from nine in 2011. Thirteen of those centers were located in the Arizona portion of the Nation: four in the Fort Defiance Region (Little Miss Muffet, Fort Defiance Child Care Center, Karigan Child Care Center and Leupp) and nine in the Chinle Region (Nooselti, Tsaile, Many Farms, Cottonwood, Pinon, Rough Rock, Rock Point, Kiidoobaah I and II). Typical working hours of these centers are 7:30 am to 5:30 pm, although the schedule may vary by location, with some centers opening earlier.⁵⁹

Also in 2014, there were 127 home-based child care providers in the entire Navajo Nation. Of those, 64 are located in Arizona and 63 in New Mexico. In addition, children also received care at 10 non-CCDF child care centers in Arizona and five non-CCDF centers in New Mexico. These providers cared for a total of 413 children in the Arizona portion of the Navajo Nation: 105 in Fort Defiance, 33 in Chinle, 138 in Tuba City and 137 in Greasewood. As of February of 2015, there were 150 children on the waiting list for CCDF slots. The CCDF Program has set up goals and objectives around early literacy, nutrition and physical activities in their child care centers. The program also emphasizes professional development for their staff.⁶⁰

Navajo Nation Early Head Start and Head Start Program

Head Start is an early education program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health,

⁵⁷ First Things First Navajo Nation Regional Partnership Council 2014 Needs and Assets Report. Retrieved from: <http://www.azftf.gov/RPCCouncilPublicationsCenter/Needs%20and%20Assets%20Report%20-%202014%20-%20Navajo%20Nation.pdf>

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Ibid

nutritional, social and other services to enrolled children and families. Early Head Start is a similar program targeted at families with children aged 0 to 3. The goal of the program is to aid young mothers in being better teachers and caregivers for their children, and to enhance the development of participating children. Until school year 2013-2014, the Early Head Start Program provided both home-based and center-based care. In that year, there were 42 children enrolled in the program, 18 in the center-based option, and 16 in home-based services. Starting in school year 2014-2015, only center-based services are being provided.⁶¹

The Navajo Head Start is the largest tribal Head Start program in the United States. It is the only educational program completely run by the Navajo Nation and is one of the largest employers across the Nation. A major focus of the Navajo Head Start is Navajo Language Recovery. The program assists predominantly English speaking Navajo children in learning Navajo language, culture, history and traditions through a professionally developed home-based curriculum that is aligned with the Diné Content Standards, established by the Department of Diné Education.⁶²

In 2013-2014, the Navajo Head Start Program funded enrollment was 2,063 children. This included 1,739 children in the center-based setting (four days per week) and 324 children in the home-based option. A total of 66 Head Start centers were offering services in the 2013-2014 schools year (see Table 18).⁶³

FACE Program

Family and Child Education (FACE) is an early childhood and parental involvement program for American Indian families in schools sponsored by the Office of Indian Education Programs, Bureau of Indian Affairs. The goals of the FACE program include increasing family literacy; strengthening family-school-community connections; promoting the early identification and provision of services to children with special needs; and promoting the preservation of the unique cultural and linguistic diversity of the communities served by the program. FACE services and activities are currently taking place in 46 Bureau of Indian Education schools, 12 of which are located in the state of Arizona.⁶⁴

FACE has both a center-based and a home-based component. The home-based component includes personal visits and screenings by parent educators and is aimed at families with

⁶¹ Ibid

⁶² Ibid

⁶³ Ibid

⁶⁴ Ibid

children from birth to age three, although families can join the program from pregnancy on. In the Navajo Nation, the home-based component is known as Baby FACE.⁶⁵

The FACE center-based preschool component includes an early childhood education program for children aged three to five, adult education for the children’s parents, and Parent and Child Time (PACT). In 2013, there were eight FACE programs serving families in the region located in Chinle (2), Kayenta (2), Ganado (2) and Winslow (2). These programs provided services to a total of 461 unique adults and 460 unique children through both their center-based and home-based components. A small number of children and adults enrolled in both center-based and home-based programs (Table 19).

In the Navajo Nation Region, the AzEIP service provider is the tribally-operated Growing in Beauty program, under the Navajo Nation Office of Special Education and Rehabilitation Services. There has been a substantial increase in the number of services provided between 2012 and 2014 (see Table 22).

