

FIRST THINGS FIRST

Hualapai Tribe Region



2018 NEEDS AND ASSETS REPORT

HUALAPAI TRIBE
REGIONAL PARTNERSHIP COUNCIL
2018
NEEDS AND ASSETS REPORT

Prepared by

Community Research, Evaluation, and Development (CRED)
John and Doris Norton School of Family and Consumer Sciences
College of Agriculture and Life Sciences
University of Arizona

Funded by

First Things First Hualapai Tribe Regional Partnership Council

LETTER FROM THE CHAIR

September 25, 2017

Message from the Chair:

Since the inception of First Things First, the Hualapai Tribe Regional Partnership Council has taken great pride in supporting evidence-based and evidence-informed early childhood programs that are improving outcomes for young children. 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 Hualapai Tribe Regional Council would like to thank our Needs and Assets vendor, University of Arizona, for their knowledge, expertise and analysis of the Hualapai 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 Hualapai Tribe Regional Partnership Council remains committed to helping more children in our community arrive at 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 arrive at kindergarten healthy and ready to succeed.

Thank you for your continued support.

Sincerely,



Barbara Tinhorn, Chair

HUALAPAI TRIBE REGIONAL PARTNERSHIP COUNCIL

601 West Riverside Drive Suite 8
Parker, Arizona 85344
Phone: 928.669.2495
Fax: 928.669.2607

- Barbara Tinhorn, Chair
- Jaime Cole, Vice Chair
- Zavier Benson
- Omaovensi Coochwytewa
- Leon Ghahate
- Charlene Imus
- Jamie Navenma
- Amelia Walema
- Lucille Watahomigie
- Vacant
- Vacant

Report Prepared by:

Community Research, Evaluation, and Development (CRED)
John and Doris Norton School of Family and Consumer Sciences
College of Agriculture and Life Sciences

University of Arizona
PO Box 210078,
Tucson, AZ 85721-0462

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 Hualapai 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 Hualapai Tribe Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options when it comes to supporting the healthy development 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 Hualapai 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, Hualapai Tribal Departments, Hualapai Tribal Council, and the Arizona Health Care Cost Containment System for their contributions of data for this report, and their ongoing support and partnership with First Things First on behalf of young children.

To the current and past members of the Hualapai Tribe 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 Hualapai Tribe Region.

Population Characteristics

According to the U.S. Census, 197 children under the age of six resided in the Hualapai Tribe Region in 2010, representing approximately 15 percent of the region's total population. As of March 4, 2016, there were 2,339 enrolled members in the Hualapai Tribe, of which 1,291 lived on-reservation.

Based on data from the 2010 U.S. Census, 34 percent of households in the region have at least one child under 6 years old, a higher proportion when compared to all Arizona reservations combined (26%). According to the American Community Survey (ACS), 66 percent of children in the region live with a single parent, which is slightly lower than the proportion in all Arizona reservations combined (68%), but substantially higher than in the state as a whole (38%). The proportion of young children living in a grandparent's household in the region (25%) is lower than that in all Arizona reservations combined (40%), but much higher than the state (14%). Thirteen percent of children ages 0 to 17 living with grandparents in the region do not have a parent present in the household, and 71 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 nearly a third (30%) of residents age 5 and older in the region speak a Native North American language at home, a lower rate than across all Arizona reservations (50%). The highest share of speakers of Native North American languages are over the age of 65. While 77 percent of the population over age 65 speak Native North American languages, only 7.4% of children ages 5 to 17 spoke these languages. Language revitalization efforts in the region include a number of projects led by the Hualapai Department of Cultural Resources.

Economic Characteristics

The median income for all families in the Hualapai Tribe Region was \$43,125, according to recent estimates from the American Community Survey (ACS). The median income for families with married parents (husband-wife) and children under age 18 was much higher (\$79,375), and single-parent families made substantially less. The median income for households run by a single male in the region was \$33,750, and \$16,528 for single female households. The low median income for single-householders in the region is a concern because the majority of young children (66%) live in single-parent households. Over a third (36%) of young children in the region live in poverty, lower than the poverty rate among young children in all Arizona reservations combined (55%), but higher than the rate statewide (29%). More than half of families in the region with children aged four and under (58%) 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 lower than the 77 percent across all Arizona reservations combined. In spite of this need, the number of children in the region who received TANF benefits on a yearly basis fell from 34 children in 2012 to 24 children in 2015, a 29 percent decrease.

Recent estimates from the ACS indicate that the unemployment rate in the Hualapai Tribe Region is 21 percent, lower than the estimated unemployment rate for all Arizona reservations (26%) but much higher than that seen statewide (10%). Overall, 87 percent of young children live with one or more parents who are in the labor force, which is much higher than that seen in all Arizona reservations (64%).

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 number of young children participating in SNAP has declined since 2012, but this program still supports 148 young children in the region annually. WIC enrollment has also declined slightly between 2013 and 2015, though the program still served more than 250 women, infants, and children in 2015. One reason for relatively high participation rates may be that there is an accessible SNAP and WIC authorized retailer in the region. Most of the students enrolled in elementary schools in the region were eligible for free and reduced-price lunch, though the percentage of eligible students has fallen from 100 percent in 2013 to 87 percent in 2016.

Of the 263 occupied housing units in the region, 37 percent are occupied by home-owners, lower than in all Arizona reservations, the county, or the state. Residents of the region have a similar housing cost burden to residents of all Arizona reservations, but higher than those statewide: 18 percent of housing units in the region require residents to contribute more than 30 percent of their household income toward housing, compared to 17 percent in all reservations and 34 percent statewide. The Hualapai Housing Authority has recognized the need for more housing units to ease overcrowding and prepare for future growth, estimating that 400 additional housing units are needed, 230 for increased population and 170 for a growing workforce. In 2015, a Transit Feasibility Study for the Hualapai Tribe was completed with the goal of identifying transit needs, developing strategies to make travel easier, and producing a plan to develop transit services in the region and neighboring communities; as a result, a new transit system is in place in the region providing local transportation services as well as a route between Peach Springs and Kingman.

Educational Indicators

Dynamic Indicators of Basic Early Literacy Skills (DIBELS) scores, which assess five essential early literacy skills, suggest that many students in the region enter school without a strong foundation in early literacy, which may affect later scores in reading proficiency. In the 2014-2015 school year, only five percent of Hualapai Tribe Region students attained a proficient or highly proficient score on the third grade AzMERIT math assessment, which was a much lower passing rate than across Arizona as a whole (42%). Performance on the English language Arts (ELA) portion of the test was poorer, with no students in the region demonstrating proficiency, compared to 40 percent statewide. In the 2015-2016 school year, Peach Springs Elementary School began administering Galileo assessments in math and reading at the beginning and end of the school year to evaluate student progress over the course of the school year. Between August 2015 and May 2016, gains in the Galileo assessments were seen in math across all grades, with the highest improvement seen in the third and sixth grades. Less improvement was seen on the Galileo reading assessments.

Although Peach Springs Elementary School has faced some challenges in recent years, school year 2015-2016 has been a rebuilding year for the school. New standards for assessments have been implemented as well as new strategies to help recruit high quality teachers. Additional professional

development and continuing education opportunities for teachers are now available, and the school will continue investing in language and culture instruction.

Educational attainment for adults aged 25 and older in the Hualapai Tribe Region is slightly higher than that of adults in all Arizona reservations. Nearly half of adults have at least some college or professional education or a Bachelor's or advanced degree in the region (45%), compared to 37 percent in all Arizona reservations.

Early Learning

Child care in the region is available through the Hualapai Day Care Center Hma:ny Ba Viso:jo', a relatively new facility that opened its doors in March of 2014. Prior to the establishment of the center, besides Head Start, only home-based child care services were available in the region. The Hualapai Day Care Center has the capacity to serve a total of 57 children ages six months to 12 years, and the majority are five years of age and younger. Currently, the Hualapai Day Care is the only center with the capacity to serve infants and toddlers in the region. There is an unmet demand for child care services in this age range. The CDI Head Start program operates four classrooms serving a total of 57 children in and around the Peach Springs area.

The Hualapai Day Care Center operates on a sliding scale fee based on family income. Daily fees (for a full-day) range from one to seven dollars per day. Caregivers of children in foster care or Tribal Child Protective Services placements are exempt from payment. The majority of children enrolled in the center receive a subsidy to cover the cost of their monthly fee.

There is a high degree of interest among staff from both the Hualapai Day Care Center and CDI Head Start Program in working towards the completion of early childhood education degrees, despite the access-related challenges presented by the remoteness of the community and the technology available for online courses.

Fewer than 25 children from the Hualapai Tribe Region were referred to or served by the Arizona Early Intervention Program (AzEIP) each year from FY 2013 to FY 2015. 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 12 young children in the region would be likely to benefit annually. No children were served by the Division of Developmental Disabilities (DDD) in the region between 2013 and 2015. Data from the Arizona Department of Education show that children with special needs received services from the Peach Springs Unified School District. The exact number of children receiving services is suppressed per the data suppression guidelines (the data suppression guidelines stipulate that data should be suppressed when the number of children receiving services is less than 25). Three-quarters of these children were diagnosed with a speech or language impairment, and the remaining were diagnosed with a developmental disability. According to data from Peach Springs Elementary School, 10 percent of the 220 students enrolled in the school had an Individualized Educational Plan (IEP) in place.

Child Health

Health care services are available to residents from the Hualapai Tribe Region through the Peach Springs Health Center and the Hualapai Health Education and Wellness Department. Between October 2013 and September 2015 there were 1,350 Indian Health Service (IHS) active users from the Hualapai

Tribe. Of those, 130 were children ages birth to 5. In the 2014 Parent and Caregiver Survey, more than half of parents or caregivers responding to the survey reported that their young children had one or more unmet health care needs. According to estimates from the American Community Survey (ACS), 18 percent of young children in the region were estimated to be uninsured, along with 26 percent of the total population in the region (the U.S. Census Bureau does not consider coverage by IHS to be insurance coverage).

In 2014, 27 babies were born to mothers residing in the region. New mothers had lower educational attainment than mothers statewide, as none had a college degree (23% statewide). Four out of five mothers in the region (81%) were not married (45% statewide). Of the births covered by a public payee (AHCCCS or IHS), the proportion of births covered by AHCCCS has decreased between 2009 and 2014.

A lower proportion of mothers in the region reported smoking (3.7%) than across the state (4.6%), and this proportion was much lower than that reported in Mohave County (19.0%). The percentage of children enrolled in WIC who were exposed to smoking in the household has remained steady between 7 and 9 percent from 2011 to 2015. In the region, 32 percent of women enrolled in WIC were overweight, and 53 percent were obese, for a total of 85 percent who were overweight or obese before becoming pregnant. Of those with known prenatal care status, only 48.1 percent of pregnant women obtained prenatal care during the first trimester, compared to 71.7 percent in the state. Fifteen percent of babies in the Hualapai Tribe Region were born to mothers who had had fewer than five prenatal care visits.

More than one in four babies (25.9%) born in the region in 2014 were born premature, compared to 9 percent statewide, representing a sharp increase from previous years. In the region in the same year, 14.8 percent of babies were low birth weight, compared to seven percent across the state.

Data provided by IHS for children from the Hualapai Tribe show that in the period between October 2013 and September 2015, 68.1 percent of children 19 to 35 months old were fully immunized. According to data from the Hualapai Tribe Head Start program, in the school year 2014-2015, all children enrolled in the program were up-to-date on their immunizations. This indicates that though children may not receive all immunizations according to the recommended schedule, children are likely to be fully immunized by the time they enter an early education program.

Results from an IHS oral health survey show that that 43 percent of American Indian and Alaska Native children ages 3 to 5 have untreated tooth decay in the Colorado River Service Unit, which includes the Hualapai Tribe Region. Data from IHS show that a total of 125 children (96%) ages birth to 5 received topical fluoride applications between October 2013 and September 2015 from the Hualapai Tribe.

Data from IHS for children indicate that between October 2013 and September 2015, 28.7 percent children (ages 2-5) from the Hualapai Tribe seen at the IHS Colorado River Service Unit were obese. Data on the weight status of children in the region were also available from the Hualapai Tribe WIC program. In 2015, 20 percent of the children (ages 2 to 4) participating in the program were obese and an additional 21 percent were overweight.

Family Support and Literacy

Two programs are available in the region that encourage parent involvement and increase awareness of the importance of early childhood learning through the Parents as Teachers home visiting model: the Maternal and Child Health program (MCH), and the Maternal, Infant and Early Childhood Home

Visiting (MIECHV), program. Key informants indicated that there is a need for additional parenting classes in the region. Increasing parent involvement and community involvement is one of the top three goals in the plan developed by Peach Springs Elementary to increase student performance. Another program in the region that aims to increase parent involvement and promote early literacy is the Hualapai Read On Program, established in May of 2015 with support from the Hualapai Tribal Council. Key informants identified close-knit families and strong community involvement with an emphasis on the Hualapai culture as strengths in the region.

Child welfare services in the region are overseen by the Hualapai Social Services Department. In calendar year 2015, there were no substantiated cases of child abuse and neglect that involved children birth to five. In that same year, there were 30 children birth to 5 who were in out-of-home placements, the majority of whom were placed with relatives. In 2015, there were four foster homes available to care for children in foster care in the region, with a combined capacity of 7 foster care beds; the majority of these homes were located off-reservation. Data on child abuse offenses and arrests were also available from the Hualapai Nation Police Department; from 2012 to 2015 the number of child abuse offenses increased from 127 to 273. A similar trend was observed for the number of child abuse arrests in the region, which increased from 121 in 2012 to 255 in 2015. Many of the arrests are likely to be repeat offenders within the same families.

Data from the Hualapai Nation Police Department show an increase in the number of domestic violence offenses and arrests between 2013 and 2015 but over half of individuals arrested were never adjudicated. Additional collaboration among the different departments and programs serving victims of domestic violence would help improve the outcomes for families affected.

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 Hualapai Tribe Region, these efforts have resulted in the recruitment of 55 Friends, 4 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 represents 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

Programs providing services to young children in the family collaborate with each other to best support the families they care for. Despite these collaborative efforts, the level of coordination and collaboration among service providers working with young children in the region could be improved. A more formal and effective referral process among the different programs could ensure that families access the various services available to them, as Peach Springs is a small community and many of these agencies target the same audience.

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 Hualapai Tribe departments and agencies with approval from the Hualapai Tribal Council by Resolution Number 85-2015 adopted on November 9, 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 Hualapai 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 Hualapai Tribe Region. When available, the next three rows show data that are useful for comparison purposes: all Arizona reservations combined, Mohave County, and the state of Arizona.

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

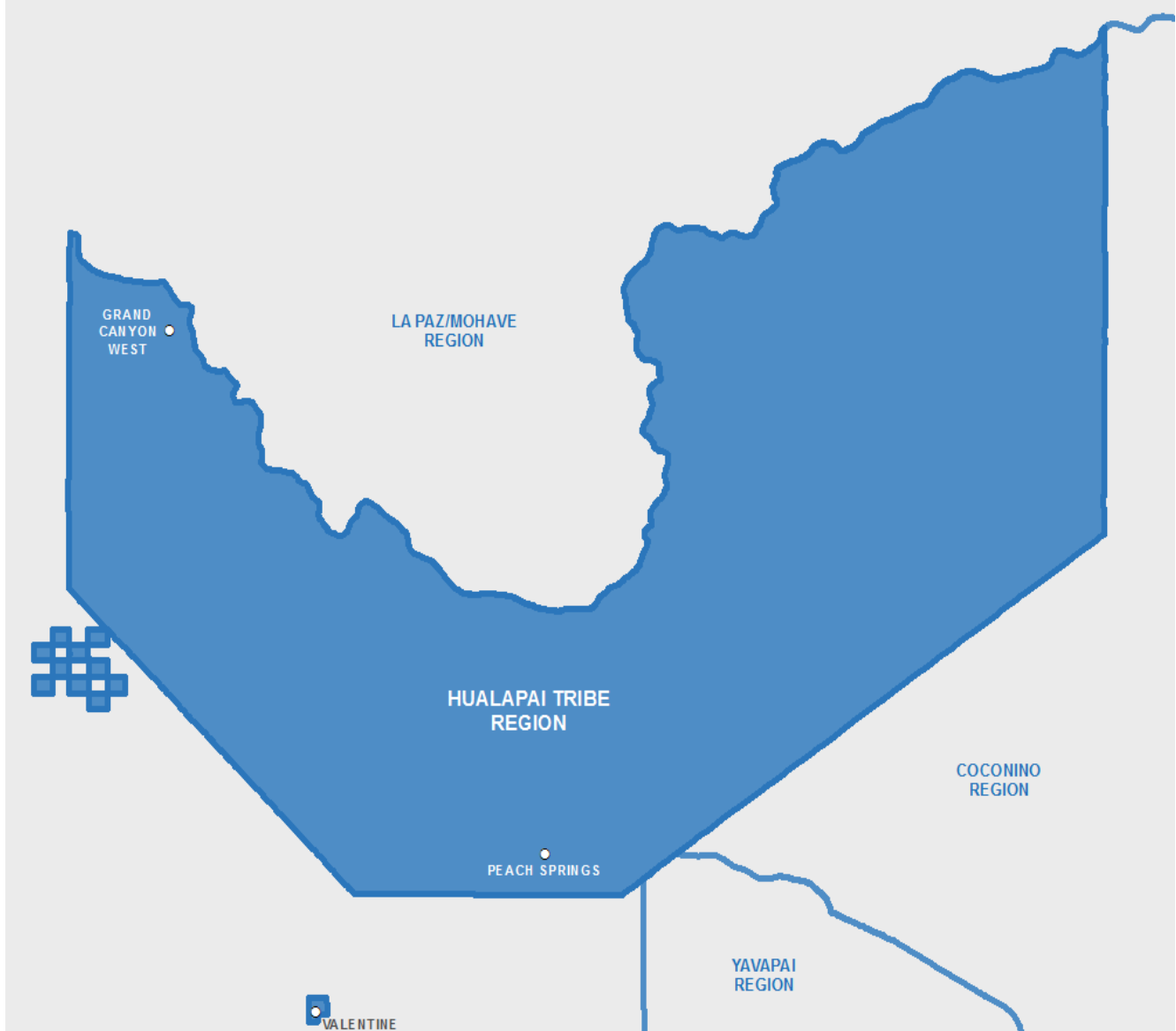
Description of the Region

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. Arizona's twenty-two federally recognized Tribes and nations were consulted to determine if they would like to participate within a First Things First designated region or elect to be designated as a separate region. The Hualapai 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 Hualapai Tribe has opted to continue to be designated as its own region.

The Hualapai Tribe is a sovereign tribe located in northwest Arizona. The Hualapai Reservation was established in 1883 by federal Executive Order. One hundred and eight miles of the northern boundary is in the middle of the Colorado River, and the reservation consists of 922,463 acres across parts of Coconino, Yavapai, and Mohave counties. Elevations range from 1,500 feet at the Colorado River to over 7,300 feet at the highest point of the Aubrey Cliffs. “Hualapai” (pronounced Wal-lah-pie) means “People of the Tall Pines.” Most residents live in the Tribe’s capital, Peach Springs, located along US Route 66.

Geographically, the boundaries of the First Things First Hualapai Tribe Region match those of the reservation (see Figure 1).

Figure 1. The Hualapai Tribe 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. Some families, such as migrant farmworkers and recently arrived refugees, may have distinct needs for their young children. Accurate and up-to-date information about population characteristics such as these can lead to the development or continuation of relevant resources and assure that they align with the needs of families in the region. Appropriately locating resources and services can support positive child outcomes. Disparities in access to jobs, food resources, schools, health care facilities and providers, and social services have been associated with a number of poor outcomes for children including infant mortality, obesity, and health insurance coverage, among others.²

An understanding of the supports and resources *within* a family is also key to helping young children achieve the best possible developmental outcomes.^{3,4} 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.⁵ 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.⁶ 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.⁷ 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.⁸

Recognizing variations in regional language use and proficiency is also important to ensuring appropriate access to services and resources and identifying needed supports. Mastery of the language spoken in the home is related to school readiness and academic achievement.⁹ Those children who engage in dual language learning have cognitive, social-emotional and learning benefits in early school and throughout their lifetimes.¹⁰ 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.¹¹ Assuring that early childhood resources and services are available in a language accessible to the child and caregivers is essential. Although Spanish is the most common second language spoken, Arizona is also home to a large number of Native communities, with numerous Native languages spoken by families in those communities. 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.¹² Special consideration should be given to respecting and supporting the numerous Native languages spoken, particularly in tribal communities around the state.

What the Data Tell Us

Demographics

According to the U.S. Census, 197 children under the age of six resided in the Hualapai Tribe Region in 2010 (see Table 1). Overall, the region's population was 1,335 in that same year, meaning that fifteen percent of residents were young children (Table 3). As of March 4, 2016, there were 2,339 enrolled members in the Hualapai Tribe.¹³ This number is much higher than the Census estimate of the population in the region, but it is important to remember that tribal members live both on and off the reservation. In 2013, of 2,294 enrolled members, 1,291 members lived on-reservation and 1,003 lived off-reservation.¹⁴

Since the turn of the century Arizona as a whole saw a 19 percent increase in the number of young children. In the Hualapai Tribe Region, the population of young children increased by 25 percent between 2000 and 2010, greater than the increase seen statewide (Table 2). 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 Hualapai Tribe Region. For the overall population, however, the total number of residents in the region is projected to increase to 2,339 residents by 2040. This represents an increase of 63 percent between 2015 and 2040, compared to about 44 percent in the state as a whole (see Table 4). Given the increase in the number of young children between 2000 and 2010, it is likely that the number of young children will continue to grow substantially in the coming decade.

According to the U.S. Census in 2010, 99 percent of young children (birth to 4) in the region were identified as American Indian, greater than the percentage in all Arizona reservations combined (92%) (Figure 2). In the Hualapai Tribe Region, the proportion of children that were identified as Hispanic or Latino (4%) was half that as in all Arizona reservations combined (9%, see Table 6).

Among adults the overall ethnic/racial breakdown in the region looked very similar to that in children: 92 percent of residents 18 and older identify as American Indian alone (not Hispanic or Latino), compared to 88 percent in all reservations combined (Table 5). Two percent of adults in the region are White non-Hispanic, compared to five percent in all Arizona 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
Hualapai Tribe	197	30	34	32	39	28	34
All Arizona Reservations	20,511	3,390	3,347	3,443	3,451	3,430	3,450
Mohave County	13,218	2,093	2,174	2,214	2,322	2,202	2,213
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
Hualapai Tribe	157	197	25%
All Arizona Reservations	N/A	20,511	N/A
Mohave County	11,454	13,218	15%
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
Hualapai Tribe	1,335	197	15%
All Arizona Reservations	178,131	20,511	12%
Mohave County	200,186	13,218	7%
ARIZONA	6,392,017	546,609	9%

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

Table 4. Projected Population (All Ages), 2015 to 2040

	2015	2020	2025	2030	2035	2040
Hualapai Tribe	1,434	1,637	1,828	2,010	2,182	2,339
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A
Mohave County	205,716	220,678	235,747	250,599	265,716	280,765
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 5. 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)
Hualapai Tribe	842	3%	2%	92%	0%	0%
All Arizona Reservations	117,049	5%	5%	88%	0%	0%
Mohave County	158,921	12%	83%	2%	1%	1%
ARIZONA	4,763,003	25%	63%	4%	4%	3%

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

Note: Entries may sum to less than 100% because persons who report two or more race categories are not included here.

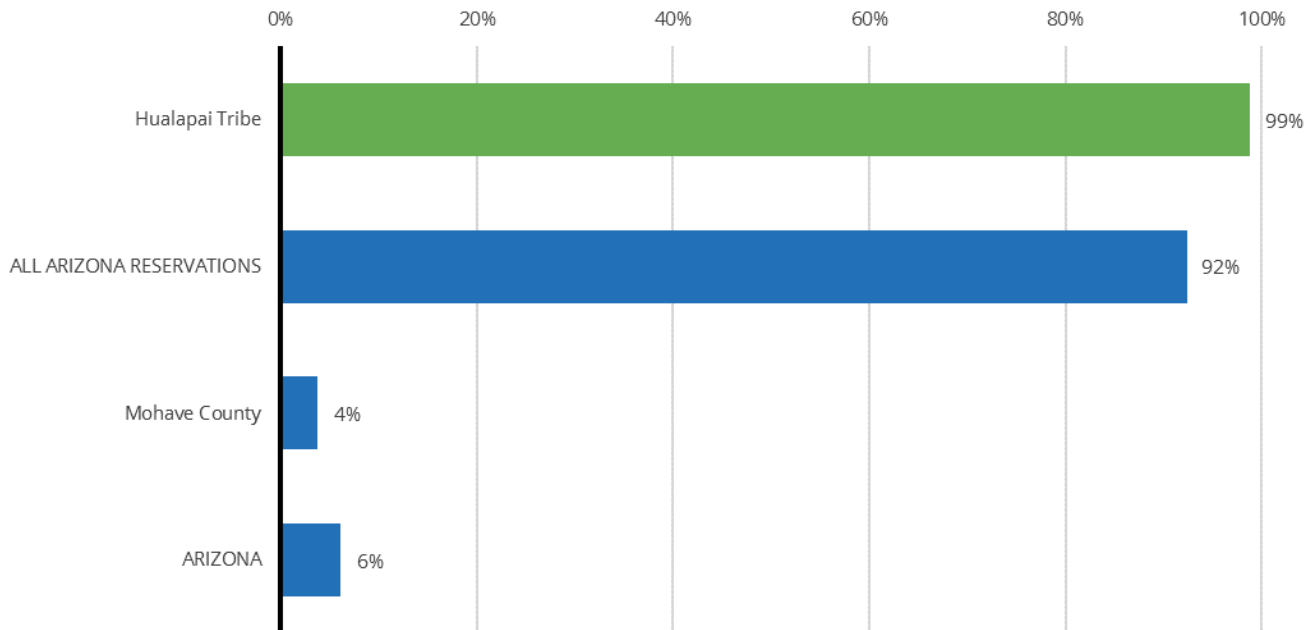
Table 6. Race and Ethnicity of the Population of Children (Ages 0 to 4) in the 2010 Census

	Population of children (ages 0-4)	Hispanic or Latino	White alone (not Hispanic or Latino)	American Indian	African-American	Asian or Pacific Islander
Hualapai Tribe	163	4%	1%	99%	0%	0%
All Arizona Reservations	17,061	9%	1%	92%	0%	0%
Mohave County	11,005	27%	65%	4%	1%	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

Note: Entries may sum to more than 100% because persons who report two or more race categories could be counted twice.

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 Hualapai Tribe Region, 34 percent of households have at least one child under 6 years old, a higher proportion when compared to all Arizona reservations (26%) (Table 7). According to the American Community Survey, 66 percent of children in the Hualapai Tribe Region live with a single parent, which is slightly lower than the proportion in all Arizona reservations (68%) but substantially higher than in the state as a whole (38%). About 14 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 (25%) is lower than that in all Arizona reservations combined (40%) but much 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. Table 8 provides more information about the estimated 113 children ages 0 to 17 living with grandparents in the Hualapai Tribe Region. Thirteen percent of these children who live with their grandparents do not have a parent present in the household, and seventy-one percent 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 higher proportion of those grandparents are directly involved in raising their grandchildren in the Hualapai Tribe Region than grandparents across the state. 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

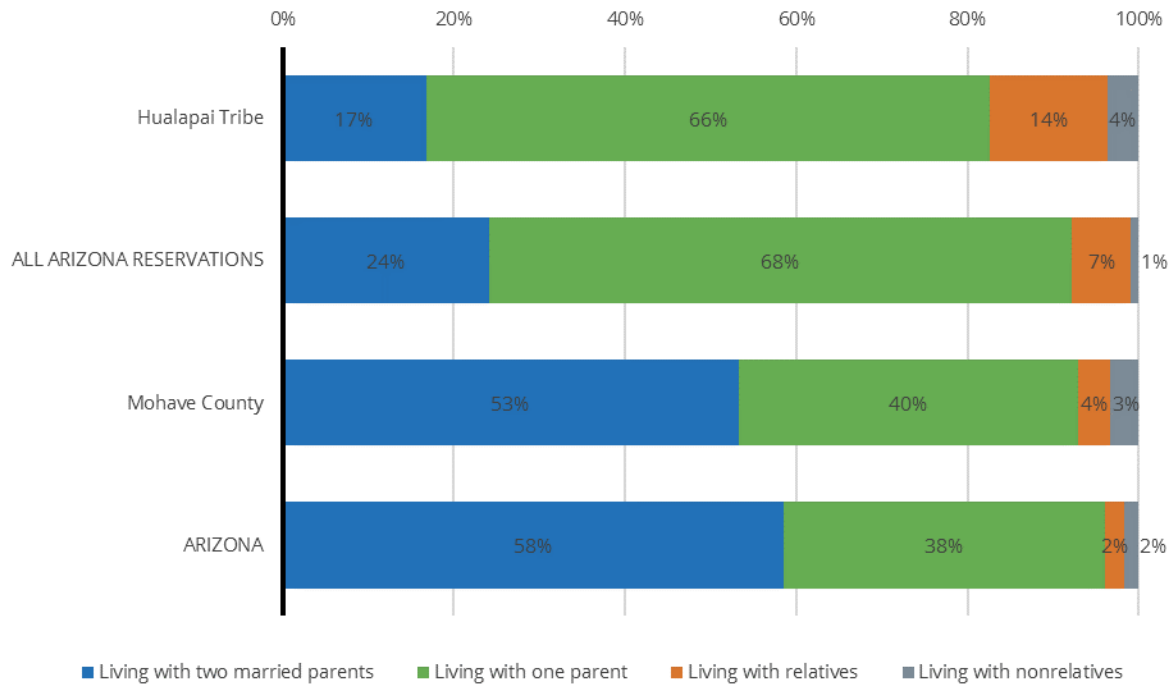
associated with this open family structure—mutual help and respect—can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships.¹⁵ According to key informants, a survey recently conducted by the Hualapai Housing Department found that 80 of the 200 participants (or 40%) indicated that they lived in a multigenerational housing setting.

