FIRST THINGS FIRST

Colorado River Indian Tribes Region

2018 NEEDS AND ASSETS REPORT

COLORADO RIVER INDIAN TRIBES REGIONAL PARTNERSHIP COUNCIL

2018

NEEDS AND ASSETS REPORT

Prepared by

Community Research, Evaluation, and Development (CRED)

John and Doris Norton School of Family and Consumer Sciences

College of Agriculture and Life Sciences

University of Arizona

Funded by

First Things First Colorado River Indian Tribes Regional Partnership Council

LETTER FROM THE CHAIR

September 25, 2017

Message from the Chair:

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

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

The Colorado River Indian Tribes Regional Council would like to thank our Needs and Assets vendor, University of Arizona, Norton School, for their knowledge, expertise and analysis of the Colorado River Indian Tribes region. Their partnership has been crucial to our development of this report and to our understanding of the extensive information contained within these pages.

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

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

Thank you for your continued support.

Sincerely,

Phillip Colbert, Chair

COLORADO RIVER INDIAN TRIBES REGIONAL PARTNERSHIP COUNCIL

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INTRODUCTORY SUMMARY AND ACKNOWLEDGMENTS

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

This Needs and Assets Report for the Colorado River Indian Tribes Region helps us in understanding the needs of young children, the resources available to meet those needs and gaps that may exist in those resources. An overview of this information is provided in the Executive Summary and documented in further detail in the full report.

The First Things First Colorado River Indian Tribes Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options when it comes to supporting the healthy development of young children in their care. This report provides information that will aid the Council's funding decisions, as well as our work with community partners on building a comprehensive early childhood system that best meets the needs of young children in our community.

It is our sincere hope that this information will help guide community conversations about how we can best support school readiness for all children in the Colorado River Indian Tribes region. This information may also be useful to stakeholders in our area as they work to enhance the resources available to young children and their families and as they make decisions about how best to support children birth to 5 years old in our area.

Acknowledgments:

We want to thank the Arizona Department of Economic Security and the Arizona Child Care Resource and Referral, the Arizona Department of Health Services, the Arizona Department of Education, the Census Bureau, the Arizona Department of Administration- Employment and Population Statistics, Colorado River Indian Tribes Departments, Colorado River Indian Tribes Tribal Council, Parker Public School District #27, and the Arizona Health Care Cost Containment System for their contributions of data for this report, and their ongoing support and partnership with First Things First on behalf of young children.

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

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EXECUTIVE SUMMARY

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

Population Characteristics

Geographically, the First Things First Colorado River Indian Tribes Region is defined as the Arizona part of the Colorado River Indian Tribes Reservation, including the town of Parker. According to the U.S. Census, 739 children under the age of six resided in the First Things First Colorado River Indian Tribes (CRIT) Region in 2010, representing approximately 10 percent of the region's total population. Data provided by the CRIT Enrollment Department show that in 2015 there were a total of 1,204 enrolled members under the age of eighteen, 748 of whom were residing on-reservation. The total tribal enrollment for that year was 4,224, with 2,286 members residing on-reservation. In the 2010 census, among adults, the three largest racial/ethnic groups in the CRIT Region were people who identified as Hispanic (40%), as American Indians (29%), and as non-Hispanic white (27%). Nearly half (42%) of the population of children aged birth through four living in the CRIT Region were identified as Hispanic, and most other children were identified as American Indian. In the CRIT Region as a whole, 21 percent of households have at least one child under the age of six, a lower proportion when compared to all Arizona reservations combined (26%) but much higher than La Paz County (9%).

According to the American Community Survey (ACS), 63 percent of children in the CRIT Region live with a single parent, which is lower than the proportion in all Arizona reservations (68%), but substantially higher than in the state as a whole (38%). The proportion of young children living in a grandparent's household in the region (18%) is about half of that in all Arizona reservations combined (40%), but higher than the state (14%). About one in five children ages 0 to 17 living with grandparents in the region (22%) do not have a parent present in the household, and 59 percent live in multigenerational homes where the grandparent has assumed responsibility for the child, despite the presence of a parent.

The Colorado River Indian Tribes include four distinct tribes (the Mohave, Chemehuevi, Hopi and Navajo), and each of these tribes has their own language. Estimates from the ACS indicate that less than 1 percent of residents age 5 and older in the CRIT Region speak a Native North American language at home, a considerably lower rate than across all Arizona reservations (50%). An estimated 28 percent of residents speak Spanish at home, and 69 percent speak English at home. Twelve percent of those who speak a language other than English at home indicated that they do not speak English "very well," compared to 13 percent in all Arizona reservations combined.

Economic Characteristics

The median income for all families in the Colorado River Indian Tribes (CRIT) Region is $38,966. The median income for families with married parents (husband-wife) and children under age 18 is about $10,000 higher ($48,663), the median income for households run by a single female is $22,130, and households led by single males make an estimated $24,333. The low median income for single-householders in the region is a concern because the majority of young children (63%) live in single-parent households. Thirty-nine percent of young children live in poverty in the region, lower than the poverty rate among young children in all Arizona reservations (55%) but higher than the rate statewide (29%). The majority of families in the region with children aged four and under (74%) live below 185 percent of the federal poverty level (i.e., earned less than $3,677 a month for a family of four), which is slightly lower than the 77 percent across all Arizona reservations combined. In spite of this need, in the CRIT Region, the number of

children who received TANF benefits on a yearly basis fell from 86 children in 2012 to 52 children in 2015, a 40 percent decrease.

Recent estimates from the ACS indicate that the unemployment rate in the CRIT Region was 12.9 percent, lower than the estimated unemployment rate for all Arizona reservations (26%) but higher than the county (9%) and statewide (10%) rates. Overall, 81 percent of young children in the region live with one or more parents who are in the labor force, which is consistent with lower unemployment rates in the region than in all Arizona reservations combined.

Nutrition assistance programs, such as the Food Distribution Program on Indian Reservations (FDPIR), the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the National School Lunch Program are important for helping those at risk of hunger. Over the past three years, nearly 400 people per year and close to 200 households participated in FDPIR. While the number of young children participating in SNAP has declined since 2012, this program still supports 538 young children in the region annually. WIC enrollment has also declined slightly between 2013 and 2015, though the program still served more than 1,200 women, infants, and children in the region in 2015. Over three-quarters (74-77%) of students in the CRIT Region have been eligible for free or reduced-price lunch since 2012. The Colorado River Indian Tribes Head Start program participated in the Child and Adult Care Food Program (CACFP) every year between 2012 and 2015, providing 51,943 meals to children in 2015: 120 days of breakfasts, lunches, and afternoon snacks.

Residents of the CRIT Region have a lower housing cost burden than residents of the state as a whole: 19 percent of housing units in the region require their residents to contribute more than 30 percent of their household income toward housing, compared to 34 percent statewide. A lower percentage of housing units in the region (31%) have at least one housing problem compared to the state (37%).

Lack of transportation is one of the main challenges for families in the region and it often impedes on their ability to take advantage of services and programs available to them.

Educational Indicators

In the 2014-2015 school year, 28 percent of Colorado River Indian Tribes (CRIT) Region students attained a proficient or highly proficient score on the third grade math assessment, which was a lower passing rate than across Arizona as a whole (42%). Performance on the English language Arts (ELA) test was lower, with 19 percent of students in the region demonstrating proficiency, compared to 40 percent statewide.

Rates of chronic absences among first through third graders in elementary school in the region were consistently higher in 2014 (46%) and 2015 (44%) than in the state as a whole (34% and 36%, respectively). The CRIT Region has one high school, Parker High School, and one alternative school, Parker Alternative School. Overall, Parker High School has consistently outperformed the state in terms of four-year graduation rates. In 2015, four out of five high school seniors graduated on time at Parker High School.

Over a third of adults in the region have at least some college or professional education, or a Bachelor's or advanced degree (37%), the same percentage as in all Arizona reservations. Another third of adults have a high school diploma or GED, with just under a third having less than a high school education.

Early Learning

Early care and education opportunities in the Colorado River Indian Tribes (CRIT) Region include the Colorado River Indian Tribes Head Start, Blake Primary School's preschool, and the Sonshine Center. There are no tribally-operated

child care services in the CRIT Region. These programs have a combined capacity to serve 240-245 young children; however, a total of up to 221 or 90 percent of the slots are for children three and older. The region has adequate capacity to serve preschool-age children, especially due to the large enrollment numbers of the CRIT Head Start program. Nevertheless, formal child care and early education services for children under the age of three are extremely limited. Lack of available child care services for infants and toddlers is a major challenge in the region.

Participation in the CRIT Head Start program is cost-free for all children enrolled. Similarly, children with special needs enrolled in the preschool program at Blake Primary School receive services at no cost to their families. Typically-developing children enrolled in the program do pay a fee of $10 per day. Families in the CRIT Region are paying considerably more than the recommended 10 percent of income on child care (between 14 and 16 percent of the median family income, depending on the child's age). The number of children in the region receiving a Department of Economic Security (DES) child care subsidy increased from 35 in 2013 to 43 in 2015.

The number of children from the CRIT Region referred to and served by AzEIP each year from FY 2013 to FY 2015 ranged from fewer than 25 to between 3 and 27. A national study suggests that about 13 percent of children ages 0 to 2 would typically qualify for early intervention services, which suggests that at least 45 young children in the region would be likely to benefit annually. Fewer than 25 children ages 0-2 and 3- 5 received services by Division of Developmental Disabilities each year from FY 2012 to FY 2015. Collaboration between the Parker Unified School District and CRIT Head Start is a major asset in the region because it allows for the early identification of developmental delays as well as for timely intervention. Despite these collaborative efforts, children with special needs often do not receive the level of care required to support their healthy development due to a lack of parental awareness, and a lack of special needs providers.

Child Health

Health care services are available to residents from the Colorado River Indian Tribes (CRIT) Region through two hospitals that serve the region: the La Paz Regional Hospital, a county facility, and the Parker Indian Health Center, which is operated by the Indian Health Service (IHS). Data provided by IHS indicate that between October 2013 and September 2015 there were 3,097 IHS active users from the Colorado River Indian Tribes served at the IHS Colorado River Service Unit. Of those, 433 were children ages birth to 5. According to estimates from the American Community Survey (ACS), 11 percent of young children in the region were estimated to be uninsured, along with 19 percent of the total population in the CRIT Region (the U.S. Census Bureau does not consider coverage by IHS to be insurance coverage).

In 2014, 131 babies were born to mothers residing in the CRIT Region, representing over 60 percent of births to mothers in La Paz County. Of the mothers who gave birth in the region in 2014, about one-third (32%) were American Indian or Alaska Native, one-third (34%) were Hispanic or Latina, and one-third (34%) were non-Hispanic white. New mothers in the region had lower educational attainment than mothers statewide; 38 percent had a high school education (25% statewide), whereas 20 percent had at least some coverage or professional education (31% statewide). Two-thirds (66%) of mothers in the region were not married (45% statewide) and five percent were aged 17 or younger, higher than the percent of teen mothers in the county or state.

A much higher proportion of mothers from the CRIT Region reported smoking during pregnancy (7.6%) than across the state (4.6%), though this proportion was lower than that reported for La Paz County (10.8%) as a whole. In 2014, 76.3 percent of mothers enrolled in the CRIT WIC program reported that they did not drink alcohol in the three months prior to pregnancy, and nearly all (99.4%) reported that they did not drink alcohol in the third trimester. In the region, 30 percent of women enrolled in WIC were overweight, and 42 percent were obese, for a total of 72

percent who were overweight or obese before becoming pregnant. Of those with known prenatal care status, only 59.5 percent of pregnant women obtained prenatal care during the first trimester, compared to 71.7 percent in the state. However, only five percent of babies in the CRIT Region were born to mothers who had had fewer than five prenatal care visits.

In the region in 2014, only 4.6 percent of babies born were low birth weight, compared to seven percent across the state. The percent of premature births was also lower in the region than in the state, with 7.6 percent in the region, and 9.0 percent across the state. Infants enrolled in the CRIT WIC program did not meet the Healthy People 2020 goal of 81.9 percent of babies ever being breastfed (2015: 48%).

Data provided by IHS for children from the Colorado River Indian Tribes show that in the period between October 2013 and September 2015, 80.7 percent of children 19 to 35 months old were fully immunized. Rates of personal exemptions for vaccinations among children in child care (0.0%) and kindergarten (0.6%) in the region were much lower than exemption rates at the state level (3.5% and 4.5%, respectively).

Data from IHS also show that a total of 282 children (65%) ages birth to 5 from the Colorado River Indian Tribes received topical fluoride applications between October 2013 and September 2015.

Nearly one in three adults from the Colorado River Indian Tribes over the age of 20 (29%) had been diagnosed with Type II Diabetes between October 2013 and September 2015, according to IHS. In that same time period, 16.3 percent of children from the region (ages 2-5) seen at IHS facilities in the Colorado River Service Unit were obese. In 2015, 16 percent of the children (ages 2 to 4) participating in the CRIT WIC program were obese and an additional 13 percent were overweight. Services to promote healthy nutrition and physical activity are provided by the Fitness for Kids program, managed by the CRIT Department of Health and Social Services. Availability of spaces where children and adults can be physically active is a concern in the region.

Family Support and Literacy

Child welfare services in the Colorado River Indian Tribes (CRIT) Region are provided by the CRIT Department of Health and Social Services. The CRIT Child Abuse and Neglect Report for fiscal year 2012-2013, shows that there were a total of 141 referrals for child abuse and neglect received by CRIT Child Protective Services. After investigations were conducted on these referrals, a total of 97 (or 69%) were determined to be substantiated. The CRIT Department of Health and Social Services' April 2014 Monthly Report indicates that during that month there were 158 child welfare cases (ages birth to 17). Of these, 104 (66%) were cases where the children had been placed with relatives, 14 (9%) were ICWA cases and 30 children were placed in foster care. Recruiting foster parents in the region continues to be a challenge, especially among Native families. Resources for families in crisis include the tribally-operated Children's Residential Center (CRC), which serves as placement for children removed from their homes, and the CRIT Court Team which aims to strengthen the coordinated approach to supporting families in crisis.

Each year from 2012 to 2015, fewer than 25 pregnant or parenting women received publically-funded behavioral health services in the CRIT Region. The number of children ages 0 to 5 that received behavioral health services remained stable at around 30 from 2012 and 2014, but decreased to fewer than 25 young children in 2015. Behavioral health services are also available for members of the Colorado River Indian Tribes through the Tribal Warm Line (TWL) operated by NurseWise, Cenpatico's crisis line provider. The number of domestic violence arrests increased substantially from 2013 to 2014 in the region, potentially due to a zero-tolerance domestic violence law that went into effect in 2014. Alcohol and drug use affects families in the region. Additional education on the negative effects of alcohol during pregnancy is needed, and families would benefit from training on how to best address the needs of children with broader behavioral health concerns.

Communication, Public Information, and Awareness

Since state fiscal year 2011, First Things First has led a collaborative, concerted effort to build public awareness and support across Arizona. In addition, First Things First began a community engagement effort in SFY2014 to recruit, motivate and support community members to take action on behalf of young children. In the Colorado River Indian Tribes Region, these efforts have resulted in the recruitment of 85 Friends, 10 Supporters and 12 Champions during the period of FY2014 through 2016. In addition to these strategic communications efforts, First Things First has also led a concerted effort of policymaker awareness-building throughout the state. The Arizona Early Childhood Alliance represents the united voice of the early childhood community in advocating for early childhood programs and services. Finally, First Things First recently launched enhanced online information for parents of young children, including the more intentional and strategic placement of early childhood content and resources in the digital platforms that today's parents frequent.

System Coordination among Early Childhood Programs and Services

The unique geographic location of the Colorado River Indian Tribes (CRIT) allows residents to access a variety of services provided by both tribal and non-tribal agencies. Collaboration across agencies is good in general. Efforts currently in place include the Healthy La Paz coalition led by the La Paz County Health Department, the Child and Family Community Coalition begun in 2016, and the CRIT Court Team. In addition, the CRIT Head Start program works in partnership with many agencies in the region.

2018 NEEDS AND ASSETS REPORT

About this Report

The data contained in this report come from a variety of sources. Some data were provided to First Things First by state agencies, such as the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publically available sources, including the 2010 U.S. Census, the American Community Survey (ACS), and the Arizona Department of Administration (ADOA). In addition to these public sources this report includes: 1) Quantitative data obtained from various Colorado River Indian Tribes departments and agencies with approval from the Colorado River Indian Tribes by Tribal Resolution No. 126-16 signed on March 28, 2016; 2) Findings from qualitative data collection conducted in 2016 specifically for this report through key informant interviews and group discussions with service providers in the region; 3) Data from the 2014 First Things First Colorado River Indian Tribes Parent and Caregiver Survey. Not all data will be available at a First Things First (FTF) regional level because not all data sources analyze their data based on FTF regional boundaries. When regional data are unavailable, this will be noted by N/A.

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

In most of the tables in this report, the top row of data corresponds to the First Things First Colorado River Indian Tribes Region. When available, the next row presents the data for the Colorado River Indian Tribes as a whole, including the portion of the reservation that extends into California. The next three rows show data that are useful for comparison purposes: all Arizona reservations combined, La Paz County, and the state of Arizona.

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

Description of the Region

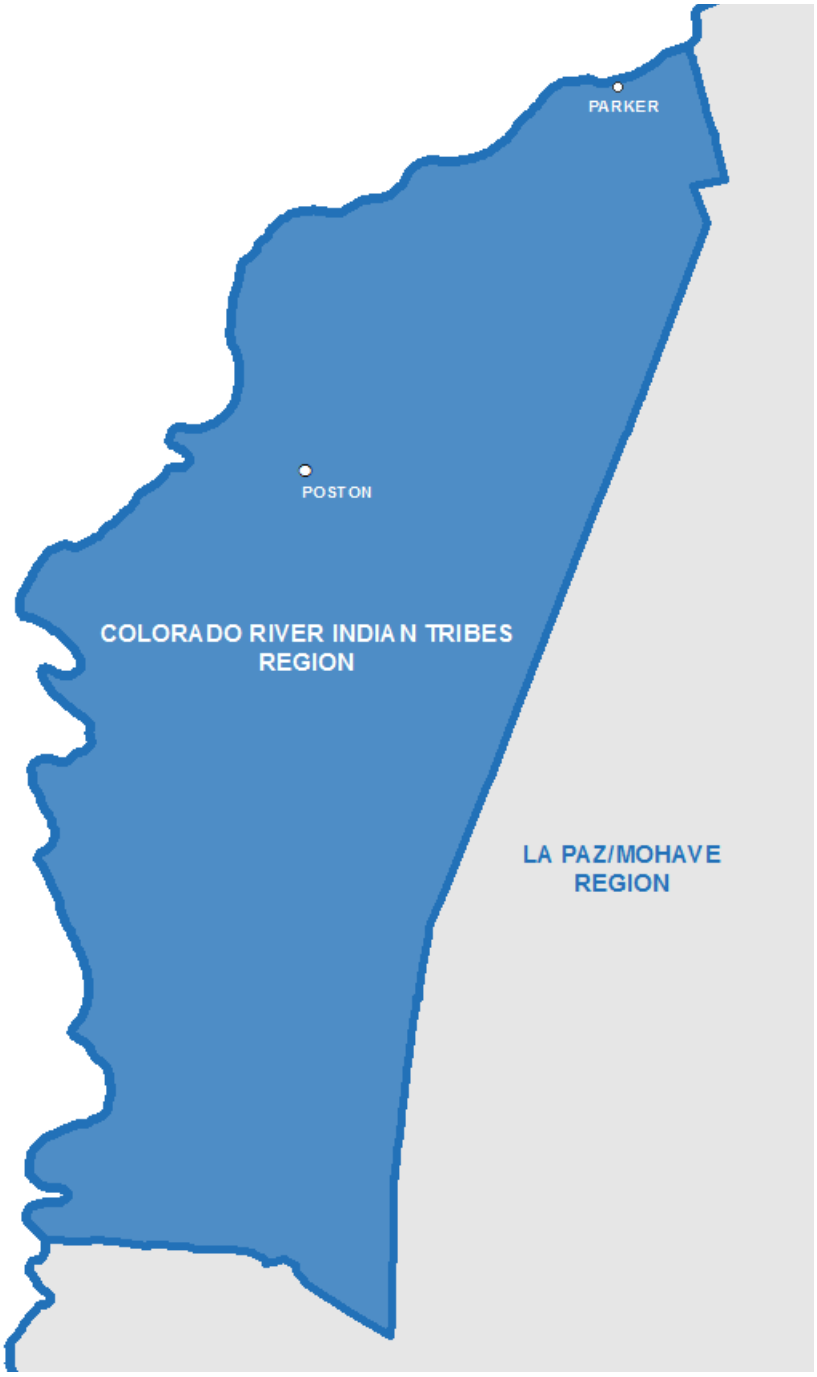
When First Things First was established by the passage of Proposition 203 in November 2006, the government-to-government relationship with federally-recognized tribes was acknowledged. Each tribe with tribal lands located in Arizona was given the opportunity to participate within a First Things First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

Geographically, the First Things First Colorado River Indian Tribes Region is defined as the Arizona part of the Colorado River Indian Tribes Reservation, including the town of Parker. The region lies entirely in La Paz County. The Colorado River Indian Tribes Reservation covers about 420 square miles, of which about 84 percent lies in Arizona. The remainder is across the river, in California. The US Census Bureau identifies three census tracts in the reservation: the California part (9401), the town of Parker (9402), and the remainder of the Arizona portion of the reservation (9403). The FTF Colorado River Indian Tribes Region is comprised of census tracts 9402 and 9403.

The Colorado River Indian Tribes include four distinct Tribes - the Mohave, Chemehuevi, Hopi and Navajo. The Colorado River Indian Tribes (CRIT) region encompasses a unique and diverse area. The primary community in the First Things First Colorado River Indian Tribes Region is Parker and Poston Arizona, which are located on a combination of Tribal land, leased land that is owned by CRIT and land owned by non-tribal members. Therefore, the First Things First CRIT Region serves both Tribal members and non-members on the Arizona portions of the Colorado River Indian Reservation and in the Town of Parker. There are programs managed by the Colorado River Indian Tribes, such as the Women, Infants and Children's program (WIC), Housing and Urban Development (HUD), the CRIT Library and Joint Venture Sewer Project that serve the population of all of La Paz County.

Figure 1 shows the geographical area covered by the Colorado River Indian Tribes Region.

Figure 1. The Colorado River Indian Tribes Region First Things First Region



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

POPULATION CHARACTERISTICS

Why Population Characteristics Matter

Knowing the characteristics of families living within a region, and how they change over time, is important for understanding the resources and supports needed by those families.[1] The number of young children and families in a region, their ethnic composition, and the languages they speak can influence the type and location of services within a region such as schools, health care facilities and services, and social services and programs. Some families, such as migrant farmworkers and recently arrived refugees, may have distinct needs for their young children. Accurate and up-to-date information about population characteristics such as these can lead to the development or continuation of relevant resources and assure that they align with the needs of families in the region. Appropriately locating resources and services can support positive child outcomes. Disparities in access to jobs, food resources, schools, health care facilities and providers, and social services have been associated with a number of poor outcomes for children including infant mortality, obesity, and health insurance coverage, among others.[2]

An understanding of the supports and resources *within* a family is also key to helping young children achieve the best possible developmental outcomes.[3,4] Children living with and being cared for by someone other than their parents, such as relatives or close friends, is known as kinship care and is increasingly common.[5] Children living in kinship care can arrive in those situations for a variety of reasons including abuse, neglect, homelessness, chronic illness, or a family member's incarceration, among others. Children in kinship care often face special needs as a result of trauma, and these families often require additional support and assistance to help children adjust and provide the best possible home environment.[6] Caring for young children may pose a particular challenge for aging grandparents, as they often lack information on resources, support services, benefits, and policies available to aid in their caregiving role.[7] Understanding the makeup of families in a region can help better prepare child care, school and agency staff to engage with diverse families in ways that support positive interactions with staff and within families to enhance each child's early learning.[8]

Recognizing variations in regional language use and proficiency is also important to ensuring appropriate access to services and resources and identifying needed supports. Mastery of the language spoken in the home is related to school readiness and academic achievement.[9] Those children who engage in dual language learning have cognitive, social-emotional and learning benefits in early school and throughout their lifetimes.[10] Although dual language learning is an asset, some children come from limited English speaking households (that is, a household where none of the adult members speak English very well). Language barriers for these families can limit access to health care and social services, and can provide challenges to communication between parents and teachers, doctors and other providers, which can affect the quality of services children receive.[11] Assuring that early childhood resources and services are available in a language accessible to the child and caregivers is essential. Although Spanish is the most common second language spoken, Arizona is also home to a large number of Native communities, with numerous Native languages spoken by families in those communities. Language preservation and revitalization are recognized by the U.S. Department of Health & Human Services as keys to strengthening culture in Native communities and to encouraging communities to move toward social unity and self-sufficiency.[12] Special consideration should be given to respecting and supporting the numerous Native languages spoken, particularly in tribal communities around the state.

What the Data Tell Us

Demographics

According to the U.S. Census, 739 children under the age of six resided in the Colorado River Indian Tribes Region in 2010, and 792 children under the age of six resided on the entire Colorado River Indian Tribes reservation (see Table 1). Overall, the region's population was 7,077 in that same year, meaning that ten percent of the residents were young children (Table 3). This proportion was higher than the percent in La Paz County (6%) or in Arizona (9%).

Data provided by the Colorado River Indian Tribes Enrollment Department show that in 2015 there were a total of 1,204 enrolled members under the age of eighteen, 748 of whom were residing on-reservation. The total tribal enrollment for that year was 4,224, with 2,286 members residing on-reservation (see Table 4).

Since the turn of the century Arizona as a whole saw a 19 percent increase in the number of young children. In the Colorado River Indian Tribes Region, the population of young children increased by 3 percent between 2000 and 2010, while the population of young children decreased by two percent on the reservation as a whole (Table 2). The Arizona Department of Administration (ADOA) produces population estimates for counties and other sub-regions within the state. Population projections are not available from ADOA for the young children or the overall population in the Colorado River Indian Tribes Region. The population of young children and the overall population in La Paz County are projected to grow slightly between 2015 and 2040 (Table 5). Because 60 percent of the young children in La Paz County reside in the Colorado River Indian Tribes Region, it is likely that most of this growth will occur in the region, meaning that over time there will be more young children in the region.

In the 2010 census, among adults, the three largest racial/ethnic groups in the Colorado River Indian Tribes Region were people who identified as Hispanic (40%), as American Indians (29%), and as non-Hispanic white (27%) (Table 6). This contrasts sharply with the county as a whole, where about two-thirds of the population is non-Hispanic White, and also with all Arizona reservations combined, where the vast majority of the population (88%) identify as American Indian. Nearly half (42%) of the population of children aged birth through four living in the Colorado River Indian Tribes region were identified as Hispanic, and most other children were identified as American Indian (Table 7). This racial/ethnic distribution varies substantially from the one seen across all Arizona reservations combined, where the vast majority of children (92%) were reported to be American Indian (Figure 2). Much of the difference between the racial and ethnic breakdowns of the Colorado River Indian Tribes compared to all Arizona reservations is due to the inclusion of the town of Parker, part of which is non-tribal land or land leased from the Colorado River Indian Tribes. Eighty-nine percent of the population of the region are United States citizens, which is slightly lower than the county or the state (Table 8).

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

	Ages 0-5	Age 0	Age 1	Age 2	Age 3	Age 4	Age 5
Colorado River Indian Tribes Region	739	106	116	125	144	125	123
Colorado River Indian Tribes (entire)	792	110	125	133	156	131	137
ALL ARIZONA RESERVATIONS	20,511	3,390	3,347	3,443	3,451	3,430	3,450
La Paz County	1,227	178	199	203	244	204	199
ARIZONA	546,609	87,557	89,746	93,216	93,880	91,316	90,894

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

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

	Number of children (ages 0-5) in 2000 Census	Number of children (ages 0-5) in 2010 Census	Percent change in population (ages 0-5), 2000 to 2010
Colorado River Indian Tribes Region	720	739	+3%
Colorado River Indian Tribes (entire)	808	792	-2%
ALL ARIZONA RESERVATIONS	N/A	20,511	N/A
La Paz County	1,195	1,227	3%
ARIZONA	459,141	546,609	19%

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

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

	All ages	Ages 0 to 5	Children (ages 0-5) as a percentage of the total population
Colorado River Indian Tribes Region	7,077	739	10%
Colorado River Indian Tribes (entire)	8,764	792	9%
ALL ARIZONA RESERVATIONS	178,131	20,511	12%
La Paz County	20,489	1,227	6%
ARIZONA	6,392,017	546,609	9%

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

Table 4. Colorado River Indian Tribes Enrollment

	On-Reservation	Off-Reservation	Residence Unknown	Total
Children (ages 0-17)	748	456	N/A	1,204
Adults (18 and older)	1,538	1,210	N/A	2,748
Total Members	2,286	1,666	249	4,224

Source: Colorado River Indian Tribes Enrollment Office (2016). [Enrollment Dataset]. Unpublished data.

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

	2015	2020	2025	2030	2035	2040
Colorado River Indian Tribes Region	7,063	7,064	7,033	6,986	6,934	6,896
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	21,183	21,478	21,755	21,961	22,147	22,351
ARIZONA	6,758,251	7,346,787	7,944,753	8,535,913	9,128,899	9,706,815

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

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

	Number of persons (ages 18 and older)	Hispanic or Latino	White alone (not Hispanic or Latino)	American Indian alone (not Hispanic or Latino)	African-American alone (not Hispanic or Latino)	Asian or Pacific Islander (not Hispanic or Latino)
Colorado River Indian Tribes Region	4,961	36%	33%	27%	1%	1%
Colorado River Indian Tribes (entire)	6,437	30%	45%	21%	1%	1%
ALL ARIZONA RESERVATIONS	117,049	5%	5%	88%	0%	0%
La Paz County	16,811	18%	70%	9%	1%	0%
ARIZONA	4,763,003	25%	63%	4%	4%	3%

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

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

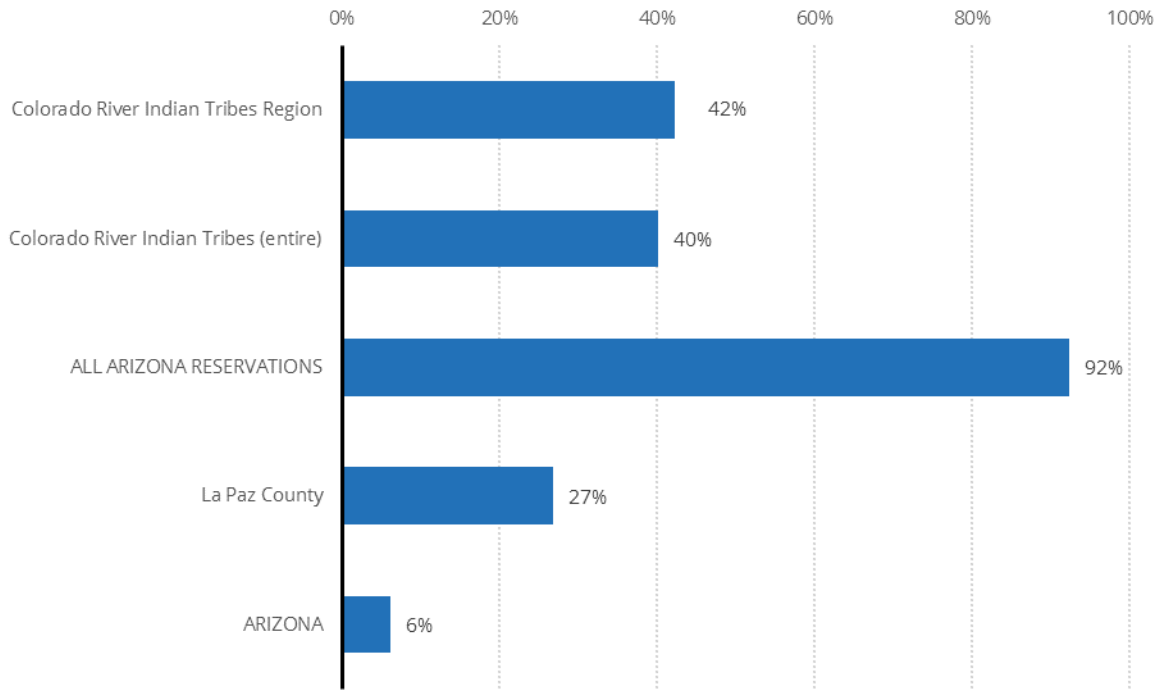
Table 7. Race and Ethnicity of the Population of Children (Ages 0 to 4) in the 2010 Census

	Population of children (ages 0-4)	Hispanic or Latino	White alone (not Hispanic or Latino)	American Indian	African-American	Asian or Pacific Islander
Colorado River Indian Tribes Region	616	50%	12%	42%	1%	0%
Colorado River Indian Tribes (entire)	655	49%	15%	40%	1%	0%
ALL ARIZONA RESERVATIONS	17,061	9%	1%	92%	0%	0%
La Paz County	1,028	50%	24%	27%	1%	0%
ARIZONA	455,715	45%	40%	6%	5%	3%

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

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

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



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

Table 8. Proportion of Population (All Ages) Who Are United States Citizens

	Estimated total population	Percent of total population who are US citizens (by birth or naturalization)
Colorado River Indian Tribes Region	7,805	89%
Colorado River Indian Tribes (entire)	9,188	89%
ALL ARIZONA RESERVATIONS	185,499	98%
La Paz County	20,348	91%
ARIZONA	6,561,516	92%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B05001

Living Arrangements

Based on data from the 2010 U.S. Census, in the Colorado River Indian Tribes Region as a whole, 21 percent of households have at least one child under 6 years old, a lower proportion when compared to all Arizona reservations (26%) but much higher than La Paz County (9%) (Table 9). According to the American Community Survey, 63 percent of children in the Colorado River Indian Tribes Region live with a single parent, which is lower than the proportion in all Arizona reservations (68%) but substantially higher than in the state as a whole (38%). About 5 percent of children ages birth to 5 are in kinship arrangements, with extended families members caring for them (Figure 3).

