



2016

NEEDS AND ASSETS REPORT

 **FIRST THINGS FIRST**

Hualapai Tribe Region

Hualapai Tribe Regional Partnership Council

2016

Needs and Assets Report

Prepared by

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Funded by

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The past two years have been rewarding for the First Things First Hualapai Tribe Regional Partnership Council, as we delivered on our mission to build better futures for young children and their families.

The Hualapai Tribe Regional Partnership Council is focused upon addressing two priority areas, parent education and access to information, resources, and high quality care, specific to a child's healthy start in life, and educational and professional development for early childhood providers to provide high quality care and education for the young children in the region. The First Things First Hualapai Tribe Regional Partnership Council will continue to advocate and provide opportunities as indicated throughout this report.

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

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

Thank you for your continued support.

Sincerely,

Barbara Tinhorn

Barbara Tinhorn, Chair

Hualapai Tribe Regional Partnership Council

Introductory Summary and Acknowledgments

Ninety percent of a child’s brain develops before kindergarten and the quality of a child’s early experiences impact whether their brain will develop in positive ways that promote learning. Understanding the critical role the early years play in a child’s future success is crucial to our ability to foster each child’s optimal development and, in turn, impact all aspects of wellbeing of our communities and our state.

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

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Executive Summary

Regional Description

The boundaries of the First Things First Hualapai Tribe Regional Partnership Council area are those of the Hualapai Indian Reservation. Although the reservation includes lands in Coconino and Yavapai counties, most of the population live in or near Peach Springs in Mohave County. Separate pieces of the reservation lie to the south of Peach Springs, near Valentine and Wikieup.

Data Sources

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

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

Population Characteristics

According to the U.S. Census the Hualapai Tribe Region had a population of 1,335 in 2010, of whom 197 (15%) were children ages birth to 5 years. About one-third of households in the region (34%) included a young child.

Half of the households with young children (birth to 5) in the region (50%) are single-female households. The proportion of young children living in a grandparent's household in the region (25%) is higher than the percentage statewide (14%), but lower than the percentage in all Arizona reservations combined (40%). For those children living in a grandparent's household, three-quarters (75%) live with a grandparent who is financially responsible for them, but only 10 percent of the children have no parent present in the home.

The vast majority (99%) of young children (ages 0-4) in the Hualapai Tribe Region are American Indian. This proportion is higher than that of all Arizona reservations combined (92%), and it also differs greatly from the statewide rate of six percent. The race and ethnicity breakdown among adults in the region is similar to that of young children, with most residents identifying as American Indian (92%). In the state, however, only four percent of adults identified as American Indian. The ethnic composition in the Hualapai Tribe is also reflected in a higher proportion of households that report speaking a Native North American language (25%) compared to households statewide (2%). This proportion, however, is lower in the region compared to the rate in All Arizona reservations combined (51%).

Economic Circumstances

Poverty rates for both the overall population and the population of young children are lower in the Hualapai Tribe Region than across all Arizona reservations combined; poverty rates in the region, however, are higher than in the state as a whole. For the overall population, 34 percent of people in the region live in poverty, compared to 42 percent across all Arizona reservations and 18 percent statewide. In all these geographies, young children are consistently more likely to be in poverty than members of the total population. About half (51%) of the children in the region live in poverty, a lower proportion than that in all Arizona reservations combined (56%) but substantially higher than the state (28%). In addition to the families whose incomes fall below the federal poverty level, a substantial proportion of households in the region and across all Arizona reservations are low income (i.e., near but not below the federal poverty level [FPL]). Almost two-thirds (64%) of families with children aged four and under are living below 185 percent of the FPL in the region (i.e., earned less than \$3,677 a month for a family of four), compared to 77 percent in all Arizona reservations combined, and 48 percent across the state. The median family income in the region (\$41,250) is lower than the median family income in the state of Arizona (\$58,897).

The average unemployment rate in the region for the 2009-2013 period is 17.6 percent, lower than the estimated 25 percent across all Arizona reservations combined, but higher than the average state rate of 10.4 percent.

The use of economic supports such as Temporary Assistance to Needy Families (TANF) and Nutrition Assistance (SNAP) are higher in the Hualapai Tribe Region compared to the state. In 2014, 13 percent of children (aged 0-5) in the region received TANF benefits, while only four percent of children statewide did. The majority of young children in the region (87%) received SNAP benefits, compared to half of young children statewide (51%). Almost all (98%) of the children attending Peach Springs Unified District, the only Arizona Department of Education district with boundaries wholly contained within in the region, are eligible for free or reduced lunch. The proportion of young children in the region receiving SNAP and the proportion eligible for free and reduced lunch have remained largely stable between 2012 and 2014. The rate of children on TANF has decreased slightly in the same time period.

Educational Indicators

Adults aged 25 and older in the Hualapai Tribe Region report similar levels of educational attainment as adults in all Arizona reservations combined, but lower levels than adults in the state as a whole. Thirty percent of adults in the region have no high school diploma or GED compared to 29 percent in all Arizona reservations and 14 percent in the state.

The majority of children from the region attend school in the Peach Springs Unified District, which is wholly contained within tribal lands. A few children from the Hualapai Tribe Region also attend schools in the Hackberry School District, Owens-Whitney Elementary District, and the Valentine Elementary District. Data are provided for the one ADE district wholly contained within tribal lands, Peach Springs Unified District, where the majority of children from the region attend school.

Students “pass” Arizona’s Instrument to Measure Standards (AIMS) if they meet or exceed the standard. In the Peach Springs Unified District, only 10 percent of third grade students passed the AIMS Math test and fewer than one-quarter (23%) passed the AIMS reading test. Over half (60%) of third graders in the Peach Springs Unified District scored “falls far below” in math; almost one-quarter (23%) scored “falls far below” on the reading test, putting them at risk of grade retention.

Early Learning

Child care in the region is available through the Hualapai Child Care program. In the fall of 2013 and spring of 2014, the program underwent an important transformation from an exclusively home-based provider program to a center-based program. A new facility for the Hualapai Day Care Center Hma:ny Ba Viso:jo’ was constructed.

Center-based Care

The Hualapai Day Care Center opened on March 16, 2014 and has the capacity to serve a total of 60 children ages six months to 12 years. Services are available Monday through Friday from 7:45 am to 5:15 pm. In order to be eligible for services, parents must be working, in school, in training or in the process of completing their GED.

The 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. In SFY14 the Hualapai First Things First Regional Partnership Council provided onetime funding to the Hualapai Day Care Center through its Expansion Strategy to assist with the Center’s start-up costs. The Center has four classrooms: the infant room, the toddler room, preschool room and the school-age room. Each is staffed by a provider and a provider assistant. Currently, the Hualapai Day Care is the only center with the capacity to serve infants and toddlers in the region.

No services were provided by the Division of Developmental Disabilities to children in the Hualapai Tribe Region in 2013 and 2014.

The First Things First Family and Community Survey is a phone-based survey designed to measure many critical areas of parents’ knowledge, skills, and behaviors related to their young children. In 2014, First Things First conducted a modified version of the Family and Community survey in six tribal regions including the Hualapai Tribe Region, known as the 2014 First Things First Parent and Caregiver Survey. This survey, conducted face-to-face with parents and caregivers of young children living in the region, included a sub-set of items from the First Things First Family and Community Survey, as well as additional questions that explored health needs in tribal communities. A total of 93 parents and other caregivers responded to the survey at a variety of locations across the Hualapai Tribe Region.

The 2014 First Things First Parent and Caregiver Survey included a set of questions aimed at gauging parents’ and caregivers’ concerns about their children’s development. Respondents were asked to indicate how concerned they were about several developmental events and stages in eight key areas. The three areas which revealed the greatest degree of concern for

parents and caregivers in the Hualapai Tribe Region were “How well your child talks and makes speech sounds” (44% worried), “How well your child gets along with others” (44% worried) and “How well your child behaves” (39% worried). Across the eight areas, 30 percent of the respondents reported being “worried a lot” about one or more, and 30 percent were “not worried at all” about all eight areas. The remaining 40 percent were “worried a little” about at least one of the eight areas.

Child Health

In 2013, there were 29 babies born to women residing in the region. Almost one-quarter of pregnant women in the region (24%) had fewer than five prenatal care visits, compared to five percent in the state. The majority of births in the region (79%) were paid for by a public payor (AHCCCS, Arizona’s Medicaid, or the Indian Health Service), while just over half (55%) of births in the state fall into that category. None of the mothers who gave birth in the region during that year reported smoking or drinking while pregnant.

Fourteen percent of the young children in the Hualapai Tribe Region are estimated to be uninsured. This rate is lower than that of all Arizona reservations combined (20%) but higher than the statewide rate (10%).

Healthy People 2020 sets a targets of 80 percent for full vaccination coverage among young children (19-35 months). Indian Health Service data for the Hualapai Tribe Region (FY2013) indicate that 83.8 percent of children 19-35 months have had the recommended vaccine series (using series 4:3:1:3:3:1:4), which exceeds the Healthy People Target.

A set of questions on the 2014 Parent and Caregiver Survey asked participants whether their child had required health care services in the past year, but the care was delayed or never received. Over half (54%) of the parents and caregivers reported that their child (or children) had not received timely health care at least once during the previous year. Most frequently, it was medical care (27%), dental care (21%), or vision care (13%) that was delayed or not received

Family Support and Literacy

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 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 14).

The 2014 First Things First Parent and Caregiver Survey also included an item aimed at eliciting information about parents' and caregivers' awareness of their influence on a child's brain development. More than three-quarters (76%) of the 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 15).

Communication, Public Information and Awareness

Key informants indicated that, while additional awareness on the importance of early childhood among parents is still needed, a lot of progress has been made in the last years in this area. Key informants indicated that community members, and particularly parents of young children, are speaking more about the topic. There is an increased emphasis on early education and on the importance of early identification of developmental delays in young children.

Information on early childhood-related topics is published routinely in the community's newsletter, Gamyu. In addition, a newly published Hualapai Community Resource Directory is available to residents in the region in hard copy and also on the Hualapai Tribe's website <http://hualapai-nsn.gov/wp-content/uploads/2013/09/communityResDirectoryPart1.pdf> (part 1) and <http://hualapai-nsn.gov/wp-content/uploads/2013/09/communityResDirectoryPart2.pdf> (part 2). The Directory provides information about tribal departments and community resources in Peach Springs. The Directory's introductory letter indicates that it will be published every two to four years after each general election. Information about the First Things First-funded Maternal and Child Health Program is included in the Directory.

Systems Coordination among Early Childhood Programs and Services

With the opening of the new Hualapai Day Care Center additional coordination and collaboration opportunities have arisen in the region. The physical proximity of the Day Care Center with the other key services to families with young children in the region (such as the Maternal and Child Health Program) represents a unique opportunity to enhance system coordination efforts in the community.

First Things First-directed efforts and funded services offer important coordination opportunities in the region. For instance, an important aspect of the First Things First-funded Maternal and Child Health program (MCH) services is the opportunity to connect parents to other resources available to them in the community. Because of this, MCH staff put a strong emphasis on networking and making connections with stakeholders within the region (i.e. Hualapai WIC Program, Hualapai Day Care Center) and in the surrounding communities (i.e. Mohave County Health Department and other organizations that provide services to young children countywide).

Home Visiting Partnership

With the support of Hualapai Tribal Council, Hualapai Health Education and Wellness is partnering with First Things First and the Arizona Department of Health Services to expand the MCH Parents as Teachers Home Visiting Program with federal Maternal, Infant and Early Childhood Home Visiting funding. The additional funding will expand services doubling the capacity of the home visitation program beginning in January 2016.

Read On Hualapai

Education leaders of the Hualapai community developed goals for becoming established as a Read On community. The movement was presented by to Hualapai Tribal Council with a request for their support. The Tribal Council granted their support and also submitted the request letter from the Tribal Chairwoman requesting the designation as a Read On Community. In May 2015, Read On Hualapai was established.