Table 7. 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
Hualapai Tribe	362	123	34%	33%	16%	50%
All Arizona Reservations	50,140	13,115	26%	45%	13%	42%
Mohave County	82,539	8,981	11%	58%	16%	26%
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)



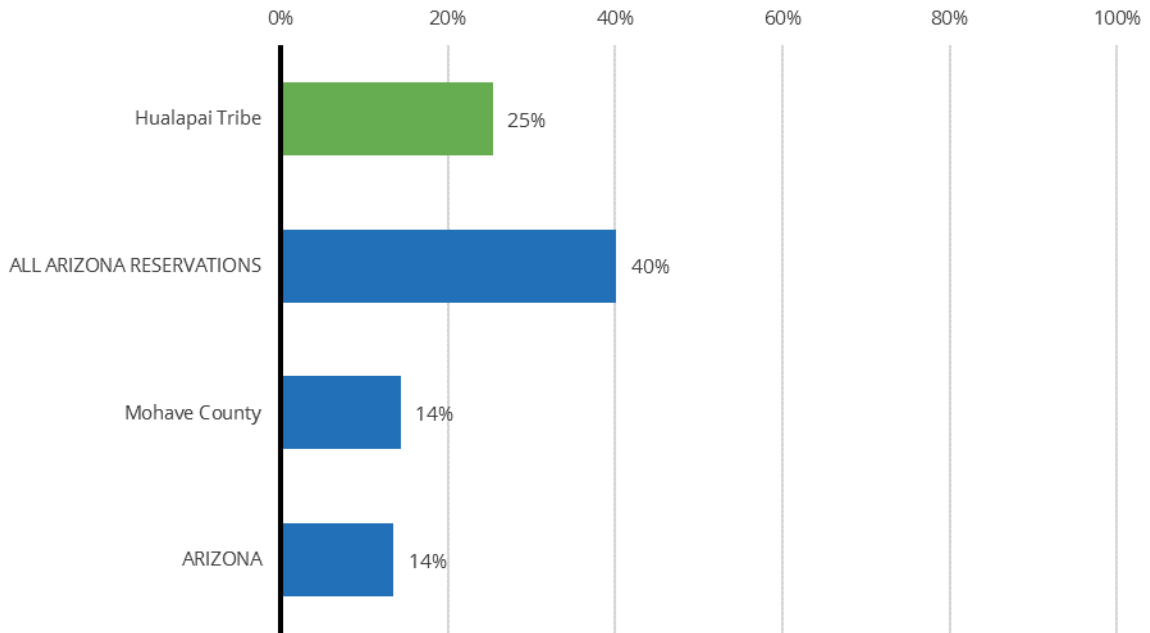
Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Tables B05009, B09001, B17006

Table 8. 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)
Hualapai Tribe	113	71%	13%
All Arizona Reservations	17,774	58%	12%
Mohave County	3,484	58%	19%
ARIZONA	140,038	53%	14%

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

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

Language Use

Estimates from the American Community Survey indicate that nearly a third (30%) of residents age 5 and older in the Hualapai Tribe Region speak a Native North American language at home, a lower rate than across all Arizona reservations (50%). An estimated 3 percent of residents speak Spanish at home, and 67 percent speak English at home (Table 9). The highest share of speakers of Native North American languages are over the age of 65. While 77 percent of the population over age 65 speak Native North American languages, only 7.4% of children ages 5 to 17 spoke these languages.¹⁶ In the 2014 Parent and Caregiver Survey, rates of native language use at home were higher. Among the ninety-three survey respondents, 53 percent reported speaking Hualapai at home, 4 percent reported speaking Navajo at home, and 11 percent reported speaking another language (Figure 5). Ninety-four percent of respondents reported speaking English at home, indicating that young children in the region are likely exposed to multiple languages at home. Three 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 10). At a household level, no households in the region are classified as limited-English-speaking; in all Arizona reservations combined, the proportion is much higher (11%) (Table 11). However, nearly two-thirds of household (63%) report speaking a language other than English at home.

Language revitalization efforts in the region include a number of projects led by the Hualapai Department of Cultural Resources. A grant by First Things First allowed the Department to create a

series of bilingual (Hualapai/English) Language books that are accompanied by a set of CDs with artwork by local artists. According to key informants, the books have been a great success. They have been distributed to local educational settings such as the Peach Springs Elementary School, the Head Start program and the Hualapai Day Care Center. Families in the community who are tribal members also received a free copy of the books. The libraries of schools in the Kingman and Seligman areas attended by Hualapai Tribe students were also provided with free copies of the books. The Hualapai bilingual children books have become a model for other tribes interested in developing their own language preservation materials for children in the community. Key informants indicated that the Hualapai Day Care Center has held monthly reading nights using the bilingual children's books where an elder has come to do the reading. Staff at the center also use the Hualapai language curriculum developed by Lucille Watahomigie¹⁷ in their activities with the children.

The Department of Cultural Resources also promotes other community-wide efforts such as a Hualapai word bingo contest in the local newsletter, Gam'Yu. In addition, the Department regularly holds Hualapai culture, arts and language classes, which according to key informants have continuously grown in attendance every year. In fact, some youth who currently attend those classes began to participate when they were young children. These classes take place on Fridays from September to May and they alternate weekly between the culture and arts class and the language class. According to key informants, as of August of 2016 between 30 and 40 children (ages 8-16) were regularly enrolled in these classes. Adults in the community have requested that more classes be held at night to facilitate participation.

An important new undertaking of the Cultural Resources Department is the Hualapai Empowerment Project. This is a grassroots mentoring program with funding from the Hualapai Health Education and Wellness Department that promotes healthy living, positive language and role modeling through engagement with the Hualapai culture and language. Participants are expected in groups of youth (10-18 years old), young adults (18-30), adults (30-50) and elders (50 and above). The main program activities will include: ethnobotany (collection of plants with cultural significance with elders explaining their usage and Hualapai name, and emphasizing use of local resources to meet needs around food and medicine); Hualapai traditional cultural landscape site visit (learning about land use and knowledge of rock writing and teachings from elders); Native foods cooking class (selecting and preparing traditional foods); genealogy family tree (creating a family tree that looks into the family's historical roots within the different Hualapai bands); cultural mapping (using maps to understand how Hualapai history and way of life is based on their relationship with the land); a Facebook profile to allow posting of activities and pictures of group participants that can serve as an outreach tool for culture and language activities). All of these activities will include language scholars as well as staff from the Department of Cultural Resources co-leading the project. Themes for these projects were drawn from the Watahomigie Hualapai language and culture curriculum referenced above. The program is expected to capitalize on the increasing interest and pride in the Hualapai language and culture among community members.

Table 9. 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
Hualapai Tribe	1,003	67%	3%	30%	0%
All Arizona Reservations	169,020	45%	4%	50%	1%
Mohave County	192,410	88%	9%	0%	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.

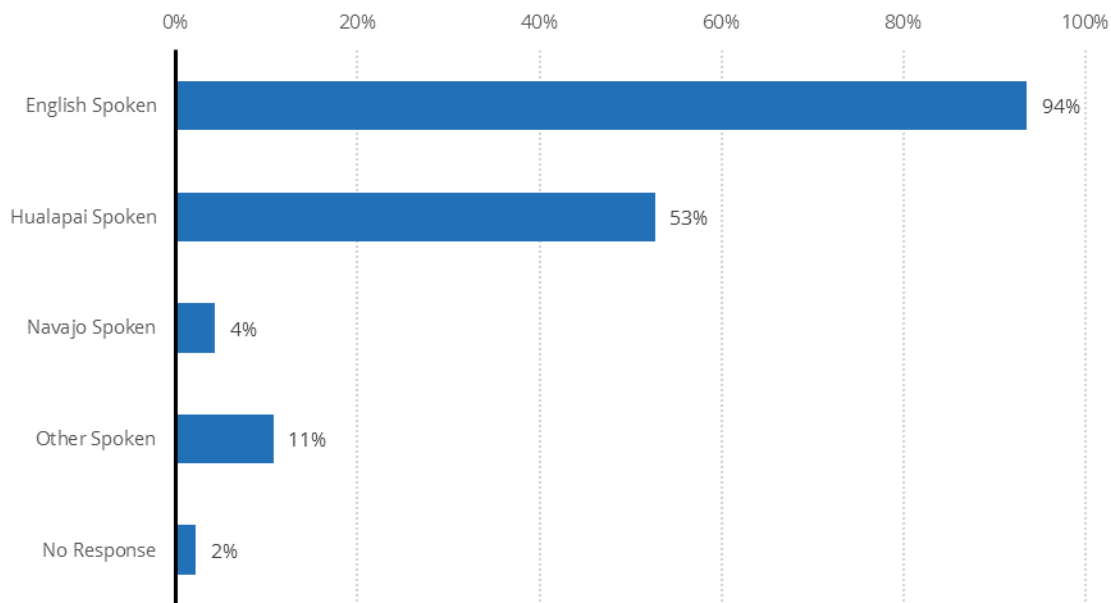
Table 10. Proficiency in English (Ages 5 and Older)

	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"
Hualapai Tribe	1,003	67%	29%	3%
All Arizona Reservations	169,020	45%	42%	13%
Mohave County	192,410	88%	7%	4%
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.

Figure 5. Responses to “What languages are spoken in your home?”



Source: First Things First Hualapai Tribe Regional Partnership Council (2014). Parent and Caregiver Survey

Table 11. Limited-English-Speaking Households

	Number of households	Households which speak a language other than English	Limited-English-speaking households
Hualapai Tribe	263	63%	0%
All Arizona Reservations	47,892	73%	11%
Mohave County	80,529	12%	2%
ARIZONA	2,387,246	27%	5%

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



ECONOMIC CIRCUMSTANCES

Why Economic Circumstances 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.^{18,19,20,21,22} They are also more likely to remain poor later in life.²³ More than a quarter (26%) of Arizona's children lived in poverty in 2014, compared to just over a fifth (21%) six years earlier.²⁴

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.²⁵ 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.²⁶ Unemployment can also put families at greater risk for stress, family conflict, and homelessness.²⁷

Housing instability and homelessness can have deleterious effects on the physical, social-emotional, and cognitive development of young children.²⁸ 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.²⁹ High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition and homelessness.³⁰ 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 \$93.³¹

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.³² Food insecurity is also associated with overweight and obesity.³³ 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.³⁴ 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.³⁵

In addition to SNAP, food banks and school-based programs such as the National School Lunch Program³⁶ and Summer Food Service Programⁱ are important resources aimed at addressing food insecurity by providing access to free and reduced-price food and meals in both community and school settings. The National School Lunch Program³⁷ 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.³⁸ 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.³⁹

What the Data Tell Us

Income

The median income for all families in the Hualapai Tribe Region was \$43,125, according to recent estimates from the American Community Survey (Table 12). The median income for families with married parents (husband-wife) and children under age 18 was much higher (\$79,375), and single-parent families made substantially less. The median income for households run by a single male in the Hualapai Tribe Region was \$33,750 and \$16,528 for single female households. The low median income for single-householders in the region is a concern because the majority of young children (66%) live in single-parent households (see Table 7 above).

Table 12. 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
Hualapai Tribe	\$43,125	\$79,375	\$33,750	\$16,528
All Arizona Reservations	N/A	N/A	N/A	N/A
Mohave County	\$46,179	\$52,804	\$26,385	\$21,670
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

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

ⁱⁱ For more information on the Arizona WIC Program, visit <http://azdhs.gov/prevention/azwic/>. For information about the Inter Tribal Council of Arizona WIC program, visit http://itcaonline.com/?page_id=53

Poverty

According to the American Community Survey (ACS), about one-third (32%) of the total (all-age) population of the Hualapai 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 13). Poverty rates are higher among young children in the region (36%), lower than the poverty rate among young children in all Arizona reservations (55%), but higher than the rate statewide (29%). A similar share of older children ages 6 to 17 (37%) live in poverty. Figure 6 and Figure 7 shows a map of the population in poverty in the region.

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)). More than half of families in the region with children aged four and under (58%) live below 185 percent of the FPL (i.e., earned less than \$3,677 a month for a family of four), which is lower than the 77 percent across all Arizona reservations combined (Table 14).

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 TANF has steadily declined in recent years in the Hualapai Region and statewide. In the region, the number of children who received TANF benefits on a yearly basis fell from 34 children in 2012 to 24 children in 2015, a 29 percent decrease (

Table 15). This means that while 17 percent of children in the region received TANF in 2012, only 12 percent did in 2015 (see Figure 8). 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.⁴⁰ In Arizona, TANF eligibility is capped at \$335 per month, or \$4020 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.⁴¹ 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.⁴²

Table 13. 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
Hualapai Tribe	1,084	32%	155	36%
All Arizona Reservations	183,508	42%	19,679	55%
Mohave County	195,144	20%	12,115	40%
ARIZONA	6,411,354	18%	522,513	29%

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

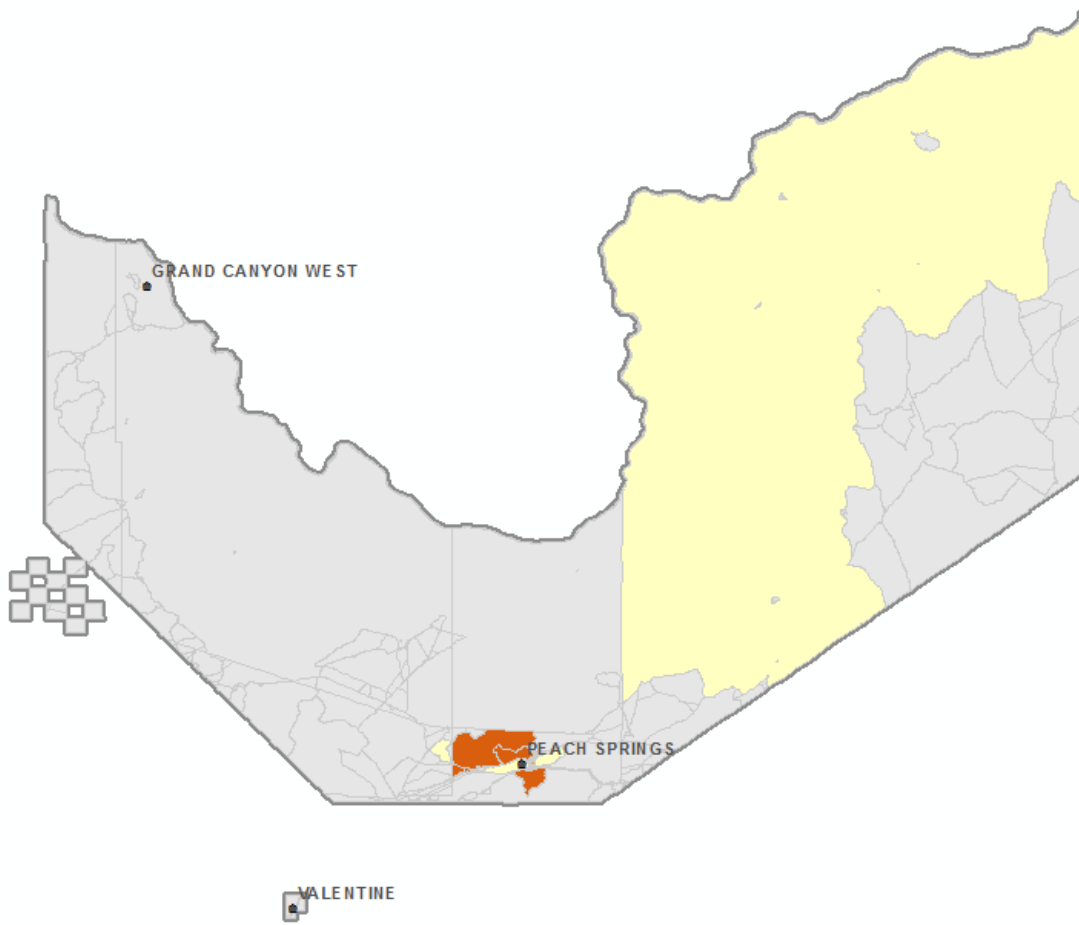
Table 14. Proportion of Families with Young Children (Ages 0 to 4) At or Slightly Above the Federal Poverty Level (FPL)

	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
Hualapai Tribe	50	38%	48%	50%	58%
All Arizona Reservations	9,560	51%	62%	68%	77%
Mohave County	6,310	35%	47%	54%	62%
ARIZONA	301,165	27%	35%	41%	49%

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

Please note that the columns in Table 14 are cumulative. In other words, the 38% of families that are below 100% of the FPL are also counted in the 58% of families that are below 185% of the FPL in the Region.

Figure 6. Map of Population in Poverty in the Hualapai Tribe Region

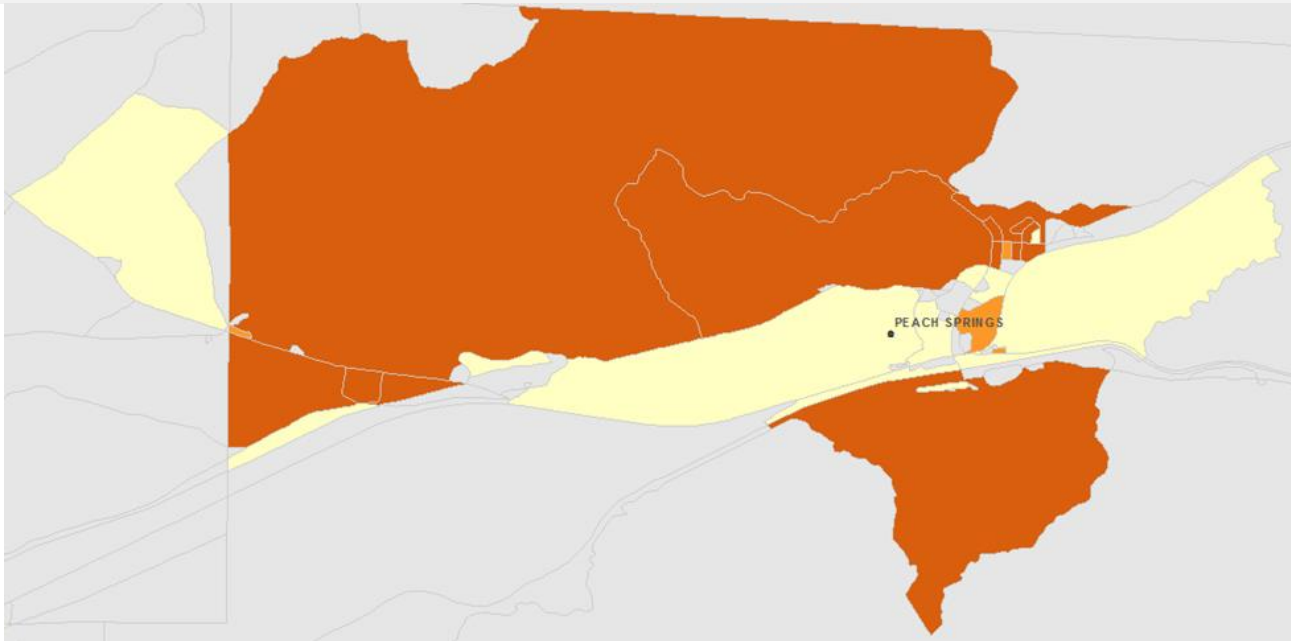


Legend	# of Census Blocks	Poverty 0-5	Population 0-5	% Poverty
High Poverty-High Population	15	46	159	29%
High Poverty-Low Population	1	3	3	84%
Low Poverty-High Population	1	1	4	29%
Low Poverty-Low Population	15	9	31	28%
No Poverty	353	0	0	0%
Total	385	59	197	30%

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 7. Map of Population in Poverty in the Hualapai Tribe Region- Peach Springs



Legend	# of Census Blocks	Poverty 0-5	Population 0-5	% Poverty
High Poverty-High Population	15	46	159	29%
High Poverty-Low Population	1	3	3	84%
Low Poverty-High Population	1	1	4	29%
Low Poverty-Low Population	15	9	31	28%
No Poverty	353	0	0	0%
Total	385	59	197	30%

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

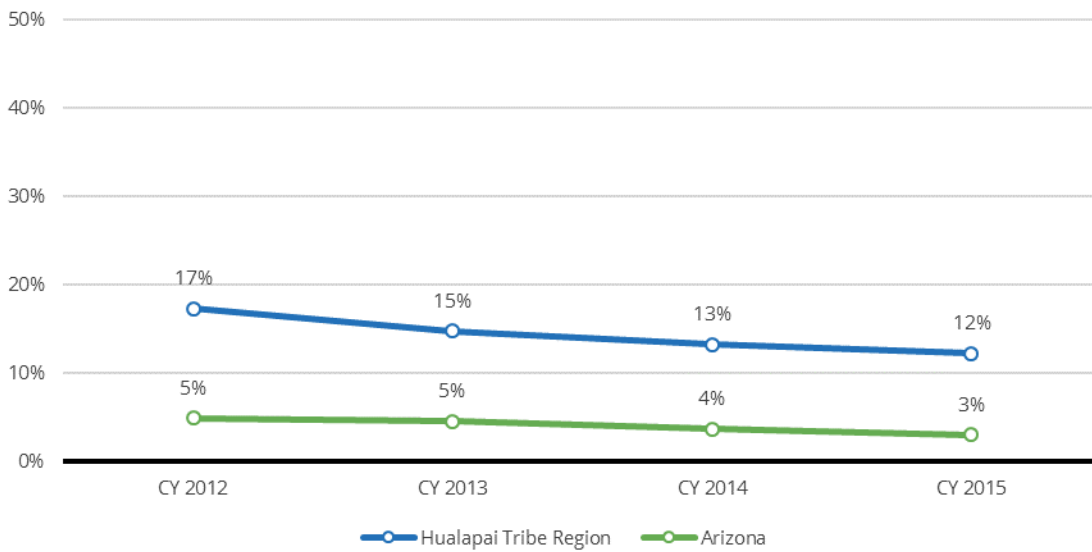
Note: Census 2010 census block data were utilized for the population of children 0-5. The 2007-2011 American Community Survey (ACS) data were used to obtain poverty estimates and proportionally assign them to census blocks because these estimates align better with the Census 2010 population of children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

Table 15. Number of Children (Ages 0 to 5) Receiving Temporary Assistance to Needy Families (TANF)

	CY 2012	CY 2013	CY 2014	CY 2015	Change from 2012 to 2015
Hualapai Tribe	34	29	26	24	-29%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Mohave County	852	802	580	454	-47%
ARIZONA	26,827	24,889	19,884	16,336	-39%

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

Figure 8. Estimated Percent of Children (Ages 0 to 5) Receiving Temporary Assistance to Needy Families (TANF)



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

Employment and Unemployment

Tribal enterprises form a key part of the economy in the region. The primary employers in the Hualapai Tribe Region are the Hualapai Tribe, the public school system, and the Grand Canyon Resort Corporation. Tourism, cattle ranching, and arts and crafts comprise the main economic activities in the region. There is no gaming on the Hualapai Tribe Reservation. The Game and Fish Department generate revenue through the sale of hunting tags and employs Hualapai hunting guides. Hwal'bay Ba;j, dba Grand Canyon Resort Corporation, is a Section 17 Indian Corporation owned by the Hualapai Tribe

and operates Grand Canyon West, Hualapai River Runners & Pontoons, Hualapai Lodge, Diamond Creek Restaurant, and Walapai Market and Fuel Station. The corporation employs 788 full- and part-time employees, more than 250 of which are Hualapai Tribal members.⁴³ The Hualapai Tribe employs 375 employees in Peach Springs with an estimated \$15 million in annual payroll and benefits.

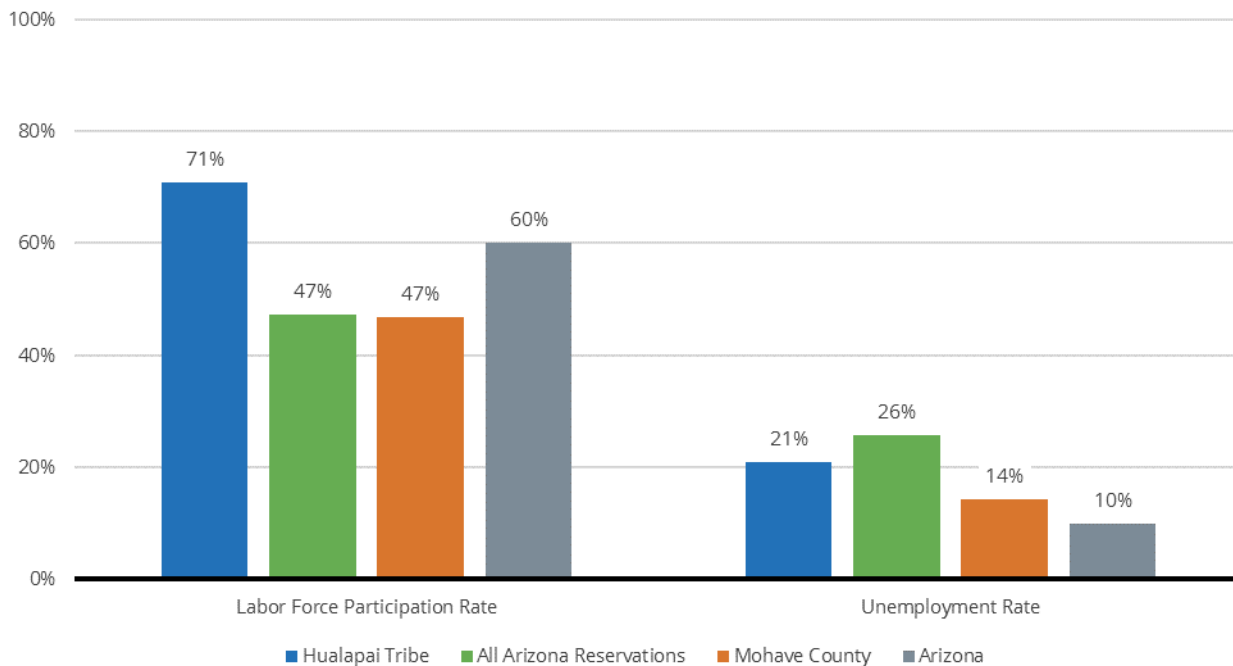
Recent estimates from the American Community Survey (ACS) indicate that the unemployment rate in the Hualapai Tribe Region was 21 percent (see Figure 9). This rate is lower than the estimated unemployment rate for All Arizona Reservations (26%) but much higher than that seen statewide (10%). The Arizona 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 tribal communities in the state, including the Hualapai Tribe.ⁱⁱⁱ

For young children living with both parents in the region, 20 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 16).^{iv} Thirteen 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 lower than the percentage seen in all Arizona reservations (34%). Overall, 87 percent of young children live with one or more parents who are in the labor force, which is much higher than that seen in all Arizona reservations (64%). In addition to unemployment, the lack of child care, or the prohibitive cost of child care, can keep parents from participating in the labor force.⁴⁴ This may be true in the case of young children who live with a single parent who is not in the labor force.