The number of DDD service visits for children aged 0-2 in the region decreased from 626 in 2013 to 306 in 2014. Across the state there was also a decline in the number of service visits for children in this age range. Service visits for children aged 3-5, however, increased in the region in the same time period (from 814 to 1,201) while the statewide number of visits decreased (see Table 23 and Table 24).

Early Care and Education

Table 18. Head Start and Early Head Start centers and home-based programs, 2013-2014

	HEAD START CENTERS	EARLY HEAD START CENTERS	HOME-BASED PROGRAMS	TOTAL CENTERS
Navajo Nation Region	52	3	11	66
Navajo Nation (entire)	89	3	13	105

Navajo Head Start. [Center location list]. Retrieved from <http://www.navajohs.org/Facilities.aspx>

⁶⁵ Ibid

Table 19. Enrollment in FACE programs on the Navajo Nation Region, 2013

	FACE PROGRAMS ON THE NAVAJO NATION REGION						
	CENTER-BASED		HOME-BASED		UNDUPLICATED		TOTAL
	ADULT	CHILD	ADULT	CHILD	ADULT	CHILD	
TOTAL	121	118	368	360	461	460	921
Greasewood Springs Community School	19	22	18	18	35	40	75
Kayenta Community School	19	15	40	42	58	57	115
Kin Dah Lichi'I Olta	10	<10	22	25	29	33	62
Leupp School	<10	10	37	45	42	52	94
Little Singer Community School	15	17	46	35	61	50	111
Many Farms High School	19	16	61	68	75	82	157
Rough Rock Community School	25	17	92	70	104	83	187
T'iis Nazbas Community School	10	13	52	57	57	63	120

U.S. Department of the Interior, Bureau of Indian Affairs, Bureau of Indian Education. (May 2014). BIE Family and Child Education Program, 2013 Report. Retrieved from <http://faceresources.org/index.php?page=evaluation-reports>

Table 20. Cost of full time child care in a child care center by percent of median family income

	MEDIAN FAMILY INCOME	PERCENT OF MEDIAN INCOME NEEDED TO PAY COST OF CHILD CARE (CHILDREN UNDER 1)	PERCENT OF MEDIAN INCOME NEEDED TO PAY COST OF CHILD CARE (CHILDREN 1-2 YEARS OLD)	PERCENT OF MEDIAN INCOME NEEDED TO PAY COST OF CHILD CARE (CHILDREN 3-5 YEARS OLD)
Navajo Nation Region	\$32,272.00	15%	15%	14%
Navajo Nation (entire)	\$32,104.00	16%	15%	14%
Arizona	\$59,563.00	17%	15%	13%

US Census (2013). American Community Survey 5-year estimates, 2008-2012. Retrieved from <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>. Navajo Nation Child Care and Development Fund (February 2015). [Payment rates]. Unpublished data.

Table 21. Estimated number of children (ages 3 and 4) enrolled in nursery school, preschool, or kindergarten, 2009-2013 five-year estimate

	ESTIMATED POPULATION (AGES 3-4)	ENROLLED IN SCHOOL (AGES 3-4)	
Navajo Nation Region	3,579	1,455	41%
Navajo Nation (entire)	6,223	2,820	45%
All Arizona Reservations	6,940	2,849	41%
Arizona	185,310	65,591	35%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B14003. Retrieved from: <http://factfinder.census.gov>

Families with Children Who Have Special Needs

Table 22. Growing in Beauty services in the Navajo Nation Region

	FY2012	FY2013	FY2014	% CHANGE 2012-2014
Total Referred	133	233	348	+162%
Total Screened	73	174	196	+168%
Total Served	48	85	142	+196%

Office of Special Education and Rehabilitation Services, Growing in Beauty Program. [2014]. Arizona service data. Unpublished data provided by the Office of Special Education and Rehabilitation Services, Growing in Beauty Program.

Table 23. 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
Navajo Nation Region	N/A	N/A	N/A	0	N/A	N/A	626	306
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	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 24. 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
Navajo Nation Region	N/A	N/A	N/A	0	N/A	N/A	814	1,201
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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.

