

FIRST THINGS FIRST

Cocopah Tribe Region



2018 NEEDS AND ASSETS REPORT

**COCOPAH
REGIONAL PARTNERSHIP COUNCIL
2018
NEEDS AND ASSETS REPORT**

Prepared by

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University of Arizona

Funded by

First Things First Cocopah Regional Partnership Council

LETTER FROM THE CHAIR

August 16, 2017

Message from the Chair:

Since the inception of First Things First, the Cocopah Regional Partnership Council has taken great pride in supporting evidence-based and evidence-informed early childhood programs that are improving outcomes for young children in the Cocopah Region. Through both programmatic and other systems-building approaches, the early childhood programs and services supported by the regional council have strengthened families, improved the quality of early learning, and enhanced the health and well-being of children birth to 5 years old in our community.

This impact would not have been possible without data to guide our discussions and decisions. One of the primary sources of that data is our regional Needs and Assets report, which provides us with information about the status of families and young children in our community, identifies the needs of young children, and details the supports available to meet those needs. Along with feedback from families and early childhood stakeholders, the report helps us to prioritize the needs of young children in our area and determine how to leverage First Things First resources to improve outcomes for young children in our communities.

The Cocopah Regional Council would like to thank our Needs and Assets vendor, University of Arizona, John and Doris Norton School of Family and Consumer Sciences, Community Research, Evaluation, and Development for their knowledge, expertise and analysis of the Cocopah region. Their partnership has been crucial to our development of this report and to our understanding of the extensive information contained within these pages.

As we move forward, the First Things First Cocopah Regional Partnership Council remains committed to helping more children in our community enter kindergarten prepared to be successful by funding high-quality early childhood services, collaborating with system partners to maximize resources, and continuing to build awareness across all sectors on the importance of the early years to the success of our children, our communities and our state.

Thanks to our dedicated staff, volunteers and community partners, First Things First has made significant progress toward our vision that all children in Arizona enter kindergarten healthy and ready to succeed.

Thank you for your continued support.

Sincerely,



Cocopah Regional Partnership Council, Chair

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INTRODUCTORY SUMMARY AND ACKNOWLEDGMENTS

90 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 Cocopah 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 Cocopah 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 Cocopah 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, the Arizona Health Care Cost Containment System, the Cocopah Indian Tribe and Tribal Departments, the Indian Health Service, and Inter Tribal Council of Arizona 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 Cocopah 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

This Needs and Assets Report is the sixth biennial assessment of the challenges and opportunities facing children birth to age 5 and their families in the First Things First Cocopah Tribe Region.

Population Characteristics

According to the U.S. Census, 65 children under the age of six resided in the Cocopah Tribe Region in 2010, representing approximately eight percent of the region's total population. This proportion was higher on the West Reservation (13%) and East Reservation (10%), where over 80 percent (n=53) of the young children in the region live. Data provided by the Cocopah Tribe Enrollment Department show that in 2015 there were a total of 102 enrolled members under the age of six, 55 of whom were residing on-reservation. According to the U.S. Census, in 2010, 90 percent of young children (birth to 4) in the region were identified as American Indian, about the same percentage as in all Arizona reservations combined (92%). In the region, however, the proportion of children that identified as Hispanic or Latino (21%) was twice as high as in all Arizona reservations combined (9%). Among adults, the overall ethnic/racial breakdown in the region looks different than that of all Arizona reservations combined: less than half of residents 18 and older identify as American Indian alone (not Hispanic or Latino), compared to 88 percent in all reservations combined. The reason behind this difference is that the North Reservation has an RV Resort where winter residents live during parts of the year.

Based on data from the 2010 U.S. Census, in the region as a whole, 15 percent of households have at least one child under 6 years old, a lower proportion when compared to all Arizona reservations (26%). The West and East Reservations, however, have a similar proportion of households with young children (28%) than all Arizona reservations combined. According to the American Community Survey (ACS), 83 percent of children in the region live with a single parent, which is higher than the proportion in all Arizona reservations (68%) and substantially higher than in the state as a whole (38%). The proportion of young children living in a grandparent's household in the region (23%) is about half of that in all Arizona reservations combined (40%) but higher than the state (14%). Half of children ages 0 to 17 living with grandparents in the region do not have a parent present in the household, and another 50 percent live in multigenerational homes where the grandparent has assumed responsibility for the child, despite the presence of a parent.

Estimates from the ACS indicate that 15 percent of residents age 5 and older in the region speak a Native North American language at home, a considerably lower rate than across all Arizona reservations (50%). An estimated four percent of residents speak Spanish at home, and the remaining 80 percent speak English at home. The traditional language of the Cocopah Indian Tribe is the Yuman language.

Economic Characteristics

The median income for all families in the Cocopah Tribe Region is \$36,641. The median income for families with married parents (husband-wife) and children under age 18 is about \$10,000 lower (\$26,667), and single-parent families make substantially less. The median income for households run by a single female in the region is \$17,500, and households led by single males make an estimated \$13,750. The low median income for single-householders in the region is a concern because the majority of young children (83%) live in single-parent households. More than two in three (67%) young children live in poverty in the region, just above the proportion of young American Indian children in poverty in the region (61%). Both poverty rates are higher than the rates among young children in all Arizona reservations (55%) and statewide (29%). The majority of families in the region with children aged four and

under (88%) live below 185 percent of the federal poverty level (i.e., earned less than \$3,677 a month for a family of four), which is higher than the 77 percent across all Arizona reservations combined. In spite of this need, fewer than 25 young children in the region received TANF benefits on a yearly basis from 2012 to 2015.

Recent estimates from the ACS indicate that the unemployment rate in the Cocopah Tribe Region is 27 percent, similar to the estimated unemployment rate for all Arizona reservations (26%) but higher than the Yuma county (9%) and statewide (10%) rates. Forty-three percent of children live with a single parent who is not in the labor force, meaning they are neither employed nor looking for work, which is consistent with the high unemployment rate.

Nutrition assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the National School Lunch Program are important for helping those at risk of hunger. While the number of young children participating in SNAP has declined since 2012 in both Yuma County and the state as a whole, the number of SNAP recipients among children birth to 5 years old in the Cocopah Tribe Region increased by 56 percent between 2012 and 2015; a total of 78 young children received SNAP benefits in the region in 2015. Data for the month of October of 2016, show that the Cocopah WIC program exceeded its caseload and served a total of 215 clients. From July 2015 through June 2016, 27 food boxes were distributed to families with infants, toddlers and preschoolers in the region.

The housing needs of families in the region are addressed through the Cocopah Housing Department, which manages housing units with one, two, three, four or five bedrooms which are assigned to community members based on family need. None of the units available through this program has more than one or 1.5 people per room, and none of the families participating in the program incur housing costs that exceed 30 percent of their income.

Educational Indicators

The Cocopah Education Department supports tribal members in pursuing their education and provides a range of services to families within the region. One of the key resources offered by the Department is a team of four advisors for elementary (grades K-2 and 3-5), middle, and high school students who closely monitor student attendance and academic performance of children living both on- and off-reservation. There was a decrease in the number of children from the region in grades K-12 enrolled in schools in the area between 2012 and 2014, from 264 to 228, respectively.

Graduation and dropout rates in the region are calculated by the by the Cocopah Education Department for students participating in its programs. Graduation rates have increased from 44 percent in 2014 to 78 percent in 2016. This increase is likely due to support from tribal programs and a positive emphasis on education in the community. Similarly, dropout rates decreased from 56 in 2014 to 22 percent in 2016. Recent ACS estimates indicate that about half (50%) of adults (ages 25 and older) in the region have some college, professional education or a Bachelor's degree compared to 37 percent of adults across all Arizona reservations combined. Lack of a high school diploma or GED certificate is a major barrier for parents in the region to find employment. Support for older youth and adults who want to continue with their education and obtain a GED certificate is available from the Cocopah Vocational Training Center located on the West Reservation.

Early Learning

Early care and education opportunities in the Cocopah Tribe Region include the Cocopah Day Care and the Cocopah Head Start; both managed directly by the Cocopah Indian Tribe. Demand for services is low due to the high unemployment rate in the region, and to the fact that young children might be cared for by relatives or older siblings. In addition, the Cocopah Day Care does not provide services for infants and toddlers. During FY2014 the Day Care

enrolled fewer than ten children under the age of six. The Cocopah Head Start has a total funded capacity to serve 20 children ages 3 to 5, and as of April of 2016, there were 11 children on the waiting list.

The vast majority of families that apply for the Cocopah Day Care qualify for subsidized services through funding from the Tribal Child Care Development Fund. Fees for services at the Day Care are calculated on a sliding scale with co-pays ranging from \$1 to \$15 per day for full-day care. In FY 2014, the average monthly co-pay paid by parents of children enrolled in Center was \$19.

Fewer than 25 children from the region were referred to the Arizona Early Intervention Program (AzEIP) in FY 2013 and FY 2014; no children were referred to AzEIP during FY 2015. In that same year, fewer than 25 children received AzEIP services, and none were served in FY 2013 and FY 2014. A national study suggests that about 13 percent of children ages 0 to 2 would typically qualify for early intervention services, which suggests that at least four young children in the region would be likely to benefit annually. No children from the region were referred to, screened by, or served by Division of Developmental Disabilities between FY 2012 and FY 2015.

Child Health

Health care services are available through the Indian Health Services (IHS) Fort Yuma Service Health Center to eligible residents from the Cocopah Tribe Region. Data provided by IHS indicate that between October of 2013 and September of 2015 there were a total of 78 unique children ages birth to 5 served by the Fort Yuma Health Center from the Cocopah Indian Tribe. Health services are also provided by the Cocopah Wellness Center, which oversees the Cocopah WIC program. Other tribally operated health programs include an Elder Nutrition program, Alcohol/Drug Abuse Prevention Program (ADAPP) as well as the Cocopah Community Center. According to estimates from the American Community Survey (ACS), 17 percent of young children in the region are uninsured, along with 22 percent of the total population in the region (the U.S. Census Bureau does not consider coverage by the Indian Health Service (IHS) to be insurance coverage).

In 2014, fewer than 25 babies were born in the region. All of the births in the region during that year were to mothers relying on AHCCCS or Indian Health Service (IHS) coverage, compared to only 55 percent in Arizona as a whole. The majority of babies from the region are born at Yuma Regional Center, the only facility with a labor and delivery unit within 300 miles.

In the region in 2014, only 45.5 percent of mothers obtained prenatal care during the first trimester. Of the women who gave birth, 18.1 percent had fewer than five prenatal care visits, higher than that of Yuma County (13.0%) and three times as high as that of the state as a whole (6.5%). No babies born in the region in 2014 had low birth weight (e.g. 5.5 lb. or less), compared to 5.9 percent of babies in Yuma County and 7.0 percent of babies in Arizona. A similar proportion of babies were born premature (e.g. under 37 weeks of gestation) in the region (9.1%) and the state (9%) during that same year. In 2015 infants participating in the Cocopah WIC program lagged behind the Healthy People 2020 goal of 81.9 percent of babies ever being breastfed, however, the proportion of infants ever breastfed in the program increased substantially between 2011 (39%) and 2015 (75%).

Data provided by IHS for children from the Cocopah Indian Tribe show that in the period between October 2013 and September 2015, 33.3 percent of children 19 to 35 months old were fully immunized. According to data from the Cocopah Head Start program, in the school year 2014-2015 all of the children enrolled in the program were up-to-date on their immunizations. In the past two years, the childhood immunization rate at the Fort Yuma Health Center had decreased due to staffing shortages, but this trend is expected to reverse by the summer of 2017.

Results from an IHS oral health survey show that that 43 percent of American Indian and Alaska Native children ages 3 to 5 in the Phoenix Area, which includes the Cocopah Tribe Region, have untreated tooth decay. Data from IHS show that a total of 56 unique children under the age of six from the Cocopah Indian Tribe received topical fluoride applications between October 2013 and September 2015 at the Fort Yuma Service Unit.

Almost one-quarter (23.8%) of children (ages 2-5) from the Cocopah Indian Tribe receiving services at the Fort Yuma Service Unit were obese. Data on the weight status of children in the region were also available from the Cocopah WIC program. In 2015, 16 percent of the children participating in the program were obese and an additional 16 percent had overweight. In addition to the WIC program, nutrition services are also available through the Diabetes Program and the Fort Yuma Health Center.

Family Support and Literacy

The early care and education programs available in the region offer family engagement opportunities to the parents and caregivers of enrolled children. Parent education services are also available through the Early Steps Program, a home visitation program utilizing the Parents as Teachers (PAT) curriculum, currently funded to serve 20 families, and with a waitlist of 12 families as of April 2016. Family-oriented activities are also available in the region through the Cocopah Community Center, which maintains a daily calendar of events for children, adolescents, adults, and elders. Parenting classes are offered in partnership with the Social Services Department. Ensuring participation and involvement of parents in the region is sometimes challenging. Lack of reliable transportation is a barrier to accessing services.

Child welfare services in the region are provided by the Cocopah Social Services Department, which works in close collaboration with the Cocopah Police Department and other non-tribal agencies involved in the child welfare system such as with the Department of Child Safety offices in Yuma and Somerton. Data provided by the Cocopah Department of Social Services indicate that in 2014 there were a total of 27 substantiated cases of child abuse or neglect (of children birth to 17 years old) in the region; in 2015, there were 26 cases. During that two-year period (2014 and 2015) there were a total of 63 children (birth to 17 years old) who were removed from their homes and were wards of the Cocopah Indian Tribe. The majority of these children were placed in foster homes licensed by the Cocopah Social Services Department or in the Cocopah Youth Home.

Behavioral health services are provided by the IHS Fort Yuma Health Center and also by the Cocopah Alcohol/Drug Abuse Prevention Program (ADAPP). Behavioral health services are also available for members of the Cocopah Indian Tribe and residents of Yuma County through the Tribal Warm Line (TWL) operated by NurseWise, Cenpatico's crisis line provider.

Communication, Public Information, and Awareness

Since state fiscal year 2011, First Things First has led a collaborative, concerted effort to build public awareness and support across Arizona. In addition, First Things First began a community engagement effort in SFY2014 to recruit, motivate and support community members to take action on behalf of young children. In the Cocopah Tribe Region, these efforts have resulted in the recruitment of 101 Friends, five Supporters and 13 Champions during the period of FY2014 through 2016. In addition to these strategic communications efforts, First Things First has also led a concerted effort of policymaker awareness-building throughout the state. The Arizona Early Childhood Alliance represent the united voice of the early childhood community in advocating for early childhood programs and services. Finally, First Things First recently launched enhanced online information for parents of young children, including the more intentional and strategic placement of early childhood content and resources in the digital platforms that today's parents frequent.

System Coordination among Early Childhood Programs and Services

The Cocopah Tribe Region is a small community and residents must often go outside of the regional boundaries to receive services. Consequently, good communication and collaboration among tribal and non-tribal programs supporting families in the region is critical. Examples of positive collaboration discussed by key informants include collaboration between Cocopah Head Start and school districts, between programs addressing behavioral health needs among tribal and non-tribal entities, Fort Yuma Health Center's work with tribal health programs, and the relationships among the different tribal departments that serve families with young children in the region. In addition, the importance of the Cocopah culture and language in the region is evidenced by the fact that several programs work closely with the Cocopah Cultural Resources Department to offer activities and services that incorporate a cultural component. High turnover and departments being short-staffed can hinder collaborative efforts among tribal departments.

2018 NEEDS AND ASSETS REPORT

About this Report

The data contained in this report come from a variety of sources. Some data were provided to First Things First by state agencies, such as the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publically available sources, including the 2010 U.S. Census, the American Community Survey (ACS), and the Arizona Department of Administration (ADOA). In addition to these public sources this report includes: 1) Quantitative data obtained from various Cocopah Tribe departments and agencies with an approval from the Cocopah Tribal Council by Resolution Number CT-2015-27 adopted on November 13, 2015; 2) Findings from qualitative data collection conducted in 2016 specifically for this report through key informant interviews and group discussions with service providers in the region; 3) Data from the 2014 First Things First Cocopah Tribe Parent and Caregiver Survey. Not all data will be available at a First Things First (FTF) regional level because not all data sources analyze their data based on FTF regional boundaries. When regional data are unavailable, this will be noted by N/A.

This report follows the First Things First Data Dissemination and Suppression Guidelines. Throughout this report, suppressed counts will appear as either <10 or <25 in data tables, and percentages that could easily be converted to suppressed counts will appear as **DS** (data suppressed). The signifier **N/A** indicates where data is not available for a particular geography. Please also note that some data, such as that from the American Community Survey, are estimates that may be less precise for small areas. Additional information on the limitations of U.S. Census and American Community Survey data in tribal communities is included in the Appendices section.

In most of the tables in this report, the top row of data corresponds to the First Things First Cocopah Tribe Region. When available, the next three rows show data for the three distinct areas of the larger Cocopah reservation: the East, West, and North reservations. The rows that follow show data that are useful for comparison purposes: all Arizona reservations combined, Yuma County, and the state of Arizona.

For more detailed information on data sources, methodology, suppression guidelines, and limitation, please see also the Appendices section.

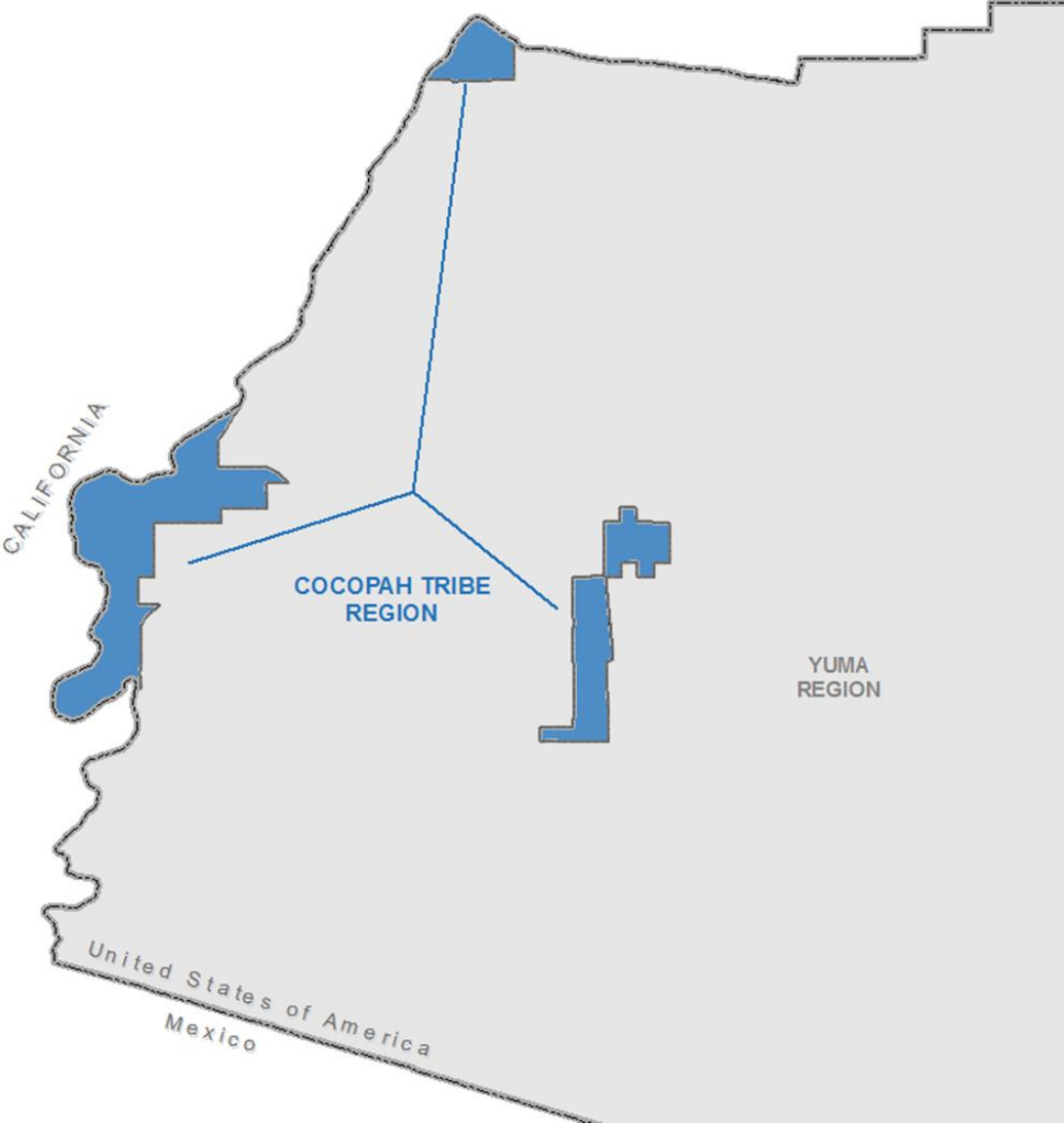
Description of the Region

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

The Cocopah Indian Tribe is a federally-recognized, sovereign tribe located in the most southwestern corner of the state, 13 miles south of Yuma and along the Colorado River. The Cocopah (Kwapa), also known as the River People, have historically lived along the lower Colorado River and delta. They are descendants of the Yuman-language speaking people that occupied the lands along the Colorado River. The current Cocopah Reservation is comprised of three noncontiguous regions: East, North and West Reservations. The boundaries of the First Things First Cocopah Tribe Region match those of the Cocopah Reservation.

Figure 1 below shows the geographical area covered by the Cocopah Tribe Region.

Figure 1. The Cocopah First Things First Region



Source: First Things First (2016). Map produced by First Things First.



POPULATION CHARACTERISTICS

Why Population Characteristics Matter

Knowing the characteristics of families living within a region, and how they change over time, is important for understanding the resources and supports needed by those families.¹ The number of young children and families in a region, their ethnic composition, and the languages they speak can influence the type and location of services within a region such as schools, health care facilities and services, and social services and programs.

An understanding of the supports and resources *within* a family is also key to helping young children achieve the best possible developmental outcomes.^{2,3} Children living with and being cared for by someone other than their parents, such as relatives or close friends, is known as kinship care and is increasingly common.⁴ Children living in kinship care can arrive in those situations for a variety of reasons including abuse, neglect, homelessness, chronic illness, or a family member's incarceration, among others. Children in kinship care often face special needs as a result of trauma, and these families often require additional support and assistance to help children adjust and provide the best possible home environment.⁵ Caring for young children may pose a particular challenge for aging grandparents, as they often lack information on resources, support services, benefits, and policies available to aid in their caregiving role.⁶ Understanding the makeup of families in a region can help better prepare child care, school and agency staff to engage with diverse families in ways that support positive interactions with staff and within families to enhance each child's early learning.⁷

Recognizing variations in regional language use and proficiency is also important to ensuring appropriate access to services and resources and identifying needed supports. Those children who engage in dual language learning have cognitive, social-emotional and learning benefits in early school and throughout their lifetimes.⁸ Although dual language learning is an asset, some children come from limited English speaking households (that is, a household where none of the adult members speak English very well). Language barriers for these families can limit access to health care and social services, and can provide challenges to communication between parents and teachers, doctors and other providers, which can affect the quality of services children receive.⁹ Assuring that early childhood resources and services are available in a language accessible to the child and caregivers is essential. Language preservation and revitalization are 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.¹⁰ Special consideration should be given to respecting and supporting the Native languages spoken in the region.

What the Data Tell Us

Demographics

According to the U.S. Census, 65 children under the age of six resided in the Cocopah Tribe Region in 2010 (see Table 1). Overall, the region's population was 817 in that same year, meaning that eight percent of the residents were young children. This proportion was higher on the West Reservation (13%) and East Reservation (10%), where over 80 percent (n=53) of the young children in the region live. (see Table 3).

Data provided by the Cocopah Tribe Enrollment Department show that in 2015 there were a total of 102 enrolled members under the age of six, 55 of whom were residing on-reservation. The total tribal enrollment for that year was 1,128, with 600 members residing on-reservation (see Table 4).

Since the year 2000 Arizona as a whole saw a 19 percent increase in the number of young children. In the Cocopah Tribe, however, the population of young children decreased by 18 percent between 2000 and 2010 (Table 2). More

recent data from the Arizona Department of Health Services indicate that between 2002 and 2011 the number of births in the Cocopah Tribe Region remained stable (between 33 and 35 births in a period of two years). In the 2012-2014 period, however, there was an increase in the births to mothers in the region to a total of 41 (see Figure 16 in the Child Health section below). The Arizona Department of Administration (ADOA) produces population estimates for counties and other sub-regions within the state. Population projections are not available from ADOA for the young children in the Cocopah Tribe Region. For the overall population, however, the total number of residents in the region is projected to increase to over 900 residents by 2040. This represents an increase of 11 percent between 2015 and 2040; compared to about 44 percent in the state as a whole (see Table 5). Note that the population projections issued by ADOA estimated the overall population in the region to be 826 in 2015. In that same year, the Cocopah Tribe Enrollment Department reported a total of 600 individuals residing on the reservation. It is therefore possible that the ADOA population projections might overestimate the growth in the region.