The Hualapai Tribe Region

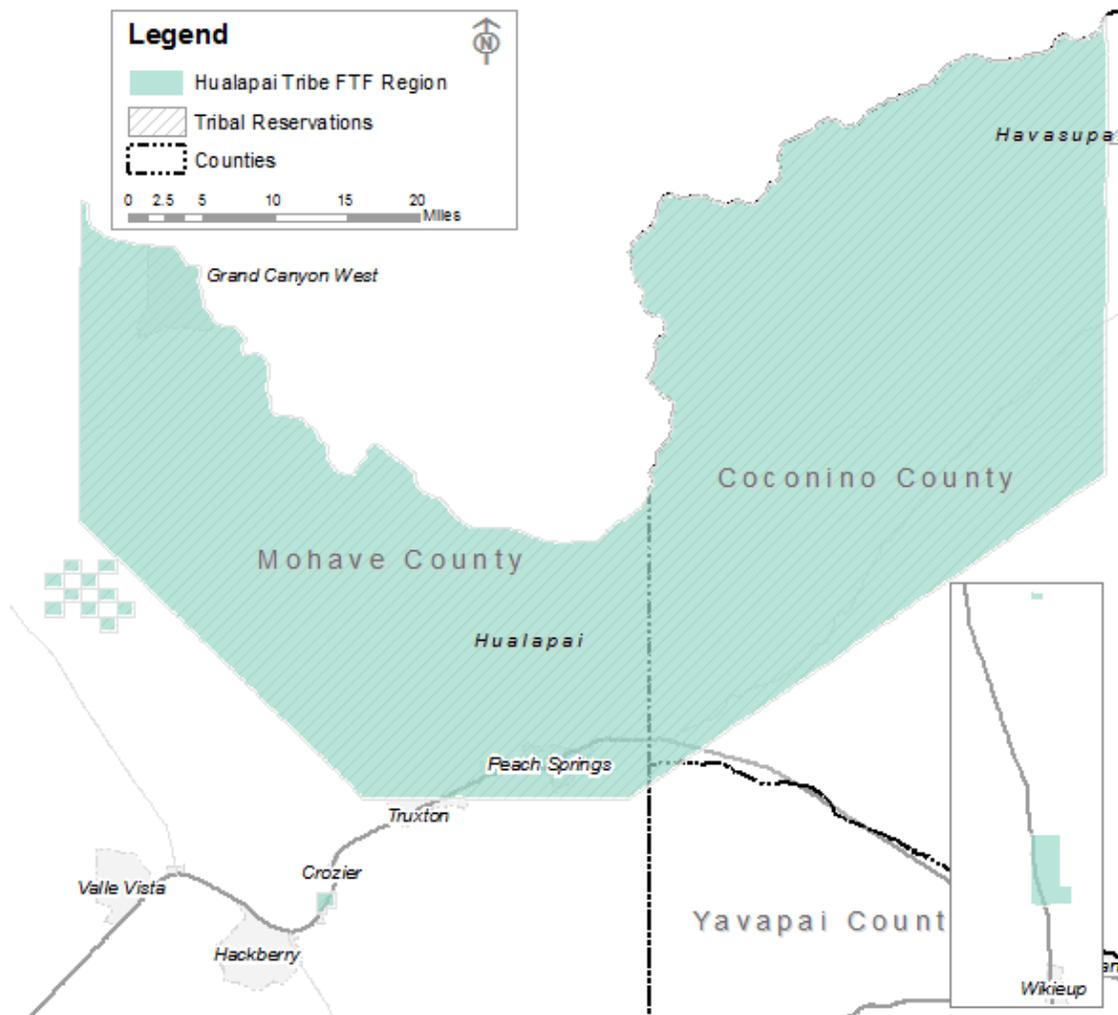
Regional Description

When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First designated region or elect to be designated as a separate region. The 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 boundaries of the First Things First Hualapai Tribe Regional Partnership Council are those of the Hualapai Indian Reservation. Although the reservation includes lands in Coconino and Yavapai counties, most of the population live in or near Peach Springs in Mohave County. Separate pieces of the reservation lie to the south of Peach Springs, near Valentine and Wikieup.

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

Figure 1. The Hualapai Tribe Region



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

Data Sources

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

The U.S. Census¹ is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. The 2010 U.S. Census data are available by census block. There are about 115,000 inhabited blocks in Arizona, with an average population of 56 people each. The Census data for the Hualapai Tribe Region presented in this report were calculated by identifying each block in the region, and aggregating the data over all of those blocks.

The American Community Survey² is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. It covers many different topics, including income, language, education, employment, and housing. The ACS data are available by census tract. Arizona is divided into about 1,500 census tracts, with an average of about 4,200 people in each. The ACS data for the Hualapai Tribe Region were calculated by aggregating over the census tracts which are wholly or partially contained in the region. The data from partial census tracts were apportioned according to the percentage of the 2010 Census population in that tract living inside the Hualapai Tribe Region. The most recent and most reliable ACS data are averaged over the past five years; those are the data included in this report. They are based on surveys conducted from 2009 to 2013. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates.

To protect the confidentiality of program participants, the First Things First Data Dissemination and Suppression Guidelines preclude our reporting social service and early education programming data if the count is less than ten, and preclude our reporting data related to health or developmental delay if the count is less than twenty-five. In addition, some data received from state agencies may be suppressed according to their own guidelines. The Arizona Department of Health Services, for example, does not report counts less than six. Throughout this report, information which is not available because of suppression guidelines will be indicated by entries of “N/A” in the data tables.

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

In this report we use two main sources of data to describe the demographic and socio-economic characteristics of families and children in the region: U.S. Census 2010 and the American Community Survey. These data sources are important for the unique information they are able to provide about children and families across the United States, but both of them

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

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

have acknowledged limitations for their use on tribal lands. Although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that “American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent.”³ In the past, the decennial census was the only accessible source of wide-area demographic information. Starting in 2005, the Census Bureau replaced the “long form” questionnaire that was used to gather socio-economic data with the American Community Survey (ACS). As noted above, the ACS is an ongoing survey that is conducted by distributing questionnaires to a sample of households every month of every year. Annual results from the ACS are available but they are aggregated over five years for smaller communities, to try to correct for the increased chance of sampling errors due to the smaller samples used.

While recognizing that estimates provided by ACS data may not be fully reliable, we have elected to include them in this report because they still are the most comprehensive publically-available data that can help begin to describe the families that First Things First serve.

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

Population Characteristics

Why it Matters

The characteristics of families living within a region can influence the availability of resources and supports for those families.⁴ Population characteristics and trends in family composition are often considered by policymakers when making decisions about the type and location of services to be provided within a region such as schools, health care facilities and services, and social services and programs. As a result of these decisions, families with young children may have very different experiences within and across regions regarding access to employment, food resources, schools, health care facilities and providers, and social services. It is important, therefore, that decision-makers understand who their constituents are so that they can prioritize policies that address the needs of diverse families with young children. Accurate and up-to-date information about population characteristics such as the number of children and families in a geographic region, their ethnic composition, living arrangements and languages spoken can support the development or continuation of resources that are linguistically, culturally, and geographically most appropriate for a given locale.

In addition to being affected by community resources, the likelihood of a child reaching his or her optimal development can also be affected by the supports and resources available within the family.^{5,6} The availability of family resources can be influenced by the characteristics of the family structure, such as who resides in a household and who is responsible for a child's care.

Children living with and being cared for by relatives or caregivers other than parents, is increasingly common.⁷ Extended, multigenerational families and kinship care are more typical in Native communities.^{8,9} The strengths associated with this open family structure -mutual help

⁴ U.S. Department of Health and Human Services. Health Resources and Services Administration, Maternal and Child Health Bureau. (2014). *Child Health USA 2014. Population Characteristics*. Retrieved from: <http://mchb.hrsa.gov/chusa14/population-characteristics.html>

⁵ Center for American Progress. (2015). *Valuing All Our Families. Progressive Policies that Strengthen Family Commitments and Reduce Family Disparities*. Retrieved from: <https://cdn.americanprogress.org/wp-content/uploads/2015/01/FamilyStructure-report.pdf>

⁶ Kidsdata.org. (n.d.). *Summary: Family Structure*. Retrieved from: <http://www.kidsdata.org/topic/8/family-structure/summary>

⁷ U.S. Department of Health and Human Services. (2012). *ASPE Report. Children in Nonparental Care: A Review of the Literature and Analysis of Data Gaps*. Retrieved from <http://aspe.hhs.gov/basic-report/children-nonparental-care-review-literature-and-analysis-data-gaps>

⁸ Harrison, A. O., Wilson, M. N., Pine, C. J., Chan, S. Q., & Buriel, R. (1990). Family ecologies of ethnic minority children. *Child Development, 61*(2), 347-362.

⁹ Red Horse, J. (1997). Traditional American Indian family systems. *Families, Systems, & Health, 15*(3), 243.

and respect- can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships.¹⁰ Grandparents are often central to these multigenerational households. However, when caring for children not because of choice, but because parents become unable to provide care due to the parent's death, physical or mental illness, substance abuse, incarceration, unemployment or underemployment or because of domestic violence or child neglect in the family, grandparents may be in need of specialized assistance and resources to support their grandchildren.¹¹

Understanding language use in the region can also contribute to being better able to serve the needs of families with young children. Language preservation and revitalization have been recognized by the U.S. Department of Health & Human Services as keys to strengthening culture in Native communities and to encouraging communities to move toward social unity and self-sufficiency.¹² Special consideration should be given to respecting and supporting the numerous Native languages spoken by families, particularly in tribal communities.

What the Data Tell Us

According to the U.S. Census, the Hualapai Tribe Region had a population of 1,335 in 2010, of whom 197 (15%) were children ages birth to 5 years (see Table 1). About one-third of households in the region (34%) included a young child.

Half of the households with young children (birth to 5) in the region (50%) are single-female households (Figure 3). The proportion of young children living in a grandparent's household in the region (25%) is higher than the percentage statewide (14%), but lower than the percentage in all Arizona reservations combined (40%) (see Table 3). For those children living in a grandparent's household, three-quarters (75%) live with a grandparent who is financially responsible for them, but only 10 percent of the children have no parent present in the home (see Table 4).

The vast majority (99%) of young children (ages 0-4) in the Hualapai Tribe Region are American Indian. This proportion is higher than that of all Arizona reservations combined (92%), and it differs greatly from the statewide rate of six percent (see Table 5). The race and ethnicity

¹⁰ Hoffman, F. (Ed.). (1981). *The American Indian Family: Strengths and Stresses*. Isleta, NM: American Indian Social Research and Development Associates.

¹¹ Population Reference Bureau. (2012). *More U.S. Children Raised by Grandparents*. Retrieved from <http://www.prb.org/Publications/Articles/2012/US-children-grandparents.aspx>

¹² U.S. Department of Health & Human Services, Administration for Native Americans. (n.d.). *Native Languages*. Retrieved from <http://www.acf.hhs.gov/programs/ana/programs/native-language-preservation-maintenance>

breakdown among adults in the region is similar to that of young children, with most residents identifying as American Indian (92%). In the state, however, only four percent of adults identified as American Indian (Table 6). The ethnic composition in the Hualapai Tribe is also reflected in a higher proportion of people aged five and older who report speaking a Native North American language (25%) compared to households statewide (2%). This proportion, however, is lower in the region compared to the rate in All Arizona reservations combined (51%) (see Figure 4).

Population and Households

Table 1. Population and households, 2010

	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	
Hualapai Tribe Region	1,335	197	362	123	34%
All Arizona Reservations	178,131	20,511	50,140	13,115	26%
Arizona	6,392,017	546,609	2,380,990	384,441	16%

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

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

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

	AGES 0-5	AGE 0	AGE 1	AGE 2	AGE 3	AGE 4	AGE 5
Hualapai Tribe Region	197	30	34	32	39	28	34
All Arizona Reservations	20,511	3,390	3,347	3,443	3,451	3,430	3,450
Arizona	546,609	87,557	89,746	93,216	93,880	91,316	90,894

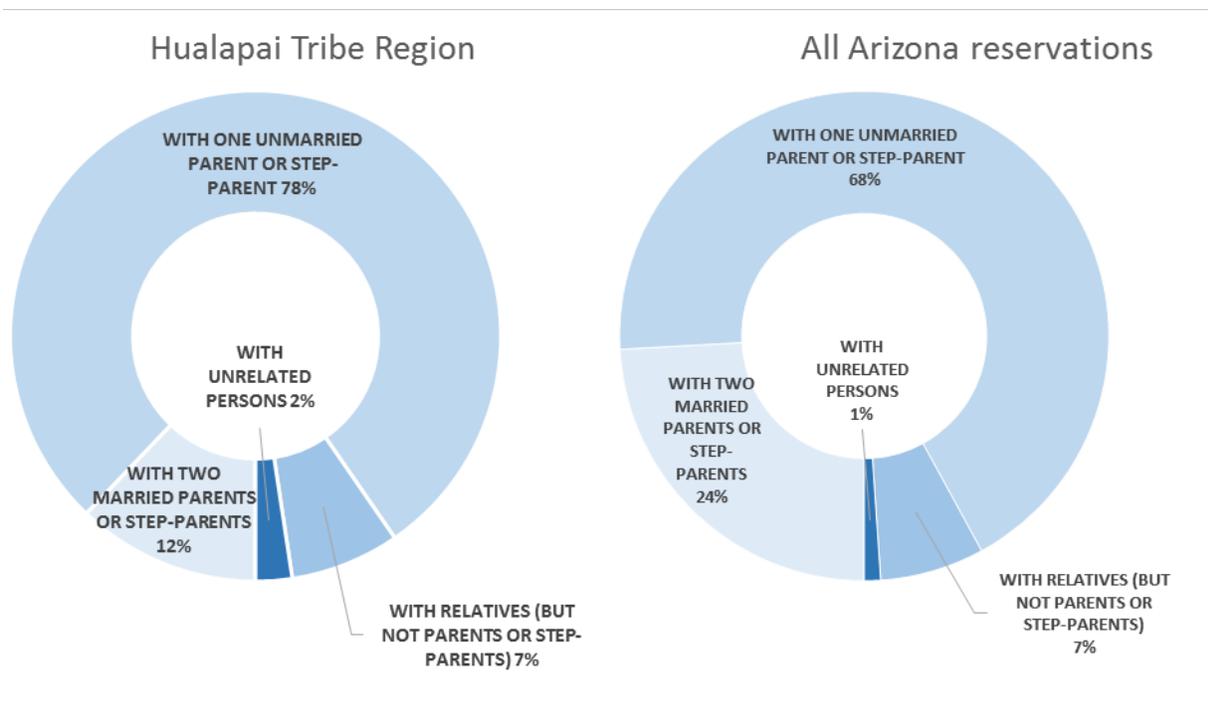
Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Table P14.