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.⁶⁶ 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.^{67,68} 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.^{69,70,71}

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

⁶⁶ 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>

⁶⁷ 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>

⁶⁸ 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>

⁶⁹ 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>

⁷⁰ 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/>

⁷¹ 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.⁷² 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).⁷³

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.⁷⁴ 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.⁷⁵ Being eligible for IHS services alone, however, does not meet the minimum essential coverage requirement under the Affordable Care Act.⁷⁶

What the Data Tell Us

In 2013, there were 1,386 babies born to women residing in the Navajo Nation Region. About a third (32%) of pregnant women in the region had no prenatal care during the first trimester, a substantially higher rate than in the state as a whole (19%); the region's rate does not meet the Healthy People 2020 objective of fewer than 22.1 percent without care (see Figure 9). Nine percent of pregnant women in the region had fewer than five prenatal care visits, compared to five percent in the state (Table 25). A similar proportion of babies in the region (8%) and the state (9%) were premature (less than 37 weeks), both meeting the Healthy People 2020 objective of fewer than 11.4 percent premature (Figure 10).

⁷² 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

⁷³ Mayo Clinic Staff. (2015) *Fetal macrosomia*. Retrieved from <http://www.mayoclinic.org/diseases-conditions/fetal-macrosomia/basics/complications/con-20035423>

⁷⁴ 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>

⁷⁵ 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. 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.

Pursuant to Indian Self-Determination and Education Assistance Act (PL-93-638), the Navajo Nation manages the operations of Tuba City Regional Health Care Corporation, Tsehootsoi Medical Center and Winslow Indian Health Care Center.

⁷⁶ <https://www.ihs.gov/aca/index.cfm/thingstoknow/>

The majority of births in the region (94%) were paid for by a public payor (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 25). Of the babies born in 2013 to women in the region, six percent had low birth weight (2.5 kg or less), a similar rate than the statewide rate of seven percent. Both the region and state rates meet the Healthy People 2020 objective of fewer than 7.8 percent (see Figure 10). A smaller proportion of babies in the region were placed in neonatal intensive care compared to the state (2% and 5%, respectively) (Table 26).

Seventeen percent of the young children in the Navajo Nation Region are estimated to be uninsured. This rate is slightly lower than those of all Arizona reservations combined (20%), but higher than the statewide rate (10%) (Figure 11).

Although immunizations rates vary by vaccine, for each of the three key vaccines tracked, 97 percent or more of the children in selected child care and early education settings in the school year 2014-2015 were immunized; these rates, which represent only ten child care centers in the region, are slightly higher than those of the state (see Table 27). The Healthy People 2020 objective for vaccination coverage for children ages 19-35 months for the DTAP, polio and MMR vaccines is 90 percent,⁷⁷ so children in these child care centers 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,⁷⁸ so the rates across all children in the Navajo Nation Region may not be as high. Almost all (99%) of the children enrolled in kindergarten in selected schools in the region were vaccinated (see Table 28). The rates of religious (0.6%) and personal belief (0.5%) exemptions from immunizations in the child care centers and schools for which data were available were quite low (and lower than the state overall) (Table 28).

⁷⁷ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (2015). Healthy People 2020 [Internet]. Washington, DC. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>.