According to the U.S. Census, in 2010 90 percent of young children (birth to 4) in the region were identified as American Indian, about the same percentage as in all Arizona reservations combined (92%). In the Cocopah Tribe Region, however, the proportion of children that identified as Hispanic or Latino (21%) was twice as high as in all Arizona reservations combined (9%, see Table 7).

Among adults, the overall ethnic/racial breakdown in the region also looks different than that of all Arizona reservations combined: less than half of residents 18 and older identify as American Indian alone (not Hispanic or Latino), compared to 88 percent in all reservations combined. Forty percent of adults in the region are white non-Hispanic, compared to only five percent in all Arizona reservations.

The reason behind this difference is that the North Reservation has an RV Resort where winter residents live during parts of the year. These winter residents make up most of the population in the North Reservation, which has the largest total population of the three Cocopah Tribe Reservation areas (see Table 13). This is an important consideration when looking at data for the region as a whole, which may be skewed by the socio-economic characteristics of the residents in the North Reservation, the majority of whom appear not to be tribal members (see Table 56) for detailed race and ethnic breakdowns of the three Reservations).

Table 1. Population of Young Children (Ages 0 to 5) in the 2010 Census

	Ages 0-5	Age 0	Age 1	Age 2	Age 3	Age 4	Age 5
Cocopah Tribe	65	14	6	14	11	7	13
East Reservation	21	2	1	6	3	3	6
North Reservation	12	4	0	2	4	1	1
West Reservation	32	8	5	6	4	3	6
ALL ARIZONA RESERVATIONS	20,511	3,390	3,347	3,443	3,451	3,430	3,450
Yuma County	18,048	2,938	2,959	3,054	3,024	3,011	3,062
ARIZONA	546,609	87,557	89,746	93,216	93,880	91,316	90,894

Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P14

Table 2. Change in Population of Young Children (Ages 0 to 5), 2000 to 2010 Census

	Number of children (ages 0-5) in 2000 Census	Number of children (ages 0-5) in 2010 Census	Percent change in population (ages 0-5), 2000 to 2010
Cocopah Tribe	79	65	-18%
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A
Yuma County	15,441	18,048	17%
ARIZONA	459,141	546,609	19%

Source: U.S. Census Bureau (2000). 2000 Decennial Census, SF 1, Table P014

Table 3. Population (All Ages) in the 2010 Census

	All ages	Ages 0 to 5	Children (ages 0-5) as a percentage of the total population
Cocopah Tribe	817	65	8%
East Reservation	208	21	10%
North Reservation	365	12	3%
West Reservation	244	32	13%
ALL ARIZONA RESERVATIONS	178,131	20,511	12%
Yuma County	195,751	18,048	9%
ARIZONA	6,392,017	546,609	9%

Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P1

Table 4. Cocopah Tribe Enrollment, 2014-2015

	2014 On-Reservation	2014 Off-Reservation	2014 Total	2015 On-Reservation	2015 Off-Reservation	2015 Total
Children (ages 0-5)	60	54	114	55	47	102
Under 1	4	3	7	3	5	8
Age 1	9	10	19	8	7	15
Age 2	8	8	16	10	8	18
Age 3	10	10	20	12	9	21
Age 4	14	12	26	13	9	22
Age 5	15	11	26	9	9	18
Ages 6-17	110	118	228	115	127	242
Children (ages 0-17)	170	172	342	170	174	344
18 years of age and older	508	376	884	430	354	784
Total membership	678	548	1,226	600	528	1,128

Source: Cocopah Tribe Enrollment Office (2016). [Tribal Enrollment]. Unpublished Data

Table 5. Projected Population (All Ages), 2015 to 2040

	2015	2020	2025	2030	2035	2040
Cocopah Tribe	826	852	874	874	892	914
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A
Yuma County	214,991	232,773	251,130	269,702	288,699	307,708
ARIZONA	6,758,251	7,346,787	7,944,753	8,535,913	9,128,899	9,706,815

Source: Arizona Department of Administration, Employment and Population Statistics (2015). State and county population projections (medium series).

Table 6. Race and Ethnicity of the Adult Population (Ages 18 and Older) in the 2010 Census

	Number of persons (ages 18 and older)	Hispanic or Latino	White alone (not Hispanic or Latino)	American Indian alone (not Hispanic or Latino)	African-American alone (not Hispanic or Latino)	Asian or Pacific Islander (not Hispanic or Latino)
Cocopah Tribe	610	10%	40%	49%	0%	0%
East Reservation	136	9%	3%	88%	0%	1%
North Reservation	321	9%	73%	16%	0%	0%
West Reservation	153	11%	3%	84%	1%	0%
ALL ARIZONA RESERVATIONS	117,049	5%	5%	88%	0%	0%
Yuma County	140,566	53%	42%	1%	2%	1%
ARIZONA	4,763,003	25%	63%	4%	4%	3%

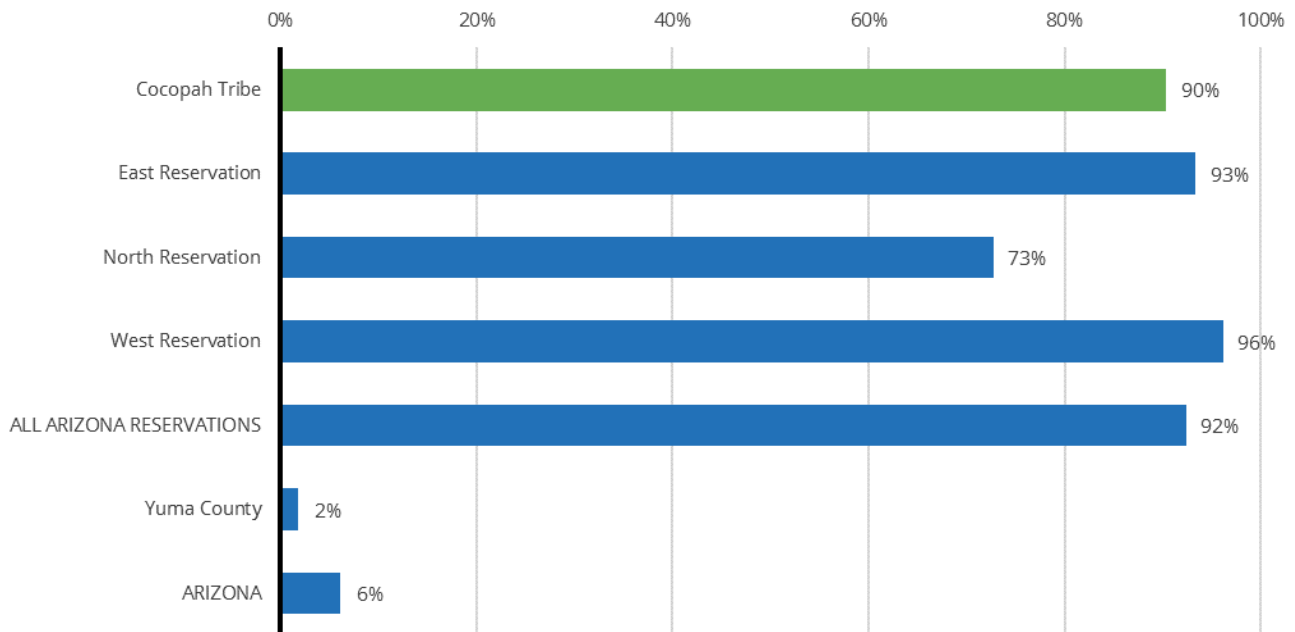
Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P11

Table 7. Race and Ethnicity of the Population of Children (Ages 0 to 4) in the 2010 Census

	Population of children (ages 0-4)	Hispanic or Latino	White alone (not Hispanic or Latino)	American Indian	African-American	Asian or Pacific Islander
Cocopah Tribe	52	21%	0%	90%	0%	0%
East Reservation	15	7%	0%	93%	0%	0%
North Reservation	11	18%	0%	73%	0%	0%
West Reservation	26	31%	0%	96%	0%	0%
ALL ARIZONA RESERVATIONS	17,061	9%	1%	92%	0%	0%
Yuma County	14,986	76%	19%	2%	2%	1%
ARIZONA	455,715	45%	40%	6%	5%	3%

Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Tables P12B, P12C, P12D, P12E, P12H, and P12I

Figure 2. Percent of Children (Ages 0 to 4) Reported to be American Indian in the 2010 Census



Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P12C

Living Arrangements

Based on data from the 2010 U.S. Census, in the Cocopah Tribe Region as a whole, 15 percent of households have at least one child under 6 years old, a lower proportion when compared to all Arizona reservations (26%). The West and East Reservations, however, have a similar proportion of households with young children (28%) than all Arizona reservations combined. As noted above, the population profile in the North Reservation is different than that of the rest of the region due to the winter residents in the RV park; only six percent of households in the North Reservation have children under the age of six living in them (Table 8).

According to the American Community Survey, 83 percent of children in the Cocopah Tribe Region live with a single parent, which is higher than the proportion in all Arizona reservations (68%) and substantially higher than in the state as a whole (38%). Approximately 5 percent of children ages birth to 5 are in kinship arrangements, with extended families members caring for them (Figure 3).

The proportion of young children living in a grandparent’s household in the region (23%) is about half of that in all Arizona reservations combined (40%) but higher than the state (14%) (Figure 4). It is important to note that these households may be multigenerational – i.e., the grandparent is considered the head-of-house, but the child’s parent may also live there. Extended families that involve multiple generations and relatives along both vertical and horizontal lines are an important characteristic of many American Indian families. 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 be very valuable when dealing with socio-economic hardships.¹¹ Table 9 provides more information about the estimated 68 children ages 0 to 17 living with grandparents in the Cocopah Tribe Region. Half (50%) of these

children who live with their grandparents do not have a parent present in the household, whereas the other half live in multigenerational homes where the grandparent has assumed responsibility for the child, despite the presence of a parent. This indicates that, where children are living with their grandparents, a substantially higher proportion of those grandparents are directly involved in raising their grandchildren in the Cocopah Tribe Region than grandparents across the state.

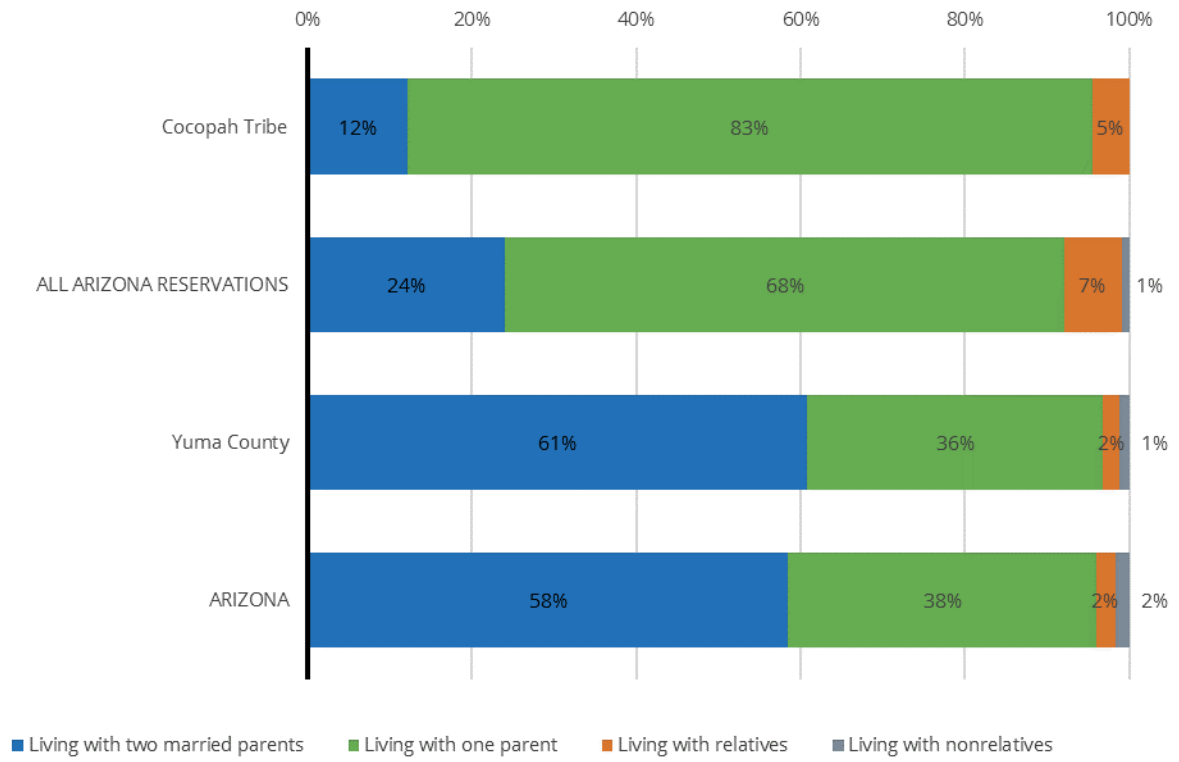
According to recent estimates from the American Community Survey, there are no young children in the region living with foreign-born parents. There is a notable difference between the Cocopah Tribe Region and the surrounding Yuma County in this respect: 43 percent of young children in the county live with one or two parents who were born outside of the U.S. (Table 10). However, the proportion of children with foreign-born parents in all Arizona reservations combined is very small, too (only 3 percent).

Table 8. Composition of Households in the 2010 Census

	Total number of households	Total number of households with child(ren) under 6 years old	Percent of households with child(ren) under 6 years old	Households with child(ren) under 6 years old, husband-wife householders	Households with child(ren) under 6 years old, single male householder	Households with child(ren) under 6 years old, single female householder
Cocopah Tribe	312	47	15%	38%	11%	51%
East Reservation	57	16	28%	31%	0%	69%
North Reservation	179	10	6%	60%	20%	20%
West Reservation	76	21	28%	33%	14%	52%
ALL ARIZONA RESERVATIONS	50,140	13,115	26%	45%	13%	42%
Yuma County	64,767	12,998	20%	67%	9%	24%
ARIZONA	2,380,990	384,441	16%	65%	11%	24%

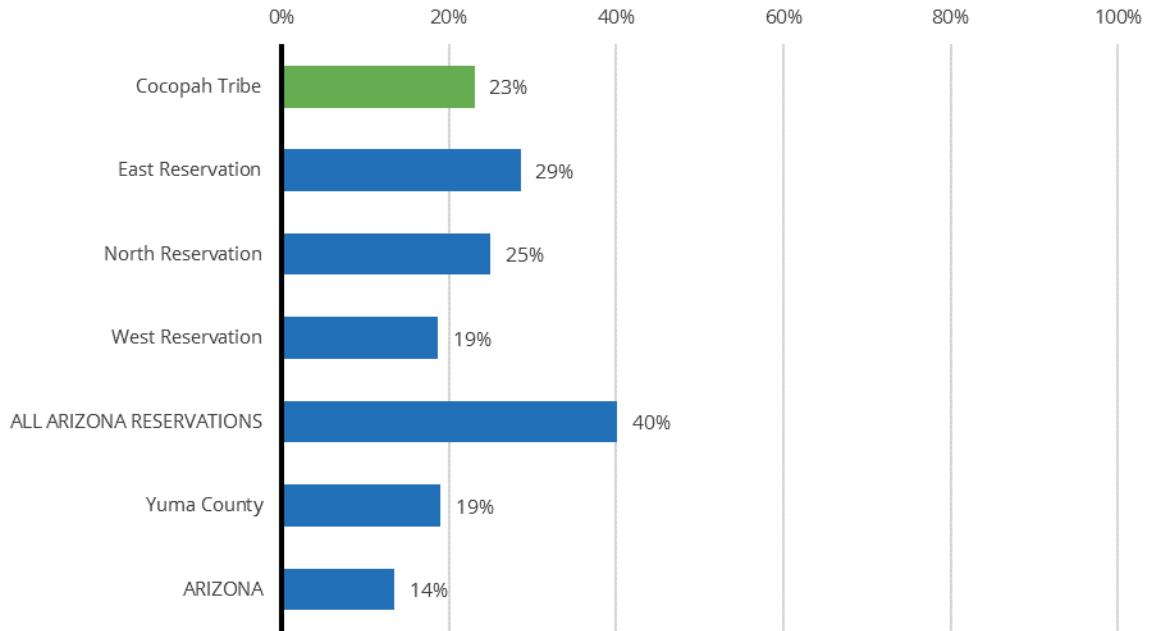
Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P20

Figure 3. Living Arrangements for Young Children (Ages 0 to 5)



Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Tables B05009, B09001, B17006

Figure 4. Children (Ages 0 to 5) Living in a Grandparent's Household in the 2010 Census



Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P41

Table 9. Children (Ages 0 to 17) Living in a Grandparent's Household

	Number of children (ages 0-17) living in a grandparent's household	Percent of children (0-17) living in a grandparent's household and the grandparent is responsible for the child	Percent of children (0-17) living in a grandparent's household and the grandparent is responsible for the child (with no parent present)
Cocopah Tribe	68	50%	50%
ALL ARIZONA RESERVATIONS	17,774	58%	12%
Yuma County	5,621	42%	9%
ARIZONA	140,038	53%	14%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B10002

Table 10. Children (Ages 0 to 5) Living with Foreign-Born Parents

	Children (ages 0-5) living with one or two parents	Children (ages 0-5) living with one or two foreign-born parents
Cocopah Tribe	126	0%
ALL ARIZONA RESERVATIONS	18,293	3%
Yuma County	17,661	43%
ARIZONA	510,658	27%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B05009

Language Use

Estimates from the American Community Survey indicate that 15 percent of residents age 5 and older in the Cocopah Tribe Region speak a Native North American language at home, a considerably lower rate than across all Arizona reservations (50%). An estimated four percent of residents speak Spanish at home, and the remaining 80 percent speak English at home (Table 11). Only six percent of those who speak a language other than English at home indicated that they do not speak English “very well,” compared to 13 percent in all Arizona reservations combined (Table 12). At a household level, four percent of households in the region are classified as limited-English-speaking; in all Arizona reservations combined, the proportion is almost three times as high (11%) (Table 13).

The traditional language of the Cocopah Indian Tribe is the Yuman language. The Cocopah Cultural Resources Department has produced children’s coloring books in Cocopah and English as well as other educational materials that are available to all tribal members. Children enrolled in the Cocopah Head Start program participate in language classes. Elders from the community attend the Head Start center four days a week to teach the children colors, numbers and shapes, and to reinforce the learning objectives of the month in the Cocopah Language.

The Cocopah Cultural Resources Department also works with the elders to provide language and cultural preservation programs to the adults and children in the region.

Table 11. Language Spoken at Home (Ages 5 and Older)

	Estimated population (ages 5 and older)	Speak English at home	Speak Spanish at home	Speak a native North American language at home	Speak another language at home
Cocopah Tribe	1,044	80%	4%	15%	2%
ALL ARIZONA RESERVATIONS	169,020	45%	4%	50%	1%
Yuma County	186,300	48%	50%	0.3%	2%
ARIZONA	6,120,900	73%	20%	2%	5%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B16001

Note: The percentages above may not add to 100% due to rounding.

Table 12. Proficiency in English (Ages 5 and Older)

	Population (ages 5 and older)	Speak English at home	Speak another language at home, and speak English "very well"	Speak another language at home, and do not speak English "very well"
Cocopah Tribe	1,044	80%	15%	6%
ALL ARIZONA RESERVATIONS	169,020	45%	42%	13%
Yuma County	186,300	48%	29%	23%
ARIZONA	6,120,900	73%	17%	9%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B16001

Note: The percentages above may not add to 100% due to rounding.

Table 13. Limited-English-Speaking Households

	Number of households	Households which speak a language other than English	Limited-English-speaking households (Total)	Limited-English-speaking households (Spanish)
Cocopah Tribe	474	29%	4%	0%
ALL ARIZONA RESERVATIONS	47,892	73%	11%	1%
Yuma County	69,915	51%	13%	12%
ARIZONA	2,387,246	27%	5%	4%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B16002



ECONOMIC CIRCUMSTANCES

Why Economic Characteristics Matter

The economic well-being of a family is a powerful predictor of child well-being. Children raised in poverty are at a greater risk of adverse outcomes including low birth weight, lower school achievement, and poor health.^{12,13,14,15,16} They are also more likely to remain poor later in life.¹⁷ More than a quarter (26%) of Arizona's children lived in poverty in 2014, compared to just over a fifth (21%) six years earlier.¹⁸

Poverty rates alone do not tell the full story of economic vitality in a region. Income and unemployment rates are also important indicators. According to the National Center for Children in Poverty, families typically need an income of about twice the federal poverty level to meet basic needs.¹⁹ As a benchmark, the 2015 Federal Poverty Guideline for a family of four was \$24,250; a typical family of four making less than \$48,500 is likely struggling to make ends meet. Under- and unemployment can affect a family's ability to meet the expenses of daily living, and their access to resources needed to support their children's well-being and healthy development. A parent's job loss can affect children's school performance, leading to poorer attendance, lower test scores, and higher risk of grade repetition, suspension or expulsion.²⁰ Unemployment can also put families at greater risk for stress, family conflict, and homelessness.²¹

Housing instability and homelessness can have deleterious effects on the physical, social-emotional, and cognitive development of young children.²² Housing that requires more than 30 percent of a household's income is an indicator of a housing affordability problem in a region, leaving inadequate funds for other family necessities, such as food and utilities.²³ High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition and homelessness.²⁴ Examining indicators related to housing quality, costs, and availability can reveal additional factors affecting the health and well-being of families in a region.

Public assistance programs are one way of counteracting the effects of poverty and providing supports to children and families in need. The Temporary Assistance for Needy Families (TANF) Cash Assistance program provides temporary cash benefits and supportive services to children and families. Eligibility is based on citizenship or qualified resident status, Arizona residency, and limits on resources and monthly income. In 2014, seven out of 10 TANF participants in Arizona were children, and the average monthly benefit was \$93.²⁵

Other public assistance programs available in Arizona affect access to food. Food insecurity – a limited or uncertain availability of food – is negatively associated with many markers of health and well-being for children, including a heightened risk for developmental delays.²⁶ Food insecurity is also associated with overweight and obesity.²⁷ 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 to access food 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 10 to 20 percent.²⁹

In addition to SNAP, food banks and school-based programs such as the National School Lunch Program³⁰ and Summer Food Service Program¹ are important resources aimed at addressing food insecurity by providing access to

¹ For more information on Summer Food Service Program, see <http://www.azsummerfood.gov/>

free and reduced-price food and meals in both community and school settings. The National School Lunch Program³¹ provides free and reduced-price meals at school for students whose families' incomes are at or less than 130 percent of the federal poverty level (FPL) for free lunch and 185 percent of the FPL for reduced price lunch.

Another food and nutrition resource, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program, is a federally-funded program which serves economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. The program offers supplemental nutritious food, breastfeeding and nutrition education, and referrals to health and social services.ⁱⁱ In Arizona in 2015, half of all children aged birth through four were enrolled in WIC.³² Participation in WIC has been shown to be associated with healthier births, lower infant mortality, improved nutrition, decreased food insecurity, improved access to health care and improved cognitive development and academic achievement for children.³³

What the Data Tell Us

Income

The median income for all families in the Cocopah Tribe Region is \$36,641, according to recent estimates from the American Community Survey. The median income for families with married parents (husband-wife) and children under age 18 is about \$10,000 lower (\$26,667), and single-parent families make substantially less. The median income for households run by a single female in the Cocopah Tribe Region is \$17,500, and households led by single males make an estimated \$13,750 (Table 14). The low median income for single-householders in the region is a concern because the majority of young children (83%) live in single-parent households (see Figure 3 above).

ⁱⁱ For more information on the Arizona WIC Program, visit <http://azdhs.gov/prevention/azwic/>

Table 14. Median Annual Family Income

	Median family income for all families	Median family income for husband-wife families with child(ren) under 18	Median family income for single-male-householder families with child(ren) under 18	Median family income for single-female-householder families with child(ren) under 18
Cocopah Tribe	\$36,641	\$26,667	\$13,750	\$17,500
Cocopah Tribe Region (American Indian Population)	\$21,250	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A
Yuma County	\$44,317	\$51,895	\$35,231	\$20,354
ARIZONA	\$59,088	\$73,563	\$37,103	\$25,787

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B19126

Poverty

According to the American Community Survey (ACS), over one-third (35%) of the total (all-age) population of the Cocopah Tribe Region lives in poverty, a proportion which is lower than across all Arizona reservations combined (42%) but substantially higher than the state (18%) (Table 15). It is important to note, however, that ACS and Census data for the region are impacted by the socio-economic characteristics of the winter residents in the North Reservation, as discussed above. This is likely the case for the family income and population in poverty indicators presented in this report. In an effort to show data that can more accurately describe the characteristics of tribal members in the region, income and poverty data for the American Indian population are also included in Table 15. The all-age poverty rate for the American Indian population in the Cocopah Tribe Region (51%) is higher than the rate of all Arizona reservations (42%). Notably, the poverty rates for all young children (67%) and of young American Indian children in the region (61%) are similar. This would confirm that the characteristics of the retiree population in the North Reservation tend to affect the rates for the region as a whole but have little influence on the data for young children. ACS estimates may be problematic in small reservations as is discussed in the Appendices section. Nevertheless, Table 14 and Table 15 show that alternative ways of displaying ACS data (e.g. broken down by ethnicity) may sometimes provide useful information in these areas despite the challenges associated with the ACS methodology. The map in Figure 5 illustrates the difference in poverty across the three Reservations. Note that there are no young children residing within the areas that have no poverty in the Western Reservation (Figure 6).

