FIRST THINGS FIRST

Hualapai Tribe Region

2020 NEEDS AND ASSETS REPORT

Hualapai Tribe Regional Partnership Council

2020

Needs and Assets Report

Prepared by
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Funded by
First Things First Hualapai Tribe Regional Partnership Council

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Introduction

Ninety percent of a child's brain growth occurs before kindergarten and the quality of a child's early experiences impacts whether their brain will develop in positive ways that promote learning. First Things First (FTF) was created by Arizonans to help ensure that Arizona children have the opportunity to arrive at kindergarten prepared to be successful. 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 FTF Hualapai Region helps community leaders and decision-makers understand the needs of young children, the resources available to meet those needs and gaps that may exist in those resources. Data collection and analysis for the 2020 report were completed prior to the COVID-19 pandemic and, therefore, do not reflect the impact of COVID-19 on families with young children and the services that support them. The report is organized by topic areas pertinent to young children in the region, such as the population characteristics or educational indicators. Within each topic area are sections that set the context for why the data found in the topic areas are important (Why it Matters), followed by a section that includes available data on the topic (What the Data Tell Us).

The FTF Hualapai Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options when it comes to supporting the healthy development of young children in their care. It is our sincere hope that this information also will help guide community conversations about how we can best support school readiness for all children in the Hualapai Region. To that end, this information may be useful to stakeholders in the 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 throughout the region.

Acknowledgments

The FTF Hualapai Regional Council wants to thank the Arizona Department of Economic Security, the Arizona Department of Health Services, the Arizona Department of Education and the U.S. Census Bureau, for their contributions of data for this report and their ongoing support and partnership with FTF on behalf of young children.

To the current and past members of the Hualapai Regional Council, your vision, dedication and passion have been instrumental in improving outcomes for young children and families within the region. Our future 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.

LETTER FROM THE CHAIR

May 8, 2020

Message from the Chair:

Since the inception of First Things First, the Hualapai 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 funded and unfunded approaches, the early childhood programs and services supported by the regional council have strengthened families, improved the quality of early learning, and enhanced the health and well-being of children birth to 5 years old in our community.

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

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

As we move forward, the First Things First Hualapai 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 of 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,

Chira Walema

Chira Walema, Chair

HUALAPAI REGIONAL PARTNERSHIP COUNCIL

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Executive Summary

Regional Boundaries

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

Population Characteristics

According to the 2010 U.S. Census, the total population of the Hualapai Tribe Region was 1,335, of whom 197 were children ages birth to five years. About one-third (34%) of the 362 households in the region had one or more children ages birth to five years. The proportion of households with young children in the Hualapai Region is higher than the rate for all Arizona reservations combined (26%), Mohave County (11%), and Arizona (16%).

Almost all the children ages birth to four in the Hualapai Tribe Region (99%) are American Indian. This proportion is higher than that in all Arizona reservations combined (92%) and substantially higher than in the state (6%). Similarly, the majority of adults in the region identify as American Indian (92%), while in Arizona only four percent of adult residents identify that way. The proportion of birth in the region to mothers who are American Indian (89%) reflects the overall demographics of the area.

More than one-third (35%) of individuals ages five or older in the region speak a language other than English or Spanish at home. This proportion is lower than that in all Arizona reservations combined (50%), but much higher than the state rate (6%). The Hualapai Tribe Region has a high English-language proficiency. Five percent of the population five and older speak another language at home and do not speak English “very well.”

A higher proportion of young children in the Hualapai Tribe Region live in households with two parents or step-parents compared to children in all Arizona reservations combined (38% vs 27%). Of the 129 children (ages 0-17) living in a grandparent’s household, close to three-quarters (70%) live with a grandparent who is responsible for them.

Economic Circumstances

Almost half (49%) of young children (ages 0-5) in the Hualapai Tribe Region live in poverty. This rate is slightly lower than that of all Arizona reservations combined (54%) but substantially higher than the state (26%). A similar pattern exists in the poverty rates for the overall population in the region (36%), all Arizona reservations (40%), and the state (17%).

The median income for all families in the region is $36,667, much lower than in Mohave County ($50,148), and the state of Arizona ($63,812). Single female-headed families with children (ages 0-17) have a median income that is slightly more than one-third of the income in married couple families ($16,333 and $46,250, respectively).

Eligibility for some public assistance programs is determined by different poverty thresholds. For example, family income at or below 141 percent of the federal poverty threshold is one criterion for eligibility for the Arizona Health Care Cost Containment System (AHCCCS)[i] for children ages 1 to 5, and at or below 147 percent of the federal poverty threshold for children younger than one year old. In the Hualapai Tribe Region, the percentage of families with young children who may qualify for Arizona's Health Care Cost Containment System (AHCCCS) (those under 130% of FPL and between 130% and 149% of FPL) (59%) is substantially higher than in the state (38%) but lower than in all Arizona reservations combined (67%).

From 2015 to 2018, the number of young children receiving Temporary Assistance for Needy Families (TANF) decreased from 40 to 29. Even with this decrease in participation, the estimated proportion of children receiving TANF benefits in the region in 2018 (15%) was substantially higher than in Mohave County (5%) and the state (3%).

The number of families and young children receiving Supplemental Nutrition Assistance Program (SNAP) benefits remained stable in the Hualapai Tribe Region between 2015 and 2018. The proportion of young children participating in SNAP in 2018 was much higher in the region (80%) than in Mohave County (54%) and Arizona (42%).

Starting in school year 2016-2017, and continuing to school year 2018-2019, one hundred percent of students in the Hualapai Tribe Region qualified for free or reduced-price lunches. This proportion increased from school year 2015-2016 when 87 percent of students were eligible for this benefit.

Eighty percent of young children in the Hualapai Tribe Region live in families with at least one parent in the labor force, compared to 67 percent in all Arizona reservations combined and 89 percent in the state. The proportion of children in the region who live with only one parent and

[i] Arizona Health Care Cost Containment System (AHCCCS) is the name of Arizona's Medicaid program, which offers health care programs to Arizona residents.

such parent is not in the labor force is substantially lower in the region compared to all Arizona reservations (19% and 31%, respectively). The average unemployment rate in the region for the 2013-2017 period was 12 percent, slightly higher than the estimated ten percent in all Arizona reservations combined, and three times the average state rate of four percent. Nevertheless, in the Hualapai Tribe Region a higher proportion of the population is employed (45%) and a lower proportion is not in the labor force (i.e. they are neither employed nor looking for work) (44%) compared to all Arizona reservations (37% and 54%, respectively).

Thirteen percent of households in the region spend 30 percent or more of their income on housing-related costs. This rate is slightly lower than in all Arizona reservations (16%) and much lower than in Mohave County (29%) and the state (31%). Even though housing costs are relatively low in the region, tribal areas face other housing-related challenges such as housing availability. The waiting list for Hualapai tribal housing was 60 families, according to a 2016 survey.[1]

About one-quarter (26%) of households in the region have both a smartphone and computer, which is slightly lower than in all Arizona reservations (30%) and substantially lower the state of Arizona (67%). Over half (54%) of all residents in the region live in households with a computer and internet connectivity available. This is a higher percentage than in all Arizona reservations combined (38%), but much lower than the state (82%). A similar pattern is present in the percentage of children living in households with a computer and internet for the region (57%), all Arizona reservations (41%), and the state overall (83%). Of people living in households with a computer and internet in the region, 20 percent rely solely on a cellular data plan.

Educational Indicators

In the 2018-19 school year, there were a total of 116 children enrolled in kindergarten through third grade in the Hualapai Tribe Region. From school year 2015-2016 to school year 2018-2019, chronic absence[ii] rates in the Hualapai Tribe Region were substantially higher than in Mohave County and the state. In 2018-2019, the combined chronic absence rate for children in grades K-3 was 31 percent, more than twice as high as that in Mohave County (13%) and Arizona (12%).

The vast majority of elementary-aged children from the Hualapai Tribe Region attend school in the Peach Springs Unified District (PSUD), which is wholly contained within Hualapai tribal lands. Some elementary-aged children from the Hualapai Tribe Region also attend schools in the Valentine Elementary District, the Owens-Whitney Elementary District, the Hackberry School District, and the Seligman and Kingman Unified School Districts.

[ii] Chronic absenteeism is defined as missing more than 10 percent of school days within a school year.

In school year 2017-2018, 15 third-grade students from PSUD completed the required statewide Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT) test. Due to the small number of students tested, data on the test results for the region have been suppressed.

There is no high school within reservation boundaries since Music Mountain High School closed in 2007. Youth from the region attend school in towns near the reservation (such as Kingman and Seligman) or attend boarding schools in California, Oklahoma, or Oregon. As of 2018, no graduation data were available specifically for high school students in the region. However, there is an effort underway to compile a list of all students, the schools they attend, and to track student progress to increase graduation rates.

Educational attainment among adults 25 and older in the Hualapai Tribe Region closely mirrors that in all Arizona reservations combined. Thirty-nine percent of adults in the region have more than a high school education compared to 49 percent in Mohave County and 62 percent in Arizona. Of all births in the region in 2017, only 16 percent were to mothers who had more than a high school education.

Early Learning

Early childhood care and education programs in the Hualapai Tribe Region are available through the Hualapai Day Care Center Hma:ny Ba Viso:jo' and the Head Start program. Currently, the Hualapai Day Care is the only center with the capacity to serve infants and toddlers in the region. In 2016, Hualapai Day Care Center reported that a full day of child care ranged from $1-$10, using a sliding scale depending on household income. This translates to a maximum of $230 per month for child care.

The Hualapai Day Care Center has the capacity to serve a total of 57 children ages six months to 12 years. In State Fiscal Year 2019, there were 50 children served at Hualapai Day Care, the only Quality First Site in the region.

Early childhood education enrollment rates in the Hualapai Tribe Region are high. Sixty-three percent of children ages three to four are enrolled in school (i.e. nursery school, preschool, or kindergarten) compared to 41 percent in all Arizona reservations.

In school years 2015-2016 to 2018-2019 there were fewer than ten children ages three to five enrolled in special education in the Hualapai Tribe Region. In school year 2017-2018, the most recent year for which data are available, 12 percent of students in first through third grades in the region were enrolled in special education.

In Fiscal Years 2016 and 2017, fewer than ten children (ages 0-2) were referred to Arizona Early Intervention Program (AzEIP) in the region. In 2017 and 2018, there were fewer than ten active AzEIP cases in the region. No children from the Hualapai Tribe Region were served by Department of Developmental Disabilities (DDD) between Fiscal Years 2015 and 2017. In Fiscal

Year 2018, fewer than ten children ages birth to two received services in the region; there were no children in the three to five year old range who received services that same year.

Child Health

In the Hualapai Tribe Region, about one in four (23%) people lack health insurance coverage, a percent that is close to that in all Arizona reservations (22%), but higher than the state of Arizona (12%). The proportion of uninsured young children in the region (22%), however, is higher than in all Arizona reservations combined (16%). 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.

In 2017, the most recent year for which data are available, AHCCCS paid for 75 percent of the 44 births in the region, while IHS paid for 18 percent of them.

A high proportion of births in the Hualapai Tribe Region in 2017 were to mothers who did not have adequate prenatal care. Almost two-thirds (64%) of births were to mothers who had no prenatal care in their first trimester, a percentage that is substantially higher than the Healthy People 2020 target of not more than 22.1 percent. Similarly, almost one-quarter (23%) of births were to mothers who had fewer than five prenatal visits, compared to seven percent in Mohave County and eight percent in the state.

Almost one in five (18%) births in the region in 2017 were preterm births (i.e. less than 37 weeks), twice the state rate of nine percent. The proportion of preterm births is also substantially higher than the Healthy People 2020 target of not more than 9.4 percent.

In school year 2018-2019, vaccination rates among kindergarteners in the Hualapai Tribe Region were high. All the children enrolled in kindergarten in that year had the required immunizations for their age. There were no personal belief exemptions nor exemptions from all required vaccinations among kindergarteners in school year 2017-2018.

From 2015 to 2018 there were fewer than six non-fatal inpatient hospitalizations of young children for unintentional injuries from the Hualapai Tribe Region. Similarly, from 2015 to 2017 there were fewer than six inpatient hospitalizations and emergency room visits for asthma among young children from the region.

From 2015 to 2018 there were 84 emergency room visits for non-fatal incidents for young children in the region. Reasons for these non-fatal emergency room visits were similar across the region, county, and state, with falls (45%) and being “struck by or against” an object or person (17%) the most common.

Family Support and Literacy

The Hualapai Maternal and Child Health (MCH) program is available in the region to encourage parent involvement and increase awareness of the importance of early childhood learning through the Parents as Teachers home visiting model. The MCH program is one of the First Things First-funded strategies in the region and it is also funded through federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) funds. First Things First data for 2019 show that 34 families were served by the FTF-funded home visitation program.

Increasing parent involvement and community involvement is one of the top three goals in the plan developed by Peach Springs Elementary to increase student performance. The school aims to achieve this goal by using culture and cultural connections as a way to build a bridge between the school and the community at large.