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

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

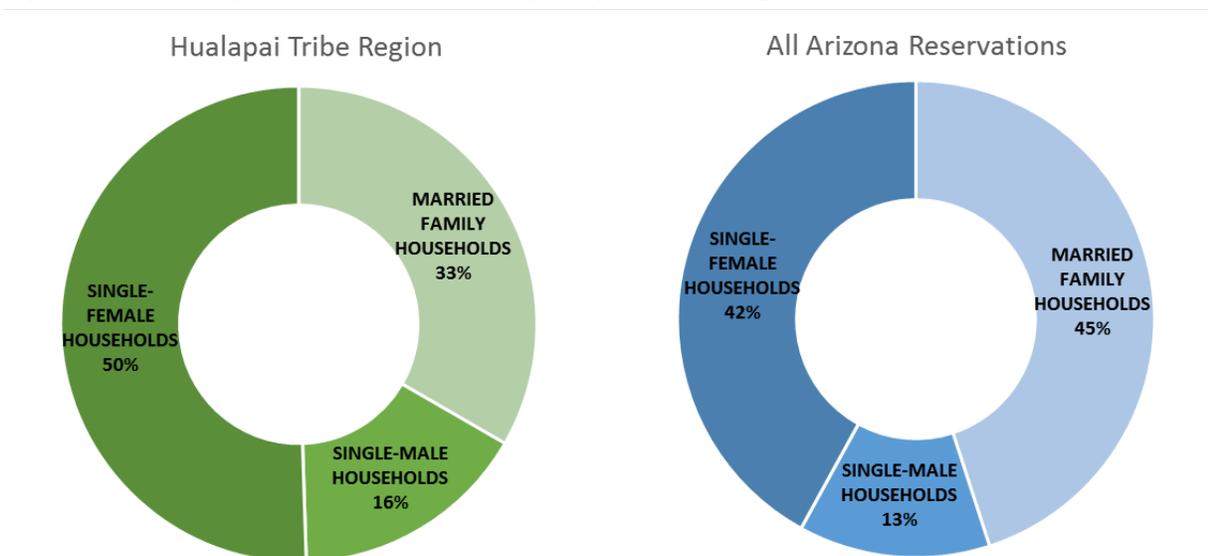
Living Arrangements for Young Children

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



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

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



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

Table 3. Children (ages 0-5) living in the household of a grandparent, 2010

CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD	
Hualapai Tribe Region	25%
All Arizona Reservations	40%
Arizona	14%

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

Table 4. Grandparents responsible for grandchildren (ages 0-17) living with them, 2009-2013 five-year estimate

	GRANDCHILDREN (0-17) LIVING WITH GRANDPARENT HOUSEHOLDER	GRANDPARENT HOUSEHOLDER RESPONSIBLE FOR OWN GRANDCHILDREN (0-17)	GRANDPARENT HOUSEHOLDER RESPONSIBLE FOR OWN GRANDCHILDREN (0-17) WITH NO PARENT PRESENT
Hualapai Tribe Region	93	69 75%	9 10%
All Arizona Reservations	17,142	10,120 59%	2,013 12%
Arizona	137,753	73,467 53%	20,102 15%

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

Race, Ethnicity, and Language

Table 5. Race and ethnicity of the population of young children (ages 0-4), 2010

	Total Population (ages 0-4)	Hispanic or Latino	White, not Hispanic	Black or African American	American Indian	Asian or Pacific Islander
Hualapai Tribe Region	163	4%	1%	0%	99%	0%
All Arizona Reservations	17,061	9%	1%	0%	92%	0%
Arizona	455,715	45%	40%	5%	6%	3%

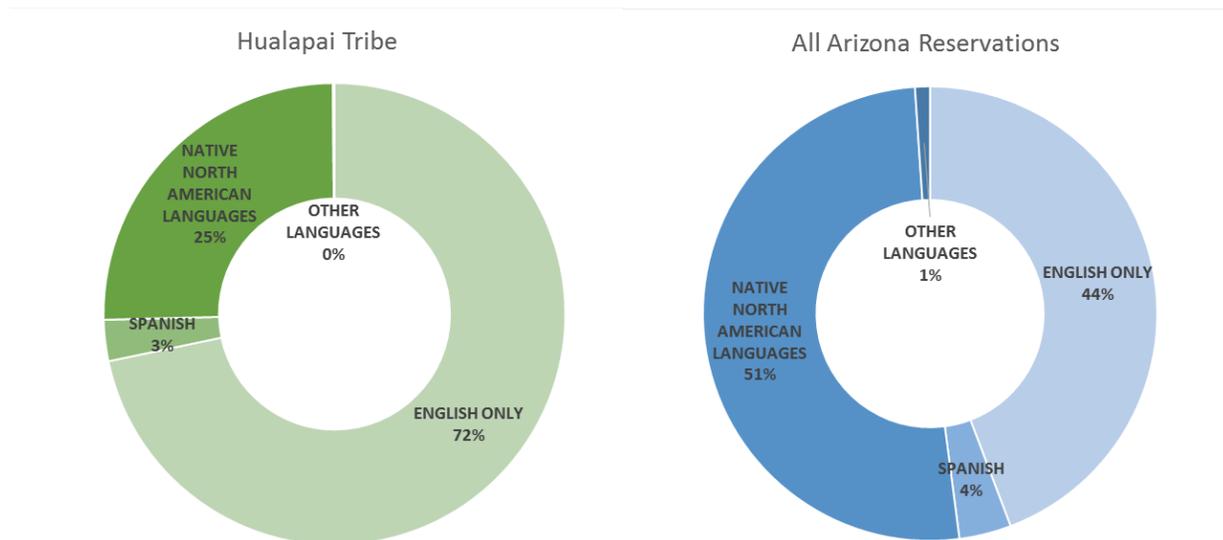
Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P12A-H.
Retrieved from: <http://factfinder.census.gov>

Table 6. Race and ethnicity of the adult population (ages 18 and older), 2010

	Total Population (ages 18+)	Hispanic or Latino	Not Hispanic or Latino				
			White	Black or African American	American Indian	Asian or Pacific Islander	Other
Hualapai Tribe Region	842	3%	2%	0%	92%	0%	2%
All Arizona Reservations	117,049	5%	5%	0%	88%	0%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%

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

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



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

Table 7. Household use of languages other than English, 2009-2013 five-year estimate

	NUMBER OF HOUSEHOLDS	HOUSEHOLDS IN WHICH A LANGUAGE OTHER THAN ENGLISH IS SPOKEN	LIMITED ENGLISH SPEAKING HOUSEHOLDS (TOTAL)	LIMITED ENGLISH SPEAKING HOUSEHOLDS (SPANISH)
Hualapai Tribe Region	220	56%	0%	0%
All Arizona Reservations	47,351	80%	1%	0%
Arizona	2,370,289	27%	5%	4%

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

Economic Circumstances

Why it Matters

Many economic factors contribute to a child's well-being, including family income, parent employment status, and the availability of safety-net programs such as housing and nutrition assistance.^{13,14} Understanding the economic context in which families with young children live is crucial when designing programs and policies intended to assist them.

Employment rates and income are common indicators of economic well-being. Unemployment and job loss often results in families having fewer resources to meet their regular monthly expenses and support their children's development. Family dynamics can be negatively impacted by job loss as reflected in higher levels of parental stress, family conflict and more punitive parental behaviors.¹⁵ Parental job loss can also impact children's school performance (shown by lower test scores, poorer attendance, higher risk of grade repetition, suspension or expulsion among children whose parents have lost their jobs.)¹⁶ Unemployment rates, therefore, can be an indicator of family stress, and are also an important indicator of regional economic vitality.

Employment rates and job opportunities contribute to the income families have available. It is estimated that families need an income of about twice the federal poverty level (FPL)¹⁷ to meet basic needs.¹⁸ Families earning less may experience unstable access to basic resources like food and housing. Food insecurity – the lack of reliable access to affordable, nutritious food – negatively impacts the health and well-being of children, including a heightened risk for developmental delays.¹⁹ High housing costs, relative to income, are associated with increased risk for homelessness, overcrowding, poor nutrition, frequent moving, lack of supervision while

¹³ Annie E Casey Foundation. (2015). *Kids Count 2015 Data Book – State Trends in Child Well-being*. Retrieved from <http://www.aecf.org/m/databook/aecf-2015kidscountdatabook-2015-em.pdf>

¹⁴ Kalil, A. (2013). Effects of the Great Recession on Child Development. *The Annals of the American Academy of Political and Social Science*, 650(1), 232-250. Retrieved from <http://ann.sagepub.com/content/650/1/232.full.pdf+html>

¹⁵ Isaacs, J. (2013). *Unemployment from a child's perspective*. Retrieved from <http://www.urban.org/UploadedPDF/1001671-Unemployment-from-a-Childs-Perspective.pdf>

¹⁶ Ibid

¹⁷ The 2015 FPL for a family of four is \$24,250. Source: U.S. Department of Health and Human Services. (2015). *2015 Poverty Guidelines*. Retrieved from: <http://aspe.hhs.gov/2015-poverty-guidelines>

¹⁸ National Center for Children in Poverty. (2015). *Arizona Demographics of Low-income Children*. Retrieved from http://www.nccp.org/profiles/AZ_profile_6.html

¹⁹ Rose-Jacobs, R., Black, M. M., Casey, P. H., Cook, J. T., Cutts, D. B., Chilton, M., Heeren, T., Levenson, S. M., Meyers, A. F., & Frank, D. A. (2008). Household food insecurity: associations with at-risk infant and toddler development. *Pediatrics*, 121(1), 65-72. Retrieved from <http://pediatrics.aappublications.org/content/121/1/65.full.pdf>

parents are at work, and low cognitive achievement.²⁰ Even when housing is affordable, housing *availability* is typically lower on tribal land, due to the legal complexities of land ownership and the lack of rental properties, often leading to a shortage of safe, quality housing.²¹ Low income and poverty, especially among children, can have far reaching negative consequences, including an effect on brain development and later cognitive ability.²²

Public assistance programs are one way of combating the effects of poverty and providing supports to children and families in need. Temporary Assistance for Needy Families²³ (TANF, which has replaced previous welfare programs) provides cash assistance and services to the very poor and can help offset some of the economic circumstances of families that may have a detrimental effect on young children.

Another safety net program, the Supplemental Nutrition Assistance Program (SNAP, also referred to as “Nutrition Assistance” and “food stamps”) has been shown to help reduce hunger and improve access to healthier food.²⁴ SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional income from SNAP is substantial. For example, for a three-person family with one person whose wage is \$10 per hour, SNAP benefits boost take-home income by ten to 20 percent.²⁵ Similarly, the National School Lunch Program²⁶ provides free and reduced-price meals at school for students whose

²⁰ The Federal Interagency Forum on Child and Family Statistics. (2015). *America's Children: Key National Indicators of Well-Being, 2015*. http://www.childstats.gov/pdf/ac2015/ac_15.pdf

²¹ Housing Assistance Council. (2013). *Housing on Native American Lands*. Retrieved from http://www.ruralhome.org/storage/documents/rpts_pubs/ts10_native_lands.pdf

²² Noble, K.G., Houston, S.M., Brito, N.H., Bartsch, H. Kan E., et. al. (2015). Family Income, parental education and brain structure in children and adolescents. *Nature Neuroscience*, 18, 773–778. Retrieved from <http://www.nature.com/neuro/journal/v18/n5/full/nn.3983.html#close>

²³ In Arizona, TANF eligibility is capped at \$335 per month, or \$4020 annually for a family of four, and has recently undergone significant changes. Beginning in 2016, Arizona will become the first and only state that limits a person's lifetime benefit to 12 months. In addition, since 2009, a steadily decreasing percentage of Arizona TANF funds have been spent on three of the key assistance categories: cash assistance to meet basic needs, helping connect parents to employment opportunities, and child care; in 2013, Arizona ranked 51st, 47th, and 46th respectively in proportional spending in those categories across all states and the District of Columbia. Meanwhile, since 2009, an increasing percentage of Arizona TANF funds have been spent on other costs such as child protection, foster care, and adoption. [Sources: Reilly, T., and Vitek, K. (2015). *TANF cuts: Is Arizona shortsighted in its dwindling support for poor families?* Retrieved from: https://morrisoninstitute.asu.edu/sites/default/files/content/products/TANF.doc_0.pdf ; Floyd, I., Pavetti, L., and Schott, L. (2015). *How states use federal and state funds under the TANF block grant*. Retrieved from: <http://www.cbpp.org/research/family-income-support/how-states-use-federal-and-state-funds-under-the-tanf-block-grant>;

²⁴ Food Research and Action Center. (2013). *SNAP and Public Health: The Role of the Supplemental Nutrition Assistance Program in Improving the Health and Well-Being of Americans*. Retrieved from http://frac.org/pdf/snap_and_public_health_2013.pdf

²⁵ Ibid

²⁶ United States Department of Agriculture, Food and Nutrition Service. (2015). *National School Lunch Program (NSLP)*. Retrieved from <http://www.fns.usda.gov/nslp/national-school-lunch-program-nslp>

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

What the Data Tell Us

Poverty rates for both the overall population and the population of young children are lower in the Hualapai Tribe Region than across all Arizona reservations combined; poverty rates in the region, however, are higher than in the state as a whole. For the overall population, 34 percent of people in the region live in poverty, compared to 42 percent across all Arizona reservations and 18 percent statewide (see Figure 5). In all these geographies, young children are consistently more likely to be in poverty than members of the total population. About half (51%) of the children in the region live in poverty, a lower proportion than that in all Arizona reservations combined (56%) but substantially higher than the state (28%). In addition to the families whose incomes fall below the federal poverty level, a substantial proportion of households in the region and across all Arizona reservations are low income (i.e., near but not below the federal poverty level [FPL]). Almost two-thirds (64%) of families with children aged four and under are living below 185 percent of the FPL in the region (i.e., earned less than \$3,677²⁷ a month for a family of four), compared to 77 percent in all Arizona reservations combined, and 48 percent across the state (see Table 8). The median family income in the region (\$41,250) is lower than the median family income in the state of Arizona (\$58,897) (see Figure 6).

The average unemployment rate in the region for the 2009-2013 period is 17.6 percent, lower than the estimated 25 percent across all Arizona reservations combined, but higher than the average state rate of 10.4 percent (see Figure 7).