In addition to the families whose incomes fall below the federal poverty level, a proportion of households in the region and county are considered low-income (i.e., near but not below the federal poverty level (FPL)). The majority of families in the region with children aged four and under (88%) live below 185 percent of the FPL (i.e., earned less than \$3,677 a month for a family of four), which is even higher than the 77 percent across all Arizona reservations combined (Table 16).

The TANF/Cash Assistance program can be an important short-term support to families in dire financial need. The number of young children supported by this program has steadily declined in recent years, both in the Yuma County and statewide. In the Cocopah Tribe Region, fewer than 25 children birth to 5 received TANF benefits on a yearly

basis from 2012 to 2015.ⁱⁱⁱ Between 1996 and 2015, Arizona reduced TANF benefits more than any other state in the nation, and now ranks 42nd in the level of assistance to those participating in TANF.³⁴ In Arizona, TANF eligibility is capped at \$335 per month, or \$4,020 annually for a family of four. Beginning in 2016, Arizona became the first and only state that limits a person’s lifetime benefit to 12 months.³⁵ 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.³⁶

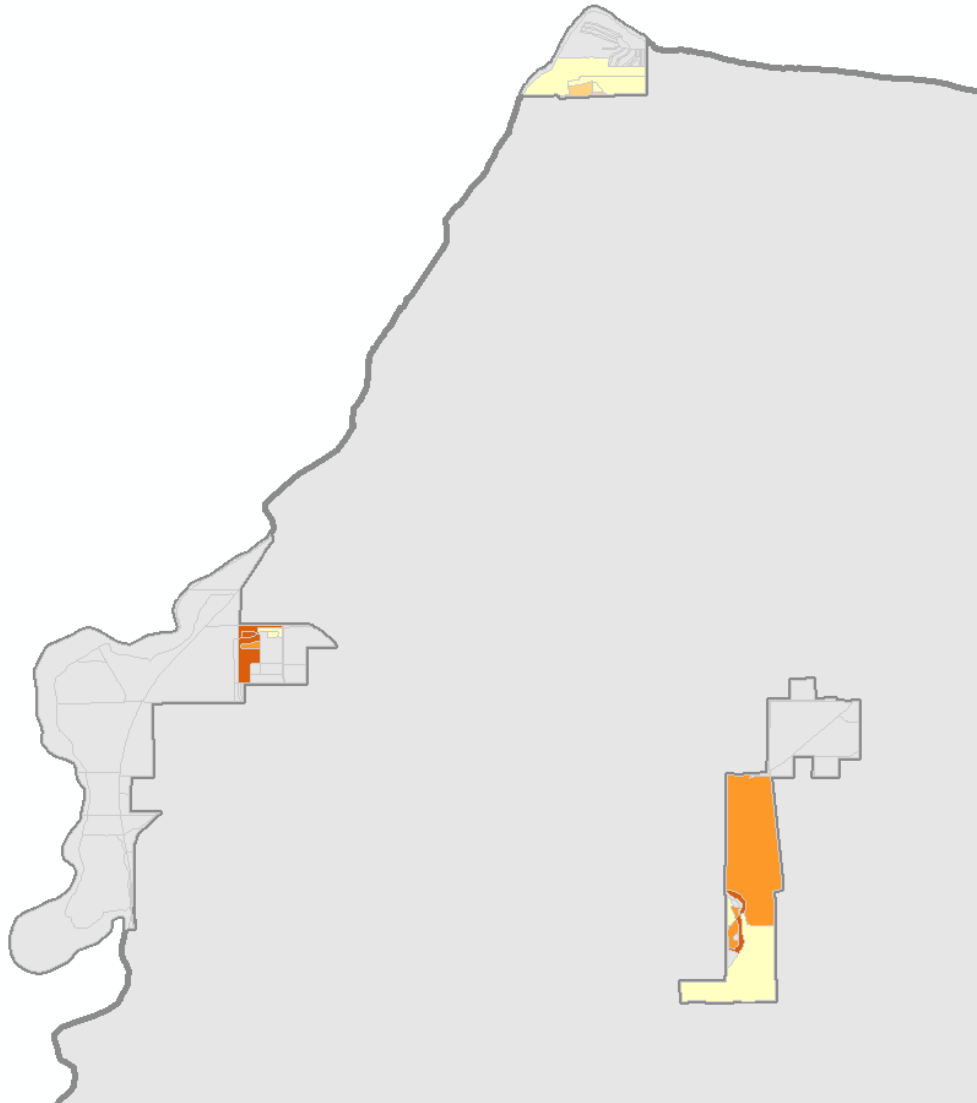
Table 15. Persons Living in Poverty

	Number of persons (all ages) for whom poverty status is known	Persons (all ages) below poverty level	Number of young children (ages 0-5) for whom poverty status is known	Young children (ages 0-5) below poverty level	Number of older children (ages 6-17) for whom poverty status is known	Older children (ages 6-17) below poverty level
Cocopah Tribe	1,166	35%	132	67%	202	67%
Cocopah Tribe Region (American Indian Population)	653	51%	105	61%	189	69%
ALL ARIZONA RESERVATIONS	183,508	42%	19,679	55%	38,821	48%
Yuma County	193,755	21%	18,042	26%	35,500	31%
ARIZONA	6,411,354	18%	522,513	29%	1,071,471	25%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B17001

ⁱⁱⁱ Arizona Department of Economic Security (2016). [Family Assistance Administration dataset]. Unpublished data.

Figure 5. Map of Population in Poverty in the Cocopah Region



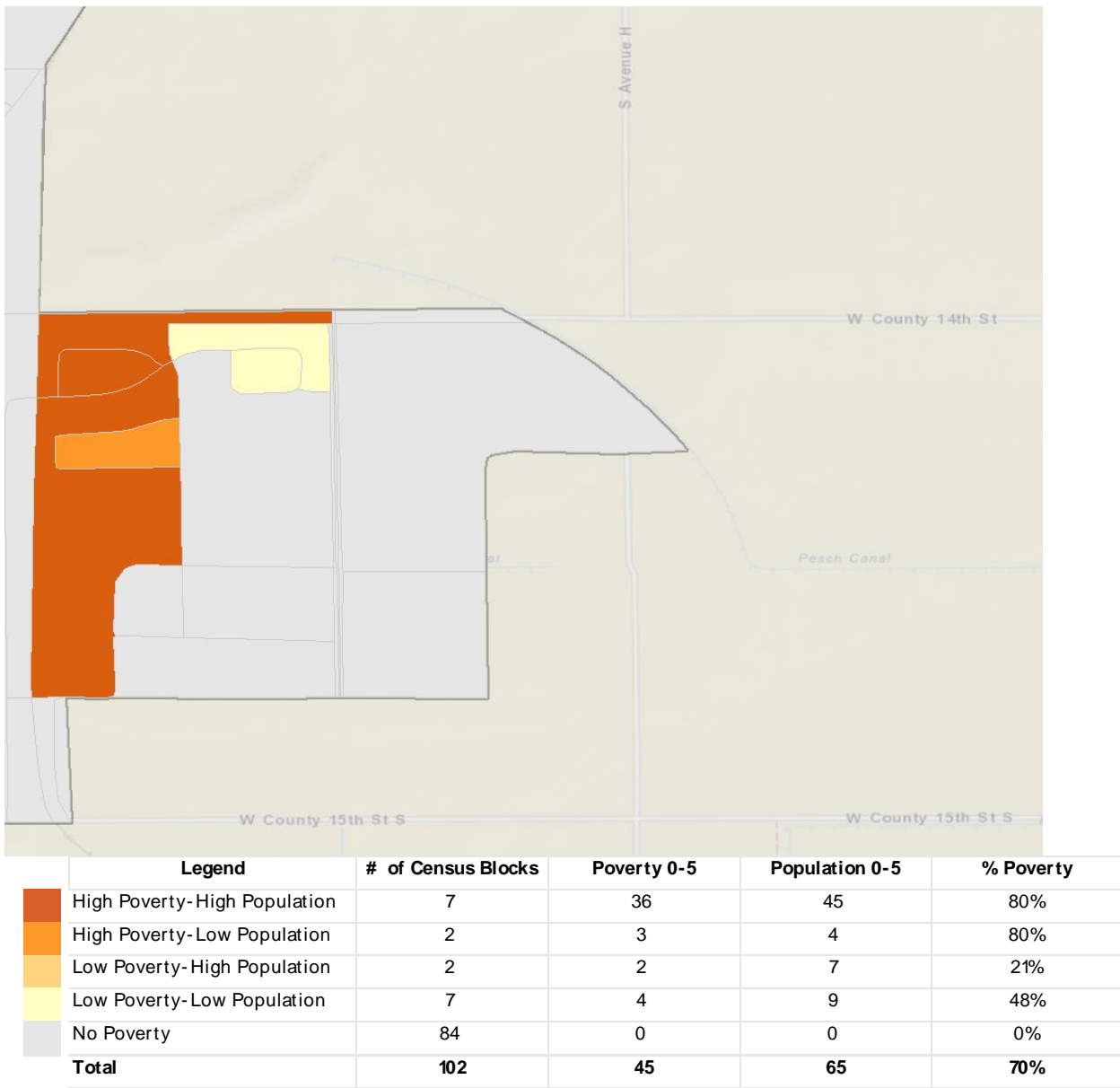
Legend	# of Census Blocks	Poverty 0-5	Population 0-5	% Poverty
High Poverty-High Population	7	36	45	80%
High Poverty-Low Population	2	3	4	80%
Low Poverty-High Population	2	2	7	21%
Low Poverty-Low Population	7	4	9	48%
No Poverty	84	0	0	0%
Total	102	45	65	70%

Source: First Things First (2016). Map produced by First Things First.

Note: Census 2010 census block data were utilized for the population of children 0-5. The 2007-2011 American Community Survey (ACS) data were used to obtain poverty estimates and proportionally assign them to census blocks because these estimates align better with the Census 2010 population of children 0-5.

To establish the assignment of each geographical area to one of the categories listed above, the region's median number (children 0-5) for all census blocks was determined (census blocks with no children 0-5 were excluded from the analysis). Those census blocks with the number of children 0-5 below the median were assigned to the "low population" category, while census blocks with the number of children 0-5 above the median were assigned to the "high population" category. The same process was independently followed with the poverty indicator to arrive at the "low poverty" and "high poverty" categories (census blocks with "0 poverty" were excluded from the analysis). The combination of categories was ultimately used to assign a geographical area to one of the categories listed above.

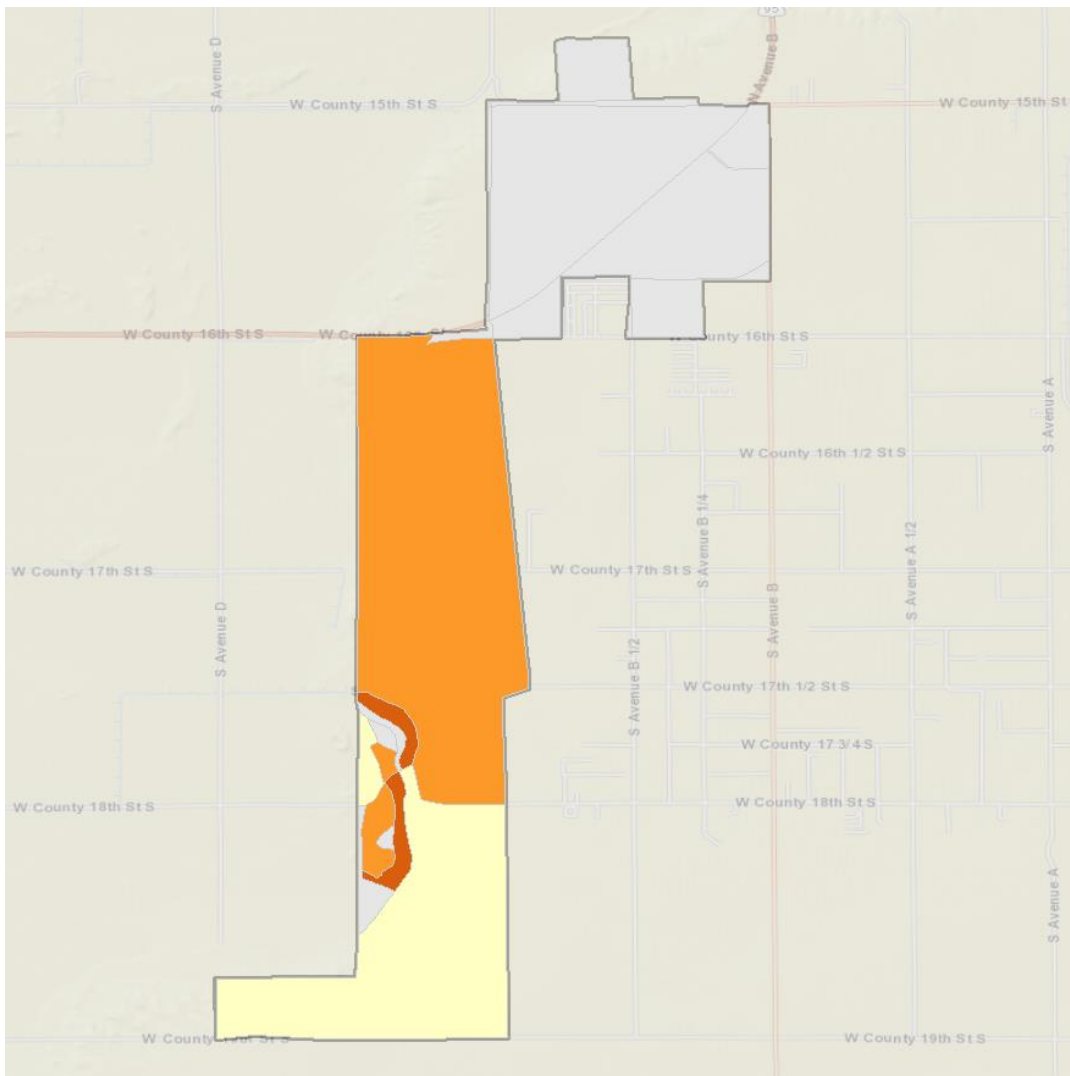
Figure 6. Detailed Map of Population in Poverty in the Cocopah Region- West Reservation



Source: First Things First (2016). Map produced by First Things First.

Note: Census 2010 census block data were utilized for the population of children 0-5. The 2007-2011 American Community Survey (ACS) data were used to obtain poverty estimates and proportionally assign them to census blocks because these estimates align better with the Census 2010 population of children 0-5. To establish the assignment of each geographical area to one of the categories listed above, the region's median number (children 0-5) for all census blocks was determined (census blocks with no children 0-5 were excluded from the analysis). Those census blocks with the number of children 0-5 below the median were assigned to the "low population" category, while census blocks with the number of children 0-5 above the median were assigned to the "high population" category. The same process was independently followed with the poverty indicator to arrive at the "low poverty" and "high poverty" categories (census blocks with "no poverty" were excluded from the analysis). The combination of categories was ultimately used to assign a geographical area to one of the categories listed above.

Figure 7. Detailed Map of Population in Poverty in the Cocopah Region- East Reservation



Legend	# of Census Blocks	Poverty 0-5	Population 0-5	% Poverty
High Poverty-High Population	7	36	45	80%
High Poverty-Low Population	2	3	4	80%
Low Poverty- High Population	2	2	7	21%
Low Poverty-Low Population	7	4	9	48%
No Poverty	84	0	0	0%
Total	102	45	65	70%

Source: First Things First (2016). Map produced by First Things First.

Note: Census 2010 census block data were utilized for the population of children 0-5. The 2007-2011 American Community Survey (ACS) data were used to obtain poverty estimates and proportionally assign them to census blocks because these estimates align better with the Census 2010 population of children 0-5. To establish the assignment of each geographical area to one of the categories listed above, the region's median number (children 0-5) for all census blocks was determined (census blocks with no children 0-5 were excluded from the analysis). Those census blocks with the number of children 0-5 below the median were assigned to the "low population" category, while census blocks with the number of children 0-5 above the median were assigned to the "high population" category. The same process was independently followed with the poverty indicator to arrive at the "low poverty" and "high poverty" categories (census blocks with "no poverty" were excluded from the analysis). The combination of categories was ultimately used to assign a geographical area to one of the categories listed above.

Table 16. Proportion of Families with Young Children (Ages 0 to 4) At or Slightly Above the Federal Poverty Level (FPL)

	Estimated number of families with children (ages 0-4)	Families with children (ages 0-4) below 100% FPL	Families with children (ages 0-4) below 130% FPL	Families with children (ages 0-4) below 150% FPL	Families with children (ages 0-4) below 185% FPL
Cocopah Tribe	60	58%	65%	73%	88%
ALL ARIZONA RESERVATIONS	9,560	51%	62%	68%	77%
Yuma County	11,496	27%	40%	48%	58%
ARIZONA	301,165	27%	35%	41%	49%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B17022

Note: The columns in Table 16 are cumulative. In other words, the 20% of families that are below 100% of the FPL are also counted in the 46% of families that are below 185% of the FPL in the Region. The Ratio of Income to Federal Poverty Level represents the relationship of a family's income to the federal poverty threshold, based on the size of the family. For example, a family with an income below 130% FPL has an income at or less 130% of the federal poverty threshold. These thresholds are important because they are often part of the criteria for certain public assistance programs, such as SNAP, WIC, or TANF.

Employment and Unemployment

Recent estimates from the American Community Survey (ACS) indicate that the unemployment rate in the Cocopah Tribe Region is 27 percent (see Figure 8). This rate is twice as high as the ACS rate for Yuma County, and almost three times as high as the statewide rate of 10 percent. ACS estimates, however, aggregate data across five years (2010-2014 in the case of Figure 8). The Arizona Department of Administration, Employment and Population Statistics produces annual unemployment rates as part of their local area unemployment statistics (LAUS) calculations. LAUS data, however, are not available for small geographies in the state, including the Cocopah Tribe.^{iv} Table 17 below shows the LAUS unemployment rates for Yuma County (21.8% in 2015). A comparison between the LAUS and ACS unemployment numbers for the county suggest that ACS data might underestimate the actual rates for the county. Therefore, it is possible to assume that the 27 percent ACS estimate for the Cocopah Tribe shown on Figure 8 is also an underestimate.^v Key informants indicated that some tribal programs in the Cocopah Tribe Region such as the Vocational Training Center use the Yuma County unemployment rate for reporting and grant writing purposes.

For young children living with both parents in the region, 13 percent live with both parents and at least one of them is in the labor force, compared to 24 percent across all Arizona reservations combined (Table 18).^{vi} Forty-three percent of children live with a single parent who is not in the labor force, meaning they are neither employed nor looking for

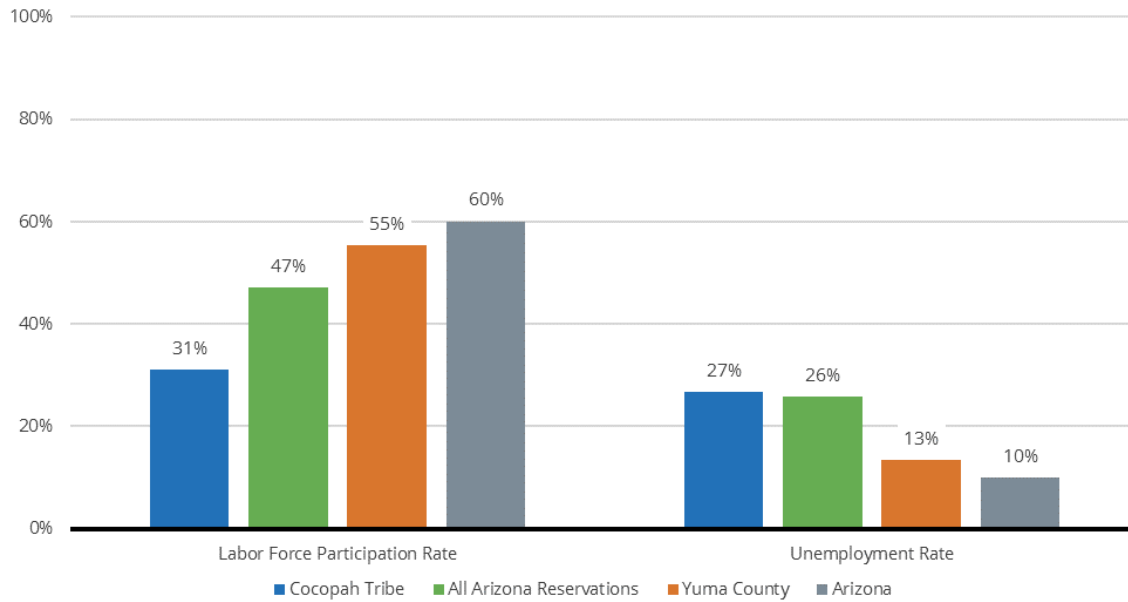
^{iv} The definitions of the areas for which the Arizona Local Area Unemployment Statistics calculate unemployment rates places follow Census definitions of cities and towns. Geographic definitions were revised by the Bureau of Labor Statistics in 2016 and recalculated for the periods of 1976-2016. Tribal unemployment statistics as well as estimates for small towns and places are no longer available.

^v The First Things First Cocopah Tribe Regional Partnership Council 2014 Needs and Assets Report includes data from the Arizona Department of Administration Special Unemployment Report for the Cocopah Tribe. In 2013, the most recent year for which data were presented, shows the unemployment rate in the Cocopah Reservation at 36 percent, compared to 8 percent for the state as a whole. First Things First Cocopah Tribe Regional Partnership Council 2014 Needs and Assets Report retrieved from: <http://www.azftf.gov/RPCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20Cocopah%20Tribe.pdf>

^{vi} Note: "In the labor force" includes persons who are employed and persons who are unemployed but looking for work. Persons who are "not in the labor force" include stay-at-home parents, students, retirees, and others who are not working or looking for work.

work, which is consistent with the high unemployment rate shown in Figure 8. In addition to unemployment rates, the lack of child care, or the prohibitive cost of child care, can keep parents from participating in the labor force.³⁷

Figure 8. Labor Force Participation and Unemployment Rates



Source: U.S. Census Bureau (2015) American Community Survey 2010-2014 5 Year Estimates, Table S2301

Note: Unemployment rates represent annual averages and are not seasonally adjusted.

Table 17. Annual Unemployment Rates, 2007 to 2015

	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015
Cocopah Tribe	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Yuma County	23.0%	25.1%	24.2%	23.9%	25.5%	22.9%	21.8%
ARIZONA	9.9%	10.4%	9.5%	8.3%	7.7%	6.8%	6.1%

Source: Arizona Department of Administration, Employment and Population Statistics (2016). Local area unemployment statistics (LAUS).

Table 18. Parents of Young Children (Ages 0 to 5) Who Are or Are Not in the Labor Force

	Children (ages 0-5) living with two parents who are both in the labor force	Children (ages 0-5) living with two parents, one in the labor force, and one not	Children (ages 0-5) living with two parents, neither in the labor force	Children (ages 0-5) living with a single parent who is in the labor force	Children (ages 0-5) living with a single parent who is not in the labor force
Cocopah Tribe	5%	8%	0%	44%	43%
ALL ARIZONA RESERVATIONS	13%	11%	2%	40%	34%
Yuma County	32%	30%	1%	27%	10%
ARIZONA	31%	29%	1%	29%	10%

Source: U.S. Census Bureau (2015) American Community Survey 2010-2014 5 Year Estimates, Table B23008

Note: "In the labor force" includes persons who are employed and persons who are unemployed but looking for work. Persons who are "not in the labor force" include stay-at-home parents, students, retirees, and others who are not working or looking for work.

Food Insecurity

Food insecurity is defined by the USDA as a "household-level economic and social condition of limited or uncertain access to adequate food."³⁸ Programs such as the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the National School Lunch Program are important for helping those at risk of hunger.