Another program in the region that aims to increase parent involvement and promote early literacy is the Hualapai Read On Program, established in May of 2015 with support from the Hualapai Tribal Council. The program coordinates with a number of other local agencies, including the Hualapai Boys and Girls Club, the two home visiting programs, and Peach Springs Elementary School to provide books and opportunities for families to read together.

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

Systems Coordination among Early Childhood Programs and Services

In the Hualapai Tribe Region, coordination efforts are driven by the need to increase access to and awareness of services for families. One effort involves an intricate and coordinated transportation system. This system, Hualapai Transit, was made possible through integrated funding streams including federal and tribal resources. The transit route was determined based on community, family, and service provider input, and allows for free or inexpensive fares for families to access necessary medical, grocery, and other services.

Early identification and intervention are also a great need in the region. In 2019, programs providing services to young children collaborated and agreed to the use of one developmental

screening tool. First Things First provided train-the-trainer learning opportunities for the home visiting, child care, and Head Start providers so that children are screened with a common tool. An overall referral system with local and countywide service providers is currently in development to enhance this collaborative approach to screening, identifying, and providing intervention resources to young children.

Communication, Public Information, and Awareness

First Things First regularly measures their progress toward building support for children birth to five through statewide surveys targeting both the general population and parents of young children. Their most recent statewide survey conducted in September 2018 found that, compared to previous surveys in 2012 and 2016, there was increased agreement in the general public and parents of young children with key First Things First messaging, including statements about the importance of early childhood health and development. These include: the state should ensure all children have access to early childhood services, a child who received early education and healthcare services before age five is more likely to succeed in school and beyond, and the state should put the same priority on early education as it does on K-12 education. While the survey also showed that awareness of First Things First has increased over time, there are still large portions of the general public (87%) and parents of young children (66%) who have never heard of First Things First.

In SFY 2019, First Things First secured 11 million advertising impressions through traditional media strategies, including television, radio, cinema, and billboard ads, and 76 million digital advertising impressions through digital media strategies, including online ads on desktop and smartphone devices. Particular success has been seen in the growth of Facebook Page Likes for FTF, which grew from just 3,000 in 2012 to 142,600 in 2019. Additional digital marketing content in 2019 included 40 original, high-quality digital marketing pieces and the creation of an online searchable database of early childhood programs, which logged over 24,187 visits in its first six months.

The Hualapai Tribe Region

Regional Boundaries

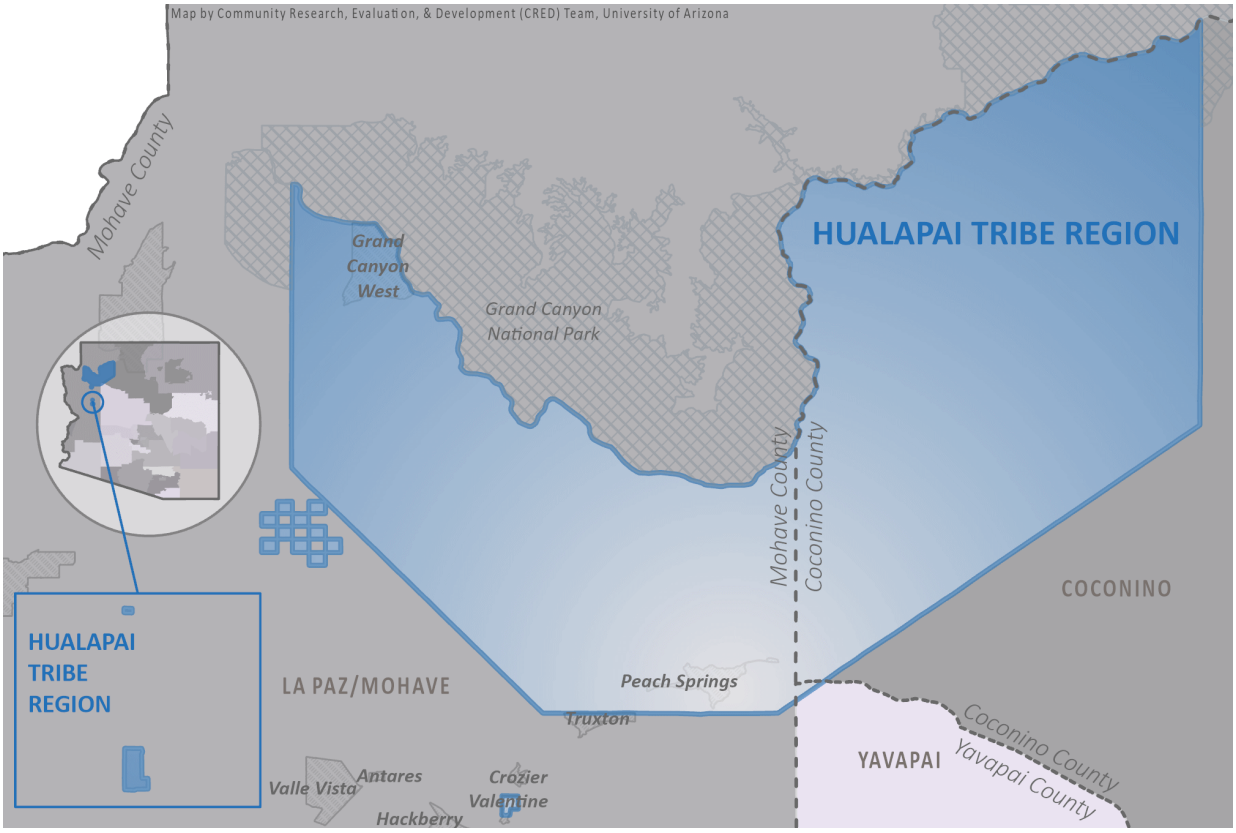
The First Things First regional boundaries were established to create regions that (a) reflect the view of families in terms of where they access services, (b) coincide with existing boundaries or service areas of organizations providing early childhood services, (c) maximize the ability to collaborate with service systems and local governments, (d) facilitate the ability to convene a Regional Partnership Council, and (e) allow for the collection of demographic and indicator data.

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

The Hualapai Tribe is a sovereign tribe located in northwest Arizona. The Hualapai Reservation was established in 1883 by federal Executive Order. One hundred and eight miles of the northern boundary is in the middle of the Colorado River, and the reservation consists of 922,463 acres across parts of Coconino, Yavapai, and Mohave counties. “Hualapai” (pronounced Wal-lah-pie) means “People of the Tall Pines.” Although the reservation includes lands in Coconino and Yavapai counties, most of the population live in or near Peach Springs, located along US Route 66 in Mohave County.

Geographically, the boundaries of the First Things First Hualapai Tribe Region match those of the Hualapai Indian Reservation. Figure 1 shows the geographical area covered by the Hualapai Tribe Region. Additional information available at the end of this report includes a map of the region by zip code in Appendix 1: Map of Zip Codes of the Hualapai Tribe Regiona table listing zip codes for the region in Appendix 2: Zip Codes of the Hualapai Tribe Region and a map of school districts in the region in Appendix 3: Map of School Districts in the Hualapai Tribe Region.

Figure 1. The Hualapai Tribe First Things First Region



Custom map by the Community Research, Evaluation, & Development (CRED) Team using shapefiles obtained from First Things First and the U.S. Census Bureau 2019 TIGER/Line Shapefiles (https://www.census.gov/cgi-bin/geo/shapefiles/index.php).

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 publicly available sources, including the 2010 U.S. Census, the American Community Survey (ACS), and the Arizona Department of Administration (ADOA). Where more recent data are not available, this report cites data from the 2018 First Things First Hualapai Tribe Regional Needs and Assets Report.

The U.S. Census[2] is an enumeration of the population of the United States. It is conducted every ten years, and includes information about housing, race, and ethnicity. The 2010 U.S. Census data are available by census block. There are about 115,000 inhabited blocks in Arizona, with an average population of 56 people each. Census data presented in the report is drawn from the Census Geography for the Hualapai Reservation.

The American Community Survey[3] is a survey conducted by the U.S. Census Bureau each month by mail, telephone, and face-to-face interviews. It covers many different topics, including income, language, education, employment, and housing. The ACS data are available by census tract. Arizona is divided into about 1,500 census tracts, with an average of about 4,200 people in each. The ACS data are available for the Hualapai Reservation Census Geography. 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 2013 to 2017. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level 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." [4] According to the State of Indian Country Arizona report[5] 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 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 publicly-available data that can help begin to describe the families that First Things First serve.

To protect the confidentiality of program participants, the First Things First Data Dissemination and Suppression Guidelines preclude our reporting social service and early education programming data if the count is less than ten and preclude our reporting data related to health or developmental delay if the count is less than six. In addition, some data received from state agencies may be suppressed according to their own guidelines. The Arizona Department of Health Services, for example, does not report counts less than six. Throughout this report, information which is not available because of suppression guidelines will be indicated by entries of "<6" or "<10" for counts, or "DS" (data suppressed) for percentages. Data are sometimes not available for particular regions, either because a particular program did not operate in the

region or because data are only available at the county level. Cases where data are not available will be indicated by an entry of “N/A.”

In most of the tables in this report, the top row of data corresponds to the First Things First Hualapai Tribe Region. When available, the next rows show data that are useful for comparison purposes: all Arizona reservations combined, Mohave County, and the state of Arizona. Please note that data are not always available for all of these geographies. Data labelled “All Arizona Reservations” come from either the 2010 U.S. Census or the 2013-2017 American Community Survey. These numbers are the totals for all residents of the 21 American Indian Areas within the state of Arizona. We include only the Arizona parts of the five reservations (Colorado River Indian Tribes, Fort Mojave, Fort Yuma, Navajo Nation, and Zuni) which have land in neighboring states.

Population Characteristics

Why it Matters

To support the healthy development and learning of young children across Arizona, advocates and decision makers need to understand who those children and their families are. [6] Although parents are a child's first and most important teachers, families of young children often use community resources to help them promote positive outcomes for their children.[7] The number and characteristics of young children and families in a region can inform the range of services in a community, helping to guide where to locate child care, health care, and social services so that they are accessible to those who need them.[8,9] Tribal communities are often located in rural locations and often experience different economic conditions within the state such as access to jobs, food resources, schools, health care facilities and providers, and social services. These disparities have been associated with a number of poor outcomes for children including infant mortality and obesity, among others.[10]

Language use. Households with multiple languages spoken pose a unique balance of benefits for child learning and barriers to parental engagement, which counties with high rates of other languages spoken should specifically consider. Acknowledging and valuing linguistic heritage (such as through language preservation efforts) and recognizing needs for resources and services in languages other than English should remain important considerations for organizations and agencies across Arizona.[11,12,13,14] Awareness of the levels of English proficiency and of other home languages spoken within a region provides information about a community's assets and allows for identifying relevant supports. Young children can benefit from exposure to multiple languages; mastery of more than one language is an asset in school readiness and academic achievement, and offers cognitive and social-emotional benefits in early school and throughout their lifetime. [15,16,17,18] Although dual language learning is an asset, limited English speaking households (that is, households where none of the adult members speak English well) can face challenges. These families may experience barriers to accessing health care and social service information, as well as barriers to engaging in important parent-teacher interactions, all of which can impede their child's health and development.[19,20] Providing information about resources and services in languages accessible to families in the region can help remove those barriers. Although Spanish is the most common second language spoken, Arizona is also home to a large number of Native communities, with Native languages spoken by families in those communities. Language preservation and revitalization are critical to strengthening culture in Native communities, addressing issues of educational equity, and the promotion of social unity, community well-being, and Indigenous self-determination.[21, 22]

Special consideration should be given to respecting and supporting the numerous Native American languages spoken, particularly in tribal communities around the state.

Family and household composition. In addition to growing racial, ethnic, and social diversity, U.S. and Arizona families are becoming more diverse in terms of family structure.[23,24,25,26] Understanding the makeup of families in a region can help better prepare child care, school and agency staff to engage with families in ways that support positive interactions both within families and with staff to enhance each child's early learning and development.[27]

Multi-generational households, particularly those where grandparents live in the home with the child and parents, are common in some communities and cultures and can provide financial and social benefits.[28] The proportion of young children living in a grandparent's household in all Arizona reservations combined (40%) is more than double that of the state rate (14%).[29] It is important to note that these households may be multigenerational—i.e., the grandparent and the child's parent may live in the same household.[iii] However, parents are not always in the picture in these homes. Care of children by someone other than their parents, such as relatives or close friends, is known as kinship care and is increasingly common.[30] Children living in kinship care can also arrive in those situations for a variety of reasons, including a parent's absence for work or military service, chronic illness, drug abuse, or incarceration, or due to abuse, neglect, or homelessness. Understanding who is caring for children can help in identifying and creating specific supports for these families. Children in kinship care often face special needs as a result of trauma, and therefore these families often require additional support and assistance to help children adjust and provide the best possible home environment.[31] A child's risk of living in poverty is also higher for those living with grandparents, adding to the family stress. [32] These families are likely to require access to information on resources, support services, benefits, and policies available to aid in their caregiving role.[33] Though it varies from one Native community to another, extended, multigenerational families, and kinship care are common in Native communities.[34,35] The strengths associated with this 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.[36] Grandparents are often central to these multigenerational households, in many cases sharing and strengthening Native language, history, and culture.[37, 38]

[iii] Note that there is difference between families/sub-families and householders in Census data. For example, a child living with their single mother in their grandparent's married household would be counted as living with a single parent in the living arrangements but as living in a married couple household in the composition of households table. That is, the living arrangements figure looks at the presence of a child's parents within the household (whether or not the parent is the householder).