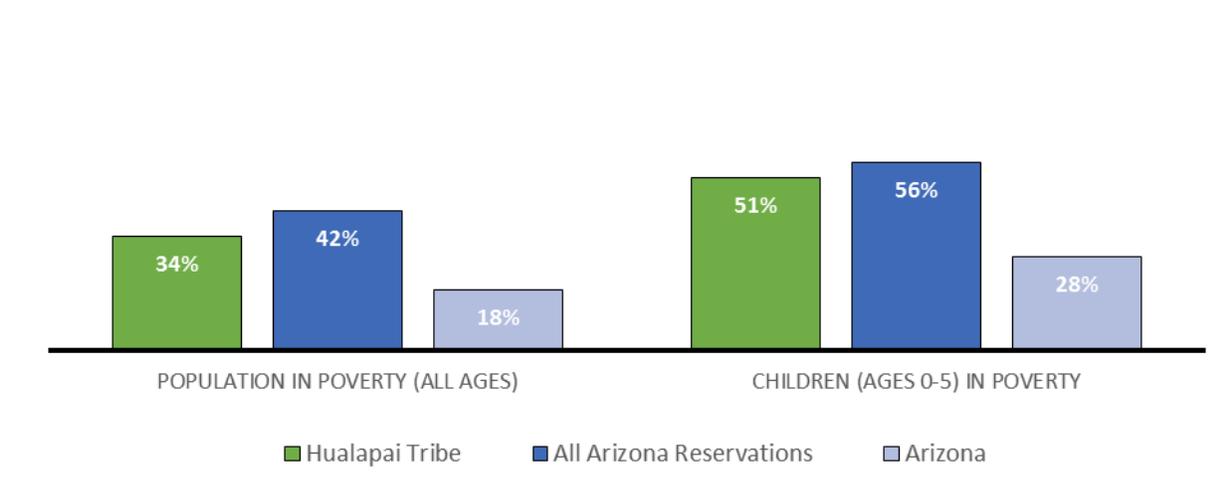
The use of economic supports such as Temporary Assistance to Needy Families (TANF) and Nutrition Assistance (SNAP) is higher in the Hualapai Tribe Region compared to the state (see Table 12 and Table 13). In 2014, 13 percent of children (aged 0-5) in the region received TANF benefits, while only four percent of children statewide did. The majority of young children in the region (87%) received SNAP benefits, compared to half of young children statewide (51%). Almost all (98%) of the children attending Peach Springs Unified District, the only Arizona Department of Education district with boundaries wholly contained within in the region, are eligible for free or reduced lunch (Table 14). The proportion of young children in the region receiving SNAP and the proportion eligible for free and reduced lunch have remained largely

²⁷ Based on 2014 FPL Guidelines, see <http://aspe.hhs.gov/2014-poverty-guidelines>

stable between 2012 and 2014. The rate of children on TANF has decreased slightly in the same time period.

Poverty and Income

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



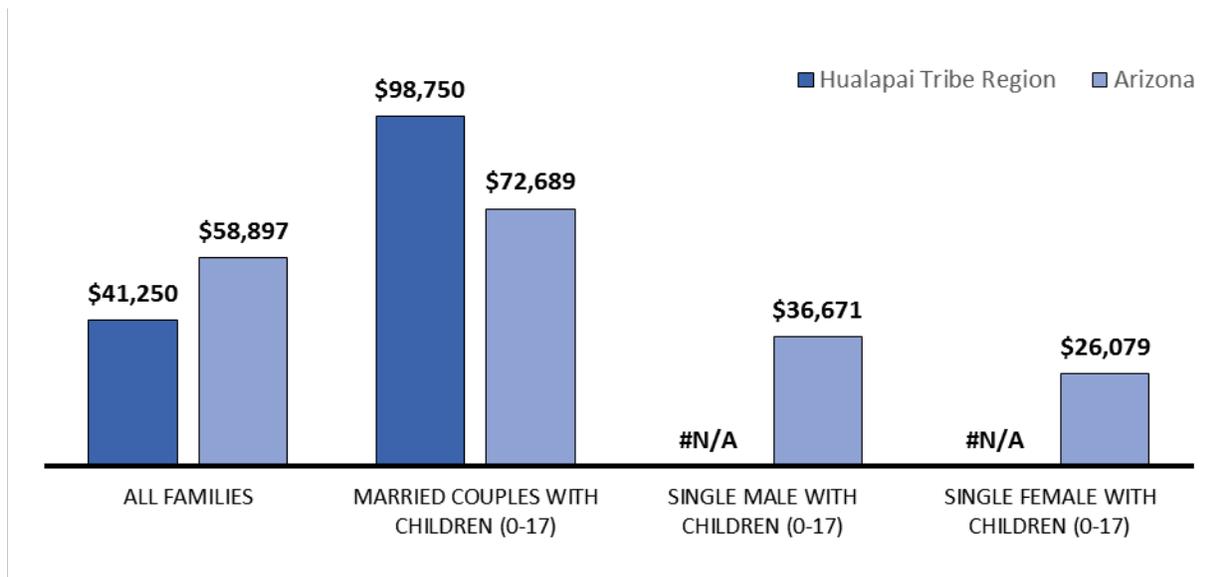
Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B17001.
Retrieved from: <http://factfinder.census.gov>

Table 8. Federal poverty levels for families with young children (ages 0-4), 2009-2013 five-year estimate

	FAMILIES WITH CHILDREN 0-4	FAMILIES WITH CHILDREN 0-4			
		BELOW POVERTY	BELOW 130% POVERTY	BELOW 150% POVERTY	BELOW 185% POVERTY
Hualapai Tribe Region	53	52%	58%	58%	64%
All Arizona Reservations	9,660	52%	63%	69%	77%
Arizona	307,126	26%	35%	40%	48%

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

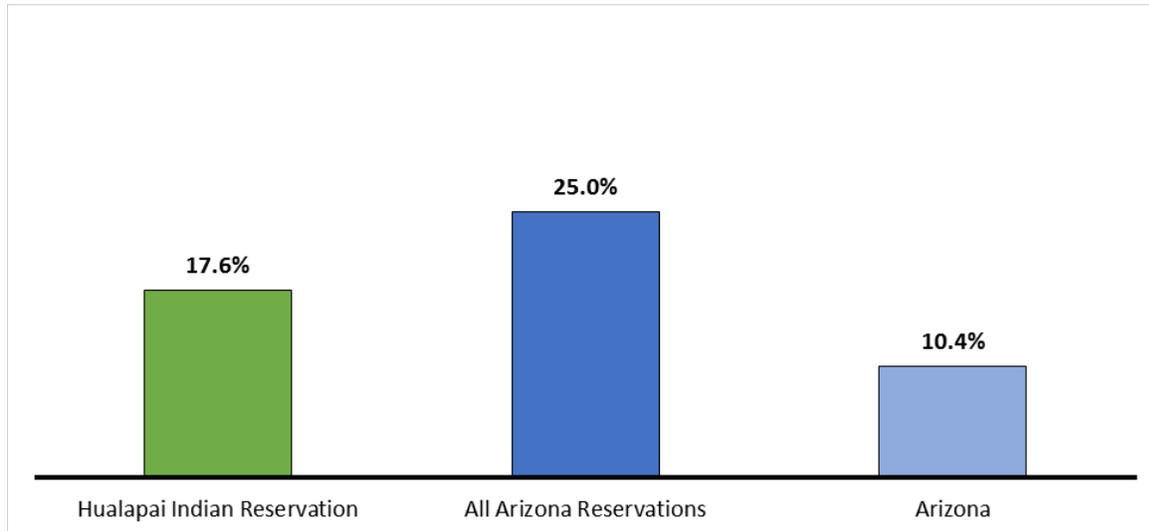
Figure 6. Median annual family incomes, 2009-2013 five-year estimate



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

Employment and Housing

Figure 7. Average annual unemployment rates, 2009 to 2013²⁸



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

²⁸ Please note that the source for the unemployment data presented in this report is different than that used in previous Needs and Assets Reports for the region. The previous estimates are no longer available, so the data in this figure are the most recent available for the region. According to the Arizona Department of Administration Office of Employment and Population Statistics, these unemployment rates are calculated using a fixed ratio method derived from the 2009-2013 American Community Survey. Previous unemployment statistics for Arizona reservations were obtained using a fixed ratio derived from the 2000 Decennial Census. Source: Arizona Department of Administration, Office of Employment and Population Statistics (2014). *Special Unemployment Report, 2009-2014* and Arizona Department of Administration, Office of Employment and Population Statistics (2015). *2009 to 2015 Special Unemployment Report*. Retrieved from <https://laborstats.az.gov/local-area-unemployment-statistics>

Table 9. Parents of young children (ages 0-5) who are or are not in the labor force, 2009-2013 five-year estimate

	ESTIMATED NUMBER OF CHILDREN (AGES 0-5) LIVING WITH ONE OR TWO PARENTS	CHILDREN (0-5) LIVING WITH TWO PARENTS			CHILDREN (0-5) LIVING WITH ONE PARENT	
		BOTH PARENTS IN LABOR FORCE	ONE PARENT IN LABOR FORCE	NEITHER PARENT IN LABOR FORCE	PARENT IN LABOR FORCE	PARENT NOT IN LABOR FORCE
Hualapai Tribe Region	151	6%	7%	0%	67%	19%
All Arizona Reservations	18,682	13%	11%	2%	40%	34%
Arizona	517,766	31%	29%	1%	29%	10%

Source: U.S. Census Bureau (2014). 2009-2013 American Community Survey 5 Year Estimates, Table B23008.

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

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

Table 10. Vacant and occupied housing units, 2009-2013 five-year estimate

	TOTAL HOUSING UNITS	OCCUPIED HOUSING UNITS
Hualapai Tribe Region	286	77%
All Arizona Reservations	68,118	70%
Arizona	2,859,768	83%

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

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

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

Table 11. Occupied housing units and costs relative to income, 2009-2013 five-year estimate

	NUMBER OF OCCUPIED HOUSING UNITS	UNITS WHICH COST THE OWNER OR RENTER MORE THAN 30% OF THEIR INCOME	
Hualapai Tribe Region	220	37	17%
All Arizona Reservations	47,351	8,030	17%
Arizona	2,370,289	847,315	36%

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

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

Economic Supports

Table 12. Children (ages 0-5) receiving Temporary Assistance to Needy Families (TANF)

	CENSUS 2010 POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) RECEIVING TANF			CHANGE FROM 2012 TO 2014
		2012	2013	2014	
Hualapai Tribe Region	197	17%	15%	13%	-24%
Arizona	546,609	5%	5%	4%	-26%

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

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

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

Table 13. Children (ages 0-5) in the Supplemental Nutrition Assistance Program (SNAP)

	CENSUS 2010 POPULATION (AGES 0-5)	CHILDREN (AGES 0-5) RECEIVING SNAP			CHANGE FROM 2012 TO 2014
		2012	2013	2014	
Hualapai Tribe Region	197	88%	85%	87%	-2%
Arizona	546,609	54%	53%	51%	-7%

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

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

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

Table 14. Students eligible for free or reduced-price lunch, 2012-2014

	STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH		
	2012	2013	2014
Peach Springs Unified District	100%	100%	98%
Arizona	57%	57%	58%

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

Educational Indicators

Why it Matters

Characteristics of educational involvement and achievement in a region, such as school attendance, standardized tests scores, graduation rates, and the overall level of education of adults, all impact the developmental and economic resources available to young children and their families. Education, in and of itself, is an important factor in how able parents and caregivers are to provide for the children in their care. Parents who graduate from high school earn more and are less likely to rely on public assistance programs than those without high school degrees.^{29,30} Higher levels of education are associated with better housing, neighborhood of residence, and working conditions, all of which are important for the health and well-being of children.^{31,32}

By third grade, reading ability is strongly associated with high school completion. One in six third graders who do not read proficiently will not graduate from high school on time, and the rates are even higher (23%) for children who were both not reading proficiently in third grade and living in poverty for at least a year.³³ In recognition of the importance of assuring that children are reading by the third grade, legislators enacted the Arizona Revised Statute §15-701 (also known as the *Move on When Reading* law) which states that as of school year 2013-2014 a student shall not be promoted from the third grade if the student obtains a score on the statewide reading assessment “that demonstrates that the pupil’s reading falls far below the third-grade level.” Exceptions exist for students identified with or being evaluated for learning disabilities, English language learners, and those with reading impairments.

²⁹ Planty, M., Hussar, W., Snyder, T., Provasnik, S., Kena, G., Dinkes, R., KewalRamani, A., & Kemp, J. (2008). *The Condition of Education 2008* (NCES 2008-031). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education, Washington, D.C. Retrieved from: <http://nces.ed.gov/pubs2008/2008031.pdf>

³⁰ Waldfogel, J., Garfinkel, I. and Kelly, B. (2007). Welfare and the costs of public assistance. In C.R. Belfield and H.M. Levin (Eds.). *The price we pay: Economic and social consequences for inadequate education*. Washington, DC: The Brookings Institution, 160-174.

³¹ Annie E. Casey Foundation. (2013). *The First Eight Years. Giving kids a foundation for lifelong success*. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>

³² Lynch, J., & Kaplan, G. (2000). Socioeconomic position (pp. 13-35). In *Social Epidemiology*. Berkman, L. F. & Kawachi, I. (Eds.). New York: Oxford University Press.

³³ Hernandez, D. (2011). *Double jeopardy: How third-grade reading skills and poverty influence high school graduation*. The Annie E. Casey Foundation. Retrieved from <http://files.eric.ed.gov/fulltext/ED518818.pdf>.

From 2000-2014, the primary in-school performance of students in the public elementary schools in the state has been measured by Arizona’s Instrument to Measure Standards (AIMS).³⁴ AIMS scores were used to meet the requirement of *Move on When Reading*.