The Cocopah WIC Program is funded through a contract with the Arizona Department of Health Services WIC Program to serve both the Cocopah and Quechan tribes. Although it is open to anyone who qualifies for WIC services in the area, key informants indicated that the majority of clients in the program are from the Quechan tribe, and that only about one percent have no tribal affiliation. The main office is located on the Cocopah Reservation with a satellite site at the Indian Health Service Fort Yuma Service Unit. Clients can transfer between these two sites and have their appointments at either of these offices. The program's funded caseload is 200 clients per month. Data for the month of October of 2016, show that the Cocopah WIC program exceeded its caseload and served a total of 215 clients. In that same month, the program's no-show rate (i.e. the proportion of clients who were enrolled but did not keep their appointment for that month) was 8.7 percent.³⁹

Cocopah WIC clients can redeem their vouchers at any of the 23 state-certified retailers in the county located in Yuma, Somerton and Wellton. There are no WIC retailers within the Cocopah Tribe Region boundaries (see Table 19 below), but one retailer is available in the town of Somerton, between the East and West Reservations.

While the number of young children participating in SNAP has declined since 2012 in both Yuma County and the state as a whole, the number of SNAP recipients among children birth to 5 years old in the Cocopah Tribe Region increased by 56 percent between 2012 and 2015. A total of 78 young children received SNAP benefits in the region in 2015 (see Table 20).

No data were available on the number of children from the Cocopah Tribe Region that are eligible for free or reduced-price lunch. As a proxy for region-specific data, Table 21 shows the proportion of students eligible for this program in schools attended by children from the Cocopah Tribe. Over two-thirds (70%) of students in these schools

combined have been eligible for free or reduced-price lunch since 2012 (see Table 21). At the same time, the percent across the state has hovered at 57 percent.

The Yuma Community Food Bank, with funding from the First Things First Cocopah Tribe Regional Partnership Council, also helps meet food security needs in the region by providing food boxes to the residents of the Cocopah Tribe Region. In FY2016, 27 food boxes were distributed to families with infants, toddlers and preschoolers in the region.

Table 19. Retailers Participating in the SNAP or WIC Programs within Regional Boundaries

	Number of SNAP retailers	SNAP retailers per 100,000 residents	Number of WIC retailers	WIC retailers per 100,000 residents
Cocopah Tribe	1	122.4	0	0.0
ALL ARIZONA RESERVATIONS	108	60.6	26	14.6
Yuma County	118	60.3	23	11.7
ARIZONA	4,038	63.2	644	10.1

Source: Source: United Arizona Department of Health Services (2016). Arizona WIC Vendor List. Retrieved from <http://azdhs.gov/documents/prevention/azwic/az-wic-vendor-list.pdf>; Inter-Tribal Council of Arizona (2016). Special Supplemental Nutrition Program for Women, Infants, and Children: Find a Store. Retrieved from http://itcaonline.com/?page_id=1064; United States Department of Agriculture (2016). SNAP Retailer Locator. Retrieved from <https://www.fns.usda.gov/snap/retailerlocator>.

Table 20. Numbers of Young Children (Ages 0 to 5) Receiving SNAP Benefits, 2012 to 2015

	FY 2012	FY 2013	FY 2014	FY 2015	Change from 2012 to 2015
Cocopah Tribe	50	66	75	78	+56%
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A
Yuma County	10,939	10,876	10,742	9,995	-9%
ARIZONA	296,686	290,513	277,345	249,712	-16%

Source: Arizona Department of Economic Security (2016). [Family Assistance Administration dataset]. Unpublished data.

Table 21. Proportion of Students (Pre-kindergarten Through Twelfth Grade) Eligible for Free or Reduced-Price Lunch, 2012 to 2016

	2012	2013	2014	2015	2016
Schools serving the Cocopah Tribe Region	71%	69%	70%	69%	70%
Crane Elementary District	74%	69%	68%	68%	67%
Somerton Elementary District	84%	86%	86%	86%	86%
Yuma Elementary District	68%	68%	68%	67%	70%
Yuma Union High School District	68%	64%	68%	67%	68%
Yuma County Schools	74%	73%	74%	73%	74%
All Arizona Schools	57%	57%	58%	58%	58%

Source: Arizona Department of Education (2016). [Free and reduced lunch dataset]. Unpublished data.

Note: These numbers reflect free and reduced price lunch eligibility for all students enrolled in these districts

Housing and Homelessness

The housing needs of families in the Cocopah Tribe Region are addressed through the Cocopah Housing Department. The Housing Department manages housing units with one, two, three, four or five bedrooms which are assigned to community members based on family need. The Department offers subsidized housing units for rental (multiunit apartments or single-family homes) and also has a home ownership program for tribal members.

Income-eligible families may qualify for single family homes through funding available from the U.S. Department of Housing and Urban Development (HUD). Priority is given to Cocopah tribal members, followed by native individuals enrolled in other federally-recognized tribes. According to key informants, none of the units available through this program in the region have more than one or 1.5 people per room, and none of the families participating in the program incur housing costs that exceed 30 percent of their income. Table 22 below shows that only in nine percent of occupied housing units in the region have housing costs that represent 30 percent or more of the household income, compared to 17 percent across all Arizona reservations combined.

The Cocopah Housing Department also has other housing units available as part of a project funded by the U.S. Department of Agriculture (USDA). This project consists of a total of 24 apartment complex units that are leased with a subsidy to low-income residents. According to key informants, community members typically apply for one of these units first; after building a good tenant record, they become eligible for a single-family home.

As of September of 2016 all units managed by the Housing Department were filled to capacity, and there were waiting lists for the different programs available (subsidized housing and home buyers program). Key informants indicated that there is a housing shortage in the region and that five additional units were in the process of being built but would still not meet the existing demand. In the Cocopah Tribe Region, expansion of the housing programs is limited by the funding available to construct new homes, but not by land availability. It is important to note,

however, that according to key informants the need for additional housing is limited to only 2-3 percent of the population in the region. The challenge in some of the units, in fact, is of 'over-housing:' some tenants may need to be moved to smaller units based on the number of residents in the home, but smaller units are not always available.

Table 22. The Cost of Housing, Relative to Household Income

	Number of occupied housing units	Occupied housing units which cost 30% of household income, or more
Cocopah Tribe	474	9%
ALL ARIZONA RESERVATIONS	47,892	17%
Yuma County	69,915	33%
ARIZONA	2,387,246	34%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B25106



EDUCATIONAL INDICATORS

Why Educational Indicators Matter

The degree to which people in a community are engaged and succeeding in educational settings can have profound impacts on the developmental and economic resources available to children and families in that region. Indicators such as school enrollment and attendance, achievement on standardized testing, graduation and dropout rates, and the overall level of education in the adult population can all paint a picture of a region's educational engagement and success.

The importance of education begins early in life. Preschool participation has been shown to better prepare young children for kindergarten by supporting good school attendance practices and honing socio-emotional, cognitive, and physical skills.^{40,41,42,43} Starting in kindergarten, poor school attendance can cause children to fall behind, leading to lowered proficiency in reading and math, and increased grade-retention.⁴⁴

Early education is laying an important foundation for the future. Students who are at or above grade level reading in third grade are more likely to graduate high school and attend college.⁴⁵ A family's economic circumstances can multiply this effect: more than one-fourth (26%) of children who were both not reading proficiently in third grade and living in poverty for at least a year do not finish high school – that is more than six times the drop-out rate for proficient readers.⁴⁶

In recognition of the importance of assuring that children are reading by the third grade, the Arizona Revised Statute §15-701 (also known as the *Move on When Reading* law) was enacted, which states that a student shall not be promoted from the third grade if the student obtains a score that falls far below the third-grade level.^{vii} Exceptions exist for students identified with or being evaluated for learning disabilities, English language learners, and those with reading impairments. From 2000-2014, the primary in-school performance measure of students in public elementary schools in the state used to meet the *Move on When Reading* requirement was the Arizona's Instrument to Measure Standards (AIMS).^{viii} In 2014, the statewide assessment tool for English language arts (ELA) and mathematics changed from AIMS to AzMERIT (Arizona's Measurement of Educational Readiness to Inform Teaching), and the first AzMERIT testing began in the 2015 school year.⁴⁷ New proficiency cut points were determined by grade level,⁴⁸ and earning a score of "proficient" or "highly proficient" indicates that a student is prepared for the next grade without requiring additional support.⁴⁹ Students who score as either "minimally" or "partially proficient" are likely to need support to be ready to move on to the next grade.⁵⁰ In order for children to be prepared to succeed on tests such as 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.⁵¹

Beyond the direct connections between caregivers' education and their own literacy, the ability to read to, share with, and teach young children in the home is influenced by parental and familial stress levels, income levels, and educational levels. Families in poverty are often grappling with issues of day-to-day survival which may limit time spent in developmentally enriching activities. Parents with higher educational attainment may be less vulnerable to these issues and are more likely to have children with positive outcomes related to school readiness and educational

^{vii} For more information on *Move on When Reading*, visit <http://www.azed.gov/mowr/>

^{viii} For more information on the AIMS test, visit <http://arizonaindicators.org/education/aims>

achievement, as well improved health, social and economic outcomes.⁵² Higher levels of parental education are also associated with better housing, more secure neighborhoods, and stable working conditions, all of which are important for the health and well-being of children.^{53,54}

What the Data Tell Us

Cocopah Education Department

There are no schools within the boundaries of the Cocopah Tribe Region. Children from the community attend schools in the surrounding towns of Yuma and Somerton in the Crane, Somerton, and Yuma Elementary Districts (see Figure 10).

The Cocopah Education Department supports tribal members in pursuing their education and provides a range of services to families within the region. One of the key resources offered by the Department is a team of four advisors for elementary (grades K-2 and 3-5), middle, and high school students. Advisors closely monitor student attendance and academic performance of children living both on- and off-reservation. These advisors also serve as the liaisons between parents and the schools, working to provide the support they may need such as requesting meetings with teachers, participating in the creation of Individualized Education Programs (IEPs), and providing parents with transportation to participate in school activities or attend meetings. Children must be enrolled Cocopah members in order to participate in this program, although limited services are also offered to children who are not tribal members but reside on the Cocopah Reservation.

The availability of one advisor assigned to working with students in the early grades (K-2) is a new asset to the program. Recognizing the importance of early childhood education and of supporting the youngest students, the Cocopah Indian Tribe allocated additional funding to the advisors' team so one of them could focus on grades K-2. The K-2 advisor works closely with the Cocopah Head Start program to ensure that children have a smooth transition into kindergarten. This support is particularly important because, for many young children in the region, this transition can be overwhelming as it is their first time attending a larger school outside of the reservation boundaries.

According to a key informant, the Cocopah Education Department advisors team has become a model for other tribes interested in developing a similar program to support their students.

Financial support and incentives for students are also available through the Cocopah Education Department. Key informants noted that having children attend school can be costly for families in the region, especially at the middle and high school levels. The Cocopah Education Department is able to provide assistance with ID fees, books, clothing, school supplies and even afterschool programs including participation in clubs or sports. College-attending students can also obtain financial assistance from the Cocopah Education Department.

Figure 9 shows the number of children from the Cocopah Tribe Region in grades K-12 enrolled in schools in the area. There was a decrease in the number of children enrolled in school between 2012 and 2014, from 264 to 228 respectively. According to key informants, this decrease may be due to several factors. The numbers shown in Figure 9 represent students whose parents have signed a Release of Information Form with the Cocopah Education Department. Some families choose not to have their children be monitored by the Education Department, and therefore do not register them in the Department's system. Other children may be living at times with non-tribal

family members who may not be aware of the benefits that are available to these students through the Cocopah Education Department. These children are not likely to be registered in the Department's system, either. In addition, there has been an increase in the number of home-schooled children who would not be counted as "enrolled." And finally, families may not prioritize enrolling their children in kindergarten because it is not required by law.

Standardized Test Scores

The AzMERIT, which replaced AIMS in the 2014-2015 school year, is designed to assess students' critical thinking skills and their mastery of the Arizona College and Career Ready Standards established in 2010. Students who receive a proficient or highly proficient score are considered adequately prepared for success in the next grade. AzMERIT data specific to students from the Cocopah Tribe Region were not available for this report. Figure 11 and Figure 12 show AzMERIT test scores for American Indian third graders in schools attended by children from the region. In the 2014-2015 school year, only 17 percent of American Indian students attained passing scores on the third grade math assessment, which was a lower passing rate than that of American Indian students across Arizona as a whole (23%) (Table 23). Performance on the English Language Arts (ELA) test is reversed, however, with 28 percent of American Indian third graders in schools near the Cocopah Tribe Region demonstrating proficiency, compared to 18 percent across the state (Table 24). A portion of the 56 percent of American Indian third graders from schools near the Cocopah Tribe Region who scored minimally proficient in ELA are at risk for retention in third grade, based on the Arizona's *Move on When Reading* law, which requires retention of those whose reading falls far below the third grade level.^{ix}

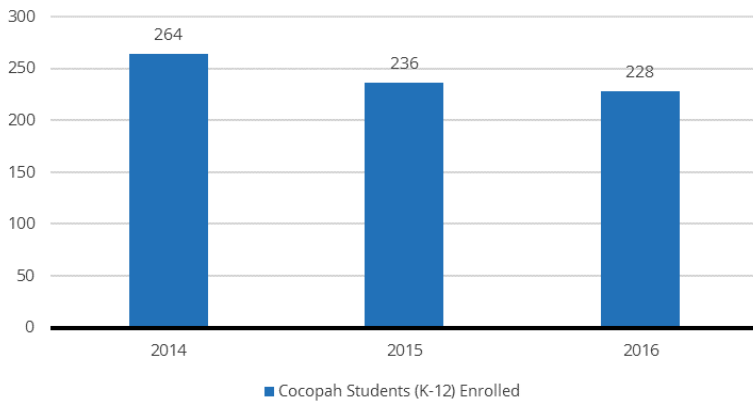
A sample of students in Arizona grades 4, 8, and 12 also take the National Assessment of Educational Progress (NAEP), a nationally-administered achievement test that allows for comparisons between states. Thirty percent of Arizona fourth graders scored at the proficient or advanced level in reading in 2015, compared with 35 percent of fourth graders nationally. Scores have been improving steadily, both in the state and nationally, since testing began in 1998.⁵⁵

Strong disparities on the NAEP scores exist in the state based on race, ethnicity and income. Forty-four percent of Arizona fourth grade white students score at the proficient reading level or above, compared with 27 percent of black students, 18 percent of Hispanic students, and 11 percent of American Indian students. Fifty-two percent of fourth graders who were *not* eligible for free/reduced-price school lunch scored at or above the proficient reading level, but only 17 percent of children who were eligible for the program scored that highly.⁵⁶

Student performance in the schools near the Cocopah Tribe Region, and statewide, suggests that there is much work to be done to support early literacy and to strengthen scholastic achievement, particularly among young children of color and children in poverty.

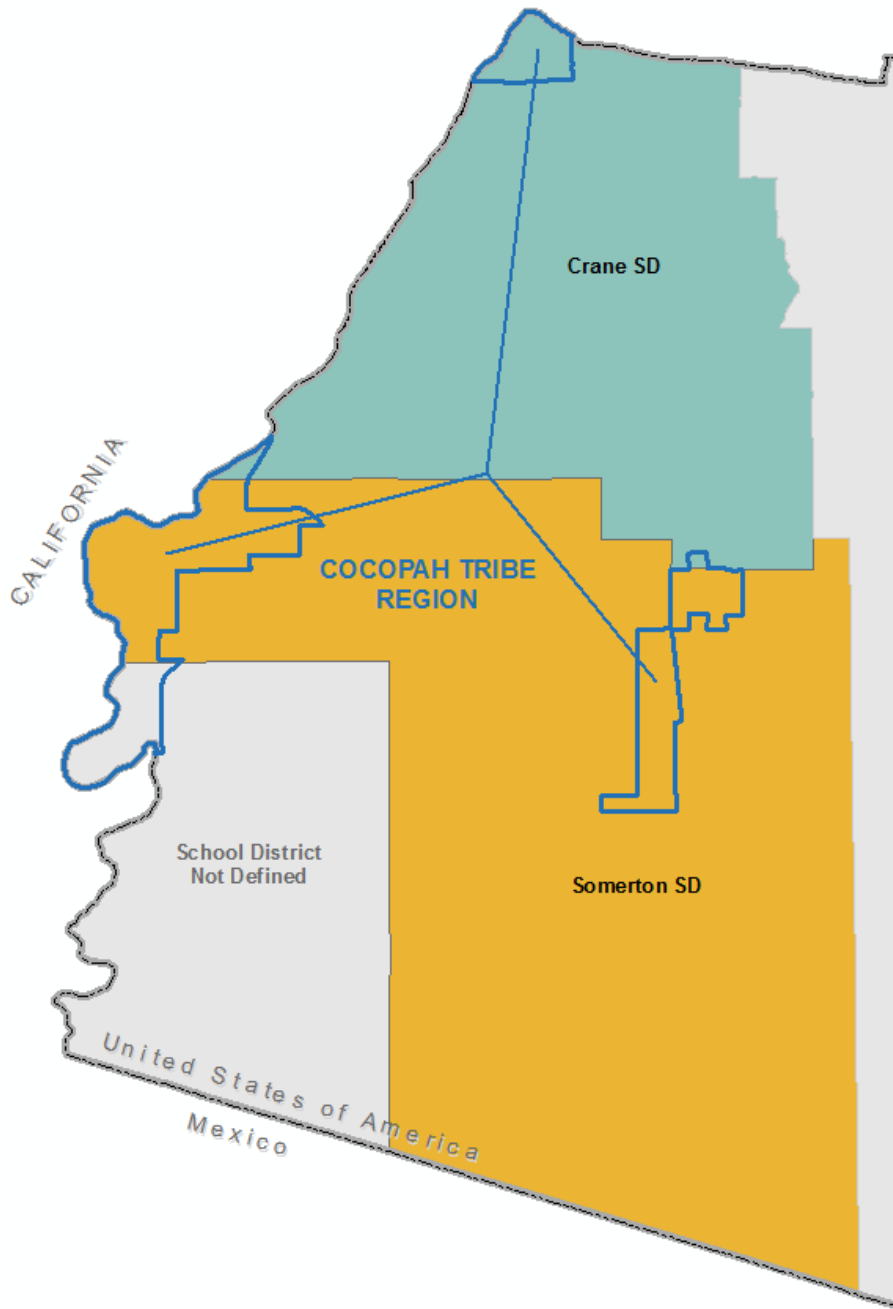
^{ix} Note that in the data provided the scores reported are a combined ELA score of reading and writing. Students may have a minimally proficient ELA score and still meet the *Move On When Reading* requirement.

Figure 9. Cocopah Students Enrolled in K-12 Schools



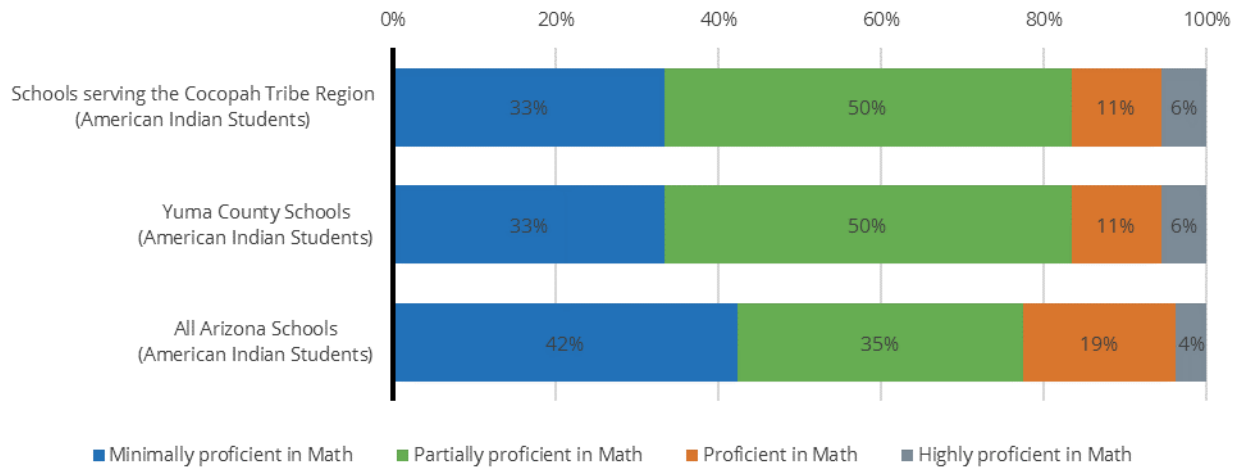
Source: Cocopah Education Department (2016). [Education Data]. Unpublished Data

Figure 10. School Districts in the Cocopah Region



Source: First Things First (2016). Map produced by First Things First.

Figure 11. AzMERIT Math Test Results for American Indian Third-Graders in 2014-2015



Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

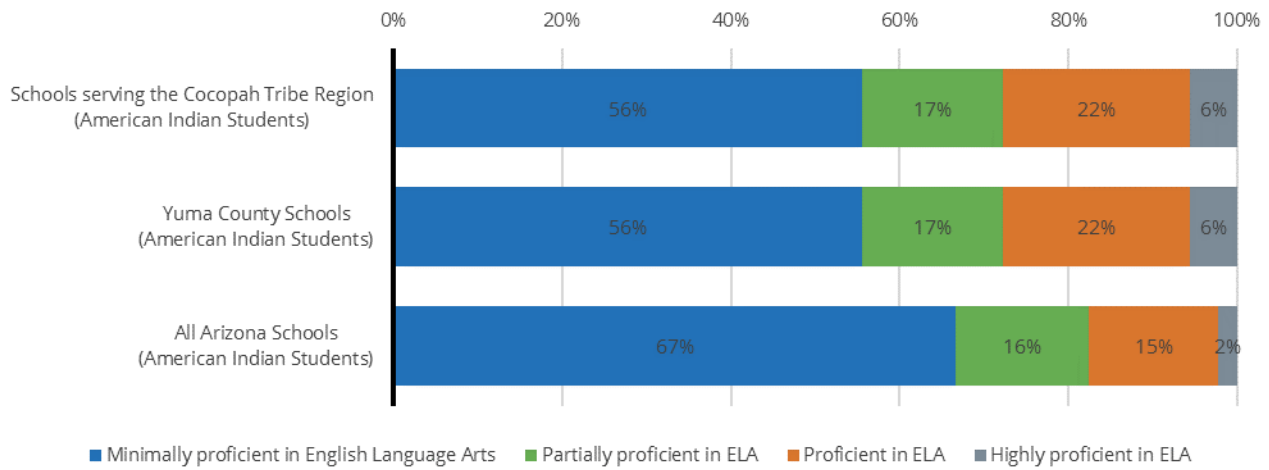
Table 23. AzMERIT Math Test Results for American Indian Third-Graders in 2014-15

	Minimally proficient in Math	Partially proficient in Math	Proficient in Math	Highly proficient in Math	Passing Math (proficient or highly proficient)
Schools serving the Cocopah Tribe Region	33%	50%	11%	6%	17%
Crane Elementary District	DS	DS	DS	DS	DS
Somerton Elementary District	DS	DS	DS	DS	DS
Yuma Elementary District	DS	DS	DS	DS	DS
Yuma County Charter Schools	DS	DS	DS	DS	DS
Yuma County Schools	33%	50%	11%	6%	17%
All Arizona Schools	42%	35%	19%	4%	23%

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Note: Data in this table reflect only American Indian students enrolled in these districts and schools.

Figure 12. AzMERIT English Language Arts Test Results for American Indian Third-Graders in 2014-15



Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Table 24. AzMERIT English Language Arts Test Results for American Indian Third-Graders in 2014-15

	Minimally proficient in English Language Arts	Partially proficient in English Language Arts	Proficient in English Language Arts	Highly proficient in English Language Arts	Passing English Language Arts (proficient or highly proficient)
Schools serving the Cocopah Tribe Region	56%	17%	22%	6%	28%
Crane Elementary District	DS	DS	DS	DS	DS
Somerton Elementary District	DS	DS	DS	DS	DS
Yuma Elementary District	DS	DS	DS	DS	DS
Yuma County Charter Schools	DS	DS	DS	DS	DS
Yuma County Schools	56%	17%	22%	6%	28%
All Arizona Schools	67%	16%	15%	2%	18%

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Note: The percentages above may not add to 100% due to rounding. Data in this table reflect only American Indian students enrolled in these districts and schools.

Educational Attainment

Graduation and drop-out rates in the region are calculated by the Cocopah Education Department for students participating in its programs. Figure 13 shows that graduation rates have increased from 44 percent in 2014 to 78 percent in 2016. Key informants noted that this increase is likely due to support from tribal programs and a positive emphasis on education in the community. Similarly, dropout rates decreased from 56 in 2014 to 22 percent in 2016.

Recent estimates from the American Community Survey indicate that about half (50%) of adults (ages 25 and older) in the region have some college, professional education or a Bachelor's degree compared to 37 percent of adults across all Arizona reservations combined (Table 25). However, Vital Records data for the region show that in 2014, only nine percent of babies in the region were born to a mother with at least some college, while 45 percent of births were to mothers who did not have a high school degree (Table 26).