⁷⁸ 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>

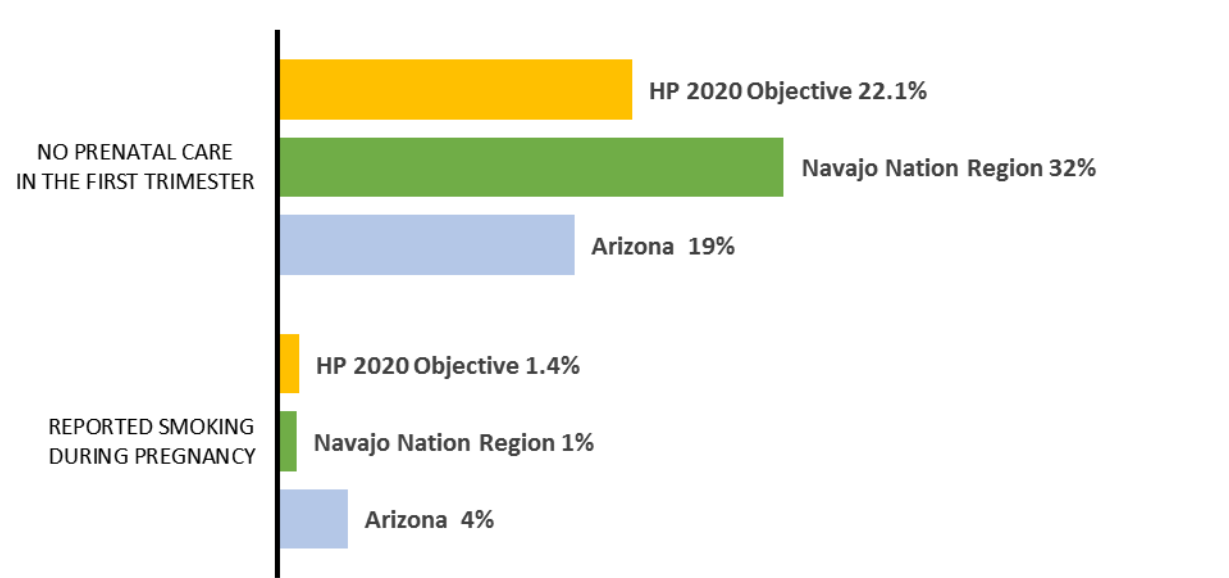
Mothers Giving Birth

Table 25. 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)
Navajo Nation Region	1,386	9%	32%	1%	1%	17%	14%	94%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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.

Figure 9. 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>

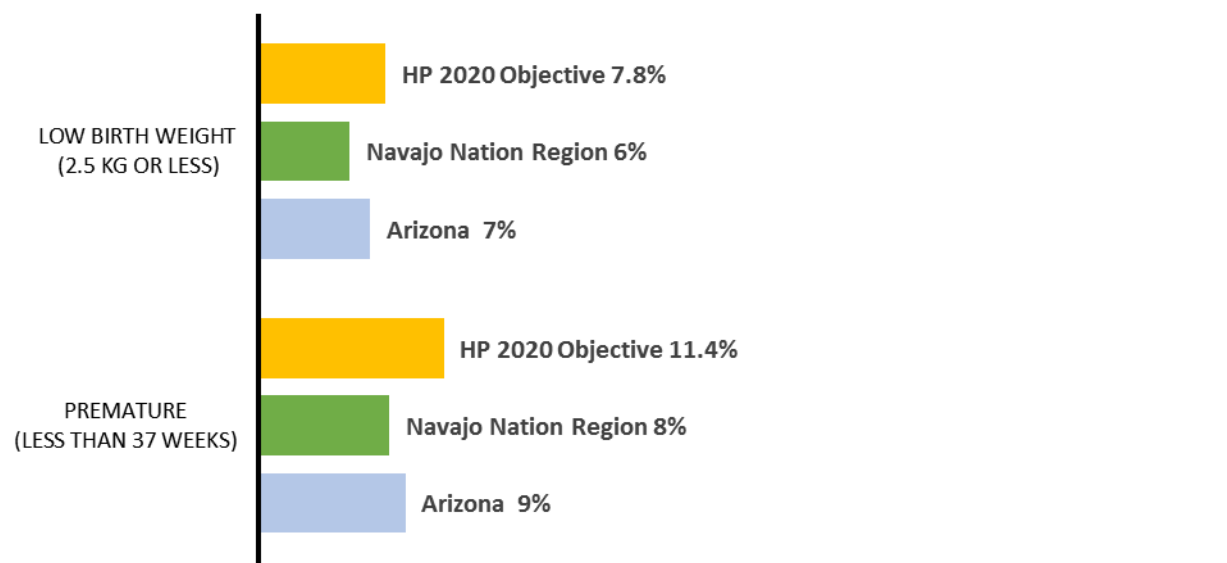
Infant Health

Table 26. 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
Navajo Nation Region	1,386	6%	10%	8%	2%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
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.