The proportion of young children living in a grandparent's household in the region (18%) is about half of that in all Arizona reservations combined (40%) but higher than the state (14%) (Figure 4). It is important to note that these households may be multigenerational – i.e., the grandparent is considered the head-of-house, but the child's parent may also live there. Extended families that involve multiple generations and relatives along both vertical and horizontal lines are an important characteristic of many American Indian families. The strengths associated with this open family structure -mutual help and respect- can provide members of these families with a network of support which can be very valuable when dealing with socio-economic hardships.[13]

Table 10 provides more information about the estimated 407 children ages 0 to 17 living with grandparents in the Colorado River Indian Tribes Region. About one in five (22%) of these children who live with their grandparents do not have a parent present in the household, and fifty-nine percent live in multigenerational homes where the grandparent has assumed responsibility for the child, despite the presence of a parent. This indicates that, where children are living with their grandparents, a higher proportion of those grandparents are directly involved in raising their grandchildren in the CRIT Region than grandparents across the state.

Figure 5 shows a map of the geographic distribution of young grandchildren (ages 0-5) living in a grandparent's household, overlaid on the percentage of grandparents responsible for grandchild (ages 0-17) who were in poverty. Most young children living in a grandparent's household in the region live in the Parker area. The percent of

grandparents responsible for grandchildren who were in poverty seems to be small, which surprised key informants in the region.

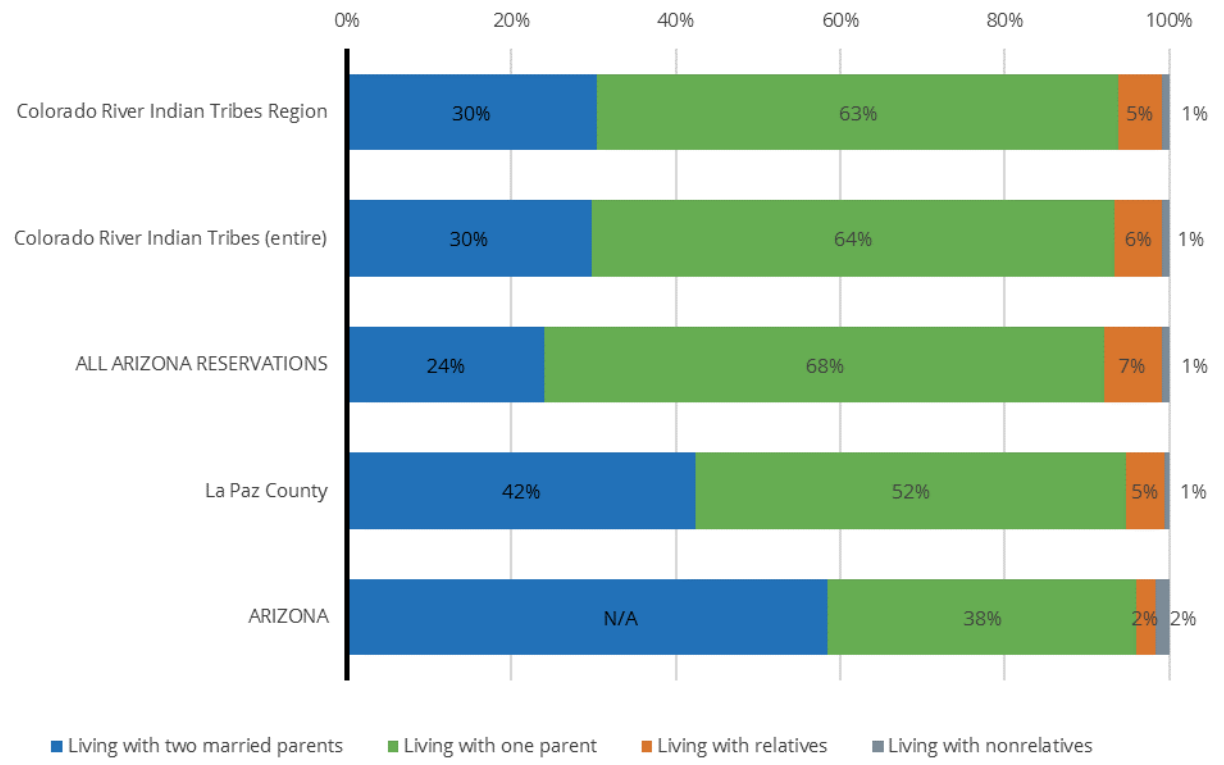
According to recent estimates from the American Community Survey, one in five (21%) young children in the region is living with foreign-born parents, which is lower than the percentage county-wide (28%) (Table 11). However, this proportion is much higher than that of children with foreign-born parents in all Arizona reservations (3%).

Table 9. Composition of Households in the 2010 Census

	Total number of households	Total number of households with child(ren) under 6 years old	Percent of households with child(ren) under 6 years old	Households with child(ren) under 6 years old, husband-wife householders	Households with child(ren) under 6 years old, single male householder	Households with child(ren) under 6 years old, single female householder
Colorado River Indian Tribes Region	2,336	485	21%	47%	15%	37%
Colorado River Indian Tribes (entire)	3,207	526	16%	47%	16%	37%
ALL ARIZONA RESERVATIONS	50,140	13,115	26%	45%	13%	42%
La Paz County	9,198	822	9%	53%	15%	33%
ARIZONA	2,380,990	384,441	16%	65%	11%	24%

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

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



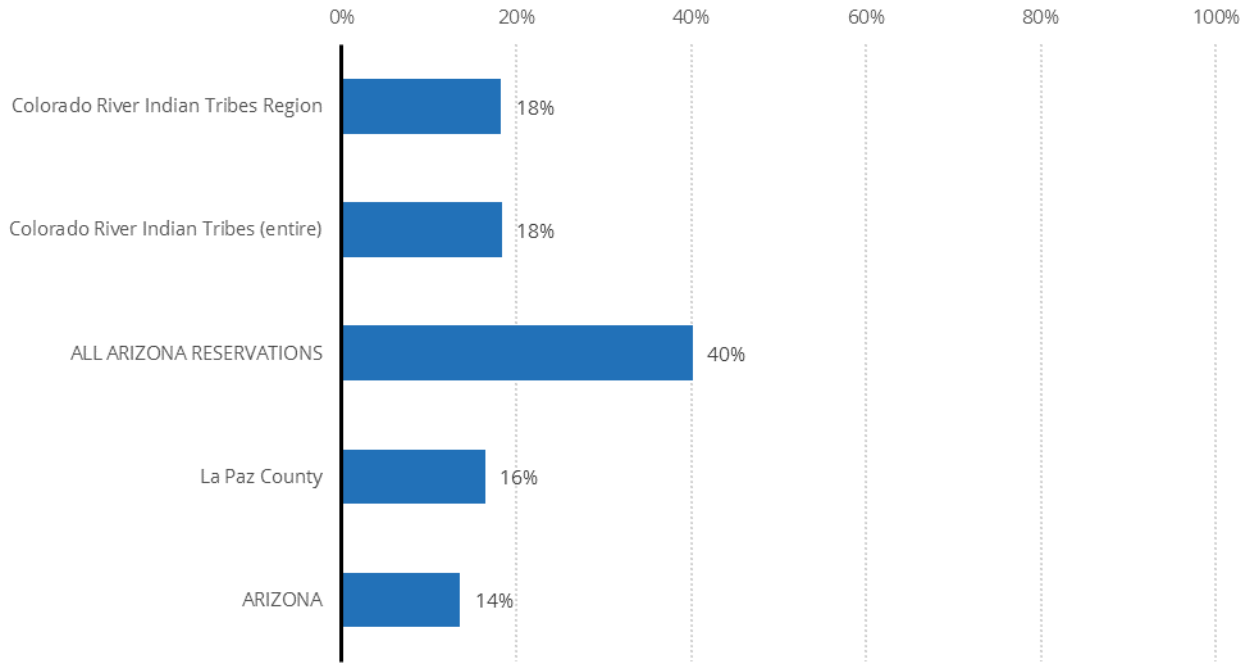
Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Tables B05009, B09001, B17006

Table 10. Children (Ages 0 to 17) Living in a Grandparent's Household

	Number of children (ages 0-17) living in a grandparent's household	Percent of children (0-17) living in a grandparent's household and the grandparent is responsible for the child	Percent of children (0-17) living in a grandparent's household and the grandparent is responsible for the child (with no parent present)
Colorado River Indian Tribes Region	407	59%	22%
Colorado River Indian Tribes (entire)	431	60%	23%
ALL ARIZONA RESERVATIONS	17,774	58%	12%
La Paz County	626	44%	16%
ARIZONA	140,038	53%	14%

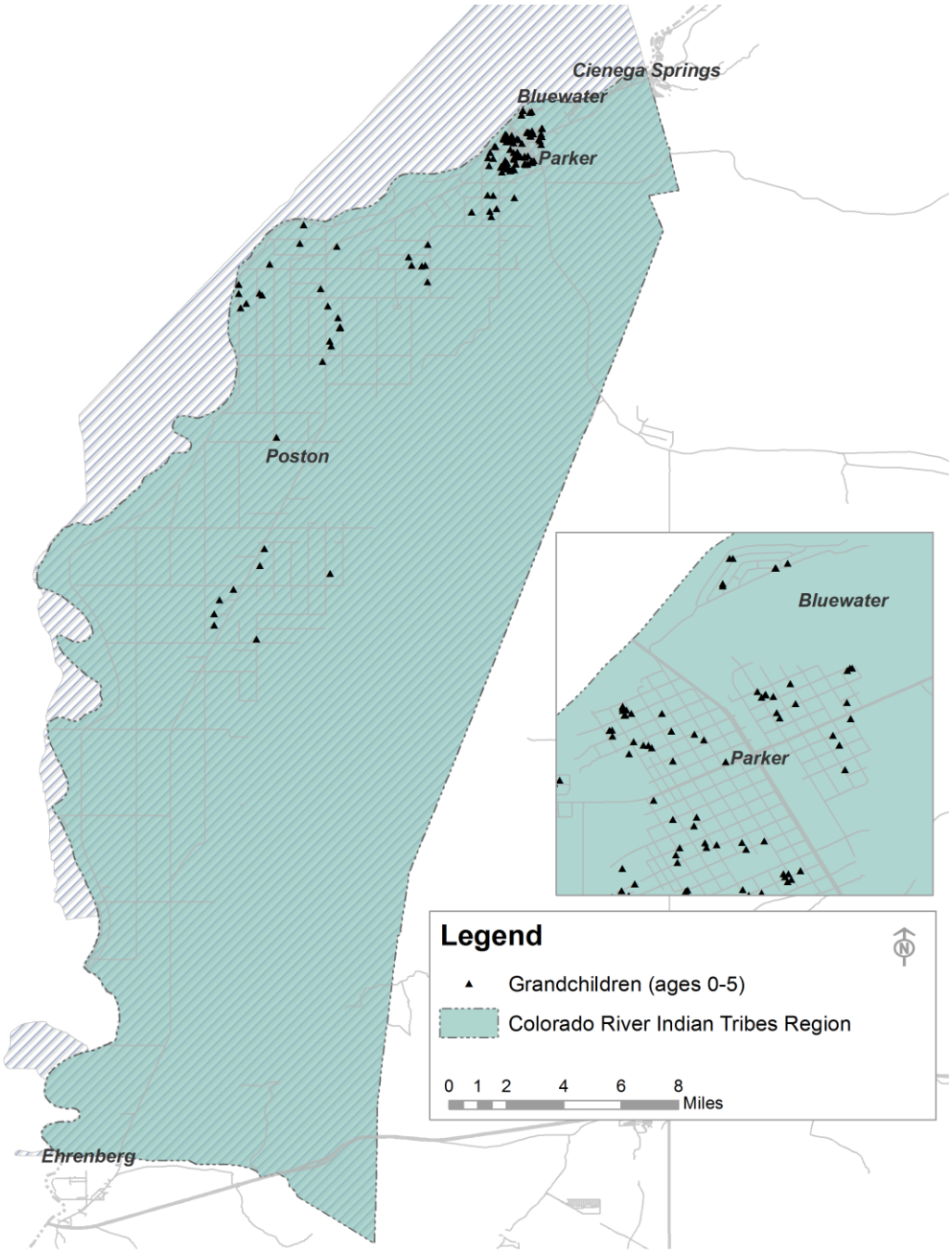
Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B10002

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



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

Figure 5. Map of Grandchildren (ages 0-5)



Source: U.S. Census Bureau (2010). 2010 Decennial Census, SF 1, Table P41; U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B10002. Map by CRED.

Table 11. Children (Ages 0 to 5) Living with Foreign-Born Parents

	Children (ages 0-5) living with one or two parents	Children (ages 0-5) living with one or two foreign-born parents
Colorado River Indian Tribes Region	654	21%
Colorado River Indian Tribes (entire)	681	20%
ALL ARIZONA RESERVATIONS	18,293	3%
La Paz County	1,012	28%
ARIZONA	510,658	27%

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

Language Use

Estimates from the American Community Survey indicate that less than 1 percent of residents age 5 and older in the Colorado River Indian Tribes Region speak a Native North American language at home, a considerably lower rate than across all Arizona reservations (50%). An estimated 28 percent of residents speak Spanish at home, and 69 percent speak English at home (Table 12). Twelve percent of those who speak a language other than English at home indicated that they do not speak English "very well," compared to 13 percent in all Arizona reservations combined (Table 13). At a household level, seven percent of households in the region are classified as limited-English-speaking; in all Arizona reservations combined, the proportion is almost twice times as high (11%) (Table 14). Among students enrolled in kindergarten through third grade, seven percent of students are English Language Learners, but this varies by school (Table 15). Nineteen percent of children at Le Pera Elementary School are English Language Learners, a higher percentage than that seen at La Paz County (11%) or across all Arizona schools (10%).

The Colorado River Indian Tribes include four distinct tribes (the Mohave, Chemehuevi, Hopi and Navajo), and each of these tribes has their own language. Mohave language classes are offered through the Colorado River Indian Tribes Library. Adult classes are offered year-round on a weekly basis. During the summer, Mohave language classes for children ages 6 to 10 are also available at the library.

Table 12. Language Spoken at Home (Ages 5 and Older)

	Estimated population (ages 5 and older)	Speak English at home	Speak Spanish at home	Speak a native North American language at home	Speak another language at home
Colorado River Indian Tribes Region	7,210	69%	28%	1%	1%
Colorado River Indian Tribes (entire)	8,570	73%	25%	1%	1%
ALL ARIZONA RESERVATIONS	169,020	45%	4%	50%	1%
La Paz County	19,395	81%	17%	1%	1%
ARIZONA	6,120,900	73%	20%	2%	5%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B16001
Note: The percentages above may not add to 100% due to rounding.

Table 13. Proficiency in English (Ages 5 and Older)

	Population (ages 5 and older)	Speak English at home	Speak another language at home, and speak English "very well"	Speak another language at home, and do not speak English "very well"
Colorado River Indian Tribes Region	7,210	69%	19%	12%
Colorado River Indian Tribes (entire)	8,570	73%	16%	11%
ALL ARIZONA RESERVATIONS	169,020	45%	42%	13%
La Paz County	19,395	81%	11%	8%
ARIZONA	6,120,900	73%	17%	9%

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

Table 14. Limited-English-Speaking Households

	Number of households	Households which speak a language other than English	Limited-English-speaking households (Total)	Limited-English-speaking households (Spanish)
Colorado River Indian Tribes Region	3,027	31%	7%	6%
Colorado River Indian Tribes (entire)	3,804	26%	5%	5%
ALL ARIZONA RESERVATIONS	47,892	73%	11%	1%
La Paz County	9,707	14%	3%	3%
ARIZONA	2,387,246	27%	5%	4%

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

Table 15. English Language Learners Enrolled in Grades K to 3

	Number of students enrolled (K to 3)	Number of English Language Learners (ELL)	Percent of students who are ELL
Colorado River Indian Tribes Region Schools	643	47	7%
Blake Primary School (K-2)	394	21	5%
Le Pera Elementary School (K-8)	112	21	19%
Wallace Elementary School (3-5)	137	5	4%
La Paz County Schools	838	89	11%
All Arizona Schools	342,307	34,256	10%

Source: Arizona Department of Education (2016). [Enrollment Dataset]. Unpublished data.
Note: The percentages above may not add to 100% due to rounding.

ECONOMIC CIRCUMSTANCES

Why Economic Circumstances Matter

The economic well-being of a family is a powerful predictor of child well-being. Children raised in poverty are at a greater risk of adverse outcomes including low birth weight, lower school achievement, and poor health.[14,15,16,17,18] They are also more likely to remain poor later in life.[19] More than a quarter (26%) of Arizona's children lived in poverty in 2014, compared to just over a fifth (21%) six years earlier.[20]

Poverty rates alone do not tell the full story of economic vitality in a region. Income and unemployment rates are also important indicators. According to the National Center for Children in Poverty, families typically need an income of about twice the federal poverty level to meet basic needs.[21] As a benchmark, the 2015 Federal Poverty Guideline for a family of four was $24,250; a typical family of four making less than $48,500 is likely struggling to make ends meet. Under- and unemployment can affect a family's ability to meet the expenses of daily living, and their access to resources needed to support their children's well-being and healthy development. A parent's job loss can affect children's school performance, leading to poorer attendance, lower test scores, and higher risk of grade repetition, suspension or expulsion.[22] Unemployment can also put families at greater risk for stress, family conflict, and homelessness.[23]

Housing instability and homelessness can have deleterious effects on the physical, social-emotional, and cognitive development of young children.[24] Housing that requires more than 30 percent of a household's income is an indicator of a housing affordability problem in a region, leaving inadequate funds for other family necessities, such as food and utilities.[25] High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition and homelessness.[26] Examining indicators related to housing quality, costs, and availability can reveal additional factors affecting the health and well-being of families in a region.

Public assistance programs are one way of counteracting the effects of poverty and providing supports to children and families in need. The Temporary Assistance for Needy Families (TANF) Cash Assistance program provides temporary cash benefits and supportive services to children and families. Eligibility is based on citizenship or qualified resident status, Arizona residency, and limits on resources and monthly income. In 2014, seven out of 10 TANF participants in Arizona were children, and the average monthly benefit was $93.[27]

Other public assistance programs available in Arizona affect access to food. Food insecurity – a limited or uncertain availability of food – is negatively associated with many markers of health and well-being for children, including a heightened risk for developmental delays.[28] Food insecurity is also associated with overweight and obesity.[29] 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.[30] SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional income to access food from SNAP is substantial. For example, for a three-person family with one person whose wage is $10 per hour, SNAP benefits boost take-home income by 10 to 20 percent.[31]

In addition to SNAP, food banks and school-based programs such as the National School Lunch Program[32] and Summer Food Service Program[i] are important resources aimed at addressing food insecurity by providing access to free and reduced-price food and meals in both community and school settings. The National School Lunch Program[33] provides free and reduced-price meals at school for students whose families' incomes are at or less than 130 percent of the federal poverty level (FPL) for free lunch and 185 percent of the FPL for reduced price lunch. The Arizona

[i] *For more information on Summer Food Service Program, see http://www.azsummerfood.gov/*

Department of Education's Child and Adult Care Food Program (CACFP) reimburses eligible child care centers, adult daycare centers, Head Starts, emergency shelters, and afterschool programs serving at-risk youth for providing healthier meals and snacks. Participants enhance their current menus to offer more fresh fruits and vegetables, whole grains, and low-fat dairy products. The goals of the CACFP program are to support the health and nutrition status of children and adults and promote good eating habits.[34] A growing body of research suggests CACFP has positive effects on young children's health and wellbeing. Children who attend care facilities that participate in CACFP have been found to have healthier diets[35,36,37] and decreased risk of under and overweight.[38]

Another food and nutrition resource, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program, is a federally-funded program which serves economically disadvantaged pregnant, postpartum, and breastfeeding women, as well as infants and children under the age of five. The program offers supplemental nutritious food, breastfeeding and nutrition education, and referrals to health and social services.[ii] In Arizona in 2015, half of all children aged birth through four were enrolled in WIC.[39] Participation in WIC has been shown to be associated with healthier births, lower infant mortality, improved nutrition, decreased food insecurity, improved access to health care and improved cognitive development and academic achievement for children.[40]

What the Data Tell Us

Income

The median income for all families in the Colorado River Indian Tribe Region is $38,966, according to recent estimates from the American Community Survey (Table 16). The median income for families with married parents (husband-wife) and children under age 18 is about $10,000 higher ($48,663), whereas single-parent families make substantially less. The median income for households run by a single female in the CRIT Region is $22,130, and households led by single males make an estimated $24,333 (Table 16). The low median income for single-householders in the region is a concern because the majority of young children (63%) live in single-parent households (see Figure 3 above). Figure 6 shows a map of overall median family income in the region by block group. Overall, median income in the region is particularly low in the parts of the region outside Parker just north of Poston.

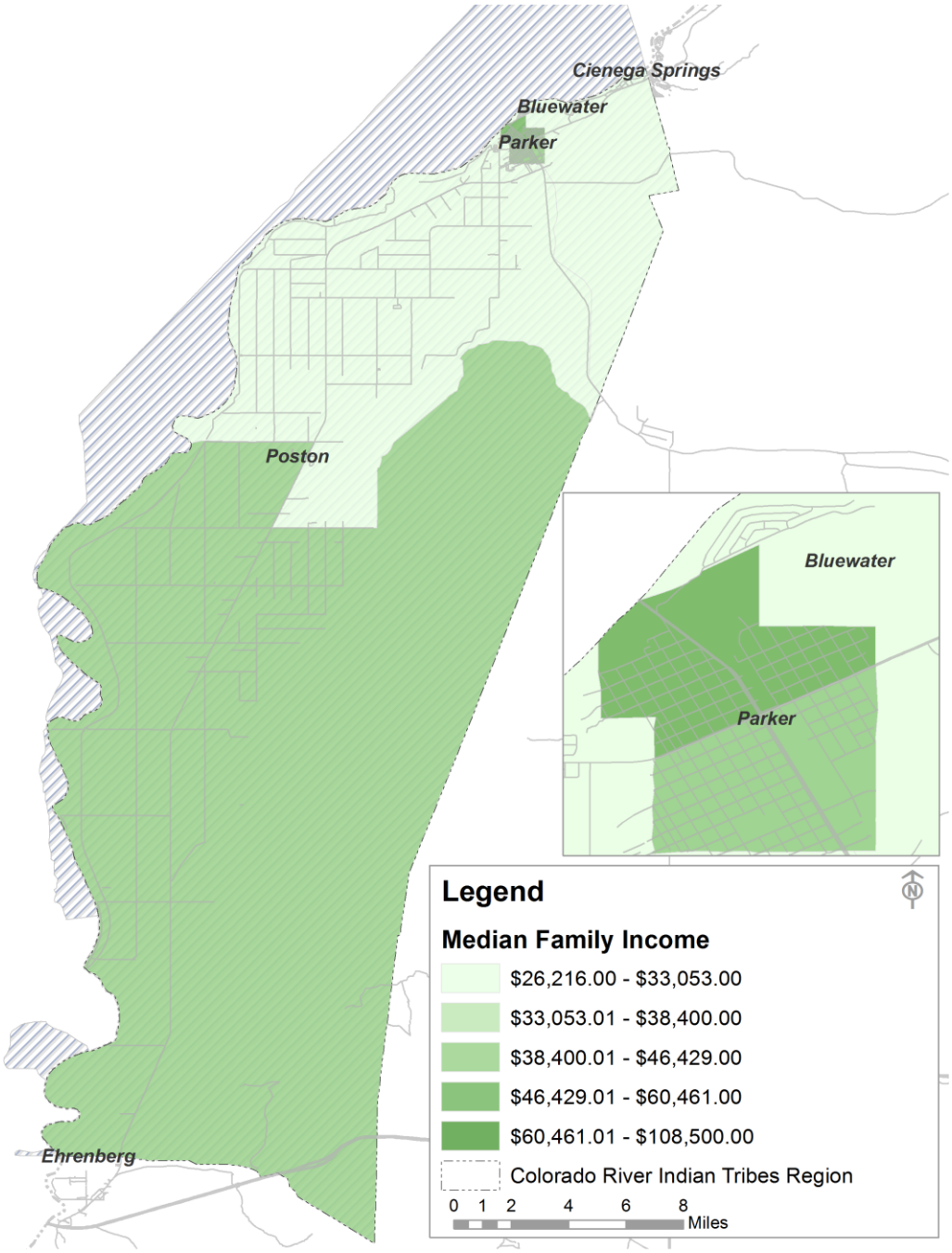
[ii] *For more information on the Arizona WIC Program, visit http://azdhs.gov/prevention/azwic/*

Table 16. Median Annual Family Income

	Median family income for all families	Median family income for husband-wife families with child(ren) under 18	Median family income for single-male-householder families with child(ren) under 18	Median family income for single-female-householder families with child(ren) under 18
Colorado River Indian Tribes Region	$38,966	$48,663	$24,333	$22,130
Colorado River Indian Tribes (entire)	$39,522	$48,802	$25,313	$21,667
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A
La Paz County	$43,757	$39,057	$24,500	$24,643
ARIZONA	$59,088	$73,563	$37,103	$25,787

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

Figure 6. Map of Median Family Income



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

Poverty

According to the American Community Survey (ACS), over one-fifth (23%) of the total (all-age) population of the Colorado River Indian Tribes Region lives in poverty, a proportion which is lower than across all Arizona reservations combined (42%) but substantially higher than the state (18%) (Table 17). Poverty rates are much higher among young children in the region (39%), though again this percentage is lower than the poverty rate among young children in all Arizona reservations (55%) but higher than the rate statewide (29%). Figure 7 shows a map of the population of young children in poverty in the region.

In addition to the families whose incomes fall below the federal poverty level, a proportion of households in the region and county are considered low-income (i.e., near but not below the federal poverty level (FPL)). The majority of families in the region with children aged four and under (74%) live below 185 percent of the FPL (i.e., earned less than $3,677 a month for a family of four), which is slightly lower than the 77 percent across all Arizona reservations combined (Table 18).

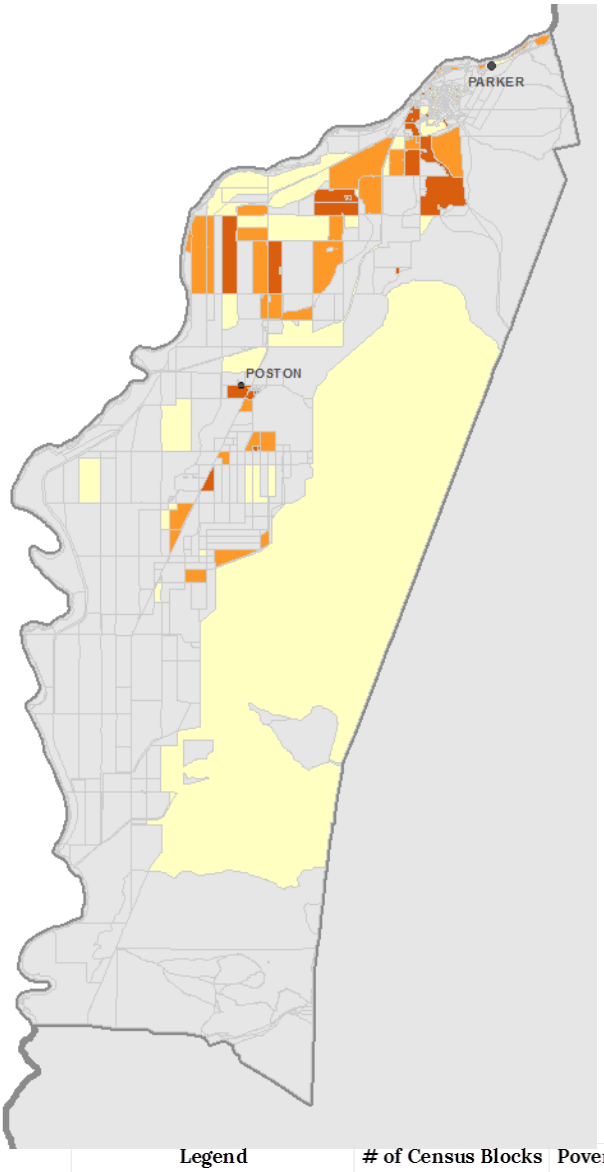
The TANF/Cash Assistance program can be an important short-term support to families in dire financial need. The number of young children supported by this program has steadily declined in recent years, both in the La Paz County and statewide. In the Colorado River Indian Tribe Region, the number of children who received TANF benefits on a yearly basis fell from 86 children in 2012 to 52 children in 2015, a 40 percent decrease (Table 19). Between 1996 and 2015, Arizona reduced TANF benefits more than any other state in the nation, and now ranks 42nd in the level of assistance to those participating in TANF.[41] In Arizona, TANF eligibility is capped at $335 per month, or $4020 annually for a family of four. Beginning in 2016, Arizona became the first and only state that limits a person's lifetime benefit to 12 months.[42] 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.[43]

Table 17. Persons Living in Poverty

	Number of persons (all ages) for whom poverty status is known	Persons (all ages) below poverty level	Number of young children (ages 0-5) for whom poverty status is known	Young children (ages 0-5) below poverty level	Number of older children (ages 6-17) for whom poverty status is known	Older children (ages 6-17) below poverty level
Colorado River Indian Tribes Region	7,568	23%	691	39%	1,461	26%
Colorado River Indian Tribes (entire)	8,951	22%	724	40%	1,539	26%
ALL ARIZONA RESERVATIONS	183,508	42%	19,679	55%	38,821	48%
La Paz County	20,108	18%	1,063	36%	2,485	29%
ARIZONA	6,411,354	18%	522,513	29%	1,071,471	25%

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

Figure 7. Map of Population in Poverty in the Colorado River Indian Tribes Region



Legend	# of Census Blocks	Poverty 0-5	Population 0-5	% Poverty
High Poverty-High Population	106	213	562	38%
High Poverty-Low Population	12	10	24	43%
Low Poverty-High Population	12	6	24	25%
Low Poverty-Low Population	106	39	129	31%
No Poverty	894	0	0	0%
Total	**1,130**	**269**	**739**	**36%**

Source: First Things First (2016). Map by First Things First
Note: Census 2010 census block data were utilized for the population of children 0-5. The 2007-2011 American Community Survey (ACS) data were used to obtain poverty estimates and proportionally assign them to census blocks because these estimates align better with the Census 2010 population of children 0-5. To establish the assignment of each geographical area to one of the categories listed below, the region's median number (children 0-5) for all census blocks was determined (census blocks with no children 0-5 were excluded from the analysis). Those census blocks with the number of children 0-5 below the median were assigned to the "low population" category, while census blocks with the number of children 0-5 above the median were assigned to the "high population" category. The same process was independently followed with the poverty indicator to arrive at the "low poverty" and "high poverty" categories (census blocks with "0 poverty" were excluded from the analysis). The combination of categories was ultimately used to assign a geographical area to one of the categories listed below.