However, a new summative assessment system which reflects Arizona’s K-12 academic standards, Arizona’s Measurement of Educational Readiness to Inform Teaching (AzMERIT), was implemented in the 2014-2015 school year.³⁵ This assessment replaced the reading and mathematics portions of the AIMS test. Although it is not a graduation requirement, it will still be used to determine promotion from the third grade in accordance with Arizona Revised Statute §15-701.³⁶

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

In order for children to be prepared to succeed on tests such as the AIMS or AzMERIT, research shows that early reading experiences, opportunities to build vocabularies and literacy rich environments are the most effective ways to support the literacy development of young children.³⁷

What the Data Tell Us

Adults aged 25 and older in the Hualapai Tribe Region report similar levels of educational attainment as adults in all Arizona reservations combined, but lower levels than adults in the state as a whole. Thirty percent of adults in the region have no high school diploma or GED compared to 29 percent in all Arizona reservations and 14 percent in the state (Figure 8).

The vast majority of children from the region attend school in the Peach Springs Unified District, which is wholly contained within tribal lands; ADE data are provided for this district. A few children from the Hualapai Tribe Region also attend schools in the Hackberry School District, Owens-Whitney Elementary District, and the Valentine Elementary District (see Appendix 3).

Students “pass” Arizona’s Instrument to Measure Standards (AIMS) if they meet or exceed the standard. In the Peach Springs Unified District, only 10 percent of third grade students passed

³⁴ For more information on the AIMS test, see <http://arizonaindicators.org/education/aims>

³⁵ For more information on AzMERIT, see <http://www.azed.gov/assessment/azmerit/>

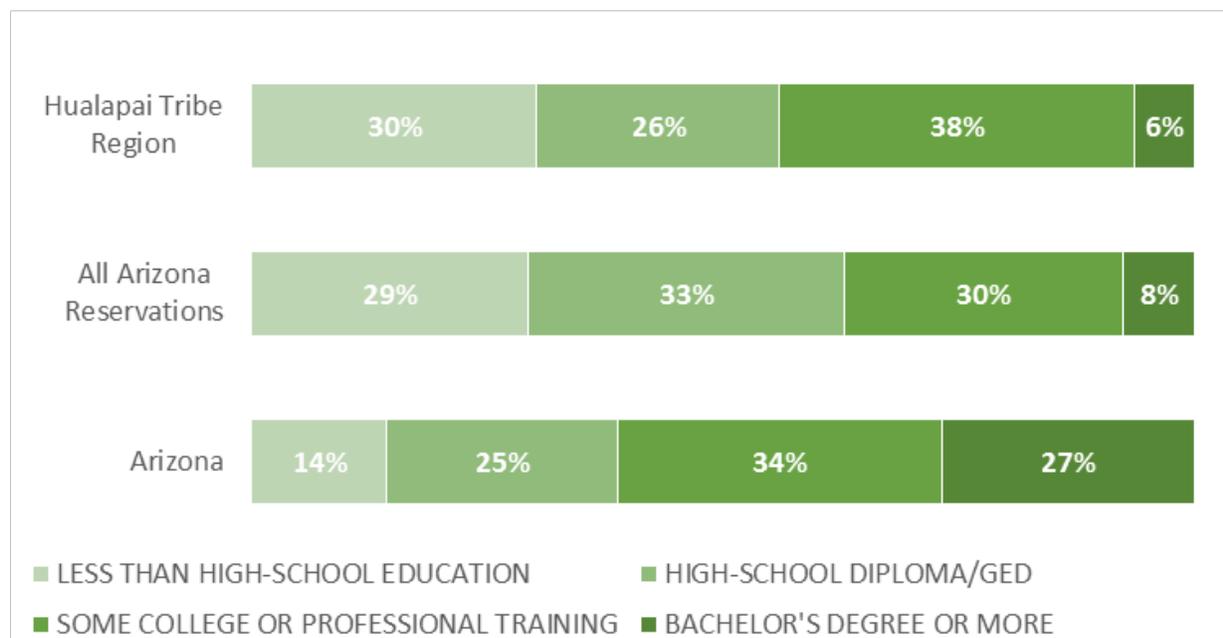
³⁶ For more information on Move on When Reading, see <http://www.azed.gov/mowr/>

³⁷ First Things First. (2012). *Read All About It: School Success Rooted in Early Language and Literacy*. Retrieved from http://www.azftf.gov/WhoWeAre/Board/Documents/Policy_Brief_Q1-2012.pdf (April, 2012)

the AIMS Math test and fewer than one-quarter (23%) passed the AIMS reading test (see Figure 9 and Figure 10). Over half (60%) of third graders in the Peach Springs Unified District scored “falls far below” in math; almost one-quarter (23%) scored “falls far below” on the reading test, putting them at risk of grade retention.

Educational Attainment of the Adult Population

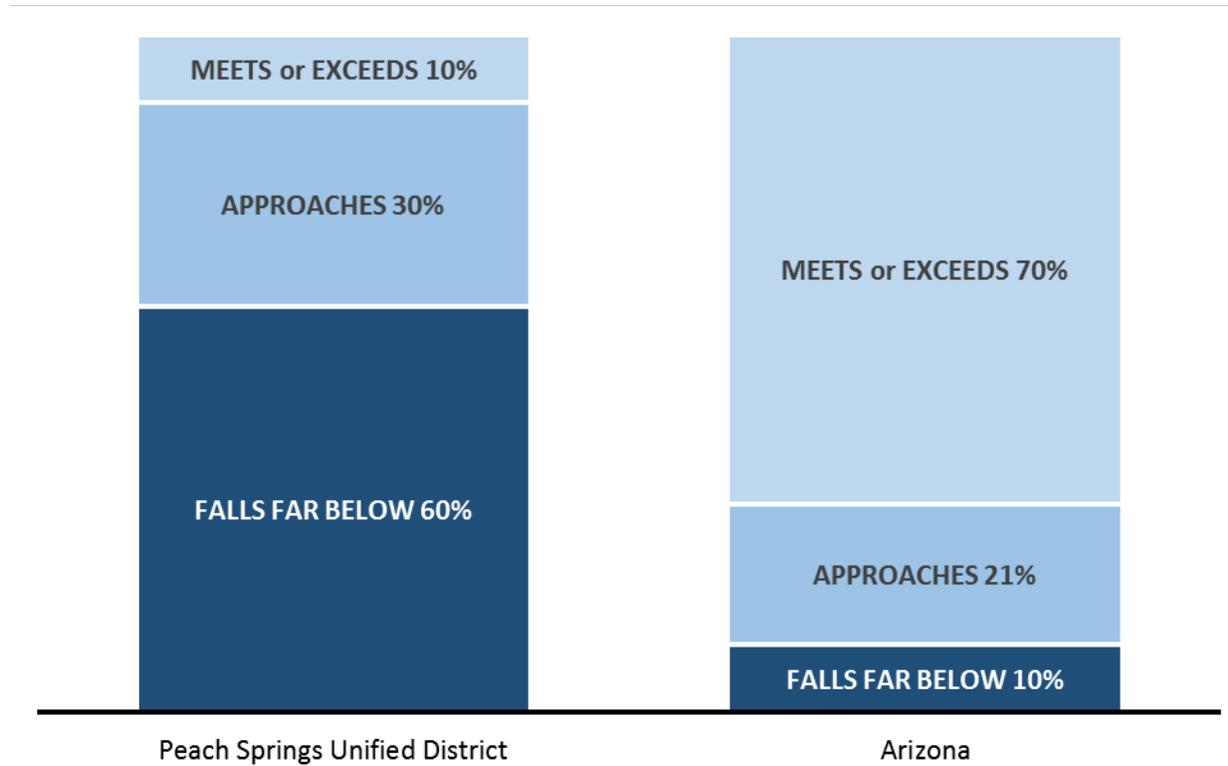
Figure 8. Level of education for the population ages 25 and older, 2009-2013 five-year estimate



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

Third-grade Test Scores

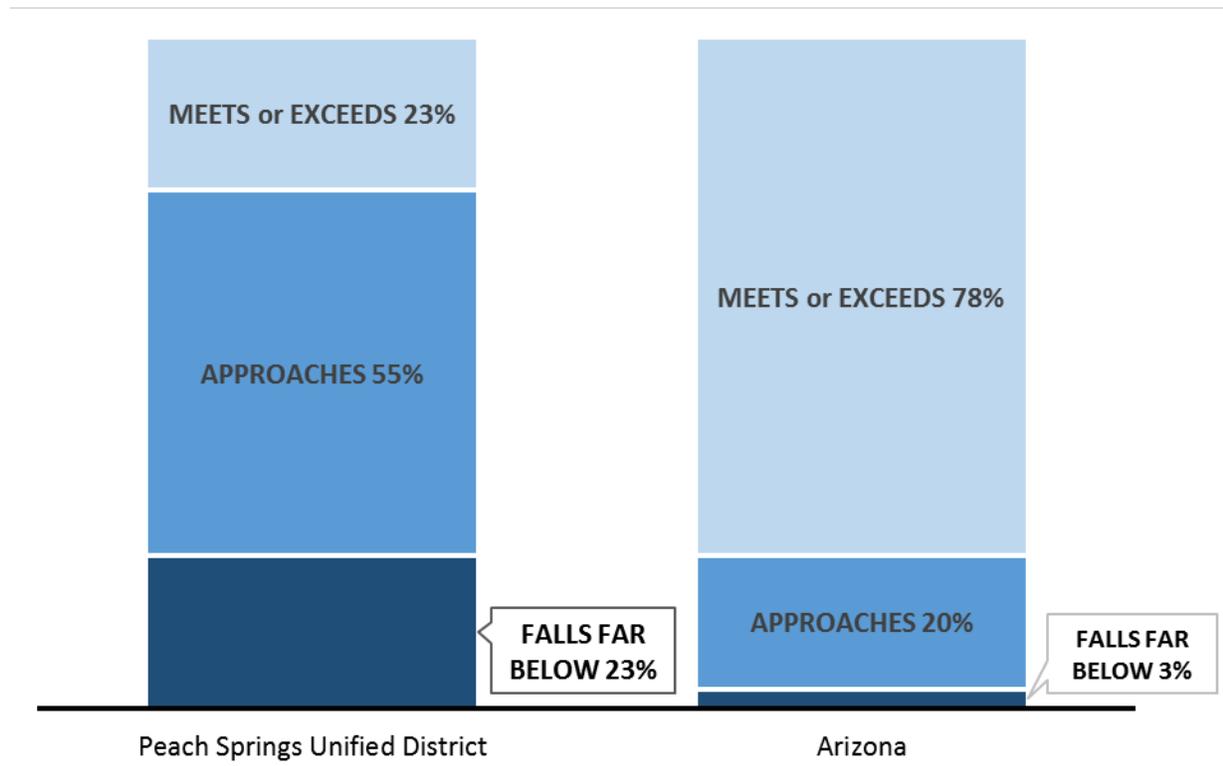
Figure 9. Results of the 2014 third-grade AIMS Math test



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

Note: Data for students exceeding the standards was suppressed due to low numbers, and were only reported in combination with those meeting the standards

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



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

Note: Data for students exceeding the standards was suppressed due to low numbers, and were only reported in combination with those meeting the standards

Early Learning

Why it Matters

Early childhood marks a time of peak plasticity in the brain, and early adversity can weaken the foundation upon which future learning will be built; in other words, positive developmental experiences in early life are crucial.³⁸ Research has shown that the experiences that children have from birth to five years of age influence future health and well-being, and that supporting children during this time has a great return on investment.³⁹ Investing in high-quality early childhood programs, particularly for disadvantaged children, provides substantial benefits to society through increased educational achievement and employment, reductions in crime, and better overall health of those children as they mature into adults.^{40,41} Children whose education begins with high-quality preschool repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems, and are more likely to graduate high school.⁴²

The ability of families to access quality, affordable early care and education opportunities, however, can be limited. The annual cost of full-time center-based care for a young child in Arizona is only slightly less than a year of tuition and fees at a public college.⁴³ Although the Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care.⁴⁴

³⁸ Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2015/05/Foundations-of-Lifelong-Health.pdf>

³⁹ Executive Office of the President of the United States. (2014). *The Economics of Early Childhood Investments*. Retrieved from https://www.whitehouse.gov/sites/default/files/docs/early_childhood_report1.pdf

⁴⁰ The Heckman Equation. (2013). *The Heckman Equation Brochure*. Retrieved from <http://heckmanequation.org/content/resource/heckman-equation-brochure-0>

⁴¹ The Heckman Equation. (n.d.). *Research Summary: Abecedarian & Health*. Retrieved from <http://heckmanequation.org/content/resource/research-summary-abecedarian-health>

⁴² Annie E. Casey Foundation. (2013). *The First Eight Years. Giving kids a foundation for lifelong success*. Retrieved from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>

⁴³ Child Care Aware® of America. (2014). *Parents and the High Cost of Child Care. 2014 Report*. Retrieved from https://www.ncsl.org/documents/cyf/2014_Parents_and_the_High_Cost_of_Child_Care.pdf

⁴⁴ U.S. Department of Health and Human Services, Child Care Bureau (2008). *Child Care and Development Fund: Report of state and territory plans: FY 2008-2009*. Section 3.5.5 – Affordable co-payments, p. 89. Retrieved from <http://www.researchconnections.org/childcare/resources/14784/pdf>

Child care subsidies can help families who otherwise would be unable to access early learning services.⁴⁵ However, the availability of this type of support is also limited. The number of children receiving Child Care and Development Fund (CCDF) subsidies in Arizona is low. In 2014, only 26,685 children aged birth to 5 (about 5% of Arizona's children in this age range) received CCDF vouchers. With half of young children in Arizona living below the federal poverty level, the number in need of these subsidies is likely much higher than those receiving them.