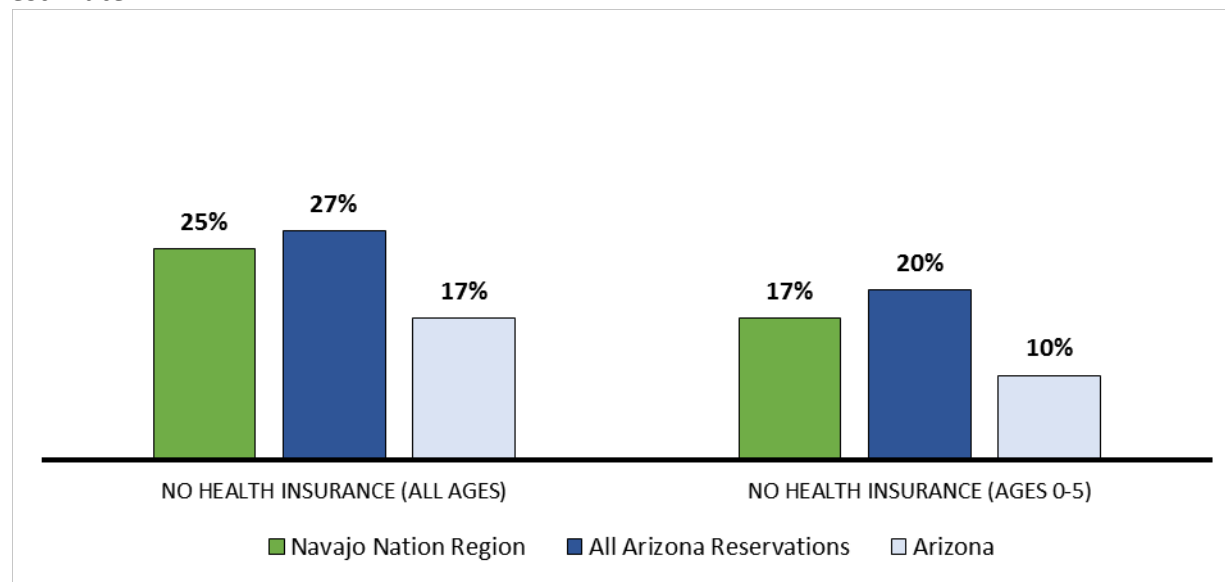
Figure 10. Healthy People 2020 objectives for babies, compared to 2013 region and state data



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 11. 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 27. 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
Navajo Nation Region	354	97%	98%	98%	0.6%	0.3%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	84,778	93%	95%	96%	3.6%	0.5%

*Regional data included in this table are from ABC Preschool - Kayenta Unified School District, C.U.S.D.#24 - Chinle Elementary Preschool, C.U.S.D.#24 - Tsaiile Public Preschool, Cope Center, Immaculate Heart Preschool, Page Head Start – NACOG, Page Unified Preschool Pinon Elementary Preschool, Shepherd Preschool, W.R.U.S.D. - Tsehootsooi Integrated Preschool Program. 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.

Table 28. 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
Navajo Nation Region	987	99%	99%	99%	0.5%	0.5%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	84,651	94%	95%	94%	4.6%	0.3%

*Regional data included in this table are from Canyon De Chelly Elementary School, Chinle Elementary School, Dennehotso Boarding School, Dzil Libei Elementary School, Ganado Unified School District #20, Hunters Point Boarding School, Lake View Primary, Many Farms Community School, Inc., Many Farms Pub.sch./cusd.24, Mesa View Elementary School, Navajo Christian Preparatory Academy, Pine Spring Day School, Red Mesa Unified School District, Round Rock, Saint Michael Indian School, Tsaile Public School, Tsehootsooi Dine Biolta School, Tsehootsooi Primary Learning Center, Tsinaabaas Habitiin Elementary School, Wide Ruins Community 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.

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.^{79,80,81} When children experience nurturing, responsive caregiving, they face better life prospects across a number of social, physical, academic and economic outcomes.^{82,83} Consequently, healthy development depends on positive relationships between children and their caregivers from an early age.⁸⁴ For parents of young children, reading aloud, singing 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.⁸⁵ 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.⁸⁶

⁷⁹ 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>

⁸⁰ 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

⁸¹ 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>

⁸² 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.

⁸³ 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>

⁸⁴ National Scientific Council on the Developing Child. (n.d.). Category: Working Papers. Retrieved from <http://developingchild.harvard.edu/resourcecategory/working-papers/>

⁸⁵ 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/>

⁸⁶ 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 Us⁸⁷

Parental Involvement

The Navajo Nation Regional Partnership Council has recognized the importance of supporting parental involvement in early childhood development by allocating funding to the “Parent Outreach and Awareness” strategy. This strategy funds the “Early Literacy Companion Kit,” which is distributed to parents at the three hospitals where women give birth on the Navajo Nation Region. This kit includes culturally relevant materials such as a “Navajo Nursery Lullabies.” Additionally, a component of this strategy funds the Reach Out and Read program in the region.

Parenting classes are also available through the Navajo Nation Department for Self Reliance, which offers the Motherhood is Sacred™ and Fatherhood is Sacred™ curricula, consisting of 12 four-hour sessions.

Home Visitation Programs

In FY 2014 the Navajo Nation Regional Partnership Council funded a home visitation program through CPLC Parenting Arizona, a program of Chicanos Por La Causa (CPLP). The Home Visitation program provides in-home services for families, and focuses on education about topics such as parenting skills, child development, early literacy, and health, using the Parents-As-Teachers curriculum.