ⁱⁱⁱ 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.

^{iv} 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.

Figure 9. Labor Force Participation and Unemployment Rates



Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table S2301

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

Table 16. Parents of Young Children (Ages 0 to 5) Who Are or Are Not in the Labor Force

	Estimated number of children (ages 0-5) living with one or two parents	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
Hualapai Tribe	133	9%	11%	0%	67%	13%
All Arizona Reservations	18,293	13%	11%	2%	40%	34%
Mohave County	11,640	29%	28%	1%	35%	8%
ARIZONA	510,658	31%	29%	1%	29%	10%

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

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

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.”⁴⁵ 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 number of young children participating in SNAP has declined since 2012, but this program still supports 148 young children in the Hualapai Tribe Region annually (Table 17). WIC enrollment has also declined slightly between 2013 and 2015 (Table 19), though the program still served more than 250 women, infants, and children in 2015 (Table 18). WIC participation rates in the region were similar to those statewide in January of 2013 and 2014, with the Hualapai Region rate being slightly higher than the state in 2015 (82% vs 79%, respectively) (Figure 11). One reason for relatively high participation rates may be that there is an accessible SNAP and WIC authorized retailer in the region. A common challenge to participating in SNAP or WIC may be the availability of retailers where WIC vouchers or SNAP Electronic Benefits Transfer (EBT)^v are accepted. Because the tribally owned and operated Walapai Market and Fuel Station in Peach Springs accepts SNAP and WIC, community members have good access, relative to the size of the community. In fact, the ratio of population to SNAP retailers is more than double that available statewide or in all Arizona reservations, and the ratio of population to WIC retailers is more than seven times that of the statewide ratio and five times that of the ratio in all Arizona reservations (Table 20). This availability of a WIC retailer directly in the community may make it easier for program participants to redeem WIC vouchers.

^v Electronic Benefits Transfer (EBT) is an electronic system that allows a recipient to authorize transfer of their government benefits from a Federal account to a retailer account to pay for products received. See <https://www.fns.usda.gov/ebt/general-electronic-benefit-transfer-ebt-information>

Schools are an important part of the nutrition assistance system, especially for children that may be food insecure. Most of the students enrolled in elementary schools in the region were eligible for free and reduced price lunch, though the percentage of eligible students has fallen from 100 percent in 2013 to 87 percent in 2016 (Table 21).

When school is not in session, schools, community centers, churches, and other community institutions in areas with at least 50 percent of children or more who are eligible for free or reduced-price lunch can receive funding through the Summer Food Service Program (SFSP)^{vi} to provide summer meals to children of all ages.⁴⁶ From 2012 to 2015, there were no SFSP sites in the Hualapai Tribe region, indicating that children receiving school meals may be particularly vulnerable to food insecurity in the summer months. However, since summer 2013, school aged children (ages 6-18) receive summer meals from the Peach Springs Boys and Girls Club by enrolling in this program.

The Child and Adult Care Food Program (CACFP) is another important nutrition program for young children. The program provides reimbursement to eligible child care centers, adult daycare centers, Head Starts, emergency shelters, and afterschool programs serving at-risk youth to enhance their current menus to offer more fresh fruits and vegetables, whole grains, and low-fat dairy products. The goals of the CACFP program are to support the health and nutrition status of children and adults and promote good eating habits.^{vii} The Hualapai Tribe Head Start program participated in the Child and Adult Care Food Program (CACFP) during the 2013-2014 school year. The program provided funding for 13,101 meals to children in the 2013-2014 school year: 114 days of breakfasts, lunches, and afternoon snacks. Participation in CACFP enabled the Head Start center to be reimbursed for providing healthy, balanced meals to children enrolled. Key informants in the region reported that the Hualapai Day Care Center began participating in CACFP in 2016. Funding from the program along with funding from the Hualapai Tribe allows the Hualapai Day Care Center to provide free or reduced-price meals to all enrolled children.

In addition to these resources, Saint Mary's Food Bank makes a monthly delivery, hosted at the Department of Hualapai Education and Training.

^{vi} For more information on the Summer Food Service Program in Arizona, visit <http://www.azsummerfood.gov/>

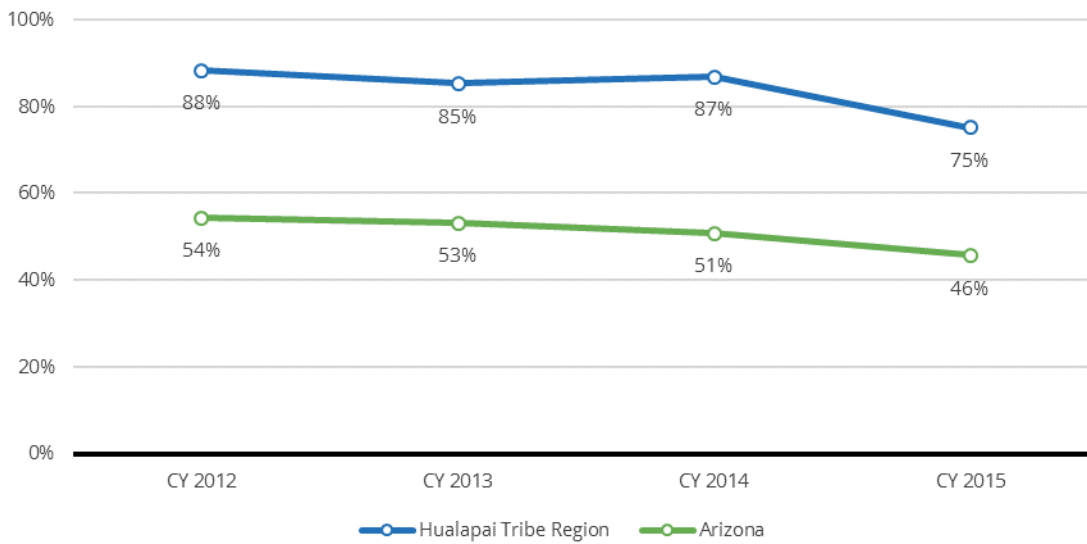
^{vii} For more information on the CACFP, visit <http://www.azed.gov/health-nutrition/cacfp/>

Table 17. 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
Hualapai Tribe	174	168	171	148	-15%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Mohave County	9,337	9,168	8,601	7,790	-17%
ARIZONA	296,686	290,513	277,345	249,712	-16%

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

Figure 10. Estimated Percent of Young Children (Ages 0 to 5) Receiving SNAP Benefits, 2012 to 2015



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

Table 18. Enrollment in the Hualapai WIC Program, 2015

	Women	Infants	Children	Total
Hualapai Tribe	65	66	127	258

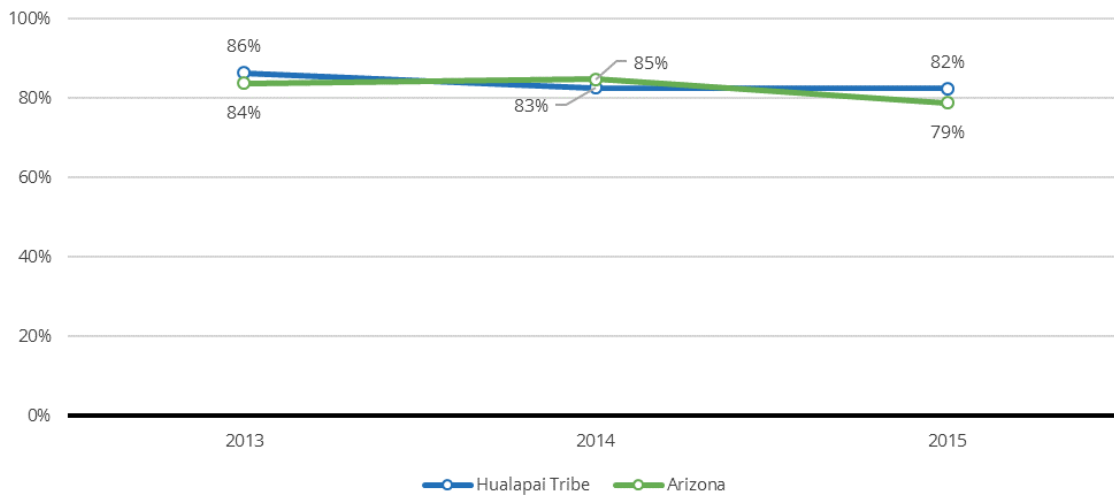
Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Table 19. Children (ages 0-4) enrolled in the Hualapai WIC Program, 2013 to 2015

	CY 2013	CY 2014	CY 2015	Change 2013-2015
Hualapai Tribe	208	194	193	-7%

Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Figure 11. Monthly Snapshots of Participation Rates in WIC Program, January 2013, 2014, and 2015



Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Table 20. Retailers Participating in the SNAP or WIC Programs, 2016

	Number of SNAP retailers	SNAP retailers per 100,000 residents	Number of WIC retailers	WIC retailers per 100,000 residents
Hualapai Tribe	2	149.81	1	74.91
All Arizona Reservations	108	60.63	26	14.60
Mohave County	162	80.92	17	8.49
ARIZONA	4,038	63.17	644	10.08

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

	2012	2013	2014	2015	2016
Hualapai Tribe Region Schools	100%	100%	98%	95%	87%
Peach Springs School (K-8)	100%	100%	98%	95%	87%
Valentine Elementary School (PS-8)	N/A	N/A	N/A	N/A	N/A
All Arizona Schools	57%	57%	58%	58%	58%

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

Housing and Transportation

Of the 263 occupied housing units in the Hualapai Tribe Region, 63 percent are occupied by renters and 37 percent are occupied by homeowners (Table 22). Rates of homeownership in the region are lower than in all Arizona reservations, the county, or the state. Residents of the Hualapai Tribe Region have a similar housing cost burden to residents of all Arizona reservations, but higher than those statewide: 18 percent of housing units in the region require residents to contribute more than 30 percent of their household income toward housing, compared to 17 percent in all reservations and 34 percent statewide (Table 23).

The Department of Housing and Urban Development (HUD) maintains the Comprehensive Housing Affordability Strategy (CHAS) database, which tracks the share of housing units with housing problems. HUD defines four key housing problems: a lack of complete kitchen facilities, a lack of complete plumbing facilities, overcrowding, and high cost-burden (see note on Table 24). A lower percentage of

housing units in the Hualapai Tribe Region (29%) have at least one of these problems compared to the state as a whole (37%). Housing problems may place extra burdens on low-income families, and nine percent of housing units having a housing problem and a low-income householder in the Hualapai Tribe Region (Table 24).

The Hualapai Housing Authority has recognized the need for more housing units to ease overcrowding and prepare for future growth. The Hualapai Housing Needs Assessment^{viii} found that 210 housing units were needed in the community to alleviate overcrowding and to provide housing for workers who lived off-reservation but would prefer to live on-reservation. To account for future population and employment growth, the assessment estimated that 400 additional housing units are needed, 230 for increased population and 170 for a growing workforce.⁴⁷

In 2015, a Transit Feasibility Study for the Hualapai Tribe was completed with the goal of identifying transit needs, developing strategies to make travel easier, and producing a plan to develop transit services in the region and neighboring communities.⁴⁸ The study examined existing transit services and surveyed community members regarding their travel habits and needs. Currently, public transportation is available through several tribal departments and outside agencies. The Hualapai Health Education and Wellness Department provides transportation for non-emergency medical care for elders. Transport for other activities is sometimes available for a fee. The Hualapai Tribe Elderly Services Programs provides rides to meals at the Senior Center, transportation for a monthly shopping trip to Kingman, and rides to community events. The Hualapai Recreation Department provides transportation for youth activities. In addition, the Peach Springs Boys and Girls Club provides transportation services to school children in the region. The Peach Springs Unified School District also provided a shuttle from Kingman to Peach Springs for employees until the 2013-2014 school year. Grand Canyon Resort Corporation provides transportation for employees from Peach Spring and Kingman to Grand Canyon West and back. Kingman Area Regional Transit (KART) operates four transit routes within the city of Kingman.

The Transit Feasibility Study estimated that 390 people in the Hualapai Tribe need passenger transportation. This number represents the sum of people in households with incomes below the poverty level (n=307) and with no vehicle available (n=83) according to the 2009-2014 American Community Survey 5-Year Estimates. At the time of the study, there were no existing transportation services between Peach Springs and Kingman, the nearest major city, beyond those provided for employees of Peach Springs Unified School District and Grand Canyon Resort Corporation for work. The main limitations expressed by the 577 survey respondents included: cost (n=122; 21%), availability of a vehicle (n=124; 21%) and lack of a driver's license (n=50; 9%). Nearly half of respondents (n=380; 46%) indicated that they relied on a personal car or vehicle to get around, while a smaller proportion used the Grand Canyon West work shuttle (n=116; 14%), got rides from family and friends (103; 12%), carpooled (n=84; 10%), or walked (99; 12%). Figure 12 and Figure 13 show major activity centers and the most popular travel destinations in select categories as found in the transit survey. Destinations with higher popularity have larger symbol sizes shown on the map (i.e., the largest symbol represents the location with the most responses). The Transit Feasibility Study developed a transit recommendation and service plan, which resulted in the creation of a daily commuter transit route from Kingman to

^{viii} Native Home Capital, Rpl Consulting, Rural Community Assistance Corp., and The Jones Payne Group (2013). *Hualapai Housing Needs Assessment*.

Peach Springs, a mid-day route running twice a week between Peach Springs and Kingman for shopping and appointment-related trips, and a free mid-day local circulator route within Peach Springs for residents and workers in the community.

With the frequent, long distance trips that residents of the community must make for shopping and other appointments, one common concern is the number of traffic accidents that may occur in the community and on the road to Kingman. According to the Hualapai Nation Police Department, there were 48 traffic accidents in and around the Hualapai Tribe Region in 2013 and 41 accidents in 2014 (see Figure 14) that caused damage to property or injury to the drivers or passengers involved. Most accidents caused damage rather than injury—only 9 accidents in each year reported to the Hualapai Nation Police Department resulted in injury, representing 20 to 25 percent of accidents in a given year.

Table 22. Owner- and Renter-Occupied Housing Units

	Number of occupied housing units	Owner-occupied units	Renter-occupied units
Hualapai Tribe	263	37%	63%
All Arizona Reservations	47,892	69%	31%
Mohave County	80,529	68%	32%
ARIZONA	2,387,246	63%	37%

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

Table 23. The Cost of Housing, Relative to Household Income

	Number of occupied housing units	Occupied housing units which cost 30% of household income, or more
Hualapai Tribe	263	18%
All Arizona Reservations	47,892	17%
Mohave County	80,529	33%
ARIZONA	2,387,246	34%

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

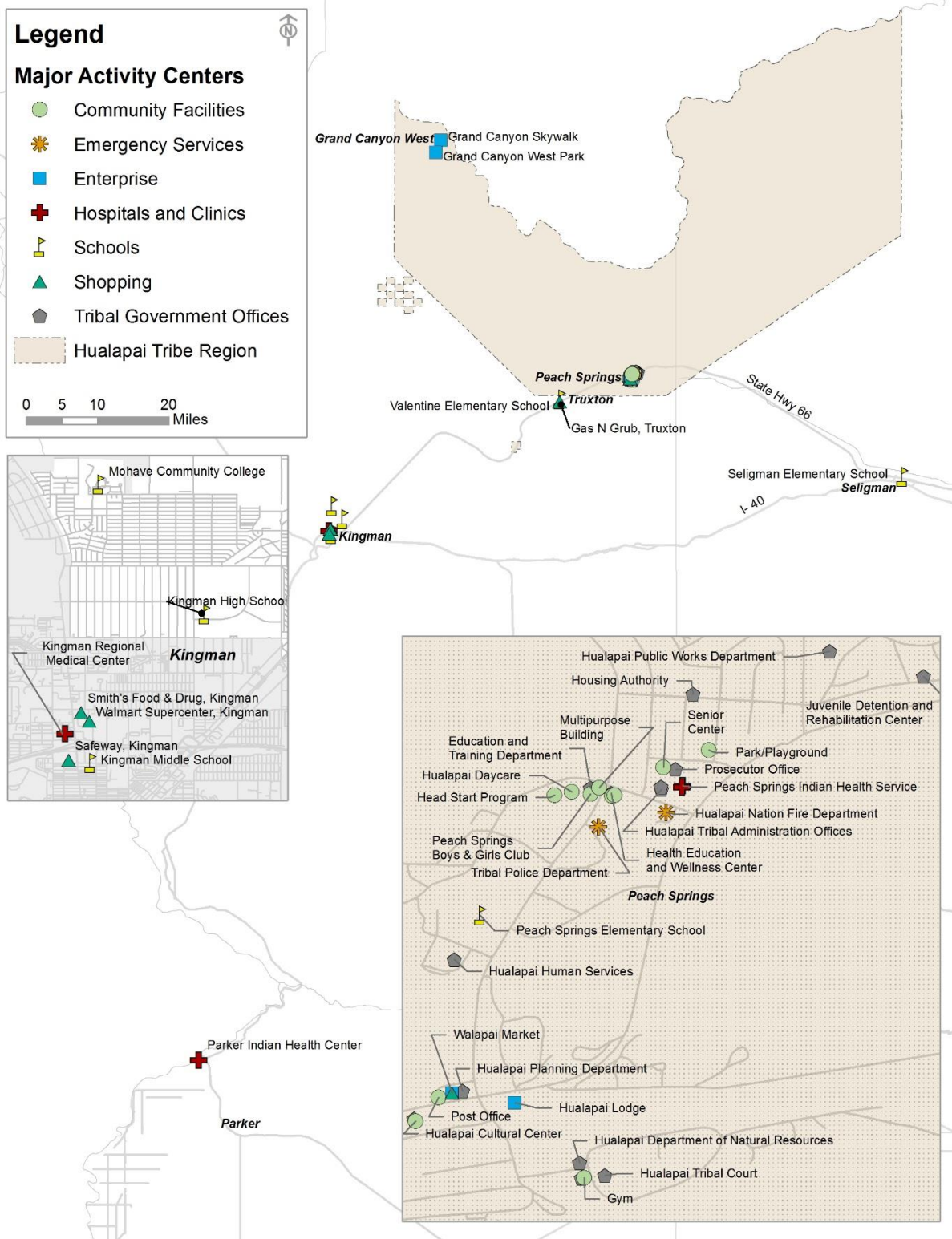
Table 24. Housing Units with Housing Problems

	Housing Units	Housing Units with housing problems	Housing Units with housing problems and low-income householder
Hualapai Tribe Region	219	29%	9%
ARIZONA	2,369,550	37%	8%

Source: U.S. Department of Housing and Urban Development (2016). 2009-2013 Comprehensive Housing Affordability Strategy (CHAS) Data. Retrieved from https://www.huduser.gov/portal/datasets/cp/CHAS/bg_chas.html

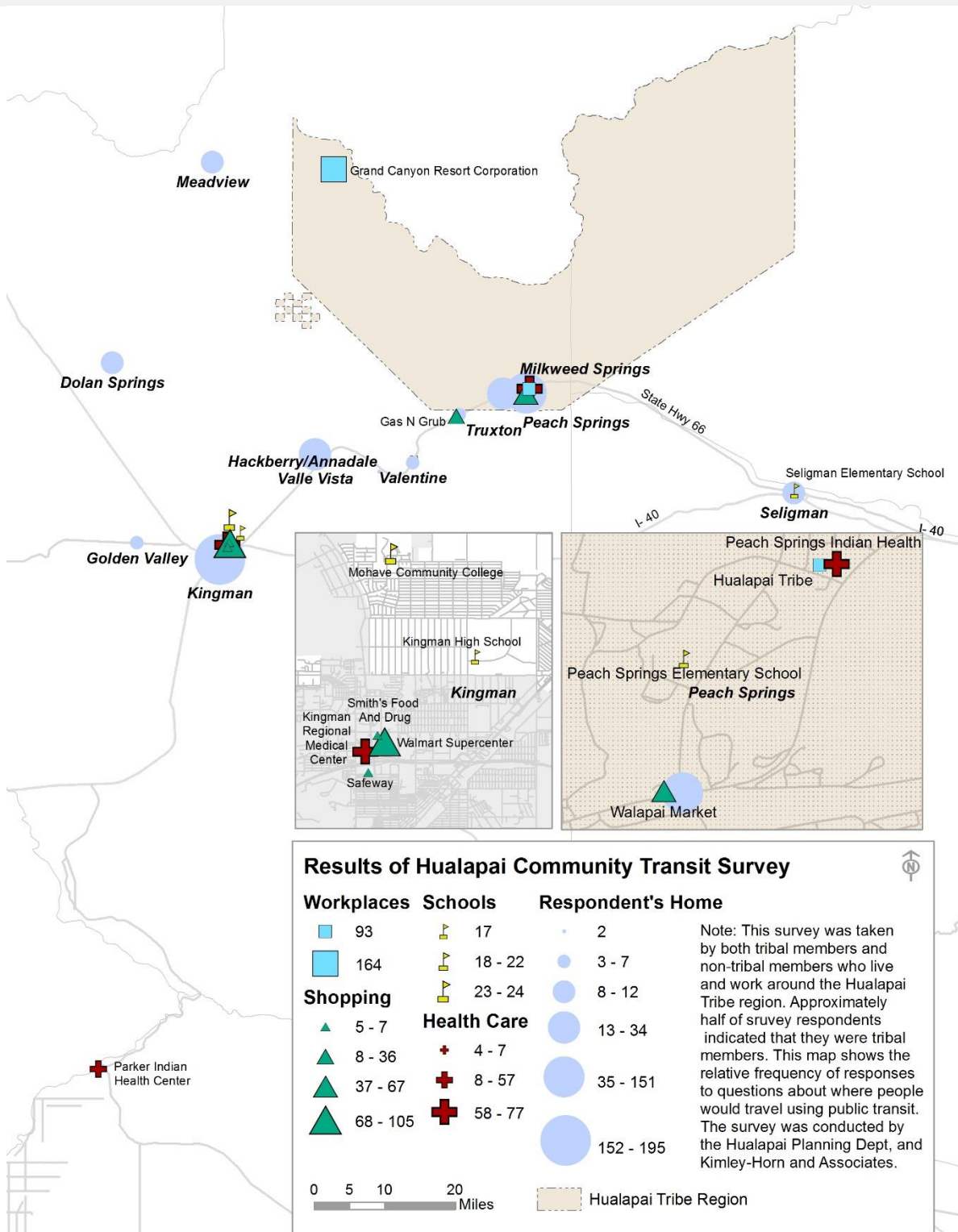
Households with housing problems are defined as housing units with one or more of four HUD-defined housing problems: (1) unit lacks complete kitchen facilities; (2) unit lacks complete plumbing facilities; (3) household is overcrowded (more than one person per room); (4) household is cost-burden (monthly housing costs exceeding 30% of monthly income). Low income households are those where household income is less than or equal to 30% of the HUD Area Median Family Income (HAMFI).

Figure 12. Major Activity Centers for the Hualapai Tribe Region



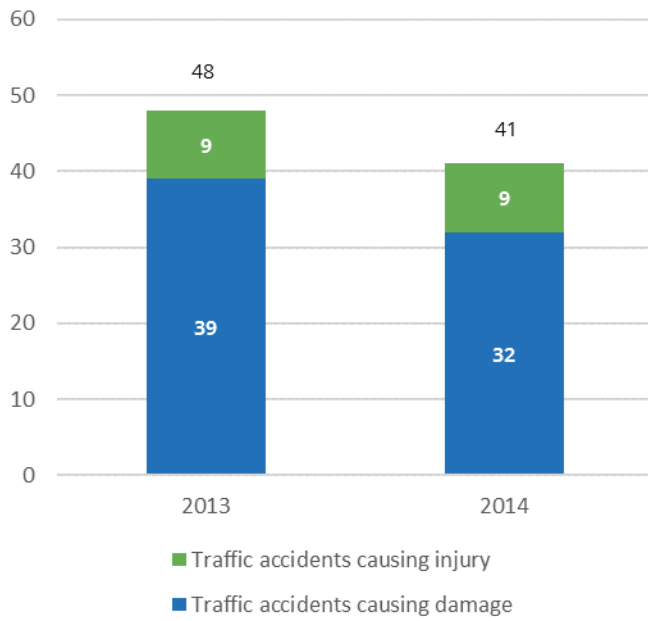
Source: Transit Feasibility Study for the Hualapai Tribe Region. Map produced by CRED

Figure 13. Results of the Hualapai Community Transit Survey



Source: Transit Feasibility Study for the Hualapai Tribe Region. Map produced by CRED

Figure 14. Traffic Accidents Reported to the Hualapai Nation Police Department, 2013-2014



Source: Hualapai Nation Police Department (2016). [Arrest and Traffic data]. Unpublished data.



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.^{49,50,51,52} Starting in kindergarten, poor school attendance can cause children to fall behind, leading to lowered proficiency in reading and math, and increased grade-retention.⁵³

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.⁵⁴ 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.⁵⁵

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.^{ix} 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).^x 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.⁵⁶ New proficiency cut points were determined by grade level,⁵⁷ and earning a score of "proficient" or "highly proficient" indicates that a student is prepared for the next grade without requiring additional support.⁵⁸ Students who score as either "minimally" or "partially proficient" are likely to need support to be ready to move on to the next grade.⁵⁹ 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.⁶⁰

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 achievement, as well improved health,

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

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

social and economic outcomes.⁶¹ 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.^{62,63}

What the Data Tell Us

Standardized Test Scores

School-aged children in the Hualapai Region attend Peach Springs School in the Peach Springs Unified District, as well as schools in the Valentine, Hackberry, Seligman, and Kingman Districts. Figure 15 shows a map of school districts attended by students in the region. Only Peach Springs Elementary School is actually located within the regional boundaries. Peach Springs Elementary School serves children in kindergarten through eighth grade. Valentine Elementary School, which serves students in preschool through eighth grade, is located just off-reservation land in Truxton.

The foundations for future learning are laid early in childhood. The Dynamic Indicators of Basic Early Literacy Skills (DIBELS) are measures developed to assess five essential early literacy skills and are meant to identify and monitor students who may be at risk for difficulties with reading.⁶⁴ DIBELS scores have been linked to reading proficiency scores on later assessments in the first and third grades.^{65,66} Based on DIBELS scores, students may be identified as needing “Intensive,” “Strategic,” or “Core” support. Students needing “Core” support are meeting early literacy benchmarks and are likely to meet literacy goals without additional support beyond school curriculum. Students needing “Strategic” support are below the benchmark and need some additional support to meet later literacy goals. Students needing “Intensive” support are at high risk of not meeting early literacy goals and need significant support beyond the regular curriculum.⁶⁷ At Peach Springs School, a high percentage of students were identified as needing additional literacy supports through their DIBELS scores. At the beginning of the 2015-2016 school year, 64 percent of kindergartners were identified as needing “Intensive” support and 22 percent needed “Strategic” support (Figure 16). Over the course of the year, all students’ scores improved, and by the end of the school year, the share of kindergartners needing “Intensive” support decreased as these students moved to only needing “Strategic” support. These scores suggest that many students enter school without a strong foundation in early literacy, which may affect later scores in reading proficiency.

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. In the 2014-2015 school year, only five percent of Hualapai Tribe Region students attained these scores on the third grade math assessment, which was a lower passing rate than across Arizona as a whole (41%) (Figure 17). Performance on the English Language Arts (ELA) test was poorer, with no Hualapai Tribe Region students demonstrating proficiency, compared to 40 percent across the state (Figure 18). A higher share of students at Valentine Elementary passed the AzMERIT math test, but scores on the English Language Arts (ELA) assessment were similarly low in both schools.^{xi} A portion of the 83 percent of Hualapai Tribe Region third graders

^{xi} Please note that these data represent only students enrolled at Peach Springs Elementary and Valentine Elementary. It does not include data from students attending schools in the Hackberry, Seligman and Kingman School Districts.

who scored minimally proficient on the ELA test 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.

These scores on the AzMERIT Math and English Language Arts tests were lower than those on the Arizona Instrument to Measure Standards tests at Peach Springs Elementary School in prior years. In the 2013-2014 school year, between 10 and 24 percent of students in Hualapai Tribe Region schools passed the AIMS Math test, and between 22 and 38 percent passed the AIMS reading test (Figure 19; Figure 20). The drop in passing rates in the transition from AIMS to AzMERIT has been seen across all schools in Arizona. Overall, the percent of students passing standardized tests fell between the 2009-2010 and 2013-2014 school years (Figure 21).