The availability of services for young children with special needs is an ongoing concern across the state, particularly in more geographically remote communities. The services available to families include early intervention screening and intervention services provided through the Arizona Department of Education AZ FIND (Child Find),⁴⁶ the Arizona Early Intervention Program (AzEIP)⁴⁷ and the Division of Developmental Disabilities (DDD).⁴⁸ These programs help identify and assist families with young children who may need additional support to meet their potential. Timely intervention can help young children with, or at risk for, developmental delays improve language, cognitive, and social/emotional development. It also reduces educational costs by decreasing the need for special education.^{49,50,51}

What the Data Tell Us

Child care in the region is available through the Hualapai Child Care program. In the fall of 2013 and spring of 2014, the program underwent an important transformation from an exclusively home-based provider program to a center-based program. A new facility for the Hualapai Day Care Center Hma:ny Ba Viso:jo' was constructed.

⁴⁵ For more information on child care subsidies see <https://www.azdes.gov/child-care/>

⁴⁶ For more information on AZ FIND see <http://www.azed.gov/special-education/az-find/>

⁴⁷ For more information on AzEIP see <https://www.azdes.gov/azeip/>

⁴⁸ For more information on DDD see https://www.azdes.gov/developmental_disabilities/

⁴⁹ The National Early Childhood Technical Assistance Center. (2011). *The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families*. Retrieved from <http://www.nectac.org/~pdfs/pubs/importanceofearlyintervention.pdf>

⁵⁰ Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., Singer, M. & Nelson, L. (2007). *Early intervention for infants and toddlers with disabilities and their families: Participants, services and outcomes. Final Report of the National Early Intervention Longitudinal Study (NEILS)*. Retrieved from http://www.sri.com/sites/default/files/publications/neils_finalreport_200702.pdf

⁵¹ NECTAC Clearinghouse on Early Intervention and Early Childhood Special Education. (2005). *The long term economic benefits of high quality early childhood intervention programs*. Retrieved from <http://ectacenter.org/~pdfs/pubs/econbene.pdf>

Center-based Care

The Hualapai Day Care Center opened on March 16, 2014 and has the capacity to serve a total of 60 children ages six months to 12 years. Services are available Monday through Friday from 7:45 am to 5:15 pm. In order to be eligible for services, parents must be working, in school, in training or in the process of completing their GED.

The 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. In SFY14 the Hualapai First Things First Regional Partnership Council provided onetime funding to the Hualapai Day Care Center through its Expansion Strategy to assist with the Center's start-up costs. The Center has four classrooms: the infant room, the toddler room, preschool room and the school-age room. Each is staffed by a provider and a provider assistant. Currently, the Hualapai Day Care is the only center with the capacity to serve infants and toddlers in the region.⁵²

No services were provided by the Division of Developmental Disabilities to children in the Hualapai Tribe Region in 2013 and 2014 (see Table 16 and Table 17).

The First Things First Family and Community Survey is a phone-based survey designed to measure many critical areas of parents' knowledge, skills, and behaviors related to their young children. In 2014, First Things First conducted a modified version of the Family and Community survey in six tribal regions including the Hualapai Tribe Region, known as the 2014 First Things First Parent and Caregiver Survey. This survey, conducted face-to-face with parents and caregivers of young children living in the region, included a sub-set of items from the First Things First Family and Community Survey, as well as additional questions that explored health needs in tribal communities.⁵³ A total of 93 parents and other caregivers responded to the survey at a variety of locations across the Hualapai Tribe Region.

The 2014 First Things First Parent and Caregiver Survey included a set of questions aimed at gauging parents' and caregivers' concerns about their children's development. Respondents were asked to indicate how concerned they were about several developmental events and

⁵² First Things First Hualapai Tribe Regional Partnership Council 2014 Needs and Assets Report. Retrieved from: <http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20Hualapai%20Tribe.pdf>

⁵³ For more information about the 2014 First Things First Parent and Caregiver Survey, see the First Things First Hualapai Tribe Regional Partnership Council 2014 Needs and Assets Report. Available at: <http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20Hualapai%20Tribe.pdf>

stages in eight key areas. The three areas which revealed the greatest degree of concern for parents and caregivers in the Hualapai Tribe Region were “How well your child talks and makes speech sounds” (44% worried), “How well your child gets along with others” (44% worried) and “How well your child behaves” (39% worried). Across the eight areas, 30 percent of the respondents reported being “worried a lot” about one or more, and 30 percent were “not worried at all” about all eight areas. The remaining 40 percent were “worried a little” about at least one of the eight areas (see Figure 11).

Families with Children Who Have Special Needs

Table 15. AzEIP referrals and children served, 2014

	NUMBER OF AzEIP REFERRALS DURING FISCAL YEAR 2014			NUMBER OF CHILDREN BEING SERVED BY AzEIP ON OCTOBER 1, 2014		
	LESS THAN 1 YEAR OLD	FROM 13 TO 24 MONTHS OLD	FROM 25 TO 35 MONTHS OLD	LESS THAN 1 YEAR OLD	FROM 13 TO 24 MONTHS OLD	FROM 25 TO 35 MONTHS OLD
Hualapai Tribe Region	0	0	N/A	0	0	N/A
Arizona	2,651	3,669	5,421	746	1,659	2,843

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

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

Table 16. Division of Developmental Disabilities (DDD) services to children (ages 0-2), 2013-2014

	CHILDREN (AGES 0-2) REFERRED TO DDD		CHILDREN (AGES 0-2) SCREENED BY DDD		CHILDREN (AGES 0-2) SERVED BY DDD		NUMBER OF DDD SERVICE VISITS TO CHILDREN (AGES 0-2)	
	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014
Hualapai Tribe Region	0	0	0	0	0	0	0	0
Arizona	2,186	2,479	314	216	2,693	2,341	158,496	130,486

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

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

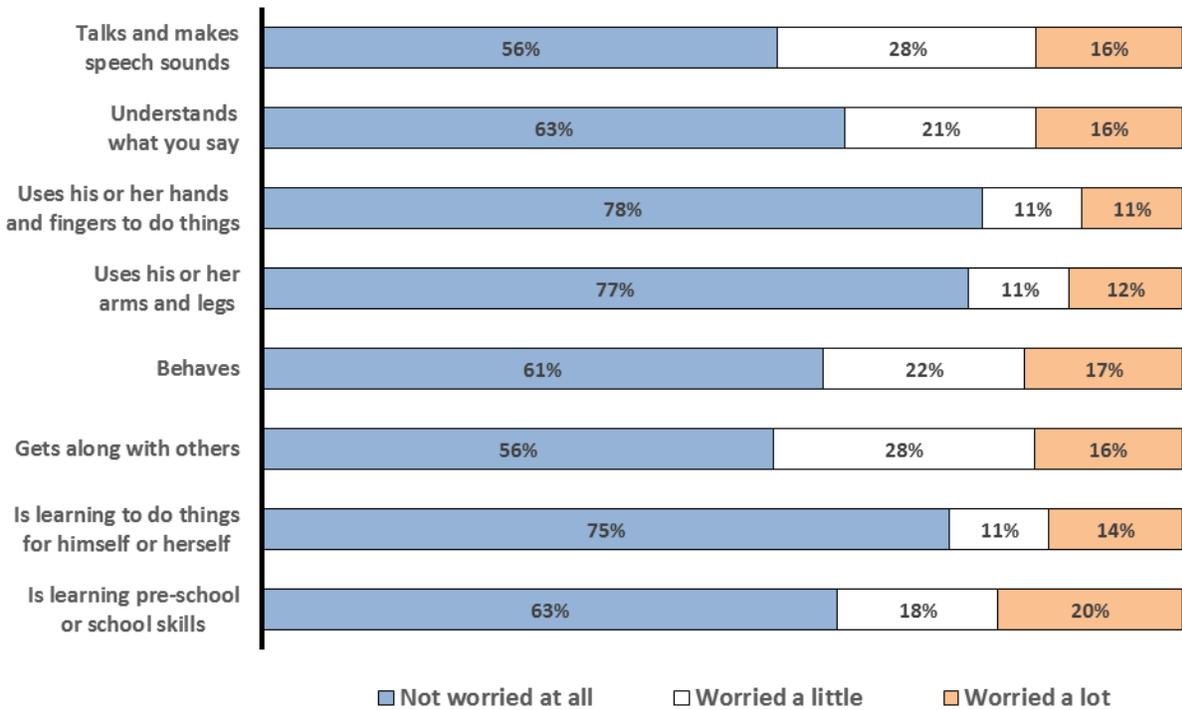
Table 17. Division of Developmental Disabilities (DDD) services to children (ages 3-5), 2013-2014

	CHILDREN (AGES 3-5) REFERRED TO DDD		CHILDREN (AGES 3-5) SCREENED BY DDD		CHILDREN (AGES 3-5) SERVED BY DDD		NUMBER OF DDD SERVICE VISITS TO CHILDREN (AGES 3-5)	
	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014	FY 2013	FY 2014
Hualapai Tribe Region	0	0	0	0	0	0	0	0
Arizona	1,401	1,804	731	727	2,600	2,533	374,440	367,590

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

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

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



Source: FTF Parent and Caregiver Survey, 2014

Child Health

Why it Matters

The Institute of Medicine defines children’s health as the extent to which children are able or enabled to develop and realize their potential, satisfy their needs, and develop the capacities that allow them to successfully interact with their biological, physical, and social environments.⁵⁴ Health therefore encompasses not only physical health, but also mental, intellectual, social, and emotional well-being. Children’s health can be influenced by their mother’s health and the environment into which they are born and raised.^{55,56} The health of a child in utero, at birth, and in early life can impact many aspects of a child’s development and later life. Factors such as a mother’s prenatal care, access to health care and health insurance, and receipt of preventive care such as immunizations and oral health care all influence not only a child’s current health, but long-term development and success as well.^{57,58,59}

Healthy People is a science-based government initiative which provides 10-year national objectives for improving the health of Americans. Healthy People 2020 targets are developed with the use of current health data, baseline measures, and areas for specific improvement. Understanding where Arizona mothers and children fall in relation to these national benchmarks can help highlight areas of strength in relation to young children’s health and those in need of improvement in the state. The Arizona Department of Health Services monitors state level progress towards a number of maternal, infant and child health objectives for which data are available at the regional level, including increasing the proportion of

⁵⁴ National Research Council and Institute of Medicine. (2004). *Children's Health, the Nation's Wealth: Assessing and Improving Child Health*. Washington, DC: National Academies Press. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK92198/#ch2.s3>

⁵⁵ The Future of Children. (2015). *Policies to Promote Child Health*, (25) 1. Retrieved from <http://www.princeton.edu/futureofchildren/publications/docs/FOC-spring-2015.pdf>

⁵⁶ Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2015/05/Foundations-of-Lifelong-Health.pdf>

⁵⁷ Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services. (n.d). *Prenatal services*. Retrieved from <http://mchb.hrsa.gov/programs/womeninfants/prenatal.html>

⁵⁸ Patrick, D. L., Lee, R. S., Nucci, M., Grembowski, D., Jolles, C. Z., & Milgrom, P. (2006). Reducing oral health disparities: a focus on social and cultural determinants. *BMC Oral Health*, 6(Suppl 1), S4. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2147600/>

⁵⁹ Council on Children With Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, and Medical Home Initiatives for Children With Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118s(1), 405-420. Retrieved from <http://pediatrics.aappublications.org/content/118/1/405.full>

pregnant women who receive prenatal care in the first trimester; reducing low birth weight; reducing preterm births; and increasing abstinence from cigarette smoking among pregnant women.⁶⁰ Although not a target of a Healthy People 2020 objective, high-birth weight, or macrosomia, is also associated with health risks for both the mother and infant during birth. These children are also at increased risk for obesity and metabolic syndrome (which is linked to an increase risk of heart disease, stroke, and diabetes).⁶¹

The ability to obtain health care is critical for supporting the health of young children. In the early years of a child's life, well-baby and well-child visits allow clinicians to offer developmentally appropriate information and guidance to parents and provide a chance for health professionals to assess the child's development and administer preventative care measures like vaccines and developmental screenings. Without health insurance, each visit can be prohibitively expensive and may be skipped.⁶² 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.⁶³ Being eligible for IHS services alone, however, does not meet the minimum essential coverage requirement under the Affordable Care Act.⁶⁴

What the Data Tell Us

In 2013, there were 29 babies born to women residing in the region. Almost one-quarter of pregnant women in the region (24%) had fewer than five prenatal care visits, compared to five percent in the state (Table 18). The majority of births in the region (79%) were paid for by a public payor (AHCCCS, Arizona's Medicaid, or the Indian Health Service), while just over half (55%) of births in the state fall into that category. None of the mothers who gave birth in the region during that year reported smoking or drinking while pregnant.

⁶⁰ Arizona Department of Health Services. (2013). *Arizona Health Status and Vital Statistics 2013 Annual Report. Table 6A: Monitoring Progress Toward Arizona and Selected Healthy People 2020 Objectives: Statewide Trends* Retrieved from: http://www.azdhs.gov/plan/report/ahs/ahs2013/pdf/6a1_10.pdf

⁶¹ Mayo Clinic Staff. (2015) *Fetal macrosomia*. Retrieved from <http://www.mayoclinic.org/diseases-conditions/fetal-macrosomia/basics/complications/con-20035423>

⁶² Yeung, LF, Coates, RJ, Seeff, L, Monroe, JA, Lu, MC, & Boyle, CA. (2014). Conclusions and future directions for periodic reporting on the use of selected clinical preventive services to improve the health of infants, children, and adolescents—United States. *Morbidity and Mortality Weekly Report 2014*, 63(Suppl-2), 99-107. Retrieved from <http://www.cdc.gov/mmwr/pdf/other/su6302.pdf>

⁶³ As a result of the Indian Self-Determination and Education Assistance Act (PL-93-638) (ISDEAA), federally recognized tribes have the option to receive the funds that the Indian Health Service (IHS) would have used to provide health care services to their members. The tribes can then utilize these funds to directly provide services to tribal members. This process is often known as 638 contracts or compacts. Rainie, S., Jorgensen, M., Cornell, S., & Arsenault, J. (2015). The Changing Landscape of Health Care Provision to American Indian Nations. *American Indian Culture and Research Journal*, 39(1), 1-24.