Table 18. Proportion of Families with Young Children (Ages 0 to 4) At or Slightly Above the Federal Poverty Level (FPL)

	Estimated number of families with children (ages 0-4)	Families with children (ages 0-4) below 100% FPL	Families with children (ages 0-4) below 130% FPL	Families with children (ages 0-4) below 150% FPL	Families with children (ages 0-4) below 185% FPL
Colorado River Indian Tribes Region	524	38%	53%	62%	74%
Colorado River Indian Tribes (entire)	539	37%	52%	62%	73%
ALL ARIZONA RESERVATIONS	9,560	51%	62%	68%	77%
La Paz County	838	31%	44%	70%	80%
ARIZONA	301,165	27%	35%	41%	49%

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

Table 19. Number of Children (Ages 0 to 5) Receiving Temporary Assistance to Needy Families (TANF)

	CY 2012	CY 2013	CY 2014	CY 2015	Change from 2012 to 2015
Colorado River Indian Tribes Region	86	77	42	52	-40%
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A
La Paz County	113	101	64	82	-27%
ARIZONA	26,827	24,889	19,884	16,336	-39%

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

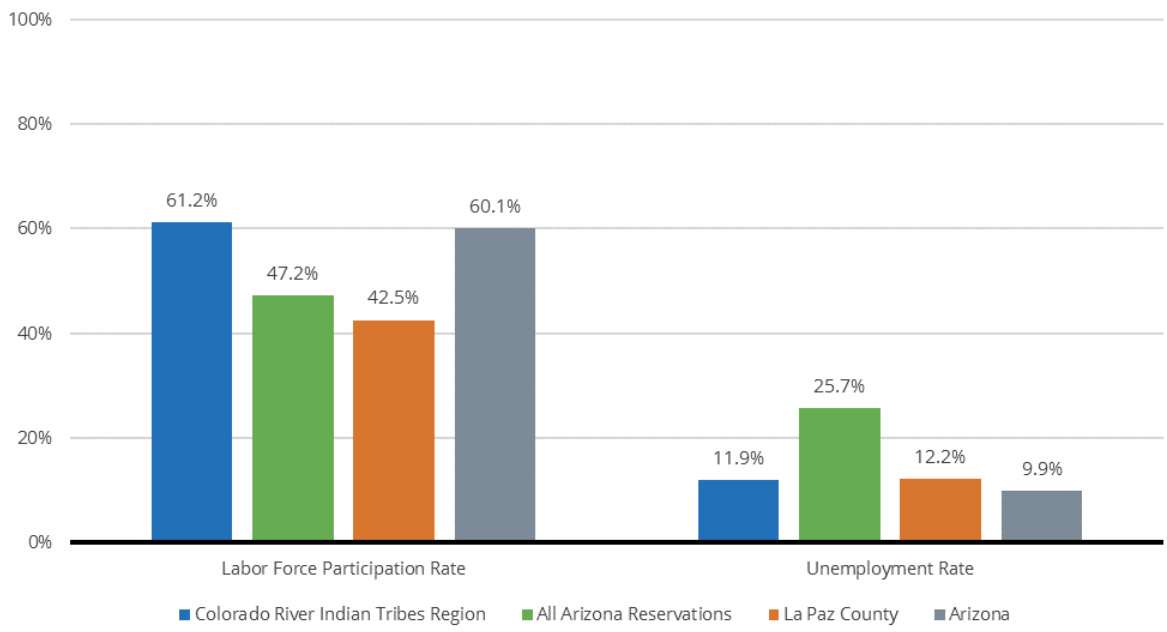
Employment and Unemployment

Recent estimates from the American Community Survey (ACS) indicate that the unemployment rate in the Colorado River Indian Tribes Region is 12.9 percent (see Figure 8). This rate is similar to the ACS rate for La Paz County (11.2%), and higher than the statewide rate of 8.9 percent. ACS estimates, however, aggregate data across five years (2010-2014 in the case of Figure 8). The Arizona Department of Administration, Employment and Population Statistics produces annual unemployment rates as part of their local area unemployment statistics (LAUS) calculations. LAUS data, however, are not available for tribal communities in the state, including the Colorado River

Indian Tribes.[iii] Figure 9 below shows the LAUS unemployment rates for La Paz County (8 percent in 2015) and for the Town of Parker (6 percent in 2015). These estimates taken together suggest that overall, unemployment rates are higher in the region than in the county, but that unemployment rates in Parker are lower than the county in the whole.

For young children living with both parents in the region, 32 percent live with both parents and at least one of them is in the labor force, compared to 24 percent across all Arizona reservations combined (Table 20).[iv] Nineteen percent of children live with a single parent who is not in the labor force, meaning they are neither employed nor looking for work, which is lower than the percentage seen in all Arizona reservations (34%). Overall, 81 percent of young children live with one or more parents who are in the labor force, which is consistent with lower unemployment rates in the region than in Arizona reservation overall. In addition to unemployment rates, the lack of child care, or the prohibitive cost of child care, can keep parents from participating in the labor force.[44] This may be true in the case of the one in five young children who live with a single parent who is not in the labor force.

Figure 8. Labor Force Participation and Unemployment Rate, ACS Estimate

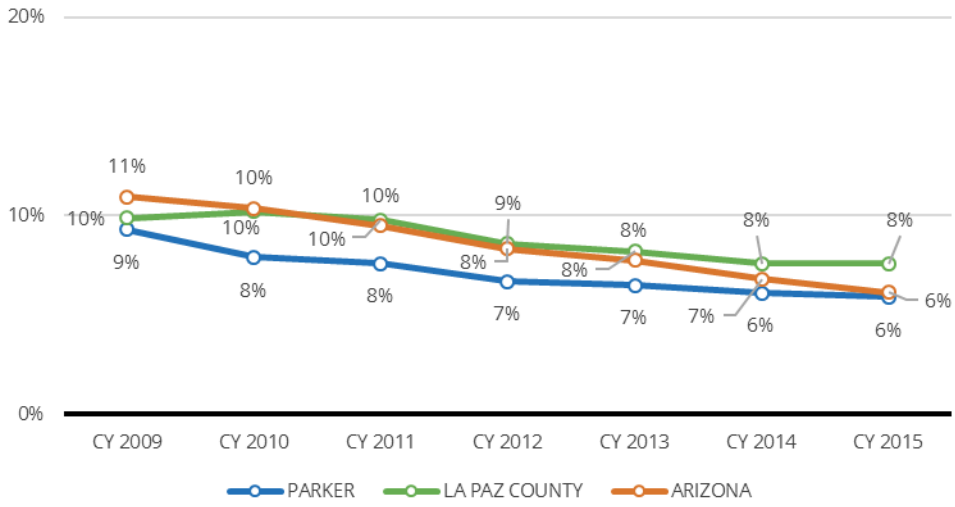


Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table S2301

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

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

Figure 9. Annual Unemployment Rates, 2009-2015



Source: Arizona Department of Administration, Employment and Population Statistics (2016). Local area unemployment statistics (LAUS).
Note: Unemployment rates represent annual averages and are not seasonally adjusted.

Table 20. Parents of Young Children (Ages 0 to 5) Who Are or Are Not in the Labor Force

	Estimated number of children (ages 0-5) living with one or two parents	Children (ages 0-5) living with two parents who are both in the labor force	Children (ages 0-5) living with two parents, one in the labor force, and one not	Children (ages 0-5) living with two parents, neither in the labor force	Children (ages 0-5) living with a single parent who is in the labor force	Children (ages 0-5) living with a single parent who is not in the labor force
Colorado River Indian Tribes Region	654	15%	17%	0%	49%	19%
Colorado River Indian Tribes (entire)	681	15%	16%	0%	48%	20%
ALL ARIZONA RESERVATIONS	18,293	13%	11%	2%	40%	34%
La Paz County	1,012	25%	20%	0%	38%	18%
ARIZONA	510,658	31%	29%	1%	29%	10%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B23008

Note: "In the labor force" includes persons who are employed and persons who are unemployed but looking for work. Persons who are "not in the labor force" include stay-at-home parents, students, retirees, and others who are not working or looking for work.
Note: The percentages above may not add to 100% due to rounding.

Food Insecurity

Food insecurity is defined by the USDA as a "household-level economic and social condition of limited or uncertain access to adequate food."[45] In La Paz County, 16 percent of the population is estimated to be food insecure, which is slightly lower than across the state as a whole (17%). Twenty-nine percent of children (those under 18 years old) are food insecure, higher than the state's 27 percent. An estimated 98 percent of food insecure children in the region are likely to be income-eligible for federal nutrition assistance (Table 21).[46,47] Access to healthy food is somewhat higher in La Paz County than in the state as a whole, though, in La Paz County in 2012 (the most recent data available), there was fewer than one grocery store per 1,000 people (Table 61).[v]

Nutrition assistance programs, such as the Food Distribution Program on Indian Reservations (FDPIR), the Supplemental Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the National School Lunch Program are important for helping those at risk of hunger. Through FDPIR, families meeting eligibility requirements based on income and household size can receive a monthly package of USDA foods from an Indian Tribal Organization (ITO) or state agency.[vi,48] The Colorado River Indian Tribes Department of Health Services administers FDPIR in the Colorado River Indian Tribes region. Over the past three years, nearly 400 people per year in close to 200 households participated in the program (Table 22). Families choosing not to participate in FDPIR may enroll in SNAP and receive monthly benefits to purchase food at participating retailers. While the number of young children participating in SNAP has declined since 2012, this program still supports 538 young children in the Colorado River Indian Tribes Region annually (Table 23).

WIC enrollment has also declined slightly between 2013 and 2015 (Table 25), though the program still served more than 1,200 women, infants, and children in the region in 2015 (Table 24). WIC participation rates in the region are very high, much higher than those statewide across women, infants, and children (Table 26). One reason for this may be the high availability of SNAP and WIC authorized retailers in the region. A common challenge to participating in SNAP or WIC is the availability of retailers where WIC vouchers or SNAP Electronic Benefits Transfer (EBT)[vii] are accepted. The ratio of population to SNAP retailers in the CRIT Region is more than three times higher than that available statewide or in all Arizona reservations combined. The ratio of population to WIC retailers is more than five times that of the statewide ratio and four times that of the ratio in all Arizona reservations (Table 27). This high availability of WIC retailers may make it easier for program participants to redeem WIC vouchers.

The Colorado River Indian Tribes WIC Program is unique among many tribal WIC programs in that it offers services to the entire population of La Paz County as well as some communities in California, including the Chemehuevi Indian Tribe. In many Arizona tribal communities the WIC program was initially funded through the state of Arizona. Overtime, however, several tribes advocated for services that were directed by the tribes themselves and that met the needs of tribal members. As part of this effort, in 1986 the Inter Tribal Council of Arizona (ITCA), led by the by Colorado River Indian Tribes, Gila River Indian Community, Salt River Pima-Maricopa Indian Community and the Tohono O'odham Nation, applied for and received approval to become a WIC state agency through the USDA,

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[v] *Based on the USDA definitions, grocery stores are defined here as "establishments generally known as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included in this industry are delicatessen-type establishments primarily engaged in retailing a general line of food. Convenience stores, with or without gasoline sales, are excluded. Large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded." https://www.ers.usda.gov/webdocs/DataFiles/Data_Access_and_Documentation_Downloads__18030/documentation.pdf?v=42226*

[vi] *For more information about FDPIR, visit https://www.fns.usda.gov/sites/default/files/fdpir/pfs-fdpir.pdf*

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

initially funding seven Tribes. Currently, the ITCA WIC program provides services to 13 reservation communities and the Indian urban populations in the Phoenix and Tucson area. The Colorado River Indian Tribes WIC continues to be one of the tribally operated programs under the ITCA WIC umbrella. The Colorado River Indian Tribes WIC Program provides services outside of Parker through rotating weekly field clinics in the outlying communities of Ehrenberg, Quartzsite and Salome, in Arizona as well as Havasu Lake, Big River and Parker Dam in California. All eligible participants must reside in the service area but services are offered to the community at large regardless of tribal membership.

Due to the WIC program servicing the entire county, the racial and ethnic make-up of WIC program participants reflects that of the region and county. About half of women, infants, and children enrolled in WIC in 2015 were Hispanic. Nearly half (47%) of all children ages birth to 4 enrolled in the program were American Indian, with a slightly lower proportion of infants (43%) and women (39%) that were American Indian (Figure 10). A large proportion of women, infants, and children identified as white (Figure 11); however, it is important to note that since the ethnicity and race questions were reported separately, no distinction is made between the Hispanic and non-Hispanic white population.

Schools are an important part of the nutrition assistance system, especially for children that may be food insecure. Over three-quarters (74-77%) of students in the Colorado River Indian Tribes Region have been eligible for free or reduced-price lunch since 2012 (Table 28). This is much higher than the percent across the state, which has hovered at about 58 percent. Over the last five years, the proportion of students receiving free or reduced-price lunch has remained about the same in the region. In 2016, Parker High School (66%) had the lowest proportion of students eligible, while Le Pera Elementary School had the highest proportion (92%) (Table 28). When school is not in session, schools, community centers, churches, and other community institutions in areas with at least 50 percent of children or more who are eligible for free or reduced-price lunch can receive funding through the Summer Food Service Program (SFSP)[viii] to provide summer meals to children of all ages.[49] However, between 2012 and 2015, there were no Summer Food Program Sites located in the region or in La Paz County as a whole, indicating that children receiving school meals may be particularly vulnerable to food insecurity in the summer months.

The Child and Adult Care Food Program (CACFP) is another important nutrition program for young children. The Colorado River Indian Tribes Head Start program participated in CACFP every year between 2012 and 2015. The program provided funding for 51,943 meals to children in 2015: 120 days of breakfasts, lunches, and afternoon snacks. This was a slight decrease from prior years. The program funded 153 days of meals in 2012, 135 days in 2013 and 132 days in 2014. This decrease in days of meals explains the declining trend in number of meals served (see Figure 13). Despite this, continued participation in this program allows the Head Start center to be reimbursed for providing healthy, balanced meals to children enrolled.

Growing fresh foods in community gardens can help promote healthful eating and provide food to community members at risk of food insecurity. The University of Arizona's La Paz County and Colorado River Indian Tribes Cooperative Extension programs have partnered with several organizations and departments in the community to maintain community gardens at Le Pera School, the Colorado River Indian Tribes Senior Center, the Colorado River Indian Tribes Food Distribution Center, and at Parker United Methodist Church.[50]

Key informants indicated that in the past, staff from the local University of Arizona Cooperative Extension office in the region worked with each CRIT Head Start classroom and provided them with planter boxes for them to grow

[viii] *For more information on the Summer Food Service Program in Arizona, visit http://www.azsummerfood.gov/*

different vegetables. Currently, the Extension office is partnering with Head Start to provide trainings to the parents of children enrolled in the program to they can set up their own gardens at home. Parents participating in the training will receive a planter box to use at home.

Table 21. Food Insecurity and Eligibility for Federal Nutrition Assistance

	Total population	Food insecurity rate (all ages)	Likely eligible for Federal Nutrition Assistance (all ages)	Population of children (ages 0-17)	Food insecurity rate (ages 0-17)	Likely eligible for Federal Nutrition Assistance (ages 0-17)
Colorado River Indian Tribes Region	N/A	N/A	N/A	N/A	N/A	N/A
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	20,348	16%	90%	3,557	29%	98%
ARIZONA	6,731,495	17%	67%	1,622,082	27%	68%

Source: Feeding America (2016). Hunger in America. Retrieved from map.feedingamerica.org/county/2014/overall

Table 22. Food Distribution Program on Indian Reservations (FDPIR) for the Colorado River Indian Tribes

	FY 2014	FY 2015	FY 2016*
Certified persons	347	392	377
Certified households	N/A	N/A	208
Persons participating	347	392	377
Household participating	168	188	185
Boxes Distributed	168	188	185

Source: Colorado River Indian Tribes (2016). [Food Distribution Program Data]. Unpublished data.
**Please note that the data for FY2016 do not represent the full fiscal year (September-October) but only the period of September-June.*

Table 23. Numbers of Young Children (Ages 0 to 5) Receiving SNAP Benefits, 2012 to 2015

	FY 2012	FY 2013	FY 2014	FY 2015	Change from 2012 to 2015
Colorado River Indian Tribes Region	679	654	611	538	-21%
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A
La Paz County	980	967	892	803	-18%
ARIZONA	296,686	290,513	277,345	249,712	-16%

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

Table 24. Number of Women, Infants, and Children Enrolled in the WIC Program During 2015

	Total	Women	Infants	Children
Colorado River Indian Tribes Region	1219	309	349	561
ARIZONA	310,181	82,860	87,836	139,485

Source: Arizona Department of Health Services (2016). [WIC datasets]. Unpublished data; Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Table 25. Children (ages 0-4) enrolled in the Colorado River Indian Tribes WIC Program, 2013 to 2015

	CY 2013	CY 2014	CY 2015	Change 2013-2015
Colorado River Indian Tribes	963	926	910	-6%
ARIZONA	243,050	233,012	227,321	-6%

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

Table 26. Participation Rates in the Colorado River Indian Tribes WIC Program, 2015

	Women	Infants	Children	Total
Colorado River Indian Tribes	95%	98%	96%	96%

Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data; Arizona Department of Health Services (2016). [WIC datasets]. Unpublished data

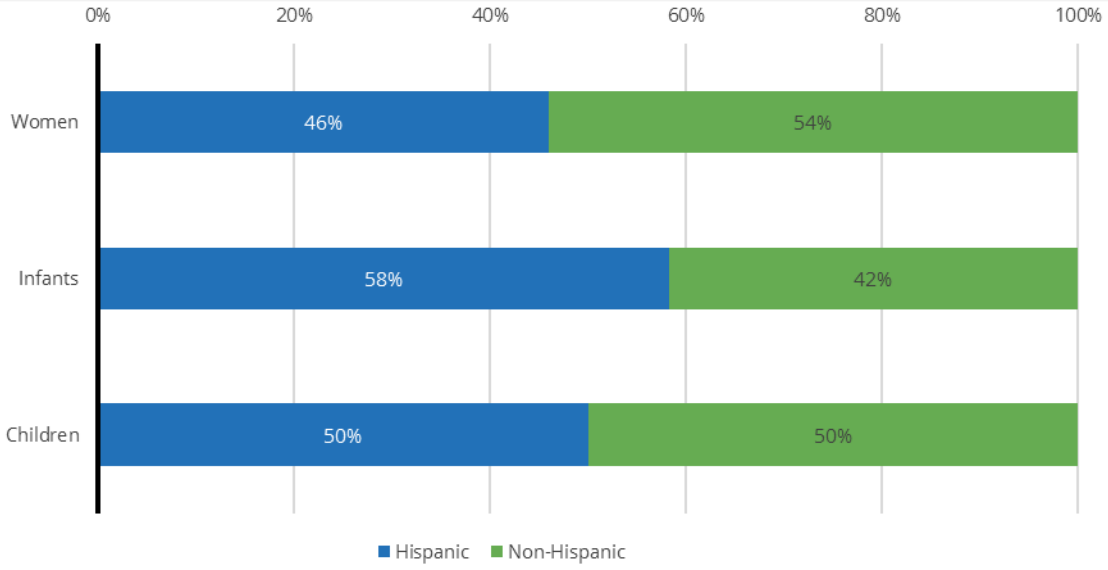
Note: The participation rate is the number of persons receiving WIC benefits during January 2015, divided by the total number of persons enrolled in the program

Table 27. Retailers Participating in the SNAP or WIC Programs

	Number of SNAP retailers	SNAP retailers per 100,000 residents	Number of WIC retailers	WIC retailers per 100,000 residents
Colorado River Indian Tribes Region	15	211.95	4	56.52
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	108	60.63	26	14.60
La Paz County	36	175.70	6	29.28
ARIZONA	4,038	63.17	644	10.08

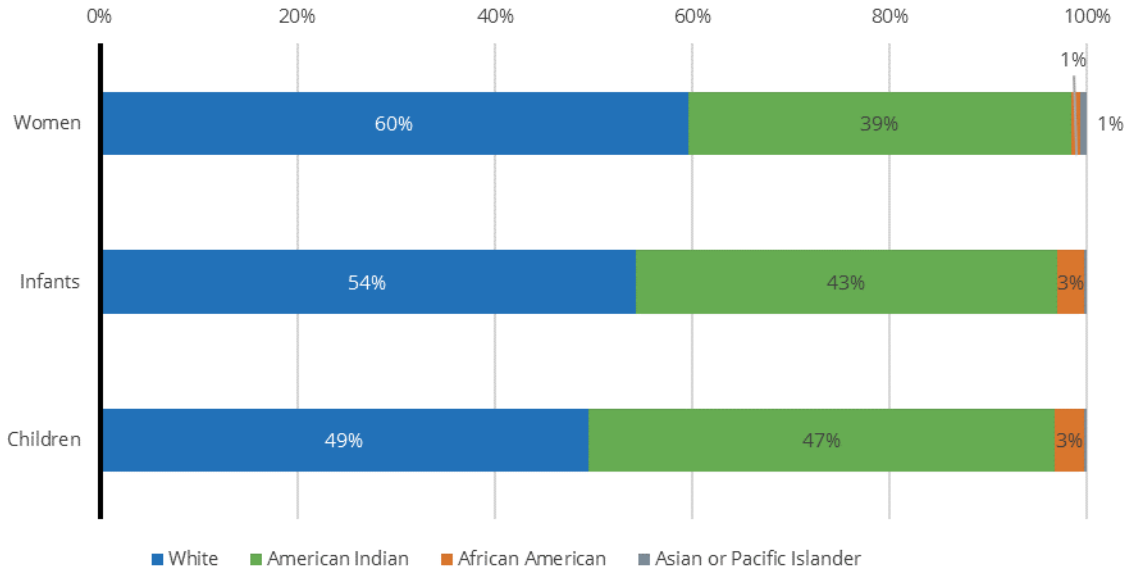
Source: United Arizona Department of Health Services (2016). Arizona WIC Vendor List. Retrieved from http://azdhs.gov/documents/prevention/azwic/az-wic-vendor-list.pdf; Inter-Tribal Council of Arizona (2016). Special Supplemental Nutrition Program for Women, Infants, and Children: Find a Store. Retrieved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

Figure 10. Enrollment in Colorado River Indian Tribes WIC Program by Ethnicity



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

Figure 11. Enrollment in Colorado River Indian Tribes WIC Program by Race



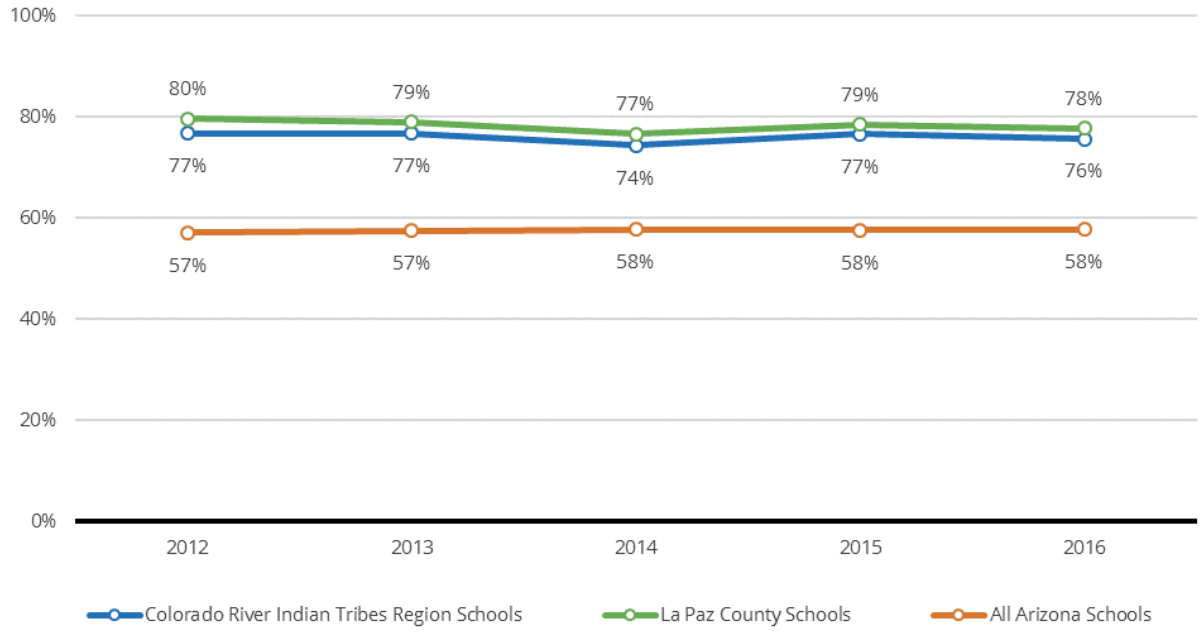
Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data

Table 28. Proportion of Students (Pre-kindergarten Through Twelfth Grade) Eligible for Free or Reduced-Price Lunch, 2012 to 2016

	2012	2013	2014	2015	2016
Colorado River Indian Tribes Region Schools	77%	77%	74%	77%	76%
Parker High School	67%	69%	64%	68%	66%
Blake Primary School (PS-2)	82%	78%	78%	76%	77%
Wallace Elementary School (3-5)	71%	74%	73%	77%	76%
Le Pera Elementary School (K-8)	93%	95%	92%	94%	92%
La Paz County Schools	80%	79%	77%	79%	78%
All Arizona Schools	57%	57%	58%	58%	58%

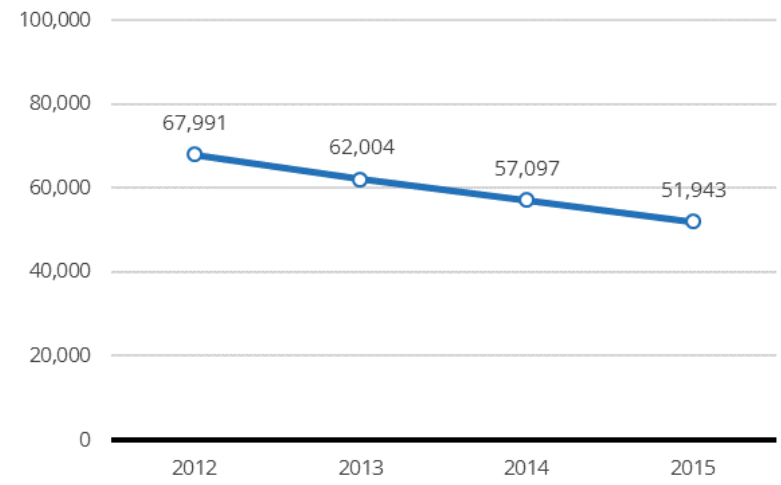
Source: Arizona Department of Education (2016). [Free and Reduced Lunch dataset]. Unpublished data

Figure 12. Proportion of Students (Pre-kindergarten Through Twelfth Grade) Eligible for Free or Reduced-Price Lunch, 2012 to 2016



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

Figure 13. Trend in Meals Served Through CACFP, 2012-2015



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

Housing and Transportation

Of the 3,027 occupied housing units in the Colorado River Indian Tribes Region, 33 percent are occupied by renters and 67 percent are occupied by home-owners (Table 29). This is a lower proportion of renters and higher proportion of homeowners than in the state a whole, but the rates of homeownership in the region are lower than that across the county. Residents of the Colorado River Indian Tribes Region have a lower housing cost burden than residents of the state as a whole: only 19 percent of housing units in the region require their residents to contribute more than 30 percent of their household income toward housing, compared to 34 percent statewide (Table 30).

The Department of Housing and Urban Development (HUD) maintains the Comprehensive Housing Affordability Strategy (CHAS) database, which tracks the share of housing units with housing problems. HUD defines four key housing problems: a lack of complete kitchen facilities, a lack of complete plumbing facilities, overcrowding, and high cost-burden (see note on Table 31). A lower percentage of housing units in the Colorado River Indian Tribes Region (31%) have at least one of these problems compared to the state as a whole (37%), but this percentage is higher than the 24 percent of housing units with housing problems in La Paz County. Housing problems may place extra burdens on low-income families. With only 6 percent of housing units having a housing problem and a low-income householder in the Colorado River Indian Tribes Region, this may be less of a problem in the region than in the state (8%) (Table 31).

However, although housing may not be as much as a problem in the region compared to the state, transportation remains a major challenge. Figure 14 shows a map of households in the region by block group that do not have access to a vehicle. As many as one in five households have no vehicle available in the areas directly south of Parker. Lack of transportation is one of the main challenges for families in the region – as key informants pointed out, even for families who own one vehicle, transportation might still be a challenge. If one of the parents works and needs to take the vehicle for the purpose of commuting, the parent who stays home with the children is likely to struggle with transportation when, for instance, taking the children to medical appointments or participating in organized events. Lack of transportation often impedes on the ability of families to take advantage of services and programs available to them. Key informants indicated that a variety of free-of-cost events are offered in the community, but depending on where the event is located, it may be too difficult to find a way to get there. Many community members live in the valley area, about 40 minutes away from the town of Parker.

Table 29. Owner- and Renter-Occupied Housing Units

	Number of occupied housing units	Owner-occupied units	Renter-occupied units
Colorado River Indian Tribes Region	3,027	67%	33%
Colorado River Indian Tribes (entire)	3,804	71%	29%
ALL ARIZONA RESERVATIONS	47,892	69%	31%
La Paz County	9,707	77%	23%
ARIZONA	2,387,246	63%	37%

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

Table 30. The Cost of Housing, Relative to Household Income

	Number of occupied housing units	Occupied housing units which cost 30% of household income, or more
Colorado River Indian Tribes Region	3,027	19%
Colorado River Indian Tribes (entire)	3,804	21%
ALL ARIZONA RESERVATIONS	47,892	17%
La Paz County	9,707	16%
ARIZONA	2,387,246	34%

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

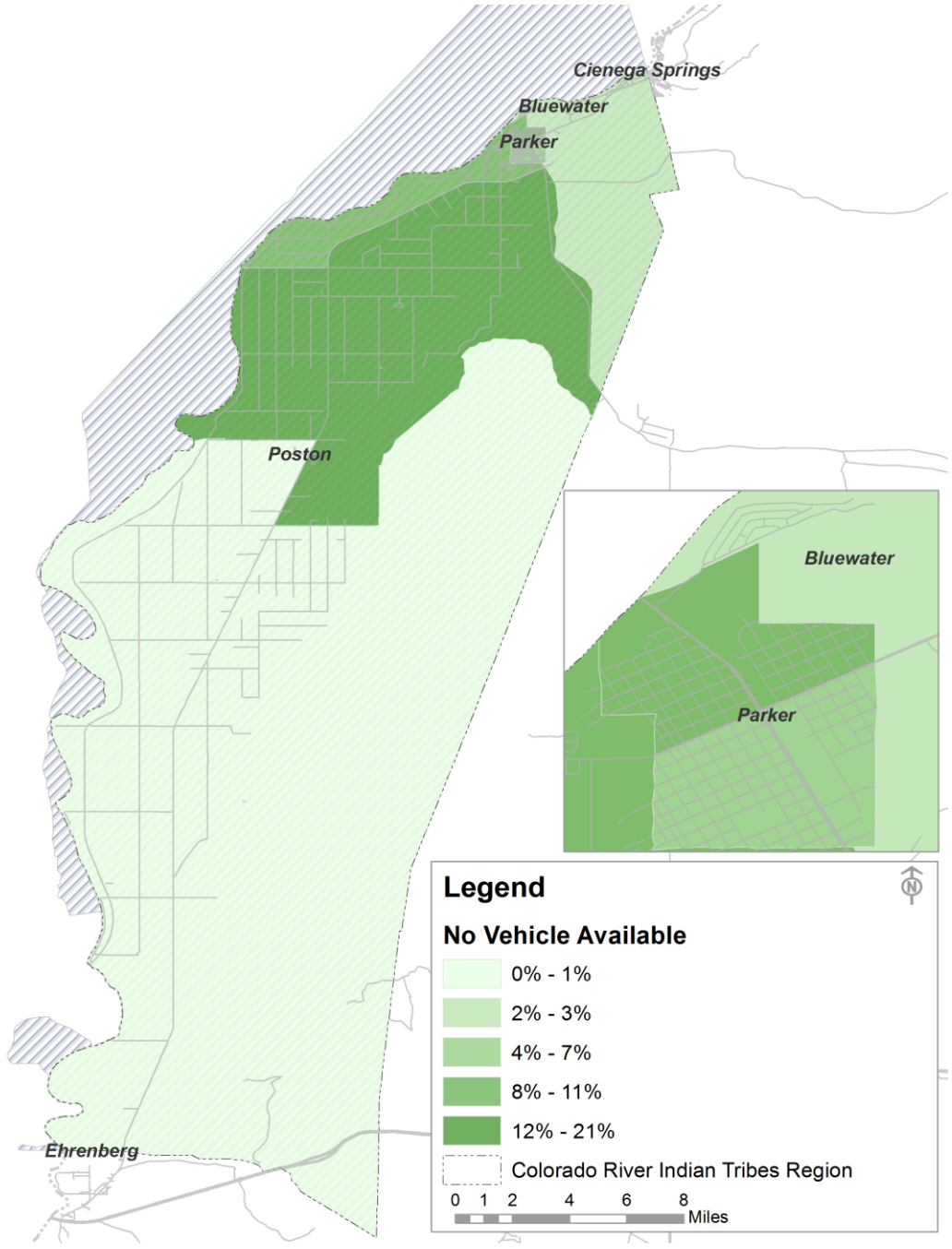
Table 31. Housing Units with Housing Problems

	Housing Units	Housing units with housing problems	Housing units with housing problems and low-income householder
Colorado River Indian Tribes Region	3,200	31%	6%
La Paz County	10,220	24%	5%
Arizona	2,369,550	37%	8%

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

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

Figure 14. Map of Households with No Vehicle Available



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

EDUCATIONAL INDICATORS

Why Educational Indicators Matter

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

The importance of education begins early in life. Preschool participation has been shown to better prepare young children for kindergarten by supporting good school attendance practices and honing socio-emotional, cognitive, and physical skills.[51,52,53,54] Starting in kindergarten, poor school attendance can cause children to fall behind, leading to lowered proficiency in reading and math, and increased grade-retention.[55]

Early education is laying an important foundation for the future. Students who are at or above grade level reading in third grade are more likely to graduate high school and attend college.[56] A family's economic circumstances can multiply this effect: more than one-fourth (26%) of children who were both not reading proficiently in third grade and living in poverty for at least a year do not finish high school – that is more than six times the drop-out rate for proficient readers.[57]

In recognition of the importance of assuring that children are reading by the third grade, the Arizona Revised Statute §15-701 (also known as the *Move on When Reading* law) was enacted, which states that a student shall not be promoted from the third grade if the student obtains a score that falls far below the third-grade level.[ix] Exceptions exist for students identified with or being evaluated for learning disabilities, English language learners, and those with reading impairments. From 2000-2014, the primary in-school performance measure of students in public elementary schools in the state used to meet the *Move on When Reading* requirement was the Arizona's Instrument to Measure Standards (AIMS).[x] In 2014, the statewide assessment tool for English language arts (ELA) and mathematics changed from AIMS to AzMERIT (Arizona's Measurement of Educational Readiness to Inform Teaching), and the first AzMERIT testing began in the 2015 school year.[58] New proficiency cut points were determined by grade level,[59] and earning a score of "proficient" or "highly proficient" indicates that a student is prepared for the next grade without requiring additional support.[60] Students who score as either "minimally" or "partially proficient" are likely to need support to be ready to move on to the next grade.[61] In order for children to be prepared to succeed on tests such as AzMERIT, research shows that early reading experiences, opportunities to build vocabularies, and literacy-rich environments are the most effective ways to support the literacy development of young children.[62]

Beyond the direct connections between caregivers' education and their own literacy, the ability to read to, share with, and teach young children in the home is influenced by parental and familial stress levels, income levels, and educational levels. Families in poverty are often grappling with issues of day-to-day survival which may limit time spent in developmentally enriching activities. Parents with higher educational attainment may be less vulnerable to these issues and are more likely to have children with positive outcomes related to school readiness and educational achievement, as well improved health, social and economic outcomes.[63] Higher levels of parental education are also associated with better housing, more secure neighborhoods, and stable working conditions, all of which are important for the health and well-being of children.[64,65]

[ix] *For more information on Move on When Reading, visit http://www.azed.gov/mowr/*

[x] *For more information on the AIMS test, visit http://arizonaindicators.org/education/aims*

What the Data Tell Us

Standardized Test Scores

There are three public elementary schools in the Parker Unified School District serving students in the Colorado River Indian Tribes Region: Blake Primary School, Wallace Elementary School, and Le Pera Elementary School. Blake Primary School serves students in preschool through second grade, Wallace Elementary school serves students in third through fifth grade, and Le Pera Elementary School serves students in kindergarten through eighth grade. Figure 15 shows a map of school districts in the region. The map in Figure 15 below shows the school districts serving children in the region.