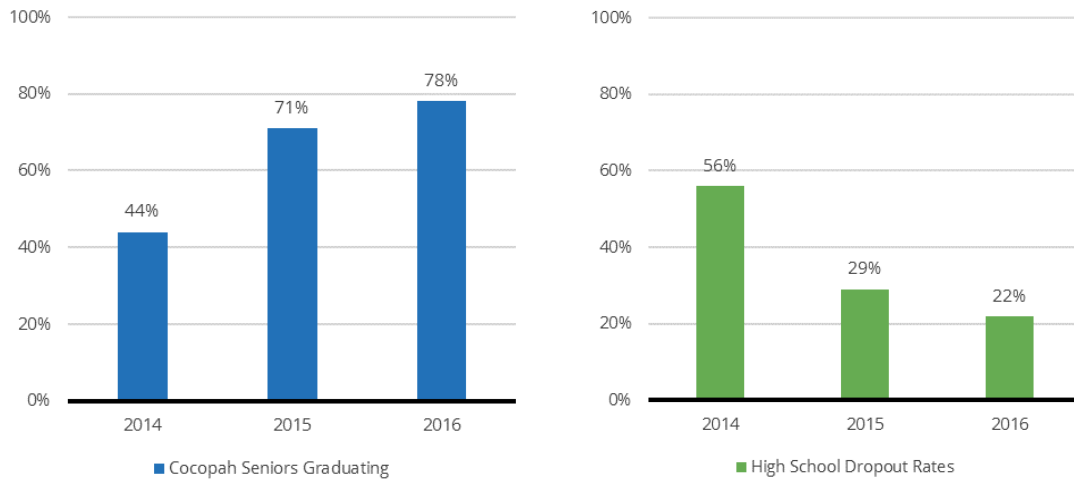
Key informants indicated that lack of a high school diploma or GED certificate is a major barrier for parents in the region to find employment. Support for older youth and adults who want to continue with their education and obtain a GED certificate is available from the Cocopah Vocational Training Center located on the West Reservation. As of May of 2016, the Vocational Training Center was collaborating with the Adult Literacy Plus of Southwest Arizona to provide GED training and courses. Transportation is provided for members pursuing their certificate; this transportation is not available for the nighttime courses. During that same month, five individuals from the Cocopah Tribe Region were working towards obtaining a GED certificate. The Vocational Training Center intends to hire a GED instructor who would provide services locally at the Center. Key informants indicated that more tribal members would take advantage and pursue a GED certificate if preparation services were available on-reservation.

The Vocational Training Center also provides other types of assistance to tribal members searching for employment. The Vocational Training Center works closely with their clients connecting them with the necessary resources so they can overcome barriers that may prevent them from finding training or a job. Available support includes assistance with the cost of child care services. Staff with the Vocational Training Center also helps assess clients' interest to match them with potential work or training opportunities in the area. Staff can also assist clients with completing job applications.

The Vocational Training Center partners with other institutions in the area to provide training opportunities to tribal members. In the past, for instance, the Center offered a landscape class at the Cocopah Community Center in partnership with Arizona Western College. The Vocational Training Center also has good partnerships with other Cocopah Departments, including a close working relationship with the Cocopah Education Department. These two agencies meet regularly on a monthly basis to support students who are at risk of dropping out and coordinate needed services. These two departments have also worked together to address another major barrier to employment faced by community members: lack of a driver's license. The Cocopah Education Department provided a one-day preparation course, and with collaboration from the Cocopah Police Department, participants were able to do a practice test. Financial assistance was provided by the Vocational Training Center to those participants who passed the practice test so they could pay for their driver's license.

Financial support for enrolled tribal members interested in pursuing a higher education degree is also available from the Cocopah Education Department. An Education Board in the Community reviews scholarship applications every semester. Financial aid is provided to all eligible students (although some might be fully-funded while others are only partially-funded). Approximately 15-25 students enroll in higher education courses each semester.

Figure 13. High School Graduation and Dropout Rates, 2014-2016



Source: Cocopah Education Department (2016). [Education Data]. Unpublished Data

Table 25. Level of Education for the Adult Population (Ages 25 and Older)

	Estimated population (ages 25 and older)	Less than high school	High school or GED	Some college or professional education	Bachelor's degree or more
Cocopah Tribe	749	18%	33%	33%	17%
ALL ARIZONA RESERVATIONS	102,571	28%	34%	29%	8%
Yuma County	123,759	28%	25%	32%	14%
ARIZONA	4,284,776	14%	25%	34%	27%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B15002

Note: The percentages above may not add to 100% due to rounding.

Table 26. Live Births During Calendar Year 2014, by Mother's Educational Attainment

	Less than high school	High school or GED	Some college or professional education	Bachelor's degree or more
Cocopah Tribe	45%	45%	0%	9%
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A
Yuma County	24%	29%	32%	15%
ARIZONA	20%	25%	31%	23%

Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Note: The percentages above may not add to 100% due to rounding.

Table 27. Chronic Absences for American Indian Students in Grade 1 to 3, 2014 and 2015

	Number of schools	Number of students in 2014	Students with chronic (more than 10) absences in 2014	Percent of students with chronic absences in 2014	Number of students in 2015	Students with chronic (more than 10) absences in 2015	Percent of students with chronic absences in 2015
Schools serving the Cocopah Tribe Region	26	103	50	49%	106	62	58%
Crane Elementary District	8	30	18	60%	28	18	64%
Somerton Elementary District	3	23	10	43%	19	13	68%
Yuma Elementary District	12	44	20	45%	51	26	51%
Yuma County Charter Schools	3	<10	<10	DS	<10	<10	DS
Yuma County Schools	19	103	50	49%	106	62	58%
All Arizona Schools	707	13,737	6,511	47%	13,612	6,859	50%

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Note: Data in this table only reflect American Indian students enrolled in these districts and schools.



EARLY LEARNING

Why Early Learning Matters

Young children spend their time observing the world and learning at a rapid pace. From fine and gross motor skill development, to language and numeracy skills, to social skills, the early years of a child's life are filled with opportunities for learning. The skills that young children are building are critical for healthy development as well as later achievement and success. Just as rich, stimulating environments can promote development, early negative experiences can also carry lasting effects.⁵⁷ Gaps in language development between children from disadvantaged backgrounds and their more advantaged peers are already evident by 18 months of age;⁵⁸ those disparities that persist until kindergarten are predictive of later academic failure.⁵⁹

Families play a tremendous role in fostering development. Research shows that children's health, socio-emotional, and cognitive development also benefit greatly from high quality early learning.^{60,61} This is particularly true for children from disadvantaged backgrounds.⁶² Children whose education begins in high quality preschool programs repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems, and are more likely to graduate high school.⁶³

Investment in children during the crucial first five years not only provides the necessary foundation for later achievement, but also produces a positive return on investment to society through increased educational achievement and employment, reductions in crime, and better overall health of those children as they mature into adults.^{64,65,66} Experts estimate that investments in quality early learning initiatives can offer returns as high as \$16 per dollar spent.^{67,68} In other words, the costs of these programs are ultimately repaid several times over and the investment in early childhood is potentially one of the most lucrative ones that a community can make.

The ability of families to access quality, affordable early care and education opportunities, however, can be limited. Child care subsidies can be a support for families who have financial barriers to accessing early learning services.^x Beyond basic issues of access and affordability, quality is also of paramount concern to parents. How parents perceive and understand quality may differ; this points to the importance of quality rating systems to help guide parent choices. Quality First is Arizona's Quality Improvement and Rating System (QRIS) for early child care and preschool providers. Quality First employs a five-point rating scale to indicate quality levels. A one-star rating indicates that the provider is committed to examining practices and improving the quality of care beyond basic health and safety requirements. Quality First providers can advance to a quality rating (3-5 star) by implementing lower teacher-to-child ratios, supporting higher staff qualifications, instituting a curriculum that aligns with state standards and child assessment, and providing nurturing relationships between adults and children that promote emotional, social, and academic development.

The presence of qualified, well-trained, caring professionals is essential to providing quality child care and early education experiences for children. Ensuring that child care and early education programs promote developmental (cognitive, physical, socio-emotional) and academic readiness for kindergarten requires that professionals in these settings possess the knowledge and skills and engage in practices necessary to impart those benefits. In addition to formal education, there are additional professional development opportunities available for early childhood professionals in Arizona. The Arizona Early Childhood Career and Professional Development Network, supported by First Things First, hosts a professional development website, AZEarlyChildhood.org, that provides early childhood professionals with resources and information on professional development opportunities, career and job advancement, and networking in the early childhood field.^{69,70}

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

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state. Children with special health care needs (CSHCN) are defined as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”⁷¹ According to the National Survey of Children’s Health, children with special health care needs are more likely to experience more adverse childhood experiences than typically developing children,⁷² and are at an increased risk for maltreatment and neglect.^{73,74} In Arizona, the services available to families with children with special needs include early intervention screening and intervention services provided through the Arizona Department of Education AZ FIND (Child Find),^{xi} the Arizona Early Intervention Program (AzEIP),^{xii} and the Division of Developmental Disabilities (DDD).^{xiii} Ensuring all families have access to timely and appropriate screenings for children who may benefit from early identification of special needs is paramount to improving outcomes for these children and their families. Timely intervention can help young children with, or at risk for, developmental delays improve language, cognitive, and socio-emotional development. It also reduces educational costs by decreasing the need for special education.^{75,76,77}

What the Data Tell Us

Child Care and Preschool

Early care and education opportunities in the Cocopah Tribe Region include the Cocopah Day Care and the Cocopah Head Start. Both of these programs are managed directly by the Cocopah Indian Tribe.

The Cocopah Day Care provides services to children ages 3 to 12 in the region whose families meet income eligibility requirements. The Cocopah Day Care receives funding from the Tribal Child Care and Development Fund. Enrollment in child care services is available to children from the Cocopah Indian Tribe as well as to members of any other federally-recognized tribe. The Cocopah Day Care operates Monday to Friday from 8:00 am to 5:00 pm and has one classroom with a total capacity to serve 20 children. During FY2014 the Day Care enrolled a total of 14 children ages 3 to 12. Fewer than ten of these children were under the age of six. Although the program can serve up to 20 children, for the past six years its enrollment has not been up to its maximum capacity. There were no children on the waiting list at all during 2015 and during the spring of 2016 (January to April). According to key informants, demand for services is low due to the high unemployment rate in the region, and to the fact that young children might be cared for by relatives or older siblings. Some children attend the Cocopah Head Start program in the morning and attend the Cocopah Day Care in the afternoon with transportation provided by the Cocopah Head Start. During the summer, when the Head Start program is closed, enrollment in the Cocopah Day Care typically goes up. The Cocopah Day Care has been operating under its licensed capacity for the last six years. The Day Care is a well-staffed resource that appears to be underutilized by families in the region. This is the case despite the fact that the Day Care is licensed through the Department of Economic Security (DES) and community members who receive support from DES could qualify for free child care services at the Cocopah Day Care. Subsidized care is also available to all income-eligible families. Exploring the barriers that parents and caregivers encounter when seeking out services from the

^{xi} For more information on AZ FIND, visit <http://www.azed.gov/special-education/az-find/>

^{xii} For more information on AzEIP, visit <https://www.azdes.gov/azeip/>

^{xiii} For more information on DDD, visit https://www.azdes.gov/developmental_disabilities/

Cocopah Day Care might help boost the program's enrollment and provide additional child care opportunities to parents and caregivers seeking employment in the region.

According to key informants, a major limitation in the services available through the Cocopah Day Care is the lack of services for infants and toddlers. Children can only be enrolled when they reach three years of age and are fully potty-trained. The Cocopah Day Care is located in one open room with no division for a separate infant space. In addition, the current staffing of the program would not meet the child-adult ratio required for younger children.

Key informants indicated that families with children under the age of three in the region who need child care are likely using the services of licensed (through the Arizona Department of Economic Security) or unlicensed home-based providers. Informants note that this arrangement is also used by parents who work at night at the casinos in the area. Exploring the child care options that parents currently use and learning how well these meet their needs may be able to shed light on how families could be best supported in securing quality child care for their youngest children. Table 30 shows the numbers of registered child care providers serving infants in the surrounding towns of San Luis, Somerton and Yuma.

The Cocopah Head Start program is a comprehensive early childhood education program which serves children whose family meet eligibility criteria, including income. Located on the East Reservation, the program addresses a wide range of early childhood needs including education and child development, special education, health services, nutrition, and parent and family development. The program has a total funded capacity to serve 20 children ages 3 to 5. At least 10 percent of the slots are allocated to serve children with special needs. Native children are given priority for enrollment, but the program is also open to all children ages 3 to 5 within the Cocopah Tribe region.

Key informants indicated that the high quality of the services provided at the center has resulted in an increased interest among community members to enroll their children. As of April of 2016, there were 11 children on the waiting list. Once enrolled, children typically stay in the program until they transition to kindergarten, which makes it difficult for those on the waiting list to be admitted. Currently, the Cocopah Head Start has only one classroom; adding slots to the program, however, is a complex undertaking. The Office of Head Start has recently mandated an increase in the number of daily program hours from four to six. This change effectively eliminates the possibility of offering a morning and an afternoon session. Furthermore, the current facility has only one classroom and a new building would need to be made available for the program in order to add another one.

The Cocopah Head Start program serves children from the three reservation areas and transportation is provided to all children. The program was able to purchase a new bus in 2016 to replace an old one that did not have a working air conditioner. Children with special needs can attend the Cocopah Head Start Program in the morning and transportation is provided so that these children can also attend a school-based preschool program in the afternoon.

Additionally, the Head Start program has recently hired a family specialist to assist with the enrollment process and serve as a family advocate to help connect families with any services they may need (i.e., medical/dental appointments, setting up Individualized Educational Programs for children). The family specialist also supports the children in their transition to kindergarten. School tours are organized with the children so they get to know their future classrooms.

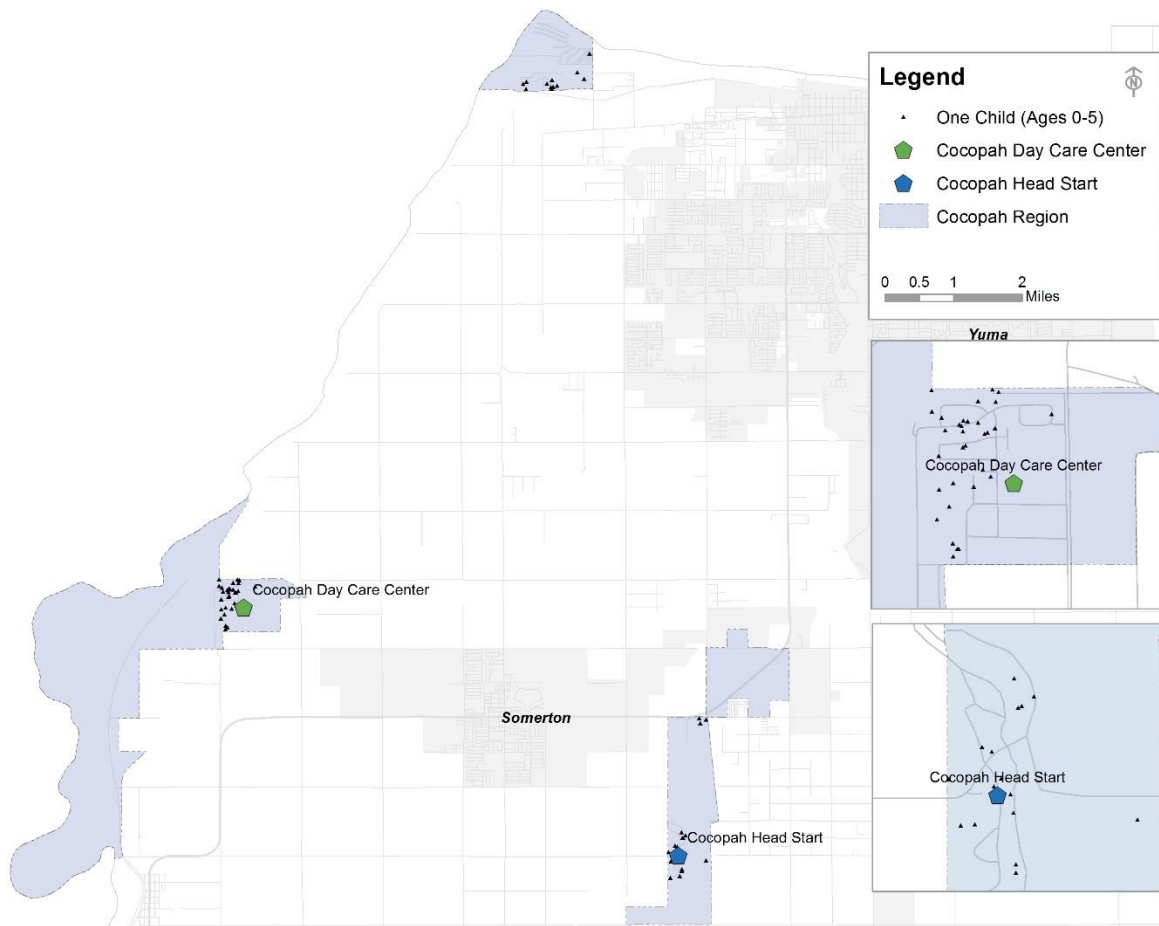
The Cocopah Headstart has a Parent Policy Committee in place, comprised of six elected members who meet once a month. The committee is responsible for sharing accurate and regular information to all Headstart parents and the community regarding program planning, policies and agency operations.

The Cocopah Head Start is the only Quality First site in the region, with a "Rising Star" (2-star) rating.

The school districts attended by children from the Cocopah Tribe Region also have pre-kindergarten programs available. A total of nine pre-K programs are available in these school districts. The number of students from the Cocopah Tribe Region enrolled in these programs is unknown. Table 30, however, shows that fewer than ten American Indian children participated in these programs in school year 2015-2016.

Figure 14 below shows the population of young children (based on census blocks) and the early care and education providers in the Cocopah Tribe Region.

Figure 14. Cocopah Early Education and Child Care Providers



Source: Cocopah Tribe. Map produced by CRED.

Table 28. Cocopah Early Care and Education Programs

	Ages Served	Enrolled Children
Cocopah Day Care	3-5	<10
Cocopah Head Start	3-5	20

Source: Cocopah Day Care Center (2016). [Center Data]. Unpublished Data; Cocopah Day Care Center (2016). [Center Data]. Unpublished Data; Office of Head Start (2016). 2014-2015 Program Information Report for Cocopah Head Start Program. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/>

Table 29. Child Care Providers by City in Yuma County Who Provide Care for Infants or Children Ages 1 to 2

	Providers	Licensed Capacity
San Luis	22	178
Somerton	7	28
Yuma	65	2,333
Total	94	2,539

Source: Arizona Department of Economic Security (2016). [Child Care Resource & Referral dataset]. Unpublished data.

Table 30. Pre-Kindergarten Enrollment for American Indian Students, school year 2015-2016

	Number of schools with pre-kindergarten	Number of students enrolled	Number of students in special education	Percent of students in special education
Schools serving the Cocopah Tribe Region (American Indian Students Only)	9	<10	N/A	N/A
Crane Elementary District	0	0	N/A	N/A
Somerton Elementary District	1	<10	N/A	N/A
Yuma Elementary District	1	<10	N/A	N/A
Yuma County Schools	3	<10	N/A	N/A
All Arizona Schools	176	786	N/A	N/A

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Note: Data in this table only reflects American Indian students enrolled in these districts and schools.

Cost of Care

The vast majority of families that apply for the Cocopah Day Care qualify for subsidized services through funding from the Tribal Child Care Development Fund. Fees for services at the Day Care are calculated on a sliding scale with co-pays ranging from \$1 to \$15 per day for full-day care. In FY 2014, the average monthly co-pay paid by parents of children enrolled in Center was \$19. However, the Cocopah Day Care is also able to accept children who qualify for child care support from the Arizona Department of Economic Security (DES). DES prioritizes assistance to families who receive Cash Assistance (TANF), those who are transitioning off Cash Assistance to employment, and families involved with the Department of Child Safety (DCS) for subsidies. Families with working parents who receive assistance from DES are eligible for free child care service at the Cocopah Day Care. Applications are available at the Center, and parents must submit them to the local DES office for approval. Reimbursement for services from DES is important for the Center because it provides an additional source of funding.

Child Care Professionals

Staff working at the early care and education services available in the region have varying degrees of credentials in early childhood education. As of the spring of 2016, both the teacher and the assistant teacher at the Head Start program held an Associate of Arts (A.A.) degree in Early Childhood Education. The classroom teacher was working towards obtaining a Bachelor's degree as required by the Office of Head Start. Also, as of the spring of 2016, the director of the Cocopah Day Care also held an A.A. in Early Childhood Education, while the classroom teacher had a Child Development Associate (CDA) credential (see Table 31).

During FY 2014, staff from the Cocopah Day Care participated in free-of-cost Early Childhood and Development trainings offered locally by Arizona Western College with funding from First Things First.

Table 31. Staff Credentials for Early Care and Education Programs

	Total Staff	Child Development Associate (CDA) Credential	AA in Early Childhood Education	BA in Early Childhood Education
Head Start Classroom Teachers	1	0	1	0
Head Start Assistant Teachers	1	0	1	0
Day Care Director	1	0	1	0
Day Care Classroom Teachers	1	1	0	0

Source: Cocopah Day Care Center (2016). [Center Data]. Unpublished Data; Cocopah Day Care Center (2016). [Center Data]. Unpublished Data; Office of Head Start (2016). 2014-2015 Program Information Report for Cocopah Head Start Program. Retrieved from <https://hses.ohs.acf.hhs.gov/pir/> Please note that the data in this table reflect the credentials of the staff as of the spring of 2016. Towards the completion of this report there was a change in the staffing of the Day Care Center which as of June 2017 was led by an interim director.

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

The Department of Economic Security Arizona Early Intervention Program (AzEIP) provides services to children from birth to 36 months of age who are developmentally delayed or at high risk of developmental delay.⁷⁸ Fewer than 25 children from the Cocopah Tribe Region were referred to the Arizona Early Intervention Program (AzEIP) in FY 2013 and FY 2014. No children were referred to AzEIP during FY 2015. In that same year, fewer than 25 children received AzEIP services, and none were served in FY 2013 and FY 2014. A national study suggests that about 13 percent of children ages 0 to 2 would typically qualify for early intervention services,⁷⁹ which suggests that at least four young children in the region would be likely to benefit from these services annually (based on Table 1). The AzEIP provider in the Cocopah Tribe Region is Child and Family Resources.

The Arizona Department of Economic Security Division of Developmental Disabilities (DDD) provides services to individuals in the state with a cognitive disability, cerebral palsy, autism, epilepsy or who are at risk for a developmental disability. Children under the age of six are eligible if they show significant delays in one or more of these areas of development: physical, cognitive, communication, social emotional or self-help.⁸⁰ No children from the Cocopah Tribe Region were referred to, screened by, or served by DDD between FY 2012 and FY 2015.



CHILD HEALTH

Why Child Health Matters

The health of a child in utero, at birth, and in early life sets the stage for health and well-being throughout their life. Factors such as access to health care and health insurance, a mother's receipt of prenatal care, 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 future health as well.^{81,82,83}

One way to assess how well a region is faring is by comparing a set of indicators to a set of known targets or standards. With regard to children's health, Healthy People is a federal initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets were developed with the use of current health data, baseline measures, and areas for specific improvement. Using the Healthy People 2020 standards as a tool for comparison can help regions understand where they fall relative to the nation as a whole, as well as identify particular areas of strength and places for improvement in relation to young children's health. Therefore, Healthy People 2020 targets are included when available.

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.⁸⁴ Families without health insurance are more likely to skip these visits, and so are less likely to receive preventive care for their children, or to receive care for health conditions and chronic diseases.^{85,86} Children who lack health insurance are also more likely to be hospitalized and to miss school.⁸⁷ 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.^{xiv}

In addition to services provided by IHS, low income children in the region are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid. AHCCCS coverage is available for children in families with income up to 147 percent of the Federal Poverty Level (FPL) for those under age 1, and up to 141 percent of FPL for those ages 1 to 5 (and 133% for those from 6-19 years). Expanding health insurance availability for lower-income children can lead to health improvements, and to longer-term benefits such as increased high school and college graduation rates and higher lifetime earnings.⁸⁸

Because a number of factors influence the health of a child before conception and in utero, the characteristics of women giving birth can have a substantial impact on the birth and developmental outcomes for their children. For instance, pregnancy during the teen years is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child abuse and neglect.⁸⁹ Teenaged mothers and fathers are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not parent.^{90,91,92}

A mothers' weight status can also influence her child's health. Women who are obese before they become pregnant have pregnancies with a higher risk of birth complications and neonatal and infant mortality.^{93,94} Babies born to obese women are at risk for chronic conditions in later life such as diabetes and heart disease.⁹⁵ Maternal smoking is

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

another factor that can greatly affect child outcomes. Babies born to mothers who smoke are more likely to be born early (pre-term), be low birth weight, die from sudden infant death syndrome (SIDS) and have weaker lungs than other babies.⁹⁶

One potentially harmful birth outcome that can have long-lasting effects are preterm births – births before 37 weeks of gestation. Preterm birth, in addition to being associated with higher infant and child mortality, often results in longer hospitalization, increased health care costs, and longer-term impacts such as physical and developmental impairments. Babies born at a low-birth weight (less than 2,500 grams or 5 pounds, 8 ounces) are also at increased risk of infant mortality and longer-term health problems such as diabetes, hypertension and cardiac disease.⁹⁷

Quality preconception counseling and early-onset prenatal care can help reduce some of these risks for poor birth outcomes by providing information and supporting an expectant mother’s health and nutrition.