What the Data Tell Us

Population, Race, and Ethnicity

- According to the 2010 U.S. Census, the total population of the Hualapai Tribe Region was 1,335, of whom 197 were children ages birth to five years. About one-third (34%) of the 362 households in the region had one or more children ages birth to five years. The proportion of households with young children in the Hualapai region is higher than the rate for all Arizona reservations combined (26%), Mohave County (11%), and Arizona (16%) (Table 1).
- Almost all the children ages birth to four in the Hualapai Tribe Region (99%) are American Indian. This proportion is higher than that in all Arizona reservations combined (92%) and substantially higher than in the state (6%) (Table 3).
- Similarly, the majority of adults in the region identify as American Indian (92%), while in Arizona only four percent of adult residents identify that way (Table 4).
- The proportion of births to mothers who are American Indian (89%) reflects the overall demographics of the area (Table 5).

Language Use

- More than one-third (35%) of individuals ages five or older in the region speak a language other than English or Spanish at home. This proportion is lower than that in all Arizona reservations combined (50%), but much higher than the state rate (6%) (Table 6).[iv]
- The Hualapai Tribe region has a high English-language proficiency. Five percent of the population five and older speak another language at home and do not speak English "very well" (Table 7).

Family and Household Composition

- A higher proportion of young children in the Hualapai Tribe Region live in households with two parents or step-parents compared to children in all Arizona reservations combined (38% vs 27%) (Table 9).

[iv] Please note that the most recent estimates from the American Communities Surveys (ACS) no longer specify what those other languages are. Based on ACS data included in previous Needs and Assets Reports for the Hualapai Tribe Region, it is likely that the other languages spoken at home in the region are Native North American languages. See https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20Report%20-%202018%20-%20Hualapai.pdf

- Of the 129 children (ages 0-17) living in a grandparent's household, close to three-quarters (70%) live with a grandparent who is responsible for them (Table 12).

Population, Race, and Ethnicity

Table 1. Population and households, 2010

GEOGRAPHY	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	PERCENT OF HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)
Hualapai Tribe Region	**1,335**	**197**	**362**	**123**	**34%**
All Arizona Reservations	178,131	20,511	50,140	13,115	26%
Mohave County	200,186	13,218	82,539	8,981	11%
Arizona	6,392,017	546,609	2,380,990	384,441	16%
United States	308,745,538	24,258,220	116,716,292	17,613,638	15%

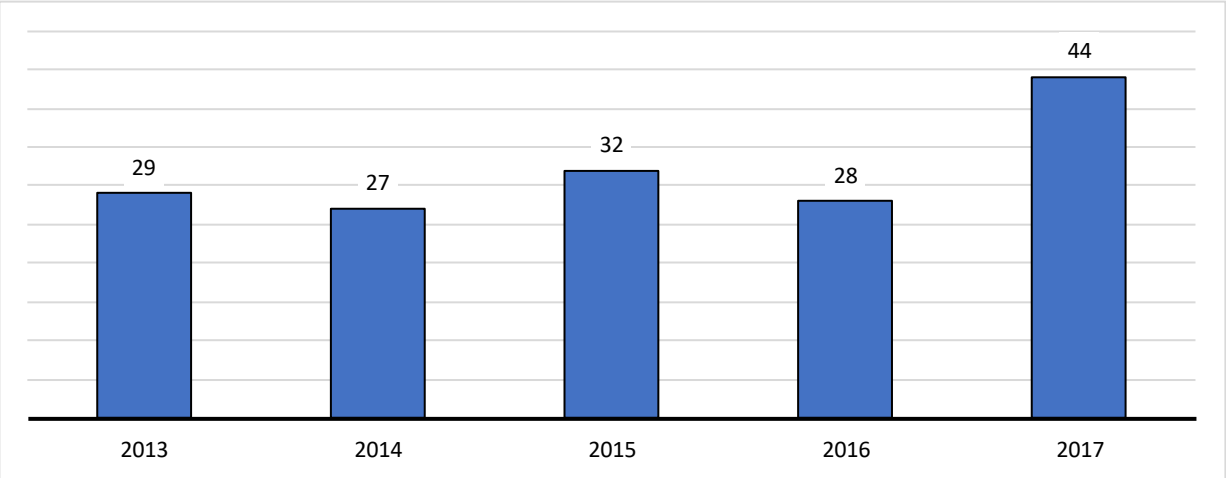
Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P4, & P20

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

GEOGRAPHY	POPULATION (AGES 0-5)	AGE 0	AGE 1	AGE 2	AGE 3	AGE 4	AGE 5
Hualapai Tribe Region	**197**	**30**	**34**	**32**	**39**	**28**	**34**
All Arizona Reservations	20,511	3,390	3,347	3,443	3,451	3,430	3,450
Mohave County	13,218	2,093	2,174	2,214	2,322	2,202	2,213
Arizona	546,609	87,557	89,746	93,216	93,880	91,316	90,894
United States	24,258,220	3,944,153	3,978,070	4,096,929	4,119,040	4,063,170	4,056,858

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

Figure 2. Number of births per calendar year in the Hualapai Tribe Region, 2013 to 2017



Source: Arizona Department of Health Services (ADHS) Office of Disease Prevention and Health Promotion. (2019). Arizona Health Status and Vital Statistics.

Table 3. Race and ethnicity of the population of young children (ages 0-4), 2010

GEOGRAPHY	POPULATION (AGES 0-4)	HISPANIC	WHITE, NOT HISPANIC	BLACK OR AFRICAN-AMERICAN	AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER
Hualapai Tribe Region	**163**	**4%**	**1%**	**0%**	**99%**	**0%**
All Arizona Reservations	17,061	9%	1%	<1%	92%	<1%
Mohave County	11,005	27%	65%	1%	4%	1%
Arizona	455,715	45%	40%	5%	6%	3%
United States	20,201,362	25%	51%	14%	1%	5%

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P12B-H

Table 4. Race and ethnicity of the adult population (ages 18 and older), 2010

GEOGRAPHY	POPULATION 18 YEARS AND OVER	HISPANIC	WHITE, NOT HISPANIC	BLACK OR AFRICAN-AMERICAN, NOT HISPANIC	AMERICAN INDIAN, NOT HISPANIC	ASIAN OR PACIFIC ISLANDER, NOT HISPANIC	OTHER, NOT HISPANIC
Hualapai Tribe Region	**842**	**3%**	**2%**	**<1%**	**92%**	**0%**	**2%**
All Arizona Reservations	117,049	5%	5%	<1%	88%	<1%	1%
Mohave County	158,921	12%	83%	1%	2%	1%	1%
Arizona	4,763,003	25%	63%	4%	4%	3%	1%
United States	234,564,071	14%	67%	12%	1%	5%	1%

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

Table 5. Race and ethnicity of mothers giving birth in calendar year 2017

GEOGRAPHY	TOTAL NUMBER OF BIRTHS IN 2017	MOTHER WAS HISPANIC OR LATINA	MOTHER WAS WHITE, NOT HISPANIC	MOTHER WAS BLACK OR AFRICAN-AMERICAN	MOTHER WAS AMERICAN INDIAN OR ALASKAN	MOTHER WAS ASIAN OR PACIFIC ISLANDER
Hualapai Tribe Region	**44**	**DS**	**DS**	**DS**	**89%**	**DS**
Mohave County	1,734	21%	72%	1%	4%	2%
Arizona	81,664	41%	44%	6%	6%	4%

Source: Arizona Department of Health Services (ADHS) Office of Disease Prevention and Health Promotion. (2019). Arizona Health Status and Vital Statistics.

Language Use

Table 6. Language spoken at home by persons ages 5 and older

GEOGRAPHY	POPULATION (AGES 5 AND OLDER)	PERCENT OF THE POPULATION (AGES 5+) WHO SPEAK ONLY ENGLISH AT HOME	PERCENT OF THE POPULATION (AGES 5+) WHO SPEAK SPANISH AT HOME	PERCENT OF THE POPULATION (AGES 5+) WHO SPEAK OTHER* LANGUAGES AT HOME
Hualapai Tribe Region	**1,325**	**62%**	**2%**	**35%**
All Arizona Reservations	171,213	46%	4%	50%
Mohave County	195,492	89%	9%	2%
Arizona	6,375,189	73%	21%	6%
United States	301,150,892	79%	13%	8%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B16001

Note: The most recent estimates from the American Community Survey (ACS) no longer specify the proportion of the population who speak a Native North American language for geographies smaller than the state. Based on ACS data included in previous Needs and Assets Reports for the Hualapai Tribe Region, it is likely that the other languages spoken at home in the region are Native North American languages. See https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20Report%20-%202018%20-%20Hualapai.pdf

Table 7. English-language proficiency for persons ages 5 and older

GEOGRAPHY	POPULATION (AGES 5 AND OLDER)	PERCENT OF THE POPULATION (AGES 5+) WHO SPEAK ONLY ENGLISH AT HOME	PERCENT OF THE POPULATION (AGES 5+) WHO SPEAK ANOTHER LANGUAGE AT HOME, AND SPEAK ENGLISH "VERY WELL"	PERCENT OF THE POPULATION (AGES 5+) WHO SPEAK ANOTHER LANGUAGE AT HOME, BUT DO NOT SPEAK ENGLISH "VERY WELL"
Hualapai Tribe Region	**1,325**	**62%**	**33%**	**5%**
All Arizona Reservations	171,213	46%	41%	13%
Mohave County	195,492	89%	7%	4%
Arizona	6,375,189	73%	18%	9%
United States	301,150,892	79%	13%	9%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B16005

Table 8. Limited-English-speaking households

GEOGRAPHY	TOTAL NUMBER OF HOUSEHOLDS	NUMBER OF "LIMITED ENGLISH SPEAKING" HOUSEHOLDS	PERCENT OF HOUSEHOLDS WHICH ARE "LIMITED ENGLISH SPEAKING"
Hualapai Tribe Region	**388**	**15**	**4%**
All Arizona Reservations	49,638	5,955	12%
Mohave County	83,902	1,324	2%
Arizona	2,482,311	108,133	4%
United States	118,825,921	5,305,440	4%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table 16002

Family and Household Composition

Table 9. Living arrangements for children (ages 0-5)

GEOGRAPHY	CHILDREN (0-5) LIVING IN HOUSEHOLDS	CHILDREN (0-5) LIVING WITH TWO PARENTS OR STEPPARENTS	CHILDREN (0-5) LIVING WITH ONE PARENT OR STEPPARENT	CHILDREN (0-5) LIVING WITH RELATIVES (NOT PARENTS)	CHILDREN (0-5) LIVING WITH NON-RELATIVES
Hualapai Tribe Region	**130**	**38%**	**45%**	**14%**	**2%**
All Arizona Reservations	18,635	27%	64%	8%	1%
Mohave County	10,932	43%	48%	4%	4%
Arizona	520,556	59%	37%	2%	2%
United States	23,817,787	62%	34%	2%	2%

Source: U.S. Census Bureau (2018). 2013-2017 American Community Survey 5-Year Estimates, Tables B05009, B09001, and B17006

Table 10. Heads of households in which children (ages 0-5) live, 2010

GEOGRAPHY	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	MARRIED FAMILY HOUSEHOLDS	SINGLE-MALE HOUSEHOLDS	SINGLE-FEMALE HOUSEHOLDS
Hualapai Tribe Region	**123**	**33%**	**16%**	**50%**
All Arizona Reservations	13,115	45%	13%	42%
Mohave County	8,981	58%	16%	26%
Arizona	384,441	65%	11%	24%
United States	17,613,638	67%	9%	24%

Source: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P20 & P32

Table 11. Children (ages 0-5) living in the household of a grandparent, 2010

GEOGRAPHY	POPULATION (AGES 0-5)	CHILDREN (0-5) LIVING IN A GRANDPARENT'S HOUSEHOLD	PERCENT OF CHILDREN (0-5) WHO LIVE IN A GRANDPARENT'S HOUSEHOLD
Hualapai Tribe Region	**197**	**50**	**25%**
All Arizona Reservations	20,511	8,239	40%
Mohave County	13,218	1,895	14%
Arizona	546,609	74,153	14%
United States	24,258,220	2,867,165	12%

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

Table 12. Grandparents responsible for grandchildren (ages 0-17) living with them

GEOGRAPHY	GRANDCHILDREN UNDER 18 LIVING WITH GRANDPARENT HOUSEHOLDER	PERCENT OF GRANDCHILDREN UNDER 18 LIVING WITH A GRANDPARENT HOUSEHOLDER WHO IS RESPONSIBLE FOR THEM
Hualapai Tribe Region	**129**	**70%**
All Arizona Reservations	18,864	55%
Mohave County	4,441	60%
Arizona	147,707	51%
United States	5,781,786	49%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B10002

Note: This table includes both (a) grandchildren living with grandparents with no parent present and (b) grandchildren who live in multigenerational homes where the grandparent has assumed responsibility for the child, despite the presence of a parent.