The AzMERIT, which replaced AIMS in the 2014-2015 school year, is designed to assess students' critical thinking skills and their mastery of the Arizona College and Career Ready Standards established in 2010. Students who receive a proficient or highly proficient score are considered adequately prepared for success in the next grade. In the 2014-2015 school year, only 28 percent of Colorado River Indian Tribes Region students attained these scores on the third grade math assessment, which was a lower passing rate than across Arizona as a whole (41%) (Figure 16). Performance on the English Language Arts (ELA) test was poorer, with only 19 percent of Colorado River Indian Tribes students demonstrating proficiency, compared to 40 percent across the state (Figure 17). Students in the region passed the ELA tests at nearly the same rate as students in La Paz County as a whole but passed the Math test at a higher rate. A portion of the 67 percent of Colorado River Indian Tribes Region third graders who scored minimally proficient on the ELA test are at risk for retention in third grade, based on the Arizona's Move on When Reading law, which requires retention of those whose reading falls far below the third grade level.[xi]

These scores on the AzMERIT Math and English Language Arts tests were considerably lower than those on the Arizona Instrument to Measure Standards tests in prior years. In the 2013-2014 school year, between 44 and 54 percent of students in Colorado River Indian Tribes Region schools passed the AIMS Math test, and between 70 and 71 percent passed the AIMS reading test (Figure 18; Figure 19). The drop in passing rates in the transition from AIMS to AzMERIT has been seen across all schools in Arizona.[66]

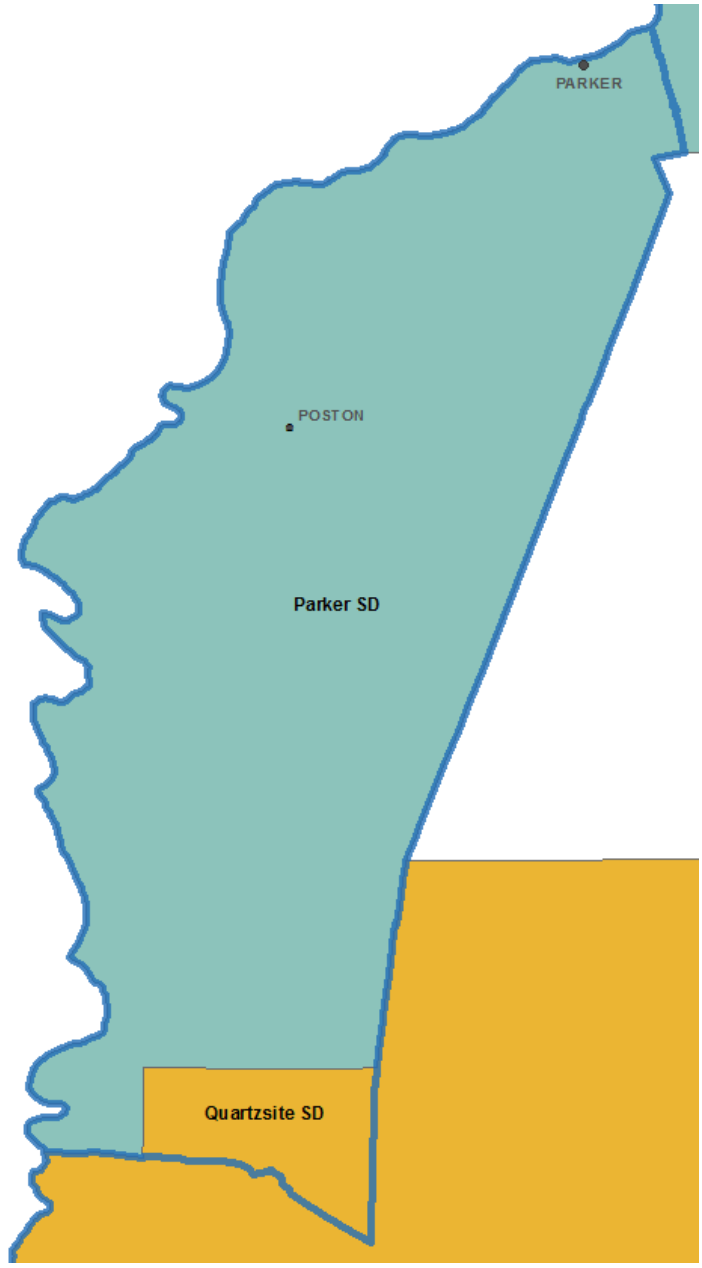
A sample of Arizona students in grades 4, 8 and 12 also take the National Assessment of Educational Progress (NAEP), a nationally-administered achievement test that allows for comparisons between states. Thirty percent of Arizona fourth graders scored at the proficient or advanced level in reading in2015, compared with 35 percent of fourth graders nationally. Scores have been improving steadily, both in the state and nationally, since testing began in 1998.

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

[xi] *Note that in the data provided, the scores reported are a combined ELA score of reading and writing. Students may have a minimally proficient ELA score and still meet the Move On When Reading requirement.*

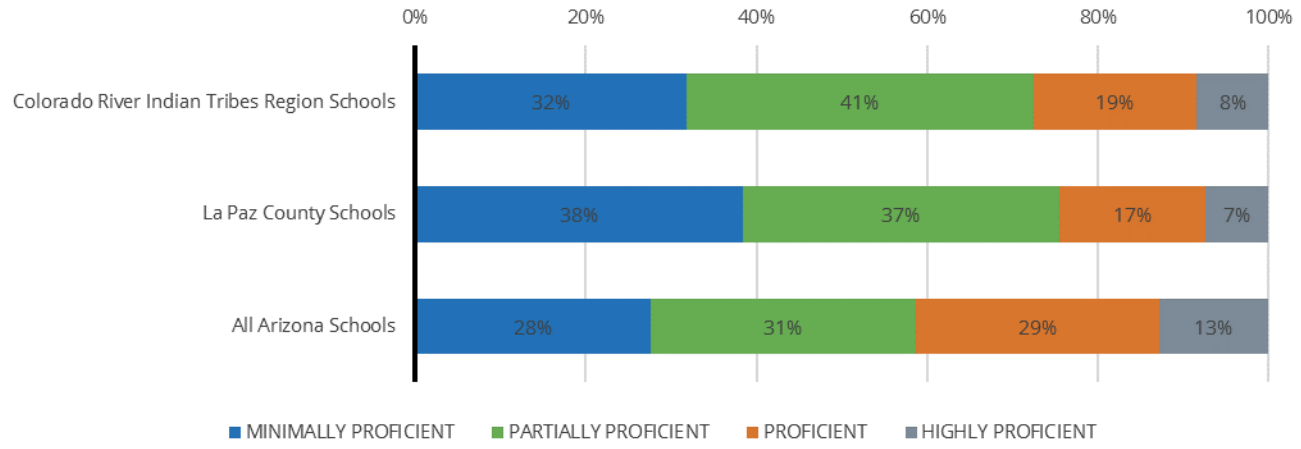
Student performance in the Colorado River Indian Tribes Region, and statewide, suggests that there is much work to be done to support early literacy and to strengthen scholastic achievement, particularly among young children of color and children in poverty.

Figure 15. Map of School Districts in the Colorado River Indian Tribes Region



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

Figure 16. AzMERIT Math Test Results for Third-Graders in the 2014-2015 School Year



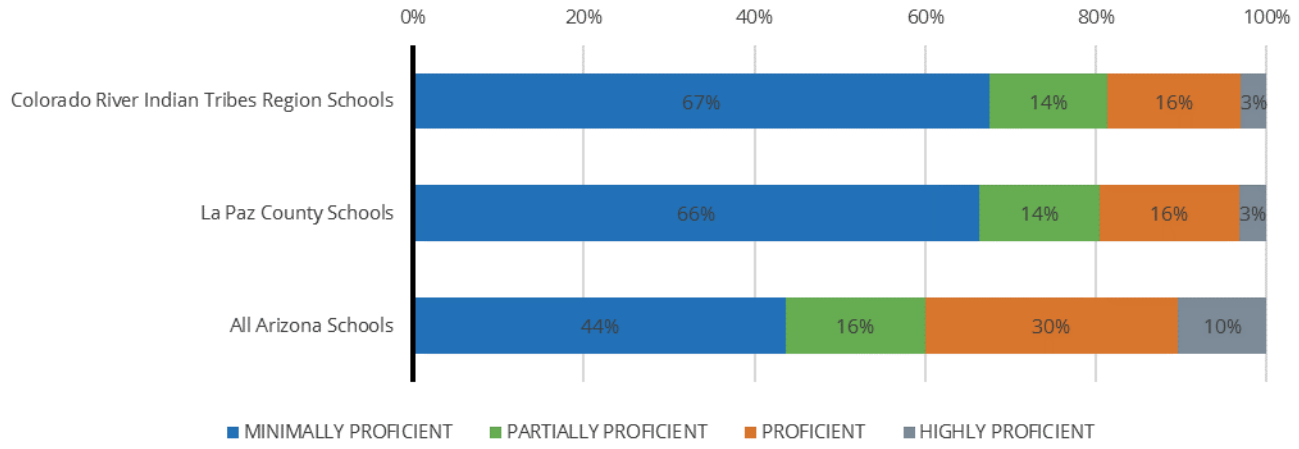
Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.
Note: The percentages above may not add to 100% due to rounding.

Table 32. AzMERIT Math Test Results for Third-Graders in 2014-2015

	Minimally proficient in Math	Partially proficient in Math	Proficient in Math	Highly proficient in Math	Passing Math (proficient or highly proficient)
Colorado River Indian Tribes Region Schools	32%	41%	19%	8%	28%
Le Pera Elementary School (K-8)	45%	31%	17%	7%	24%
Wallace Elementary School (3-5)	29%	43%	20%	9%	28%
La Paz County Schools	38%	37%	17%	7%	25%
All Arizona Schools	28%	31%	29%	13%	41%

Source: Arizona Department of Education (2016). [Education dataset]. Unpublished data.
Note: The percentages above may not add to 100% due to rounding.

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



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

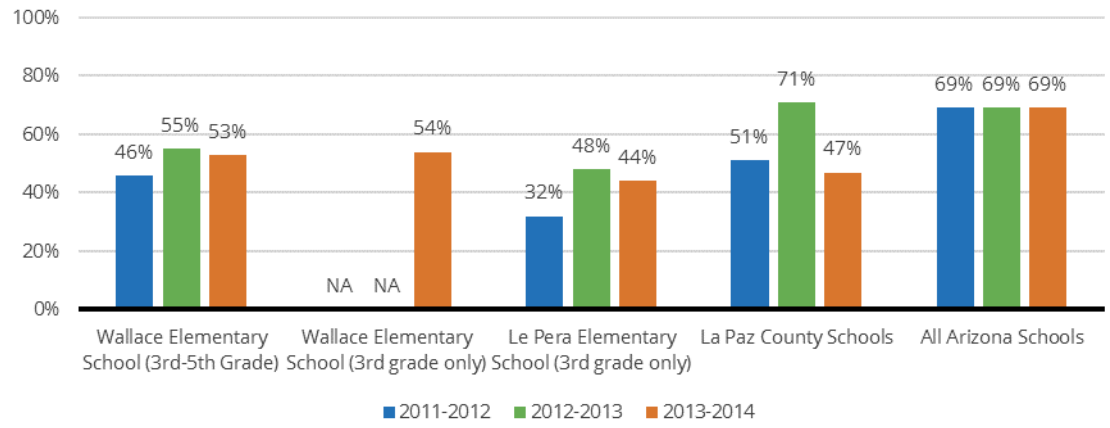
Table 33. AzMERIT English Language Arts Test Results for Third-Graders in 2014-2015

	Minimally proficient in English Language Arts	Partially proficient in English Language Arts	Proficient in English Language Arts	Highly proficient in English Language Arts	Passing English Language Arts (proficient or highly proficient)
Colorado River Indian Tribes Region Schools	67%	14%	16%	3%	19%
Le Pera Elementary School (K-8)	48%	24%	24%	3%	28%
Wallace Elementary School (3-5)	72%	12%	14%	3%	17%
La Paz County Schools	66%	14%	16%	3%	20%
All Arizona Schools	44%	16%	30%	10%	40%

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

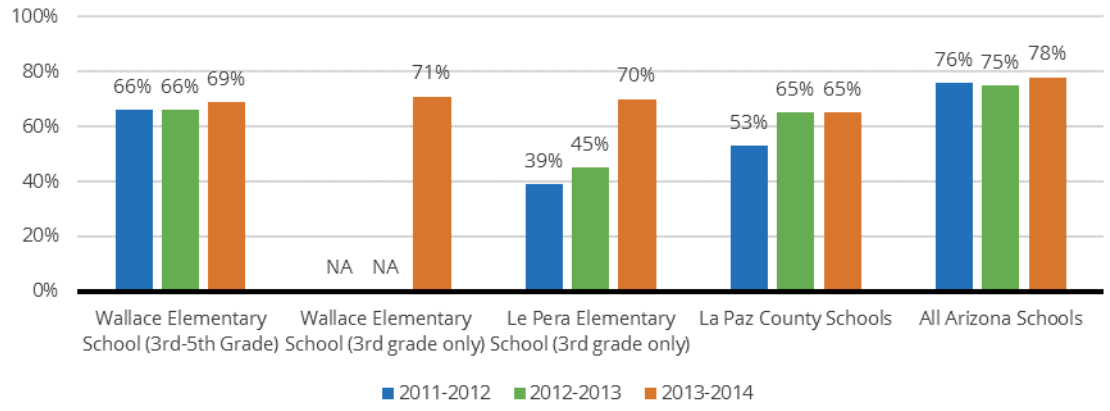
Note: The percentages above may not add to 100% due to rounding.

Figure 18. Percent of Students Passing AIMS Math, 2011-2012 to 2013-2014 School Years



Source: Arizona Department of Education (2016). AIMS Results. Retrieved from http://www.azed.gov/research-evaluation/aims-assessment-results/
Please note that due to the small number of students tested in Wallace Elementary school in years 2011-2012 and 2012-2013 the data were not available to be include in this report. Thus, test scores are presented for grades 3-5 combined to show trends over time.

Figure 19. Percent of Students Passing AIMS Reading, 2011-2012 to 2013-2014 School Years



Source: Arizona Department of Education (2016). AIMS Results. Retrieved from http://www.azed.gov/research-evaluation/aims-assessment-results/
Please note that due to the small number of students tested in Wallace Elementary school in years 2011-2012 and 2012-2013 the data were not available to be include in this report. Thus, test scores are presented for grades 3-5 combined to show trends over time.

Educational Attainment

The Arizona Department of Education tracks the percent of students who are chronically absent, meaning they have missed more than 10 days of school in a school year. Table 34 shows these percentages for elementary schools in the region. Rates of chronic absences in the Colorado River Indian Tribes Region have been consistently higher in 2014 (46%) and 2015 (44%) than in the state as a whole (34% and 36%, respectively). Identifying and addressing the reasons behind chronic absenteeism is important to ameliorate later effects on educational achievement and graduation rates.

The Colorado River Indian Tribes Region has one high school, Parker High School, and one alternative school, Parker Alternative School. Table 35 below shows the high school drop-out and graduation rates for both of these schools. The drop-out rate for Parker High school has consistently been very close to that of the state as a whole. In 2015, the most recent year for which data were available, both the state as a whole and Parker High School had a drop-out rate of 4 percent.

Overall, Parker High School has consistently outperformed the state in terms of four-year graduation rates. In 2015, four out of five high school seniors at Parker High School graduated on time.

Educational attainment for adults aged 25 and older in the Colorado River Indian Tribes is similar to that of adults in all Arizona reservations (Table 36). Over a third of adults have at least some college or professional education, or a Bachelor's or advanced degree in the region (37%), the same percentage as in all Arizona reservations. Another third of adults have a high school diploma or GED, with just under a third having less than a high school education. These rates of educational attainment are lower than those seen in the county or the state.

Table 34. Chronic Absences for Students in Grade 1 to 3, 2014 and 2015

	Number of schools	Number of students in 2014	Students with chronic (more than 10) absences in 2014	Percent of students with chronic absences in 2014	Number of students in 2015	Students with chronic (more than 10) absences in 2015	Percent of students with chronic absences in 2015
Colorado River Indian Tribes Region Schools	3	534	248	46%	547	242	44%
Blake Primary School	1	312	145	46%	307	138	45%
Le Pera Elementary School	1	87	41	47%	93	46	49%
Wallace Elementary School	1	135	62	46%	147	58	39%
La Paz County Schools	7	721	311	43%	719	294	41%
All Arizona Schools	1,185	278,142	93,719	34%	283,147	103,078	36%

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

Table 35. High School Drop-Out and Graduation Rates, 2012 to 2015

	Total number of high schools and alternative schools	Drop-out rate, 2012	Drop-out rate, 2013	Drop-out rate, 2014	Drop-out rate, 2015	Four-year graduation rate, 2011	Four-year graduation rate, 2012	Four-year graduation rate, 2013	Four-year graduation rate, 2014
Parker High School	1	5%	5%	5%	4%	83%	77%	77%	81%
Parker Alternative School	1	27%	37%	43%	28%	DS	DS	DS	DS
La Paz County Schools	3	5%	6%	5%	4%	75%	72%	67%	70%
All Arizona Schools	836	4%	3%	3%	4%	78%	77%	76%	76%

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

Table 36. Level of Education for the Adult Population (Ages 25 and Older)

	Estimated population (ages 25 and older)	Less than high school	High school or GED	Some college or professional education	Bachelor's degree or more
Colorado River Indian Tribes Region	4,869	29%	34%	28%	9%
Colorado River Indian Tribes (entire)	6,121	26%	34%	31%	10%
ALL ARIZONA RESERVATIONS	102,571	28%	34%	29%	8%
La Paz County	15,618	23%	36%	31%	10%
ARIZONA	4,284,776	14%	25%	34%	27%

Source: U.S. Census Bureau (2016). American Community Survey, 5-year estimates (2010-2014), Table B15002
Note: The percentages above may not add to 100% due to rounding.

EARLY LEARNING

Why Early Learning Matters

Young children spend their time observing the world and learning at a rapid pace. From fine and gross motor skill development, to language and numeracy skills, to social skills, the early years of a child's life are filled with opportunities for learning. The skills that young children are building are critical for healthy development as well as later achievement and success. Just as rich, stimulating environments can promote development, early negative experiences can also carry lasting effects.[67] Gaps in language development between children from disadvantaged backgrounds and their more advantaged peers are already evident by 18 months of age;[68] those disparities that persist until kindergarten are predictive of later academic failure.[69]

Families play a tremendous role in fostering development. Research shows that children's health, socio-emotional, and cognitive development also benefit greatly from high quality early learning.[70,71] This is particularly true for children from disadvantaged backgrounds.[72] Children whose education begins in high quality preschool programs repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems, and are more likely to graduate high school.[73]

Investment in children during the crucial first five years not only provides the necessary foundation for later achievement, but also produces a positive return on investment to society through increased educational achievement and employment, reductions in crime, and better overall health of those children as they mature into adults.[74,75,76] Experts estimate that investments in quality early learning initiatives can offer returns as high as $16 per dollar spent.[77] In other words, the costs of these programs are ultimately repaid several times over and the investment in early childhood is potentially one of the most lucrative ones that a community can make.

The ability of families to access quality, affordable early care and education opportunities, however, can be limited. Nearly one-third (32%) of parents of young children responding to a national survey regarding child care reported it was very or somewhat difficult to find care for their child, with cost being the most often cited challenge. More than two-thirds (69%) of parents surveyed reported having to pay in order to secure child care, and almost a third (31%) of those parents reported that this cost has caused a financial problem for the household.[78] According to the U.S. Department of Education, only 19 percent of four-year-olds in Arizona are enrolled in publically funded preschool or Head Start programs, compared to 41 percent nationally.[79] If not enrolled in publically-funded programs, which are often free or reduced cost, the annual cost of full-time center-based care for a young child in Arizona is nearly equal to the cost of a year at a public college ($9,166).[80] Child care subsidies can be a support for families who have financial barriers to accessing early learning services.[xii]

In addition to prohibitive costs, the availability of suitable child care cannot be taken for granted. An inadequate child care supply, known as a "child care desert," has been defined as a zip code with at least 30 children under five years of age and either no or very limited center-based early care and education programs (i.e., there are more than three times as many children under age five as there are spaces in the child care settings).[81] Living in a child care desert disproportionately affects rural populations, and given the many rural counties in Arizona, this is likely a common phenomenon in many regions.

Beyond basic issues of access and affordability, quality is also of paramount concern to parents. A recent national survey of parents who use child care for their young child(ren) found that most parents (59%) rated the quality of their child care as "excellent;" this runs contrary to research which suggests most child care across the country is not

[xii] *For more information on child care subsidies see https://www.azdes.gov/child care/*

high quality.[82] How parents perceive and understand quality may differ; this points to the importance of quality rating systems to help guide parent choices. Quality First is Arizona's Quality Improvement and Rating System (QRIS) for early child care and preschool providers. Quality First employs a five-point rating scale to indicate quality levels. A one-star rating indicates that the provider is committed to examining practices and improving the quality of care beyond basic health and safety requirements. Quality First participants can advance to a quality rating (3-5 star) by implementing lower teacher-to-child ratios, supporting higher staff qualifications, instituting a curriculum that aligns with state standards and child assessment, and providing a nurturing relationships between adults and children that promote emotional, social, and academic development. The number of providers across the state that meet quality standards (three-star rating or higher) has increased in recent years with 25 percent of the 857 participating providers in 2013 and 65 percent of 918 participating providers in 2016 meeting or exceeding quality standards.[83]

The presence of qualified, well-trained, caring professionals is essential to providing quality child care and early education experiences for children. Ensuring that child care and early education programs promote developmental (cognitive, physical, socio-emotional) and academic readiness for kindergarten requires that professionals in these settings possess the knowledge and skills and engage in practices necessary to impart those benefits. In Arizona, the number of early childhood professionals receiving a credential or degree has increased from 2007 (21%) to 2012 (29%). However, one incentive for attaining these credentials – increased wages – shows an opposite pattern. Wages for assistant teachers, teachers, and administrative directors working across all types of licensed child care and education settings in Arizona decreased between 2007 and 2012, after adjusting for inflation. In addition, average annual wages for early education professionals in Arizona are about half that of kindergarten and elementary teachers, which may in turn affect retention of those in early education settings, particularly after degree attainment.[84]

In addition to formal education, there are additional professional development opportunities available for early childhood professionals in Arizona. The Arizona Early Childhood Career and Professional Development Network, supported by First Things First, hosts a professional development website, AZEarlyChildhood.org, that provides early childhood professionals with resources and information on professional development opportunities, career and job advancement, and networking in the early childhood field.[85,86]

The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities. Children with special health care needs (CSHCN) are defined as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."[87] According to the National Survey of Children's Health, children with special health care needs are more likely to experience more adverse childhood experiences than typically developing children,[88] and are at an increased risk for maltreatment and neglect.[89,90] Almost half (46%) of families with a child with special needs in Arizona have incomes below 200 percent of the federal poverty level.[91] In Arizona, the services available to families with children with special needs include early intervention screening and intervention services provided through the Arizona Department of Education AZ FIND (Child Find),[xiii] the Arizona Early Intervention Program (AzEIP),[xiv] and the Division of Developmental Disabilities (DDD).[xv] Ensuring all families have access to timely and

[xiii] *For more information on AZ FIND, visit http://www.azed.gov/special-education/az-find/*

[xiv] *For more information on AzEIP, visit https://www.azdes.gov/azeip/*

[xv] *For more information on DDD, visit https://www.azdes.gov/developmental_disabilities/*

appropriate screenings for children who may benefit from early identification of special needs is paramount to improving outcomes for these children and their families. Timely intervention can help young children with, or at risk for, developmental delays improve language, cognitive, and socio-emotional development. It also reduces educational costs by decreasing the need for special education.[92,93,94]

What the Data Tell Us

Child Care and Preschool

Early care and education opportunities in the Colorado River Indian Tribes Region include the Colorado River Indian Tribes Head Start, Blake Primary School's preschool, and the Sonshine Center. Ms. Buni's Gingerbread House formerly provided full-time child care for children in the region, but as of September of 2015 this center provides after school care. There are no tribally-operated child care services in the CRIT Region.

Table 37 shows that these programs have a combined capacity to serve 240-245 young children.[xvi] However, these centers have different eligibility requirements that set limitations on the number of children who can be served. As shown on Table 37, the majority of the slots in the region are for children 3-5 years old; all of the CRIT Head Start, Blake Primary preschool and 13 of the 32 slots at Sonshine Center are for children in this age range. Thus, a total of up to 221 or 90 percent of the slots are for children three and older. According to the U.S. Census, in 2010 there were 269 children ages 3-4 living in the region, (see Table 1), which means that in the CRIT Region there are child care and early education slots for roughly 80 percent of the children in that age range.

In addition, Blake Primary's preschool program primarily serves children with special needs in two half-day sessions (a morning and an afternoon session) with 10-12 children in each. This program operates only three days a week (Tuesdays, Wednesday and Thursdays). Each session has four slots reserved for typically-developing children, but they may be required to leave the program at the end of the semester if another child with special needs must be enrolled.

Only one of the early care and education centers in the region, Sonshine, can provide care for infants and children under the age of three. The breakdown of Sonshine's self-regulated classroom capacity for the youngest children is as follows: five slots in the infant room, six slots for one-year old children, and eight slots for two year-old children. This represents 19 slots available for 347 children birth to two years old living in the region (Table 1).

It is also important to note that in some cases the same child might occupy more than one of the slots presented in Table 37. For instance, as of February 2016, the majority of the slots in Sonshine Center's preschool room were occupied by children who attend the Head Start Program in the morning and are transported to Sonshine Center in the afternoon. Even if these children only attend Sonshine Center for part of the day, a full slot is reserved for them, which means the actual capacity to serve a unique number of children in the region is lower than 240-245.[xvii]

In sum, although the CRIT Region has adequate capacity to serve preschool-age children, especially due to the large enrollment numbers of the CRIT Head Start program, formal child care and early education services for children

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[xvi] *Please note that the data for the Sonshine Center presented in this table reflect the center's self-regulated capacity and not the DES licensed capacity. Based on their DES license, the Sonshine Center can serve a total of 69 children ages 0-12. However, the center's self-regulated capacity is capped at 45 children, of which 32 are under the age of six. Sonshine Center, personal communication, February 2017.*

[xvii] *Staff with the Sonshine Center indicated that typically, about a third of the children in the preschool room also attend the CRIT Head Start program. Sonshine Center, Personal Communication, February 2017.*

under the age of three are extremely limited in the region. Only one child care provider, Sonshine Center, can serve children in the 0-2 age range; this same provider is the only one that offers child care services to parents who need them all year long. During the past year, this center's capacity to serve young children has in fact decreased due to a recent decision to lower the staff-to-child ratio in order to provide high quality care for the children enrolled.

Based on data from the Child Care Resource and Referral and on observations from key informants in the region, as of February 2017 there were no DES-certified home-based child care providers in the region.

Certification-related costs are a concern among individuals who might be interested in becoming home-based providers. Key informants who have lived and worked in the region for a long time referred to home-based providers that had successfully offered home-based child care services, including some that were CRIT tribal members. They indicated that identifying individuals like these providers and supporting them in obtaining the necessary training so they could become certified would help alleviate some of the unmet demand for regular, ongoing child-care as well as respite care in the region.

According to American Community Survey data on parent participation in the labor force (see Table 20), there are 419 children ages birth to 5 in the region who have all parents in the labor force (meaning that for children living with two parents both parents are in the labor force and that for children living with a single parent that parent is in the labor force). These children likely need care while parents are working or looking for work. Using both Census estimates of total children and the estimate of children with working parents, there are approximately 2 to 3 children in the region per current child care slot, which points to a need for more child care providers in the region.

As noted by key informants, the lack of available child care services is a major challenge in the region for the community at large, but also for the most vulnerable of families: those involved with the child welfare system. Key informants pointed out that often parents who had struggled with addiction and are working towards recovery encounter many logistical challenges related to lack of child care. For instance, parents who might want to join a support group are unable to attend to participate because they do not have reliable care for their young children. Key informants stressed that this is a challenge across many departments who support families in crisis. The lack of reliable, certified child care providers often prevents parents from attending classes, showing up at required appointments or participating in activities aimed at helping them in the recovery process. Equally problematic is the lack of child care these parents face when searching for employment opportunities (e.g. attending interviews) after recovery. The CRIT Health and Social Services Department refers its clients to the local Department of Economic Security (DES) office to apply for possible child care subsidies; CRIT Social Services staff provides assistance with completion of the application to facilitate this process for their clients. However, as discussed above, there is only one DES-certified provider in the region and it usually operates at maximum capacity. Securing respite care for families in crisis who are in the recovery process is a major need in the region.

Head Start and Sonshine Center are the only centers participating in the Quality First program in the CRIT Region.

Table 37. Early Care and Education Providers

	Capacity	Ages	Days of Care	Quality First
Head Start	183	3-5	M-F	2-Stars
Blake Primary School	20-25	3-4	M-F*	Not Participating
Sonshine Center	32	0-5	M-F	2-Stars
Total Capacity	240-245			

Source: Office of Head Start (2016). 2015 Program Information Report. Retrieved from; Sonshine Center (2016). [Center Description]. Received through correspondence; Blake Primary School (2016). [Early Education Data]. Received through correspondence.

Cost of Care

Participation in the CRIT Head Start program is cost-free for all children enrolled. Similarly, children with special needs enrolled in the preschool program at Blake Primary school receive services at no cost to their families. Typically-developing children enrolled in the program do pay a fee of $10 per day. Table 38 shows the cost of full-time child care as a proportion of the median family income in the region. To avoid being overburdened, the Department of Health and Human Services recommends that parents spend no more than 10 percent of their family income on child care.[95] Families in the CRIT Region are paying considerably more than that (between 14 and 16 percent of the median family income, depending on the child's age). The high cost of child care and the burden it imposes on families with young children in the region was also emphasized by key informants, who indicated that parents struggle with affording the cost of care. As a result, many must rely on family and friend care.

Subsidies from the Department of Economic Security (DES) can help families shoulder the cost burden of child care. DES prioritizes assistance to families who receive Cash Assistance (TANF), those who are transitioning off Cash Assistance to employment, and families involved with the Arizona Department of Child Safety (DCS) for subsidies. As of 2009, other families seeking DES subsidy support are placed on a waiting list. Statewide, 7,194 children were wait-listed as of January 6, 2017.[96] In the CRIT Region, fewer than 10 children were on the waiting list in 2015. The number of children receiving a child care subsidy increased from 35 in 2013 to 43 in 2015 (Table 39). Two-thirds (67%) of the children involved with DCS who were eligible for child care subsidies actually received this support in 2015 (Table 40).

In order to support parents with the cost of child care, the Colorado River Indian Tribes Regional Partnership Council has allocated funding for scholarships at the Sonshine Center. In FY2017, a total of 21 scholarships were available to families in the region whose children were enrolled in the Sonshine Center. Starting in FY2018, the number of scholarships will increase to 22.

Table 38. Cost of Full-Time Child Care in a Private Child Care Center

	Colorado River Indian Tribes Median Family Income	Children under 1	Children 1-2 years old	Children 3-5 years old
Daily Rate		$26.00	$24.00	$22.00
Percent of Median Income	$38,966.00	16%	15%	14%

Source: Sonshine Center (2016). [Center Description]. Received through correspondence

Table 39. Department of Economic Security (DES) Child Care Subsidies for Children (Ages 0 to 5), 2013 to 2015

	Children eligible for subsidy during 2013	Children eligible for subsidy during 2014	Children eligible for subsidy during 2015	Children receiving subsidy during 2013	Children receiving subsidy during 2014	Children receiving subsidy during 2015	Children on waiting list during 2013	Children on waiting list during 2014	Children on waiting list during 2015
Colorado River Indian Tribes Region	36	52	57	35	39	43	14	<10	<10
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	44	57	68	43	45	49	17	<10	<10
ARIZONA	28,429	29,180	43,860	27,041	26,685	38,855	5,094	5,195	5,140

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

Table 40. DES Child Care Subsidies for Children Involved in the Department of Child Safety (DCS) During 2015

	Number of DCS-involved children eligible for subsidy	Number of DCS-involved children receiving subsidy	Percent of DCS-involved children receiving subsidy
Colorado River Indian Tribes Region	18	12	67%
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A
La Paz County	20	14	70%
ARIZONA	18,417	15,785	86%

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

Child Care Professionals

According to the CRIT Head Start Program Information Report data from 2015, all ten classroom teachers had a

degree or were credentialed in early childhood education. The Blake Primary school website indicates that the preschool teacher has a dual BAE in Early Childhood Education and Early Childhood Special Education with an additional degree emphasizing Family and Human Development.[97] As of July of 2016, the staff with the private child care provider in the region does not have degrees or formal credentials in early childhood education (Table 41).