⁶⁴ <https://www.ihs.gov/aca/index.cfm/thingstoknow/>

Fourteen percent of the young children in the Hualapai Tribe Region are estimated to be uninsured. This rate is lower than that of all Arizona reservations combined (20%) but higher than the statewide rate (10%) (Figure 12).

Healthy People 2020 sets a targets of 80 percent for full vaccination coverage among young children (19-35 months).⁶⁵ Indian Health Service data for the Hualapai Tribe Region (FY2013) indicate that 83.8 percent of children 19-35 months have had the recommended vaccine series (using series 4:3:1:3:3:1:4), which exceeds the Healthy People Target.⁶⁶

A set of questions on the 2014 First Things First Parent and Caregiver Survey asked participants whether their child had required health care services in the past year, but the care was delayed or never received. Over half (54%) of the parents and caregivers reported that their child (or children) had not received timely health care at least once during the previous year. Most frequently, it was medical care (27%), dental care (21%), or vision care (13%) that was delayed or not received (see Figure 13).

Mothers Giving Birth

Table 18. Selected characteristics of mothers giving birth, 2013

	TOTAL NUMBER BIRTHS TO ARIZONA-RESIDENT MOTHERS, 2013	HAD FEWER THAN 5 PRENATAL VISITS	HAD NO PRENATAL CARE IN FIRST TRIMESTER	MOTHER REPORTED SMOKING DURING PREGNANCY	MOTHER REPORTED DRINKING DURING PREGNANCY	MOTHER HAD LESS THAN A HIGH SCHOOL-EDUCATION	MOTHERS YOUNGER THAN 20 YEARS OLD	BIRTH WAS PAID FOR BY AHCCCS OR IHS (PUBLIC PAYOR)
Hualapai Tribe Region	29	24%	N/A	0%	0%	34%	21%	79%
All Arizona Reservations	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Arizona	84,963	5%	19%	4%	0%	18%	9%	55%

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

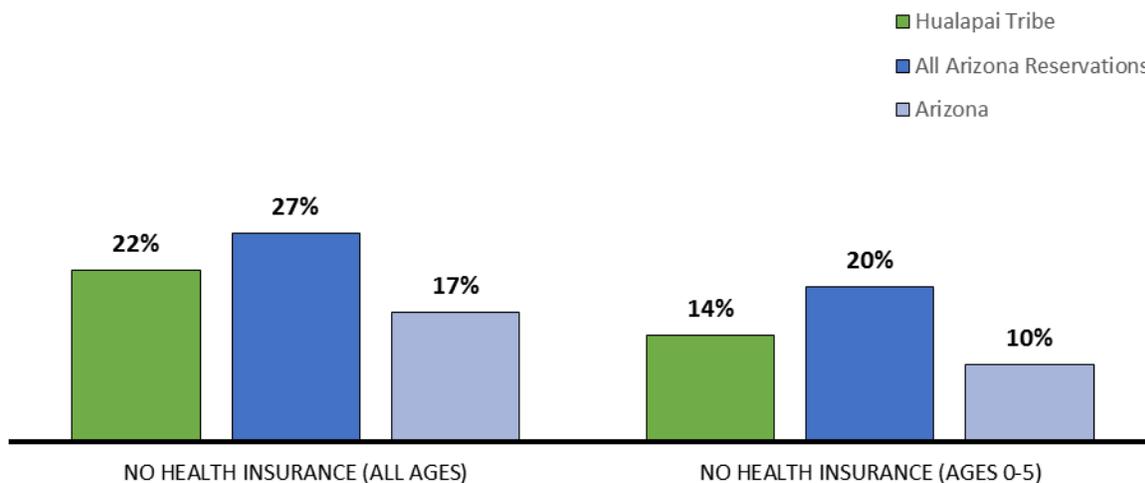
⁶⁵ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2015). *Immunization and Infectious Diseases*. Washington, DC. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases/objectives>

⁶⁶ First Things First Hualapai Tribe Regional Partnership Council 2014 Needs and Assets Report. Retrieved from: <http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20Hualapai%20Tribe.pdf>

Status and Vital Statistics 2013 Annual Report," Table 6A. Retrieved from <http://www.azdhs.gov/plan/menu/info/status.php>

Health Insurance

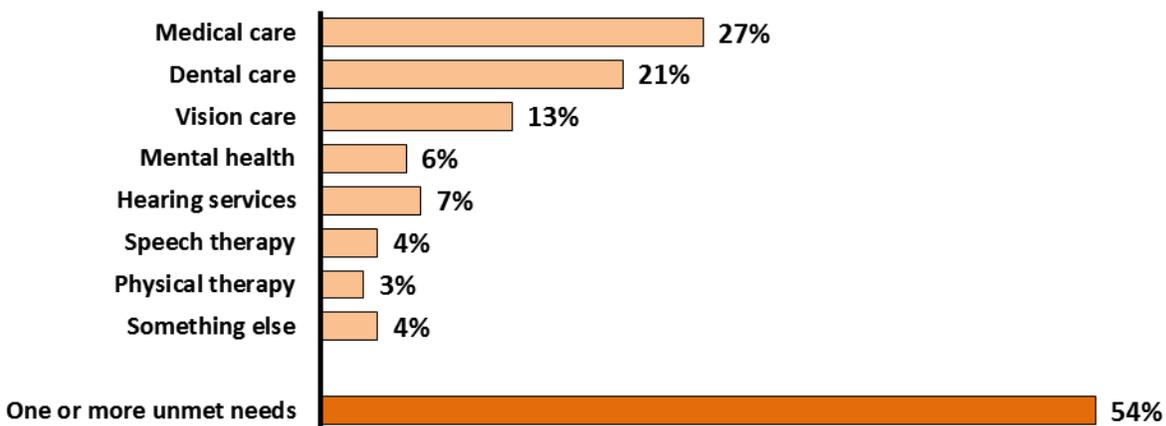
Figure 12. Estimated percent of population without health insurance, 2009-2013 five-year estimate



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

Access to care

Figure 13. Percent of respondents who reported that necessary health care was delayed or not received (Parent and Caregiver Survey, 2014).



Source: FTF Parent and Caregiver Survey, 2014

Family Support and Literacy

Why it Matters

Parents and families have a crucial role in providing nurturing and stable relationships for optimal brain development during their child's first years.^{67,68,69} When children experience nurturing, responsive caregiving, they face better life prospects across a number of social, physical, academic and economic outcomes.^{70,71} Consequently, healthy development depends on positive relationships between children and their caregivers from an early age.⁷² For parents of young children, reading aloud, singings songs, practicing nursery rhymes, and engaging in conversation primes children to reach their full potential. Such interactions not only support literacy skills, but also offer exposure to a range of ideas, including recognizing and naming emotions, an important socio-emotional skill. Parents and family are children's first teachers; the most rapid expansion in vocabulary happens between ages one and three.⁷³ In fact, literacy promotion is so central to a child's development that the American Academy of Pediatrics has recently focused on it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.⁷⁴

⁶⁷ Evans, G. W., & Kim, P. (2013). Childhood Poverty, Chronic Stress, Self-Regulation, and Coping. *Child Development Perspectives*, 7(1), 43-48. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/cdep.12013/abstract>

⁶⁸ Shonkoff, J. P., & Fisher, P. A. (2013). Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy. *Development and Psychopathology*, 25, 1635- 1653. Retrieved from http://journals.cambridge.org/download.php?file=%2FDPP%2FDPP25_4pt2%2FS0954579413000813a.pdf&code=aeb62de3e0ea8214329e7a33e0a9df0e

⁶⁹ Shonkoff, J. P. & Phillips, D. A. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, D.C.: National Academy Press. Retrieved from <http://www.nap.edu/read/9824/chapter/1>

⁷⁰ Magnuson, K. & Duncan, G. (2013). *Parents in poverty* (95-121) In Bornstein, M. *Handbook of Parenting: Biology and Ecology of Parenting Vol. 4: Social Conditions and Applied Parenting*. New Jersey: Lawrence Erlbaum.

⁷¹ Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://www.developingchild.harvard.edu>

⁷² National Scientific Council on the Developing Child. (n.d.). Category: Working Papers. Retrieved from <http://developingchild.harvard.edu/resourcecategory/working-papers/>

⁷³ Read On Arizona. (n.d.). *As a parent what can I do at home to support early literacy?* Retrieved from <http://readonarizona.org/about-us/faq/>

⁷⁴ American Academy of Pediatrics. (n.d.). *Pediatric Professional Resource: Evidence Supporting Early Literacy and Early Learning*. Retrieved from https://www.aap.org/en-us/Documents/booksbuildconnections_evidencesupportingearlyliteracyandearlylearning.pdf

What the Data Tell Us⁷⁵

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 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 14).

The 2014 First Things First Parent and Caregiver Survey also included an item aimed at eliciting information about parents' and caregivers' awareness of their influence on a child's brain development. More than three-quarters (76%) of the 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 15).

Raising young children in the region: positive aspects and challenges

Parents and caregivers who participated in the 2014 First Things First Parent and Caregiver Survey were asked what they liked best about raising children in their community. Most parents and caregivers valued the fact that their children are growing up close to their families, so children get to know their relatives and caregivers benefit from the support provided by family members. As some parents and caregivers put it: "Extended family [is] everywhere!;" "[I like best] being home around my people." Parents and caregivers also emphasized the positive aspects of living in a small, quiet, tight-knit community where they feel their children are being cared for by the community as a whole: "Everyone knows everyone," one parent said. "We all look out for one another." And another pointed out: "Everybody is related, so they keep tabs on all children."

⁷⁵ Please note that the data presented in this section are from the 2014 Hualapai Tribe Regional Partnership Council Needs and Assets Report and are the most recent data available. The report is available at <http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20Hualapai%20Tribe.pdf>

Another positive aspect of raising children in the region that was cited by survey respondents was related to children growing up learning about their Native language and traditions. Parents also expressed liking the natural environment that their children grow up in. The following quotes exemplify some of these perceptions among parents and caregivers:

- *We have every opportunity to raise our children in the best way possible (language and culture). Family is so well knit*
- *I like that they get to know who their relatives are [and] know where they come from, know the land*
- *[I like best] the nature and environment. A lot of learning can take place around our community with trees, plants, etc.*
- *This is home, generation after generation!*
- *[I like best that] he gets to be a part of his culture*

Parents and caregivers were also asked about the most difficult aspects of raising children in the Hualapai Tribe Region. The majority of survey respondents indicated that the negative influences of drug and alcohol use in the community, as well as the violence that often results from substance abuse are among the most challenging aspects of raising children in the region.

Parents and caregivers also pointed out that they also struggle with the lack of facilities, events or activities for young children available locally. Along the same lines, survey participants also reported difficulties with having to travel long distances to access family activities (such as movie theaters) but also to tend to family needs for shopping, buying groceries and emergency health care.

Finally, a few parents also indicated that finding reliable child care for young children (or finding alternatives for when babysitters get sick) is often a challenge for them.

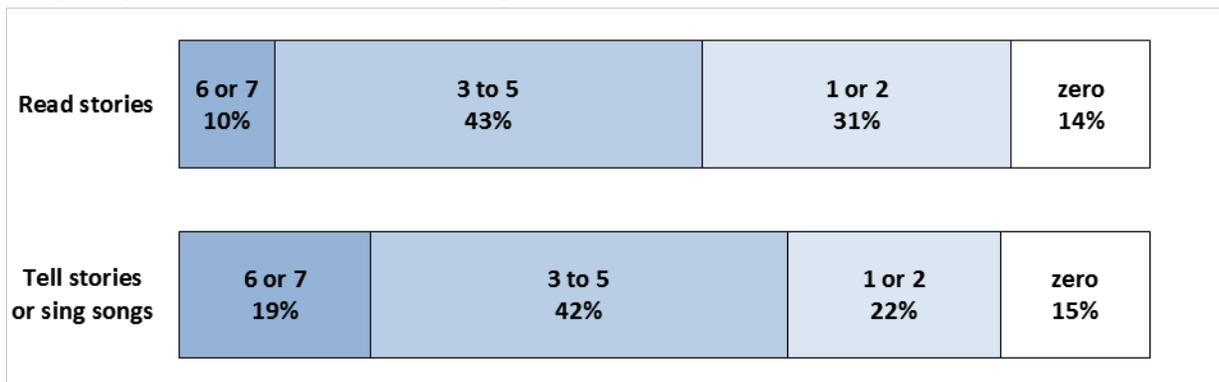
Most important things that would improve young children's lives

The 2014 First Things First Parent and Caregiver Survey also included an item asking parents and caregivers what they thought were the most important things that should happen in order to improve the lives of children and families in the Hualapai Tribe Region. Responses to this question were diverse with some including specific suggestions about additional services (or an increase in existing services). Responses are presented in order of most to least cited.

Increased parent education and involvement was a common response to this item. Survey participants agreed that supporting parents in their parenting skills would have a strong impact on the wellbeing of families with young children. As one respondent suggested: “[Having] parenting classes for parents to teach them how to be involved and read to their kids.” Another

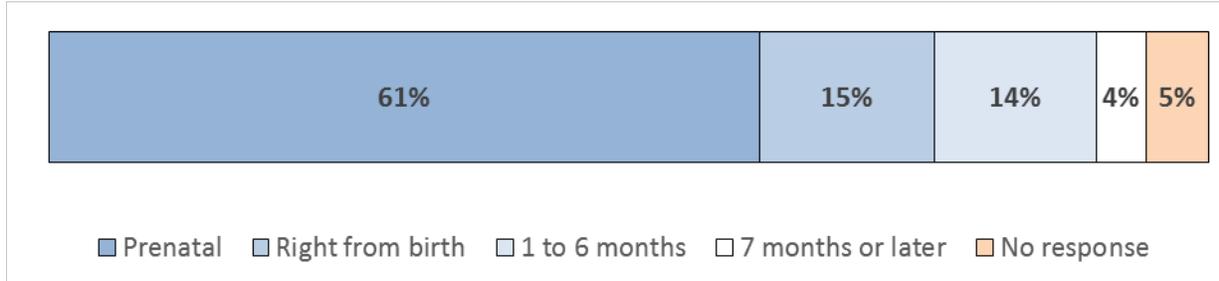
common suggestion was to increase the availability of activities for young children and families with young children in the region. Some parents and caregivers also pointed out that decreasing drug and alcohol use in the community would make a big difference in the lives of young children.