Food Security

In March of 2015, the Navajo Nation was awarded a \$2.4 million grant by the USDA to help fight food insecurity as part of an initiative to end childhood hunger with a focus on rural areas. The Navajo Nation Division of Health will implement the Food Access Navigation Project, using Food Access Navigators to evaluate assets and gaps in food access in selected regions of the reservation and to provide technical assistance for connecting eligible households to nutrition assistance programs.

The Navajo Nation Regional Partnership Council also funds a strategy to support families facing food insecurity in the region. A mobile food pantry service is available through St. Jude Food Bank. Emergency food boxes are also distributed by St. Mary’s Food Bank Alliance.

⁸⁷ Please note that the data presented in this section are from the 2014 Navajo Nation Regional Partnership Council Needs and Assets Report and are the most recent data available. The report is available at <http://www.aztf.gov/RPCCouncilPublicationsCenter/Needs%20and%20Assets%20Report%20-%202014%20-%20Navajo%20Nation.pdf>

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

Why it Matters

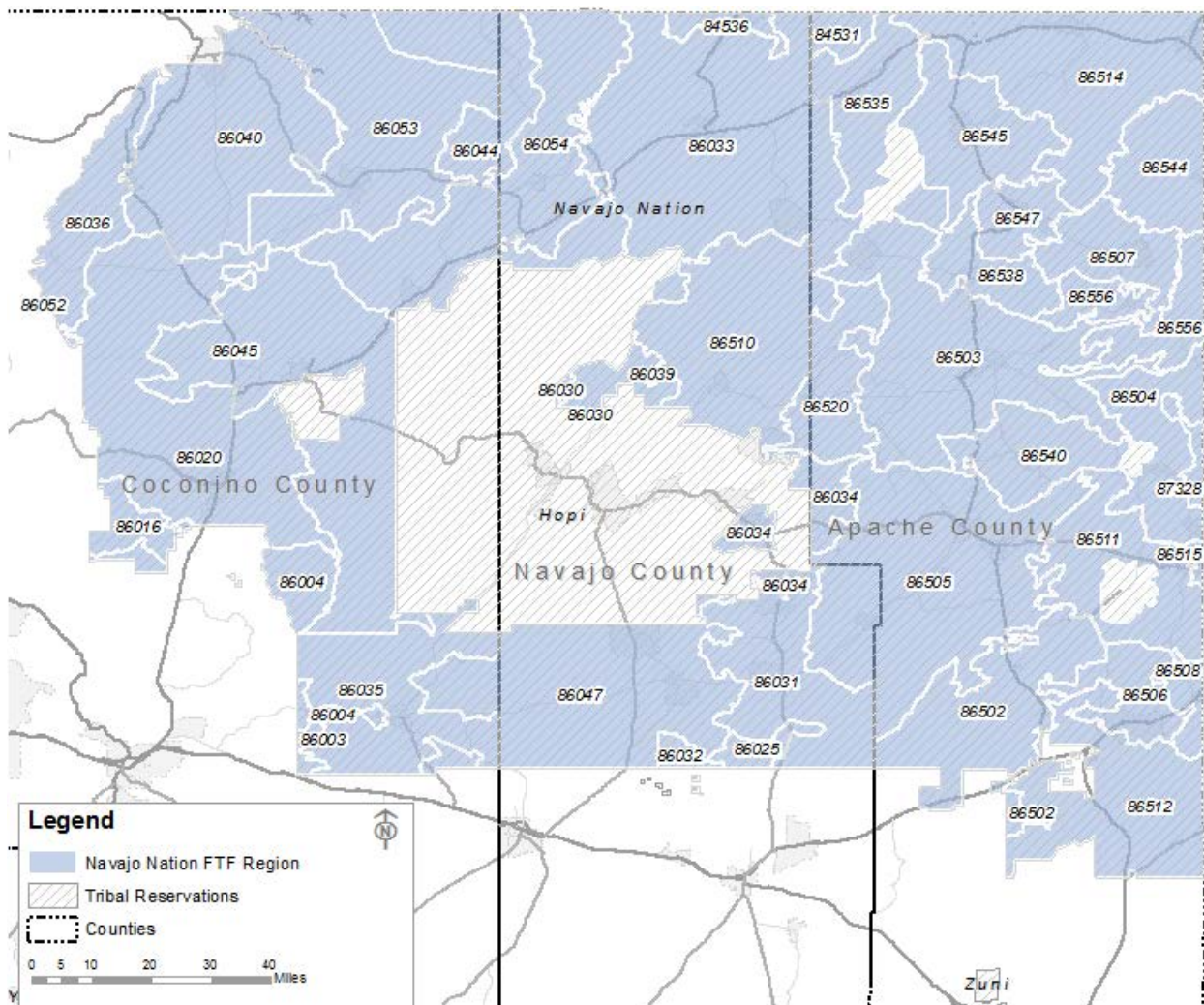
To create a strong, comprehensive, and sustainable early childhood system, communities need an awareness of the importance of the first five years in a child's life, and a commitment to align priorities and resources to programs and policies affecting these first years. Supporting public awareness by 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