Table 41. Staff Credentials for Early Care and Education Providers

	Total Staff	Child Development Associate (CDA) Credential	AA in Early Childhood Education	BA in Early Childhood Education	Advanced Degree in Early Childhood Education
Head Start Classroom Teachers	10	3	5	2	0
Head Start Assistant Teachers	8	2	0	0	0
Blake Primary Preschool Teacher	1	0	0	1	0
Sonshine Center Lead Teachers	9	0	0	0	0
Sonshine Center Teaching Assistants	2	0	0	0	0

Source: Office of Head Start (2016). 2015 Program Information Report. Retrieved from https://eclkc.ohs.acf.hhs.gov/hslc/data/pir; Sonshine Center (2016). [Staff Credentials Data]. Received through correspondence; Blake Primary School (2016). Retrieved from: http://bl.parkerusd.org/apps/pages/index.jsp?uREC_ID=434365&type=u&pREC_ID=772168

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

The Department of Economic Security Arizona Early Intervention Program (AzEIP) provides services to children from birth to 36 months of age who are developmentally delayed or at high risk of developmental delay.[98] The AzEIP provider in the CRIT Region is A to Z Therapies, an agency based in Lake Havasu City. The number of children from the CRIT Region referred to the Arizona Early Intervention Program (AzEIP) each year from FY 2013 to FY 2015 ranged from fewer than 25 to between 3 and 27. During this same period, the number of children served each year by the AzEIP provider in the region followed a similar pattern. Exact number of children referred and served by AzEIP were not available due to the small numbers of children referred or receiving services; instead, ranges are provided to protect the privacy of program participants. A national study suggests that about 13 percent of children ages 0 to 2 would typically qualify for early intervention services,[99] which suggests that at least 45 young children in the region would be likely to benefit annually (based on Table 1).

The Arizona Department of Economic Security Division of Developmental Disabilities (DDD) provides services to individuals in the state with a cognitive disability, cerebral palsy, autism, epilepsy or who are at risk for a developmental disability. Children under the age of six are eligible if they show significant delays in one or more of these areas of development: physical, cognitive, communication, social emotional or self-help.[100] Fewer than 25 children from the CRIT Region were referred to DDD each year from FY 2012 to FY 2015 in both the 0-2 and 3-5 age ranges. During this same time period, no children birth to 5 were screened by DDD. Fewer than 25 children ages 0-2 received services by DDD in the same time period; similarly, fewer than 25 children ages 3-5 were served by DDD in FY 2012 and FY 2013, but in FY 2014 and FY 2015 no children in the CRIT region in this age range received DDD

services (Table 45).

The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to ensure that they receive the supports and services they need. Each Arizona school district is mandated to participate in Child Find and to provide preschool services to children with special needs either though their own schools or through agreements with other programs such as Head Start. In the CRIT Region, the Parker Unified School District is responsible for providing these services. As mentioned above, Parker Unified School District's Blake Primary Preschool Program serves children three to five years old with special needs in their three-day-per-week program. Parker Unified School District and the CRIT Head Start program have a Memorandum of Understanding (MOU) in place to serve children with special needs enrolled in Head Start. This MOU allows the school district staff to conduct child development evaluations and to develop Individualized Education Plan (IEP) for the children in the program. The therapy aid that provides services for the children with special needs in the Head Start program is supervised by the Parker Unified School District Case Manager. Data from the CRIT Head Start 2015 Program Information Report indicate that 26 (or 13%) of the 195 children enrolled in the CRIT Head Start that year had an IEP in place (Table 47).

Key informants emphasized that the existing collaboration between the school district and Head Start is a major asset in the region because it allows for the early identification of developmental delays as well as for timely intervention. Similarly, Head Start's participation in the Court Team meetings supporting families in crisis was highlighted as a strength in the system considering the fact that the children involved with the child welfare system are likely to also be disproportionally affected by developmental delays.

According to the CRIT Head Start 2015 Community Assessment, the staff with Parker Unified School District also collaborate closely with pediatricians and pediatric nurses at Parker Indian Health Center. This coordination allows for effective identification of children seen at the hospital who might be at risk for developmental delays.

Despite these collaborative efforts, service providers in the region pointed out that often children with special needs do not receive the level of care required to support their healthy development due to a number of factors. On the parent/caregiver side, there is not enough awareness of the importance of early screening and intervention. Parents do not seek out services available or do not follow-up on scheduled appointments for evaluation or services. At the system-level, access to specialized care in rural areas like the CRIT Region and La Paz County can be very limited. There is a shortage of local providers, and agencies servicing the region are often based out of towns with larger populations like Lake Havasu or even Phoenix. Providers commute into the region on a semi-regular basis and/or families travel long distances to access services, which is further complicated by the lack of transportation in the region.

Table 42. Arizona Early Intervention Program (AzEIP) Referrals and Services for Children (Ages 0 to 2), 2013 to 2015

	Children (ages 0-2) referred to AzEIP during FY 2013	Children (ages 0-2) referred to AzEIP during FY 2014	Children (ages 0-2) referred to AzEIP during FY 2015	Children (ages 0-2) served by AzEIP during FY 2013	Children (ages 0-2) served by AzEIP during FY 2014	Children (ages 0-2) served by AzEIP during FY 2015
Colorado River Indian Tribes Region	3 to 27	<25	3 to 27	3 to 27	<25	3 to 27
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A

La Paz County	<25	<25	<25	<25	<25	<25
ARIZONA	10,715	11,741	14,450	4,799	5,248	10,039

Source: Arizona Department of Economic Security (2016). [Arizona Early Intervention Program dataset]. Unpublished data.
Note: An exact number of children ages 0 to 2 referred to or served by AzEIP was not available because this number was the sum of several numbers provided by a state agency, and some numbers were suppressed in accordance with agency guidelines. Instead, a range of possible numbers is provided, where the true number lies within this range. Since a range is provided rather than an exact number, the confidentiality of program participants is preserved.

Table 43. Children (Ages 0 to 5) Referred to the Division of Developmental Disabilities (DDD), 2012 to 2015

	Number of children (ages 0-2) referred in FY2012	Number of children (ages 0-2) referred in FY2013	Number of children (ages 0-2) referred in FY2014	Number of children (ages 0-2) referred in FY2015	Number of children (ages 3-5) referred in FY2012	Number of children (ages 3-5) referred in FY2013	Number of children (ages 3-5) referred in FY2014	Number of children (ages 3-5) referred in FY2015
Colorado River Indian Tribes Region	<25	<25	<25	<25	<25	<25	0	<25
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	<25	<25	<25	<25	<25	<25	0	<25
ARIZONA	1,439	2,186	2,479	2,484	1,393	1,401	1,804	1,969

Source: Arizona Department of Economic Security (2016). [Division of Developmental Disabilities dataset]. Unpublished data.

Table 44. Children (Ages 0 to 5) Evaluated by the Division of Developmental Disabilities (DDD), 2012 to 2015

	Number of children (ages 0-2) screened in FY2012	Number of children (ages 0-2) screened in FY2013	Number of children (ages 0-2) screened in FY2014	Number of children (ages 0-2) screened in FY2015	Number of children (ages 3-5) screened in FY2012	Number of children (ages 3-5) screened in FY2013	Number of children (ages 3-5) screened in FY2014	Number of children (ages 3-5) screened in FY2015
Colorado River Indian Tribes Region	0	0	0	0	0	0	0	0
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	N/A	0	0	0	0	0	0	0
ARIZONA	732	314	216	238	669	731	727	958

Source: Arizona Department of Economic Security (2016). [Division of Developmental Disabilities dataset]. Unpublished data.
Note: Screening is defined by DES as including "children who DDD had paid for an evaluation, not including occupational therapy, physical therapy, or speech therapy, during state fiscal year 2015."

Table 45. Children (Ages 0 to 5) Served by the Division of Developmental Disabilities (DDD), 2012 to 2015

	Number of children (ages 0-2) served in FY2012	Number of children (ages 0-2) served in FY2013	Number of children (ages 0-2) served in FY2014	Number of children (ages 0-2) served in FY2015	Number of children (ages 3-5) served in FY2012	Number of children (ages 3-5) served in FY2013	Number of children (ages 3-5) served in FY2014	Number of children (ages 3-5) served in FY2015
Colorado River Indian Tribes Region	<25	<25	<25	<25	<25	<25	0	0
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	<25	<25	<25	<25	<25	<25	0	<25
ARIZONA	2,646	2,693	2,341	2,336	2,563	2,600	2,533	2,540

Source: Arizona Department of Economic Security (2016). [Division of Developmental Disabilities dataset]. Unpublished data.

Table 46. Division of Developmental Disabilities (DDD) Service Visits for Children (Ages 0 to 5), 2012 to 2015

	Number of service visits (ages 0-2) in FY2012	Number of service visits (ages 0-2) in FY2013	Number of service visits (ages 0-2) in FY2014	Number of service visits (ages 0-2) in FY2015	Number of service visits (ages 3-5) in FY2012	Number of service visits (ages 3-5) in FY2013	Number of service visits (ages 3-5) in FY2014	Number of service visits (ages 3-5) in FY2015
Colorado River Indian Tribes Region	63	62	<25	<25	53	<25	0	0
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	144	62	<25	<25	53	<25	68	<25
ARIZONA	168,992	158,496	130,486	120,519	363,468	374,440	367,590	358,322

Source: Arizona Department of Economic Security (2016). [Division of Developmental Disabilities dataset]. Unpublished data.

Table 47. Children with an IEP Enrolled in Colorado River Indian Tribes Head Start

	Children (ages 3-5) enrolled in Head Start	Children with an IEP	
Head Start	195	26	13%

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

CHILD HEALTH

Why Child Health Matters

Optimal development encompasses intellectual, social, emotional, and physical health. The extent to which children can achieve optimal development depends on the everyday environment and supports which surround them, as well as access to additional resources and services that support healthy development.[101,102] The health of a child in utero, at birth, and in early life sets the stage for health and well-being throughout their life. Factors such as access to health care and health insurance, a mother's receipt of prenatal care, and receipt of preventive care such as immunizations and oral health care all influence not only a child's current health, but long-term development and future health as well.[103,104,105]

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

The ability to obtain health care is critical for supporting the health of young children. In the early years of a child's life, well-baby and well-child visits allow clinicians to offer developmentally appropriate information and guidance to parents and provide a chance for health professionals to assess the child's development and administer preventative care measures like vaccines and developmental screenings.[106] Families without health insurance are more likely to skip these visits, and so are less likely to receive preventive care for their children, or to receive care for health conditions and chronic diseases.[107,108] Children who lack health insurance are also more likely to be hospitalized and to miss school.[109] 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.[xviii]

Low income children in Arizona are covered by the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid. AHCCCS coverage is available for children in families with income up to 147 percent of the Federal Poverty Level (FPL) for those under age 1, and up to 141 percent of FPL for those ages 1 to 5 (and 133% for those from 6-19 years). Across the nation, state-run Children's Health Insurance Programs (CHIP) have provided health insurance to children up to age 19 in families with incomes too high to qualify them for Medicaid (AHCCCS). Enrollment in the Arizona version of CHIP, KidsCare, was suspended as of January 1, 2010, a particularly vulnerable time for families, following on the heels of the Great Recession.[110] Arizona became the only state without an active CHIP program. However, in May 2016, the Arizona legislature voted to lift the freeze on KidsCare,[111] and in July 2016 applications began to be accepted for the first time in six years, with coverage beginning September 1, 2016.[112] Expanding health insurance availability for lower-income children can lead to health improvements, and to longer-term benefits such as increased high school and college graduation rates and higher lifetime earnings.[113]

Because a number of factors influence the health of a child before conception and in utero, the characteristics of women giving birth can have a substantial impact on the birth and developmental outcomes for their children. For instance, pregnancy during the teen years is associated with a number of health concerns for infants, including

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

neonatal death, sudden infant death syndrome, and child abuse and neglect.[114] Teenaged mothers (and fathers) themselves are less likely to complete high school or college, and more likely to require public assistance and to live in poverty than their peers who are not parents.[115,116,117]

A mothers' weight status can also influence her child's health. Women who are obese before they become pregnant have pregnancies with a higher risk of birth complications and neonatal and infant mortality.[118,119] Babies born to obese women are at risk for chronic conditions in later life such as diabetes and heart disease.[120] Maternal smoking is another factor that can greatly affect child outcomes. Babies born to mothers who smoke are more likely to be born early (pre-term), be low birth weight, die from sudden infant death syndrome (SIDS) and have weaker lungs than other babies.[121]

One potentially harmful birth outcome that can have long-lasting effects are preterm births – births before 37 weeks of gestation. Preterm birth, in addition to being associated with higher infant and child mortality, often results in longer hospitalization, increased health care costs, and longer-term impacts such as physical and developmental impairments. Babies born at a low-birth weight (less than 2,500 grams or 5 pounds, 8 ounces) are also at increased risk of infant mortality and longer-term health problems such as diabetes, hypertension and cardiac disease. [122]

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

After birth, a number of factors have been associated with improved health outcomes for infants and young children. One factor is breastfeeding, which has been shown to reduce the risk of ear, respiratory and gastrointestinal infections, SIDS, overweight, and type 2 diabetes.[123] The American Academy of Pediatrics recommends exclusive breastfeeding for about 6 months, and continuing to breastfeed as new foods are introduced for 1 year or longer.[124] Healthy People 2020 aims to increase the proportion of infants who were ever breastfed to 81.9 percent.[125] Immunization against preventable diseases is another factor that protects children from illness and potentially death. In order to assure community immunity (also known as "herd immunity"), which helps to protect unvaccinated children and adults from contracting vaccine- preventable diseases, rates of vaccination in a community need to remain high.[126] Research shows that higher exemption rates from vaccines at the school-level have been associated with school-based outbreaks of preventable diseases such as measles and pertussis.[127]

Oral health and good oral hygiene practices are also very important to children's overall health. According to the National Survey of Children's Health, the percentage of children in Arizona with excellent or very good oral health (65.7%) falls below the national level of 71.3 percent.[128] Tooth decay and early childhood caries can have short and long term consequences including pain, poor appetite, disturbed sleep, lost school days, and reduced ability to learn and concentrate.[129]

In early childhood, illness and injury can cause not only trauma to a child but added stress for a family. Non-fatal unintentional injuries substantially impact the well-being of children,[130] and injuries are the leading cause of death in children in the United States.[131] Common causes of visits to the emergency department for children 0-5 in Arizona include falls (particularly from furniture), collisions with an object, and natural events like bites and stings. Common causes for hospitalization of young children in Arizona include falls, poisoning, and assault/abuse.[132] Many of these injuries are preventable, prompting the Centers for Disease Control and Prevention to produce a National Action Plan for Child Injury Prevention, which outlines evidence-based strategies for addressing the challenge of keeping children safe.[133] The Arizona Department of Health Services has recognized the need to focus on reducing childhood injuries in Arizona, and identified that as one of their priorities in the Bureau of Women's and Children's Health Strategic Plan[134], as well as included it as part of their Arizona Injury Prevention Plan.[135]

A child's weight status can have long-term impacts on health and well-being; in the United States, areas of concern tend to center around malnutrition and obesity, rather than undernutrition and underweight. Nationwide, it is estimated that about 3.8 percent of children ages 2-19 are underweight, 16.2 percent are overweight, and 17.2 percent are obese.[136,137] Obesity can have negative consequences on physical, social, and psychological well-being that begin in childhood and continue into and throughout adulthood.[138] The first two years of life are seen as critical to the development of childhood obesity and its resultant negative consequences. Higher birth weight and higher infancy weight, as well as lower-socioeconomic status and low-quality mother-child relationships have all been shown to be related to higher childhood weight.[139] One component of establishing a healthy weight – physical activity – also promotes improved visual-motor integration skills and object manipulation skills which in turn lead to improved executive function, social behaviors and ultimately school readiness for young children.[140] The availability and accessibility of recreational facilities and resources that promote physical fitness can impact the ability of both child and adult community members to reap the benefits of physical activity.

What the Data Tell Us

Access to Care

Health care services are available to residents from the Colorado River Indian Tribes Region through two hospitals that serve the Colorado River Indian Tribes Region: the La Paz Regional Hospital, a county facility, and the Parker Indian Health Center, which is operated by the Indian Health Service (IHS). The Parker Indian Health Center is part of the IHS Colorado River Service Unit, which provides services to members of the Colorado River Indian Tribes, Hualapai Tribe, Havasupai Tribe, Chemehuevi Indian Tribe, Fort Mojave Indian Tribe and the Moapa Paiute Tribe in Nevada. The Parker Indian Health Center is a 20-bed facility that provides general medical care and pediatric services to IHS eligible patients. Data provided by IHS indicate that between October 2013 and September 2015 there were 3,097 IHS active users from the Colorado River Indian Tribes. Of those, 433 were children ages birth to 5 (Table 48).[xix] Figure 20 shows the number of well child visits by age at IHS facilities during that same time period.

The La Paz Regional Hospital also provides general medical care, as well as inpatient, outpatient and emergency room services to the local community. However, there is no Labor and Delivery Unit available at either one of these two hospitals, so women have to travel outside of the region to give birth. In general, their options are to travel to: Lake Havasu City, about 40 miles (45 minutes); Phoenix, 155 miles (nearly 3 hours); or Blythe, California, 50 miles (about 1 hour). Health care services are also provided by the CRIT Health and Social Services Department, which includes the following programs: Behavioral Health Services, Community Health Representatives (CHR), Diabetes Prevention, and WIC among others.

A key factor in accessing health care is health insurance. According to estimates from the American Community Survey (ACS), 11 percent of young children in the region were estimated to be uninsured, along with 19 percent of the total population in the Colorado River Indian Tribes Region (Table 49). It is important to note that the U.S. Census Bureau does not consider coverage by the Indian Health Service (IHS) to be insurance coverage. Nevertheless, it is likely that ACS numbers shown on Table 49 underestimate the number of children without health

[xix] *Please note that the number of active users represents all members of the Colorado River Indian Tribes who received services at least once at the IHS Colorado River Service Unit during the stated time period, regardless of their place of residence. This is also the case with all other indicators included in this report where the Indian Health Service is the source. This means that some of the children and adults considered "active users" may not be living within the reservation boundaries but in the surrounding area which includes communities in California. Personal Communication, Indian Health Service – Phoenix Area, September 2016*

insurance in the region. The 2014 First Things First Colorado River Indian Tribes Regional Partnership Council Needs and Assets Report included data on the insurance status of young children from the Colorado River Indian Tribes Region for those served by IHS. According to this report, 29 percent of young children in the region did not have third-party insurance coverage in addition to the services provided by IHS.

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

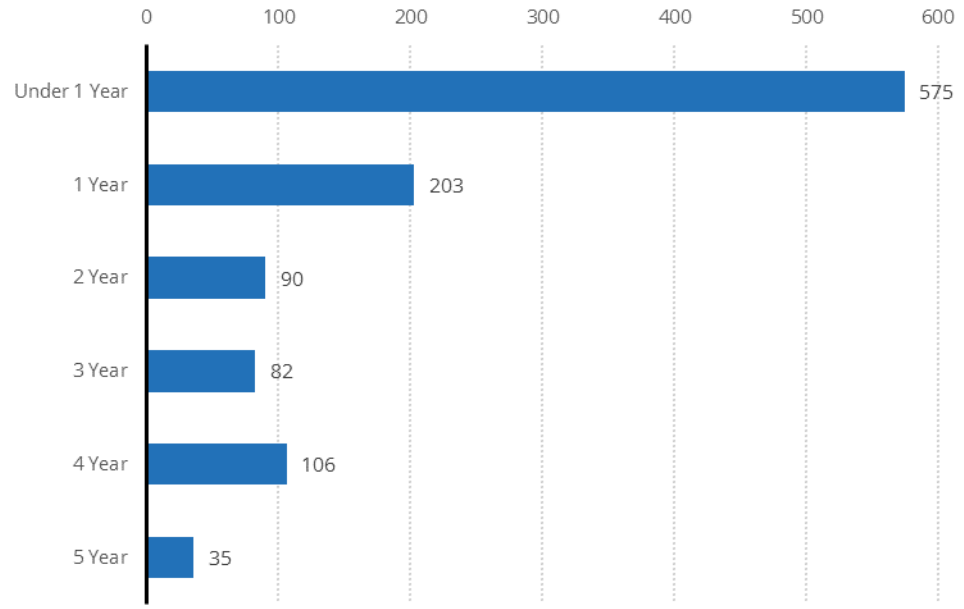
One key source of ongoing health services for young children in the region is Head Start, which provides health screening and referrals for children enrolled in the program. According to data from the 2014-2015 school year, nearly all (97%) of the children enrolled in the Colorado River Indian Tribes Head Start Program had insurance, all children had an ongoing source of accessible health care, 65 percent of children received medical services from IHS, and 92 percent were up to date on primary and preventative care (Table 50).

Table 48. Number of Active IHS Users from the Colorado River Indian Tribes

	Young Children (Ages 0-5)	All Children (ages 0-17)	All Ages
Colorado River Indian Tribes	433	1,242	3,097

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

Figure 20 .Number of Well-Child Visits at IHS Facilities



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

Table 49. Estimated Proportion of Population Without Health Insurance

	Estimated population (ages 0-5)	Children (ages 0-5) without health insurance	Estimated population (all ages)	Persons (all ages) without health insurance
Colorado River Indian Tribes Region	697	11%	7,574	19%
Colorado River Indian Tribes (entire)	730	11%	8,957	20%
ALL ARIZONA RESERVATIONS	19,868	18%	184,327	26%
La Paz County	1,069	7%	20,117	14%
ARIZONA	531,825	10%	6,453,706	16%

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

Table 50. Access to Health Care for Children Enrolled in Colorado River Indian Tribes Head Start

	Children (ages 3-5) enrolled in Head Start	Children with health insurance	Children with ongoing source of accessible health care	Children receiving IHS medical services	Children up to date on primary and preventative care
Head Start	195	97%	100%	65%	92%

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

Pregnancies and Birth

In 2014, 131 babies were born to mothers residing in the Colorado River Indian Tribes Region, representing over 60 percent of births to mothers in La Paz County (Table 51). In keeping with the projected population growth in La Paz County, the number of births in the county is expected grow slightly from 2015 to 2040, and over half of this growth is likely to occur in the region (Table 52).

Table 51. Live Births During Calendar Year 2014, by Mother's Place of Residence

	Total number of births to Arizona-resident mothers in 2014
Colorado River Indian Tribes Region	131
Colorado River Indian Tribes (entire)	N/A
ALL ARIZONA RESERVATIONS	N/A
La Paz County	213
ARIZONA	86,648

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

Table 52. Projected Number of Births Per Year, 2015 to 2040

	2015	2020	2025	2030	2035	2040
Colorado River Indian Tribes Region	N/A	N/A	N/A	N/A	N/A	N/A
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	212	207	213	219	225	232
ARIZONA	86,475	94,177	102,207	108,600	112,982	116,633

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

Maternal Characteristics

Of the mothers who gave birth in the Colorado River Indian Tribes Region in 2014, about one-third (32%) were American Indian or Alaska Native, one-third (34%) were Hispanic or Latina, and one-third (34%) were non-Hispanic white (Figure 21). Compared to the state as a whole, mothers in the Colorado River Indian Tribes Region were much more likely to be American Indian, and slightly less likely to be Hispanic or Latina. New mothers in the Colorado River Indian Tribes Region had lower educational attainment than mothers statewide; 38 percent had a high school education (25% statewide), whereas 20 percent had at least some college or professional education (31% statewide) (Table 53). Although data are suppressed for the region, the rate of mothers without a high school diploma was considerably higher in the county than the state, suggesting that the rate in the region is high as well.

The population of new mothers in the Colorado River Indian Tribes Region was similar to those in La Paz County on other attributes, but quite different from the state. Two-thirds (66%) of mothers were not married in the region (45% statewide) and 16 percent were in their teens (8% statewide) (Table 54). Five percent of mothers giving birth were aged 17 or younger, higher than the percent of teen mothers in the county or state. In the region, over 80 percent of births were to mothers relying on AHCCCS or Indian Health Service (IHS) coverage, which was much higher than the statewide proportion of 55 percent. Of the births covered by a public payee (AHCCCS or IHS), the proportion of births covered by AHCCCS has increased steadily from 2010 to 2014. Facilitating enrollment in AHCCCS can offer benefits both at the individual and community levels. Community members who enroll in a health insurance plan can gain increased access to health care services by being able to receive care through AHCCCS providers, Indian Health Service facilities, Tribes and Tribal Organizations, and Urban Indian Organizations. At the community level, tribes can benefit when IHS or tribally-operated 638 facilities bill a third-party insurer for medical services resulting in savings in Contract Health Service funds. The money saved through outside billing can then be used in other ways to benefit all tribal citizens.

Data on tobacco use and second-hand smoke exposure were also available for the region. A much higher proportion of mothers from the Colorado River Indian Tribes Region reported using tobacco during pregnancy (7.6%) than across the state (4.6%), though this proportion was lower than that reported for La Paz County (10.8%) as a whole. Tobacco use rates among pregnant women in all of these areas were much higher the Healthy People 2020 goal of 1.4 percent or less (Table 54). The percentage of children from the CRIT Region enrolled in the WIC program who were exposed to smoking in the household fell from 17 percent to 14 percent between 2011 and 2015, a positive trend (Figure 23). However, this high percentage of children exposed to secondhand smoking still puts children at a higher risk of developing ear infections, respiratory illnesses, and sudden infant death syndrome.[141]

Rates of alcohol use in both the three months prior to pregnancy as well as in the last trimester of pregnancy in the region achieved the Healthy People 2020 target in both 2012 and 2014 (Figure 37). In 2014, 76.3 percent of mothers enrolled in WIC reported that they did not drink alcohol in the three months prior to pregnancy, and nearly all (99.4%) reported that they did not drink alcohol in the third trimester. Despite this positive trend, there are signs of other problems related to substance abuse during pregnancy in the region. This is discussed further in the behavioral health section.

Another aspect of maternal health that is linked to both birth outcomes and a child's subsequent health is maternal obesity. Among Arizonan women overall, about 51 percent were overweight or obese before pregnancy in 2014. Among women who participate in WIC, this rate was higher – 58 percent, which is to be expected given that low-income women are more likely to be obese in the United States.[142] In the Colorado River Indian Tribes Region, this rate was higher still: 30 percent of women were overweight, and 42 percent were obese, for a total of 72 percent who were overweight or obese before becoming pregnant (Figure 24). The rate of obesity in the region has increased slightly since 2011 (see Figure 25). In Arizona, pre-pregnancy obesity rates for women enrolled in WIC increased from 27 percent in 2012 to 31 percent in 2015.

Table 53. Live Births During Calendar Year 2014, by Mother's Educational Attainment

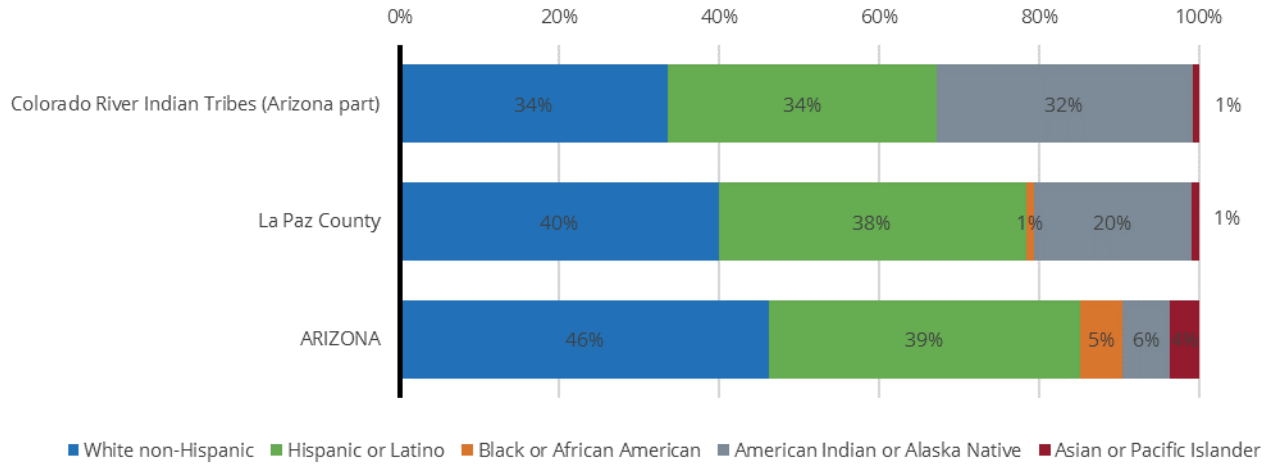
	Less than high school	High school or GED	Some college or professional education	Bachelor's degree or more

Colorado River Indian Tribes Region	DS	38%	20%	DS
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A
La Paz County	30%	38%	22%	7%
ARIZONA	20%	25%	31%	23%

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

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

Figure 21. Race and Ethnicity of Mothers Giving Birth in 2014



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

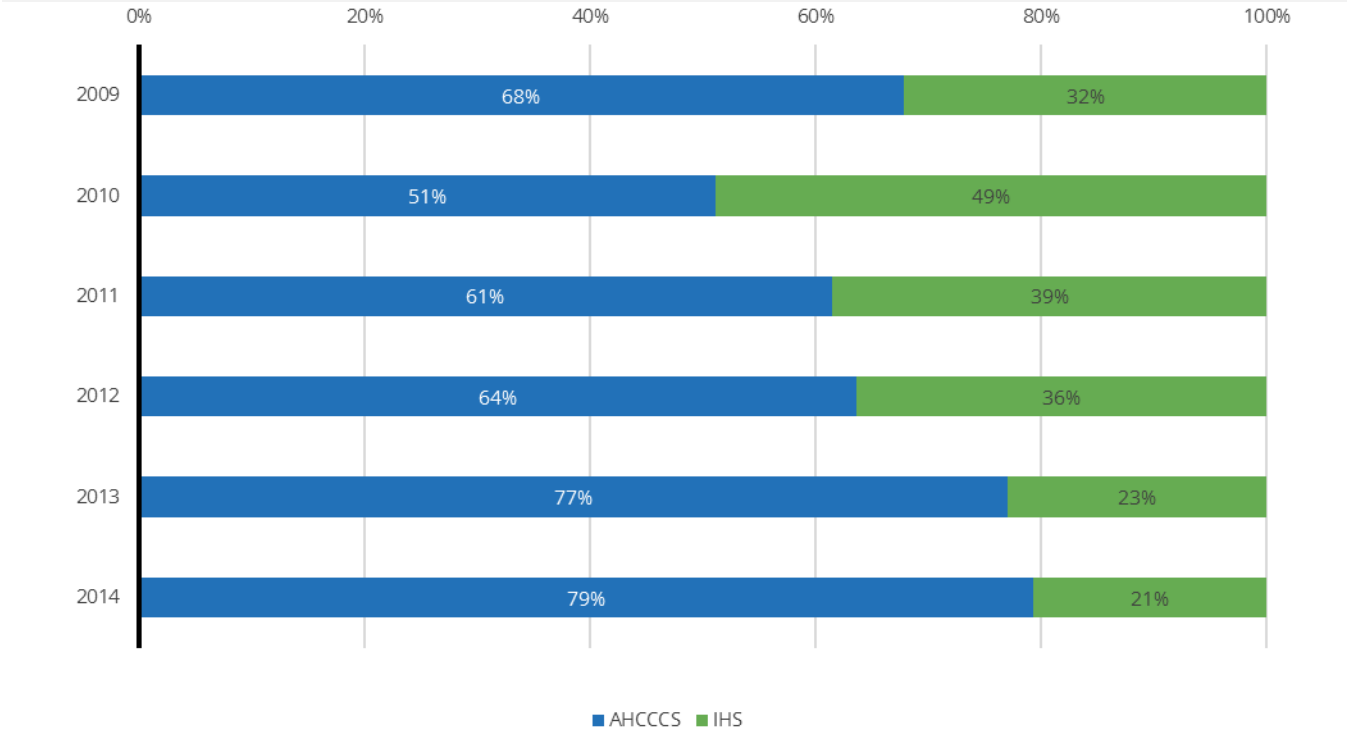
Note: The percentages above may not add to 100% due to rounding.