Figure 14. Reported frequencies of home literacy events: How many days per week did someone read stories to your child? How many days per week did someone tell stories or sing songs to your child? (Parent and Caregiver Survey, 2014).



Source: FTF Parent and Caregiver Survey, 2014

Figure 15. Response to the question "When do you think a parent can begin to make a big difference on a child's brain development?" (Parent and Caregiver Survey, 2014).



Source: FTF Parent and Caregiver Survey, 2014

Communication, Public Information and Awareness

Why it Matters

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

What the Data Tell Us

Key informants indicated that, while additional awareness on the importance of early childhood among parents is still needed, a lot of progress has been made in the last years in this area. Key informants indicated that community members, and particularly parents of young children, are speaking more about the topic. There is an increased emphasis on early education and on the importance of early identification of developmental delays in young children.

Information on early childhood-related topics is published routinely in the community's newsletter, Gamyu. In addition, a newly published Hualapai Community Resource Directory is available to residents in the region in hard copy and also on the Hualapai Tribe's website <http://hualapai-nsn.gov/wp-content/uploads/2013/09/communityResDirectoryPart1.pdf> (part 1) and <http://hualapai-nsn.gov/wp-content/uploads/2013/09/communityResDirectoryPart2.pdf> (part 2). The Directory provides information about tribal departments and community resources in Peach Springs. The Directory's introductory letter indicates that it will be published every two to four years after each general election. Information about the First Things First-funded Maternal and Child Health Program is included in the Directory.⁷⁶

⁷⁶ First Things First Hualapai Tribe Regional Partnership Council 2014 Needs and Assets Report. Retrieved from: <http://www.azftf.gov/RPCCouncilPublicationsCenter/Regional%20Needs%20and%20Assets%20Report%20-%202014%20-%20Hualapai%20Tribe.pdf>

Systems Coordination among Early Childhood Programs and Services

Why it Matters

Through system-building, First Things First is focused on developing approaches to connect various components of the early childhood system. This is done in an effort to create a more holistic system that operates to promote shared results for children and families. Agencies that work together and achieve a high level of coordination and collaboration are often easier for families to access and the services provided are more responsive to the needs of the families. Coordination efforts may also result in an increased capacity to deliver services because of the work that organizations do to identify and address gaps in the service delivery continuum. By supporting a variety of coordination efforts, First Things First aims to create a high quality, interconnected, and comprehensive early childhood service delivery system that is timely, culturally responsive, family driven, community based, and directed toward enhancing children’s overall development. Determining how these efforts are impacting regions and the families within them can help inform service, program and policy decisions that will benefit families and young children across the state.

What the Data Tell Us

With the opening of the new Hualapai Day Care Center additional coordination and collaboration opportunities have arisen in the region. The physical proximity of the Day Care Center with the Head Start Program and other key services to families with young children in the region (such as the Maternal and Child Health Program) represents a unique opportunity to enhance system coordination efforts in the community.

First Things First-directed efforts and funded services offer important coordination opportunities in the region. For instance, an important aspect of the First Things First-funded Maternal and Child Health program (MCH) services is the opportunity to connect parents to other resources available to them in the community. Because of this, MCH staff put a strong emphasis on networking and making connections with stakeholders within the region (i.e. Hualapai WIC Program, Hualapai Day Care Center, Head Start) and in the surrounding communities (i.e. Mohave County Health Department and other organizations that provide services to young children countywide).

Home Visiting Partnership

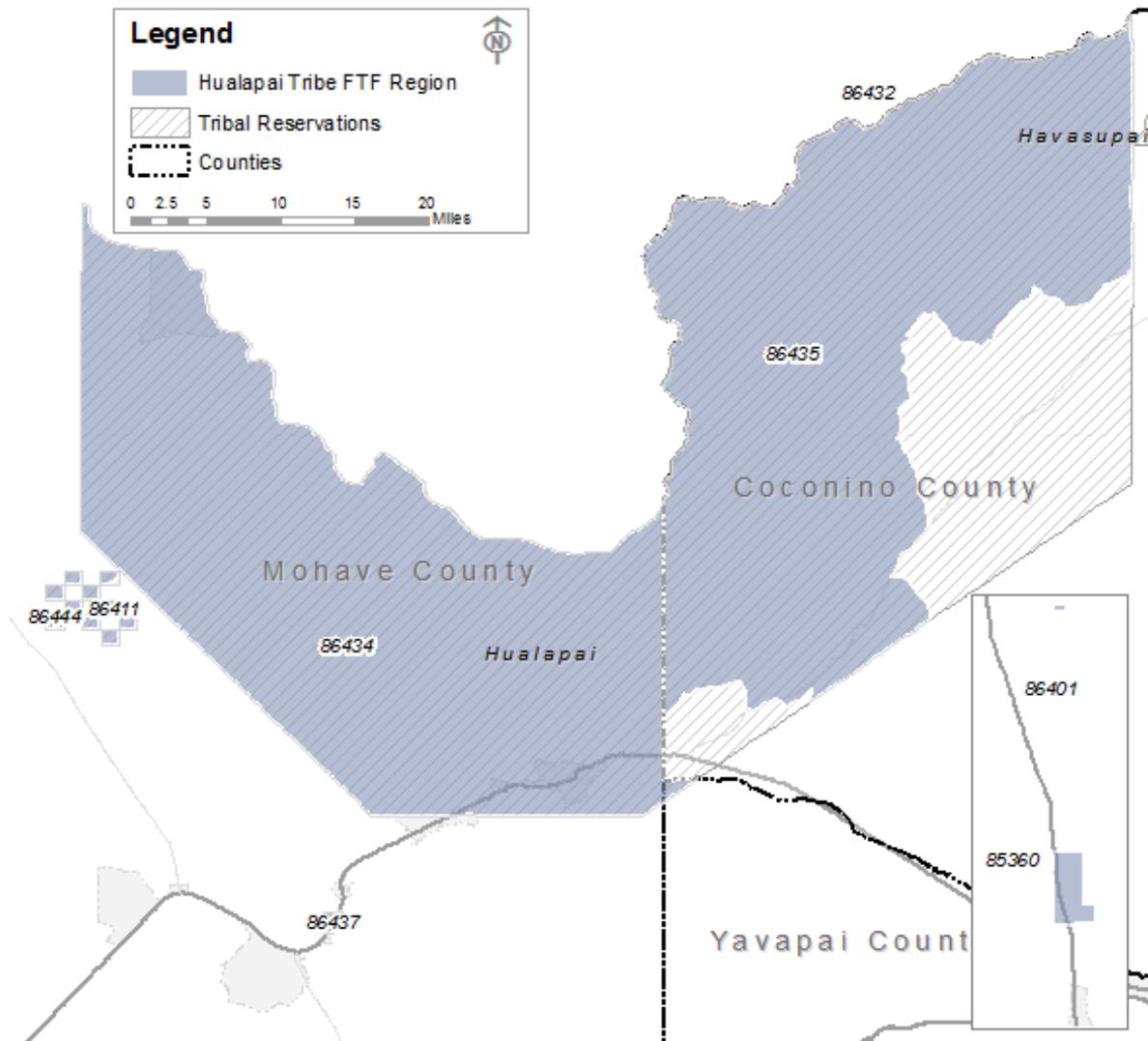
With the support of Hualapai Tribal Council, Hualapai Health Education and Wellness is partnering with First Things First and the Arizona Department of Health Services to expand the

MCH Parents as Teachers Home Visiting Program with federal Maternal, Infant and Early Childhood Home Visiting funding. The additional funding will expand services doubling the capacity of the home visitation program beginning in January 2016.

Read On Hualapai

Education leaders of the Hualapai community developed goals for becoming established as a Read On community. The movement was presented by to Hualapai Tribal Council with a request for their support. The Tribal Council granted their support and also submitted the request letter from the Tribal Chairwoman requesting the designation as a Read On Community. In May 2015, Read On Hualapai was established.

Appendix 1: Map of zip codes of the Hualapai Tribe Region



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

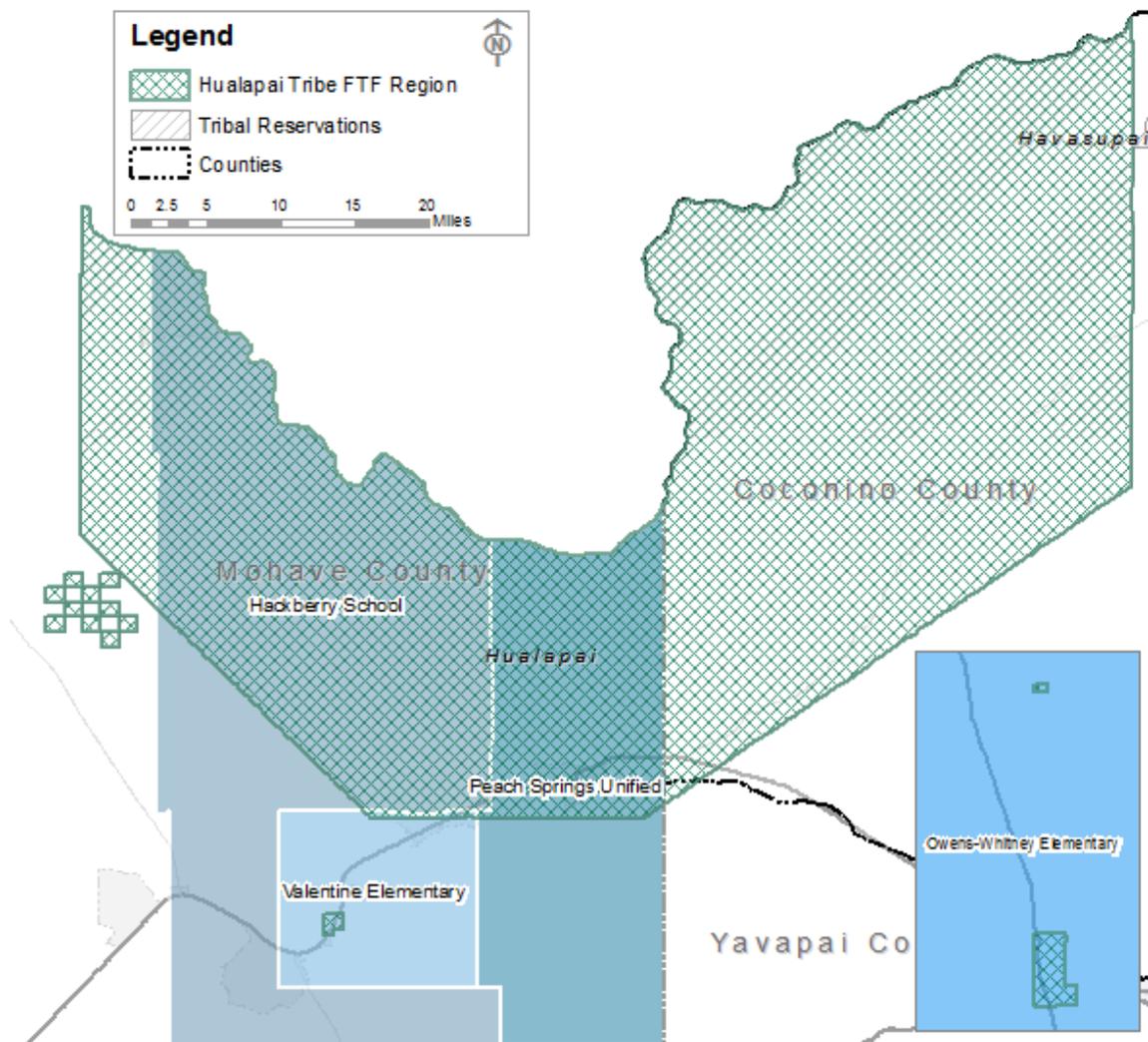
Appendix 2: Zip codes of the Hualapai Tribe Region

ZIP CODE TABULATION AREA (ZCTA)	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	PERCENT OF ZCTA'S TOTAL POPULATION LIVING IN THE HUALAPAI TRIBE REGION	THIS ZCTA IS SHARED WITH
Hualapai Region	1,335	197	362	123		
85360	4	0	3	0	2%	La Paz/Mohave
86434	1,288	193	345	121	86%	La Paz/Mohave & Yavapai
86435	6	1	2	1	1%	Coconino
86437	37	3	12	1	49%	La Paz/Mohave

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

Note: ZCTAs approximate U.S. Postal Service (USPS) ZIP Codes™. Users should keep in mind that they do not match zip codes exactly. ZCTAs are made up of groupings of census blocks, the smallest level of geography for which U.S. Census releases statistical data. To create ZCTAs, the U.S. Census uses a Master Address File to determine the ZIP Codes for the addresses in each census block. They then assign blocks to ZCTAs based on the most prevalent ZIP Code in the block. If the ZCTA code for a certain block does not match the ZIP Code, it is because the majority of the addresses in the block have a different ZIP Code.

Appendix 3: Map of Elementary and Unified School Districts in the Hualapai Tribe Region



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

Appendix 4: Data Sources

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