Economic Circumstances

Why it Matters

A family's economic stability is a powerful predictor of child well-being and is one of the key social determinants of health.[39] Factors contributing to economic stability – or lack thereof – include **poverty**, **food insecurity, employment**, and **housing instability**.[40]

Economic circumstances in tribal communities can be much more complex than in other parts of the state. For many historical and legal reasons, economic development in tribal areas has followed a different trajectory than in other areas. Economic disparities between non-Native and Native communities have compounded over decades, affecting the poverty, employment, housing instability and food security in tribal areas.[41] At the same time, it is common for tribal governments to be involved in community and economic development, investing in forestry, fisheries, gaming, and many other economic arenas to strengthen the social and economic conditions of their people.[42]

Poverty. Childhood poverty can negatively affect the way children's bodies grow and develop, including fundamental changes to the architecture of the brain.[43] Children raised in poverty are at a greater risk of a host of negative outcomes including low birth weight, lower school achievement, and poor health.[44,45,46,47,48] They are also more likely to remain poor later in life.[49,50] As a benchmark, the 2019 Federal Poverty Guideline – the criterion used for establishing eligibility for some safety net programs – for a family of four was $25,750.[51] However the federal poverty guideline definition of poverty was developed in the 1950s, and estimates only what a family would need to earn to afford basic nutrition, without taking into account other costs of living;[52] it is widely considered to be well below what a family actually needs to earn to make ends meet.[53] The "self-sufficiency standard" attempts to estimate how much families need to earn to fully support themselves, accounting for local costs of housing, transportation, childcare, and other budget items.[54] The 2018 self-sufficiency standard for an Arizona family with two adults, one preschooler, and one school-age child was $56,143 – over twice the poverty threshold.[55]

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 support services to children and families. Eligibility is based on citizenship or qualified resident status, Arizona residency, and limits on resources and monthly income. In recognition of tribal sovereignty, federally-recognized tribes have the option to administer their own TANF program.

Food insecurity. A limited or uncertain availability of food is negatively associated with many markers of health and well-being for children, including heightened risks for developmental delays,[56] and overweight and obesity.[57] The USDA defines food deserts as areas that are low-income and have low access to sources of healthy food, specifically grocery stores and supermarkets.[v,58] A large portion of tribal lands in Arizona are in food deserts, adding to food insecurity in tribal communities.[vi] Sixty-five percent of populated tribal lands are considered food deserts, whereas only 17 percent of all populated areas in Arizona meet the definition of a food desert.[59] To help reduce food insecurity, there are a variety of federally-funded programs including the Supplemental Nutrition Assistance Program (SNAP),[60] the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),[61] the National School Lunch Program,[62] the School Breakfast Program,[63] the Summer Food Service Program,[64] and the Child and Adult Care Food Program (CACFP).[65] However, only about 58 percent of food insecure households nationwide report participating in federally-funded nutrition assistance programs.[66] Income-eligible American Indians residing on some reservations in Arizona may have access to the federal Food Distribution Program on Indian Reservations (FDPIR).[67] On rural Indian reservations, the FDPIR exists to distribute food to eligible Native American residents who do not have access to SNAP offices or SNAP-approved businesses.[68]

SNAP. Administered by the Arizona Department of Economic Security (DES) and also referred to as "Nutrition Assistance" and "food stamps," SNAP has been shown to help reduce hunger and improve access to healthier food.[69] SNAP benefits support working families whose incomes simply do not provide for all their needs. For low-income working families, the additional funds available to access food from SNAP can help make a meaningful difference. For example, for a three-person family with one person who earns a minimum wage, SNAP benefits can boost take-home income by 10-20 percent.[70]

WIC. Administered by the Arizona Department of Health Services, this federally-funded program serves pregnant, postpartum, and breastfeeding women, as well as infants and young children (under the age of five) who are economically disadvantaged (i.e., family incomes at or below 185 percent of the federal poverty level). The program offers funds for nutritious food, breastfeeding and nutrition education, and referrals to health and social services.[71] Participation in WIC has been shown to be associated with healthier births, lower infant

[v] Low access is defined differently for urban (within ½-1 mile) and rural areas (within 10-20 miles).

[vi] A food desert is defined as an area where there is a low-income population and low access to food within 1 mile in urban areas and 10 miles in rural areas. See, Arizona Department of Health Services. (n.d). AZ Food Deserts. *GIS Applications.* Retrieved from https://azdhs.gov/gis/az-food-deserts/index.php

mortality, improved nutrition, decreased food insecurity, improved access to health care, and improved cognitive development and academic achievement for children.[72]

National School Lunch Program. Administered by the Arizona Department of Education, the National School Lunch Program provides free and reduced-price meals at school for students whose family incomes are at or less than 130 percent of the federal poverty level for free lunch, and 185 percent of the federal poverty level for reduced price lunch.

Employment. Unemployment and underemployment can affect a family's ability to meet the expenses of daily living, as well as 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.[73] Unemployment can also put families at greater risk for stress, family conflict, and homelessness. [74] Note that this does not include persons who have dropped out of the labor force entirely, including those who wanted to but could not find suitable work and thus have stopped looking for employment.[75] Due to many historical and legal reasons as well as differences in practical economic structures, employment rates in Native communities can vary greatly from state rates. [76]

Housing instability. Examining indicators related to housing quality, costs, and availability can reveal additional factors affecting the health and well-being of young children and their families in a region. Housing challenges such as issues paying rent or mortgage, overcrowded living conditions, unstable housing arrangements, and homelessness can have harmful effects on the physical, social-emotional, and cognitive development of young children.[77] Traditionally, housing has been deemed affordable for a family if it costs less than 30 percent of their annual income.[78] High housing costs, relative to family income, are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines in mental health, and homelessness.[79,80] On tribal lands, even when housing is affordable, housing *availability* is typically lower due to the legal complexities of land ownership and the lack of rental properties. These circumstances often lead to a shortage of safe, quality housing.[81]

One increasingly critical need for modern homes is a reliable means of internet access. Families often rely on communication and information technologies to access information, connect socially, pursue an education, and apply for employment opportunities. Parents are also more likely to turn to online resources, rather than in-person resources, for information about obtaining health care and sensitive parenting topics including bonding, separation anxiety, and managing parenting challenges.[82] The term "digital divide" refers to disparities in communication and information technologies, [83] and the lack of sustained access to information and communication technologies in low-income communities is associated with economic and social inequality.[84] Low-income households may experience regular disruptions to this

increasingly important service when they cannot pay bills, repair or update equipment, or access public locations that may offer connectivity (e.g., computers at local libraries).[85] Nationally, Americans are increasingly reliant on smartphones as their sole source of internet access. Particularly for individuals who are younger, lower-income, and non-white, broadband service at home is less common and smartphone-only internet use is more common.[86] Households in rural areas typically experience more limited coverage from mobile networks and slower-speed internet services, as well as limited internet provider options which can result in higher monthly costs.[87,88,89] This is especially true of the more rural Native American communities in the state, where broadband services are sometimes non-existent.[90, 91]

What the Data Tell Us

Poverty

- Almost half (49%) of young children (ages 0-5) in the Hualapai Tribe Region live in poverty. This rate is slightly lower than that of all Arizona reservations combined (54%) but substantially higher than the state (26%). A similar pattern exists in the poverty rates for the overall population in the region (36%), all Arizona reservations (40%) and the state (17%) (Figure 3).
- The median income for all families in the region is $36,667, much lower than in Mohave County ($50,148), and the state of Arizona ($63,812). Single female-headed families with children (ages 0-17) have a median income that is slightly more than one-third of the income in married couple families ($16,333 and $46,250, respectively) (Table 13).
- Eligibility for some public assistance programs is determined by different poverty thresholds. For example, family income at or below 141 percent of the federal poverty threshold is one criterion for eligibility for the Arizona Health Care Cost Containment System (AHCCCS)[vii] for children ages one to five, and at or below 147 percent of the federal poverty threshold for children younger than one year old.[92] In the Hualapai Tribe Region, the percentage of families with young children who may qualify for AHCCCS (those under 130% of FPL and between 130% and 149% of FPL) (59%) is substantially higher than in the state (38%) but lower than in all Arizona reservations combined (67%) (Figure 4).
- In Fiscal Year 2018, there were between 11 and 19 families with young children receiving Temporary Assistance for Needy Families (TANF) in the region (Table 14). In that same year, 29 children participated in the TANF program. That number represents an estimated 15 percent of the young children in the region, a proportion that is substantially higher than those in the county (5%) and state (3%) (Table 15).

Food Insecurity

- The number of families and young children receiving Supplemental Nutrition Assistance Program (SNAP) benefits remained stable in the Hualapai Tribe Region between 2015 and 2018 (Table 16 & Table 17). The proportion of young children participating in SNAP in 2018 was much higher in the region (80%) than in Mohave County (54%) and Arizona (42%).
- Starting in school year 2016-2017, and continuing to school year 2018-2019, one hundred percent of students in the Hualapai Tribe Region qualified for free or reduced-

[vii] Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency

price lunches (Table 18). This proportion increased from school year 2015-2016 when 87 percent of students were eligible for this benefit.

Employment

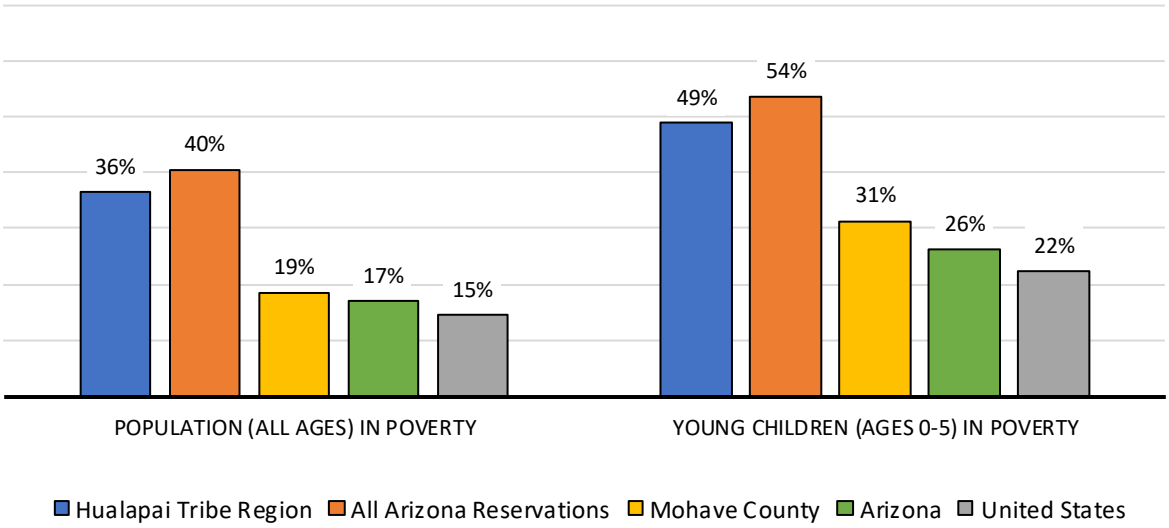
- Eighty percent of young children in the Hualapai Tribe Region live in families with at least one parent in the labor force, compared to 67 percent in all Arizona reservations combined and 89 percent in the state. The proportion of children in the region who live with only one parent and such parent is not in the labor force is substantially lower in the region compared to all Arizona reservations (19% and 31%, respectively) (Table 19).
- The average unemployment rate in the region for the 2013-2017 period was 12 percent, slightly higher than the estimated ten percent in all Arizona reservations combined, and three times the average state rate of four percent. Nevertheless, in the Hualapai Tribe Region a higher proportion of the population is employed (45%) and a lower proportion is not in the labor force (i.e. they are neither employed nor looking for work) (44%) compared to all Arizona reservations (37% and 54%, respectively) (Table 20).

Housing Instability

- Thirteen percent of households in the region spend 30 percent or more of their income on housing-related costs. This rate is slightly lower than in all Arizona reservations (16%) and much lower than in Mohave County (29%) and the state (31%). Even though housing costs are relatively low in the region, tribal areas face other housing-related challenges such as housing availability. The waiting list for Hualapai tribal housing was 60 families, according to a 2016 survey (Table 21).[93]
- About one-quarter (26%) of households in the region have both a smartphone and computer, which is slightly lower than in all Arizona reservations (30%) and substantially lower the state of Arizona (67%) (Table 22).
- Over half (54%) of all residents in the region live in households with a computer and internet available. This is a higher percentage than in all Arizona reservations combined (38%), but much lower than the state (82%). A similar pattern is present in the percentage of children living in households with a computer and internet for the region (57%), all Arizona reservations (41%), and the state overall (83%) (Table 23 & Table 24).
- Of people living in households with a computer and internet in the region, 20 percent rely solely on a cellular data plan (Table 25).