Table 54. Other Characteristics of Mothers Giving Birth in 2014

	Mother was not married	Mother was 19 or younger	Mother was 17 or younger	Birth was covered by AHCCCS or Indian Health	Tobacco use during pregnancy
Colorado River Indian Tribes Region	66%	16%	5%	81%	7.6%
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A
La Paz County	63%	15%	4%	77%	10.8%
ARIZONA	45%	8%	2%	55%	4.6%

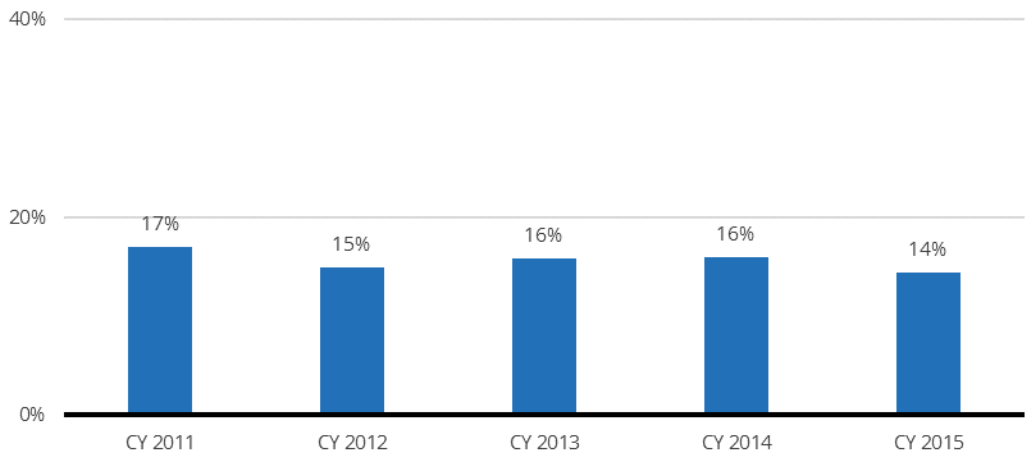
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 22. Percent of Public Payee Births covered by AHCCSS or IHS, 2009-2014



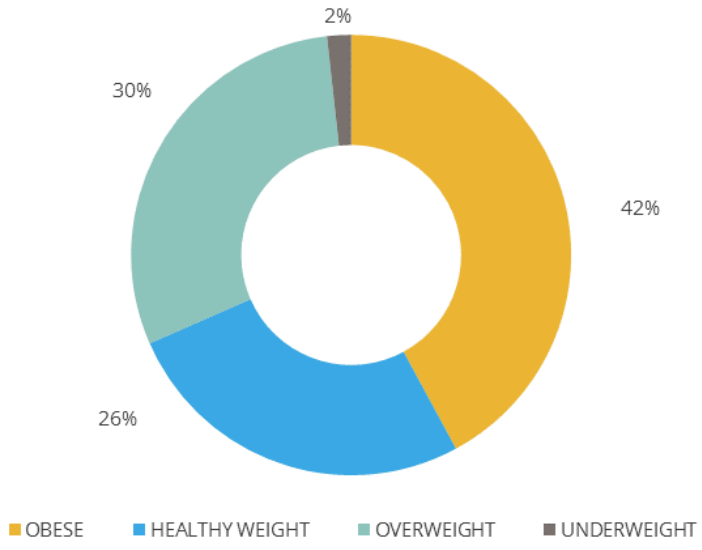
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 23. Children (ages 0-4) enrolled in the Colorado River Indian Tribes WIC Program Exposed to Smoking in the Household



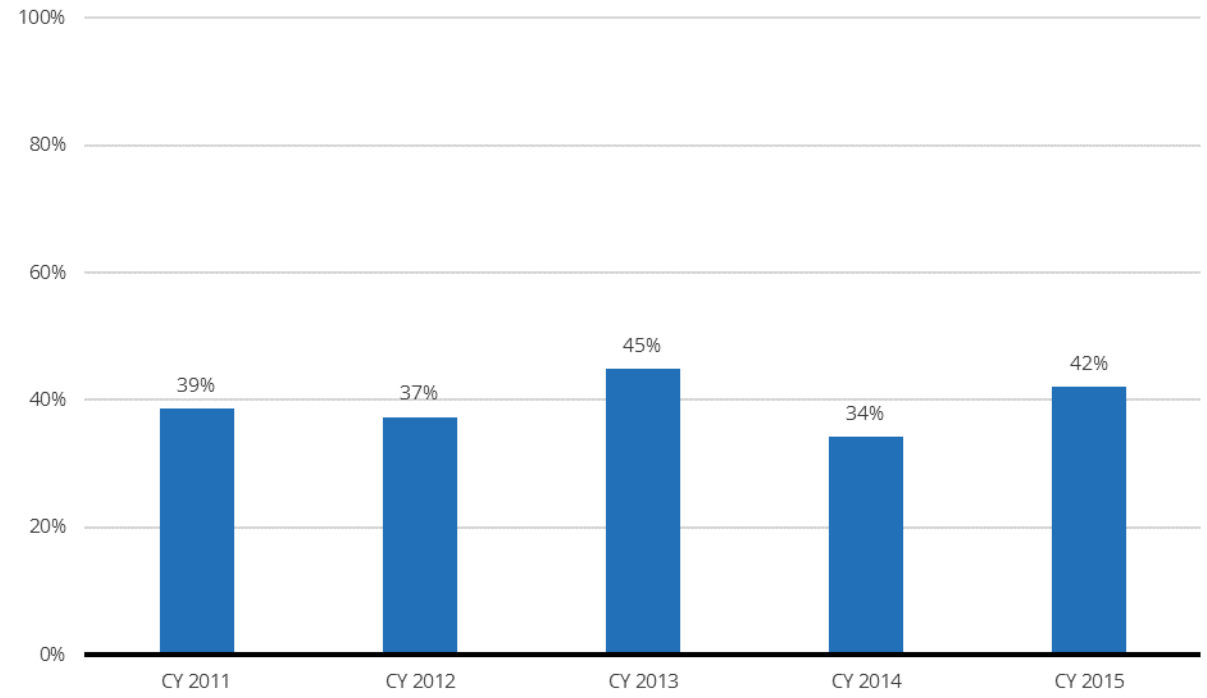
Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Figure 24. Pre-pregnancy Weight Status of Women Enrolled in the Colorado River Indian Tribes WIC Program, 2015



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

Figure 25. Pre-pregnancy Obesity Rates for Women in the Colorado River Indian Tribes WIC Program



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

Prenatal Care

The Healthy People 2020 goal is that at least 77.9 percent of pregnant women receive prenatal care that begins in the first trimester of pregnancy. Prior to 2014, there had been an increasing trend in the Colorado River Indian Tribes Region in women with early prenatal care, meeting the Healthy People 2020 goal in 2013 (Figure 26). In 2014, the Arizona Department of Health Services introduced major changes in the way that prenatal care by trimester is assessed; these structural changes mean that rates from 2014 onward are not directly comparable to earlier rates. The new calculations have resulted in a much higher number of birth certificates with "unknown" prenatal care status (67.9% in the CRIT Region). Of those with known prenatal care status, only 59.5 percent of pregnant women obtained prenatal care during the first trimester, compared to 71.7 percent in the state (Table 55). It is not clear if this represents an actual decline, or is an artifact of the new reporting system.

There is a downward trend in the proportion of Arizona women of child-bearing age (18-45) who report that a doctor, nurse or other health care worker ever talked with them about ways to prepare for a healthy pregnancy and baby (that is, discussed preconception health). Statewide, this rate has fallen from 47 percent in 2011, to 35 percent in 2014. In the Western Region (which includes La Paz County and Mohave County) the rate has been somewhat higher; in 2014 it was 42 percent, about the same as 2013 (41%).

On a more positive note, most mothers are receiving at least some form of prenatal care; only five percent of babies in the Colorado River Indian Tribes Region were born to mothers who had had fewer than five prenatal care visits (Table 55). The region had a smaller proportion of mothers with few prenatal visits, compared to the state, where 6

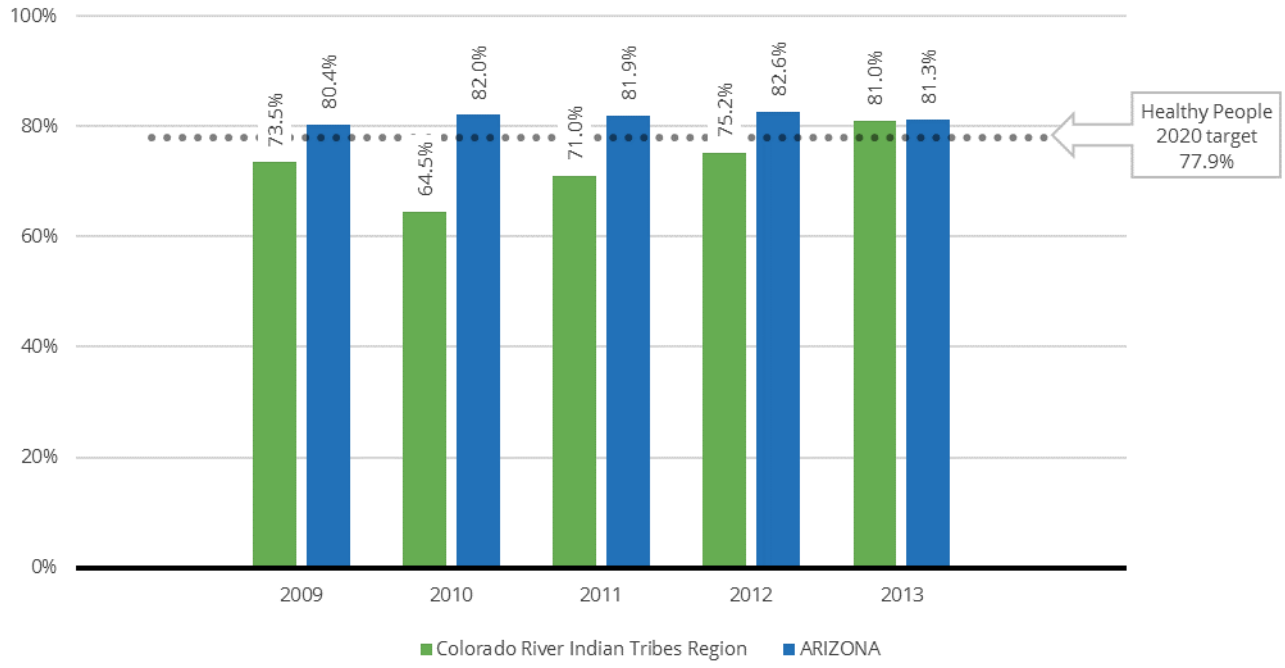
percent of births were to mothers who had fewer than five prenatal care visits, or the county, where 10 percent of births were to mothers with fewer than five visits.

Table 55. Live Births During Calendar Year 2014, by Number of Prenatal Visits

	No visits	1 to 4 visits	5 to 8 visits	9 to 12 visits	13 or more visits	Percent of births with fewer than five prenatal care visits	Percent of births with prenatal care begun in first trimester
Colorado River Indian Tribes Region	1%	5%	29%	31%	31%	5%	59.5%
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	2%	8%	26%	30%	31%	10%	54.2%
ARIZONA	2%	4%	15%	47%	31%	6%	71.%

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

Figure 26. Percent of Births With Prenatal Care Begun in First Trimester



Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.
Note: In 2014, the Arizona Department of Health Services introduced major changes in the way that prenatal care by trimester is assessed; these structural changes mean that rates from 2014 onward are not directly comparable to earlier rates.

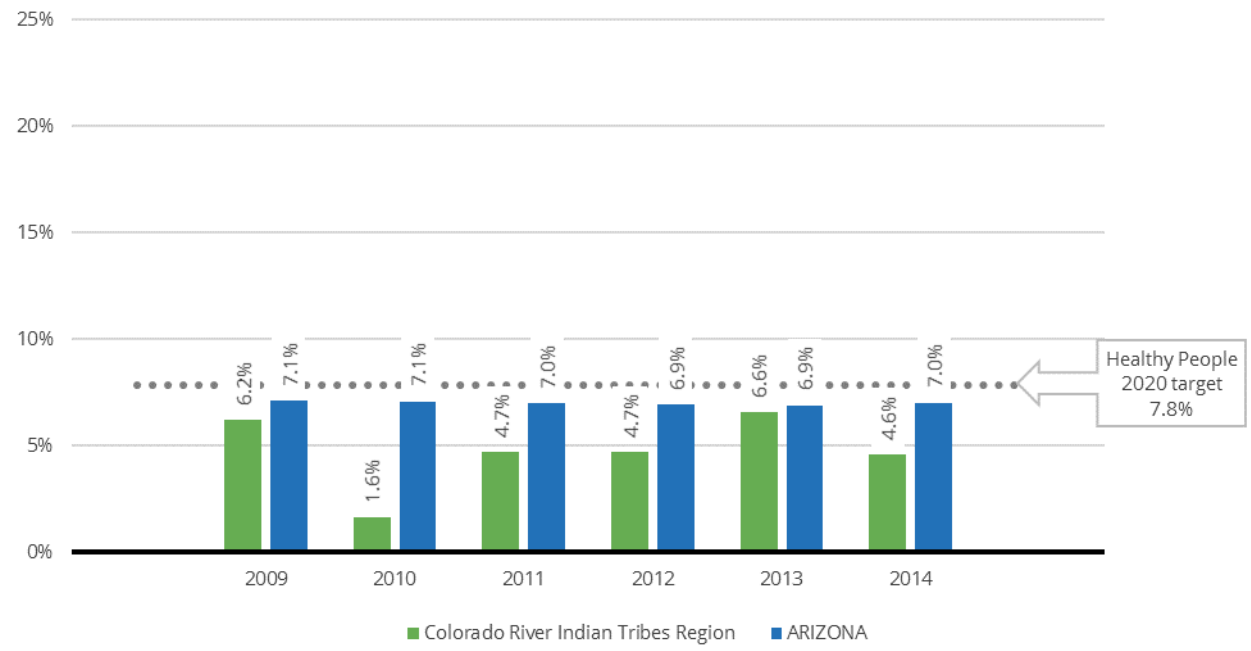
Birth Outcomes

With regard to perinatal health, babies in the Colorado River Indian Tribes Region were doing slightly better than babies born statewide. In the region in 2014, only 4.6 percent of babies were low birth weight, compared to seven percent across the state (Figure 27). The percent of premature births was lower in the region than in the state, with 7.6 percent in the region, and 9.0 percent across the state (Figure 28). Healthy People 2020 objectives include that fewer than 7.8 percent of babies are born at low birth weights and fewer than 11.4 percent are born preterm, meaning that the Colorado River Indian Tribes Region has achieved the Healthy People 2020 goal for both low birthweight and preterm births (Figure 27; Figure 28). A much lower proportion (2.0%) of newborns in the region were admitted to a Neonatal Intensive Care Unit (NICU) than in La Paz County (5%) or across the state (7%) (Figure 29).

In 2015, about three out of 100 newborns (2.9%) did not pass an initial hearing screen. However, only 0.7 percent of those screened required a diagnostic evaluation and none were found to have confirmed hearing loss (Figure 37). These percentages were lower than those seen statewide (Table 56. Newborn Hearing Screening Results).

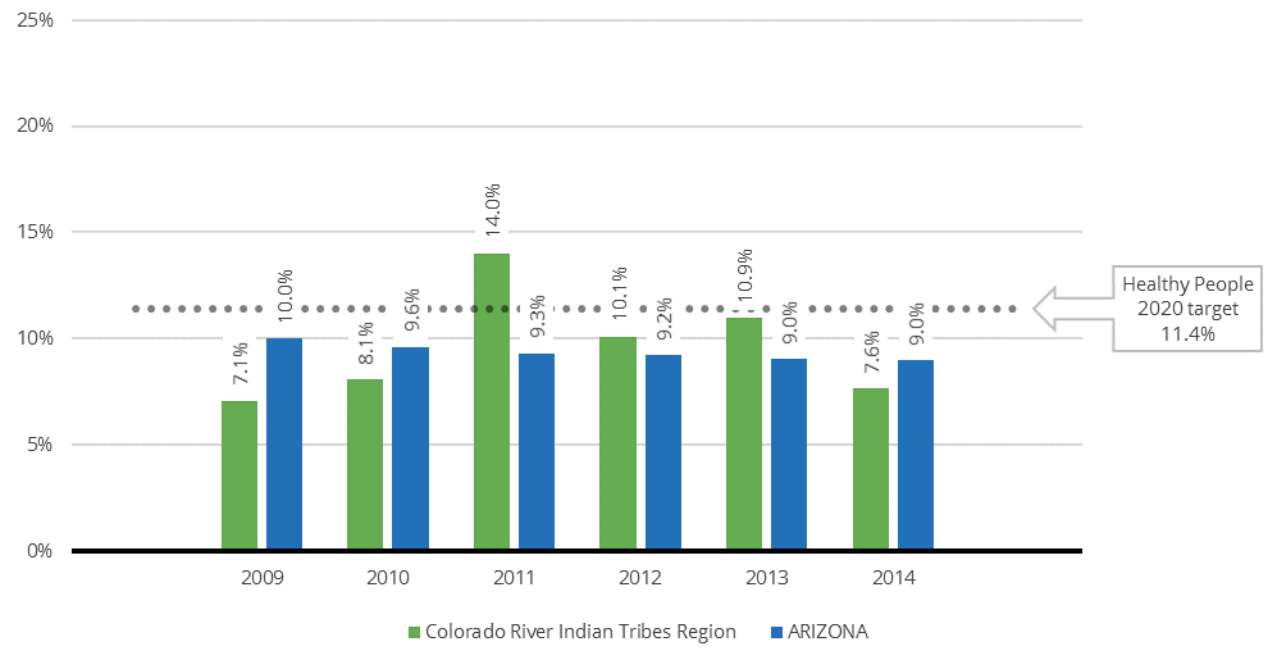
Infants enrolled in WIC did not meet the Healthy People 2020 goal of 81.9 percent of babies ever being breastfed in the Colorado River Indian Tribes Region (2015: 48%) (Figure 30). Statewide, 71.2 percent of WIC-enrolled infants were ever breastfed in 2015. Data on the complete (i.e., including those not participating in WIC) Colorado River Indian Tribes Region infant population are unavailable. However, data from the National Immunization Survey on children born in 2013 estimated the Arizona statewide rate of infants ever-breastfed was 85.0 percent, suggesting that WIC participants are less likely to be breastfed than other infants. It is also troubling that the percent of infants in WIC ever breastfed steadily decreased from 2011 to 2015. However, the percent of infants breastfed for six months or more has increased since 2011, with 15 percent of infants being breastfed for six months or more in 2015. According to the 2015 National WIC Report, 12.3 percent of infants in the Colorado River Indian Tribes WIC program were fully breastfed and 3.7 percent were partially breastfed. This is lower than the average for all ITCA WIC programs, where 13.2 percent of infants were fully breastfed and 9.7 percent were partially breastfed.[143] In recent years, IHS has undertaken the Baby-Friendly Hospital Initiative and increased the share of infants breastfed in many tribal communities.[144] All 13 IHS obstetric hospitals are now baby-friendly; however, since there is no labor and delivery unit at the Parker Indian Health Center, this facility is not one of these baby-friendly hospitals.[145]

Figure 27. Percent of Babies Born in 2014 With Low Birthweight (5.5 Pounds or Less)



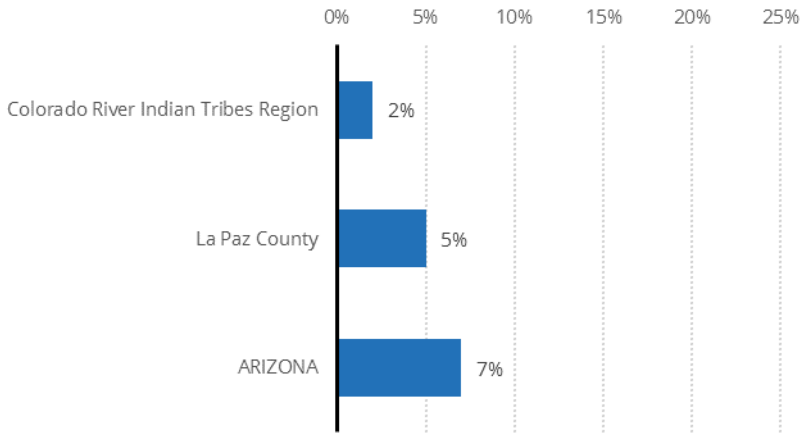
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Figure 28. Percent of Babies Born Premature in 2014 (37 Weeks or Less)



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

Figure 29. Percent of Babies Born Admitted to the NICU in 2014



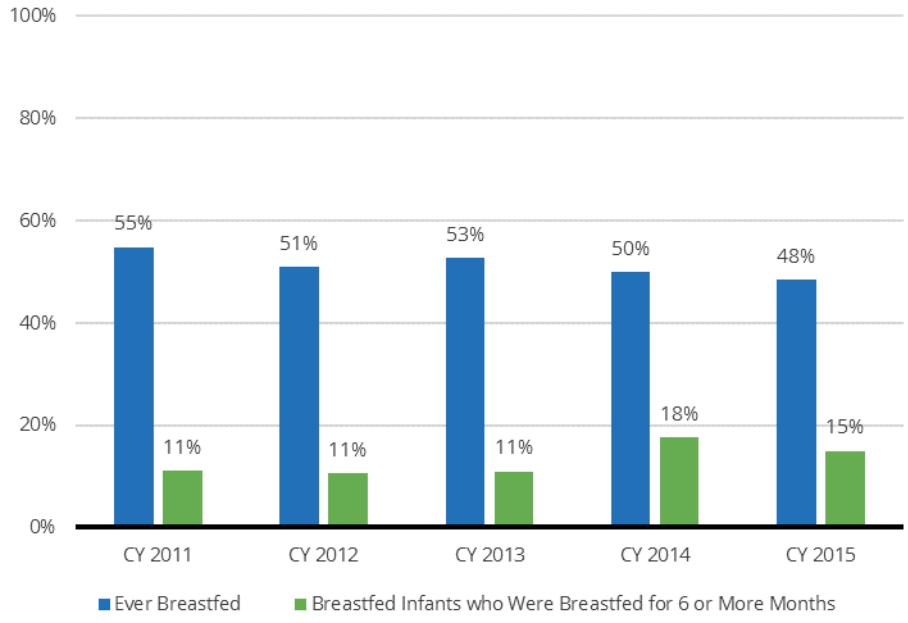
Source: Arizona Department of Health Services (2016). [Vital Statistics Births dataset]. Unpublished data.

Table 56. Newborn Hearing Screening Results, 2015

	Newborns with hearing screening	Newborns not passing initial screen	Newborns requiring diagnostic evaluation	Newborns with confirmed hearing loss
Colorado River Indian Tribes Region	140	2.9%	0.7%	0.0%
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A
La Paz County	N/A	N/A	N/A	N/A
ARIZONA	84,887	3.8%	0.6%	0.2%

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

Figure 30. Breastfeeding Rates for Infants enrolled in the Colorado River Indian Tribes WIC Program



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

Immunizations

Data provided by the Indian Health Services for children from the Colorado River Indian Tribes show that in the period between October 2013 and September 2015, 80.7 percent of children 19 to 35 months old were fully immunized. In the Colorado River Indian Tribes Region, young children are likely to join an early child care and

education program at the age of 3 or 4. According to data from the Colorado River Indian Tribes Head Start program, in the school year 2014-2015 nearly all (98.0%) of the children enrolled in the program were up-to-date on their immunizations. This mirrors immunization rates in other early care and education programs in 2015 where all children were fully up to date on every vaccine except the Hepatitis A vaccine; overall, the regional rates were higher than those of the state (Table 57). One exception to the extensive vaccine coverage in the region and statewide is Hepatitis A; only 81 percent of children in child care had completed the recommended two immunizations. One possible explanation for this difference is that the Hepatitis A vaccine is not recommended until later in childhood, and the second dose may follow the first by as many as 18 months.

The Healthy People 2020 target for vaccination coverage for children ages 19-35 months for these vaccines is 90 percent, suggesting that the region is meeting this goal. However, given that state regulations require children enrolled in child care to be up to date on immunizations, it is possible that the rates of immunization for children in child care are higher than immunization rates for children not in child care.

Rates for the three major (DTAP, polio, and MMR) vaccine series for children in kindergarten were slightly below the rates for children in child care (Table 58). The Healthy People 2020 target for vaccination coverage of kindergarteners is 95 percent for the DTAP, MMR, polio, Hepatitis B, and Varicella vaccines. Kindergartners in the region are meeting the Healthy People 2020 goals for all immunizations, whereas statewide, kindergarteners are meeting this goal for three of the five required vaccines. Rates of personal exemptions for vaccinations among children in child care (0.0%) and kindergarten (0.6%) in the region were much lower than exemption rates at the state level (3.5% and 4.5% respectively) (Table 57, Table 58).

Table 57. Vaccination Rates and Exemption Rates for Children in Child Care, 2015

	Students enrolled	Four or more DTAP	Three or more Polio	Two or more MMR	Three or more HIB	Two Hep A	Three or more Hep B	One or more Varicella	Religious exemption	Medical exemption
Colorado River Indian Tribes Region	43	100%	100%	100%	100%	81%	100%	100%	0.0%	0.0%
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	93	95%	95%	96%	91%	77%	94%	99%	0.0%	0.0%
ARIZONA	92,128	92%	93%	94%	92%	81%	92%	95%	3.5%	0.5%

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

Note: Rates reflect data from Blake Primary School Developmental Preschool and Little Blessings Inc.

Table 58. Vaccination Rates and Exemption Rates for Kindergarten Children, 2015

	Students enrolled	Four or more DTAP	Three or more Polio	Two or more MMR	Three or more Hep B	One or more Varicella	Personal exemption	Medical exemption
Colorado River Indian Tribes Region	162	97%	98%	97%	99%	100%	0.6%	0.0%
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
La Paz County	199	97%	97%	95%	99%	100%	0.5%	0.0%
ARIZONA	83,088	94%	95%	94%	96%	97%	4.5%	0.3%

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

Note: Rates reflect data from Blake Primary School and Le Pera Elementary.

Oral Health

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

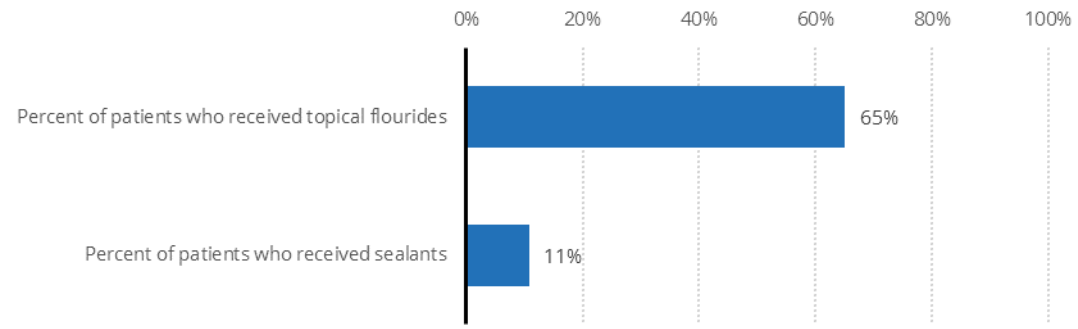
In 2010, the Indian Health Service (IHS) implemented an ongoing oral health surveillance system to monitor the oral health of American Indian and Alaska Native (AI/AN) children. Historically, this population has seen the highest rates of tooth decay in the United States, and it continues today at a rate that is 4 times than that of White children. The IHS Oral Health Survey collected data from preschool-age children in 2012 and 2014. During this last year, survey

data were collected from a total of 11,873 children ages 1 to 5 from all IHS Areas, including 796 children from the Phoenix Area which includes the Colorado River Indian Tribes Region. Results from the survey show that that 43 percent of AI/AN children ages 3 to 5 have untreated tooth decay. American Indian/Alaska Native children begin to experience tooth decay at an early age: 18 percent of the one-year old children participating in the survey already had tooth decay. In addition, the prevalence of decay experience in the primary teeth rises sharply with age, with 76 percent of five-year old children experiencing this condition. This means that prevention efforts are essential before the age of two in the reduction of tooth decay prevalence among AI/AN children. The survey also found that many AI/AN children were not receiving adequate dental care and there was an underutilization of dental sealants on AI/AN children's primary molars.[146] While the state of Arizona has met its own 2020 benchmark of no more than 32% of children with untreated tooth decay and is on track towards the Healthy People's 2020 target (26%),[147] there remains a strong need for focused oral health efforts on primary prevention in tribal communities across the state.

Data from the Indian Health Services show that a total of 282 unique children (65%) ages birth to 5 received topical fluoride applications between October 2013 and September 2015 from the Colorado River Indian Tribes (Figure 31). Forty-seven children (11%) received sealant applications in that same period, which is higher than that found in the 2014 IHS Oral Health Surveys discussed above: only six percent of American Indian/Alaska Native (AI/AN) children participating in the survey had at least one dental sealant on a primary molar tooth.

Children enrolled in Head Start receive access to dental screenings and preventative care. According to data from the 2014-2015 school year, all of the children enrolled in the Colorado River Indian Tribes Head Start had continuous accessible dental care, and nearly all children (99%) received preventative dental care. Of the children in Head Start, 15 percent received professional dental exams, and fewer than 25 were found to need dental treatment (Table 59). While the state has met its own 2020 benchmark (no more than 32% of children with untreated tooth decay) and is on track towards the Healthy People's 2020 target (26%), there remains a need for focused oral health efforts on primary prevention across the state.

Figure 31 Children (ages 0-5) receiving Oral Health Care through IHS



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

Table 59. Access to Dental Care for Children Enrolled in Colorado River Indian Tribes Head Start

	Children (ages 3-5) enrolled in Head Start	Children with continuous accessible dental care	Children receiving preventative dental care	Children with professional dental exam	Children needing dental treatment	Children receiving dental treatment
Head Start	195	100%	99%	15%	DS	DS

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

Childhood Injury, Illness and Mortality

Specific data on childhood mortality were not available for the Colorado River Indian Tribes Region. At the state level, the Arizona Child Fatality Review (CFR) Program produces an annual report in order to identify ways to decrease or eliminate identified preventable deaths amongst children across the state. In the 2015 annual report, 768 deaths were reported in children under 18 years old in Arizona, 74 percent (566) of which were young children from birth to age five. More than one-third of these deaths (38%) occurred in the neonatal period (birth-27 days) and were due to natural causes (prematurity, neurological disorders, and other medical conditions). The infancy age group (28-365 days) saw 23 percent of these deaths, which were largely due to suffocation. About 13 percent of these deaths were amongst children 1-4 years old, an age group with high rates of fatalities due to drowning, motor vehicle accidents, and blunt force trauma.

Local CFR Teams conduct an annual report which reviews each death in the state and determines the preventability of each of these deaths. In 2015, 10 percent of perinatal deaths, 48 percent of infant deaths, and 57 percent of young child deaths in Arizona were deemed preventable.

Additionally, the CFR Teams determine which deaths can be classified as maltreatment based on the actions or failures to take appropriate preventative action by a parent, guardian, or caretaker. In the 2015 review, 11 percent of all child fatalities were due to maltreatment and all of these deaths were determined to have been preventable. These maltreatment deaths are classified in one of three categories: homicide (e.g., abusive force trauma), natural (e.g., failure to obtain medical care or prenatal substance use that caused premature death), or accidental (e.g., unintentional injuries caused by negligence or impaired driving).

Weight Status

Based on data from the Centers for Disease Control and Prevention (CDC), adult obesity has remained consistent in La Paz County between 2011 and 2013 (32%) (Table 60). Across all three years, La Paz County did not meet the Healthy People 2020 goal of having no more than 30.5 percent of the population have obesity. State rates have been increasing, from 25 to 27 percent over the same period. Obesity is linked to diabetes, which is high in the Colorado River Indian Tribes. Nearly one in three adults over the age of 20 (29%) seen at IHS between October 2013 and September 2015 had been diagnosed with Type II Diabetes.

Compared to adults, children are less likely to be obese. Healthy People 2020 has set a goal of no more than 9.4 percent of children having obesity. Data from the Indian Health Service for children from the Colorado River Indian Tribes indicate that 16.3 percent children (ages 2-5) are obese.

Data on the weight status of children in the region were also available from the Colorado River Indian Tribes WIC program. In 2015, 16 percent of the children (ages 2 to 4) participating in the program were obese and an additional 13 percent were overweight (Figure 32). The obesity rate rose between 2011 and 2013 but fell between 2013 and 2015 to 15.8 percent (Figure 33). Over a similar period of 2012 to 2015, statewide obesity rates for children ages 2 to 4 enrolled in WIC fell from 12.7 percent to 11.4 percent. Based on these data (whether the WIC or IHS rates), the region appears to not be meeting the Healthy People 2020 target for childhood obesity.

Services to promote healthy nutrition and physical activity are provided by the Fitness for Kids program, which is managed by the CRIT Department of Health and Social Services with funding from First Things First CRIT Regional Partnership Council. Fitness for Kids offers weekly classes at the CRIT Family Activity Center that include 30 minutes of nutrition information and healthy cooking activities, and 30 minutes of physical activity. As of August of 2016, the program was serving an average of 13 families, with seven of them participating on a regular basis and new families dropping in every other week. Some of these families have multiple young children. The program had no formal referrals from any other departments in the region but the Program Coordinator collaborated closely with staff from other programs within the CRIT Health and Social Services Department and also with the CRIT Head Start program and is able to recruit families being served by these entities.

Fitness for Kids also organizes walking community events that are popular among the parents. The program provides strollers to parents with infants so they can also participate. In addition to the weekly classes, the program also provides cooking demonstrations where children can also participate.