Efforts to enhance the coordination among agencies and programs serving young children and their families in the region include:

- Updates to the Navajo Nation Health, Education, and Human Service Committee, and Navajo Nation Board of Education
- Participation in networking meetings in the region (Navajo Head Start Health Service Advisory Committee, Dilkon Community Networking, Tuba City Networking Meetings, and Fort-A Team meetings, among others)
- First Things First-funded Grantee Coordination meetings
- Development of the Early Education Coalition facilitated by the Regional Partnership Council (since August of 2014)

Appendix 1: Map of zip codes of the Navajo Nation 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>

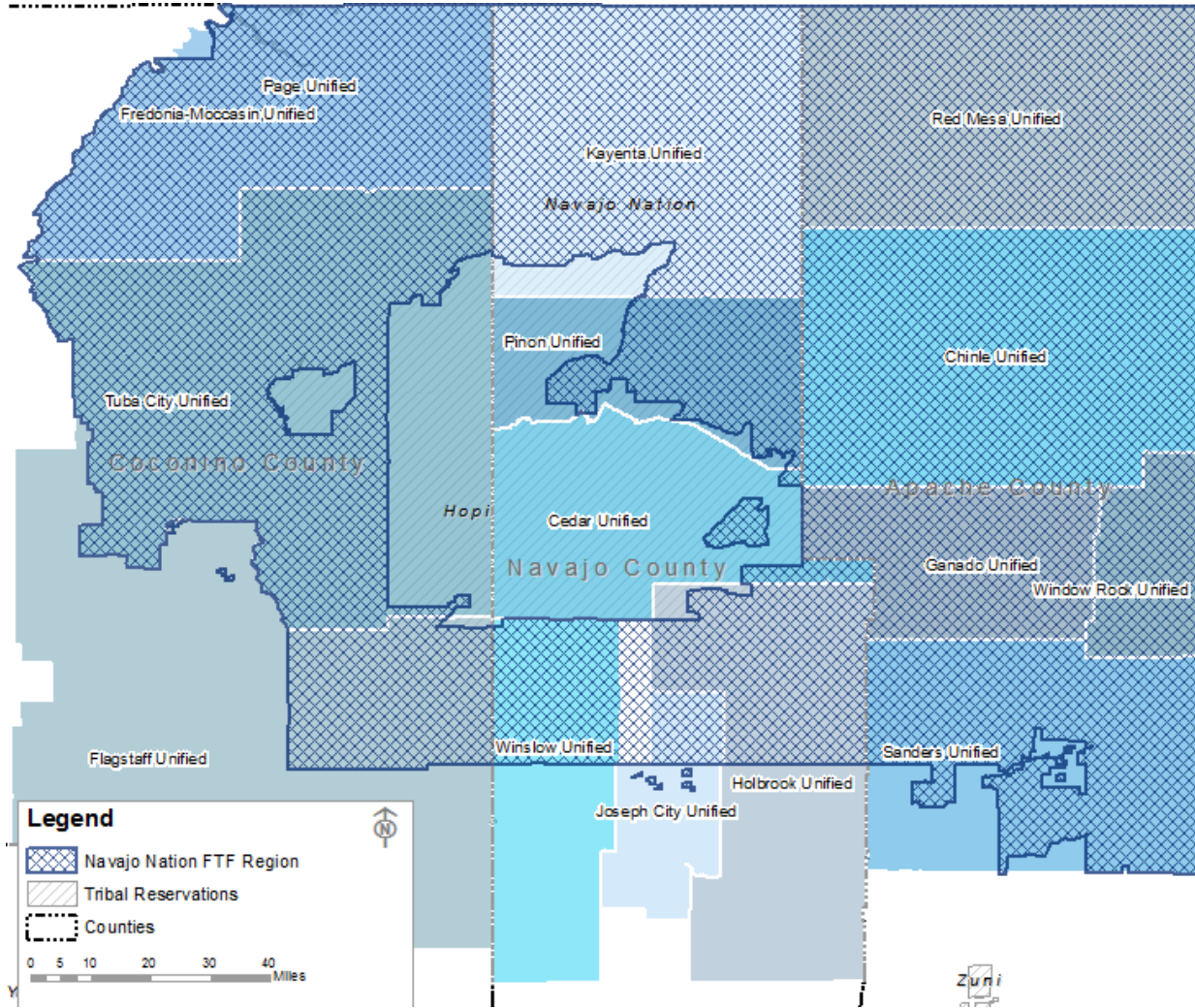
Appendix 2: Zip codes of the Navajo Nation Region