After birth, a number of factors have been associated with improved health outcomes for infants and young children. One factor is breastfeeding, which has been shown to reduce the risk of ear, respiratory and gastrointestinal infections, SIDS, overweight, and type 2 diabetes.⁹⁸ The American Academy of Pediatrics recommends exclusive breastfeeding for about 6 months, and continuing to breastfeed as new foods are introduced for 1 year or longer.⁹⁹ Healthy People 2020 aims to increase the proportion of infants who were ever breastfed to 81.9 percent.¹⁰⁰ Immunization against preventable diseases is another factor that protects children from illness and potentially death. In order to assure community immunity (also known as “herd immunity”), which helps to protect unvaccinated children and adults from contracting vaccine- preventable diseases, rates of vaccination in a community need to remain high.¹⁰¹ Research shows that higher exemption rates from vaccines at the school-level have been associated with school-based outbreaks of preventable diseases such as measles and pertussis.¹⁰²

Oral health and good oral hygiene practices are also very important to children’s overall health. Tooth decay and early childhood caries can have short and long term consequences including pain, poor appetite, disturbed sleep, lost school days, and reduced ability to learn and concentrate.¹⁰³

A child’s weight status can have long-term impacts on health and well-being; in the United States, areas of concern tend to center around malnutrition and obesity, rather than undernutrition and underweight. Nationwide, it is estimated that about 3.8 percent of children ages 2-19 are underweight, 16.2 percent are overweight, and 17.2 percent are obese.^{104,105} Obesity can have negative consequences on physical, social, and psychological well-being that begin in childhood and continue into and throughout adulthood.¹⁰⁶ The first two years of life are seen as critical to the development of childhood obesity and its resultant negative consequences.

What the Data Tell Us

Access to Care

Health care services are available through the Indian Health Services (IHS) Fort Yuma Service Health Center to eligible residents from the Cocopah Tribe Region. This facility offers general medical, pediatric, preventative healthcare, mental health, and dental healthcare services to members of both the Cocopah Indian Tribe and the neighboring Fort Yuma Quechan Indian Tribe. The Fort Yuma Health Center is not classified as a hospital. Patients who require services that are not provided at this facility are referred to the Yuma Regional Medical Center or to the Phoenix Indian Medical Center, another IHS facility in the Phoenix area.

Construction of a new facility for the Fort Yuma Health Center, which will be three times as big as the current one, began in the spring of 2016. The new clinic is expected to be completed in the winter of 2017 or early spring of 2018. With the new facility, the dental program will expand substantially with a total of three dentists being available (currently there is only one dentist at the clinic); the number of dental chairs will increase from three to 11. The clinic will also recruit a new provider to expand optometry services in the new facility. Neonatology services will also be expanded. Currently, optometry services are only available once a month.

The Fort Yuma Health Center operates under a modified open-access model where 60 percent of the appointments are kept for same-day visits. On a regular day, 45 new spots are open for the day each morning. This model is an asset to the community because it responds directly to a barrier for care experienced by patients: lack of transportation makes it difficult to keep previously scheduled appointments. Availability of a large number of walk-in visits means that patients who show up at the clinic without an appointment are not turned away. A triage nurse helps determine whether the individual requires immediate attention or if an appointment should be scheduled for a later time. As of September of 2016 the “no-show rate” (e.g., the percentage of missed appointments) at the Fort Yuma Health Center was 14 percent (and 18 percent for dental appointments). The Fort Yuma Health Center has phone and mail-based systems in place to remind patients of their appointments. Nevertheless, key informants indicated that these rates reflect the difficulties that community members experience with transportation when trying to keep their appointments. According to key informants, getting to the clinic and back is particularly difficult for working parents with school-aged children who do not have reliable transportation. Although this modified open-access model prevents some patients from making arrangements for appointments too far out in the future, informants believe that it works for the majority of clinic users.

Data provided by IHS indicate that between October of 2013 and September of 2015 there were a total of 78 unique children ages birth to 5 served by the Fort Yuma Health Center from the Cocopah Indian Tribe (see Table 32). Figure 15 below shows the number of well child visits by age at the Fort Yuma Service Unit during that same time period.

Health services are also provided by the Cocopah Wellness Center, which oversees the Cocopah WIC program. Other tribally operated health programs include an Elder Nutrition program, which serves warm meals to the elders in the community and provides transportation to medical appointments; Alcohol/Drug Abuse Prevention Program (ADAPP) as well as the Cocopah Community Center, which serves as a hub for a variety of activities for families in the community including sports. Some of these tribal programs already coordinate services with the Fort Yuma Health Center. The new facility, however, will allow for additional coordination and closer collaboration as some of these services, such as ADAPP and the Diabetes Program, will be co-located at the new clinic. The new space will also allow for expansion of the programs, with a kitchen being available for cooking demonstrations by the diabetes programs.

Additionally, the First Things First Cocopah Early Steps program offers developmental, hearing and vision screenings to children birth to five years of age. The screenings help the early identification of developmental delays and connect families to appropriate resources in the community. In 2016, 15 children were screened. A key factor in accessing health care is health insurance. According to estimates from the American Community Survey (ACS), 17 percent of young children in the region were estimated to be uninsured, along with 22 percent of the total population in the Cocopah Tribe Region (Table 33). It is important to note that the U.S. Census Bureau does not consider coverage by the Indian Health Service (IHS) to be insurance coverage. Nevertheless, it is likely that ACS numbers shown on Table 33 below underestimate the number of children without health insurance in the region. The 2014 First Things First Cocopah Tribe Regional Partnership Council Needs and Assets Report included data on the insurance status of young children from the Cocopah Tribe Region for those served by IHS. According to this report,

45 percent of young children in the region did not have third-party insurance coverage in addition to the services provided by IHS.¹⁰⁷

One way that children in Arizona have had access to health insurance is through the Affordable Care Act (ACA). As of February 2016, 46,700 children under 18 in Arizona were enrolled in federally-facilitated marketplace plans through the ACA, representing 23 percent of those enrolled under ACA across the state. This is the highest proportion of young people enrolled in any state (tied with North Dakota and Utah); the national rate is 9 percent.¹⁰⁸

Table 32. Active Indian Health Service Users^{xv}

	Cocopah Tribe
Young Children (ages 0-5)	78
Children (ages 0-17)	220
All Ages	691

Source: Phoenix Area Indian Health Service (2016). [Maternal and Child Health Dataset]. Unpublished Data

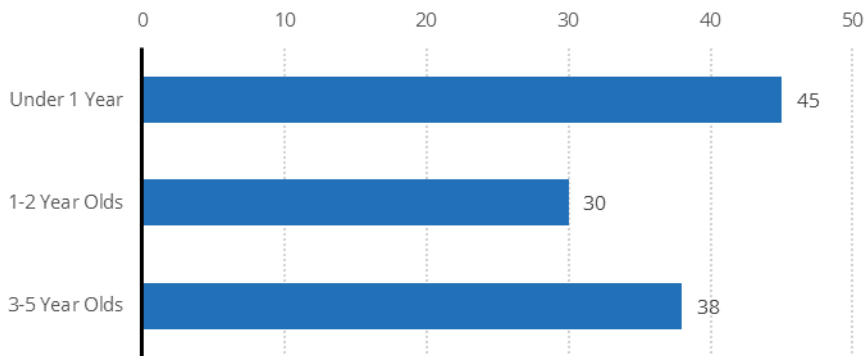
Table 33. Estimated Proportion of Population Without Health Insurance

	Estimated population (ages 0-5)	Children (ages 0-5) without health insurance	Estimated population (all ages)	Persons (all ages) without health insurance
Cocopah Tribe	132	17%	1,172	22%
ALL ARIZONA RESERVATIONS	19,868	18%	184,327	26%
Yuma County	18,251	12%	193,273	20%
ARIZONA	531,825	10%	6,453,706	16%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B27001

^{xv} Please note that the number of active users represents all members of the Cocopah Indian Tribe (birth to 5) who received services at least once at the IHS Fort Yuma Service Unit during the stated time period, regardless of their place of residence. This means that some of these children may not be living within the reservation boundaries but in the surrounding areas, which includes some towns in California. Personal Communication, Indian Health Service – Phoenix Area, September 2016.

Figure 15. Number of Well Child Visits at IHS by Age Group



Source: Phoenix Area Indian Health Service (2016). [Maternal and Child Health Dataset]. Unpublished Data

Maternal Characteristics

In 2014, fewer than 25 babies were born in the Cocopah Tribe Region (Table 34). Data from the Arizona Department of Health Services indicate that between 2002 and 2011 the number of births in the Cocopah Tribe Region remained stable (between 33 and 35 births in a period of two years). In the 2012-2014 period, however, there was an increase in the number of births to mothers in the region to a total of 41 (Figure 16).

The vast majority (91%) of the mothers who gave birth in the Cocopah Tribe Region in 2014 were American Indian, compared to one percent in Yuma County and six percent in the state as a whole (Figure 17). A higher proportion of new mothers in the Cocopah Tribe Region were not married (64%) compared to the county and the state (44% and 45% respectively, see Table 35). All of the births in the region during that year were to mothers relying on AHCCCS or Indian Health Service (IHS) coverage, compared to only 55 percent in Arizona as a whole. None of the mothers from the Cocopah Tribe Region reported smoking during pregnancy.

Another aspect of maternal health that is linked to both birth outcomes and a child's subsequent health is maternal obesity. Data from the Cocopah WIC program indicate that the majority of women enrolled in the program were overweight or obese prior to becoming pregnant.^{xvi} This proportion has varied somewhat over the years, with a low of 71 percent in 2011 to a high of 83 percent in 2015 (Table 36). Even the lowest rate (71%) is substantially higher than that of Arizonan women who participate in the WIC program managed by the Arizona Department of Health Services (58%).¹⁰⁹

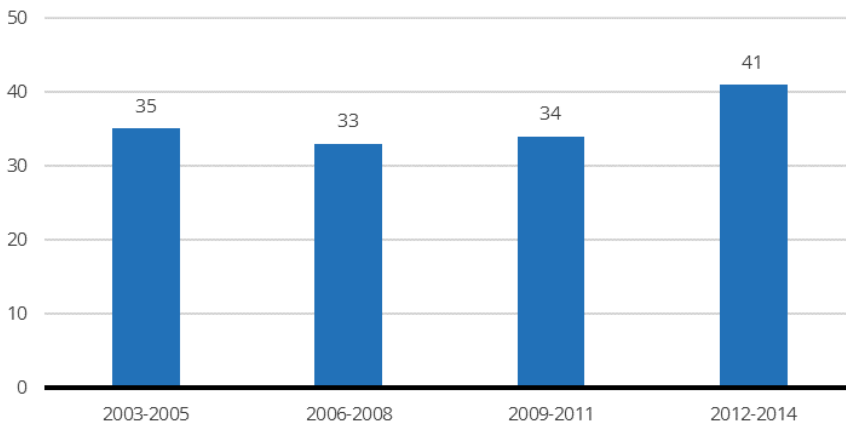
^{xvi} Please note that the Cocopah WIC data are not exclusive to women from the Cocopah Tribe Region. They represent the program as a whole, and the majority of the program participants are from the Fort Yuma Quechan Indian Tribe.

Table 34. Live Births During Calendar Year 2014, by Mother’s Place of Residence

	Total number of births to Arizona-resident mothers in 2014
Cocopah Tribe	<25
ALL ARIZONA RESERVATIONS	N/A
Yuma County	3,058
ARIZONA	86,648

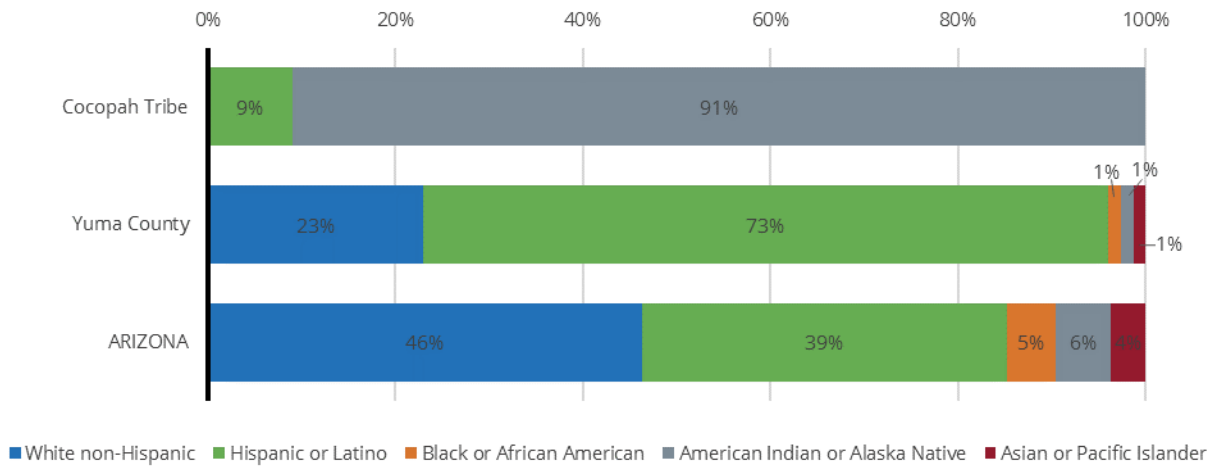
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 16. Births on the Cocopah Reservation, 2003-2014



Source: Arizona Department of Health Services (2015). American Indian Health Profiles, 2003-2014. Retrieved from <http://pub.azdhs.gov/health-stats/report/hspam/index.php>

Figure 17. Race and Ethnicity of Mothers Giving Birth in 2014



Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Table 35. Characteristics of Mothers Giving Birth in 2014

	Mother was not married	Mother was 19 or younger	Mother was 17 or younger	Birth was covered by AHCCCS or Indian Health Service	Tobacco use during pregnancy
Cocopah Tribe	64%	DS	0%	100%	0%
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A
Yuma County	44%	10%	3%	60%	2%
ARIZONA	45%	8%	2%	55%	5%

Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Table 36. Health Indicators for Mothers Enrolled in the Cocopah WIC Program, 2011-2015

	2011	2012	2013	2014	2015
Mother gave birth at age 17 or younger	<25	<25	<25	<25	<25
Mother gave birth at age 18 or older	47	40	32	<25	45
Underweight (BMI under 18.5) before pregnancy	5%	2%	0%	0%	2%
Normal weight before pregnancy	24%	15%	24%	25%	12%
Overweight (BMI 25 to 30) before pregnancy	19%	24%	33%	13%	27%
Obese (BMI over 30) before pregnancy	52%	60%	43%	63%	56%
Smoker present in the household	<25	<25	27	<25	55

Source: Cocopah WIC Office (2016). [WIC Data]. Unpublished Data

Prenatal Care and Birth Outcomes

Prenatal care is available to residents of the Cocopah Tribe Region through the Fort Yuma Health Center and through referrals to contracted private providers in the Yuma area. Obstetric care for managing medical risks associated with the pregnancy is provided by private providers, but the Public Health Nurse at Fort Yuma Health Center provides routine care and prenatal education on a monthly basis. The Public Health Nurse also makes sure that pregnant women receive the necessary medical care, and can reach out to them if they miss an appointment.

The majority of babies from the region are born at Yuma Regional Medical Center, the only facility with a labor and delivery unit within 300 miles. The Fort Yuma Health Center has reached an agreement with Yuma Regional Medical

Center to ensure continuity of care for the women and newborns and there is good communication between these two institutions. Yuma Medical Regional Center sends a notification of a baby being born to the case manager at Fort Yuma Health Center, along with information on breastfeeding status and any breastfeeding education the new mother might have received. This information is conveyed directly to the Public Health Nurse. Case managers with Fort Yuma Health Center are also able to access the electronic records of their patients delivering at Yuma Regional Medical Center. The positive relationship between these two health care facilities which ensures continuity of care for newborns and their mothers is an asset in the region.

The Healthy People 2020 goal is that at least 77.9 percent of pregnant women receive prenatal care that begins in the first trimester of pregnancy. Prior to 2014, the percent of pregnant women with early prenatal care in the Cocopah Tribe Region varied between 38.9 and 75.0 percent (Figure 18). In 2014, the Arizona Department of Health Services introduced major changes in the way that prenatal care by trimester is assessed; these structural changes mean that rates from 2014 onward are not directly comparable to earlier rates. The new calculations have resulted in a much higher number of birth certificates with “unknown” prenatal care status statewide, and 9.1 percent of births in the region could not have prenatal care status determined. Of those with known prenatal care status, 45.5 percent of mothers obtained prenatal care during the first trimester, meaning that the Healthy People 2020 goal was not met (Table 37). Of the women who gave birth in the region in 2014, 18.1 percent of women had fewer than five prenatal care visits. Even though this proportion is higher than that of Yuma County (13.0%) and three times as high as that of the state as a whole (6.5%) the region, county and state met the Healthy People 2020 of 22.4 percent or less (Table 37).

In terms of perinatal health, none of the babies born in the region in 2014 had low birth weight (e.g. 5.5 lb. or less), compared to 5.9 percent of babies in Yuma County and 7.0 percent of babies in Arizona. A similar proportion of babies were born premature (e.g. under 37 weeks of gestation) in the Cocopah Tribe Region (9.1%) and the state (9%) during that same year (Table 38). Healthy People 2020 objectives include that fewer than 7.8 percent of babies are born at low birth weights and fewer than 11.4 percent are born preterm, meaning that the Cocopah Tribe Region has achieved both Healthy People 2020 goals (see Figure 19 and Figure 20).

Data from the Cocopah WIC program shows that participating infants have also met the Healthy People 2020 goal of fewer than 7.8 percent of babies being born with low birth weight every year since 2011. The only exception was 2012, when 11 percent of babies participating in the program were born with low birth weight (Figure 19).

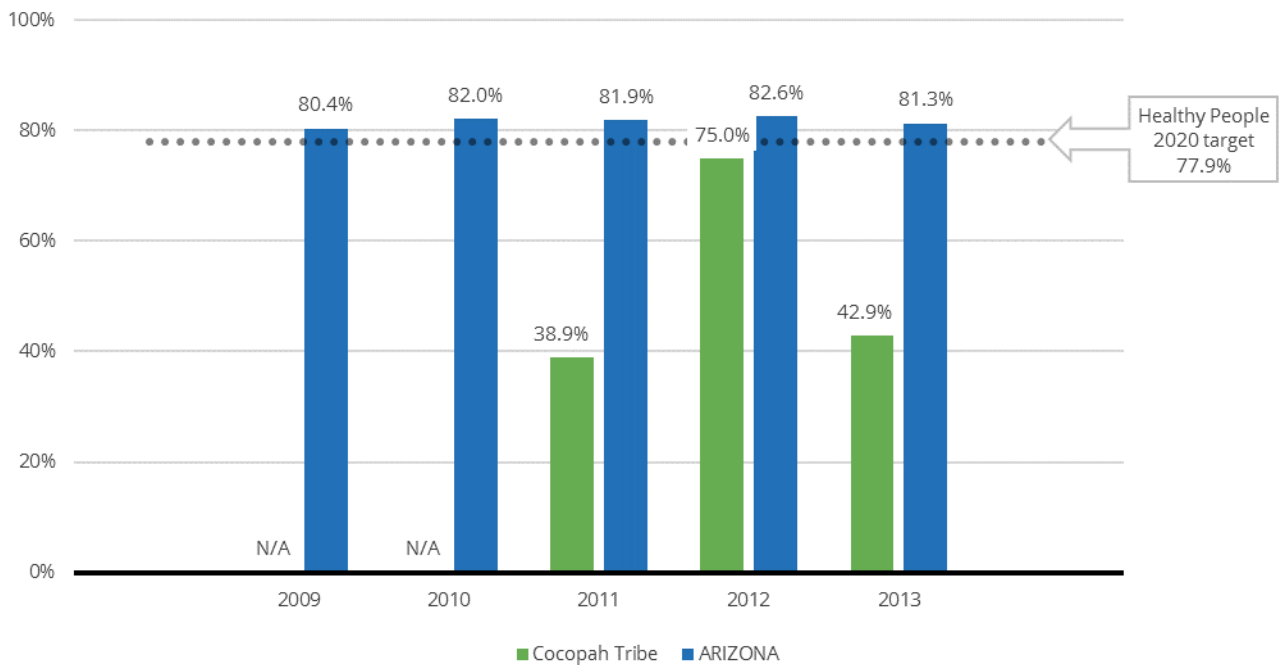
In 2015 infants participating in the Cocopah WIC program lagged behind the Healthy People 2020 goal of 81.9 percent of babies ever being breastfed. Nevertheless, the proportion of infants ever breastfed in the program increased substantially between 2011 (39%) and 2015 (75%). A similar trend can be observed in the rates of infants being breastfed for at least three months: the proportion of Cocopah WIC infants in this category doubled between 2012 (15%) and 2015 (33%) (Figure 21).

Table 37. Live Births During Calendar Year 2014, by Number of Prenatal Visits

	No visits	1 to 4 visits	5 to 8 visits	9 to 12 visits	13 or more visits	Percent of births with fewer than five prenatal care visits	Percent of births with prenatal care begun in first trimester
Cocopah Tribe	9%	9%	27%	27%	18%	18%	50%
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Yuma County	5%	8%	18%	40%	28%	13%	59.5%
ARIZONA	2%	4%	15%	47%	31%	6%	71.7%

Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 18. Percent of Births With Prenatal Care Begun in First Trimester



Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

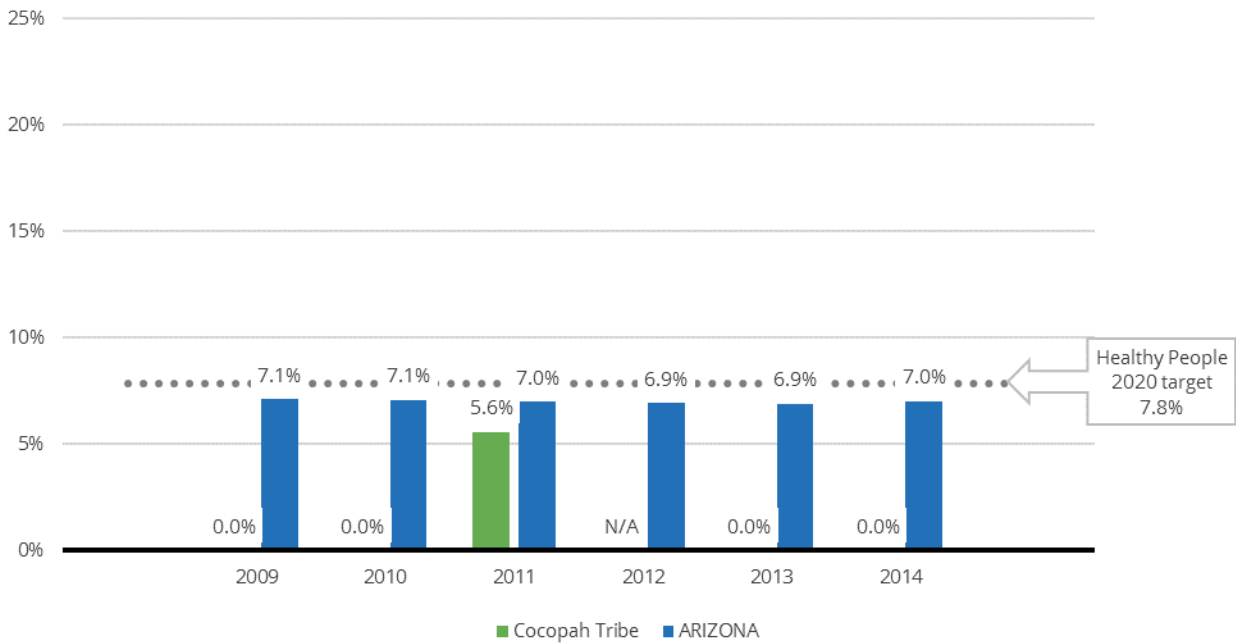
Note: In 2014, the Arizona Department of Health Services introduced major changes in the way that pregnant care by trimester is assessed; these structural changes mean that rates from 2014 onward are not directly comparable to earlier rates.