Availability of spaces where children and adults can be physically active is a concern in the region. In all of La Paz County, there were no fitness and recreation facilities as of 2012.[xx] According to the La Paz County Community Health Improvement Plan, La Paz is among the three counties with the lowest percentage of population with access to parks, and is ranked number one (together with Greenlee County) among all Arizona counties for most limited access to recreational facilities.[148] Key informants also pointed out that families who live in the valley area have limited access to indoor public spaces where children can engage in physical activity during the months when the temperatures rise precipitously in the region.

Nutrition-related services are also provided by the University of Arizona Cooperative Extension office in the region. The La Paz Nutrition and Health program provides workshops, training, and education materials on nutrition, food safety, food preservation, health, and physical activities, including Supplemental Nutrition Assistance Program Education (SNAP-Ed). The SNAP-Ed program offers nutrition education to low income children and families. Workshops and demonstrations on safe handling and preparation of foods to be cooked and preserved are available as part of the food preservation and food safety programs.[149]

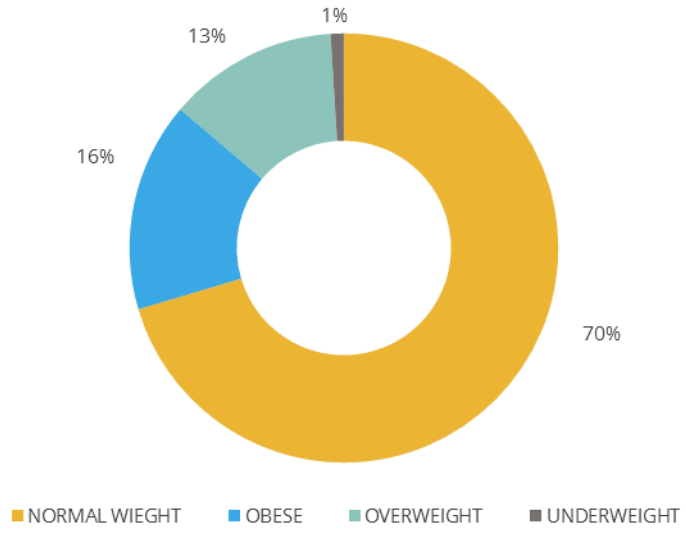
[xx] *Based on the USDA definitions, these are "establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports," https://www.ers.usda.gov/webdocs/DataFiles/Data_Access_and_Documentation_Downloads__18030/documentation.pdf?v=42226*

Table 60. Adult Obesity Rate, According to the CDC

	CDC adult obesity rate, 2011	CDC adult obesity rate, 2012	CDC adult obesity rate, 2013
Colorado River Indian Tribes Region	N/A	N/A	N/A
Colorado River Indian Tribes (entire)	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A
La Paz County	32%	32%	32%
ARIZONA	25%	26%	27%

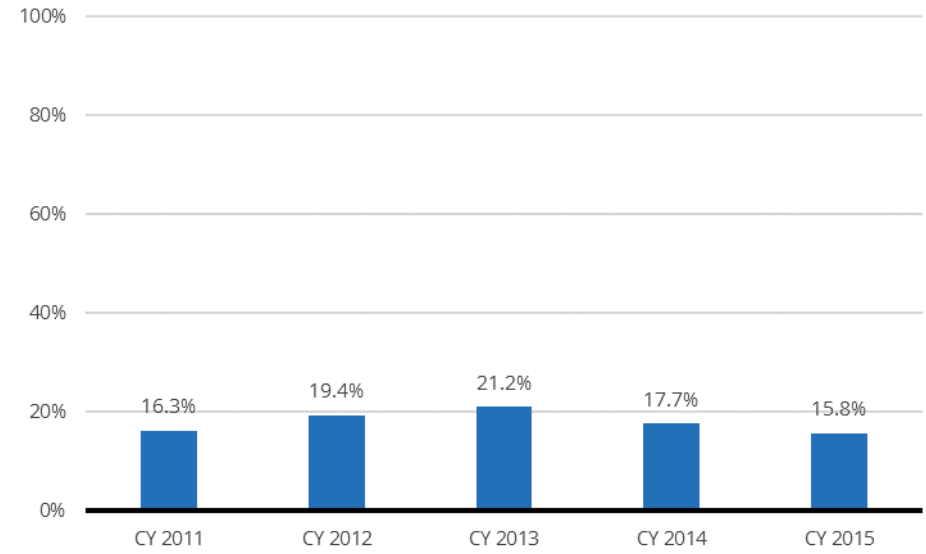
Source: CDC (2016). Diabetes Data and Statistics. Retrieved from www.cdc.gov/diabetes/atlas/countydata/atlas.html

Figure 32. Weight Status of Children (ages 2-4) Enrolled in the Colorado River Indian Tribes WIC Program, 2015



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

Figure 33. Obesity Rates for Children (ages 2-4) in the Colorado River Indian Tribes WIC Program



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

Table 61. Food Environment

	Grocery stores, 2012	Grocery stores per thousand residents, 2012	Fast-food restaurants, 2012	Fast-food restaurants per thousand residents, 2012
Colorado River Indian Tribes Region	N/A	N/A	N/A	N/A
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A
La Paz County	8	0.39	19	0.94
ARIZONA	825	0.13	4,238	0.65

Source: USDA Economic Research Service (2014). Food Environment Atlas. Retrieved from www.ers.usda.gov/data-products/food-environment-atlas

FAMILY SUPPORT AND LITERACY

Why Family Support and Literacy Matter

Parents, caregivers and families who provide positive and responsive relationships support optimal brain development during a child's first years[150,151] and promote better social, physical, academic and economic outcomes later in that child's life.[152,153] Parental and family involvement is positively linked to academic skills and literacy in preschool, kindergarten and elementary school.[154] Literacy promotion is so central to a child's development that the American Academy of Pediatrics has identified it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.[155] Reading aloud, singing songs, practicing nursery rhymes, and engaging in conversation primes children to reach their full potential. In 2014, First Thing First conducted the Parent and Caregiver survey, a face-to-face survey of parents and caregivers in tribal regions. This survey was based on a subset of items from the 2012 First Things First phone-based Family and Community Survey that inquired about a parent or caregiver's knowledge of children's early development and their involvement in a variety of behaviors known to contribute positively to healthy development. Data on the amount and quality of the interaction parents and caregivers typically have with their children can be useful to inform programs and policies to encourage positive engagement.

Not all children are able to begin their lives in the most positive, stable environments. Adverse Childhood Experiences (ACEs)[xxi] have been linked to risky health behaviors (such as smoking, drug use and alcoholism), chronic health conditions (such as diabetes, depression, obesity), poorer life outcomes (such as lower educational achievement and increased lost work time), and early death.[156]

Children in Arizona are more likely to have experienced two or more ACEs (31.1%) than children across the country (21.1%).[157]

Children subject to maltreatment and neglect often suffer physical, psychological and behavioral consequences, and in fact are much more likely to have interactions with the criminal justice system in later life.[158] Special federal guidelines are currently in place to regulate how Native children and their families interact with the state's child welfare system. In 1978, Congress passed the Indian Child Welfare Act (ICWA). ICWA established federal guidelines that are to be followed when an Indian child enters the welfare system in all state custody proceedings. Under ICWA, an Indian child's family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and may petition for tribal jurisdiction over the custody case. ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family, and after an Indian child is removed through family reunification efforts.[159]

Behavioral health supports are often needed to address issues of domestic violence, maltreatment, abuse and neglect that children may face. Infant and toddler mental health is the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."[160] When young children experience stress and trauma they have limited responses available to react to those experiences.

Children exposed to alcohol and drugs neonatally also face a number of challenges. Newborns exposed to alcohol or drugs in Arizona had higher incidences of low birthweight (23.2% compared to 7% for all births), higher incidences of respiratory symptoms, and higher incidences of feeding difficulties. The median total charges related to care were

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

also double that of other hospital births.[161] Opiate use during pregnancy, both illegal and prescribed use, has been associated with neonatal abstinence syndrome (NAS), where infants born exposed to these substances exhibit withdrawal creating longer hospital stays, increased health care costs and increased complications for infants born with NAS.[162] Infants exposed to cannabis (marijuana) in utero often have a decrease in birth weight, and are more likely to be placed in neonatal intensive care, compared to infants whose mothers had not used the drug during pregnancy.[163] Research suggests that alcohol and drug exposure may be linked to behavioral issues and developmental delays as a child develops, creating a need for extra supports when a child enters school.[164]

Substance abuse treatment and supports for parents and families grappling with these issues can help to ameliorate these short and long-term impacts on young children.

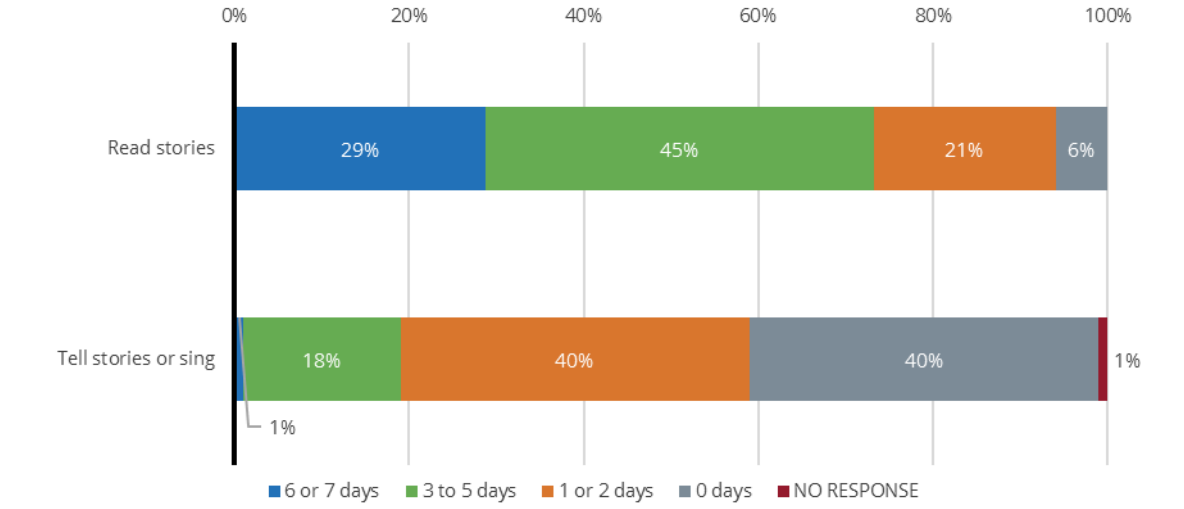
What the Data Tell Us

Family Involvement

The First Things First Colorado River Indian Tribes Region Parent and Caregiver Survey, conducted with parents in the spring of 2014, collected data illustrating parental involvement in a variety of activities known to contribute positively to healthy development. The survey included two items about home literacy activities. Figure 34 shows the distribution of responses to these two questions that asked parents about the frequency of reading and telling stories or singing to young children in the household.

Twenty-nine percent of the respondents reported that someone in the home read to their child six or seven days in the week prior to the survey. A slightly smaller fraction (27%) reported that the child was not read to, or only once or twice during the week. In comparison, telling stories or singing songs was more frequent than reading. In more than three-quarters of the homes (80%), children are hearing stories or songs three or more days per week. On average, respondents reported reading stories 4 days per week, and singing songs or telling stories about 5 days per week.

Figure 34. 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?



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

Key informants noted that one of the needs in the region is raising awareness for parents around developmental milestones so they can better identify possible delays and get the necessary care for their children on time. According to data presented in the CRIT Head Start Community Assessment, there is a need to increase awareness of developmental milestones, early identification of developmental delays, and the importance of keeping appointments for developmental screening. One of the challenges to making sure that children receive the necessary care is that parents do not seek out services early or may not follow-up on scheduled appointments to have their children be evaluated.[165]

Information and support would also be useful to kith and kin child care providers in the region. Key informants pointed out, however, that when training opportunities have been available to informal care providers the response has been low, in part because it is very challenging for them to take time off their caregiving duties. Some of them care for multiple children and it is difficult to find child care alternatives during their absence. These kith and kin providers would need to be notified well ahead of time of the trainings in order to maximize the possibility of them participating. Some of these providers also struggle with lack of transportation.

According to data from the CRIT Head Start 2015 Community Assessment, service providers in the region identified a need for additional support around parenting skills. This includes establishing a regular routine at home and reading to young children. Key informants interviewed for this report also emphasized the need for increasing parents' knowledge of the importance of early childhood education. They pointed out that information on early childhood is disseminated by service providers in the region but that there continue to be many families that are not accessing it. Finding ways to reach out to a large audience is a challenge for some service providers. Technology can help in some cases, and programs have started to use social media to promote their events. Nevertheless, key informants recognized the limitations of technology, as not all families own cell phones or computers. The best way to spread information about events and services in the region, key informants said, is still word of mouth and attending other community events to interact with parents and caregivers one-on-one.

Key informants stated that having more multi-generation community events with a strong cultural component could help foster a positive environment conducive to healthy family living.

Child Welfare

Child Welfare services in the Colorado River Indian Tribes Region are provided by the CRIT Department of Health and Social Services.[xxii] The CRIT Child Abuse and Neglect Report for fiscal year 2012-2013, shows that there were a total of 141 referrals for child abuse and neglect received by CRIT Child Protective Services. Of those, 33 (or 23%) were for child abuse, 109 (or 77%) were for neglect, and 14 (or 10%) were for sexual abuse. After investigations were conducted on these referrals, a total of 97 (or 69%) were determined to be substantiated. Eighty-six (or 61%) of the total number of referrals received involved alcohol and substance abuse (Figure 35 and Figure 36).[166]

The CRIT Department of Health and Social Services' April 2014 Monthly Report submitted to the Tribal Health Board indicates that during that month there were 158 child welfare cases (ages birth to 17). Of these, 104 (66%) were cases where the children had been placed with relatives and 14 (9%) were ICWA cases. During the same month, there were 30 children (birth to 17) placed in foster care. In August of 2014 there were 6 tribally licensed foster homes available in the region with a combined capacity of 16 beds.[167]

Key informants interviewed for this report indicated that recruiting foster parents in the region continues to be a challenge, especially among Native families. Often, community members interested in becoming foster parents express a preference for caring only for infants. In addition, getting clearance on the background check of all adults in the household can be a barrier to becoming a licensed foster caregiver. According to key informants, residents in the town of Parker can be dual-certified as foster parents by both the CRIT Social Services Department as well as the Arizona Department of Child Safety. As of May of 2016, the CRIT Health and Social Services Department had plans in place to dedicate additional staffing resources to the recruitment of foster parents in the region. Key informants suggested that providing other types of support to foster parents, such as on-call assistance from the behavioral health and social services departments, might encourage more community residents to become foster caregivers.

An additional resource to families in crisis in the Colorado River Indian Tribes Region is the tribally-operated Children's Residential Center (CRC), which serves as placement for children removed from their homes by the CRIT Department of Health and Social Services. CRC has a team of 20 staff who work in three shifts with a total of 12 beds available. CRC's nursery can accommodate up to four children ages birth to 3 and it often operates at capacity. Because there are a limited number of foster care homes in the CRIT Region, the Children's Residential Center allows for more children to stay within the community instead of being sent out with foster families outside of the region. Key informants indicated that children stay at CRC for an average of six months, with the exception of newborns who tend to be placed with families in a shorter period of time. In order to be placed at CRC, children must be enrolled CRIT tribal members or be eligible for enrollment; staff from CRIT Social Services can facilitate the enrollment process. According to data provided by CRC, in calendar year 2015 there were a total of 42 unique children placed at this facility. Fewer than 25 of those were children birth to 5.

Staff from CRC are able to take advantage of professional development opportunities (at no cost to the attendees) provided in Kingman through funding from the First Things First La Paz/Mohave Region Court Team and CRIT Court Team. In addition, training for staff also takes place during their monthly meetings. Because it is difficult for the CRC

[xxii] *Recent data from the CRIT Department of Health and Social Services were not available to be included; however, given that this is an area of high importance for the region, data from the 2014 CRIT Needs and Assets Report, the most recent data available, are included..*

employees to leave the Center to attend trainings, any opportunity that is available at their facility is highly valued. Every year around Christmas, for instance, the Center has a luncheon and speakers are often invited to present.

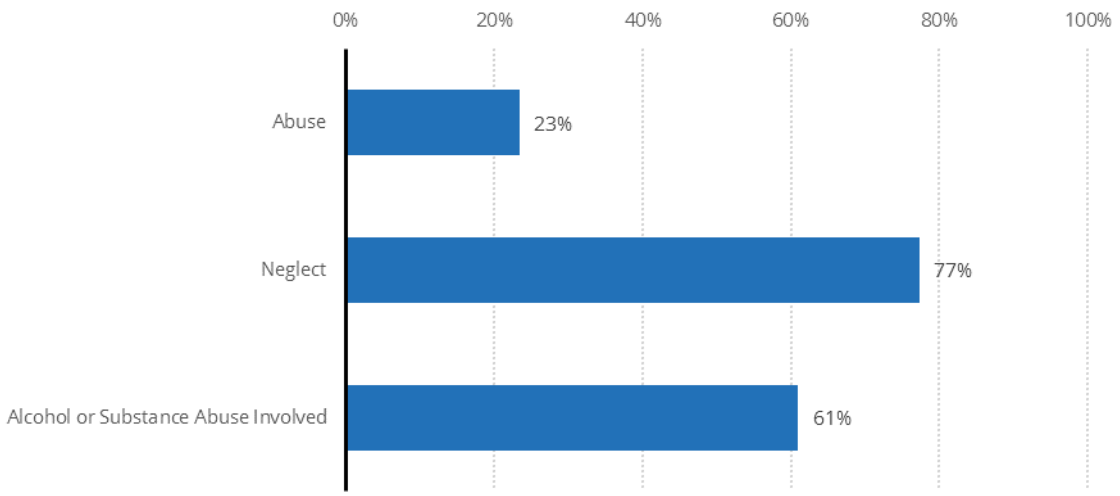
A number of trainings that would benefit staff working with the most vulnerable families in the region were identified by key informants, including those provided as part of the First Things First Court Team strategy, and at state and national conferences (e.g., FTF Early Childhood Summit, the National Zero to Three Conference and the National Indian Child Welfare Act (NICWA) Conference. These professional development opportunities can help increase the capacity and expertise of program staff to work with families in crisis, which key informants identified as a major need throughout the child welfare system the region. Key informants noted that these types of trainings can benefit not only individuals directly involved in the legal system such as prosecutors, judges and social workers, but also early childhood educators who would provide services to young children in the child welfare system such as Head Start staff. Key informants indicated that more concerted efforts around capacity building could leverage the great commitment and passion of program staff supporting families in crisis, which were identified as an asset in the region.

In addition to capacity building, key informants also spoke about the need to promote a coordinated approach to addressing child abuse and neglect in the region. In order to improve the outcomes of children in the child welfare system and to reduce or prevent future involvement with the court system, the CRIT Region allocated funding to the Court Team strategy.[xxiii] With support from the First Things First La Paz/Mohave Region Court Team, the CRIT Court Team began to meet regularly in the Spring of 2016. Participants have included representatives from the Child Residential Center, CRIT Tribal Court, CRIT Social Services, CRIT Behavioral Health Services, the Prosecutor's Office, Juvenile Detention Center representatives, CRIT Legal Aid Department and the CRIT Head Start program. Key informants indicated that efforts are underway in the region to strengthen the coordinated approach to supporting families in crisis by establishing a Multi-disciplinary Team (MDT) that will build upon the work of the CRIT Court Team.

MDTs bring together representatives from a variety of agencies that provide services to children in the child welfare system such as prosecutors through regular meetings to review and discuss child abuse and neglect cases in a coordinated manner. The CRIT MDT will include the same stakeholders currently participating in the Court Team, but it will oversee the cases of all minors 0-17, not only those under the age of six. The CRIT MDT is expected to meet on a monthly basis. In addition, key informants pointed out that there are plans in the region to develop a regional Baby Court Team. According to key informants, a large proportion of the children involved with the child welfare system in the CRIT Region are due to parental substance use, including in-utero exposure. Substance use during pregnancy is a concern in the region, as detailed in the Behavioral Health section below. A Baby Court Team approach would allow for an accelerated review of cases (on a weekly or bi-weekly basis) to make sure that parents get the support they need in order to recover from addiction, and that the babies' needs are closely monitored and addressed.

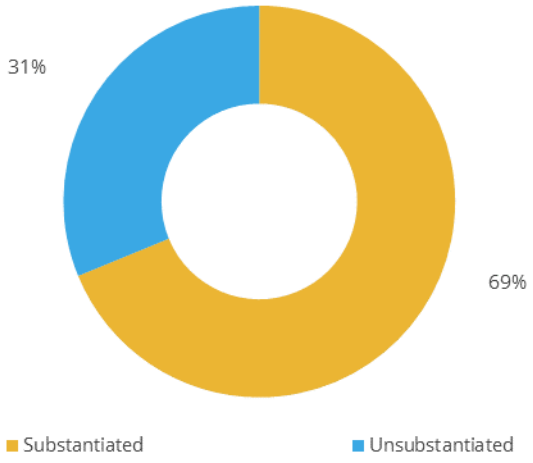
[xxiii] *For more information on the FTF Court Team strategy see the Table of Funded Strategies in the CRIT Region in the Appendices section of this report.*

Figure 35. Referrals to Social Services by Type, July 2012-June 2013



Source: Colorado River Indian Tribe Social Services Department (2014). [Child Welfare Data]. Received by correspondence.

Figure 36. Investigation Results for Child Welfare Referrals



Source: Colorado River Indian Tribe Social Services Department (2014). [Child Welfare Data]. Received by correspondence.

Behavioral Health

In Arizona, the Arizona Health Care Cost Containment System (Arizona's Medicaid program) contracts with community-based organizations, known as Regional Behavioral Health Authorities (RBHAs) and Tribal Regional Behavioral Health Authorities (TRBHAs), to administer publically-funded behavioral health services. Arizona is

divided into separate geographical service areas (GSAs) served by various RBHAs or TRBHAs. The CRIT Behavioral Health Services (BHS) Department serves as the TRBHA for the Colorado River Indian Tribes. CRIT BHS provide individual and group counseling services to CRIT enrolled members and their families, to other tribal members, and to CRIT employees, in an outpatient setting. There are currently no local in-patient facilities; clients requiring a higher level of care are typically placed in facilities in Yuma or Tucson. Behavioral Health services to non-tribal members in La Paz County are provided by the contracted RBHA in the South GSA, Cenpatico Integrated Care.[xxiv]

No data on the services provided by the CRIT TRBHA were available to be included in this report. Table 62, however, shows that each year from 2012 to 2015, fewer than 25 pregnant or parenting women received publically-funded behavioral health services through Cenpatico Integrated Care in the CRIT Region. The number of children ages 0 to 5 that received behavioral health services by Cenpatico Integrated Care remained stable at around 30 from 2012 and 2014. In 2015, fewer than 25 young children received services (Table 63). The number of children receiving services in the CRIT region in 2014 represents 82 percent of the services provided to young children in the entire county of La Paz, which is consistent with the fact that the majority of the children in the county live within the boundaries of the CRIT region (see Table 3 above).

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

According to a 2015 AHCCCS report, 67 percent of children in foster care in Arizona in FY2014 were enrolled in behavioral health services, compared to just one in 15 children (7%) enrolled in AHCCCS, not in the foster care system.[168] Beginning in 2015, each Regional Behavioral Health Authority (RBHA) was contractually required to ensure that children in Department of Child Safety (DCS) custody and their families are referred for ongoing behavioral health services, suggesting that rates of both mothers and children being provided services are likely to increase going forward. Although children in foster care in the CRIT Region are under custody of the Colorado River Indian Tribes, coordination of services around behavioral health needs are also in place in the region. As mentioned above, the CRIT Region has a Court Team in place, and is in the process of starting a Multi-disciplinary Team (MDT) to oversee all cases of child abuse and neglect.

Substance use and abuse can contribute to or exacerbate behavioral health needs in families. Key informants noted that alcohol and drug use affects families in the region due to 1) the negative consequences of in-utero substance on the newborn's health as well as on the healthy development of young children; and 2) the challenges it presents to parenting, as parents struggling with addiction have a difficult time raising their children. Newborns exposed to alcohol or other noxious substances in utero may have long-lasting health care needs. Maternal substance use, particularly opioid use, can result in neonatal abstinence syndrome (NAS), where newborns display withdrawal symptoms. An analysis of rates of substance exposure across six years in Arizona found that there were no cases of newborns diagnosed with NAS in La Paz County. Statewide, the overall rate for NAS for the period 2008-2013 was 2.83 per 1,000 births, with a significant increase between 2008 (1.57 per 1,000 births) and 2013 (4.03 per 1,000 births). Although no cases of NAS were documented in La Paz County between 2008 and 2013, the reported rate of in-utero exposure to narcotics in La Paz County was by far the highest of all Arizona counties (18.79 in 1,000 newborns) and almost four times that of the state as a whole (5.19 in 1,000) (Figure 39).[169]

[xxiv] *Arizona Regional Behavioral Health Areas. See https://www.azahcccs.gov/img/BehavioralHealth/ARBHAMap.jpg*

No data were available on the specific rate of NAS diagnoses in the Colorado River Indian Tribes. However, the map on Figure 41 below shows the NAS rates by Primary Care Areas (PCA) in the state. PCAs are geographically based areas in Arizona where local residents seek primary health care.[170] According to the data presented on Figure 41, in the Colorado River Indian Tribes PCA the total count of NAS diagnoses was fewer than six cases in the period of 2008-2013, a count that is too low to reliably estimate a rate. On the other hand, the map on Figure 42 shows that the rate of newborns exposed to all drugs (including narcotics, cocaine and alcohol) in the Colorado River Indian Tribes PCA falls in the 19.24-49.41 per 1,000 births category. This means that the CRIT PCA rate is higher than the rate for La Paz County cited above (18.79).

At the state level, in the 2008-2013 period, 4.82 percent of all NAS diagnoses were of American Indian/Alaska Native (AI/AN) newborns. AI/AN newborns represent 3.71 percent of all other births in Arizona, therefore they are overrepresented in the proportion of newborns diagnosed with NAS. Among newborns exposed to all drugs (including narcotics, cocaine and alcohol), AI/AN newborns represented 12.41 percent, while they comprised only 3.66 percent of all other hospital births in Arizona.[171] The difference in these two proportions means that AI/AN newborns are even more overrepresented in the 'all drug exposure' category.[xxv]

Community perceptions of the relation between substance use and the child welfare system were shared as part of the "Voice of the Community" online survey conducted among residents of La Paz County for the 2013 La Paz County Community Health Assessment. Survey results show that domestic violence and child abuse and neglect were identified among the top three health concerns in the county. Similarly, survey respondents identified alcohol abuse and drug abuse among the top three risky behaviors in the county.[172]

Some key informants pointed out that additional education on the negative effects of alcohol during pregnancy is needed. Others seemed to think that community members know about the potential long term consequences of using alcohol during pregnancy but that there is a need for increased awareness of how methamphetamines and opioids affect the newborn. Data from the substance exposure report discussed above appears to support this perception that methamphetamine and other narcotic use during pregnancy have become a larger problem than alcohol use in the region and the state (see Figure 39 and Figure 40). According to some key informants, there has been an increase in the number of expectant women who do not seek out prenatal care until their last trimester fearing repercussions when health care providers find out they have been using illegal substances while pregnant. Key informants indicated that foster parents and relatives caring for children in out-of-home placements would benefit from additional training on how to care for methamphetamine-exposed babies. Similarly, key informants suggested that foster parents may need additional guidance on how to best address behavioral health needs in the children they care for –some of which may be related to in utero-substance exposure.

On a positive note, key informants highlighted the fact that there are many resources available to support families in crisis, including behavioral health services that follow well-established best practices. Key informants suggested that services can be further enhanced by trying new approaches with a strong cultural component.

Key informants indicated that families in the region would benefit from training on how to best address the needs of children with broader behavioral health concerns, as well. In particular, they recommended providing opportunities for training to 1) foster parents (given that children who have been placed out of home often have higher behavioral health needs that may require specialized attention); 2) parents whose children have been placed out-of-home to support the reunification process; and 3) community members interested in becoming child care providers. Child

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[xxv] Please note that the percent of AI/AN "All other hospital births" is slightly different for NAS and all drug exposures due to the fact that the denominator used to calculate these numbers varies minimally: 19,300 and 18,984, respectively.

care providers could support families involved in the child welfare system by offering respite care to parents while they are in the process of recovery from substance use were seen as a needed resource.

A continuum of services to address infant and toddler mental health promotion, prevention and intervention has been proposed by a number of national organizations. Recommendations to achieve a comprehensive system of infant and toddler mental health services include 1) the integration of infant and toddler mental health into all child-related services and systems, 2) ensuring earlier identification of and intervention for mental health disorders in infants, toddlers and their parents by providing child and family practitioners with screening and assessment tools, 3) enhancing system capacity through professional development and training for all types of providers, 4) providing comprehensive mental health services for infants and young children in foster care, and 5) engaging child care programs by providing access to mental health consultation and support.[173]

Table 62. Number of Pregnant or Parenting Women Receiving Behavioral Health Services, 2012 to 2015

	2012	2013	2014	2015	Change from 2012 to 2015
Colorado River Indian Tribes Region	<25	<25	<25	<25	-11%
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A
La Paz County	<25	<25	<25	<25	DS
ARIZONA	19,134	17,731	13,657	14,546	-24%

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

Table 63. Number of Children (Ages 0 to 5) Receiving Behavioral Health Services, 2012 to 2015

	2012	2013	2014	2015	Change from 2012 to 2015
Colorado River Indian Tribes Region	27	31	31	<25	DS
Colorado River Indian Tribes (entire)	N/A	N/A	N/A	N/A	N/A
ALL ARIZONA RESERVATIONS	N/A	N/A	N/A	N/A	N/A
La Paz County	35	39	38	26	-26%
ARIZONA	13,110	14,396	12,396	14,374	10%

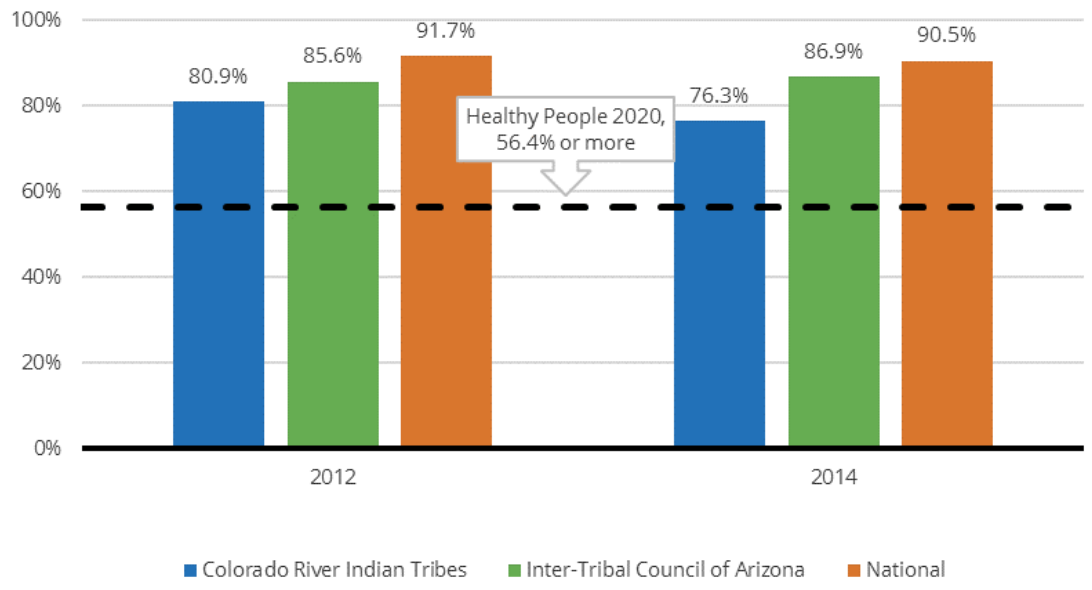
Source: Arizona Department of Health Services (2016). [Behavioral Health dataset]. Unpublished data.