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 NAVAJO NATION REGION	THIS ZCTA IS SHARED WITH
Navajo Nation Region	101,835	10,894	29,232	7,159		
84531	20	0	9	0	100%	
84536	280	21	74	18	100%	
86003	23	0	12	0	100%	
86004	207	14	68	6	1%	Coconino
86016	56	4	25	2	90%	Coconino
86020	1,889	181	544	120	97%	Coconino
86025	83	7	24	6	1%	Navajo/Apache
86030	226	21	69	16	16%	Coconino
86031	1,856	183	509	113	100%	
86032	46	4	15	3	3%	Navajo/Apache
86033	7,834	890	2,219	595	99.9%	Coconino
86034	1,667	165	501	118	73%	Coconino
86035	1,749	144	499	93	97%	Coconino
86036	147	15	42	10	38%	Coconino
86039	796	71	239	48	54%	Coconino
86040	2,645	297	671	188	26%	Coconino
86044	3,825	423	1,028	264	100%	
86045	10,344	1,194	2,732	775	91%	Coconino
86047	4,128	400	1,136	273	28%	Coconino & Navajo/Apache
86053	2,311	295	566	192	100%	
86054	1,935	189	579	125	100%	
86502	1,377	130	414	78	94%	Navajo/Apache
86503	10,714	1,225	3,100	790	100%	
86504	5,835	600	1,754	416	100%	
86505	7,682	772	2,312	499	100%	
86506	1,321	122	440	81	100%	
86507	2,340	268	697	183	100%	

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 NAVAJO NATION REGION	THIS ZCTA IS SHARED WITH
Navajo Nation Region	101,835	10,894	29,232	7,159		
86508	752	68	238	51	100%	
86510	5,350	600	1,548	395	99.9%	Coconino
86511	3,694	371	1,118	219	100%	
86512	2,017	221	593	140	83%	Navajo/Apache
86514	3,011	292	930	201	100%	
86515	2,894	313	882	217	100%	
86520	1,793	181	550	125	100%	
86535	1,199	130	325	89	100%	
86538	2,338	285	682	189	100%	
86540	1,088	103	318	64	100%	
86544	1,267	122	403	77	100%	
86545	1,650	187	446	120	100%	
86547	1,171	132	313	87	100%	
86556	2,090	238	549	162	100%	
87328	185	16	59	11	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 Navajo Nation 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

Arizona Department of Economic Security (2015). [TANF data set]. Unpublished raw data received from the First Things First State Agency Data Request

Arizona Department of Education (2014). AIMS and AIMS A 2014. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Arizona Department of Education (2015). Percentage of children approved for free or reduced-price lunches, July 2015. Unpublished raw data received from the First Things First State Agency Data Request

Arizona Department of Health Services (2015). [Immunizations Dataset]. Unpublished raw data received from the First Things First State Agency Data Request

Arizona Department of Health Services, Bureau of Public Health Statistics (2015). [Vital Statistics Dataset]. Unpublished raw data received from the First Things First State Agency Data Request

Arizona Department of Health Services, Office of Injury Prevention (2015). [Injuries Dataset]. Data received from the First Things First State Agency Data Request

Arizona Health Care Cost Containment System (2014). KidsCare Enrollment by County. Retrieved from <http://www.azahcccs.gov/reporting/Downloads/KidsCareEnrollment/2014/Feb/KidsCareEnrollmentbyCounty.pdf>

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