A sample of Arizona students in 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. Strong disparities exist in the state NAEP scores 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 or 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.

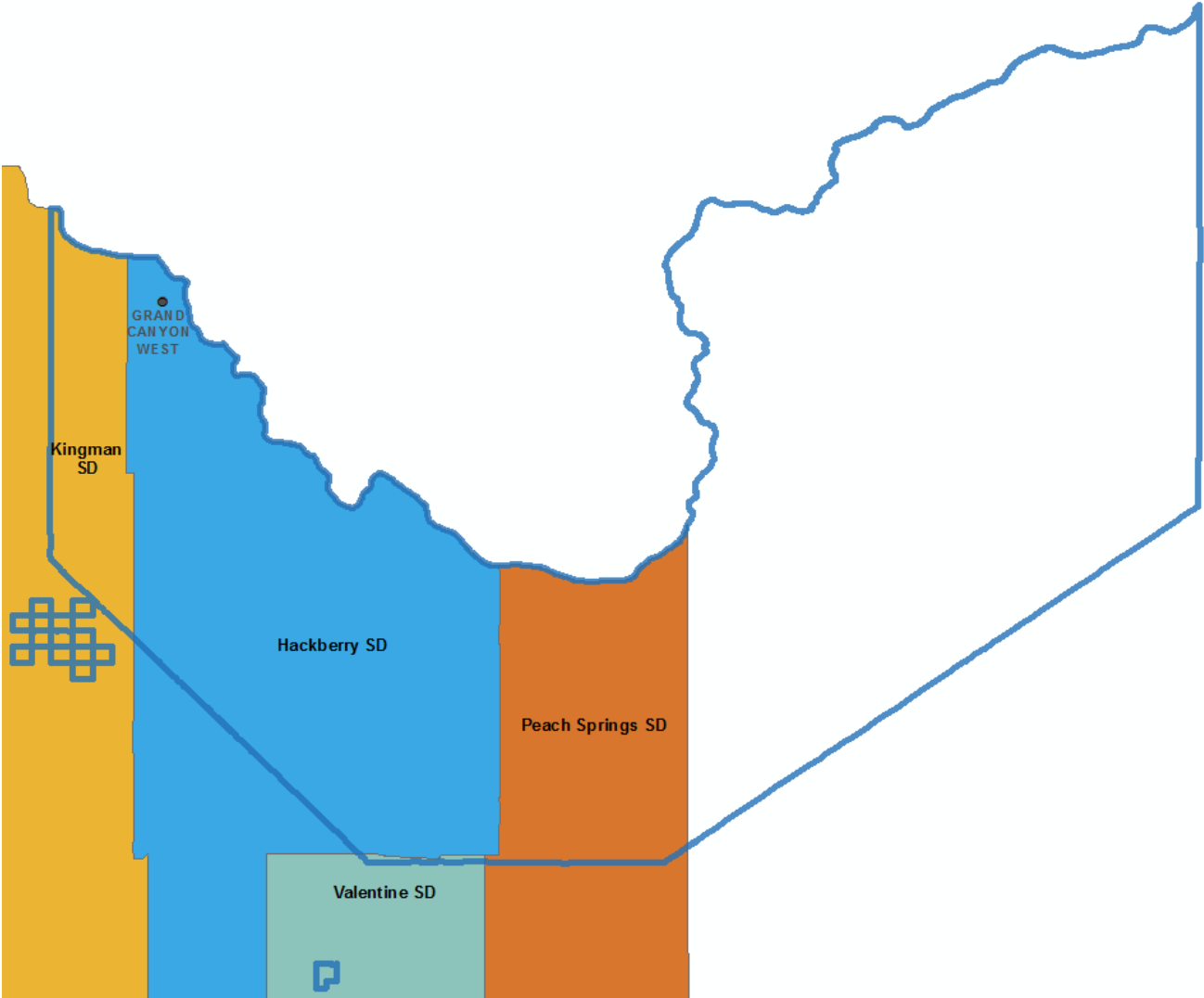
The Galileo K-12 Online Instructional Improvement and Effectiveness System is an online educational system that provides standards-based assessments as well as curriculum and reporting tools to help educators evaluate progress and set goals.⁶⁸ In the 2015-2016 school year, Peach Springs Elementary School began administering Galileo assessments in math and reading at the beginning and end of the school year to evaluate student progress over the course of the school year. Between August 2015 and May 2016, gains were seen in math across all grades, with the highest improvement seen in the third and sixth grades (Figure 22). Less improvement was seen on reading assessments. While the percent of students scoring proficient improved most in fourth grade and slightly in third, fifth, and eighth grade, several classes saw a decline in the share of students scoring proficient in reading (Figure 23). The school has set a goal of increasing the number of students passing the Math and Reading assessments by 20 percent in the 2016-2017 school year (see Table 27).

One challenge facing Peach Springs School is the difficulty of recruiting and retaining staff. Teachers in several grades left during the 2015-2016 school year, meaning that students had multiple substitute teachers while the school searched for new teachers. Key informants in the community feel that the 2015-2016 school year could best be described as a rebuilding year as the school has been implementing new standards for assessments to increase data validity and is currently seeking to recruit more teachers. The school has increased the teacher salary scale, increased statewide recruitment efforts with the goal of recruiting and retaining high quality teachers and continues to provide housing for teaching staff. In April 2017, Peach Springs Elementary School hired a Title I reading instructor and a Title I math instructor to provide additional supports to students in these subjects beginning in school year 2017-2018. Alongside the goals set for increasing the number of students scoring well on standardized assessments, the school has emphasized the need for continued

investment in language and culture. All students at Peach Springs Elementary School have a weekly cultural class taught by the culture teacher with the goal of increasing Hualapai traditional values and respect for self and others as well as supporting dual-language students who speak both English and Hualapai. Furthermore, the Hualapai Education and Training Department promotes the Hualapai Tribe Teacher Education Program to increase the number of certified Hualapai Teachers on the reservation.

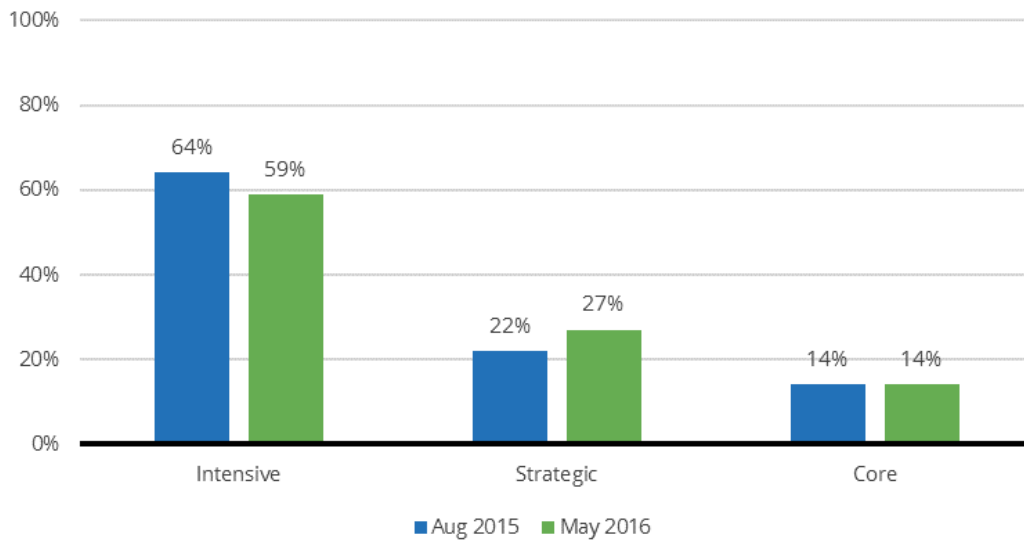
Student performance in the Hualapai Tribe Region, and statewide, suggests that there is much work to be done to support early literacy and to strengthen scholastic achievement. However, Peach Springs Elementary School is undertaking a number of strategies to improve student achievement and support academic growth amongst their students, including parent outreach.

Figure 15. The School Districts of the Hualapai Tribe First Things First Region



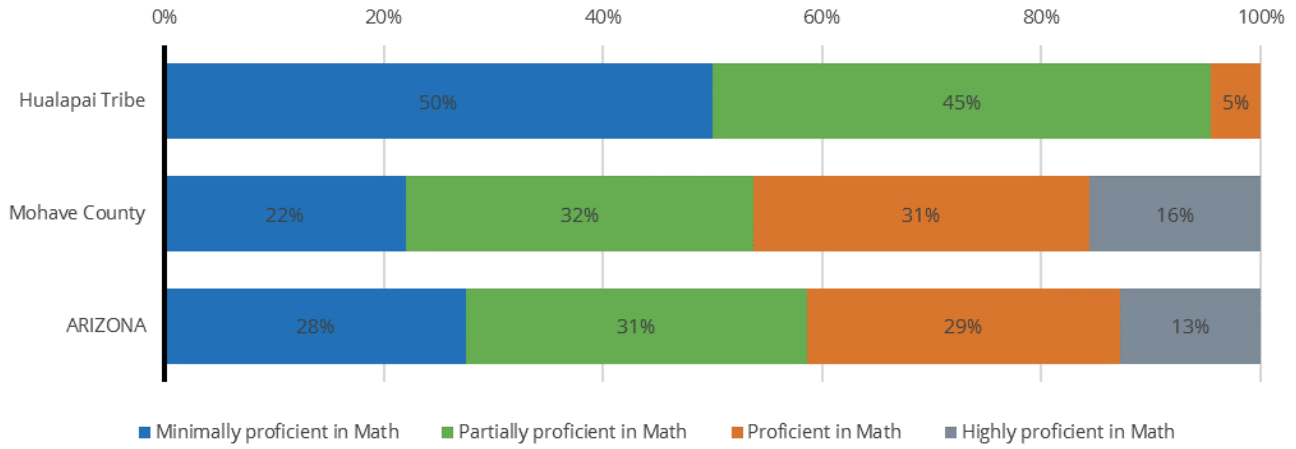
Source: First Things First (2016).

Figure 16. Kindergarten DIBELS Scores, 2015-2016



Source: Peach Springs School (2016). [School data]. Unpublished data.

Figure 17. AzMERIT Math Test Results for Third-Graders in the 2014-2015 School Year



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

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

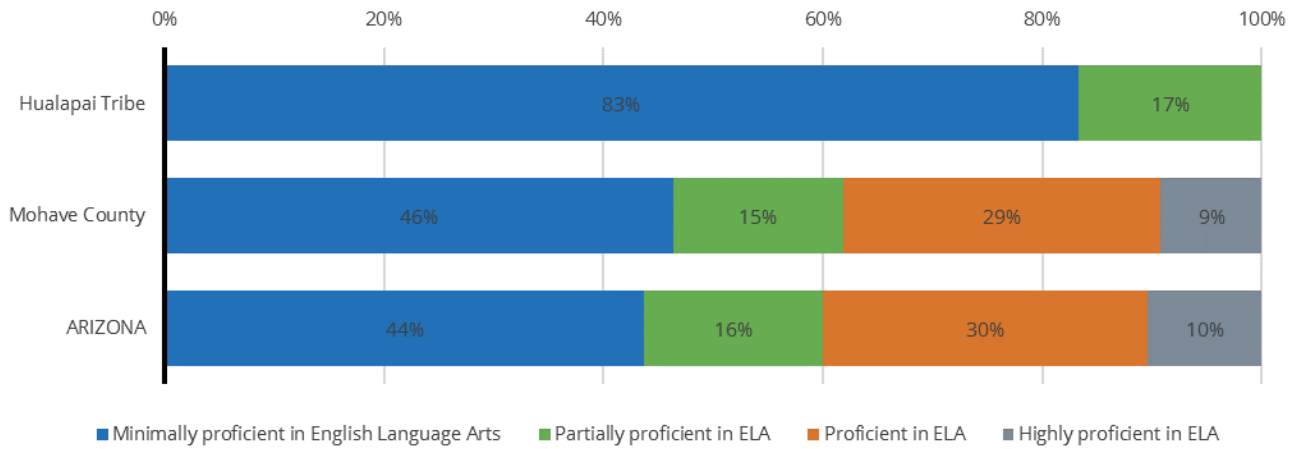
Table 25. AzMERIT Math Test Results for Third-Graders in 2014-15, by School District

	Minimally proficient in Math	Partially proficient in Math	Proficient in Math	Highly proficient in Math	Passing Math (proficient or highly proficient)
Hualapai Tribe Region Schools	50%	45%	5%	0%	5%
Peach Springs School (K-8)	50%	50%	0%	0%	0%
Valentine Elementary School (PS-8)	50%	25%	25%	0%	25%
All Arizona Schools	28%	31%	29%	13%	41%

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

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

Figure 18. AzMERIT English Language Arts Test Results for Third-Graders in the 2014-2015 School Year



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

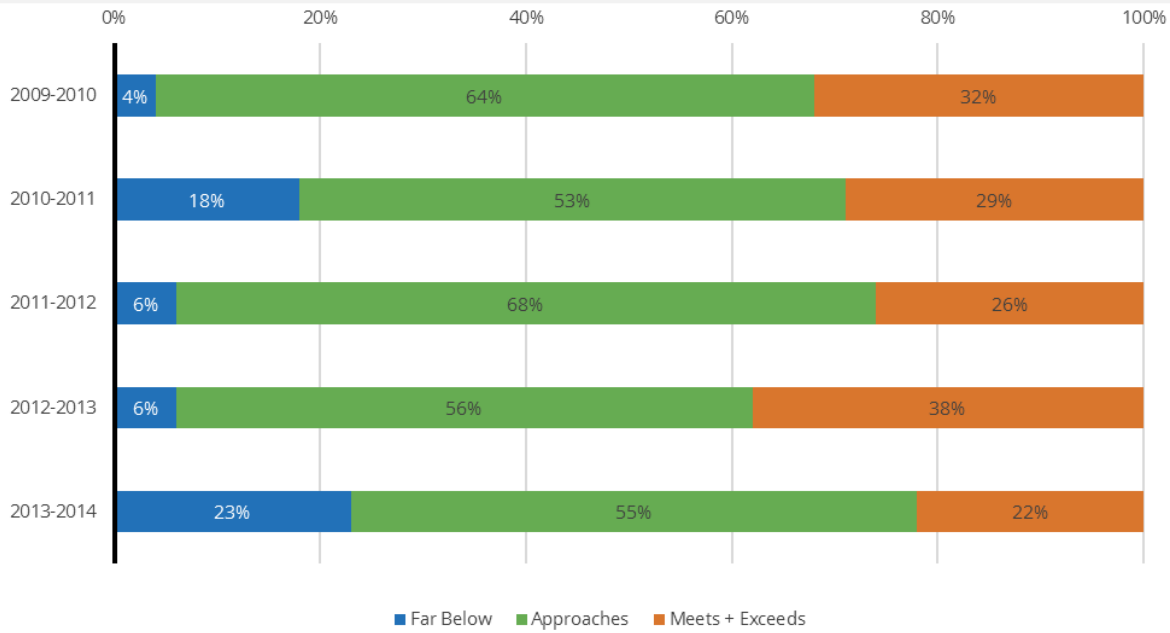
Note: The percentages above may not add to 100% due to rounding.

Table 26. AzMERIT English Language Arts Test Results for Third-Graders in 2014-15, by School District

	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)
Hualapai Tribe Region Schools	83%	17%	0%	0%	0%
Peach Springs School (K-8)	93%	7%	0%	0%	0%
Valentine Elementary School (PS-8)	50%	50%	0%	0%	0%
All Arizona Schools	44%	16%	30%	10%	40%

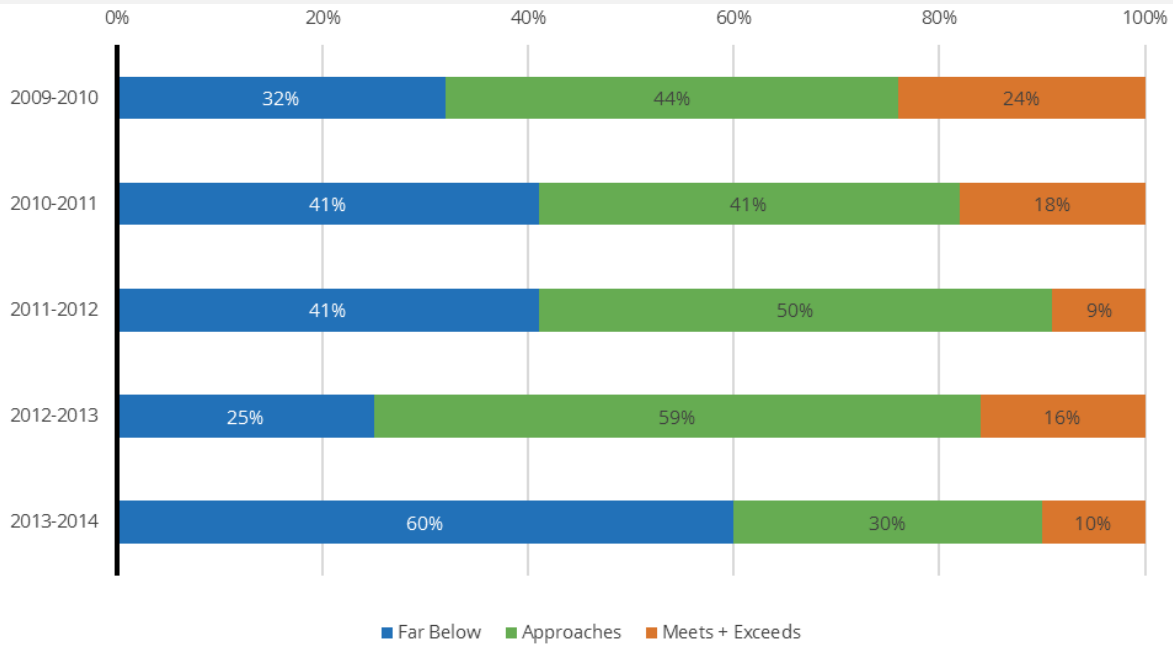
Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.

Figure 19. AIMS Math Results for Third-Graders enrolled at Peach Springs School, 2009-2010 to 2013-2014



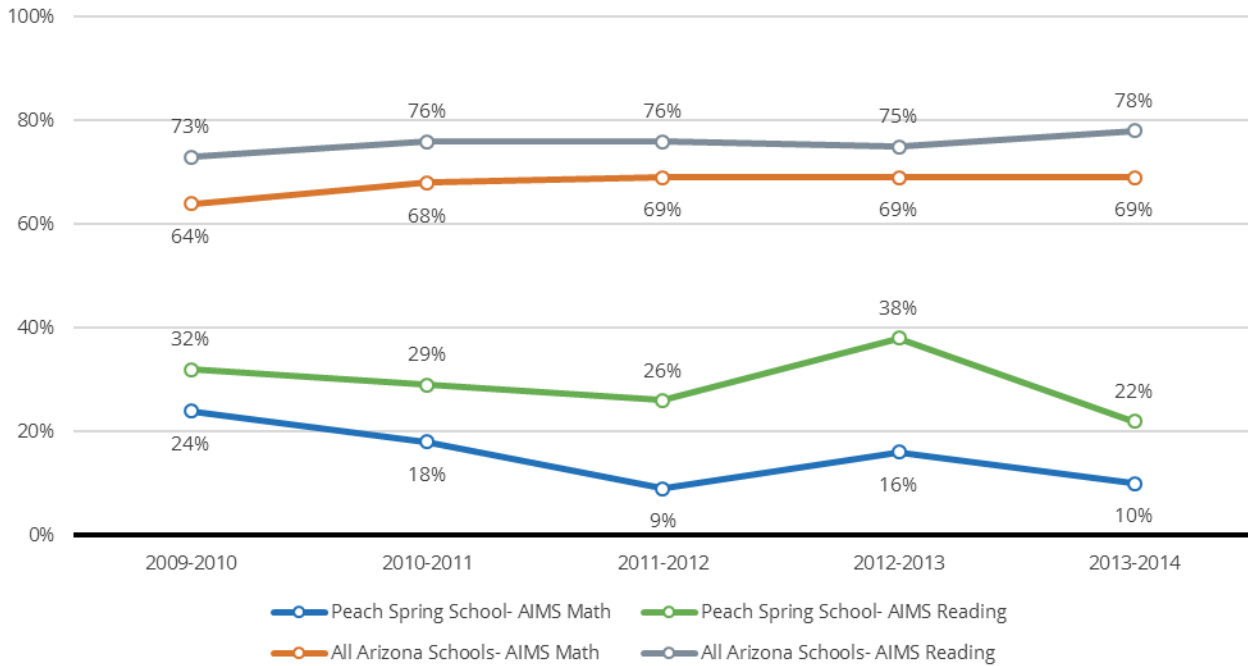
Source: Arizona Department of Education (2016). AIMS Results. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Figure 20. AIMS Reading Results for Third-Graders enrolled at Peach Springs School, 2009-2010 to 2013-2014



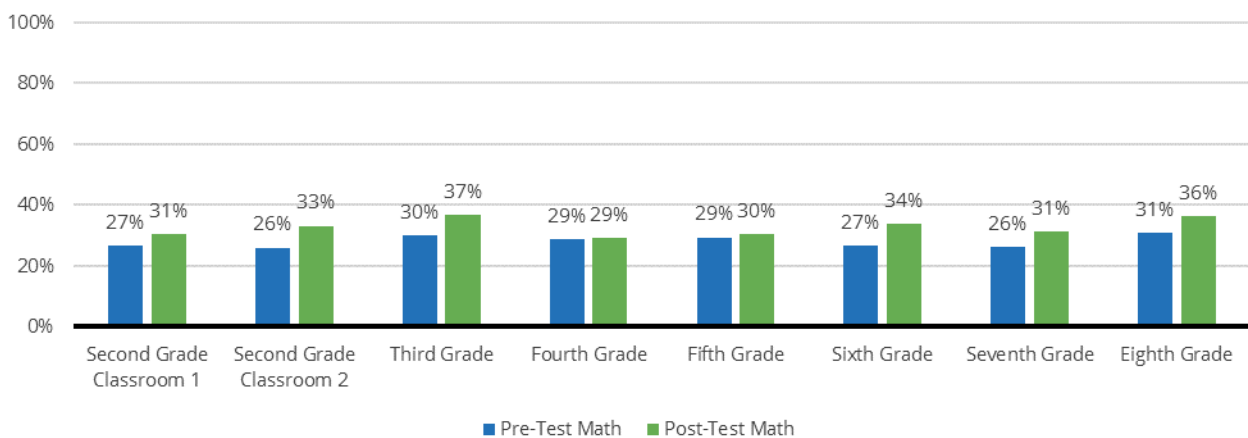
Source: Arizona Department of Education (2016). AIMS Results. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Figure 21. Percent of Students Passing the AIMS Reading and Math, 2009-2010 to 2013-2014



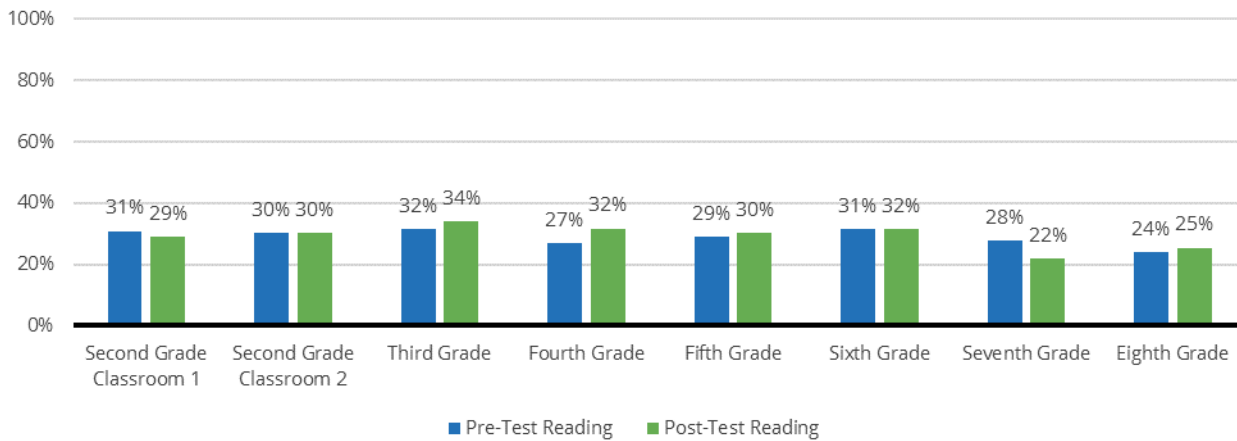
Source: Arizona Department of Education (2016). AIMS Results. Retrieved from <http://www.azed.gov/research-evaluation/aims-assessment-results/>

Figure 22. Percent of Students Scoring Proficient on Galileo Assessments in Math, 2015-2016 School Year



Source: Peach Springs School (2016). [School data]. Unpublished data.

Figure 23. Percent of Students Scoring Proficient on Galileo Assessments in Reading, 2015-2016 School Year



Source: Peach Springs School (2016). [School data]. Unpublished data.

Table 27. Percent of Students Scoring Proficient on Galileo Assessments

	Aug 2015 Reading	Aug 2015 Math	May 2016 Reading	May 2016 Math	2015-2016 Change in Reading	2015-2016 Change in Math	2017 Target for Reading	2017 Target for Math
Second Grade Classroom 1	31%	27%	29%	31%	-2%	4%	49%	51%
Second Grade Classroom 2	30%	26%	30%	33%	0%	7%	50%	53%
Third Grade	32%	30%	34%	37%	2%	7%	54%	57%
Fourth Grade	27%	29%	32%	29%	5%	1%	52%	49%
Fifth Grade	29%	29%	30%	30%	1%	1%	50%	50%
Sixth Grade	31%	27%	32%	34%	0%	7%	52%	54%
Seventh Grade	28%	26%	22%	31%	-6%	5%	42%	51%
Eighth Grade	24%	31%	25%	36%	2%	6%	45%	56%

Source: Peach Springs School (2016). [School Data]. Unpublished data.

Educational Attainment

The Arizona Department of Education tracks the percent of students who are chronically absent, meaning they have missed more than 10 days of school in a school year. Table 28 shows these percentages for students in grades first through third. Rates of chronic absences in the Hualapai Tribe Region have been consistently higher in 2014 (56%) and 2015 (60%) than in the state as a whole (34%

and 36%, respectively). Identifying and addressing the reasons behind chronic absenteeism is important to ameliorate later effects on educational achievement and graduation rates. Peach Springs School is currently undertaking efforts to decrease rates of chronic absenteeism through identifying students with chronic absences, meeting with these students and their families, and putting in place attendance or tardiness contracts with incentives. The school also hopes to develop a community-wide practice of celebrating attendance by engaging in more outreach around current attendance rates and holding quarterly attendance celebrations. Attendance procedures will now include communicating unexcused absences and leaves to the tribal courts and social services

There is no high school within reservation boundaries since Music Mountain High School closed in 2007. Between the 2011–2012 and 2015–2016 school years, between 13 and 19 students have been promoted from Peach Springs School each year and gone on to high school. The Education Department is not currently tracking graduation and dropout rates for high school students from the Hualapai Tribe. However, there is an effort underway to compile a list of all students, the schools they attend, and to track student progress to increase graduation rates. These students and the rest of the high school students living in the region attend school in towns near the reservation (such as Kingman and Seligman) or attend boarding schools in California, Oklahoma or Oregon. Students who attend school in Kingman or Seligman ride a bus as early as 5:30 a.m. and return as late as 7:30 p.m.

Graduation rates from the Arizona Department of Education are available for American Indian Students in the schools attended by students from the Hualapai Tribe Region. At this time, data are not available for students from the region who attend boarding schools.^{xii} The high school dropout rates for American Indian students attending schools at Kingman High School, Seligman High School, Kingman Academy of Learning and Lee Williams High School are shown on Table 30 below. Note that the rates vary by year, in part due to the relatively small number of students. Overall, the combined four-year high school graduation rate^{xiii} for American Indian Students at these schools in 2014 (57%) was lower than that of American Indian students in the state (63%) (Table 29). Note, however, that these rates are for all American Indian students enrolled in these schools. It is not possible to know from the data currently available how many of these students are from the Hualapai Tribe Region, and whether they reside on or off-the reservation.