Poverty

Figure 3. Percent of population (all ages) and young children (ages 0-5) living in poverty



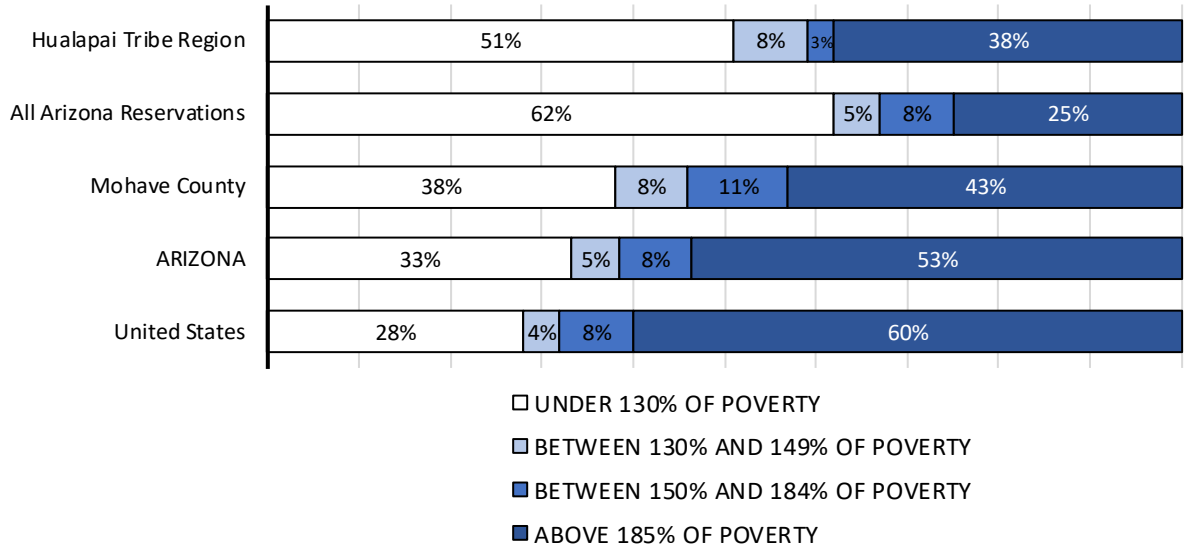
Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B17001

Table 13. Median annual family income

GEOGRAPHY	MEDIAN INCOME FOR ALL FAMILIES	MEDIAN INCOME FOR HUSBAND-WIFE FAMILIES WITH CHILDREN (0-17)	MEDIAN INCOME FOR FAMILIES WITH CHILDREN (0-17), SINGLE MALE HEAD	MEDIAN INCOME FOR FAMILIES WITH CHILDREN (0-17), SINGLE FEMALE HEAD
Hualapai Tribe Region	**$36,667**	**$46,250**	**$45,625**	**$16,333**
Mohave County	$50,148	$61,199	$31,244	$27,900
Arizona	$63,812	$80,533	$38,650	$26,907
United States	$70,850	$91,621	$41,054	$26,141

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B19126

Figure 4. Families with young children (ages 0-5) living at various poverty thresholds



Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Tables B17001 & B17022

Note: Poverty refers to the poverty threshold used by the U.S. Census Bureau to determine whether or not a family lives in poverty based on their income. In 2017, the most recent year of ACS data used in this report, the poverty threshold for a family of four was $24,848. For more information about poverty thresholds, see https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html

Table 14. Families participating in the TANF program, Fiscal Years 2015 to 2018

GEOGRAPHY	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	NUMBER OF FAMILIES PARTICIPATING IN TANF				PERCENT OF HOUSEHOLDS WITH YOUNG CHILDREN (0-5) PARTICIPATING IN TANF IN 2018
		FY 2015	FY 2016	FY 2017	FY 2018	
Hualapai Tribe Region	**123**	**11 to 19**	**2 to 18**	**2 to 18**	**11 to 19**	**DS**
Mohave County	8,981	518	460	436	474	5%
Arizona	384,441	18,165	16,399	14,188	12,042	3%

Sources: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Table P20 & Arizona Department of Economic Security (DES), Division of Benefits and Medical Eligibility (2019). Unpublished data received by request.

Table 15. Children participating in the TANF program, Fiscal Years 2015 to 2018

GEOGRAPHY	NUMBER OF YOUNG CHILDREN (AGES 0-5) IN THE POPULATION	NUMBER OF CHILDREN PARTICIPATING IN TANF				PERCENT OF YOUNG CHILDREN (0-5) PARTICIPATING IN TANF IN 2018
		FY 2015	FY 2016	FY 2017	FY 2018	
Hualapai Tribe Region	**197**	**40**	**12 to 20**	**2 to 18**	**29**	**15%**
Mohave County	13,218	643	618	610	621	5%
Arizona	546,609	23,862	22,326	19,614	16,634	3%

Sources: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Table P20 & Arizona Department of Economic Security (DES), Division of Benefits and Medical Eligibility (2019). Unpublished data received by request.

Food Insecurity

Table 16. Families participating in the SNAP program, Fiscal Years 2015 to 2018

GEOGRAPHY	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	NUMBER OF FAMILIES PARTICIPATING IN SNAP				PERCENT OF HOUSEHOLDS WITH YOUNG CHILDREN (0-5) PARTICIPATING IN SNAP IN 2018
		FY 2015	FY 2016	FY 2017	FY 2018	
Hualapai Tribe Region	**123**	**86**	**91**	**87**	**90**	**73%**
Mohave County	8,981	5,600	5,458	5,209	4,818	54%
Arizona	384,441	179,988	172,014	164,092	151,819	39%

Sources: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Table P20 & Arizona Department of Economic Security (DES), Division of Benefits and Medical Eligibility (2019). Unpublished data received by request.

Table 17. Children participating in the SNAP program, Fiscal Years 2015 to 2018

GEOGRAPHY	NUMBER OF YOUNG CHILDREN (AGES 0-5) IN THE POPULATION	NUMBER OF CHILDREN PARTICIPATING IN SNAP				PERCENT OF YOUNG CHILDREN (0-5) PARTICIPATING IN SNAP IN 2018
		FY 2015	FY 2016	FY 2017	FY 2018	
Hualapai Tribe Region	**197**	**148**	**159**	**155**	**158**	**80%**
Mohave County	13,218	7,790	7,987	7,550	7,073	54%
Arizona	546,609	249,707	258,556	247,418	229,291	42%

Sources: U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Table P20 & Arizona Department of Economic Security (DES), Division of Benefits and Medical Eligibility (2019). Unpublished data received by request.

Table 18. Students (all grades) eligible for free or reduced-price lunch, 2015-16 to 2018-19

GEOGRAPHY	STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH (2015-16)	STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH (2016-17)	STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH (2017-18)	STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE LUNCH (2018-19)
Hualapai Tribe Region	**87%**	**100%**	**100%**	**100%**
Mohave County	65%	64%	65%	62%
Arizona	58%	57%	57%	56%

Source: Arizona Department of Education (2019). 2015-16 to 2018-19 Free & Reduced-Price Lunch Data. Custom tabulation of eligibility data.

Employment

Table 19. Parents of young children (ages 0-5) who are or are not in the labor force

GEOGRAPHY	TOTAL NUMBER OF CHILDREN (AGES 0-5) LIVING IN FAMILIES or SUBFAMILIES	WITH TWO PARENTS, BOTH IN LABOR FORCE	WITH TWO PARENTS, ONE IN LABOR FORCE AND ONE NOT	WITH TWO PARENTS, NEITHER IN LABOR FORCE	WITH ONE PARENT, IN LABOR FORCE	WITH ONE PARENT, NOT IN LABOR FORCE
Hualapai Tribe Region	**109**	**17%**	**28%**	**2%**	**35%**	**19%**
All Arizona Reservations	16,902	13%	14%	3%	40%	31%
Mohave County	10,016	26%	21%	<1%	38%	15%
Arizona	498,102	31%	29%	1%	29%	10%
United States	22,939,897	38%	26%	1%	27%	8%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B23008
Note: The labor force includes all persons who are currently employed, including those on leave, furlough, or temporarily laid off. Persons who are unemployed but actively looking for work are also considered to be in the labor force. Persons who are not working or looking for work (e.g., retired persons, stay-at-home parents, students) are considered to be "not in the labor force" in the American Community Survey.

Table 20. Adult population (ages 16 and older) who are employed, unemployed, or not in the labor force

GEOGRAPHY	TOTAL POPULATION (AGES 16 AND OLDER)	PERCENT WHICH IS EMPLOYED	PERCENT WHICH IS UNEMPLOYED	PERCENT WHICH IS NOT IN THE LABOR FORCE
Hualapai Tribe Region	**1,024**	**45%**	**12%**	**44%**
All Arizona Reservations	136,081	37%	10%	54%
Mohave County	172,208	41%	5%	55%
Arizona	5,371,341	55%	4%	40%
United States	255,797,692	59%	4%	37%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B23025
Note: The labor force includes all persons who are currently employed, including those on leave, furlough, or temporarily laid off. Persons who are unemployed but actively looking for work are also considered to be in the labor force. Persons who are not working or looking for work (e.g., retired persons, stay-at-home parents, students) are considered to be "not in the labor force" in the American Community Survey.

Housing Instability

Table 21. Households who are paying thirty percent or more of their income for housing

GEOGRAPHY	TOTAL NUMBER OF OCCUPIED HOUSING UNITS	PERCENT OF HOUSING UNITS FOR WHICH HOUSING COSTS 30% OF INCOME OR MORE
Hualapai Tribe Region	**388**	**13%**
All Arizona Reservations	49,638	16%
Mohave County	83,902	29%
Arizona	2,482,311	31%
United States	118,825,921	32%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B25106

Table 22. Households with and without computers and smartphones

GEOGRAPHY	TOTAL NUMBER OF HOUSEHOLDS	PERCENT WITH COMPUTER (BUT NO SMARTPHONE)	PERCENT WITH SMARTPHONE (BUT NO COMPUTER)	PERCENT WITH BOTH SMARTPHONE AND COMPUTER	PERCENT WITH NEITHER SMARTPHONE NOR COMPUTER
Hualapai Tribe Region	**388**	**15%**	**17%**	**26%**	**42%**
All Arizona Reservations	49,638	9%	14%	30%	47%
Mohave County	83,902	20%	8%	56%	15%
Arizona	2,482,311	12%	9%	67%	12%
United States	118,825,921	12%	9%	66%	13%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B28010
Note: In this table, "computer" includes both desktops and laptops

Table 23. Persons (all ages) in households with and without computers and internet connectivity

GEOGRAPHY	NUMBER OF PERSONS (ALL AGES) LIVING IN HOUSEHOLDS	PERCENT IN HOUSEHOLDS WITH COMPUTER AND INTERNET	PERCENT IN HOUSEHOLDS WITH COMPUTER BUT NO INTERNET	PERCENT IN HOUSEHOLDS WITHOUT COMPUTER
Hualapai Tribe Region	**1,413**	**54%**	**10%**	**36%**
All Arizona Reservations	185,192	38%	21%	40%
Mohave County	200,627	81%	9%	10%
Arizona	6,656,124	82%	9%	9%
United States	312,916,765	83%	9%	9%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B28005

Table 24. Children (ages 0-17) in households with and without computers and internet connectivity

GEOGRAPHY	NUMBER OF CHILDREN (AGES 0-17) LIVING IN HOUSEHOLDS	PERCENT IN HOUSEHOLDS WITH COMPUTER AND INTERNET	PERCENT IN HOUSEHOLDS WITH COMPUTER BUT NO INTERNET	PERCENT IN HOUSEHOLDS WITHOUT COMPUTER
Hualapai Tribe Region	**454**	**57%**	**11%**	**32%**
All Arizona Reservations	57,156	41%	24%	35%
Mohave County	37,251	85%	11%	4%
Arizona	1,619,346	83%	10%	8%
United States	73,392,369	85%	9%	5%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B28005

Table 25. Households by type of internet access (broadband, cellular data, and dial-up)

GEOGRAPHY	PEOPLE LIVING IN HOUSEHOLDS WITH COMPUTER AND INTERNET (ALL AGES)	PERCENT WITH FIXED BROADBAND WITH CELLULAR DATA PLAN	PERCENT WITH FIXED BROADBAND WITHOUT CELLULAR DATA PLAN	PERCENT WITH CELLULAR DATA PLAN, WITHOUT FIXED BROADBAND	PERCENT WITH DIAL-UP INTERNET ONLY
Hualapai Tribe Region	**757**	**25%**	**52%**	**20%**	**3%**
All Arizona Reservations	71,139	29%	42%	25%	3%
Mohave County	162,155	41%	48%	10%	1%
Arizona	5,475,311	54%	35%	10%	1%
United States	258,531,929	55%	35%	10%	1%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B28008

Educational Indicators

Why it Matters

Measures of educational engagement and achievement in a community have important implications for the developmental and economic resources available to children and families in that region. Individuals with higher levels of education tend to live longer and healthier lives.[94] Indicators such as school attendance and absenteeism, achievement on standardized testing, high school graduation rates, and adult educational attainment can provide valuable information about a region's educational engagement and success. Early learning can set the stage for future educational achievement, and is discussed more fully in the following section.