Table 64. Mental Health Services for Children Enrolled in Colorado River Indian Tribes Head Start

	Mental health professional on-site	Children with mental health consultation	Children with individual mental health assessment	Children with mental health referral
Head Start	60 hours/month	97%	96%	DS

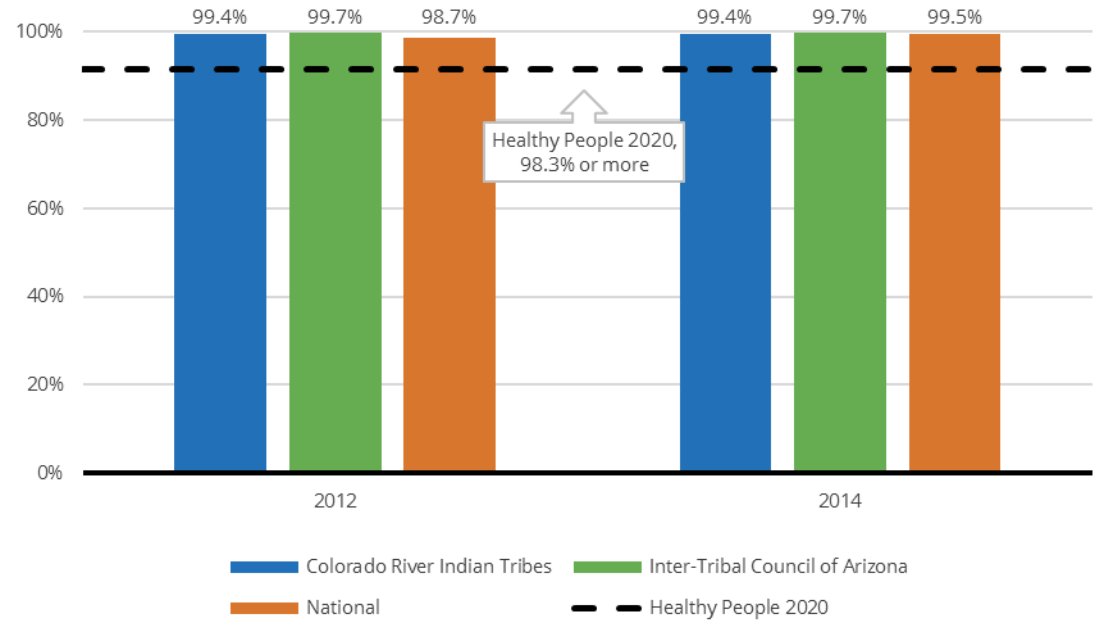
Source: Office of Head Start (2016). 2015 Program Information Report. Retrieved from https://eclkc.ohs.acf.hhs.gov/hslc/data/pir

Figure 37. Percent of Pregnant Women Who Did Not Drink Alcohol 3 Months Prior to Pregnancy



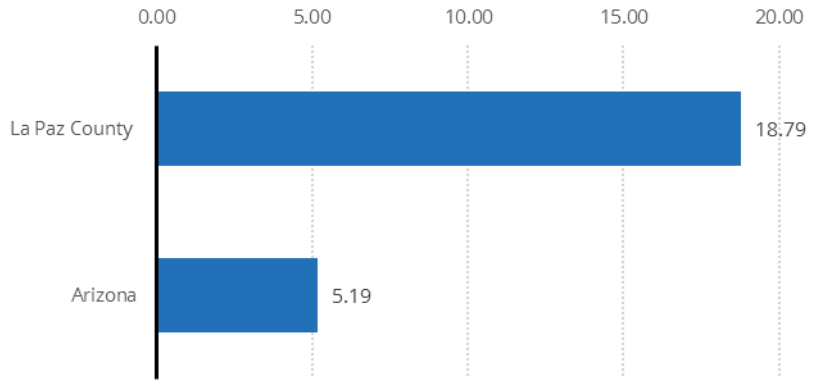
Source: Inter-Tribal Council of Arizona (2016) [WIC Dataset]. Unpublished data.

Figure 38. Percent of Pregnant Women Who Did Not Drink Alcohol During Third Trimester



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

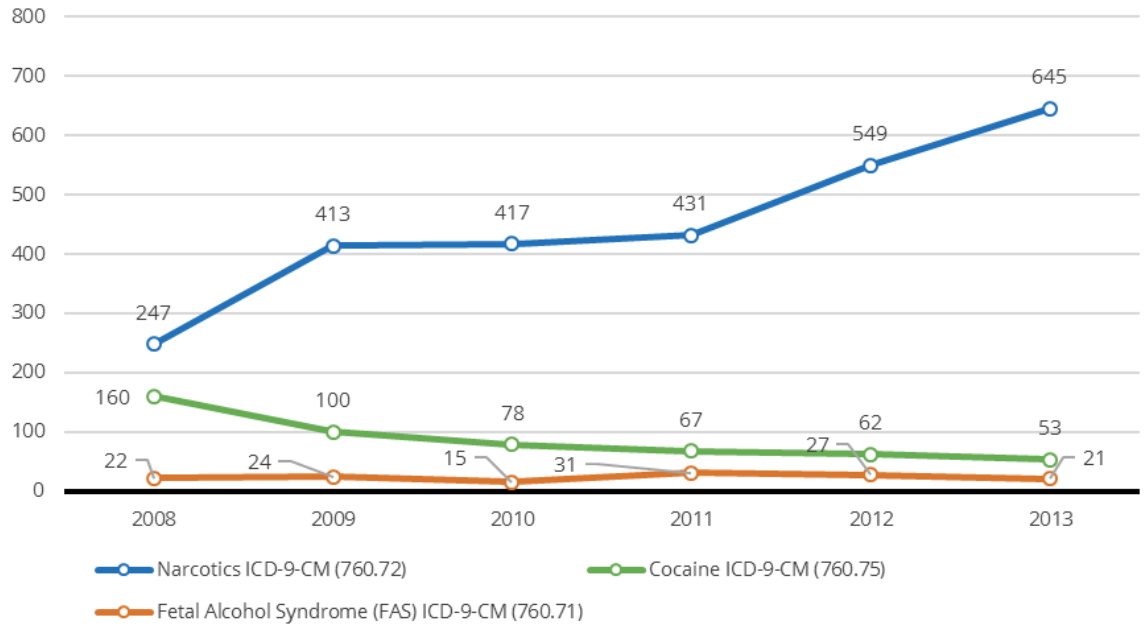
Figure 39. Rate of Newborn Narcotic Exposure, 2008-2013



Source: Arizona Department of Health Services (2014). Neonatal Abstinence Syndrome: 2008-2013 Overview. Retrieved from http://www.azdhs.gov/documents/preparedness/public-health-statistics/publications/neonatal-abstinence-syndrom-research.pdf.

Note: Rates are per 1000 hospital births in Arizona during 2008-2013. Numbers for Neonatal abstinence syndrome and fetal alcohol syndrome could not reliably be reported due to small numbers

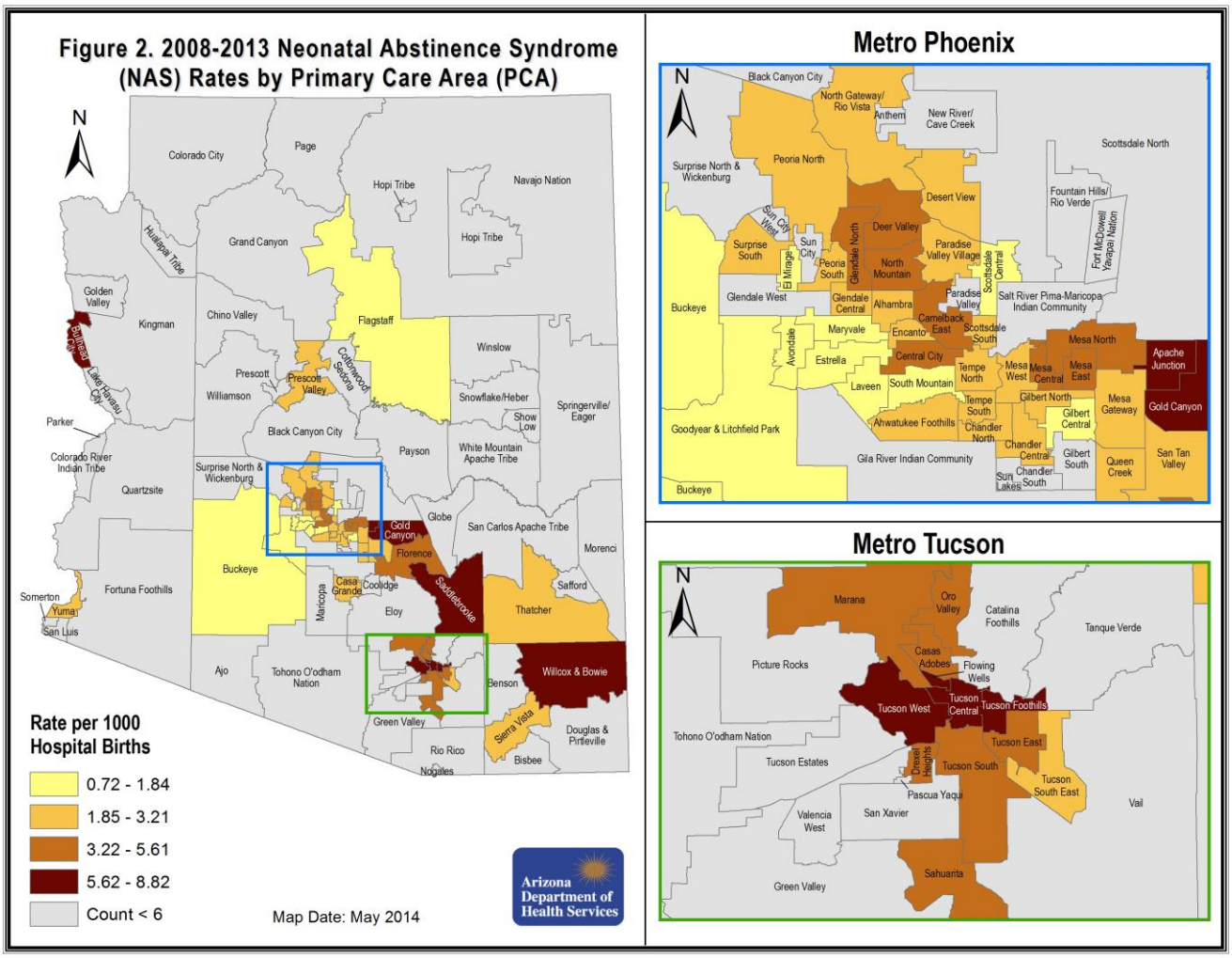
Figure 40. Number of Arizona Newborns with Drug or Alcohol Exposure, 2008-2013



Source: Arizona Department of Health Services (2014). Neonatal Abstinence Syndrome: 2008-2013 Overview. Retrieved from http://www.azdhs.gov/documents/preparedness/public-health-statistics/publications/neonatal-abstinence-syndrom-research.pdf.

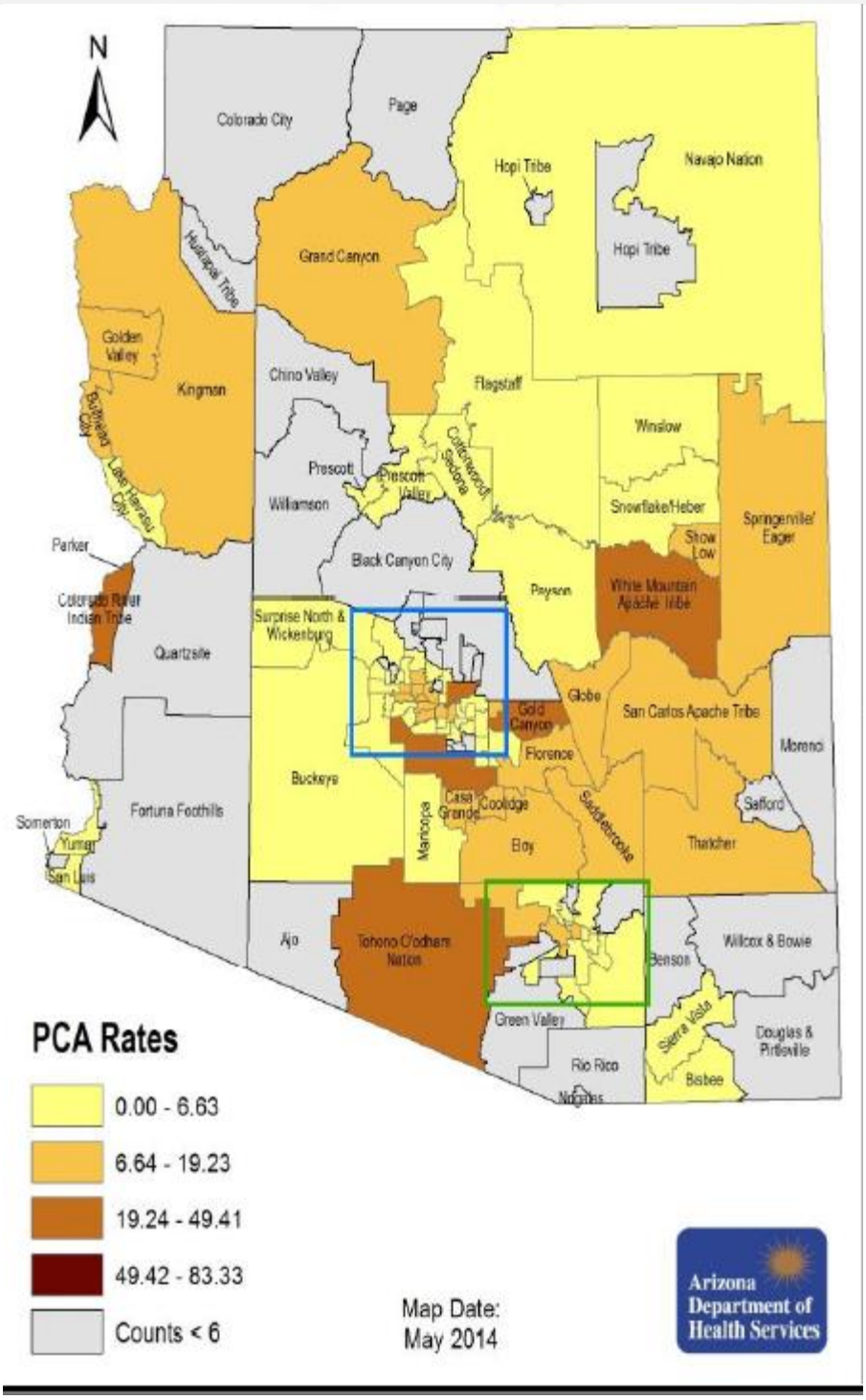
Note: Rates are per 1000 hospital births in Arizona during 2008-2013. Numbers for Neonatal abstinence syndrome and fetal alcohol syndrome could not reliably be reported due to small numbers

Figure 41. Neonatal Abstinence Syndrome (NAS) by Primary Care Areas (PCA), 2008-2013



Source: Arizona Department of Health Services (2014). Neonatal Abstinence Syndrome: 2008-2013 Overview. Retrieved from http://www.azdhs.gov/documents/preparedness/public-health-statistics/publications/neonatal-abstinence-syndrom-research.pdf.

Figure 42. Arizona drug and alcohol exposed newborns by Primary Care Areas (PCA), 2008-2013



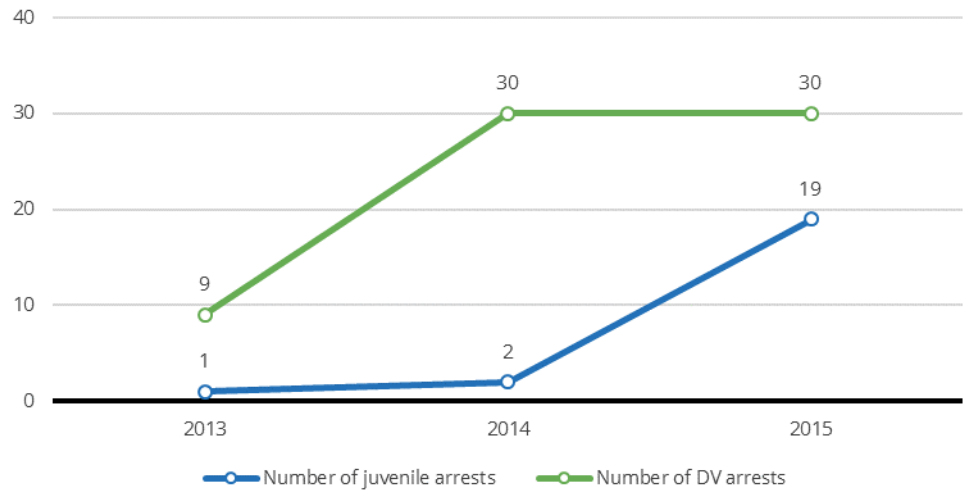
Source: Arizona Department of Health Services (2014). Neonatal Abstinence Syndrom:2008-2013 Overview. Retrieved from http://www.azdhs.gov/documents/preparedness/public-health-statistics/publications/neonatal-abstinence-syndrom-research.pdf.

Justice System Involvement and Domestic Violence

Data on the number of juvenile and domestic violence-related reports were available from the Colorado River Indian Tribes Police Department. Figure 43 shows that there was a substantial increase in the number of domestic violence arrests from 2013 to 2014. Staff with the CRIT Police Department indicated that a new zero-tolerance domestic violence law went into effect in 2009, which resulted in a much larger number of arrests in response to domestic violence-related calls. Individuals arrested spend a minimum of 72 hours detained. The same law might have contributed to the increase of juvenile arrests from 2014 to 2015, as many of the juvenile arrests could also be related to domestic violence.

The Colorado River Regional Crisis Shelter is a non-tribal agency located in Parker which provider referrals, support services and housing those affected by domestic violence. Table 65 shows that 110 individuals received services from the Colorado River Regional Crisis Shelter in 2015, 34 of which were minors. In 2014-2015 the Shelter served a total of 55 members of the Colorado River Indian Tribes, a similar number to 53 CRIT members served in 2015-2016. Overall, the shelter has served 318 people between 2014 and 2016.[174]

Figure 43. Juvenile and Domestic Violence Arrests, 2013-2015



Source: Colorado River Indian Tribe Police Department (2014). [Arrest Data]. Received by correspondence.

Table 65. Domestic Violence Shelters, 2015

	Total number served	Number of adults served	Number of children served	Number of bed-nights	Average length of stay	Number of hours of support services	Number of hotline and information-and-referral (I&R) calls
Colorado River Regional Crisis Shelter	110	76	34	3,742	34 days	1,817	124
ARIZONA	7,567	3,862	3,705	293,970	39 days	144,025	25,185

Source: Arizona Department of Economic Security (2015). Domestic Violence Shelter Fund Report for SFY 2015. Retrieved from des.az.gov/digital-library/domestic-violence-shelter-fund-report-sfy-2015

COMMUNICATION, PUBLIC INFORMATION, AND AWARENESS[xxvi]

[xxvi] *This section of the report was prepared by the First Things First Communications Division.*

Why Communication, Public Information, and Awareness Matter

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

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

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

What the Data Tell Us

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

Results of these statewide efforts from SFY2011 through SFY2016 include:

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

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

In addition, First Things First began a community engagement effort in SFY2014 to recruit, motivate and support community members to take action on behalf of young children. The community engagement program is led by community outreach staff in regions which fund the First Things First Community Outreach strategy. This effort focuses on engaging individuals across sectors – including business, faith, K-12 educators, and early childhood providers – in the work of spreading the word about the importance of early childhood since they are trusted, credible messengers in their communities. FTF characterizes these individuals, depending on their level of involvement, as Friends, Supporters, and Champions. Friends are stakeholders who have a general awareness of early childhood development and health and agree to receive more information and stay connected through regular email newsletters. Supporters have been trained in early childhood messaging and are willing to share that information with their personal and professional networks. Champions are those who have been trained and are taking the most active role in spreading the word about early childhood.
Supporters and Champions in the engagement program reported a total of 1,088 positive actions taken on behalf of young children throughout Arizona as of the end SFY16. These actions range from sharing early childhood information at community events, writing letters to the editor to connecting parents to early childhood resources and more. The table below shows total recruitment of individuals in the tiered engagement program through SFY2016.

Table 66. First Things First Engagement of Early Childhood Supporters, SFY2014 through SFY2016

	Friends	Supporters	Champions
Colorado River Indian Tribes Region	85	10	12
ARIZONA	21,369	3,102	908

Note: Colorado River Indian Tribes Region receives limited Community Outreach coverage through agreement with La Paz/Mohave Region.

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

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

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

SYSTEM COORDINATION AMONG EARLY CHILDHOOD PROGRAMS AND SERVICES

Why System Coordination Matters

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

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

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

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

- Build stronger collaborative relationships among providers
- Increase availability and access of services for families and children
- Reduce duplication
- Maximize resources
- Assure long term sustainability
- Leverage existing assets
- Improve communication
- Reduce fragmentation
- Foster leadership capacity among providers
- Improve quality
- Share expertise and training resources
- Influence policy and program changes

What the Data Tell Us

The unique geographic location of the Colorado River Indian Tribes allows residents to access a variety of services provided by both tribal and non-tribal agencies. Key informants noted that collaboration across agencies is good in

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

general, and highlighted some efforts currently in place. The La Paz County Health Department leads the Healthy La Paz coalition, where representatives from various agencies in the area come together once a month to talk about community needs and how to best collaborate with one another. Key informants noted this is a well-attended gathering of mostly non-tribal agencies but with participation of a number of CRIT departments. Other coordinated efforts around health and wellbeing are sponsored by the University of Arizona La Paz County Cooperative Extension office.

Key informants indicated that a Child and Family Community Coalition was started in 2016 with a subset of the agencies from the Healthy La Paz Coalition working with children. Members of the Child and Family Community Coalition intend to create a monthly calendar of community events that could be posted in the local newspaper.

The coordination of services taking place as part of the CRIT Court Team was described in detail earlier in the report in the Child Welfare section, and represents a major asset in the region.

Key informants interviewed for this report also discussed the various collaborative efforts that are in place in the region among providers working with young children and their families. It is clear that the Colorado River Indian Tribes is a major partner in most of these efforts, working closely with a large number of tribal and non-tribal agencies and departments. The CRIT Head Start program is an important asset in the region, as it serves as a hub for events, information and services for families with young children. This includes the health screenings that are organized by Head Start twice a year, which are open to the community at large, not just the children enrolled in the program. The CRIT Head Start program works in partnership with the following agencies: Parker Indian Health Center, WIC, Saint Mary's Food Bank, CRIT Police and Fire Departments, CRIT Behavioral Health Services, CRIT Food Distribution Program, CRIT Social Services and CRIT Residential Center.

For fitness-related activities Head Start collaborates with the CRIT Recreation Department, Fitness for Kids, and CRIT Special Diabetes Project, which sponsors the Health and Wellness Basketball tournament for CRIT Head Start students.

Nevertheless, key informants also pointed out that collaboration and communication among CRIT departments and programs providing nutrition, and physical activity-related services could be improved by establishing a regular meeting where they could inform each other about upcoming events. Programs could work on establishing referrals processes so the families they work with can benefit from all services available in the region.

SUMMARY AND CONCLUSIONS

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

The data presented in this report, both quantitative and qualitative, show that the region has substantial strengths. A strong tribally-operated Head Start program provides high quality early education services to a large proportion of the preschool-age children in the region and effectively collaborates with most partners in the early childhood system in the region. There are many resources in the region to help combat food insecurity among residents.

A summary of identified regional assets has been included below:

Economic Circumstances

- Low **unemployment** rates compared to other Arizona reservations
- Low **housing costs** and proportion of houses with **housing problems**

Educational Indicators

- **Graduation rates** at Parker High School that outperform the statewide rates

Early Learning

- A high proportion of children 3 and 4 years old enrolled in an **early care and education programs**
- Strong **Head Start** program that collaborates with agencies across the region and provides quality services to the children enrolled

Child Health

- Relatively high rates of **health insurance coverage** compared to other Arizona reservations

Family Support and Literacy

- Dedicated service providers in the CRIT **child welfare system** who do their best to improve outcomes for families in the region
- Emphasis on collaborative Multi-disciplinary Team (MDT) approach to supporting families involved with the tribal **child welfare system**

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

- **A lack of affordable, high quality and accessible child care, in particular for children birth to 3** – The limited availability of child care services poses a great challenge to parents in the workforce but also to families in the process of recovering from addiction who require temporary child care services while attending group meetings, keeping mandated appointments and looking for employment. There are no

certified home-based providers in the region and the only center-based provider operates at capacity. Exploring alternatives to increasing the number of child care providers in the region through recruitment of home-based providers might help alleviate the high demand for these services. The Colorado River Indian Tribes could consider taking advantage of federal funding available from the Tribal Child Care and Development Fund (CCDF) to establish its own tribally-operated child care program. CCDF funds can be utilized for both center and home-based child care services. Home-based providers can be tribally licensed and their services can be used to care for children whose parents are working, in school or in a vocational training program, or if they have been removed from their homes by tribal child protective services. Tribal CCDF funds can also be used for reimbursement of child care services provided in the child's home by a relative.

There are currently two strategies in the region addressing this challenge. Quality First provides supports so that participating centers in the region can continue to improve the quality of the care they provide. To address the burden of child care cost as a high proportion of the family's income, child care scholarships allow parents to afford the services of a licensed, quality early child care and education center. The 21 scholarships funded in fiscal year 2017 have the potential to provide funding for two-thirds of the slots available for children birth to 5 in the only fee-based Quality First child care and education partner in the region.

- **Improving outcomes for young children involved with the child welfare system** – Key informants consistently identified child abuse and neglect and substance use in the region as one of the most pressing needs for families with young children. The FTF Court Team strategy allows key stakeholders in the region to work in a coordinated manner to better support parents and children involved with the court system and to ensure that they can access the necessary services for the best family outcomes.
- **High levels of childhood obesity and accompanying health risks** – The Fitness for Kids program funded as part of the Nutrition, Physical Activity and Obesity Prevention strategy promotes physical activity and healthy eating habits among families in the region. By reaching out to other programs serving young children in the region, Fitness for Kids emphasizes the importance of healthy habits as part of a good foundation for school readiness.
- **Supporting parent involvement and early literacy** – Key informants pointed out that parents and caregivers in the region can benefit from increased awareness of the importance of engagement in their children's education and of early literacy. The Parenting Outreach and Awareness strategy promotes literacy among young children, their families and caregivers.

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

Economic Circumstances

- Limited access to **transportation** and low vehicle ownership

Educational Indicators

- High rates of **chronic absences** in local elementary schools

Child Health

- Low **breastfeeding** rates
- High rates of **smoking during pregnancy** and of children exposed to **smoking in the household**
- High rates of **childhood obesity**

Family Support and Literacy

- Lack of affordable **child care** for the population at large, including a tribally-operated child care program; lack of certified providers that can be hired to care for the children of families in crisis while parents participate in required meetings/appointments or look for employment/training
- Insufficient number of tribally-licensed **foster homes**
- High rate of **substance use**, including methamphetamine and opioid use among pregnant women and its effects on the newborn

Despite the challenges outlined in this report, the Colorado River Indian Tribes Region has substantial strengths to support parents and caregivers of young children. A continued coordinated approach to these challenges that involves the various tribal and non-tribal stakeholders in the region will ensure that children grow up healthy and ready for school.

APPENDICES

Table of Regional Strategies

Colorado River Indian Tribes Regional Partnership Council Funded Strategies for Fiscal Year 2017

Strategy	Strategy description
Quality First Scholarships	The intent of this promising practice strategy is to provide financial support through scholarships for children to attend quality early care and education programs in order to assist low income families (200% of Federal Poverty Level and below) to afford a quality early care and education setting. The expected result is that more children will receive quality early childhood programs and services that will impact their learning and development and promote readiness for kindergarten.
Nutrition, Physical Activity and Obesity Prevention	The intent of this strategy is to provide evidence based community and place-based interactive health education to support children birth to age 5 in achieving and maintaining a healthy weight. Interactive health education will focus on healthy nutrition and physical activity and be provided to children, families, early child care and education professionals, and others in the community who care for young children. The expected result is reduction in risk factors for poor nutrition and insufficient physical activity, which in turn can reduce the prevalence of overweight and obesity during early childhood. A healthy weight during early childhood is highly predictive of achieving a healthy weight at all ages, as well as reduction in psychosocial and health consequences of overweight and obesity.
Parenting Outreach and Awareness	The intent of this promising practice strategy is to increase families' awareness of positive parenting; child development including health, nutrition, early learning and language acquisition; and, knowledge of available services and supports to support their child's overall development. The expected result is an increase in knowledge and a change in specific behaviors addressed through the information and activities provided.
Court Team	The intent of this evidence-informed strategy is to improve outcomes for infants and toddlers and their families involved in the child welfare system in order to reduce or prevent future court involvement. The expected result is that informed local communities can strengthen the support and care for infants, toddlers and their families in the Juvenile Court system. This is accomplished through training, shared planning, systems improvement and regular consultation of those agencies working with a child and family. Court Team implementation may include recommending and referring infants, toddlers and families for services, but does not directly provide these services.

Methods and Data Sources

The data contained in this report come from a variety of sources. Some data were provided to First Things First by state agencies, such as the Arizona Department of Economic Security (DES), the Arizona Department of Education (ADE), and the Arizona Department of Health Services (ADHS). Other data were obtained from publically available sources, including the 2010 U.S. Census, the American Community Survey (ACS), the Arizona Department of Administration (ADOA), and the Arizona Health Care Cost Containment System (AHCCCS). Data were also provided to First Things First by the Indian Health Service. Tribal data were obtained from various departments at the Colorado River Indian Tribes. Qualitative data were also gathered through key informant interviews with service providers in the region. In addition, regional data from the 2014 First Things First Parent and Caregiver Survey are included. Methodology for this survey is included below.

U.S. Census and American Community Survey Data

The U.S. Census[175] is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. Census data presented in the report is drawn from the Census Geography for the Colorado River Reservation (entire) and Colorado River Reservation (Arizona part).

The American Community Survey[176] is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. It covers many different topics, including income, language, education, employment, and housing. The ACS data are available by census tract. The most recent and most reliable ACS data are averaged over the past five years; those are the data included in this report. They are based on surveys conducted from 2010 to 2014. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level or estimates or estimates for small tribal communities.

These data sources are important for the unique information they are able to provide about children and families across the United States, but both of them have acknowledged limitations for their use on tribal lands. Although the Census Bureau asserted that the 2010 Census count was quite accurate in general, they estimate that "American Indians and Alaska Natives living on reservations were undercounted by 4.9 percent." [177] According to the State of Indian Country Arizona report[178] there are particular challenges in using and interpreting ACS data from tribal communities and American Indians in general. There is no major outreach effort to familiarize the population with the survey (as it is the case with the decennial census). Most important, the small sample size of the ACS makes it more likely that the survey may not accurately represent the characteristics of the population on a reservation. The State of Indian Country Arizona report indicates that at the National level, in 2010 the ACS failed to account for 14% of the American Indian/Alaska Native (alone, not in combination with other races) population that was actually counted in the 2010 decennial census. In Arizona the undercount was smaller (4%), but according to the State of Indian Country Arizona report, ACS may be particularly unreliable for the smaller reservations in the state.

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

A current initiative that aims at addressing some of these challenges has been started by the American Indian Policy Institute, the Center for Population Dynamics and the American Indian Studies Department at Arizona State University. The Tribal Indicators Project[179] begun at the request of tribal leaders interested in the development of tools that can help them gather and utilize meaningful and accurate data for governmental decision-making. An important part of this effort is the analysis of Census and ACS data in collaboration with tribal stakeholders. We hope that in the future these more reliable and tribally-relevant data will become available for use in these community assessments. Another important initiative currently undergoing to help improve the collection, use and interpretation of data related to tribal communities is the U.S. Indigenous Data Sovereignty Network (USIDSN) hosted by the Native Nations Institute at the University of Arizona. According to its website "USIDSN's primary function is to provide research information and policy advocacy to safeguard the rights and promote the interests of Indigenous nations and peoples in relation to data."[180]

Data Suppression

To protect the confidentiality of program participants, the First Things First Data Dissemination and Suppression Guidelines preclude reporting social service and early education programming data if the count is less than ten, and preclude our reporting data related to health or developmental delay if the count is less than twenty-five. In addition, some data received from state agencies may be suppressed according to their own guidelines. The ADHS, for example, does not report non-zero counts less than six, and DES does not report non-zero counts less than 10. Throughout this report, information which is not available because of suppression guidelines will be indicated by entries of "**<10**" or "**<25**" for counts or "**DS**" for percentages in the data tables.

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

Reporting Data over Time

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

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

School Data

A number of educational indicators were included in this report based on data received from the ADE at the school level. These data were then aggregated by region (e.g., the sum of all students in special education preschool in the region) as well as by the county and state. Data are also presented at the school level for schools with a presence in the region.

Indian Health Service Data

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

2018 Report Process

For the 2018 Needs & Assets Report cycle, Regional Partnership Councils were asked to identify areas of particular focus, or priority areas. These priorities were developed during the spring of 2016, and potential data sources to address these priorities were identified collaboratively among the Council, The Regional Director, FTF Research and Evaluation staff, and CRED staff. For the current report, the Colorado River Indian Tribes Regional Partnership Council selected the child welfare system, substance-exposed newborns and the credentials of early childhood care and education providers as the regional priorities.

In the fall of 2016, a participatory Data Interpretation Session was held to review preliminary results of the data received, compiled and analyzed as of September 2016. Regional Partnership Council members and other participating key stakeholders were involved in facilitated discussion to allow them to share their local knowledge and perspective in interpreting the available data. The Colorado River Indian Tribes Region Data Interpretation Session was held on October 25, 2016 as part of the Regional Partnership Council meeting and included council members, the Regional Director and Senior Regional Director. Feedback from participating session members are included within the report, as appropriate.

2014 Parent and Caregiver Survey Methodology

First Things First collects data from parents and caregivers of children birth to 5 through its Family and Community Survey, a statewide survey that has been conducted by phone every two years since 2008. The Family and Community Survey was designed to measure many critical areas of parent knowledge, skills, and behaviors related to their young children. The survey contained over sixty questions, some of which were drawn from the national survey, *What Grown-Ups Understand About Child Development*.[181] Survey items explored multiple facets of parenting.

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

A total of nine core items from the Family and Community Survey were included in the Parent and Caregiver Survey. The Norton School team obtained input from First Things First Regional Partnership Council members and other

stakeholders in tribal communities regarding the wording of the items, its cultural appropriateness and its reading level to make sure the items would be well received by parents and caregivers in tribal communities. The wording of the items was subsequently modified in a way that could still be comparable to the original Family and Community Survey but that could also be more accessible to survey participants.

Eligibility for participation was based on parents or caregivers having a child under the age of six living in their household, even if they were not the main caregiver. A total of 143 surveys with parents and caregivers were conducted in the Colorado River Indian Tribes Region in the spring of 2014.

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

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