Table 38. Other Characteristics of Babies Born in 2014

	Baby had low birthweight (5.5 lb. or less)	Healthy People 2020 target for low-birthweight babies	Percent of premature births (under 37 weeks)	Healthy People 2020 target for premature births	Newborns admitted to intensive care unit
Cocopah Tribe	0.0%	7.8%	9.1%	11.4%	9.1%
ALL ARIZONA RESERVATIONS	N/A	7.8%	N/A	11.4%	N/A
Yuma County	5.9%	7.8%	8.1%	11.4%	7.3%
ARIZONA	7.0%	7.8%	9.0%	11.4%	6.7%

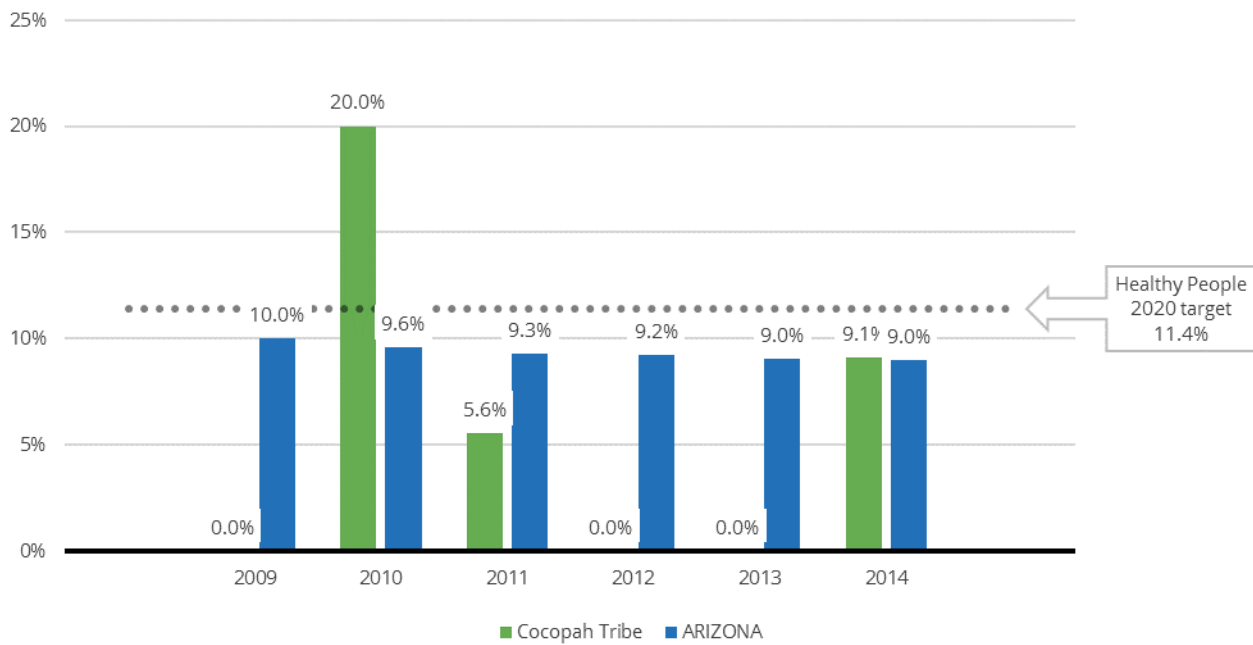
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 19. Percent of Babies Born in 2014 With Low Birthweight (5.5 Pounds or Less)



Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 20. Percent of Babies Born Premature in 2014 (37 Weeks or Less)



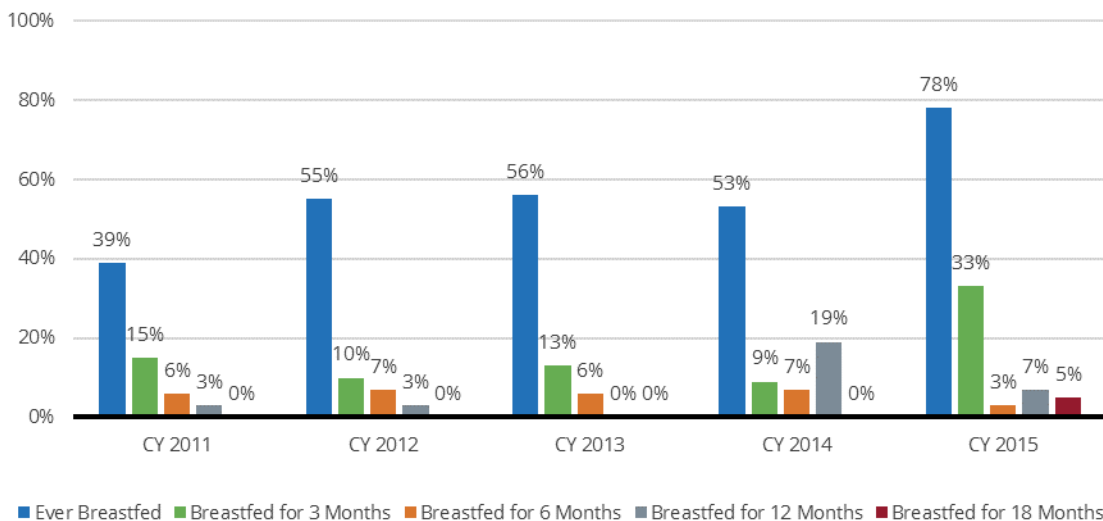
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Table 39. Health Indicators for Infants Enrolled in the Cocopah WIC Program, 2011-2015

	2011	2012	2013	2014	2015
Infants with high birth weight (4 kg or more)	6%	17%	21%	8%	18%
Infants with normal birth weight	86%	72%	72%	92%	75%
Infants with low birth weight (2.5 kg or less)	8%	11%	6%	0%	8%
Infants born pre-term (Less than 37 weeks)	N/A	N/A	N/A	<25	<25
Infants ever breastfed	39%	55%	58%	55%	75%
Infants breastfed 3+ months	15%	18%	16%	8%	33%
Infants breastfed 6+ months	6%	11%	6%	7%	3%

Source: Cocopah WIC Office (2016). [WIC Data]. Unpublished Data

Figure 21. Breastfeeding Rates for Infants in the Cocopah WIC Program, 2011-2015



Source: Cocopah WIC Office (2016). [WIC Data]. Unpublished Data

Immunizations

Data provided by the Indian Health Services for children from the Cocopah Indian Tribe show that in the period between October 2013 and September 2015, 33.3 percent of children 19 to 35 months old were fully immunized.^{xvii} It is important to note, however, that this rate is based on a very small number of children. In the Cocopah Tribe Region, young children are likely to join an early child care and education program at the age of 3 or 4. Because these programs require that children are fully immunized in order to participate, it is possible that the immunization rates for the preschool-age children in the region are higher than the one shown above. According to data from the Cocopah Head Start program, in the school year 2014-2015 all of the children enrolled in the program were up-to-date on their immunizations.¹¹⁰

Key informants indicated that in the past two years, the childhood immunization rate at the Fort Yuma Health Center had gone down to about 50 percent due to staffing shortages. A Public Health Nurse position was filled in September of 2015 after being vacant for a long time. Immunization rates began to rise by January of 2016. By November of 2016 staff from the clinic noticed that the rates had plateaued, hovering at about 75 percent. In response, in January of 2017 the clinic allocated additional resources for immunizations-related outreach in the form of a clinical registered nurse. Key informants also indicated that the clinic is able to do forecasting and tracking of immunization status for its patients, which allows the Public Health Nurse and pediatric nurses to identify children who are due for vaccines and to reach out to them. With the addition of the clinical registered nurse conducting

^{xvii} Following the 4:3:1:3:3:1:4 vaccination series (i.e. 4 DTap, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal). Please note that the number of active users represents all members of the Cocopah Indian Tribe (birth to 5) who received services at least once at the IHS Fort Yuma Service Unit during the stated time period, regardless of their place of residence. This means that some of these children may not be living within the reservation boundaries but in the surrounding areas, which includes some towns in California. Personal Communication, Indian Health Service – Phoenix Area, September 2016.

outreach among families served by the clinic, staff from the Fort Yuma Health Center believe that the percentage of young children with up-to-date immunization is likely to increase by the summer of 2017.

Oral Health

More children in kindergarten in Arizona (52%) have tooth decay compared to children across the nation (36%). Within Arizona, American Indian (76%) children are more likely to experience tooth decay than white children (34%).¹¹¹

In 2010, the Indian Health Service (IHS) implemented an ongoing oral health surveillance system to monitor the oral health of American Indian and Alaska Native (AI/AN) children. Historically, this population has seen the highest rates of tooth decay in the United States, and it continues today at a rate that is 4 times than that of white children. The IHS Oral Health Survey collected data from preschool-age children in 2012 and 2014. During this last year, survey data were collected from a total of 11,873 children ages 1 to 5 from all IHS Areas, including 796 children from the Phoenix Area which includes the Cocopah Tribe Region. Results from the survey show that that 43 percent of AI/AN children ages 3 to 5 have untreated tooth decay. American Indian/Alaska Native children begin to experience tooth decay at an early age: 18 percent of the one-year old children participating in the survey already had tooth decay. In addition, the prevalence of decay experience in the primary teeth rises sharply with age, with 76 percent of five years olds experiencing this condition. This means that prevention efforts are essential before the age of two in the reduction of tooth decay prevalence among AI/AN children. The survey also found that many AI/AN children were not receiving adequate dental care and there was an underutilization of dental sealants on AI/AN children's primary molars.¹¹² While the state of Arizona has met its own 2020 benchmark of no more than 32% of children with untreated tooth decay and is on track towards the Healthy People's 2020 target (26%),¹¹³ there remains a strong need for focused oral health efforts on primary prevention in tribal communities across the state.

As mentioned above, currently there is only one dentist providing services at the Fort Yuma Health Center. The move to the new facility, however, will allow for an increase in both the number of providers (to a total of three) as well as in the number of dental chairs available (to a total of 11). Key informants indicated that with only one provider available, it is difficult to schedule appointments and to provide prevention services to young children. Often, clients are seen to address acute dental problems. Although most community members seek out dental services at Fort Yuma Health Center, this clinic has the ability to refer patients to other IHS facilities such as Phoenix Indian Medical Center or the Parker Indian Hospital. Few patients actually receive services outside of the Fort Yuma Service Unit, though.

Data from the Indian Health Services show that a total of 56 unique children under the age of six received topical fluoride applications between October 2013 and September 2015 at the Fort Yuma Service Unit. Fewer than 25 children received sealant applications in that same period, which is consistent with the findings from the 2014 IHS Oral Health Surveys discussed above: only six percent of American Indian/Alaska Native (AI/AN) children participating in the survey had at least one dental sealant on a primary molar tooth. This low rate of sealant use suggests that sealants as a preventative strategy is underutilized among AI/AN children.¹¹⁴

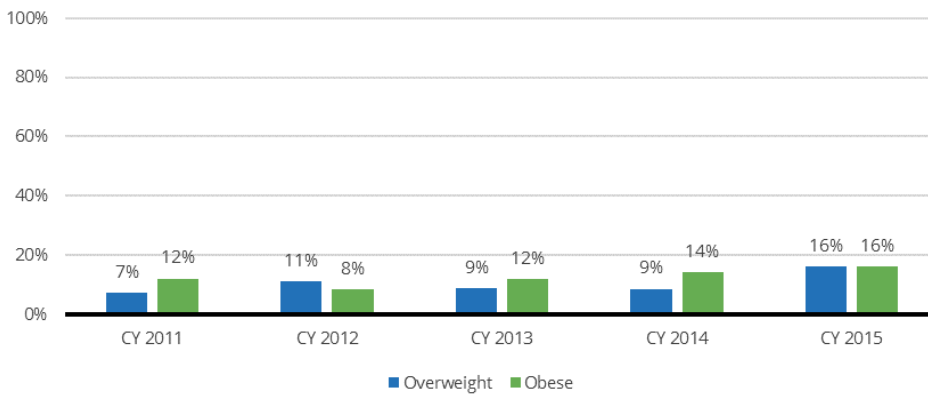
Weight Status

Healthy People 2020 has set a goal of no more than 9.4 percent of children having obesity. Data from the Indian Health Service for children from the Cocopah Indian Tribe receiving services at the Fort Yuma Service Unit indicate that almost one-quarter (23.8%) of children (ages 2-5) are obese.¹¹⁵

Data on the weight status of children in the region were also available from the Cocopah WIC program. In 2015, 16 percent of the children participating in the program were obese and an additional 16 percent were overweight (Figure 22). These proportions remained relatively stable between 2011 and 2013. The obesity rate, however, appears to be on an upward trend during the last two years. Although these rates are lower than the one from the Fort Yuma Health Center, it is important to remember that the Cocopah WIC program also serves children from other communities and not only the Cocopah Indian Tribe; in fact, the majority of the children in the program are from the neighboring Fort Yuma Quechan Indian Tribe. Therefore, the IHS rate might be more accurately representing the children from the Cocopah Tribe Region. Based on these data (whether the WIC or IHS rates), the region appears to not be meeting the Healthy People 2020 target for childhood obesity.

In addition to the WIC program, nutrition services are also available through the Diabetes Program and the Fort Yuma Health Center. Key informants pointed out, however, that healthy food choices are closely related to other larger societal factors and that broader socio-economic challenges in the community may result in a limited availability of healthy food for the families in the region.

Figure 22. Overweight and Obesity Rates for Children (ages 2-4) in the Cocopah WIC Program, 2011-2015



Source: Cocopah WIC Office (2016). [WIC Data]. Unpublished Data



FAMILY SUPPORT AND LITERACY

Why Family Support and Literacy Matter

Parents, caregivers and families who provide positive and responsive relationships support optimal brain development during a child's first years^{116,117} and promote better social, physical, academic and economic outcomes later in that child's life.^{118,119} Parental and family involvement is positively linked to academic skills and literacy in preschool, kindergarten and elementary school.¹²⁰ Literacy promotion is so central to a child's development that the American Academy of Pediatrics has identified it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.¹²¹ Reading aloud, singings songs, practicing nursery rhymes, and engaging in conversation primes children to reach their full potential. In 2014, First Thing First conducted the Parent and Caregiver survey, a face-to-face survey of parents and caregivers in tribal regions. This survey was based on a subset of items from the 2012 First Things First phone-based Family and Community Survey that inquired about a parent or caregiver's knowledge of children's early development and their involvement in a variety of behaviors known to contribute positively to healthy development. Data on the amount and quality of the interaction parents and caregivers typically have with their children can be useful to inform programs and policies to encourage positive engagement.

Not all children are able to begin their lives in the most positive, stable environments. Adverse Childhood Experiences (ACEs)^{xviii} have been linked to risky health behaviors (such as smoking, drug use and alcoholism), chronic health conditions (such as diabetes, depression, obesity), poorer life outcomes (such as lower educational achievement and increased lost work time), and early death.¹²² Children in Arizona are more likely to have experienced two or more ACEs (31.1%) than children across the country (21.1%).¹²³ Children subject to maltreatment and neglect often suffer physical, psychological and behavioral consequences, and in fact are much more likely to have interactions with the criminal justice system in later life.¹²⁴

Behavioral health supports are often needed to address issues of domestic violence, maltreatment, abuse and neglect that children may face. Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."¹²⁵ When young children experience stress and trauma they have limited responses available to react to those experiences.

Children exposed to alcohol and drugs neonatally also face behavioral and other concerns. Opiate use during pregnancy, both illegal and prescribed use, has been associated with neonatal abstinence syndrome (NAS), where infants born exposed to these substances exhibit withdrawal creating longer hospital stays, increased health care costs and increased complications for infants born with NAS.¹²⁶ Infants exposed to cannabis (marijuana) in utero often have a decrease in birth weight, and are more likely to be placed in neonatal intensive care, compared to infants whose mothers had not used the drug during pregnancy.¹²⁷ Substance abuse treatment and supports for parents and families grappling with these issues can help to ameliorate these short and long-term impacts on young children.

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

What the Data Tell Us

Family Involvement

The early care and education programs available in the region offer family engagement opportunities to the parents and caregivers of children enrolled in their programs. The Cocopah Head Start program holds monthly parent meetings where food is provided to the participants. Information is shared with parents via newsletters and fliers that are sent home in the children's backpacks and that are also distributed during drop-off as children are bused home. At the Cocopah Day Care, enrolled children also prepare lunch for their parents on a monthly basis.

Key informants indicated that ensuring participation and involvement of parents in the region is sometimes challenging. Some programs have regular participation from an active group of parents who are passionate about their children's education and development. However, key informants also noted that the parents who would benefit the most from attending the activities being offered are often absent. Transportation can be a challenge for families in the region and may affect parents' ability to partake in organized activities.

Parenting support services are available in the region through the First Things First-funded Cocopah Early Steps Program. Cocopah Early Steps is a home visitation program available to all interested families with young children in the region. The program utilizes the Parents as Teachers (PAT) evidence-based curriculum and is currently funded by the First Things First Cocopah Regional Partnership Council to serve a total of 20 families ranging from pregnant women to preschool-age children. As of April of 2016, 23 families received voluntary services to enhance their parenting skills and deal with specific challenges, including first-time parenting, parenting a child with special needs or multiple births, and 12 families were on the waiting list. Services provided also include developmental screenings in order to identify children who may be at risk for developmental delays, as well as referrals for additional screenings or services to address possible delays. The Early Steps program also offers monthly group parent meetings, called Group Connections. Group Connections offer a way for parents and caregivers to participate in activities with their children and with other parents. These monthly meetings provide opportunities to establish social support systems and socialization between young children. Group Connections can include family activities, interesting presentations and group discussion. Additional funding from the Maternal, Infant, and Early Childhood Home Visiting program was awarded to the Cocopah Indian Tribe. This funding allowed for the expansion of the Early Steps home visitation program and the hiring of a new parent educator who was also trained in the PAT model. Through the two funding sources, in-home parenting support may be provided to 40 families in the Cocopah Tribe region.^{xix}

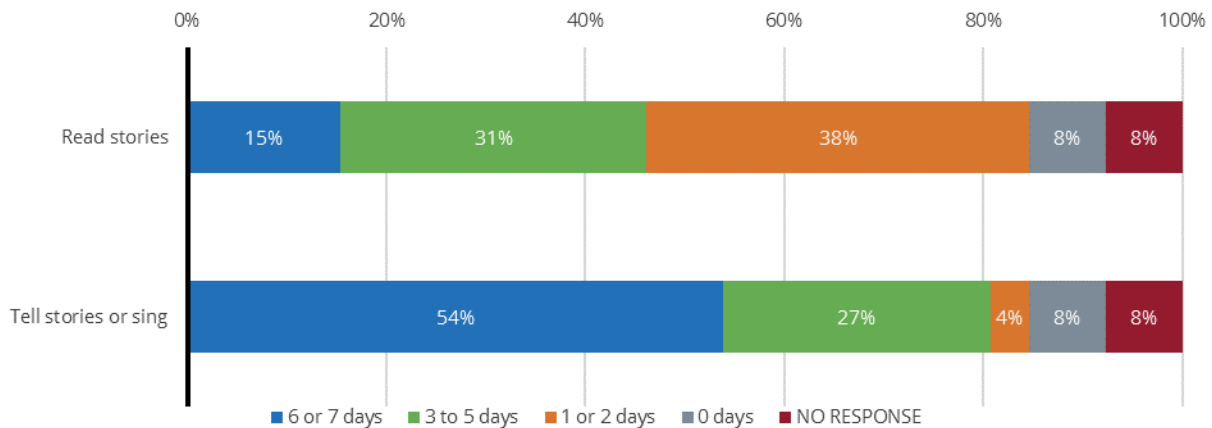
The Early Steps and Head Start programs collaborate closely around early literacy events and parent engagement activities.

The First Things First 2014 Cocopah Tribe Region Parent and Caregiver Survey conducted with parents in the spring of 2014 collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development. The survey included two items about home literacy activities. Figure 23 shows the distribution of responses to these two questions that asked parents about the frequency of reading and telling stories or singing to young children in the household. Fifteen percent of the respondents reported that someone in the home read to their child six or seven days in the week prior to the survey. A much larger fraction (46%) reported that the child was not read to, or only read to once or twice during the week. (About 8% of the respondents did not give an answer to

^{xix} The Maternal, Infant and Early Childhood Home Visiting funding was awarded to the Arizona Department of Health Services which in turn, awarded this grant to First Things First. The Cocopah Indian Tribe received the funding through a grant agreement with First Things First.

this question.) In comparison, telling stories or singing songs was much more frequent. In a large majority of the homes (81%), children are hearing stories or songs three or more days per week. The average respondent reported reading stories 2.8 days per week, and singing songs or telling stories 4.8 days per week.

Figure 23. Responses to "During the past week, how many days did you or other family members read stories to your child?" and "During the past week, how many days did you or other family members tell stories or sing songs to your child?"



Source: First Things First (2014). [First Things First 2014 Cocopah Tribe Region Parent and Caregiver Survey dataset]. Unpublished data.

Family-oriented activities are also available in the region through the Cocopah Community Center, which maintains a daily calendar of events for children, adolescents, adults, and elders. Parenting classes are offered in partnership with the Cocopah Social Services Department.

Key informants interviewed for this report were asked about the things that work well and support the healthy development of young children in the region. Several of them emphasized the high value that community members place on the Cocopah culture and on children learning about it by growing up on the reservation. The small size of the community means that community members know each other well and can look after each other. Key informants also talked about the strength and resilience of community members, despite the economic challenges that many families experience. The availability of a wide range of services to community members was also highlighted as an asset. In particular, the services provided so that residents in the region—both minors and adults—can pursue their education was highly valued. Good working relationships among different departments and outside entities serving the region were also identified as a strength.

Key informants also shared their thoughts about the main challenges affecting families with young children. Unemployment and low educational attainment were highlighted by key informants as overarching challenges that affect parents and their ability to support their children. Lack of reliable transportation was brought up as a barrier to accessing services, especially since the reservation is composed of three separate areas and also because families often need to commute outside of the reservation boundaries to receive services.

Child Welfare

Child Welfare services in the Cocopah Tribe Region are provided by the Cocopah Social Services Department, which works in close collaboration with the Cocopah Police Department and other non-tribal agencies involved in the child welfare system such as with the Arizona Department of Child Safety offices in Yuma and Somerton. The Social Services Department also collaborates with other programs providing behavioral health services in the community. As mentioned above, parenting classes are offered by the Social Services Department in partnership with the Cocopah Community Center. These are 6-session weekly classes that are open to the community at large. Key informants identified an ongoing need for training on issues relevant to families in crisis and the child welfare system. Staff from the Social Services Department have been able to take advantage of trainings provided locally at the Yuma County Library, the online-based training "Relias Learning" (formerly known as "Essential Learning") offered through Cenpatico, as well as trainings provided by the Inter-Tribal Council of Arizona.

A tribally-operated Youth Home in the region provides services for children ages 5 to 17 who have been placed out of home. The Youth Home is also available for respite care and emergency placement (foster families are also able to provide emergency placements). Children under the age of six are placed in kinship care or with foster families. Recruiting foster homes within the community can be challenging, so most children are placed with relatives. The majority of young children removed from their home stay in the community.

Data provided by the Cocopah Social Services Department indicate that in 2014 there were a total of 27 substantiated cases of child abuse or neglect (of children birth to 17 years old) in the region; in 2015, there were 26 cases. During that two-year period (2014 and 2015) there were a total of 63 children (birth to 17 years old) who were removed from their homes and were wards of the Cocopah Indian Tribe. The majority of these children were placed in foster homes licensed by the Cocopah Social Services Department or in the Cocopah Youth Home. In 2014 there were fewer than ten foster homes on or off-the reservation licensed by the Cocopah Social Services Department. In 2015, there were fewer than ten on-reservation, and 11 off-reservation foster homes available to children from the Cocopah Indian Tribe.

Table 40 below shows the detailed breakdown of how children were placed by the Cocopah Social Services Department.

Table 40. Children (0-17) placed by the Cocopah Social Services Department

	2014	2015
Wards in Cocopah Foster Homes	48%	50%
Wards in Cocopah Group Home	36%	23%
Wards placed with relatives	9%	10%
Wards in Jail	3%	10%
Wards with Parents	0%	7%
Wards in residential treatment centers	3%	0%
Wards with adoptive family, pending adoption	0%	0%

Source: Cocopah Human Services Department (2016). [Child Welfare Data]. Unpublished data.

Behavioral Health

In Arizona, the Arizona Health Care Cost Containment System (Arizona’s Medicaid program) contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer publically-funded behavioral health services. Arizona is divided into separate geographical service areas (GSAs) served by various RBHAs.^{xx} Yuma County, where the Cocopah Indian Tribe is located, is served by the South GSA, which is serviced by Cenpatico Integrated Care.

Each year from 2012 to 2015, fewer than 25 pregnant or parenting women received publically-funded behavioral health services through Cenpatico Integrated Care in the Cocopah Tribe Region. No children ages 0 to 5 received behavioral health services in the Cocopah Tribe Region in that same period.¹²⁸

Behavioral Health Services to residents of the Cocopah Tribe Region are provided by the IHS Fort Yuma Health Center and also by the Cocopah Alcohol/Drug Abuse Prevention Program (ADAPP).