School attendance and absenteeism. School attendance and academic engagement early in life can significantly impact the direction of a child's schooling trajectory. Chronic absenteeism is defined as missing more than ten percent of the school days within a school year, and it affects even the youngest children, with more than ten percent of U.S. kindergarteners and first graders considered chronically absent.[95] Poor school attendance can cause children to fall behind, leading to lower proficiency in reading and math and increased risk of not being promoted to the next grade.[96] Consistent school attendance is particularly important for children from economically disadvantaged backgrounds, the group of children most at risk for chronic absenteeism.[97,98]

Achievement on standardized testing. A child's third-grade reading comprehension skills have been identified as a critical indicator of future academic success.[99] Students who are at or above grade level reading in third grade are more likely to go on to graduate high school and attend college.[100] The link between poor reading skills and risk of dropping out of high school is even stronger for children living in poverty. More than a quarter (26%) of children who were living in poverty and not reading proficiently in third grade did not finish high school. This is more than six times the high school dropout rate of proficient readers.[101]

In 2010, the Arizona legislature, recognizing the importance of early identification and targeted intervention for struggling readers, enacted *Move on When Reading* legislation. As of 2015, the statewide assessment tool for English language arts (ELA), including reading and writing, is Arizona's Measurement of Education Readiness to Inform Teaching (AzMERIT).[viii,102] AzMERIT scores are used to determine promotion from the third grade in accordance with the *Move on When Reading* policy. *Move on When Reading* legislation states that a student shall not be promoted to fourth grade if their reading score falls far below the third-grade level, as established by the State Board of Education.[103] Exceptions exist for students identified with or

[viii] AzMERIT was renamed AzM2, a change that will take effect during the 2019-2020 school year.

being evaluated for learning disabilities and/or reading impairments, English language learners, and those who have demonstrated reading proficiency on alternate forms of assessment approved by the State Board of Education.

Graduation rates and adult educational attainment. Ultimately, adult educational attainment speaks to the assets and challenges of a community's workforce, including those who are working with or on behalf of young children and their families. Adults who have graduated from high school have better health and financial stability, lower risk for incarceration, and better socio-emotional outcomes compared to adults who dropped out of high school.[104,105] Children whose parents have higher levels of education are more likely to have positive outcomes related to school readiness and educational achievement, promoting academic success across generations.[106] Given the cascading effect of early education on later academic achievement and success in adulthood, it is critical to provide substantial support for early education and promote policies and programs that encourage the persistence and success of Arizona's children.

What the Data Tell Us

School Attendance and Absenteeism

- In the 2018-2019 school year, there were a total of 116 children enrolled in kindergarten through third grade in the Hualapai Tribe Region (Table 26).
- From school year 2015-2016 to school year 2018-2019, chronic absence rates in the Hualapai Tribe Region were substantially higher than in Mohave County and the state. In 2018-2019, the combined chronic absence rate for children in grades K-3 was 31 percent, more than twice as high as that in Mohave County (13%) and Arizona (12%) (Table 27 & Table 28).

Achievement on Standardized Testing

- The vast majority of elementary-aged children from the Hualapai Tribe Region attend school in the Peach Springs Unified District (PSUD), which is wholly contained within Hualapai tribal lands. Some elementary-aged children from the Hualapai Tribe Region also attend schools in the Valentine Elementary District, the Owens-Whitney Elementary District, the Hackberry School District, and Seligman and Kingman Unified School Districts.
- In school year 2017-2018, 15 third-grade students from PSUD completed the required statewide Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT) test. Due to the small number of students tested, data on the test results for the region have been suppressed.

Graduation Rates and Adult Educational Attainment

- There is no high school within reservation boundaries since Music Mountain High School closed in 2007. Youth from the region attend school in towns near the reservation (such as Kingman and Seligman) or attend boarding schools in California, Oklahoma, or Oregon. As of 2018, no graduation data were available specifically for high school students in the region. However, there is an effort underway to compile a list of all students, the schools they attend, and to track student progress to increase graduation rates.[107]
- Educational attainment among adults 25 and older in the Hualapai Tribe Region closely mirrors that in all Arizona reservations combined. Thirty-nine percent of adults in the region have more than a high school education compared to 49 percent in Mohave County and 62 percent in Arizona (Figure 9).
- Of the births in the region in 2017, 16 percent were to mothers who had more than a high school education (Table 32).

School Attendance and Absenteeism

Table 26. Students enrolled in preschool through third grade, 2018-19

GEOGRAPHY	PRESCHOOL	KINDERGARTEN	1ST GRADE	2ND GRADE	3RD GRADE
Hualapai Tribe Region	**<11**	**32**	**28**	**24**	**32**
Mohave County	446	1,847	1,832	1,742	1,822
Arizona	21,238	79,990	81,913	81,951	83,037

Source: Arizona Department of Education (2019). 2018-19 October 1 Enrollments. Custom tabulation of enrollment data facilitated by state agency staff.

Note: Data on enrollments were calculated at the district-level. These numbers represent both Peach Springs and Valentine Elementary District. See appendix 3 for a full list of districts within the region. Districts with no schools physically located within the region (such as Seligman, Hackberry, or Kingman) were not counted toward regional enrollment numbers.

Table 27. Chronic absence rates, Kindergarten through 3rd Grade, 2018-19

GEOGRAPHY	TOTAL STUDENTS	STUDENTS WITH CHRONIC ABSENCES	CHRONIC ABSENCE RATE
Hualapai Tribe Region	**134**	**42**	**31%**
Mohave County	9,024	1,208	13%
Arizona	402,206	46,482	12%

Source: Arizona Department of Education (2019). 2018-19 Chronic Absenteeism Data. Unpublished data received by request.
Note: The definition of chronic absenteeism used in this table includes children who are absent due to chronic illness

Table 28. Chronic absence rates, Kindergarten through third grade, 2015-16 to 2018-19

GEOGRAPHY	CHRONIC ABSENCE RATE (2015-16)	CHRONIC ABSENCE RATE (2016-17)	CHRONIC ABSENCE RATE (2017-18)	CHRONIC ABSENCE RATE (2018-19)
Hualapai Tribe Region	**33%**	**40%**	**39%**	**31%**
Mohave County	9%	9%	11%	13%
Arizona	9%	10%	11%	12%

Source: Arizona Department of Education (2019). 2015-16 to 2018-19 Chronic Absenteeism Data. Unpublished data received by request.
Note: The definition of chronic absenteeism used in this table includes children who are absent due to chronic illness

Table 29. Chronic absence rates for students by grade (Grade K-3), 2018-19

GEOGRAPHY	CHRONIC ABSENCE RATE (KINDERGARTEN)	CHRONIC ABSENCE RATE (1ST GRADE)	CHRONIC ABSENCE RATE (2ND GRADE)	CHRONIC ABSENCE RATE (3RD GRADE)	CHRONIC ABSENCE RATE (K-3RD GRADE)
Hualapai Tribe Region	**31%**	**32%**	**34%**	**28%**	**31%**
Mohave County	16%	14%	13%	11%	13%
Arizona	13%	12%	11%	10%	12%

Source: Arizona Department of Education (2019). 2015-16 to 2018-19 Chronic Absenteeism Data. Unpublished data received by request.
Note: The definition of chronic absenteeism used in this table includes children who are absent due to chronic illness

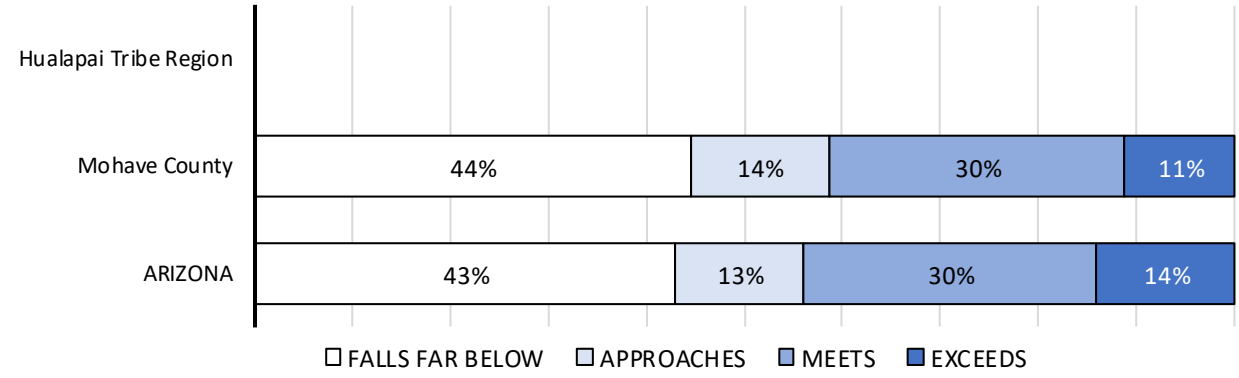
Achievement on Standardized Testing

Table 30. AzMERIT Assessment Results: 3rd Grade English Language Arts, 2017-18

GEOGRAPHY	STUDENTS TESTED	FALLS FAR BELOW	APPROACHES	MEETS	EXCEEDS	PASSING
Hualapai Tribe Region	**15**	**DS**	**DS**	**DS**	**DS**	**DS**
Mohave County	1,783	44%	14%	30%	11%	41%
Arizona	84,922	43%	13%	30%	14%	44%

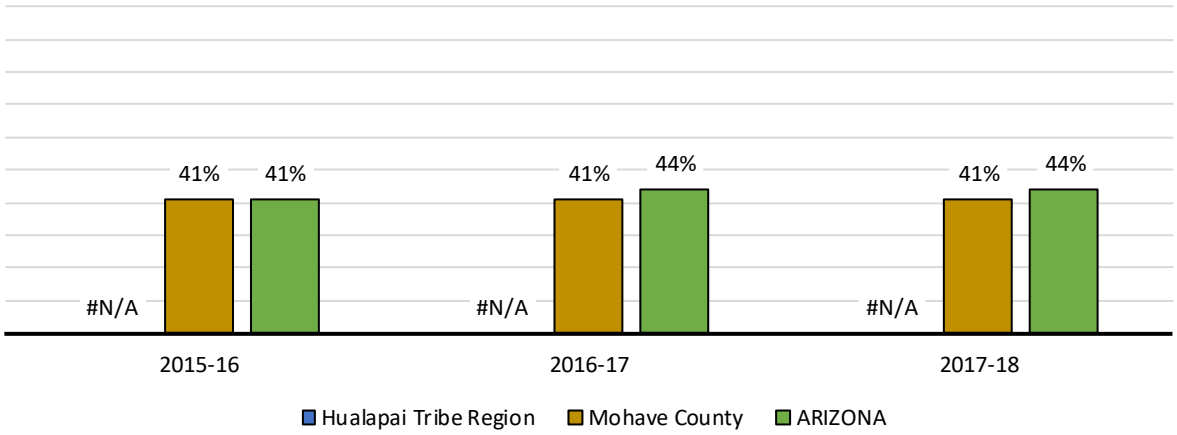
Source: Arizona Department of Education (2019). 2017-18 Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT) Assessment Results. Custom tabulation of assessment data.

Figure 5. AzMERIT Assessment Results: 3rd Grade English Language Arts, 2017-18



Source: Arizona Department of Education (2019). 2017-18 Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT) Assessment Results. Custom tabulation of assessment data.

Figure 6. Trends in passing rates for 3rd-grade English Language Arts AzMERIT, 2015-16 to 2017-18



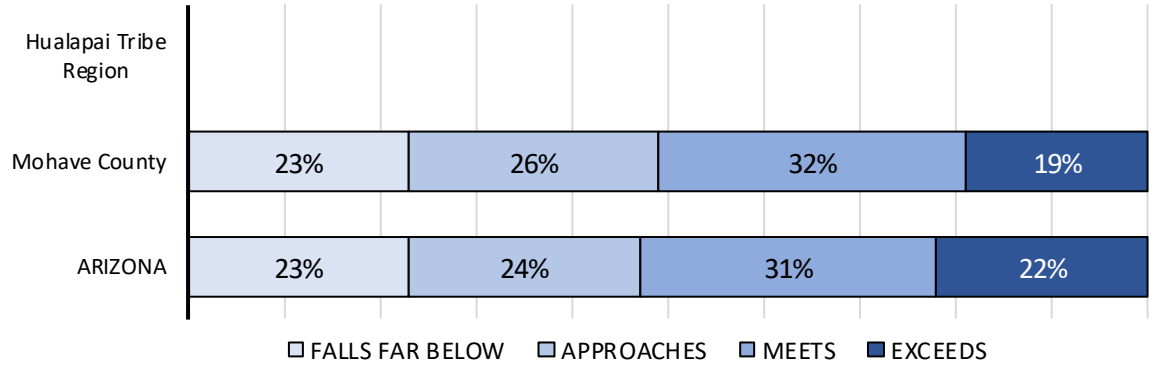
Source: Arizona Department of Education (2019). 2015-16 to 2017-18 Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT) Assessment Results. Custom tabulation of assessment data.