Educational attainment for adults aged 25 and older in the Hualapai Tribe Region is slightly higher than that of adults in all Arizona reservations (Table 30). Nearly half of adults have at least some college or professional education or a Bachelor's or advanced degree in the region (45%), compared to 37 percent in all Arizona reservations. About a third of adults have a high school diploma or GED, and 25 percent have less than a high school education. These rates of educational attainment are lower than that seen statewide.

Key informants noted that in recent years there are more job opportunities available within the tribal government or enterprise, and that high school students can get summer jobs more easily. However,

^{xii} As part of the efforts to determine graduate rates for the region, key informants noted that students enrolled in Arizona public schools have a unique identifying number that could be used to track whether they have graduated or not. This number, however, is not available for students who enroll into boarding schools, which presents a challenge to tracking their graduation status.

^{xiii} Note: Graduation rates do not relate directly to dropout rates. Students may drop out in any grade, so the denominator for calculating dropout rates is all enrolled students. Graduation rates are calculated for each cohort, so the denominator is only those students who started high school four years prior.

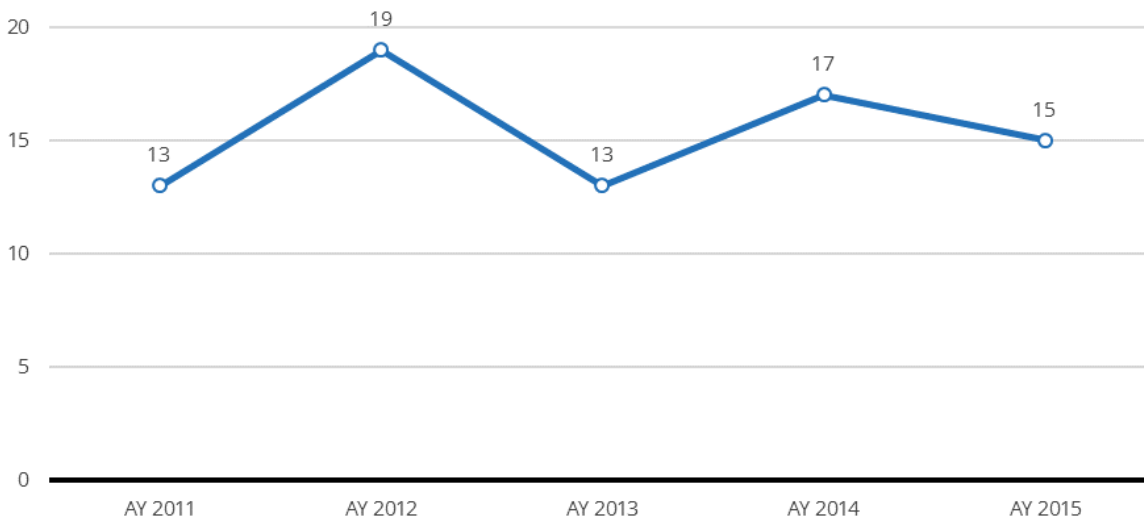
key informants also pointed out that it continues to be a challenge to fill in leadership positions with local community members because many lack the degrees required by those positions. Although lowering the required level of educational attainment facilitates employment of local residents, key informants expressed concerns that it can also create a sense that the expectations and standards for employment in the region are low.

Table 28. Chronic Absences for 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
Hualapai Tribe Region Schools	2	105	59	56%	109	65	60%
Peach Springs School	1	78	44	56%	86	56	65%
Valentine Elementary School	1	27	15	56%	23	9	39%
All Arizona Schools	1,185	278,142	93,719	34%	283,147	103,078	36%

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

Figure 24. Eighth Grade Students graduating from Peach Springs School



Source: Peach Springs School (2016). [School data]. Unpublished data.

Table 29. Graduation and Dropout Rates

	High Schools and Alternative Schools	2012 Drop-out rate	2013 Drop-out rate	2014 Drop-out rate	2015 Drop-out rate	2011 Graduation rate	2012 Graduation rate	2013 Graduation rate	2014 Graduation rate
Schools serving the Hualapai Tribe Region (American Indian Students)	4	3%	7%	11%	4%	67%	50%	77%	57%
Kingman High School (American Indian Students)	1	0%	0%	10%	13%	50%	43%	75%	29%
Seligman High School (American Indian Students)	1	10%	10%	0%	7%	70%	63%	100%	80%
Kingman Academy of Learning (American Indian Students)	1	17%	0%	0%	0%	100%	N/A	50%	100%
Lee Williams High School (American Indian Students)	1	N/A	0%	0%	8%	N/A	N/A	N/A	N/A
All Arizona Schools (American Indian Students)	836	7%	7%	7%	7%	62%	65%	61%	63%

Source: Arizona Department of Education. [Graduation and Drop-out Data]. Unpublished data.

Notes: The data in this table are for American Indian Students only in both the schools listed above and Arizona schools as a whole. Four-year graduation rates were not available for Lee Williams High School for 2011 to 2014, as this school opened in August 2012.

Table 30. 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
Hualapai Tribe	576	25%	31%	38%	7%
All Arizona Reservations	102,571	28%	34%	29%	8%
Mohave County	148,797	16%	35%	37%	12%
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.



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.⁶⁹ Gaps in language development between children from disadvantaged backgrounds and their more advantaged peers are already evident by 18 months of age,⁷⁰ those disparities that persist until kindergarten can be predictive of later academic failure.⁷¹

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.^{72,73} This is particularly true for children from disadvantaged backgrounds.⁷⁴ 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.⁷⁵

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.^{76,77,78} Experts estimate that investments in quality early learning initiatives can offer returns as high as \$16 per dollar spent.^{79,80} 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. Nearly one-third (32%) of parents of young children responding to a national survey regarding child care reported it was very or somewhat difficult to find care for their child, with cost being the most often cited challenge. More than two-thirds (69%) of parents surveyed reported having to pay in order to secure child care, and almost a third (31%) of those parents reported that this cost has caused a financial problem for the household.⁸¹ According to the U.S. Department of Education, only 19 percent of four-year-olds in Arizona are enrolled in publically funded preschool or Head Start programs, compared to 41 percent nationally.⁸² If not enrolled in publically-funded programs, which are often free or reduced cost, the annual cost of full-time center-based care for a young child in Arizona is nearly equal to the cost of a year at a public college (\$9,166).⁸³ Child care subsidies can be a support for families who have financial barriers to accessing early learning services.^{xiv}

In addition to prohibitive costs, the availability of suitable child care cannot be taken for granted. An inadequate child care supply, known as a "child care desert," has been defined as a zip code with at least 30 children under five years of age and either no or very limited center-based early care and education programs (i.e., there are more than three times as many children under age five as there are spaces in the child care settings).⁸⁴ Living in a child care desert disproportionately affects rural

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

populations, and given the many rural counties in Arizona, this is likely a common phenomenon in many regions.

Beyond basic issues of access and affordability, quality is also of paramount concern to parents. A recent national survey of parents who use child care for their young child(ren) found that most parents (59%) rated the quality of their child care as “excellent;” this runs contrary to research which suggests most child care across the country is not high quality.⁸⁵ How parents perceive and understand quality may differ; this points to the importance of quality ratings 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 a nurturing relationships between adults and children that promote emotional, social, and academic development. The number of providers across the state that meet quality standards (three-star rating or higher) has increased in recent years with 25 percent of the 857 participating providers in 2013 and 65 percent of 918 participating providers in 2016 meeting or exceeding quality standards.⁸⁶

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 Arizona, the number of early childhood professionals receiving a credential or degree has increased from 2007 (21%) to 2012 (29%). However, one incentive for attaining these credentials – increased wages – shows an opposite pattern. Wages for assistant teachers, teachers, and administrative directors working across all types of licensed child care and education settings in Arizona decreased between 2007 and 2012, after adjusting for inflation. In addition, average annual wages for early education professionals in Arizona are about half that of kindergarten and elementary teachers, which may in turn affect retention of those in early education settings, particularly after degree attainment.⁸⁷

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, AZEaryChildhood.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.^{88,89}

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities. 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.”⁹⁰ 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,⁹¹

and are at an increased risk for maltreatment and neglect.^{92,93} Almost half (46%) of families with a child with special needs in Arizona have incomes below 200 percent of the federal poverty level.⁹⁴ 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),^{xv} the Arizona Early Intervention Program (AzEIP),^{xvi} and the Division of Developmental Disabilities (DDD).^{xvii} 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.^{95,96,97}

What the Data Tell Us

Child Care and Preschool

Child care in the region is available through the Hualapai Day Care Center Hma:ny Ba Viso:jo', a relatively new facility that opened its doors in March of 2014. Prior to the establishment of the center, besides Head Start, only home-based child care services were available in the region.

The Hualapai Day Care Center has the capacity to serve a total of 57 children ages six months to 12 years. Services are available Monday through Friday from 7:45 am to 5:15 pm, and it is closed during holidays observed by the Hualapai Tribe. In order to be eligible for services, parents must be working, in school, in training or in the process of completing their GED. Preference is given to Hualapai tribal members, but the Center does provide services to individuals who are not enrolled in the tribe, including employees of Grand Canyon Resort Corporation.

The Center has four classrooms: the infant room, the toddler room, preschool room and the school-age room. Each class is staffed by a provider and a provider assistant. Classroom capacity is as follows:

- Infant room: (from 6 months – 12 months of age) has a maximum capacity of 10 infants.
- Toddler room: (18 months to 35 months of age) has a total capacity of 13 children.
- Preschool room (3 to 5 years old): has a maximum capacity of 16 children
- School-age room: (5 to 12 years old): has maximum capacity of 18 children, but few children in this classroom, as most school-age children participate in the Boys & Girls Club.

The Hualapai Day Care Center regularly keeps a waiting list for the infant, toddler and preschool rooms, which usually operate at capacity. Currently, the Hualapai Day Care is the only center with the capacity to serve infants and toddlers in the region. Children from the Hualapai Head Start Program can come to the Day Care Center after the Head Start day is over at 2:00 pm and remain there until the Center closes.

In 2016, the Center started participating in the Child and Adult Care Food Program (CACFP). CACFP provides reimbursement to eligible child care centers, adult daycare centers, Head Starts, emergency

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

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

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

shelters, and afterschool programs serving at-risk youth to enhance their current menus to offer more fresh fruits and vegetables, whole grains, and low-fat dairy products. The goals of the CACFP program are to support the health and nutrition status of children and adults and promote good eating habits.^{xviii}

The Hualapai Day Care is the only Quality First Site in the region. It participates in the ‘rating-only’ category, which means the center receives some on-site coaching support, regular program assessment, and incentives to provide quality care and access to families.

The availability of high quality child care through the Hualapai Day Care Center is an asset in the region. Families can access services at a well-maintained facility with qualified staff and children can enjoy free or reduced-price meals through the Center’s participation in CACFP. Nevertheless, key informants indicate that even with this facility there is still an unmet demand for child care services, as there is always a waiting list for the infant, toddler and preschool rooms. Expansion of the Hualapai Day Care Center, however, is currently limited due to the lack of space available in its current facility.

Another important element of the early childhood learning system in the Hualapai Tribe Region is the Head Start program, a comprehensive early childhood education program for preschool-aged children whose families meet income eligibility criteria. Although the Hualapai Head Start is normally tribally-operated, in July 2015 the Administration for Children and Families Office of Head Start (OHS) took temporary control over the program. The Community Development Institute (CDI), one of OHS’ Interim Management Programs grantees, was charged with temporarily overseeing and administering the Hualapai Head Start program until the program can meet Head Start Performance Standards and be locally managed by the Hualapai Tribe again. In order to help distinguish references to the program under CDI versus the Hualapai Tribe, in this report we will refer to it as the CDI Head Start.

The CDI Head Start program operates four classrooms serving a total of 57 children in and around the Peach Springs area. Table 32 shows that in program year 2014-2015 the cumulative enrollment was 60 children. Transportation is provided to all participating children. The program runs on a 4-day week, following the local school district calendar.

The CDI Head Start collaborates with the Hualapai Nation office of the University of Arizona’s Cooperative Extension in Peach Springs. Extension staff organize nature walks with the children in the Head Start program, and also provide consultation and support around improvements of the Head Start yard.

Table 31. Capacity of Hualapai Day Care

^{xviii} For more information on the CACFP, visit <http://www.azed.gov/health-nutrition/cacfp/>

	Infants	Toddlers (ages 1-2)	Preschoolers (ages 3-5)	After School (ages 6-12)	Total
Hualapai Day Care	10	13	16	18	57

Source: Hualapai Day Care Center (2016). [Center Data]. Unpublished data

Table 32. Cumulative enrollment in Hualapai Head Start, 2014-2015

	Age 3	Age 4	Total
Hualapai Day Care	32	28	60

Source: Office of Head Start (2016). 2015 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Cost of Care

The Hualapai Day Care Center operates on a sliding scale fee based on family income. Daily fees (for a full-day) range from one to seven dollars per day (Table 33). Caregivers of children in foster care or Tribal Child Protective Services placements are exempt from payment. The majority of children enrolled in the center receive a subsidy to cover the cost of their monthly fee. Although most children enrolled in the program qualified for subsidized care under the Tribal CCDF grant, children whose families are over the income threshold or are employees of tribal departments also receive child care subsidies with funding from the Hualapai Tribe.

There were no child care subsidies from the Arizona Department of Economic Security provided to families with young children in the region from 2013 to 2015.⁹⁸

Table 33. Hualapai Day Care Parent Co-Pays

	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6
Full Day	\$1.00	\$2.00	\$3.00	\$5.00	\$7.00	\$10.00
Half Day	\$0.50	\$1.00	\$1.50	\$2.50	\$3.50	\$5.00

Source: Hualapai Day Care Center (2016). [Center Data]. Unpublished data

Child Care Professionals

There have been important developments for early childhood educators in the region during the past two years. Staff from both the Hualapai Day Care Center and the local Head Start program have participated in professional development opportunities that have led to several of them obtaining certifications or degrees in early childhood education through a combination of online and in-person courses. With support from an early childhood education consultant who travels regularly to Peach Springs, staff with both of these programs enrolled at institutions of higher education to obtain a Child Development Associate (CDA) Credential, an ECE AA degree, or a Bachelor of Arts in early childhood education. Initially, staff with the Hualapai Day Care Center and CDI Head Start Center were enrolled at Northern Pioneer College. Seven staff members (5 Day Care, 2 Head Start) completed their national CDA preparation requirements and were awarded their national CDA Credentials by the Council for Professional Recognition in Washington D.C. Through a new agreement between the Hualapai Tribe, CDI Hualapai Head Start and Tohono O'odham Community College (TOCC), starting in the fall of 2016 staff members with the agencies who are pursuing their degrees are enrolled in courses at TOCC. In the fall of 2016, five teaching staff members and one administrative assistant with the Hualapai Day Care Center, as well as 6 CDI Head Start teaching staff were enrolled in courses leading to an Associate of Arts (A.A.) degree.

Key informants indicated that there are often challenges with online education in terms of the connectivity and access to the internet. Support from the Hualapai Day Care Center, however, is making it possible for the staff to utilize the Center's computers and to gain computer literacy skills that help them with the completion of their courses.

In addition, a "grow your own" approach is helping make sure that local early childhood educators have the necessary training to support their peers through the CDA credentials renewal process. Key informants indicate that there is a high degree of interest and enthusiasm among staff from both the Hualapai Day Care Center and CDI Head Start Program in working towards the completion of early childhood education degrees, despite the access-related challenges presented by the remoteness of the community and the technology available for online courses.

These professional development opportunities for early childhood educators are a major asset in the region.

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.⁹⁹ The AzEIP provider in the Hualapai Tribe Region is A to Z Therapies, an agency based in Lake Havasu City. Fewer than 25 children from the Hualapai Tribe Region were referred to the Arizona Early Intervention Program (AzEIP) each year from FY 2013 to FY 2015. During this same time period, fewer than 25 children were served each year by the AzEIP provider in the region. A national study suggests that about 13 percent of children ages 0 to 2 would typically qualify for early intervention services,¹⁰⁰ which suggests that at least 12 young children in the region would be likely to benefit annually (based on Table 1).

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.¹⁰¹ No Children were served by DDD in the region between 2013 and 2015.¹⁰²

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to ensure that they receive the supports and services they need. Children are identified through physicians, parent referrals, school districts and screenings at community events. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start. In the Hualapai Tribe Region, the Peach Springs Unified School District partners with the Hualapai Head Start program to provide these services. Data from the Arizona Department of Education show that children with special needs received services from the Peach Springs Unified School District. The exact number of children receiving services is suppressed per the data suppression guidelines (the data suppression guidelines stipulate that data should be suppressed when the number of children receiving services is less than 25). Three-quarters of these children were diagnosed with a speech or language impairment, and the remaining were diagnosed with a developmental disability.¹⁰³ According to data from Peach Springs Elementary School, 19 percent of the 220 students enrolled in the school had an Individualized Educational Plan (IEP) in place.

Peach Springs Unified School District has a Memorandum of Understanding with the CDI Head Start program and the Hualapai Juvenile Detention & Rehabilitation Center, which allows the district to provide all special education services, physical therapy, occupational therapy, weekly professional development opportunities around speech therapy, special IEP goal services, and psychological testing for referral process.

Many providers of specialized care commute into the region from larger urban areas such as Flagstaff or Kingman. The limited availability of housing in the region presents a challenge for potential providers to accept jobs in the region. Very few houses are available for rent, and construction of new units is limited. It should also be noted that the Peach Springs Unified School District continues to provide housing for teaching staff. According to key informants, children enrolled in the Hualapai Day Care can receive a developmental screening (using the Ages and Stages Questionnaire) on an as-needed basis. With parent permission, staff at the center can conduct an initial assessment if they have concerns about a child being at risk for developmental delays.

Table 34. Enrollment in Special Education at Peach Springs Elementary School, 2015

	Total Students in School	Percent of Students with an IEP
Peach Springs School	220	19%

Source: Peach Springs School (2016). [School Data]. Unpublished data.



CHILD HEALTH

Why Child Health Matters

Optimal development encompasses intellectual, social, emotional, and physical health. The extent to which children can achieve optimal development depends on the everyday environment and supports which surround them, as well as access to additional resources and services that support healthy development.^{104,105} 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.^{106,107,108}

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.¹⁰⁹ 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.^{110,111} Children who lack health insurance are also more likely to be hospitalized and to miss school.¹¹² 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.^{xix}

Low income children in Arizona 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). Across the nation, state-run Children's Health Insurance Programs (CHIP) have provided health insurance to children up to age 19 in families with incomes too high to qualify them for Medicaid (AHCCCS). Enrollment in the Arizona version of CHIP, KidsCare, was suspended as of January 1, 2010, a particularly vulnerable time for families, following on the heels of the Great Recession.¹¹³ Arizona became the only state without an active CHIP program.

^{xix} 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., & Arsenaault, J. (2015). *The Changing Landscape of Health Care Provision to American Indian Nations*. *American Indian Culture and Research Journal*, 39(1), 1-24.

However, in May 2016, the Arizona legislature voted to lift the freeze on KidsCare,¹¹⁴ and in July 2016 applications began to be accepted for the first time in six years, with coverage beginning September 1, 2016.¹¹⁵ 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.¹¹⁶

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.¹¹⁷ Teenaged mothers (and fathers) themselves 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 parents.^{118,119,120}

A mother's 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.^{121,122} Babies born to obese women are at risk for chronic conditions in later life such as diabetes and heart disease.¹²³ Maternal smoking is 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.¹²⁴

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.¹²⁵

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.¹²⁶ 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.¹²⁷ Healthy People 2020 aims to increase the proportion of infants who were ever breastfed to 81.9 percent.¹²⁸ 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.¹²⁹ 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.¹³⁰

Oral health and good oral hygiene practices are also very important to children's overall health. According to the National Survey of Children's Health, the percentage of children in Arizona with excellent or very good oral health (65.7%) falls below the national level of 71.3 percent.¹³¹ 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.¹³²

In early childhood, illness and injury can cause not only trauma to a child but added stress for a family. Non-fatal unintentional injuries substantially impact the well-being of children,¹³³ and injuries are the leading cause of death in children in the United States.¹³⁴ Common causes of visits to the emergency department for children 0-5 in Arizona include falls (particularly from furniture), collisions with an object, and natural events like bites and stings. Common causes for hospitalization of young children in Arizona include falls, poisoning, and assault/abuse.¹³⁵ Many of these injuries are preventable, prompting the Centers for Disease Control and Prevention to produce a National Action Plan for Child Injury Prevention, which outlines evidence-based strategies for addressing the challenge of keeping children safe.¹³⁶ The Arizona Department of Health Services has recognized the need to focus on reducing childhood injuries in Arizona, and identified that as one of their priorities in the Bureau of Women's and Children's Health Strategic Plan¹³⁷, as well as included it as part of their Arizona Injury Prevention Plan.¹³⁸

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.^{139,140} Obesity can have negative consequences on physical, social, and psychological well-being that begin in childhood and continue into and throughout adulthood.¹⁴¹ The first two years of life are seen as critical to the development of childhood obesity and its resultant negative consequences. Higher birth weight and higher infancy weight, as well as lower-socioeconomic status and low-quality mother-child relationships have all been shown to be related to higher childhood weight.¹⁴² One component of establishing a healthy weight – physical activity – also promotes improved visual-motor integration skills and object manipulation skills which in turn lead to improved executive function, social behaviors and ultimately school readiness for young children.¹⁴³ The availability and accessibility of recreational facilities and resources that promote physical fitness can impact the ability of both child and adult community members to reap the benefits of physical activity.

What the Data Tell Us

Access to Care

Health care services are available to residents from the Hualapai Tribe Region through the Peach Springs Health Center and the Hualapai Health Education and Wellness Department. The Peach Springs Health center is part of the IHS Colorado River Service Unit, which includes the Colorado River Indian Tribes, Hualapai, Havasupai, Chemehuevi and Fort Mojave tribes, as well as the Moapa Paiute Tribe in Nevada. The center is a 40-hour (open Monday to Friday) ambulatory care facility that provides outpatient services, dental care, and preventative health services meant to supplement health care services provided at Parker Indian Hospital, the main medical facility in the Colorado River Service Unit. Services offered at Peach Springs Health Center include General Medicine, Family Practice, Nutrition, Dental, Public Health Nursing, Environmental health, Health Education, and Social Services. Patients requiring after hours care are transported to the nearest hospital in Kingman for emergency

services. Between October 2013 and September 2015 there were 1,350 IHS active users (as defined by those who had one or more visits during the previous two years) from the Hualapai Tribe. Of those, 130 were children ages birth to 5^{xx} (Table 35). Figure 25 shows the number of well child visits by age at IHS facilities during that same time period.

The Hualapai Health Education and Wellness Department provides the following services: Behavioral Health, Diabetes/Fitness Program, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Youth Services, Healthy Heart (Cardiovascular Diabetes Program), and Non-Emergency Medical Transportation. The department also hosts the Community Health Representatives, Injury Prevention Program, and Maternal Child Health Program, as well as the Native American Research Center for Health (NARCH) Project. The NARCH Project currently operates a youth-led internet radio station and aims to involve you in the community to promote healthy behaviors.

In the 2014 Parent and Caregiver Survey, more than half of parents or caregivers responding to the survey reported that their young children had one or more unmet health care needs (Figure 26). More than one in four (27%) respondents indicated that medical care was needed but was delayed or not received, and over one in five (21%) respondents indicated that dental care was needed or not received. A smaller percentage of respondents reported difficulty accessing vision care, hearing services, mental health services, or speech or physical therapy.

A key factor in accessing health care is health insurance. According to estimates from the American Community Survey (ACS), 18 percent of young children in the region were estimated to be uninsured, along with 26 percent of the total population in the Hualapai Tribe Region (Table 36). 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. The 2014 First Things First Hualapai Regional Partnership Council Needs and Assets Report included data on the insurance status of young children from the Hualapai Tribe Region for those served by IHS. According to this report, 14 percent of young children in the region did not have third-party insurance coverage in addition to the services provided by IHS. This matches the percentage seen in the ACS.

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.

One key source of ongoing health services for young children in the region is Head Start, which provides health screening and referrals for children enrolled in the program. According to data from the 2014-2015 school year, all (100%) of the children enrolled in the Hualapai Tribe Head Start Program had insurance, all children had an ongoing source of accessible health care, 98 percent of children

^{xx} Please note that the number of active users represents all members of the Hualapai Tribe (birth to 5) who received services at least once at the Peach Springs Health center, which is part of the IHS Colorado River Service Unit, during the stated time period, regardless of place of residence. This means that some of these children may not be living within the reservation boundaries but in the surrounding areas, including nearby cities and towns such as Kingman or Seligman. Personal Communication, Indian Health Service–Phoenix, Area, September 2016.

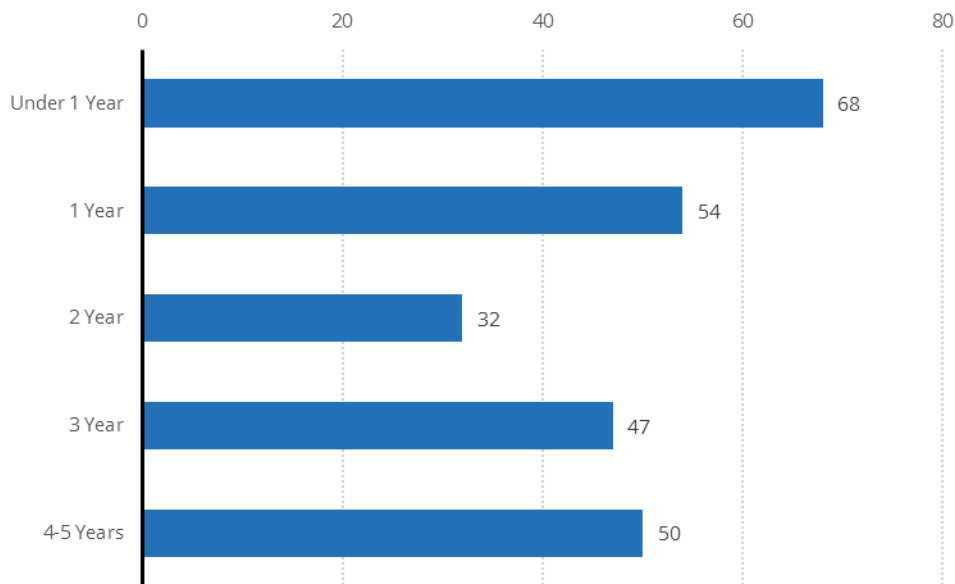
received medical services from IHS, and all were up to date on primary and preventative care (Table 37).

Table 35. Number of Active IHS Users from the Hualapai Tribe, October 2013 – September 2015

	Young Children (Ages 0-5)	All Children (ages 0-17)	All Ages
Hualapai Tribe	130	466	1,350

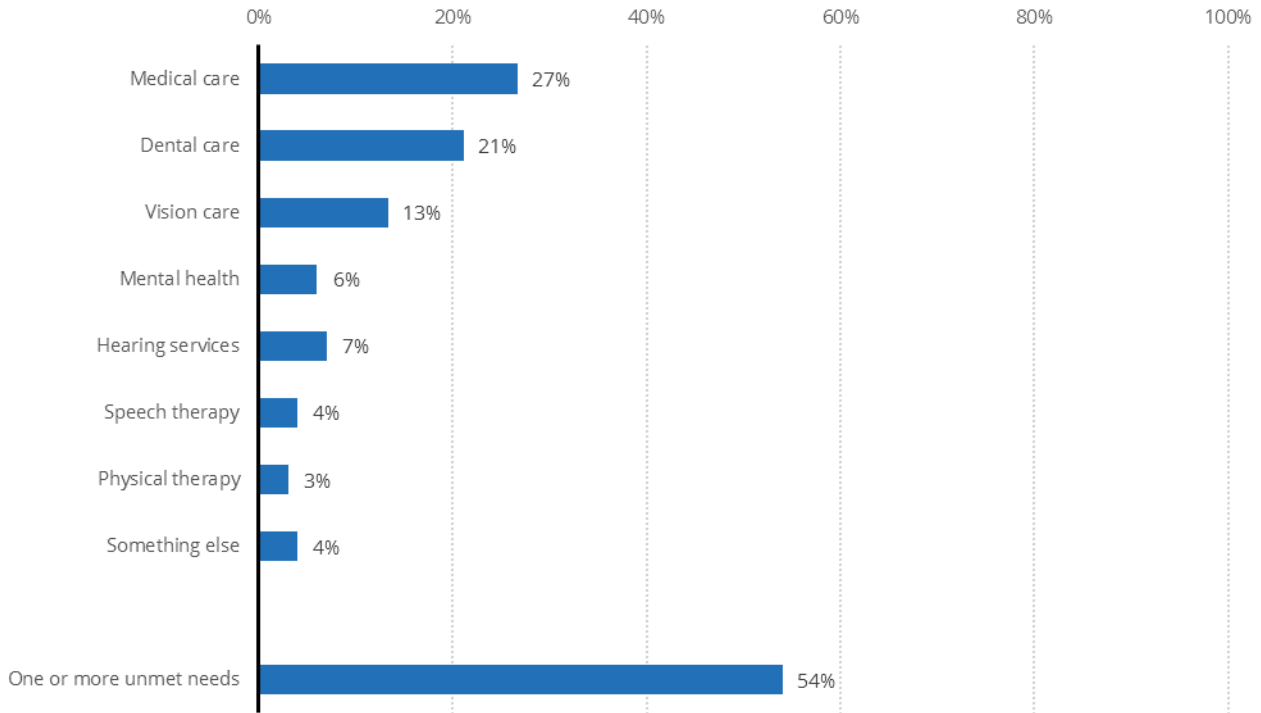
Source: Indian Health Services, Phoenix Area (2016) [IHS Dataset]. Unpublished data.