ADAPP provides substance use prevention and treatment services to residents of the Cocopah Tribe Region. This program delivers educational services to children 11 years old and older through a designated adolescent counselor. These services often include a cultural component; during the summer months, camping and fishing activities are also organized by the program.

During the past two years the outpatient intervention program for adults was reestablished using the Native-focused Wellbriety program, which consists of 24-36 sessions, twice a week for 1.5 hours. Support groups (e.g. talking circles, Narcotics Anonymous, Alcoholics Anonymous) are offered in the evenings and the program provides transportation

^{xx} Arizona Regional Behavioral Health Areas. See <https://www.azahcccs.gov/img/BehavioralHealth/ARBHAMap.jpg>

so clients can attend (no child care is available from the program, but children can sometimes participate in talking circles). ADAPP works in conjunction with the Fort Yuma Health Center to enroll clients into the Arizona Health Care Cost Containment System (AHCCCS, or Arizona's Medicaid) if they require intensive outpatient care, or residential care. The Cocopah Indian Tribe covers the cost of inpatient treatment services for those enrolled members who are not eligible for AHCCCS. Clients are sent to Phoenix to receive services by Native American Connections. Youth inpatient services are available through IHS at a facility in Nevada.

ADAPP works in collaboration with the Cocopah Cultural Resources Department to incorporate the Cocopah culture in the services that it provides. ADAPP also partners with other providers in Somerton and with Cenpatico Integrated Care. Although domestic violence treatment services are not available within the region, ADAPP is able to refer community members in need of services to the neighboring Fort Yuma Quechan Indian Tribe.

Behavioral health services are also available for members of the Cocopah Indian Tribe and residents of Yuma County through the Tribal Warm Line (TWL) operated by NurseWise, Cenpatico's crisis line provider. The TWL offers over-the-phone support to American Indian residents and is staffed by Tribal Support Partners (TSP), who are tribal members living and working in their own communities. TWL is funded by the Arizona Department of Health Services/Division of Behavioral Health Services and AHCCCS.

According to a 2015 AHCCCS report, 67 percent of children in foster care in Arizona in FY2014 were enrolled in behavioral health services, compared to just one in 15 children (7%) enrolled in AHCCCS, not in the foster care system.¹²⁹ Beginning in 2015, each Regional Behavioral Health Authority (RBHA) was contractually required to ensure that children in Department of Child Safety (DCS) custody and their families are referred for ongoing behavioral health services, suggesting that rates of both mothers and children being provided services are likely to increase going forward. Although children in foster care in the Cocopah Tribe Region are under custody of the Cocopah Indian Tribe, coordination of services around behavioral health needs are also in place in the region. Staff from the Social Services Department, the Cocopah Wellness Center, Cocopah Alcohol/Drug Abuse Prevention Program, Indian Health Services, and Cenpatico Integrated Care meet monthly to coordinate and address concerns that are common to clients served by these programs. Both the Cocopah Social Services Department and the ADAPP program can also refer clients to Community Health Associates, an agency that is a contracted network provider for Cenpatico Integrated Care and that offers behavioral health services to residents of Yuma County. Staff from Community Health Associates are able to come into the region to conduct behavioral health assessments to referred clients.

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services include 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.¹³⁰



COMMUNICATION, PUBLIC INFORMATION, AND AWARENESS^{xxi}

^{xxi} This section of the report was prepared by the First Things First Communications Division.

Why Communication, Public Information, and Awareness Matter

Public awareness of the importance of early childhood development and health is a crucial component of efforts to build a comprehensive, effective early childhood system in Arizona. Building public awareness and support for early childhood is a foundational step that can impact individual behavior as well as the broader objectives of system building. For the general public, information and awareness is the first step in taking positive action in support of children birth to 5, whether that is influencing others by sharing the information they have learned within their networks or taking some higher-level action such as elevating the public discourse on early childhood by encouraging increased support for programs and services that impact young children. For parents and other caregivers, awareness is the first step toward engaging in programs or behaviors that will better support their child's health and development.

Unlike marketing or advocacy campaigns which focus on getting a narrowly-defined audience to take short-term action, communications efforts to raise awareness of the importance of early childhood development and health focus on changing what *diverse* people across Arizona *value* and providing them multiple opportunities over an extended time to act on that commitment.

There is no one single communications strategy that will achieve the goal of making early childhood an issue that more Arizonans value and prioritize. Therefore, integrated strategies that complement and build on each other are key to any successful strategic communications effort. Employing a range of communications strategies to share information – from traditional broad-based tactics such as earned media to grassroots, community-based tactics such as community outreach – ensures that diverse audiences are reached more effectively wherever they are at across multiple mediums. Other communications strategies include: strategic consistent messaging, brand awareness, community awareness tactics such as distribution of collateral and sponsorship of community events, social media, and paid media which includes both traditional and digital advertising. Each of these alone cannot achieve the desired outcome of a more informed community, so a thoughtful and disciplined combination of all of these multiple information delivery vehicles is required. The depth and breadth of all elements are designed to ensure multiple touch-points and message saturation for diverse audiences that include families, civic organizations, faith communities, businesses, policymakers and more.

What the Data Tell Us

Since state fiscal year 2011, First Things First has led a collaborative, concerted effort to build public awareness and support across Arizona employing the integrated communications strategies listed above.

Results of these statewide efforts from SFY2011 through SFY2016 include:

- More than 2,000 formal presentations to community groups which shared information about the importance of early childhood;
- Nearly 230 tours of early childhood programs to show community members and community leaders in-person how these programs impact young children and their families;
- Training of almost 8,700 individuals in using tested, impactful early childhood messaging and how to best share that message with others;
- The placement of more than 2,400 stories about early childhood in media outlets statewide;

- Increased digital engagement through online platforms for early childhood information, with particular success in the growth of First Things First Facebook Page Likes, which grew from just 3,000 in 2012 to 124,000 in 2016.
- Statewide paid media campaigns about the importance of early childhood from FY10 through FY15 included traditional advertising such as television, radio and billboards as well as digital marketing. These broad-based campaigns generated millions of media impressions over that time frame; for example in FY15 alone, the media campaign yielded over 40 million media impressions.

In addition, First Things First began a community engagement effort in SFY2014 to recruit, motivate and support community members to take action on behalf of young children. The community engagement program is led by community outreach staff in regions which fund the First Things First Community Outreach strategy. This effort focuses on engaging individuals across sectors – including business, faith, K-12 educators, and early childhood providers – in the work of spreading the word about the importance of early childhood since they are trusted, credible messengers in their communities. FTF characterizes these individuals, depending on their level of involvement, as Friends, Supporters, and Champions. Friends are stakeholders who have a general awareness of early childhood development and health and agree to receive more information and stay connected through regular email newsletters. Supporters have been trained in early childhood messaging and are willing to share that information with their personal and professional networks. Champions are those who have been trained and are taking the most active role in spreading the word about early childhood.

Supporters and Champions in the engagement program reported a total of 1,088 positive actions taken on behalf of young children throughout Arizona as of the end SFY16. These actions range from sharing early childhood information at community events, writing letters to the editor to connecting parents to early childhood resources and more. The table below shows total recruitment of individuals in the tiered engagement program through SFY2016.

Table 41. First Things First Engagement of Early Childhood Supporters, SFY2014 through SFY2016

	Friends	Supporters	Champions
Cocopah Tribe Region	101	5	13
ARIZONA	21,369	3,102	908

Note: In the Cocopah Tribe Region, Community Outreach efforts occur through collaboration with the Yuma region.

In addition to these strategic communications efforts, First Things First has also led a concerted effort of policymaker awareness-building throughout the state. This includes meetings with all members of the legislature to build their awareness of the importance of early childhood. FTF sends emails to all policymakers providing information on the impact of early childhood investments (such as the FTF annual report) and also has instituted a quarterly email newsletter for policymakers and their staff with the latest news regarding early childhood.

Furthermore, the Arizona Early Childhood Alliance – comprised of early childhood system leaders like FTF, the United Ways, Southwest Human Development, Children’s Action Alliance, Read On Arizona, Stand for Children, Expect More Arizona and the Helios Foundation – represent the united voice of the early childhood community in advocating for early childhood programs and services.

Finally, FTF recently launched enhanced online information for parents of young children, including the more intentional and strategic placement of early childhood content and resources in the digital platforms that today’s parents frequent. Future plans for this parenting site include a searchable database of early childhood programs funded in all the regions, as well as continuously growing the amount of high-quality parenting content available on the site and being “pushed out” through digital sources.



SYSTEM COORDINATION AMONG EARLY CHILDHOOD PROGRAMS AND SERVICES

Why System Coordination 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. The early childhood development community can be disjointed, with efforts focused on individual topic areas, rather than aligned in coordinated efforts to mobilize resources and influence policy.¹³¹ 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 generating broad visibility and 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.

The partners in Arizona's early childhood system encompass a diverse array of public and private entities dedicated to improving overall well-being and school readiness for children birth to 5 statewide. Together they strive to develop a seamless, coordinated, and comprehensive array of services that can meet the multiple and changing needs of young children and their families.

In January 2010, First Things First (FTF) convened the first Arizona Early Childhood Task Force, comprised of a diverse group of leaders from across Arizona. The goal of this inaugural Task Force was to establish a common vision for young children in Arizona and to identify priorities and roles to build an early childhood system that would enable this vision to be realized. The Task Force identified six outcomes to work towards, including that the "early childhood system is coordinated, integrated and comprehensive."^{xii} First Things First's role in building this system is to foster cross-system collaboration among and between local, state, federal, and tribal organizations to improve the coordination and integration of Arizona programs, services, and resources for young children and their families.

Through strategic planning and system-building efforts that are funded through both FTF and other mechanisms, FTF is focused on developing approaches to connect various areas of the early childhood system. When the system operates holistically, families should experience a seamless system of coordinated services that they can more easily access and navigate in order to meet their needs. Agencies that work together and achieve a high level of coordination and collaboration help to establish and support a coordinated, integrated, and comprehensive system. At the same time, agencies also increase their own capacity to deliver services as they work collectively to identify and address gaps in the service delivery continuum.

Service coordination and collaboration approaches work to advance the early childhood system in the following ways:

- Build stronger collaborative relationships among providers
- Increase availability and access of services for families and children
- Reduce duplication
- Maximize resources
- Assure long term sustainability
- Leverage existing assets
- Improve communication

^{xxii} To build on this progress and focus on priorities for the next phase of its mission, beginning in November 2016, FTF convened a new statewide Early Childhood Task Force. In June 2017, this new Taskforce will help set the strategic vision for the next five years.

- Reduce fragmentation
- Foster leadership capacity among providers
- Improve quality
- Share expertise and training resources
- Influence policy and program changes

What the Data Tell Us

Qualitative data gathered through key informants provided insight into collaboration and coordination efforts that are ongoing in the region. The Cocopah Tribe Region is a small community and residents must often go outside of the regional boundaries to receive services. Consequently, good communication and collaboration among tribal and non-tribal programs supporting families in the region is critical. For instance, as mentioned above, there are no schools within the reservation boundaries and children from the region attend schools in the neighboring towns of Somerton, San Luis and Yuma. For young children transitioning to kindergarten, open communication between the tribal agencies providing services to them and their families and the schools in the area is key. Important efforts are currently in place to ensure that children have a positive experience and succeed in school. This includes the collaboration between the Cocopah Head Start Program, the school districts, and the work of the Head Start Family Specialist who tours the schools with children prior to the transition. The team of advisors available through the Cocopah Education Department also works closely with the schools attended by children from the region, ensuring that children have the support they need to succeed in school.

The monthly meetings of programs addressing behavioral health needs in the community are another good example of successful collaboration among tribal and non-tribal entities in the region. Coordination of health services also exists among tribal and non-tribal providers in other departments: staff from the Fort Yuma Health Center work closely with the tribal Diabetes Program, the Cocopah WIC program, the Wellness Center and the Head Start program, among others.

Several other programs in the region have good ongoing relationships with outside agencies that often get invited to provide services to community members. The Cocopah Head Start Program, for instance, received help from the Yuma County Health Department on a gardening project and it often reaches out to other tribal and non-tribal Head Start programs in the area for support or consultation.

Key informants also emphasized that good working relationships exist among the different tribal departments that serve families with young children in the region. The importance of the Cocopah culture and language in the region is evidenced by the fact that several programs work closely with the Cocopah Cultural Resources Department to offer activities and services that incorporate a cultural component. This includes programs working with both children (e.g. Head Start, Community Center) and adults (e.g. ADAPP). Other tribal entities such as the Education Department and the Vocational Training Center have ongoing collaborative efforts in place and meet regularly on a monthly basis. This close relationship has allowed them to address specific needs in the community such as the barrier faced by adults in search of employment who lack a driver's license.

Key informants pointed out, however, that high turnover and departments being short-staffed can hinder collaborative efforts among tribal departments. New directors coming into place must be informed about the services available in other departments and new working relationships need to be constantly built. According to key

informants, having more intentional collaborations such as team committees or workgroups around a specific issue could help facilitate continuity of these relationships among the various departments.

SUMMARY AND CONCLUSIONS

This Needs and Assets Report is the sixth biennial assessment of the challenges and opportunities facing children birth to age 5 and their families in the First Things First Cocopah Tribe Region.

The data presented in this report, both quantitative and qualitative, show that the region has substantial strengths. Young children have the opportunity to be enrolled in tribally-operated early education centers, including a Head Start Program that participates in the Quality First program. Education of young tribal members is valued and supported by the tribe, with various departments providing services to tribal members interested in pursuing educational degrees or vocational training. Health care services are available through both Cocopah tribal departments and the Indian Health Service Fort Yuma Health Center, which will move to a new, larger facility with expanded services in late 2017.

A summary of identified regional assets has been included below:

Population Characteristics

- Commitment to preservation of the **Cocopah language** and availability of programs that emphasize the Cocopah culture

Economic Circumstances

- Stable participation in **TANF**, despite decreasing participation rates in the Yuma County and the state
- A small proportion of households where families must allocate 30 percent or more of their income to **housing** costs

Educational Indicators

- Increasing rates of **high school graduation**
- **Decreasing rates of school drop-out**
- Commitment from the Cocopah Indian Tribe in supporting the **education** of children in the region through the provision of additional resources for the Education Department's advisor team and the availability of an advisor working with young children

Early Learning

- High demand for the high quality early education services provided by the Cocopah Head Start program

Family Support and Literacy

- Strong partnerships and infrastructure to enhance and provide additional **preventative home visiting support** for families with young children.

System Coordination Among Early Childhood Programs And Services

- Good internal collaboration and coordination among tribal programs; positive working relationships and collaboration between tribal and non-tribal agencies

However, there continue to be challenges to fully serving the needs of young children in the Cocopah Tribe Region. Some of these needs have been recognized as ongoing issues by the Cocopah Tribe Regional Partnership Council

and are being addressed by current First Things First-supported strategies in the region. A table of Cocopah Tribe Regional Partnership Council First Things First planned strategies for fiscal year 2017 is provided in the Appendices section. Some of the identified needs, and the strategies proposed to deal with them, are highlighted below.

- **Supporting parents and caregivers as their children’s first teachers** –With the financial stress posed by high unemployment rates in the region and the high proportion of children living in single-parent household, parents and other caregivers can benefit from additional parenting support to help their young children thrive. Low scores in the standardized school tests among American Indian students in the region suggest that early literacy programs can help children be ready for school. A home visitation strategy is in place in the region to address these needs by providing information on parenting skills, child development, early literacy, health and nutrition.
- **Support for high quality child care and education opportunities** – Demand for services from the Cocopah Head Start program has increased, as parents recognize the high quality of the early education services provided by the program. The Quality First strategy provides support for the Cocopah Head Start to continue to improve the care they provide.

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

Economic Circumstances

- A high proportion of young children in the region live under the federal **poverty** level
- High unemployment

Early Learning

- Limited possibility for expansion of the **Cocopah Head Start** program, despite high demand for its quality services
- Lack of **child care** for infants and children under the age of three within the region
- Under-utilization of the **Cocopah Day Care Center**

Child Health

- Low rates of adequate **prenatal care**

Family Support and Literacy

- Lack of **transportation**

The continued coordinated efforts of tribal and non-tribal service providers in the Cocopah Tribe Region will ensure that the community can successfully address the challenges that families with young children face.

APPENDICES

Table of Regional Strategies

Cocopah Indian Tribe Regional Partnership Council Planned Strategies for Fiscal Year 2017

Strategy	Strategy description
Home Visitation	The intent of this evidence based strategy is to provide personalized support for families with young children, particularly as part of a comprehensive and coordinated system. Services may include developmental screenings, weekly home visits, linking families with needed community-based services, and advocacy and support services that empower families. Expected results that are common to home visitation programs include: improved child health and development; increase in children's school readiness, enhancement of parents' abilities to support their children's development; decreased incidence of child maltreatment; and improved family economic self-sufficiency and stability (US Department of Health and Human Services, 2014).
Nutrition, Physical Activity, and Obesity Prevention	The intent of this strategy is to provide evidence based community and place-based interactive health education to support children birth to age 5 in achieving and maintaining a healthy weight. Interactive health education will focus on healthy nutrition and physical activity and be provided to children, families, early child care and education professionals, and others in the community who care for young children. The expected result is reduction in risk factors for poor nutrition and insufficient physical activity, which in turn can reduce the prevalence of overweight and obesity during early childhood. A healthy weight during early childhood is highly predictive of achieving a healthy weight at all ages, as well as reduction in psychosocial and health consequences of overweight and obesity.
Quality First	Quality First – a signature program of First Things First – partners with regulated early childhood providers to make quality improvements that research proves help children birth to 5 thrive, such as education for teachers to expand their expertise in working with young children. It also supports parents with information about what to look for in quality early childhood programs that goes beyond health and safety to include a nurturing environment that supports their child's learning. Quality First includes multiple components to support early care and education program quality improvement, including: valid and reliable program assessment, on-site technical assistance, and financial incentives. The Quality First Academy is included to support the assessors and technical assistance providers in their work with program staff.

Methods and Data Sources

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), the Arizona Department of Administration (ADOA), and the Arizona Health Care Cost Containment System (AHCCCS). Data were also provided to First Things First by the Indian Health Service. Tribal data were obtained from various departments at the Cocopah Indian Tribe. Qualitative data were also gathered through key informant interviews with services providers in the region. In addition, regional data from the 2014 First Things First Parent and Caregiver Survey were included. Methodology for this survey is included below.

U.S. Census and American Community Survey Data

The U.S. Census¹³² is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. Census data presented in the report is drawn from the Census Geography for the Cocopah Reservation.

The American Community Survey¹³³ 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. 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 2010 to 2014. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level or estimates or estimates for small tribal communities.

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."¹³⁴ According to the State of Indian Country Arizona report¹³⁵ there are particular challenges in 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). Most important, the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona report indicates that at the National level, in 2010 the ACS failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona report, ACS may be particularly unreliable for the smaller reservations in the state.

While recognizing that estimates provided by ACS data may not be fully reliable, this report includes these estimates because they still are the most comprehensive publically-available data that can help begin to describe the families that First Things First serve. Considering the important planning, funding and policy decisions that are made in tribal communities based on these data, however, the State of Indian Country report recommend a concerted tribal-federal government effort to develop the tribes' capacity to gather relevant information on their populations. This information could be based on the numerous records that tribes currently keep on the services provided to their

members (records that various systems must report to the federal agencies providing funding but that are not currently organized in a systematic way) and on data kept by tribal enrollment offices.

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 Project¹³⁶ 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. Another important initiative currently undergoing to help improve the collection, use and interpretation of data related to tribal communities is the U.S. Indigenous Data Sovereignty Network (USIDSN) hosted by the Native Nations Institute at the University of Arizona. According to its website "USIDSN's primary function is to provide research information and policy advocacy to safeguard the rights and promote the interests of Indigenous nations and peoples in relation to data."¹³⁷

Data Suppression

To protect the confidentiality of program participants, the First Things First Data Dissemination and Suppression Guidelines preclude 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 ADHS, for example, does not report non-zero counts less than six, and DES does not report non-zero counts less than 10. Throughout this report, information which is not available because of suppression guidelines will be indicated by entries of "<10" or "<25" for counts or "DS" for percentages in the data tables.

For some data, an exact number was not available because it was the sum of several numbers provided by a state agency, and some numbers were suppressed in accordance with agency guidelines. In these cases, a range of possible numbers is provided, where the true number lies within that range. For example, for data from the sum of a suppressed number of children ages 0-12 months, 13 children ages 13-24 months, and 12 children ages 25-35 months, the entry in the table would read "26 to 34." This is because the suppressed number of children ages 0-12 months is between one and nine, so the possible range of values is the sum of the two known numbers plus one to the sum of the two known numbers plus nine. Ranges that include numbers below the suppression threshold of less than ten or twenty-five may still be included if the upper limit of the range is above ten or twenty-five. Since a range is provided rather than an exact number, the confidentiality of program participants is preserved.

Reporting Data over Time

To show changes over time, a percent change between two years is sometimes reported to show the relative increase or decrease during that period. Percent change between two years is calculated using the following formula:

$$\% \text{ Change} = \frac{(\# \text{ in Year 2} - \# \text{ in Year 1})}{\# \text{ in Year 1}}$$

School Data

A number of educational indicators were included in this report based on data received from the ADE at the school level. These data were then aggregated by district, county, and state. Since there are no schools within regional boundaries, data for American Indian students attending schools in the area surrounding the region are presented.

Not all of these students may be from the Cocopah Tribe; these data may include students from other tribal communities also attending these schools.

Indian Health Services Data

The Indian Health Service (IHS) provided data to be included in this report through a special request submitted by First Things First. These data cover fiscal years 2013 and 2014 (October 2013 to September 2015) and represent those patients seen during this time frame who were identified as members of the Cocopah Tribe by IHS and received services in the IHS Fort Yuma Service Unit, regardless of their place of residence. This means that, at the time of receiving services, patients represented in this dataset may or may not have lived within the reservation boundaries. It is important to note that the methodology that IHS used to compile data for this report differs from that used during the 2014 cycle of the 2014 Cocopah Tribe Regional Needs and Assets Report. In 2014, the data provided by IHS were based on the patient's place of residence and *not* on where the services were provided. The 2014 Needs and Assets Report includes information about the specific communities that were included in the data extraction process. These were communities that lied fully or mostly within the reservation boundaries. Because the IHS data included in the 2014 and 2018 reports represent different populations, they should not be compared or used to determine trends overtime.

2018 Report Process

For the 2018 Needs & Assets Report cycle, Regional Partnership Councils were asked to identify areas of particular focus, or priority areas. These priorities were developed during the spring of 2016, and potential data sources to address these priorities were identified collaboratively among the Regional Partnership Council, the Regional Director, FTF Research and Evaluation staff, and CRED staff. For the current report, the Cocopah Tribe Regional Partnership Council has selected the inclusion of local qualitative data from the Cocopah Indian Tribe as its priority area.

In the fall of 2016, a participatory Data Interpretation Session was held to review preliminary results of the data received, compiled and analyzed as of September 2016. Regional Partnership Council members and other participating key stakeholders were involved in facilitated discussion to allow them to share their local knowledge and perspective in interpreting the available data. The Cocopah Tribe Region Data Interpretation Session was held on October 19, 2016 as part of the monthly Cocopah Tribe Director's Meeting and included the directors of various tribal departments as well as the First Things First Regional Director. Feedback from participating session members are included within the report, as appropriate.

2014 Parent and Caregiver Survey Methodology

First Things First collects data from parents and caregivers of children birth to 5 through its Family and Community Survey, a statewide survey that has been conducted by phone every two years since 2008. The Family and Community Survey was designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The survey contained over sixty questions, some of which were drawn from the national survey, *What Grown-Ups Understand About Child Development*.¹³⁸ Survey items explored multiple facets of parenting.

After receiving feedback about phone-based surveys not being the most appropriate method of collecting data in tribal communities, First Things First allocated additional resources to gather data from a subset of survey items in a face-to-face manner as part of the Needs and Assets data collection effort. This report refers to this subset of items as the Parent and Caregiver Survey.

A total of nine core items from the Family and Community Survey were included in the Parent and Caregiver Survey. The Norton School team obtained input from First Things First Regional Partnership Council members and other stakeholders in tribal communities regarding the wording of the items, its cultural appropriateness and its reading level to make sure the items would be well received by parents and caregivers in tribal communities. The wording of the items was subsequently modified in a way that could still be comparable to the original Family and Community Survey but that could also be more accessible to survey participants.

Eligibility for participation was based on parents or caregivers having a child under the age of six living in their household, even if they were not the main caregiver. A total of 26 surveys with parents and caregivers were conducted in the Cocopah Tribe Region in the spring of 2014.

Results from a selected set of individual items are presented in the Family Support section of this report. Please note that this report refers to the face-to-face survey as the Parent and Caregiver Survey in order to distinguish it from the statewide Family and Community Survey.

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