Table 31. AzMERIT Assessment Results: 3rd Grade Math, 2017-18

GEOGRAPHY	NUMBER OF STUDENTS TESTED	FALLS FAR BELOW	APPROACHES	MEETS	EXCEEDS	PASSING
Hualapai Tribe Region	**15**	**DS**	**DS**	**DS**	**DS**	**DS**
Mohave County	1,788	23%	26%	32%	19%	51%
Arizona	85,105	23%	24%	31%	22%	53%

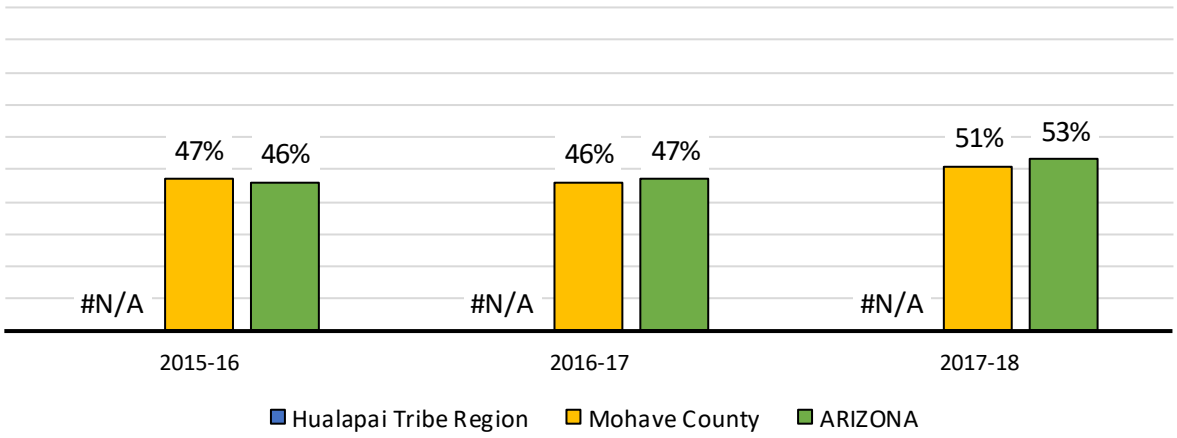
Source: Arizona Department of Education (2019). 2017-18 Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT) Assessment Results. Custom tabulation of assessment data.

Figure 7. AzMERIT Assessment Results: 3rd Grade Math, 2017-18



Source: Arizona Department of Education (2019). 2017-18 Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT) Assessment Results. Custom tabulation of assessment data.

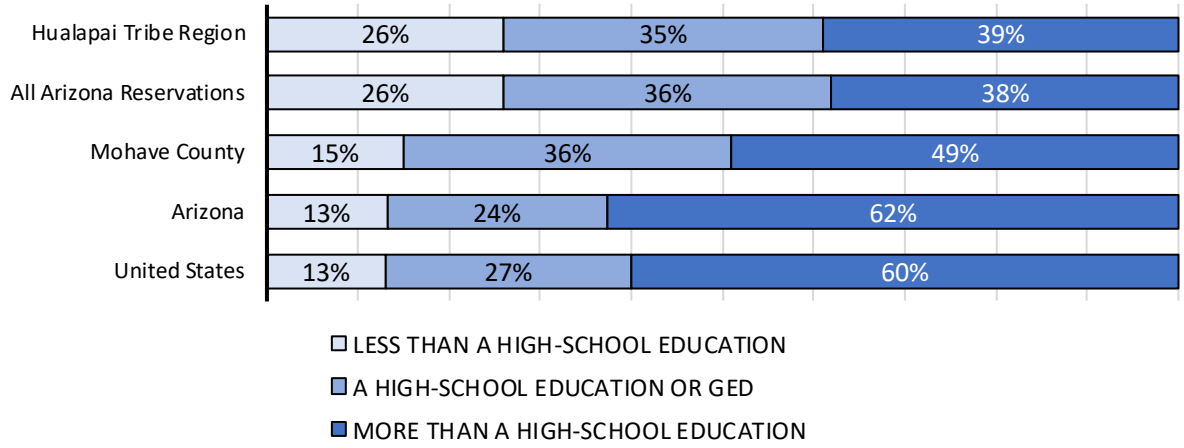
Figure 8. Trends in passing rates for 3rd-grade Math AzMERIT, 2015-16 to 2017-18



Source: Arizona Department of Education (2019). 2015-16 to 2017-18 Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT) Assessment Results. Custom tabulation of assessment data.

Graduation Rates and Adult Education Attainment

Figure 9. Level of education for the adult population (ages 25 and older)



Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B15002

Table 32. Level of education for mothers giving birth during calendar year 2017

GEOGRAPHY	TOTAL NUMBER OF BIRTHS IN 2017	MOTHER HAD LESS THAN A HIGH-SCHOOL EDUCATION	MOTHER HAD HIGH-SCHOOL DIPLOMA OR GED	MOTHER HAD MORE THAN HIGH-SCHOOL
Hualapai Tribe Region	**44**	**34%**	**50%**	**16%**
Mohave County	1,734	21%	35%	42%
Arizona	81,664	17%	26%	56%

Source: Arizona Department of Health Services (ADHS) Office of Disease Prevention and Health Promotion. (2019). Arizona Health Status and Vital Statistics.

Note: Due to a small number of births for which the mother's educational attainment is unknown, entries in this table may not sum to 100%.

Early Learning

Why it Matters

Early childhood is an exciting time of rapid physical, cognitive, and social-emotional development. The experiences young children have during these early years are critical for healthy brain development and set the stage for lifelong learning and well-being. [108,109] Just as rich, stimulating environments can promote development, early negative experiences can have lasting effects. For example, gaps in language development between children from disadvantaged backgrounds and their more advantaged peers can be seen by 18 months of age;[110] those disparities that persist until kindergarten tend to predict later academic problems.[111]

Access to early care and education. Though high-quality early care and education can promote development, families often face barriers in accessing these opportunities for their children. Families living in rural areas are more likely to face an inadequate child care supply, but Arizona families in both urban and rural areas face a gap between the number of young children and the availability of licensed child care.[112,113,114] In fact, Arizona has a deficit of about 22,230 licensed early care and education slots to meet the needs of working families, without accounting for parents continuing their own education, or those not in the workforce but seeking out early learning programs to help assure their preschool age children are able to make a strong start in school.[115] Even when early education is available, the cost can be prohibitive. According to the U.S. Department of Education, only 19 percent of four-year-olds in Arizona are enrolled in publicly-funded free or reduced cost preschool programs, compared to 41 percent nationally.[116] If not enrolled in publicly-funded programs, 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.[117,118]

Child care subsidies can be a support for families who have financial barriers to accessing early learning services.[119] In June 2019, for the first time since the Great Recession, the Arizona Department of Economic Security's (DES) child care subsidy waiting list was suspended, meaning all children who qualify for subsidies are able to receive them, assuming that they are able to find a provider.[120] This is due to $56 million in additional federal funds from the Child Care and Development Fund (CCDF) that was authorized by the State Legislature, and the funding increase has also allowed DES to increase provider reimbursement rates, which may make it easier for families to use their child care subsidies.[121]

High quality early care and education. In addition to the early experiences children have in their homes, high quality early care and education services can also promote physical, cognitive, and social-emotional development and health, particularly for children from

disadvantaged backgrounds.[122,123,124] 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 from high school.[125] This translates into a return on investment to society through increased educational achievement and employment, reductions in crime, and better overall health of children as they mature into adults.[126,127] Not only does access to affordable, quality child care make a positive difference for children's health and development, it also allows parents to maintain stable employment and support their families.[128] The early care education system in tribal communities often consists of a complex network of center-based and home-based care and education settings with funding from varied sources including tribal governments, federal grants, and the Arizona Department of Education.[129]

Establishing that available early care and education programs meet quality standards is important to ensure these early environments support positive outcomes for children's well-being, academic achievement, and success later in life.[130] Providers are considered quality educational environments by the Arizona Department of Economic Security if they receive a Quality First three-star rating or higher (see below) or are accredited by a national organization, such as the Association for Early Learning Leaders or the National Association for the Education of Young Children (NAEYC).[131]

High quality early education environments have teachers with more education, experience, and supports that increase their skills in developing positive teacher-child interactions, providing enriching age-appropriate experiences and guiding appropriate behaviors.[132] These quality environments may be particularly important for children with challenging behaviors, because lower teacher-child ratios and access to professional development and early childhood mental health consultation can help avoid preschool expulsion.[133,134,135]

Quality First is Arizona's Quality Improvement and Rating System (QIRS) for early child care and preschool providers.[136] A Quality First Star Rating represents where along the continuum of quality (1 to 5 stars) a program was rated and how they are implementing early childhood best practices. One star indicates a program is participating in Quality First, is regulated, in good standing, and is making the commitment to work on quality improvement. Three stars indicate that a program is of good quality care, and families can be confident that children are well cared for in such an environment. Five stars indicate the highest level of quality attainable, where families will find low staff-child ratios and group sizes, highly educated personnel, and strong curriculum which optimizes children's comprehensive development.[137] The number of providers across the state that meet quality standards (three-star rating or higher) has increased across the last 5 years such that 25 percent of the 857 participating providers in 2013

met or exceeded quality standards, and 76 percent of 1,032 participating providers in 2019 met or exceeded quality standards.[138]

High quality early care and education practices, including lower teacher-child ratios, access to professional development, and early childhood mental health consultation, can help avoid preschool expulsion.[139,140] Nationally, preschool expulsions and suspensions occur at high rates and disproportionately impact children of color, specifically young Black boys.[141,142] In 2016, an estimated 50,000 preschoolers were suspended and 17,000 preschoolers expelled nationwide, with Black children 2.2 times more likely to be suspended or expelled than other children.[143] The U.S. Department of Education Office of Civil Rights began collecting data on preschool suspension and expulsion in 2011 and, as a result of federal changes to the Child Care Development Block Grant in 2014, Arizona began collecting provider-reported data on early learning environment expulsion in 2017.[144,145] Given the positive impact of early educational experiences on children's cognitive and emotional development and the negative impact of suspension and expulsion on educational outcomes, it is essential to identify areas with higher rates of expulsion to provide targeted supports.[146]

As an alternative to expulsion, early education providers in Arizona have an opportunity to identify young children as being at risk for expulsion and to receive consultation from experts to help intervene in problem behaviors. Consultation is provided through on-site mental health consultation, available for Quality First and some non-Quality First providers in most but not all regions in the state, as well as through a statewide Department of Economic Security (DES)-managed hotline. If that child is then able to remain in the center, this is documented as a prevented expulsion and their case is closed out. The reported number of prevented expulsions of young children receiving subsidies increased from seven in 2017 to 45 in 2018.[147]

Young children with special needs. 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 and some tribal communities. Children with special health care needs 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."[148] According to the National Survey of Children's Health, children with special health care needs are more likely to experience more adverse childhood experiences (ACEs) [ix] than typically-developing children,[149]

[ix] ACEs include eight categories of traumatic or stressful life events experienced before the age of 18 years. The eight 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.

and are at an increased risk for maltreatment and neglect,[150,151] suggesting they may particularly benefit from high quality teacher-child interactions in classrooms.[152,153] Nationally, American Indian/Alaska Native children receive special education services at the highest rates (18%) of any racial/ethnic group, with notably higher rates of services than their white (14%) and Hispanic (13%) peers.[154] Almost half (46%) of families with a child with special needs in Arizona have incomes below 200 percent of the federal poverty level, suggesting that even if they can identify an appropriate provider, affording quality care is likely to be a burden.[155]

Ensuring all families have access to timely and appropriate screenings for children who may benefit from early identification of special needs can help improve 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.[156,157,] It also reduces educational costs by decreasing the need for special education. [158] In Arizona, services available to families with children with special needs include those provided through the Arizona Early Intervention Program (AzEIP),[159] the Arizona Department of Education Early Childhood Special Education program,[160] and the Division of Developmental Disabilities (DDD).[161]

What the Data Tell Us

Access to Early Care and Education

- Early childhood care and education programs in the Hualapai Tribe Region are available through the Hualapai Day Care Center Hma:ny Ba Viso:jo' and the Head Start program. Currently, the Hualapai Day Care is the only center with the capacity to serve infants and toddlers in the region. [162]
- Early childhood education enrollment rates in the Hualapai Tribe Region are high. Sixty-three percent of children ages three to four are enrolled in school (i.e. nursery school, preschool, or kindergarten) compared to 41 percent in all Arizona reservations (Table 33).
- The Hualapai Day Care Center has the capacity to serve a total of 57 children ages six months to 12 years.[163]
- In 2016, Hualapai Day Care Center reported that a full day of child care ranged from $1-$10, using a sliding scale depending on household income.[164] This translates to a maximum of $230 per month for child care.
- In addition to the subsidies provided through the Hualapai Day Care Center, some families in the region also receive child care subsidies from the Arizona Department of Economic Security (DES). There were no children receiving DES subsidies in the region in 2015, 2016 and 2018. In 2017, fewer than ten young children from the Hualapai Tribe Region received child care subsidies from DES. That same year, all families eligible for DES child care subsidies used those subsidies (Table 35 & Table 38).