Figure 25. Well Child Visits by Age at IHS Facilities, October 2013 – September 2015



Source: Indian Health Services, Phoenix Area (2016) [IHS Dataset]. Unpublished data.

Figure 26. Responses to: "During the past 12 month, was there any time when any of your young children needed these types of care but it was delayed or not received"



Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Table 36. 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
Hualapai Tribe	161	18%	1,092	26%
All Arizona Reservations	19,868	18%	184,327	26%
Mohave County	12,539	15%	195,940	17%
ARIZONA	531,825	10%	6,453,706	16%

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

Table 37. Access to Health Care for Children Enrolled in Hualapai Head Start

	Children (ages 0-5) enrolled in Head Start/Early Head Start.	Children with health insurance	Children with ongoing source of accessible health care	Children receiving IHS medical services	Children up to date on primary and preventative care
Hualapai Head Start	60	100%	100%	98%	100%

Source: Office of Head Start (2016). 2015 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

Mothers Giving Birth/Maternal Characteristics

In 2014, 27 babies were born to mothers residing in the Hualapai Tribe Region (Table 38). Of the mothers who gave birth in the region in 2014, nearly all (89%) were American Indian or Alaska Native (Figure 27). New mothers in the Hualapai Tribe Region had lower educational attainment than mothers statewide, as none had a college degree (23% statewide) (Table 39).

The population of new mothers in the Hualapai Tribe Region was quite different from the state. Four out of five mothers (81%) were not married in the region (45% statewide) (Table 40). In the region, nearly 90 percent of births were to mothers relying on AHCCCS or Indian Health Service (IHS) coverage, which was much higher than the statewide proportion of 55 percent. Of the births covered by a public payee (AHCCCS or IHS), the proportion of births covered by AHCCCS has decreased between 2009 and 2014 (Figure 28). Between 2009 and 2012, all births in the region were covered by AHCCCS. Facilitating enrollment in AHCCCS can offer benefits both at the individual and community levels. Community members who enroll in a health insurance plan can gain increased access to health care services by being able to receive care through AHCCCS providers, Indian Health Service facilities, Tribes and Tribal Organizations, and Urban Indian Organizations. At the community level, tribes can benefit when IHS or tribally-operated 638 facilities bill a third-party insurer for medical services resulting in savings in Contract Health Service funds. The money saved through outside billing can then be used in other ways to benefit all tribal citizens.

A lower proportion of mothers in the Hualapai Tribe Region reported smoking (3.7%) than across the state (4.6%), and this proportion was much lower than that reported in Mohave County (19.0%). Smoking rates among pregnant women in all of these areas were much higher the Healthy People 2020 goal of 1.4 percent or less (Table 40). The percentage of children enrolled in WIC who were exposed to smoking in the household has remained steady between 7 and 9 percent from 2011 to 2015 (Figure 29). Children exposed to secondhand smoking are at a higher risk of developing ear infections, respiratory illnesses, and sudden infant death syndrome.¹⁴⁴

Another aspect of maternal health that is linked to both birth outcomes and a child's subsequent health is maternal obesity. Among Arizonan women overall, about 51 percent were overweight or obese before pregnancy in 2014. Among women who participate in WIC, this rate was higher – 58 percent, which is to be expected given that low-income women are more likely to be obese in the United States. In the Hualapai Tribe Region, this rate was higher still: 32 percent of women were overweight, and 53 percent were obese, for a total of 85 percent of women who were overweight or obese before becoming pregnant (Figure 30). The rate of obesity in the region has decreased since 2011 from 60 percent to 53

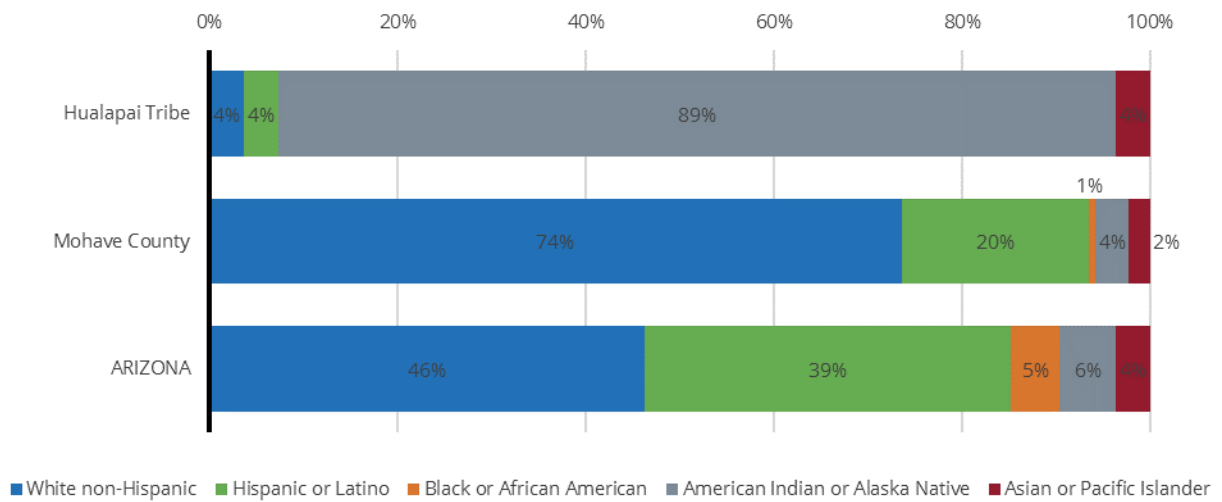
percent (see Figure 31). In Arizona, pre-pregnancy obesity rates for women enrolled in WIC increased from 27 percent in 2012 to 31 percent in 2015.

Table 38. Live Births During Calendar Year 2014, by Mother's Place of Residence

	Total number of births to Arizona-resident mothers in 2014
Hualapai Tribe	27
All Arizona Reservations	N/A
Mohave County	1,833
ARIZONA	86,648

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

Figure 27. Race and Ethnicity of Mothers Giving Birth in 2014



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

Table 39. 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
Hualapai Tribe	DS	41%	DS	0%
All Arizona Reservations	N/A	N/A	N/A	N/A
Mohave County	21%	36%	33%	10%
ARIZONA	20%	25%	31%	23%

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

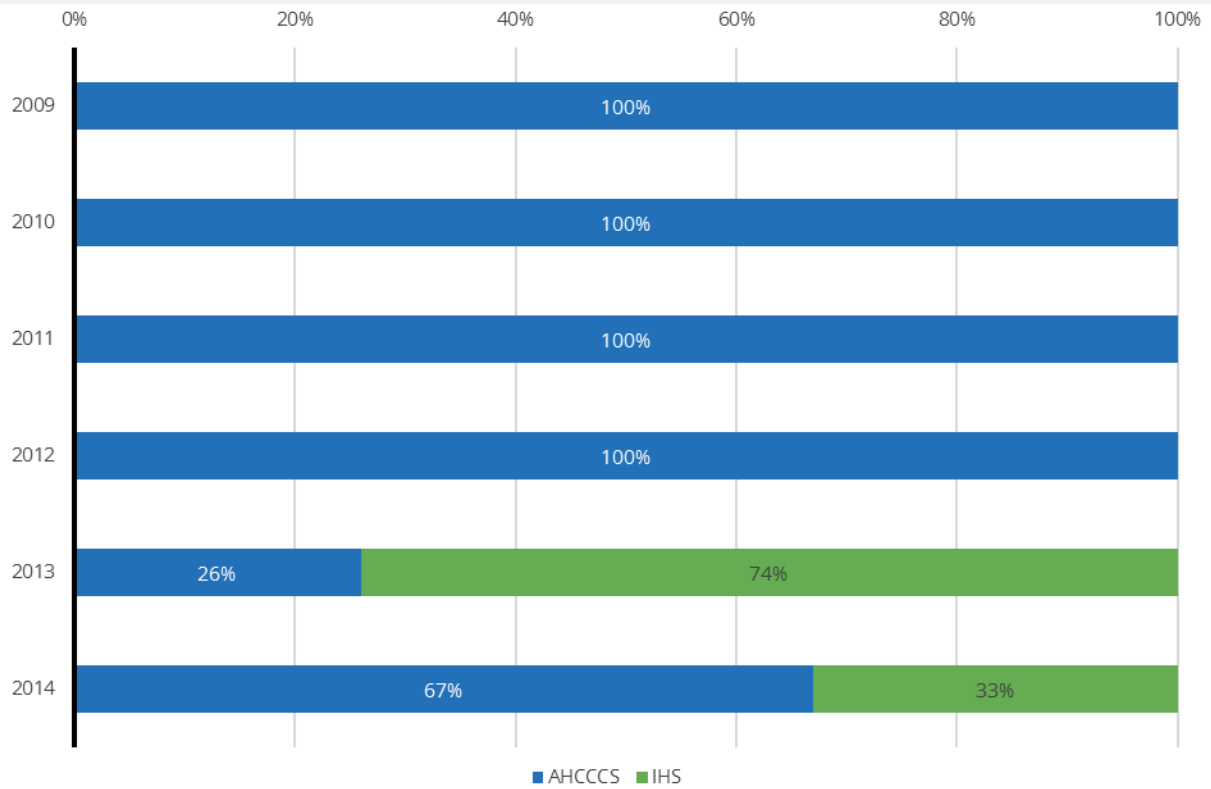
Note: The percentages above may not add to 100% due to rounding.

Table 40. Other 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	Tobacco use during pregnancy
Hualapai Tribe	81%	DS	DS	89%	3.7%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Mohave County	54%	10%	2%	64%	19.0%
ARIZONA	45%	8%	2%	55%	4.6%

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

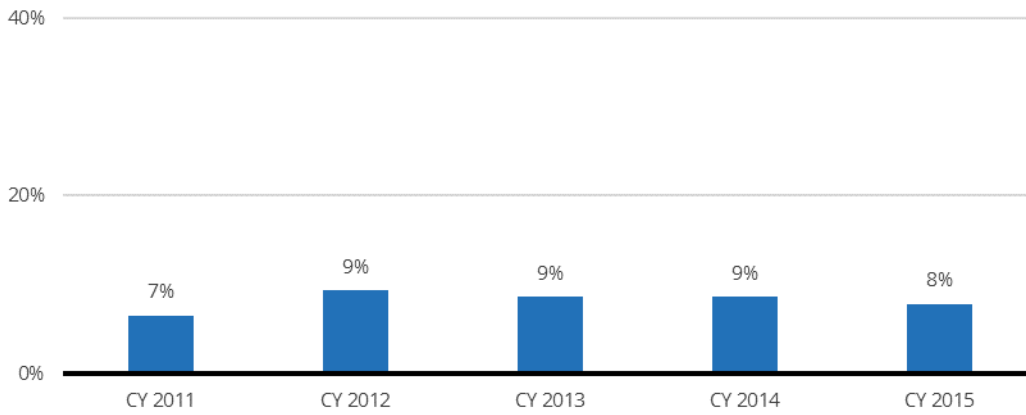
Figure 28. Share of Public Payee Births Covered by AHCCCS or IHS 2009-2014



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

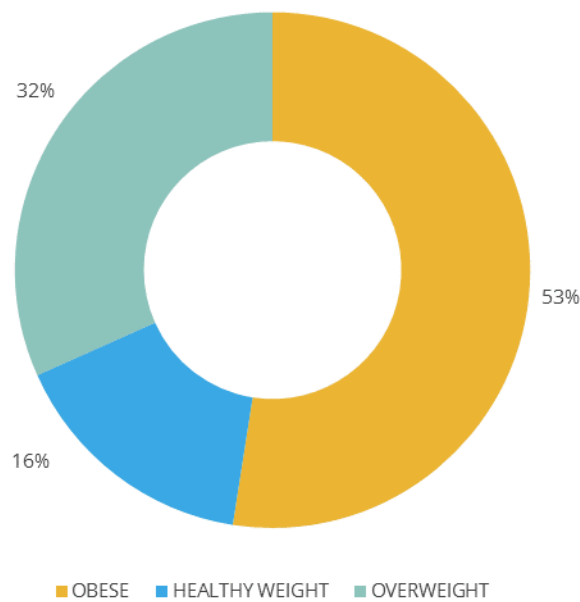
Note: This figure only represents births paid for by a public payee (AHCCCS or IHS). Births paid for through private insurance or some other form of payment are not included in this figure.

Figure 29. Children (ages 0-4) in the Hualapai WIC Program Exposed to Smoking in the Household, 2011 to 2015



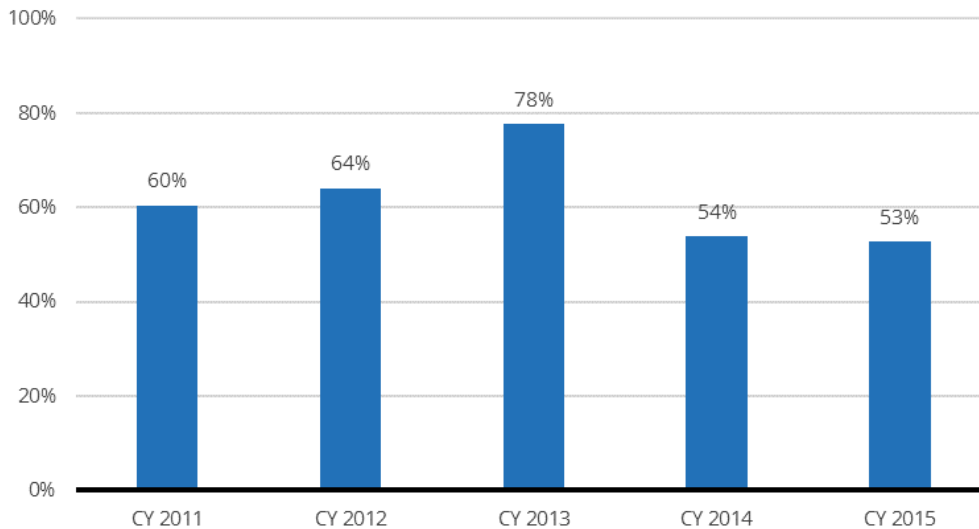
Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Figure 30. Pre-pregnancy Weight Status of Women in the Hualapai WIC Program, 2015



Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Figure 31. Pre-pregnancy Obesity Rates for Women in the Hualapai WIC Program, 2011 to 2015



Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Prenatal Care

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, there had been a steadily increasing trend in the Hualapai Tribe Region of 85.2 to 88.9 percent of pregnant women with early prenatal care, meeting the Healthy People 2020 goal (Figure 32). 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, though all births in the Hualapai Tribe Region had prenatal care that could be determined. Of those with known prenatal care status, only 48.1 percent of pregnant women obtained prenatal care during the first trimester, compared to 71.7 percent in the state (Table 41). It is not clear if this represents an actual decline, or is an artifact of the new reporting system. However, the fact that the share of women with prenatal care in the first trimester is much lower in the region than in the state suggests a greater need for early prenatal care.

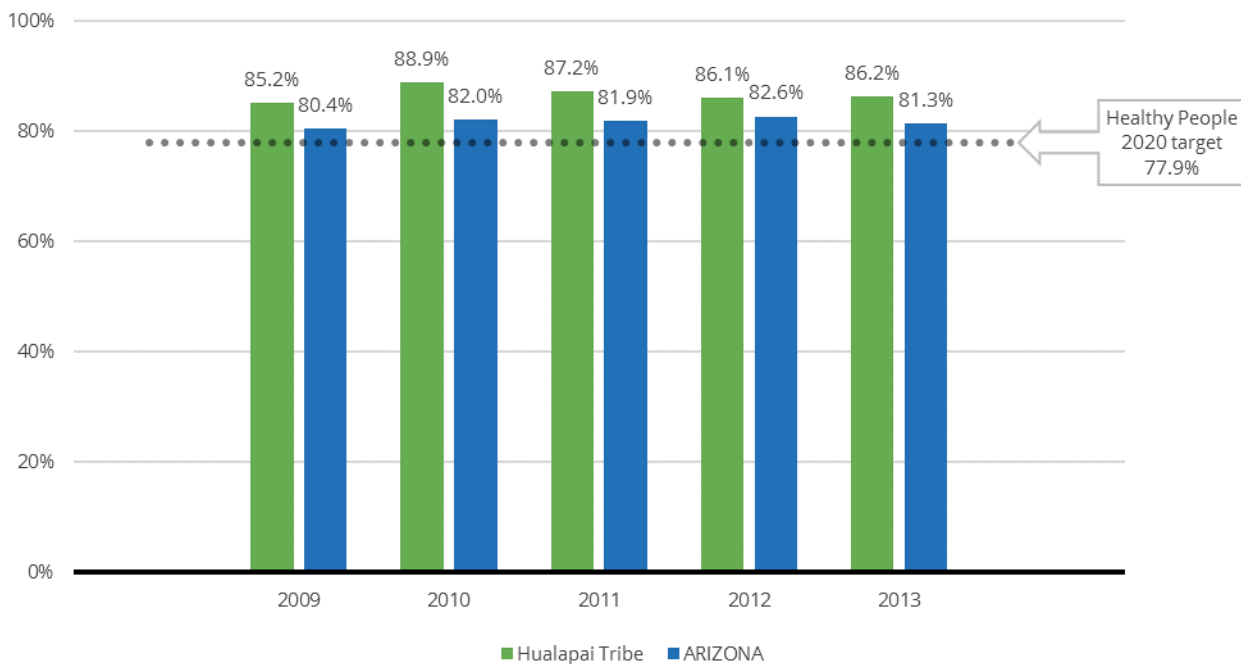
Another concern is overall lack of prenatal care; fifteen percent of babies in the Hualapai Tribe Region were born to mothers who had had fewer than five prenatal care visits (Table 41); 13 or more visits are typically recommended for an uncomplicated pregnancy. The region had a much higher proportion of mothers with few prenatal visits, compared to the state, where 6 percent of births were to mothers who had fewer than five prenatal care visits.

Table 41. 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
Hualapai Tribe	DS	DS	26%	59%	0%	15%	48.1%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mohave County	1%	5%	18%	49%	27%	6%	69.1%
ARIZONA	2%	4%	15%	47%	31%	6%	71.7%

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

Figure 32. Percent of Births With Prenatal Care Begun in First Trimester 2009-2013



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 prenatal care by trimester is assessed; these structural changes mean that rates from 2014 onward are not directly comparable to earlier rates.

Birth Outcomes

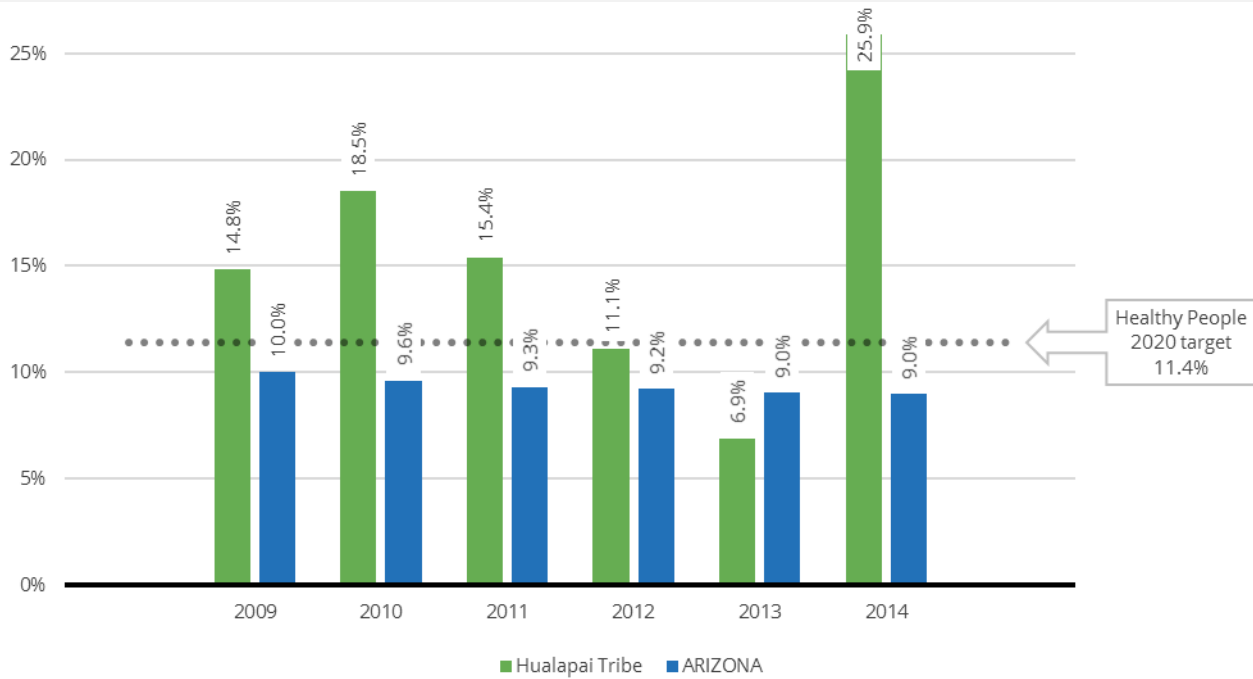
With regard to perinatal health, babies in the Hualapai Tribe Region were doing slightly worse than babies born statewide. More than one in four babies (25.9%) born in the region in 2014 were born premature, compared to 9 percent statewide (Figure 33). This represents a sharp increase from

previous years. In the region in the same year, 14.8 percent of babies were low birth weight, compared to seven percent across the state (Figure 34). 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 Hualapai Tribe Region has not achieved the Healthy People 2020 goal for either low birthweight or preterm births (Figure 33; Figure 34). Despite higher rates of low birthweight and preterm births, a lower proportion (3.7%) of newborns in the region were admitted to a Neonatal Intensive Care Unit (NICU) across the state (6.77%) (Table 42).

In 2015, all newborns passed initial hearing screenings, compared to the state where 4 percent of newborn did not pass initial screenings. As a result, there were no newborns with confirmed hearing loss (Table 43). Data from this dataset show that 82 percent of newborns in the region were born at Kingman Regional Medical Center. Fewer than ten newborns were born at other major medical centers across the state, including Flagstaff Medical Center, Yavapai Regional Medical Center, Phoenix Indian Medical Center, and Banner University Medical Center- Tucson.

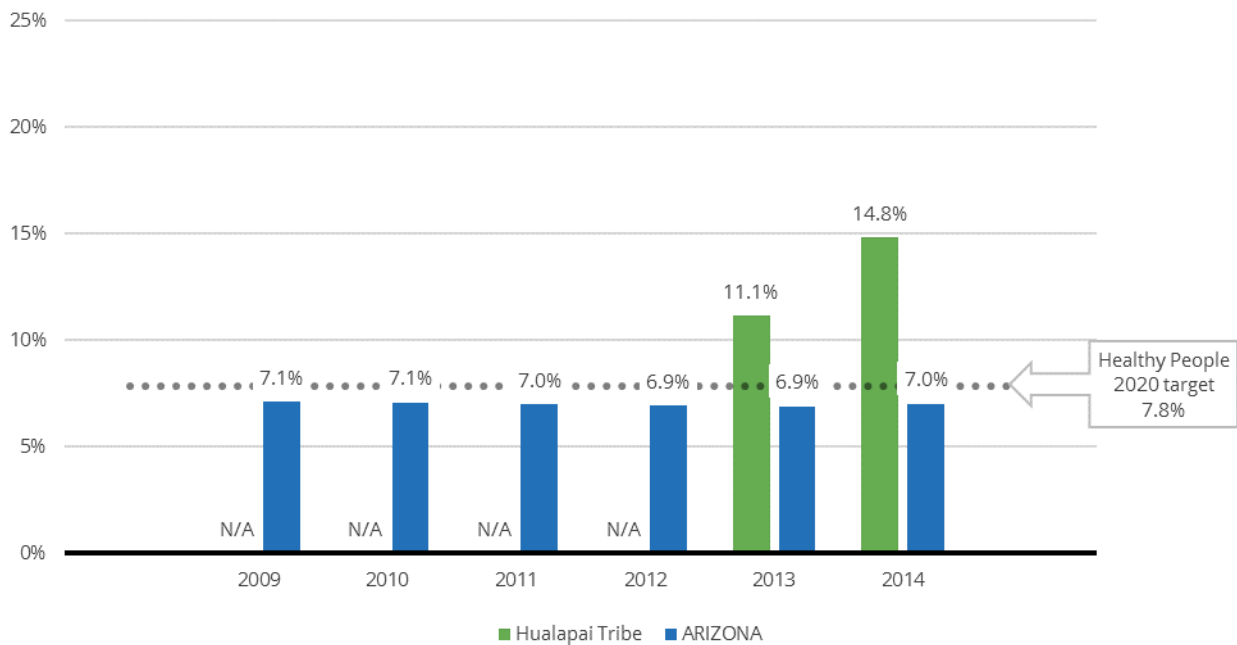
Infants enrolled in WIC did not meet the Healthy People 2020 goal of 81.9 percent of babies ever being breastfed in the Hualapai Region (2015: 46%) (Figure 35). Statewide, 71.2 percent of WIC-enrolled infants were ever breastfed in 2015. Data on the complete (i.e., including those not participating in WIC) Hualapai Tribe Region infant population are unavailable. However, data from the National Immunization Survey on children born in 2013 estimated the Arizona statewide rate of infants everbreastfed was 85.0 percent, suggesting that WIC participants are less likely to be breastfed than other infants. The percent of infants ever breastfed increased between 2011 and 2014 to a high of 48 percent before falling to 46 percent in 2015. However, the percent of infants breastfed for six months or more has increased since 2011, with a marked increase in 2015 in which 44 percent of infants ever breastfed were breastfed for six months. This suggests that though breastfeeding initiation rates are low in the region, mothers who breastfeed are breastfeeding consistently in the first months.

Figure 33. Percent of Babies Born Premature in 2014 (37 Weeks or Less) 2009-2014



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

Figure 34. Percent of Babies Born in 2014 With Low Birthweight (5.5 Pounds or Less) 2009-2014



Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.
 Note: Rates of low birthweight births were not available prior to 2012 due to small numbers of births.

Table 42. NICU Admissions, 2014

	Newborns admitted to intensive care unit
Hualapai Tribe	3.7%
All Arizona Reservations	N/A
Mohave County	3%
ARIZONA	6.7%

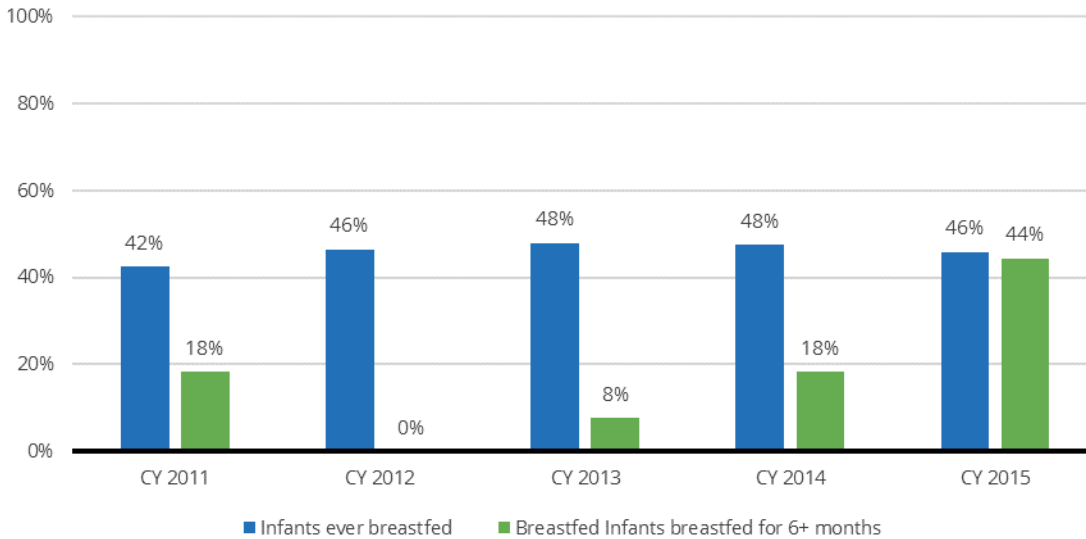
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Table 43. Newborn Hearing Screening Results, 2015

	Newborns with hearing screening	Newborns not passing initial screen	Newborns requiring diagnostic evaluation	Newborns with confirmed hearing loss
Hualapai Tribe	34	0%	0%	0%
All Arizona Reservations	N/A	N/A	N/A	N/A
Mohave County	N/A	N/A	N/A	N/A
ARIZONA	84,887	4%	1%	0%

Source: Arizona Department of Health Services (2016). [Hearing Screening Results dataset]. Unpublished data.

Figure 35. Breastfeeding Rates for Infants in the Hualapai WIC Program



Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Immunizations

Data provided by the Indian Health Services for children from the Hualapai Tribe show that in the period between October 2013 and September 2015, 68.1 percent of children 19 to 35 months old were fully immunized. The Healthy People 2020 target for vaccination coverage for children ages 19-35 months for these vaccines is 90 percent, suggesting that the region is not meeting this goal. However, in the Hualapai Tribe Region, young children are likely to join an early child care and education program at the age of 3 or 4. According to data from the Hualapai Tribe Head Start program, in the school year 2014-2015, all children enrolled in the program were up-to-date on their immunizations. This indicates that though children may not receive all immunizations according to the recommended schedule, children are likely to be fully immunized by the time they enter an education program.

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 more likely to experience tooth decay than white children (34%).

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 Hualapai Tribe Region. Results from the survey show that that 43 percent of AI/AN

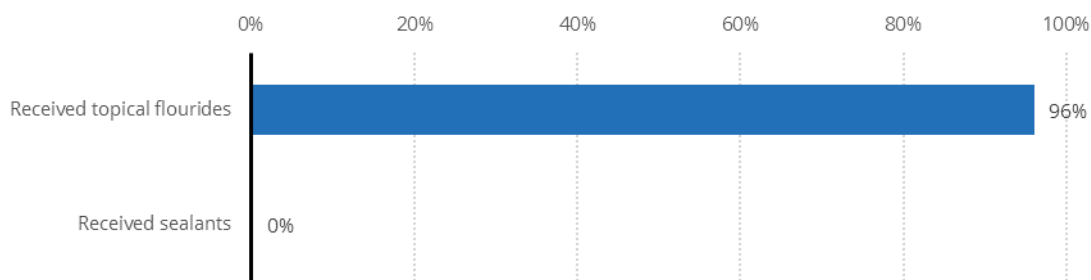
children ages 3 to 5 have untreated tooth decay. American Indian/Alaska Native children begin to experience tooth decay at an early age: 18 percent of the one-year old children participating in the survey already had tooth decay. In addition, the prevalence of decay experience in the primary teeth rises 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.¹⁴⁵ 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%),¹⁴⁶ there remains a strong need for focused oral health efforts on primary prevention in tribal communities across the state.

Data from the Indian Health Services show that a total of 125 unique children (96%) ages birth to 5 received topical fluoride applications between October 2013 and September 2015 from the Hualapai Tribe (Figure 36). No children received sealant applications in that same period, which is consistent with findings of 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. Note, though, that sealants are applied to permanent molars, which often do not erupt until five or six years of age.

According to data from the CDI Head Start, in program year 2015–2016 the majority (98%) of the children enrolled in the program had continuous accessible dental care, and three-quarters (75%) received preventative dental care. A similar proportion (79%) received a professional dental examination, and over half of all children examined (54%) were found to need dental treatment. However, fewer than 25 children received the necessary dental treatment (Table 44).

As of May 2017, Peach Springs Elementary was in the process of establishing a Memorandum of Understanding with the Indian Health Service for the local clinic to provide dental services to students while they are attending school and with permission from their parents. Services will include dental screenings, fluoride applications, and in-classroom oral health education, among others.

Figure 36. Children (Ages 0-5) Receiving Oral Health Care through IHS



Source: Indian Health Services, Phoenix Area (2016) [IHS Dataset]. Unpublished data.

Table 44. Access to Dental Care for Children Enrolled in Hualapai Head Start

	Children (ages 0-5) enrolled in Head Start	Children with continuous accessible dental care	Children receiving preventative dental care	Children with professional dental exam	Children needing dental treatment	Children receiving dental treatment
Hualapai Head Start	63	98%	75%	79%	54%	DS

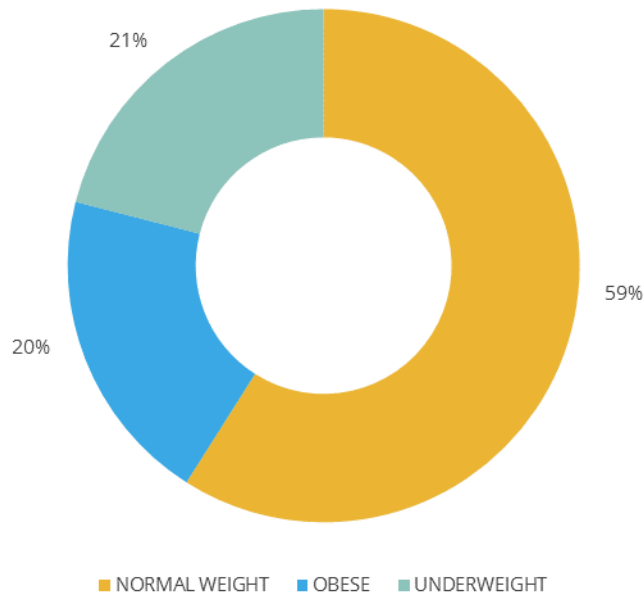
Source: Office of Head Start (2017). 2016 Program Information Report. Retrieved from <https://eclkc.ohs.acf.hhs.gov/hslc/data/pir>

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 (IHS) for children indicate that between October 2013 and September 2015 28.7 percent children (ages 2-5) from the Hualapai Tribe seen at the IHS Colorado River Service Unit were obese. Data on the weight status of children in the region were also available from the Hualapai Tribe WIC program. In 2015, 20 percent of the children (ages 2 to 4) participating in the program were obese and an additional 21 percent were overweight (Figure 37). The obesity for young children remained steady around 20 percent between 2011 and 2015 (Figure 38). Over a similar period of 2012 to 2015, statewide obesity rates for children ages 2 to 4 enrolled in WIC fell from 12.7 percent to 11.4 percent. Based on these data (whether the WIC or IHS rates), the region appears to not be meeting the Healthy People 2020 target for early childhood obesity.

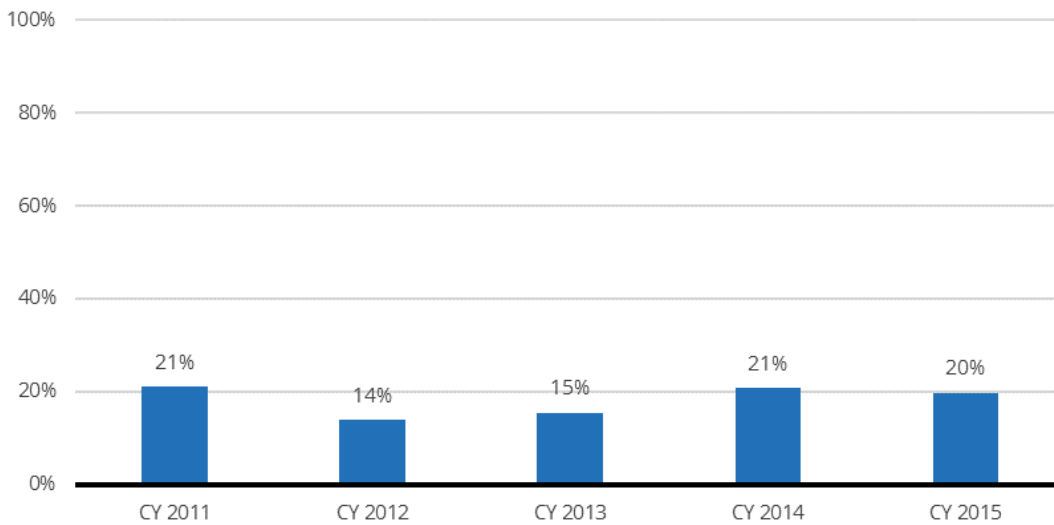
Key informants indicated that there is a lot of interest among community members in developing more recreational areas for the youth in the community. There are plans for a large community park that will include a skating area and a splash pad. Construction will be phased over the two-three years.

Figure 37. Weight Status of Children (ages 2-4) in the Hualapai Tribe WIC Program, 2015



Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Figure 38. Obesity Rates for Children (ages 2-4) in the Hualapai WIC Program, 2011 to 2015



Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. 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^{147,148} and promote better social, physical, academic and economic outcomes later in that child's life.^{149,150} Parental and family involvement is positively linked to academic skills and literacy in preschool, kindergarten and elementary school.¹⁵¹ 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.¹⁵² Reading aloud, singing 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)^{xxi} 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.¹⁵³

Children in Arizona are more likely to have experienced two or more ACEs (31.1%) than children across the country (21.1%).¹⁵⁴

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.¹⁵⁵ Special federal guidelines are currently in place to regulate how Native children and their families interact with the state's child welfare system. In 1978, Congress passed the Indian Child Welfare Act (ICWA). ICWA established federal guidelines that are to be followed when an Indian child enters the welfare system in all state custody proceedings. Under ICWA, an Indian child's family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts.¹⁵⁶

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

^{xxi} 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.

relationships; and explore the environment and learn.”¹⁵⁷ 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 a number of challenges. Newborns exposed to alcohol or drugs in Arizona had higher incidences of low birthweight (23.2% compared to 7% for all births), higher incidences of respiratory symptoms, and higher incidences of feeding difficulties. The median total charges related to care were also double that of other hospital births.¹⁵⁸ 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.¹⁵⁹ 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.¹⁶⁰ Research suggests that alcohol and drug exposure may be linked to behavioral issues and developmental delays as a child develops, creating a need for extra supports when a child enters school.¹⁶¹

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.

What the Data Tell Us

Family Involvement

Two programs are available in the region that encourage parent involvement and increase awareness of the importance of early childhood learning through the Parents as Teachers home visiting model: the Maternal and Child Health program (MCH), one of the First Things First-funded strategies in the region, and the Maternal, Infant and Early Childhood Home Visiting (MIECHV), program. Although similar in approach, these programs function separately in the region and have different reporting requirements to their funding agencies. Through the MCH program parents receive developmental information and guided support on positive interactions with their children as well as tips on how to handle behavioral problems they may encounter. The MCH program also provides emergency supplies (i.e. formula and diapers) to families. The MIECHV program is new in the region and only started conducting home visits in the fall of 2016.

Key informants indicated that there is a need for additional parenting classes in the region. The Hualapai Day Care offers a parenting class once a month. However, participation in these sessions tends to be low, and the parents who take part are often those who are generally more involved, and thus have less of a need for additional support.

Increasing parent involvement and community involvement is one of the top three goals in the plan developed by Peach Springs Elementary to increase student performance. The school aims to achieve this goal by using culture and cultural connections as a way to build a bridge between the school and the community at large. According to the Peach Springs School Newsletter for the months of November-December 2015, as part of this effort to increase the number of activities involving families, a Family Fun Night was organized around Fall Carnival. In addition, for a period of time the school offered weekly opportunities to interact with the superintendent through the “Coffee with the

Superintendent.” This gathering provided opportunities for discussion and input from community members regarding possible school improvements. The overall goal of the meetings was to increase the communication between staff at Peach Springs Elementary and families in the region.

Another program in the region that aims to increase parent involvement and promote early literacy is the Hualapai Read On Program, established in May of 2015 with support from the Hualapai Tribal Council. Read On is part of the unfunded strategies adopted by the Hualapai Tribe First Things First Regional Partnership Council as the Council has identified the promotion of early literacy as a priority in the region. The program coordinates with a number of other local agencies, including the Hualapai Boys and Girls Club, the two home visiting programs, and Peach Springs Elementary School to provide books and opportunities for families to read together. Hualapai Read On also provides occasional story-time activities for young children and their families that provide opportunities to hear stories and engage in literacy-related crafts. Participation has been good; parents and children appreciate the opportunity to eat together and the hands-on nature of the activities. The Peach radio station has recently collaborated with the Read On Hualapai program, providing airtime to the program from 8:00–8:30 pm every Sunday–Thursday. During this airtime, community members read stories, which are followed by a lullaby in the Hualapai language. The Peach radio station also advertises upcoming events for families with young children as well as recruitment and program information for both the Home Visitation and MIECHV programs.

Peach Springs Unified School District also provides monthly Title I parent activities with all certified teachers. The school also provides weekly updates on the local radio station, The Peach.

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

Ten percent of the respondents in the Hualapai Tribe Region reported that someone in the home read to their child six or seven days in the week prior to the survey. A much larger proportion (45%) reported that the child was not read to, or only read to once or twice during the week. In comparison, telling stories or singing songs was more frequent. In more than half of the homes (61%), children were hearing stories or songs three or more days per week. The average respondent reported reading stories 2.9 days per week, and singing songs or telling stories 3.3 days per week (Figure 39).

The 2014 First Things First Parent and Caregiver Survey also included items aimed at eliciting information about parents’ and caregivers’ awareness of their influence on a child’s cognitive, emotional, and language development. More than three-quarters (76%) of respondents recognized that they could influence brain development prenatally or right from birth. Only a small proportion (4%) responded that a parent’s influence would not begin until after the infant was 7 months old (see Figure 40). Most parents and caregivers (60%) also realized that infants can take in and react to the world around them right from birth, with only a small percentage (5%) responding that infants did not react until they were older than 6 months (Figure 41). Nearly three-quarters (73%) of respondents indicated that babies could sense whether or not their parent is depressed or angry around birth (Figure 42). Another 18 percent of respondents indicated that this awareness came in the first year of a baby’s life.

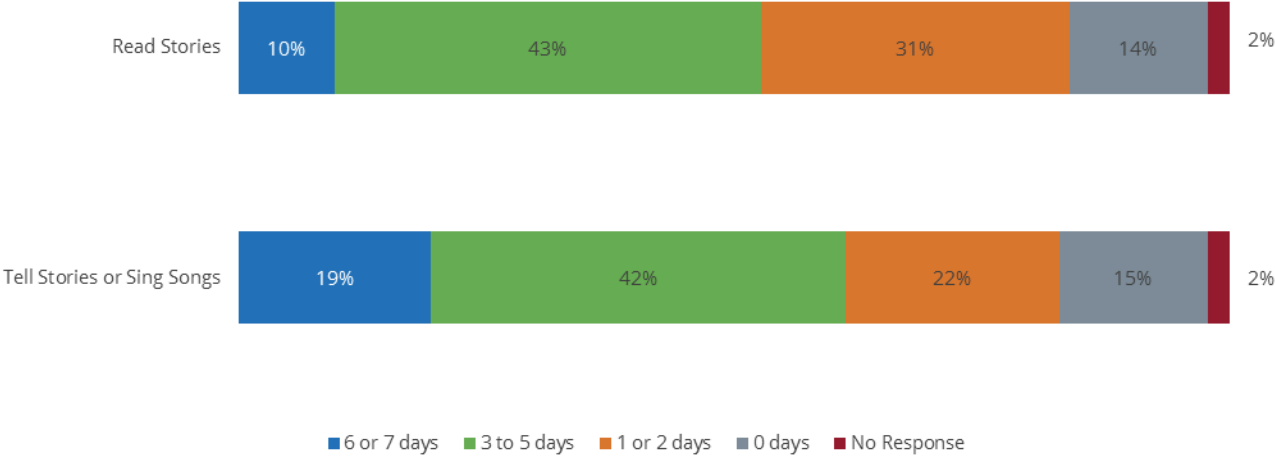
About half (49%) of respondents recognized that the statement, “Children’s capacity for learning is pretty much set from birth and cannot be greatly changed by how the parents interact with them,” was

definitely false or probably false (Figure 43). However, only fifteen percent of respondents recognized the statement, “In learning about language, children get the same benefit from hearing someone talk on TV as hearing a person in the same room talk to them” was definitely false. The majority of respondents (68%) felt that was definitely or probably true (Figure 44).

Parents and caregivers were also asked how they felt their child’s development was progressing. Between 22 and 44 percent of parents and caregivers expressed concerns about their child’s progress in certain areas of development (Figure 45). The highest percentages of parents were worried about their child or children’s ability to talk and make speech sounds (44%), get along with others (44%), behave (39%), or learn preschool or school skills (38%). Beyond this, it is important to note that many of the areas of high concern among parents were primarily behavioral and that these concerns could be addressed through further parenting education. Despite their concerns, the overwhelming majority of parents and caregivers strongly agreed that they felt able to support their child’s safety, health, and well-being (77%) and their child’s learning and cognitive development (83%) (Figure 46; Figure 47).

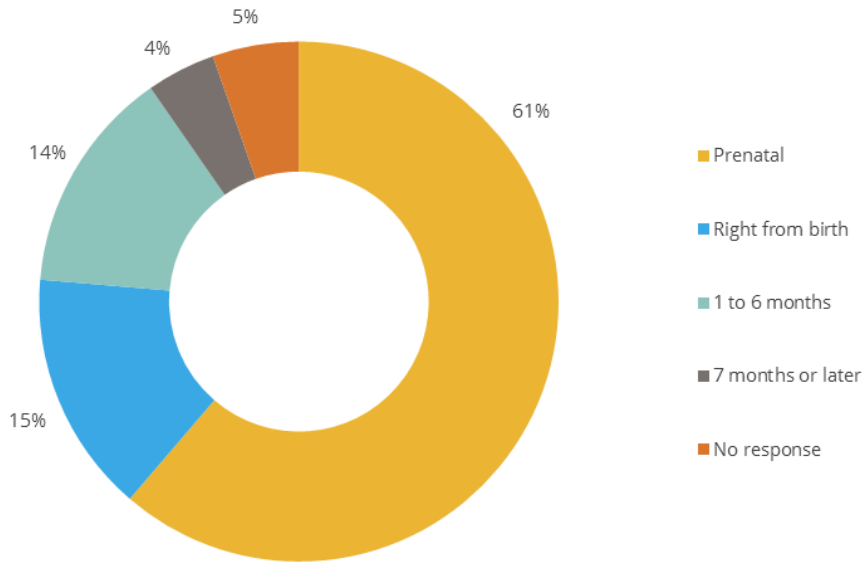
Key informants interviewed for this report identified close-knit families and strong community involvement with an emphasis on the Hualapai culture as strengths in the region. They also noted that families can access a variety of services from the different programs serving young children in the region. Key informants also shared their perceptions that community members are doing better off financially and are able to provide for their families and improving their quality of life. New community projects such as the Walapai Market and Gas station, and the planned recreational facility with a splash pad are providing (or will provide) new spaces for the youth in the community. Key informants seem to agree that increasing the number of public spaces where families can spend time together will benefit the community as a whole.

Figure 39. 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?"



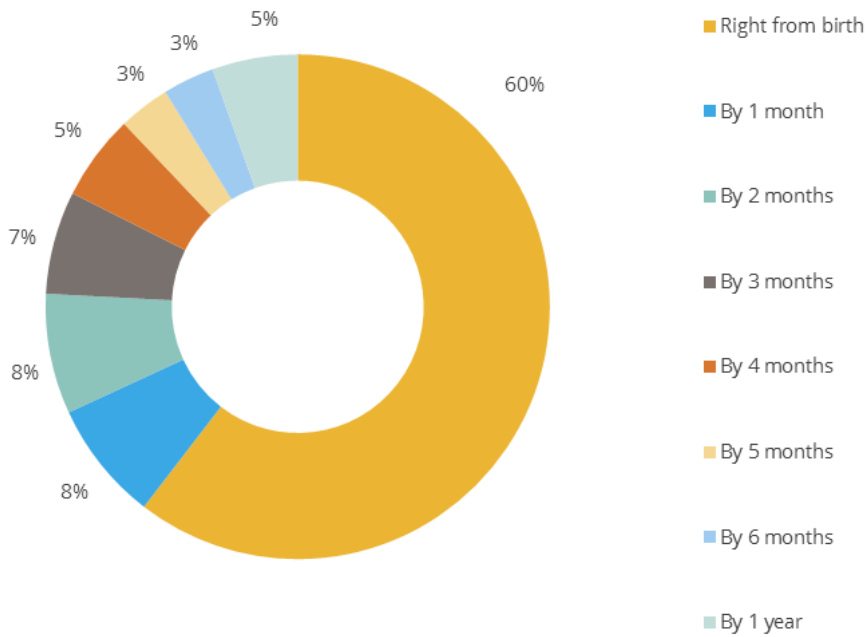
Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 40. Responses to "When do you think a parent can begin to make a big difference on a child's brain development?"



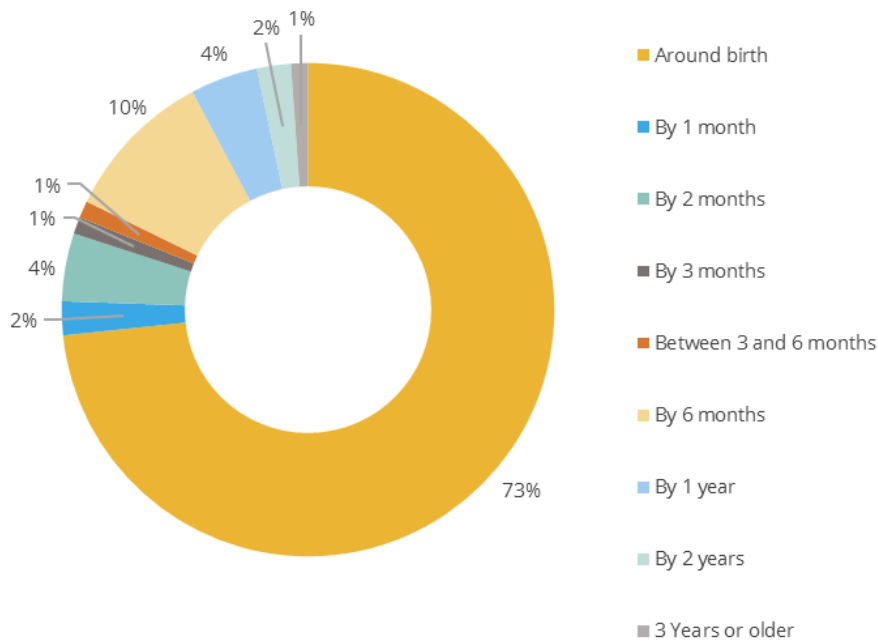
Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 41. Responses to "At what ages do you think an infant or young child begins to really take in and react to the world around them?"



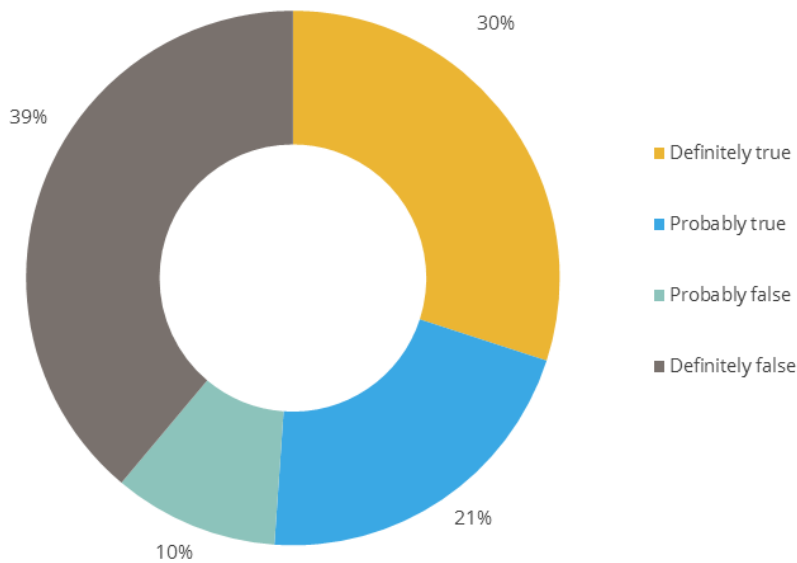
Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 42. Responses to "At what age do you think a baby or young child can begin to sense whether or not his parent is depressed or angry?"



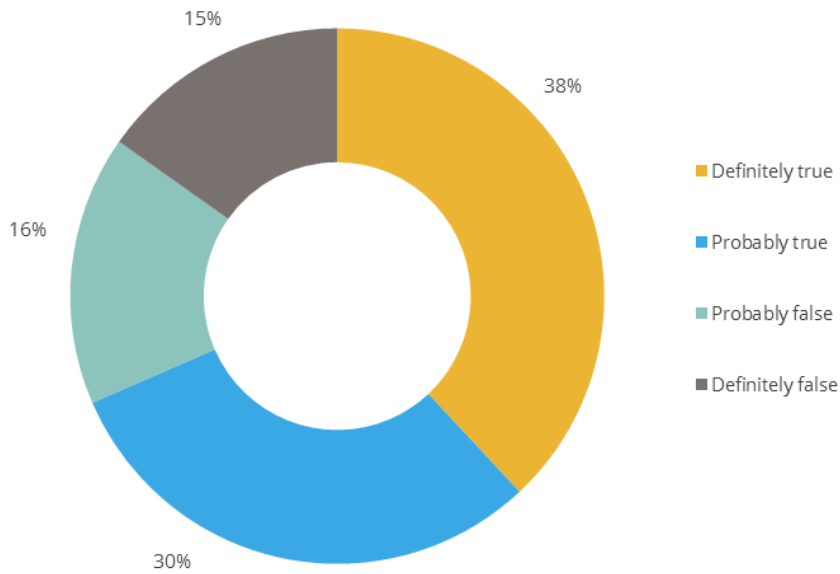
Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 43. Responses to "Children's capacity for learning is pretty much set from birth and cannot be greatly changed by how the parents interact with them."



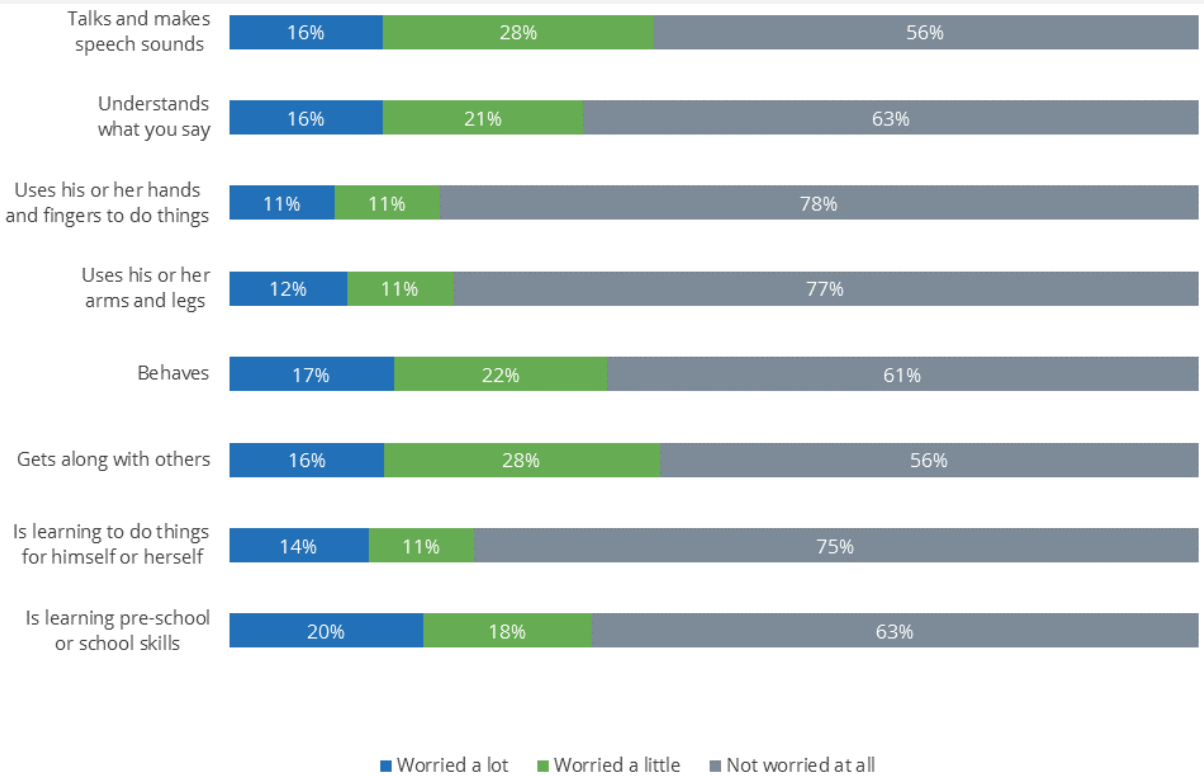
Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 44. Responses to "In learning about language, children get the same benefit from hearing someone talk on TV as hearing a person in the same room talking to them."



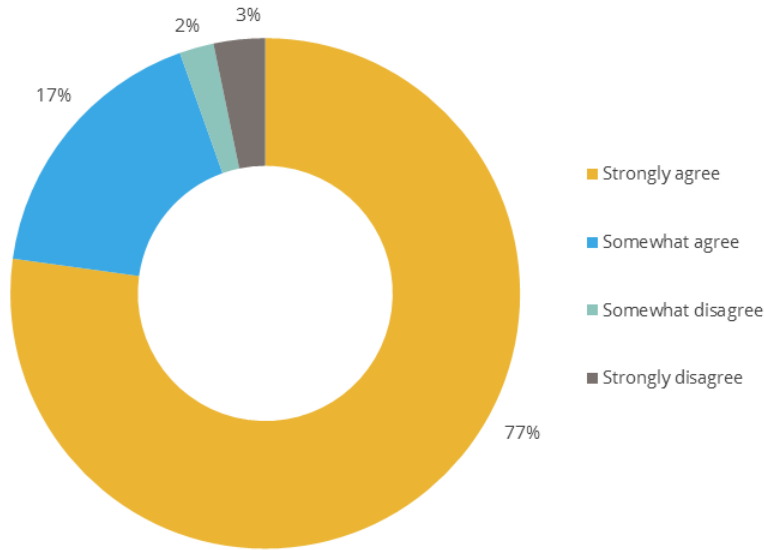
Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 45. Responses to "Currently worried about how well your child(ren) _____"



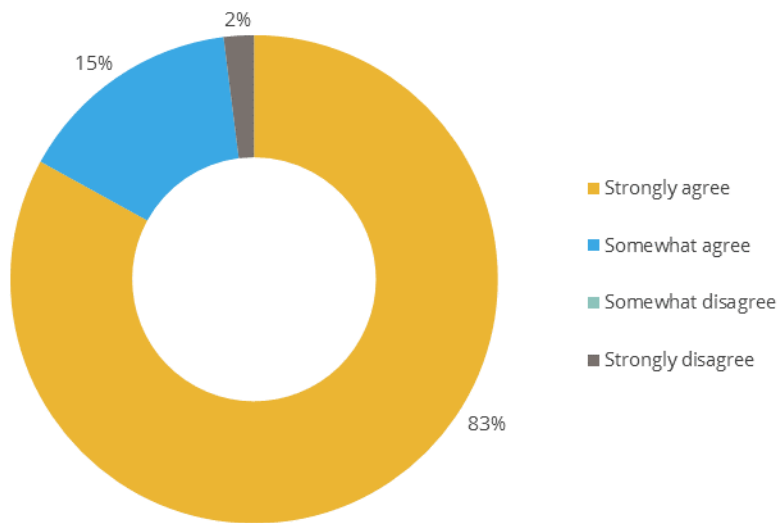
Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 46. Responses to "I feel I am able to support my child's safety, health, and well-being."



Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Figure 47. Responses to "I feel I am able to support my child's learning and ability to think (cognitive development)."



Source: First Things First (2014). [2012 Family and Community Survey dataset]. Unpublished data.

Child Welfare

Child welfare services in the Hualapai Tribe Region are overseen by the Hualapai Social Services Department. In calendar year 2015, there were no substantiated cases of child abuse and neglect that involved children birth to five, and fewer than ten that involved all children birth to 17 (Table 45). In that same year, there were 30 children birth to 5 who were in out-of-home placements. The majority of them were placed with relatives.^{xxii} Under the Indian Child Welfare Act (ICWA), tribes must be notified of all minors who are enrolled or are eligible for enrollment and are placed under the custody of the state's child welfare system. Fewer than ten young children in the region were in ICWA placements. In 2015, there were four foster homes available to care for children in foster care in the region, with a combined capacity of 7 foster care beds. The majority of these homes were located off-reservation.

Key informants indicated that recruitment of foster homes is a challenge in the region and that as foster parents age they are less able to look after young children or must stop participating in the program altogether.

^{xxii} Please note that an exact percent of those placed with relatives is not provided here due to the First Things First Data Suppression Guidelines for social services indicators.

According to key informants, foster families who care for infants placed with them by the Hualapai Social Services Department are sometimes in need of child care but struggle to find available services for infants younger than 6 months.

Data on child abuse offenses and arrests were also available from the Hualapai Nation Police Department. Figure 48 below shows that from 2012 to 2015 the number of child abuse offenses increased from 127 to 273. A similar trend was observed for the number of child abuse arrests in the region, which increased from 121 in 2012 to 255 in 2015. Because these numbers represent offenses (not people) the same person could be committing multiple offenses. Key informants did not have an explanation for the increasing trend, but suggested that many of the arrests were likely to be repeat offenders within the same families.

Table 45. Children removed by Tribal CPS and ICWA Placements, 2015

	Ages 0-5	Ages 0-17
Children removed by Tribal CPS	15	33
Number of substantiated cases of child abuse/neglect	0	<10
Number of children in out-of-home placement	30	40
ICWA Placements	<10	20

Source: Hualapai Social Services (2016). [Child Welfare data]. Unpublished data.

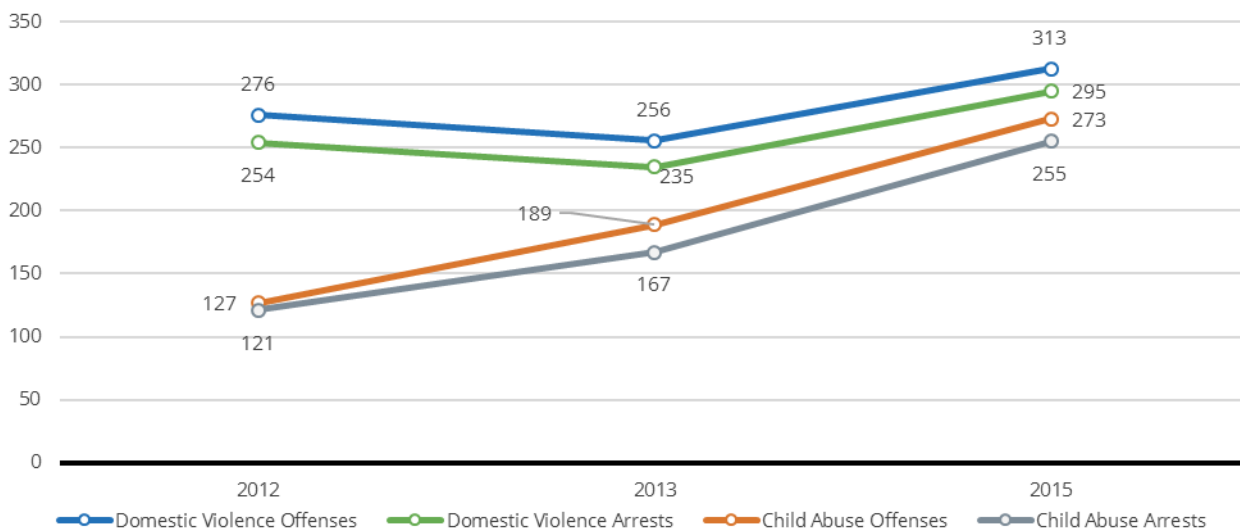
Justice System Involvement and Domestic Violence

A four-bedroom shelter for victims of domestic violence is available in the Hualapai Tribe Region, operated by the Hualapai Social Services Department. A grant from the U.S. Department of Human Services allowed the Social Services Department to fund a domestic violence investigator position as well as two domestic violence advocates. However, this funding has ended and the Department may not be able to keep these positions in place. The Hualapai Police Department continues to collect domestic violence-related data into their database in order to better identify families in need of additional support. According to key informants, recent changes in policy related to adjudication and convictions of domestic violence offenses have resulted in perpetrators not being detained. The Adult Detention Center used to operate above capacity, but with the new policy in place it can operate at about 25 percent capacity. Key informants suggested that this change in policy and the subsequent decrease in the number of detentions has resulted in mistrust in the system and that victims are more hesitant to talk with the domestic violence advocates or the Police Department. Data from the Hualapai Nation Police Department show an increase in the number of domestic violence offenses and arrests between 2013 and 2015 (Figure 48) but as indicated above, key informants noted that over half of individuals arrested were never adjudicated.

Key informants also suggested that additional collaboration among the different departments and programs serving victims of domestic violence would help improve the outcomes for families affected. However, efforts that have been initiated around more purposeful collaboration (e.g. a Task Force) have not been well attended.

Data on juvenile offenses and arrests were also available from the Hualapai Nation Police Department (Figure 49).

Figure 48. Trend in Domestic Violence and Child Abuse Offenses and Arrests, 2013 to 2015



Source: Hualapai Nation Police Department (2016). [Arrest and Traffic data]. Unpublished data.

Figure 49. Juvenile Offenses by Type, 2015

	2015 Number of Offenses	2015 Share of Offenses
Grand Total	545	
Serious (Part I) Offenses	5	1%
Larceny/Theft	0	0%
Burglary	1	0%
Aggravated Assault	4	1%
Motor Vehicle Theft	0	0%
Rape	0	0%
Robbery	0	0%
Arson	0	0%
Criminal Homicide	0	0%
Other Offenses	540	99%
Substance-use related	95	17%
Drunkenness	45	8%
Drug Abuse	15	3%
DWI	0	0%
Liquor Laws	35	6%
Violence related	54	10%
Domestic Violence	12	2%
Weapons	1	0%
Child Abuse	6	1%
Assaults	29	5%
Sex Offenses	6	1%
Statutory	13	2%
Runaways	4	1%
Curfew Violations	9	2%
Others	121	22%
Disorderly Conduct	89	16%
Vandalism	11	2%
Suspicious Persons	21	4%
All Other Offenses	257	47%

Source: Hualapai Nation Police Department (2016). [Arrest and Traffic 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.^{xxiii} As of October 1, 2015, Mohave County -where the Hualapai Tribe is located- is served by the North GSA, which is serviced by Health Choice Integrated Care. Prior to this date, the RBHA servicing the region was the Northern Arizona Behavioral Health Authority.

Each year from 2012 to 2015, fewer than 25 pregnant or parenting women from the region received publically-funded behavioral health services through the Northern Arizona Regional Behavioral Health Authority, the RBHA servicing the Hualapai Tribe Region (Table 46). Fewer than 25 children ages 0 to 5 received behavioral health services in the Hualapai Tribe Region in that same period, with the exception of 2015, when no children in the region received services (Table 47).

Behavioral Health services for community members in the Hualapai Tribe Region are also available from the Hualapai Health Education and Wellness Department. Services include individual and group counseling which can be provided in-office, at home, and also at the Juvenile Detention Center or Adult Jail.

Table 46. Number of Pregnant or Parenting Women Receiving Behavioral Health Services, 2012 to 2015

	2012	2013	2014	2015	Change from 2012 to 2015
Hualapai Tribe	<25	<25	<25	<25	DS
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Mohave County	1,018	880	875	850	-17%
ARIZONA	19,134	17,731	13,657	14,546	-24%

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

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

Table 47. Number of Children (Ages 0 to 5) Receiving Behavioral Health Services, 2012 to 2015

	2012	2013	2014	2015	Change from 2012 to 2015
Hualapai Tribe	<25	<25	<25	0	DS
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A
Mohave County	452	492	543	500	11%
ARIZONA	13,110	14,396	12,396	14,374	10%

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



COMMUNICATION, PUBLIC INFORMATION, AND AWARENESS^{xxiv}

^{xxiv} 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 48. First Things First Engagement of Early Childhood Supporters, SFY2014 through SFY2016

	Friends	Supporters	Champions
Hualapai Tribe Region	55	4	13
ARIZONA	21,369	3,102	908

Note: The Hualapai Tribe Region receives limited Community Outreach coverage through an agreement with La Paz/Mohave 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 Matter

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.”^{xxxv} 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
- Reduce fragmentation
- Foster leadership capacity among providers
- Improve quality
- Share expertise and training resources
- Influence policy and program changes

^{xxxv} 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.

What the Data Tell Us

Programs providing services to young children collaborate with each other to best support the families they care for. For instance, the two early learning centers in the region, Hualapai Day Care and CDI Head Start, partner with the Hualapai WIC program to offer health screenings and to provide information about the importance of breastfeeding and healthy nutrition as part of an annual conference for families. The Maternal and Child Health Program also participates in this conference, offering information to parents and caregivers about early childhood development. The local Indian Health Services Peach Springs Health Center refers families to the two home visitation programs in the region (Maternal, Infant and Early Childhood Home Visiting (MIECHV) and the Maternal and Child Health Program). The clinic also conducts health screenings for the MIECHV program, CDI Head Start, and Hualapai Day Care.

All the agencies listed above as well as the Peach Springs Boys and Girls Club, Peach Springs Unified School District and The Peach Radio Station participate in activities related to the Hualapai Read On Program. As part of the launching of the Hualapai Read On Program a few coordination meetings have been set up in collaboration with the above-mentioned programs to plan events that promote early literacy in the region.

Key informants noted that collaboration and coordination efforts among service providers working with young children could be improved; however, departments, programs, and enterprises continue their work to strengthen their partnerships to better serve the children in the community. A more formal and effective referral process among the different programs could ensure that families access the various services available to them, as Peach Springs is a small community and many of these agencies target the same audience (i.e. children age birth to 5). This collaboration can be particularly relevant as one of early childhood hubs in the region, the Head Start program, is currently under the operation of an outside entity with administrators who may not be intimately familiar with the region. Establishing an early childhood coalition or task force could help providers who are new to the region become acquainted with other key stakeholders knowledgeable of the needs of families with young children. It could help familiarize all participants with the range of services available. A more formal collaborative effort among providers in the region could also facilitate a more effective approach to meeting the needs of families in the region by clarifying the eligibility criteria for the different programs, identifying gaps in services and avoiding duplication of efforts.

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 Hualapai Tribe Region.

The data presented in this report, both quantitative and qualitative, show that the region has substantial strengths. The new Hualapai Day Care center provides high quality, low-cost care to young children in the region. Child care professionals in the early learning programs in the community are advancing their certificates and degrees in early childhood education. A new transit system is now in place in the region to provide transportation within the reservation boundaries as well as to urban areas where community members shop, receive medical care and attend school. Close-knit families whose members provide strong support to each other are a considerable social asset.

A summary of identified regional assets has been included below:

Population Characteristics

- More than half of households in the region report speaking the **Hualapai language** at home, and there are many continuing language revitalization efforts in the region.
- An increasing interest and pride in the **Hualapai culture and language** among youth in the region

Economic Circumstances

- The availability of a new transit system that will facilitate **transportation** within the region and from the region to larger urban areas where most families in the region conduct business

Educational Indicators

- Peach Springs Elementary School is undertaking a number of strategies to recruit quality teachers and improve **academic performance**.

Early Learning

- The availability of **high quality child care and early education services** at the Hualapai Day Care Center
- Participation of the Hualapai Day Care Center in the Child and Adult Care Food Program, which in combination with tribal financial support, is allowing for the **provision of free/reduced cost nutritious meals for children** enrolled in the program, and saving costs
- Availability of strong **professional development** opportunities for early childhood educators
- Early childhood educators at the Hualapai Day Care Center and CDI Head Start are taking advantage of **professional development opportunities** offered locally through an online/ in-person combination model that meets the need of the community
- Supportive leadership at the tribal level and the Day Care Center to make accommodations so staff can complete their **degrees in early childhood education**.

- Grow your own approach to availability of local resources to help people continue with the re-certification process for the **Child Development Associate (CDA) credentials**

Child Health

- Nearly half of infants enrolled in WIC in the region were **breastfed** for six months or more.

Family Support and Literacy

- A perception among services providers that local agencies provide **a wide array of services to young children**
- Close-knit families, strong community involvement and high value of Hualapai culture and traditions

However, there continue to be substantial challenges to fully serving the needs of young children throughout the region. Many of these have been recognized as ongoing issues by the Hualapai Tribe Regional Partnership Council and are being addressed by current First Things First-supported strategies in the region. Some of these needs, and the strategies proposed to deal with them, are highlighted below.

- **Low educational attainment and standardized test scores** – Measurements of early literacy among kindergarteners in the region and standardized test scores among third graders suggest that children require additional support early on to be ready for, and succeed in school. The Hualapai Tribe Regional Partnership Council has recognized this need and is allocating funding to the Parenting Outreach and Awareness strategy that will promote early literacy through the monthly distribution of books as part of the Imagination Library. The Home Visitation strategy also promotes early literacy among families enrolled in the Maternal and Child Health Program. Hualapai Read On also engages parents and children in early literacy through monthly story time activities and weekly story and song time on the radio.
- **Leveraging existing early care and education opportunities** – The Hualapai Day Care provides high quality care and educational opportunities for young children in the region. The Quality First Strategy funded by the Hualapai Tribe Regional Partnership Council provides supports so that the Day Care can continue to improve the quality of the services they provide.
- **Supporting families to meet their basic needs** – Although key informants noted an improvement in the financial stability of families in the region, many parents and caregivers still struggle to meet their children’s most basic needs. The Food Security strategy provides funding for the distribution of 600 food boxes in the region to support families in need.

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

Economic Circumstances

- There are no Summer Food Service Program sites in the region, meaning that children receiving school meals may be particularly vulnerable to **food insecurity** in the summer months.
- Projected population growth in the region as well as growing employment opportunities mean that more **housing** is likely to be needed in the community in the near future.

Educational Indicators

- A high percentage of kindergartners need intensive **early literacy support**.
- Poor scores on **standardized tests**, particularly in reading, point to high need to strengthen academic achievement.
- Very high rates of **chronic absences** may be contributing to poor standardized testing scores.

Early Learning

- A need for additional **child care slots** .

Child Health

- Many mothers in the region are not receiving **prenatal care** in the first trimester or an adequate number of prenatal care visits.
- There were high rates of **low birthweight births and premature births** in the region.
- Low rates of children receiving **sealants or dental treatment** indicate that oral health may be a pressing need for children in the region.
- A need for additional services to support children's **speech and language development**.

Family Support and Literacy

- A need to provide additional support for **parent engagement** (e.g. parenting classes), while also finding ways to improve **parent participation** in these opportunities.
- Challenges in attracting and retaining **specialized staff**, including those providing services to children with special needs.

System Coordination Among Early Childhood Programs and Services

- **Collaboration** among programs that provide services to young children in the region could be improved.

Although families with young children in the region continue to face challenges, the Hualapai Tribe has substantial strengths that can be leveraged to support the parents and caregivers of its youngest members. With the support of the multiple programs available in the region and the strong community involvement of close-knit families, children in the region will be able to grow up healthy and begin at school ready to learn.

Table of Regional Strategies

Hualapai Tribe Regional Partnership Council Planned Strategies for Fiscal Year 2017

Strategy	Strategy description
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.
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).
Parenting Outreach and Awareness	The intent of this promising practice strategy is to increase families' awareness of positive parenting; child development including health, nutrition, early learning and language acquisition; and, knowledge of available services and supports to support their child's overall development. The expected result is an increase in knowledge and a change in specific behaviors addressed through the information and activities provided.
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

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 Hualapai 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 are included. Methodology for this survey is included below.

U.S. Census and American Community Survey Data.

The U.S. Census¹⁶² 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 Hualapai Reservation.

The American Community Survey¹⁶³ 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.”¹⁶⁴ According to the State of Indian Country Arizona report¹⁶⁵ 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 Project¹⁶⁶ 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."¹⁶⁷

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 region (e.g., the sum of all students in special education preschool in the region) as well as by the county and state. Data are also presented at the school level for schools with a presence in the region. Since there are no high 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 Hualapai 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 Hualapai Tribe by IHS and received services in the IHS Colorado River 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 Hualapai 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 Council, The Regional Director, FTF Research and Evaluation staff, and CRED staff. For the current report, the Hualapai Tribe Regional Partnership Council selected the educational indicators on early literacy; graduation and dropout rates in the region, additional results from the Parent and Caregiver Survey, and coordination and collaboration among service providers working with young children as the regional priorities.

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 Hualapai Tribe Region Data Interpretation Session was held on October 25, 2016 as part of the Regional Partnership Council meeting. 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 five 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*.¹⁶⁸ 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 (see below). 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.

In addition to the nine core items, the First Things First Research and Evaluation Office recommended that a few other quantitative and qualitative items be included in the survey to gather exploratory data around health needs in tribal communities. Three additional qualitative items were added to the survey to elicit parent and caregiver input with regards to the best and most challenging aspects of raising a young child in their communities.

Finally, the First Things First Hualapai Tribe Regional Partnership Council asked that a few additional items be included in the survey to explore areas of interest to the Council.

The vendor for the Hualapai Tribe Region, the University of Arizona Norton School, worked in close collaboration with the Regional Director to find opportunities to collect data from parents and caregivers in a face-to-face manner. Members of the Norton School team attended community events and partnered with other agencies and departments that provide services to families with young children in the region such as the Hualapai Tribe WIC Program, Education Division, and the Hualapai Tribe Head Start Program.

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 93 surveys with parents and caregivers were conducted in the region in the spring of 2014.

Results from a selected set of individual items are presented in the Health and Family Support sections 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.

The instrument utilized to collect data for the survey is included below.

First Things First Hualapai Parent and Caregiver Survey

Thank you for participating in this survey! Your input will help guide the services funded by the Hualapai Tribe First Things First Regional Partnership Council.

Are there any children ages 5 or younger living in your household?

Yes (go to the next question)

No → **This survey is only for people with children ages 5 or younger. Please return this form to the facilitator. Thank you!**

Are you one of this child(ren)'s main caregivers?

Yes No

How old are the child(ren) 5 or younger that you care for?

1. When do you think a parent can begin to make a big difference on a child's brain development? (For example: Impact the child's ability to learn?)

2. At what age do you think an infant or young child begins to really take in and react to the world around them?

3. At what age do you think a baby or young child can begin to sense whether or not his parent is depressed or angry, and can be affected by how his parents are feeling?

1. During the past week, how many days did you or other family members read stories to your child/children?

None

4 days

1 day

5 days

2 days

6 days

3 days

7 days

2. During the past week, how many days did you or other family members tell stories or sing songs to your child/children?

None

4 days

1 day

5 days

2 days

6 days

3 days

7 days

3. *Children’s capacity for learning is pretty much set from birth and cannot be greatly changed by how the parents interact with them. This statement is...*

- Definitely True Probably True Probably False Definitely False

4. *In learning about language, children get the same benefit from hearing someone talk on TV as hearing a person in the same room talking to them. This statement is...*

- Definitely True Probably True Probably False Definitely False

5. *I feel I am able to support my child’s safety, health and well-being.*

- Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

6. *I feel I am able to support my child’s learning and ability to think (cognitive development).*

- Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

Now I’m going to ask you some questions about your child/ren’s health

7. **Sometimes people have difficulty getting health care when they need it. During the past 12 months, was there any time when any of your young children needed these types of care but it was *delayed or not received*?**

- | | | |
|------------------------|---|-----------------------------|
| Medical care | <input type="checkbox"/> yes, needed care was delayed or not received | <input type="checkbox"/> no |
| Dental care | <input type="checkbox"/> yes, needed care was delayed or not received | <input type="checkbox"/> no |
| Vision care | <input type="checkbox"/> yes, needed care was delayed or not received | <input type="checkbox"/> no |
| Mental health services | <input type="checkbox"/> yes, needed care was delayed or not received | <input type="checkbox"/> no |
| Hearing services | <input type="checkbox"/> yes, needed care was delayed or not received | <input type="checkbox"/> no |
| Speech therapy | <input type="checkbox"/> yes, needed care was delayed or not received | <input type="checkbox"/> no |
| Physical therapy | <input type="checkbox"/> yes, needed care was delayed or not received | <input type="checkbox"/> no |
| Something else | <input type="checkbox"/> yes, needed care was delayed or not received | <input type="checkbox"/> no |
| (Describe: _____) | | |

8. **Have you ever received services from the Maternal and Child Health program? (check all that apply)**

- Yes, prenatal care services
 Yes, services for my child(ren)
 I have not received services from the Maternal and Child Health Program

9. **When you (or when your children’s mother/wife/partner...) first learned you were pregnant, where did you first go for health care (or prenatal) services? (check all that apply)**

- Hualapai Tribe Health Education and Wellness Department

- IHS Peach Springs Health Center
- Another health care provider outside of Peach Springs
(specify _____)

10. **Have you heard about the Health Insurance Marketplace (aka “Affordable Care Act” or “Obamacare”)?**

- Yes, I have enrolled
- Yes, I have heard about it and want to enroll
- Yes, I have heard about it but don’t want to enroll
- No, I have not heard about it but would like more information
- No, I have not heard about it and I’m not interested in more information

11. **Are you are currently worried a lot, worried a little or not worried at all about how well your child(ren):**

♦Talks and makes speech sounds? (ages 4 months- 5 years)

- Worried a lot Worried a little Not worried at all I don’t have a child this age

♦Understands what you say? (ages 4 months- 5 years)

- Worried a lot Worried a little Not worried at all I don’t have a child this age

♦Uses his/her hands and fingers to do things? (ages 4 months- 5 years)

- Worried a lot Worried a little Not worried at all I don’t have a child this age

♦Uses his/her arms and legs (ages 4 months- 5 years)

- Worried a lot Worried a little Not worried at all I don’t have a child this age

♦Behaves? (ages 4 months- 5 years)

- Worried a lot Worried a little Not worried at all I don’t have a child this age

♦Gets a long with others? (ages 4 months- 5 years)

- Worried a lot Worried a little Not worried at all I don’t have a child this age

♦Is learning to do things for himself/herself? (ages 10 months- 5 years)

- Worried a lot Worried a little Not worried at all I don’t have a child this age

♦Is learning pre-school or school skills? (ages 18 months- 5 years)

- Worried a lot Worried a little Not worried at all I don’t have a child this age

We are almost done! We now have a few questions for you to answer about yourself. These allow us to describe who has completed these surveys overall. They are not used to identify you individually.

1. **Do you currently have a paid job?**

- Yes No

2. **Are you currently?**

- Married Widowed
 Single Living with a partner
 Divorced/Separated

3. **What is your age?** _____

4. **What languages are spoken in your home? (check all that apply)**

- English Hualapai Navajo Other (Specify: _____)

5. **Gender?** Male Female

More questions on the back! →

6. **What is the highest grade or year of school you have completed?**

- Less than high school
 Still in high school
 High school graduate
 GED
 Technical or vocational school
 Some college
 College graduate or postgraduate

7. **How would you describe your ethnic or racial background:**

- Native American/ American Indian White/European/Anglo
 Hispanic/Latino Hawaiian/Pacific Islander
 African American/Black Two or more races
 Asian Other
(Specify: _____)

8. **Is your total family income before taxes...**

- Less than \$10,000 \$30,000 to \$39,999 \$60,000 to \$74,999
 \$10,000 to \$19,999 \$40,000 to \$49,999 \$75,000 or more
 \$20,000 to \$29,999 \$50,000 to \$59,999

9. **Where do you live?** Town: _____ Zip code: _____

Thank you very much for participating in the survey! Below are some final questions that would help the First Things First Hualapai Regional Partnership Council better understand the needs of parents in your community. We appreciate any thoughts you would like to share on these issues.

What do you like best about raising young children in your community?

What are the hardest things about raising young children in your community?

Where do you typically go for health care for your child? Is it affordable? What would you change about it, if you could?

Where do you typically go for dental care for your child? Is it affordable?

Do you have any suggestions for how to make sure the Hualapai language continues to be learned and used?

What do you think are the two most important things that should happen to improve the lives of kids 0-5 and their families in your community?

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