High Quality Early Care and Education

- In State Fiscal Year 2019, there were 50 children served at Hualapai Day Care, the only Quality First Site in the region (Table 36 & Table 37).
- The Department of Economic Security (DES) defines early care and education "quality environments" as providers that are accredited by a national organization or providers that have received a state-approved quality indicator that is recognized by the department.[x] In 2017, none of the children who received DES subsidies were served in quality environment settings, as defined by DES (no children from the region received DES child care subsidies in 2015, 2016, and 2018 (Table 34 & Table 38).

[x] More information about Arizona's quality educational environments can be found in the DES CCDF State Plan FY2019-FY2021, available at https://des.az.gov/documents-center

Young Children with Special Needs

- In school years 2015-2016 to 2018-2019 there were fewer than ten children ages three to five enrolled in special education in the Hualapai Tribe Region (Table 39).
- In school year 2017-2018, the most recent year for which data are available, 12 percent of students in first through third grades in the region were enrolled in special education (Table 41).
- In Fiscal Year 2016 fewer than ten children (ages 0-2) from the region were referred to Arizona Early Intervention Program (AzEIP) but none were found eligible for services. In Fiscal Year 2017, fewer than ten children were referred, and also fewer than ten were eligible for AzEIP services. In 2017 and 2018 there were fewer than ten active AzEIP cases in the region (Table 42 & Table 43).
- No children from the Hualapai Tribe Region were served by the Division of Developmental Disabilities (DDD) between Fiscal Years 2015 and 2017. In Fiscal Year 2018, fewer than ten children ages birth to two received services in the region; there were no children in the three to five year old range who received services that same year (Table 44 & Table 45).

Access to Early Care and Education

Table 33. School enrollment for children (ages 3 and 4)

GEOGRAPHY	POPULATION OF CHILDREN (AGES 3-4)	NUMBER ENROLLED IN SCHOOL	PERCENT ENROLLED IN SCHOOL
Hualapai Tribe Region	**65**	**41**	**63%**
All Arizona Reservations	6,574	2,673	41%
Mohave County	3,547	1,595	45%
Arizona	182,970	69,712	38%
United States	8,190,503	3,892,317	48%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B14003
Note: In this table, "school" may include nursery school, preschool, or kindergarten

Table 34. Children receiving DES child care subsidies, 2015 to 2018

GEOGRAPHY	NUMBER OF CHILDREN RECEIVING SUBSIDIES, 2015	NUMBER OF CHILDREN RECEIVING SUBSIDIES, 2016	NUMBER OF CHILDREN RECEIVING SUBSIDIES, 2017	NUMBER OF CHILDREN RECEIVING SUBSIDIES, 2018
Hualapai Tribe Region	**0**	**0**	**<10**	**0**
Mohave County	557	537	453	520
Arizona	19,040	17,784	16,922	19,813

Source: Arizona Department of Economic Security (DES) (2019). 2015-2018 Child Care Assistance Data. Unpublished data received by request. Note: This table reflects children receiving subsidies who are not Department of Child Safety (DCS)-involved.

Table 35. Eligible families not using DES child care subsidies, 2015 to 2018

GEOGRAPHY	FAMILIES NOT USING SUBSIDIES, 2015	FAMILIES NOT USING SUBSIDIES, 2016	FAMILIES NOT USING SUBSIDIES, 2017	FAMILIES NOT USING SUBSIDIES, 2018
Hualapai Tribe Region	**N/A**	**N/A**	**0%**	**N/A**
Mohave County	4%	7%	9%	8%
Arizona	6%	6%	7%	8%

Source: Arizona Department of Economic Security (DES) (2019). 2015-2018 Child Care Assistance Data. Unpublished data received by request.

High Quality Early Care and Education

Table 36. First Things First Quality First child data, State Fiscal Year 2019

GEOGRAPHY	QUALITY FIRST SCHOLARSHIPS: NUMBER OF CHILDREN SERVED	NUMBER OF CHILDREN ENROLLED AT A QUALITY FIRST PROVIDER SITE	NUMBER OF CHILDREN ENROLLED AT A QUALITY FIRST PROVIDER SITE WITH A PUBLIC 3-5 STAR RATING	% OF CHILDREN IN A QUALITY-LEVEL SETTING (PUBLIC 3-5 STARS)
Hualapai Tribe Region	**0**	**50**	**0**	**0%**
Arizona	9,179	62,215	45,278	75%

Source: First Things First (2019). Quality First, a Signature Program of First Thing First. Unpublished data received by request
Note: These data reflect regionally-funded Quality First provider sites and statewide- funded Quality First Redesign provider sites. Data reflect children enrolled at provider sites with a public rating. Star ratings are not publicly available when provider sites decline to publish their initial rating or when a rating is not yet assigned. The Hualapai Tribe Region does not fund Quality First Scholarships. However, the Tribe, through their own general funds and Federal CCDF grant, covers child care for the majority of the children at the child center and a sliding fee scale is offered.

Table 37. First Things First Quality First child care provider data, State Fiscal Year 2019

GEOGRAPHY	NUMBER OF CHILD CARE PROVIDERS SERVED	NUMBER OF CHILD CARE PROVIDERS SERVED WITH A PUBLIC 3-5 STAR RATING	% OF CHILD CARE PROVIDERS SERVED WITH A PUBLIC 3-5 STAR RATING
Hualapai Tribe Region	**1**	**0**	**0%**
Arizona	1,119	821	73%

Source: First Things First (2019). Quality First, a Signature Program of First Thing First. Unpublished data received by request
Note: These data reflect regionally-funded Quality First provider sites and statewide- funded Quality First Redesign provider sites. Data reflect children enrolled at provider sites with a public rating. Star ratings are not publicly available when provider sites decline to publish their initial rating or when a rating is not yet assigned.

Table 38. Children receiving DES child care subsidies in quality educational environments, 2017 and 2018

GEOGRAPHY	TOTAL NUMBER OF CHILDREN IN QUALITY ENVIRONMENTS, 2017	TOTAL NUMBER OF CHILDREN IN QUALITY ENVIRONMENTS, 2018
Hualapai Tribe Region	**0**	**N/A**
Mohave County	174	348
Arizona	13,706	17,295

Source: Arizona Department of Economic Security (2019). Child Care Assistance Dataset. Unpublished data received by request.
Note: These data only reflect children receiving child care subsidies from DES. Quality educational environments are defined by the Department of Economic Security as providers that are accredited by a national organization or providers that have received a state-approved quality indicator that is recognized by the department. More information about Arizona's quality educational environments can be found in the DES CCDF State Plan FY2019-FY2021, available at https://des.az.gov/documents-center

Young Children with Special Needs

Table 39. Children (ages 3-5) Enrolled in Special Education, 2015-16 to 2018-19

GEOGRAPHY	CHILDREN (AGES 3-5) IN SPECIAL EDUCATION (2015-16)	CHILDREN (AGES 3-5) IN SPECIAL EDUCATION (2016-17)	CHILDREN (AGES 3-5) IN SPECIAL EDUCATION (2017-18)	CHILDREN (AGES 3-5) IN SPECIAL EDUCATION (2018-19)
Hualapai Tribe Region	**<10**	**<10**	**<10**	**<10**
Mohave County	297	374	391	413
Arizona	14,295	15,257	16,159	16,432

Source: Arizona Department of Education (2019). 2015-16 to 2018-19 Special Education Enrollments. Unpublished data received by request.

Table 40. Children (ages 3-5) Enrolled in Special Education by Type of Disability, 2018-19

GEOGRAPHY	CHILDREN (AGES 3-5) IN SPECIAL EDUCATION	DEVELOP-MENTAL DELAY	SPEECH OR LANGUAGE IMPAIR-MENT	PRE-SCHOOL SEVERE DELAY	AUTISM	HEARING IMPAIR-MENT	OTHER DIS-ABILITIES
Hualapai Tribe Region	**<10**	**<10**	**<10**	**<10**	**<10**	**<10**	**<10**
Mohave County	413	37%	30%	25%	4%	#N/A	4%
Arizona	16,432	42%	39%	12%	3%	1%	3%

Source: Arizona Department of Education (2019). 2018-19 Special Education Enrollments. Unpublished data received by request.

Table 41. Percent of Students (Grade 1-3) Enrolled in Special Education, 2015-16 to 2018-19

GEOGRAPHY	STUDENTS IN SPECIAL EDUCATION (2015-16)	STUDENTS IN SPECIAL EDUCATION (2016-17)	STUDENTS IN SPECIAL EDUCATION (2017-18)	STUDENTS IN SPECIAL EDUCATION (2018-19)
Hualapai Tribe Region	**DS**	**11%**	**12%**	**DS**
Mohave County	12%	12%	14%	14%
Arizona	11%	11%	12%	12%

Source: Arizona Department of Education (2019). 2015-16 to 2018-19 Special Education Enrollments. Unpublished data received by request.

Table 42. Children referred to and found eligible for AzEIP, Federal Fiscal Years 2016 and 2017

GEOGRAPHY	NUMBER OF CHILDREN (AGES 0-2) REFERRED TO AzEIP, FFY2016	NUMBER OF CHILDREN (AGES 0-2) ELIGIBLE FOR AzEIP, FFY2016	PERCENT OF REFERRALS FOUND ELIGIBLE, FFY2016	NUMBER OF CHILDREN (AGES 0-2) REFERRED TO AzEIP, FFY2017	NUMBER OF CHILDREN (AGES 0-2) ELIGIBLE FOR AzEIP, FFY2017	PERCENT OF REFERRALS FOUND ELIGIBLE, FFY2017
Hualapai Tribe Region	**<10**	**0**	**0%**	**<10**	**<10**	**DS**
Mohave County	336	166	49%	220	188	57%
Arizona	16,063	5,688	58%	16,344	5,782	60%

Source: Arizona Department of Economic Security (DES) (2019). Arizona Early Intervention Program (AZEIP) Service Dataset. Unpublished data received by request.

Table 43. AzEIP caseloads, 2017 and 2018

GEOGRAPHY	CUMULATIVE ACTIVE AzEIP CASES, 2017	CUMULATIVE ACTIVE AzEIP CASES, 2018	PERCENT CHANGE IN AzEIP CASELOADS FROM 2017 TO 2018
Hualapai Tribe Region	**<10**	**<10**	**DS**
Mohave County	221	249	+13%
Arizona	10,934	11,600	+6%

Source: Arizona Department of Economic Security (DES) (2019). Arizona Early Intervention Program (AZEIP) Service Dataset. Unpublished data received by request.

Table 44. Children (ages 0-2) receiving services from DDD, State Fiscal Years 2015 to 2018

GEOGRAPHY	CHILDREN (AGES 0-2) RECEIVING DDD SERVICES, SFY2015	CHILDREN (AGES 0-2) RECEIVING DDD SERVICES, SFY2016	CHILDREN (AGES 0-2) RECEIVING DDD SERVICES, SFY2017	CHILDREN (AGES 0-2) RECEIVING DDD SERVICES, SFY2018
Hualapai Tribe Region	**0**	**0**	**0**	**<10**
Mohave County	54	49	68	94
Arizona	3,948	4,095	4,505	5,012

Source: Arizona Department of Economic Security (DES) (2019). 2015-2018 Division Developmental Disabilities (DDD) Data. Unpublished data received by request.

Table 45. Children (ages 3-5) receiving services from DDD, State Fiscal Years 2015 to 2018

GEOGRAPHY	CHILDREN (AGES 3-5) RECEIVING DDD SERVICES, SFY2015	CHILDREN (AGES 3-5) RECEIVING DDD SERVICES, SFY2016	CHILDREN (AGES 3-5) RECEIVING DDD SERVICES, SFY2017	CHILDREN (AGES 3-5) RECEIVING DDD SERVICES, SFY2018	PERCENT CHANGE FROM 2015 TO 2018
Hualapai Tribe Region	**0**	**0**	**0**	**0**	**N/A**
Mohave County	17	19	36	41	141%
Arizona	887	898	1,049	1,154	30%

Source: Arizona Department of Economic Security (DES) (2019). 2015-2018 Division Developmental Disabilities Data. Unpublished data received by request.

Child Health

Why it Matters

The physical and mental health of both children and their parents are important for optimal child development and well-being. Starting with the mother's health before pregnancy, many factors influence a child's health.[165] Exposures and experiences in utero, at birth, and during the early years set the stage for health and well-being throughout a child's life.[166,167] Access to health insurance and preventive care influence not only a child's current health, but long-term development and future health.[168,169,170] Various health care services, depending on the region, are available to members of federally-recognized Indian tribes from Indian Health Service (IHS) facilities and/or other tribally-administered health care facilities.[171,172]

Access to health services. The ability to obtain health care is critical for supporting the health of pregnant mothers and young children. Health care during pregnancy, or prenatal care, can reduce maternal and infant mortality and complications during pregnancy.[173,174] In the early years of a child's life, well-baby and well-child visits allow clinicians to assess and monitor the child's development and offer developmentally appropriate information and guidance to parents.[175] Families without health insurance are more likely to skip these visits, and are less likely to receive preventive care for their children, or care for health conditions and chronic diseases.[176,177] Thus, access to health insurance is an indicator of children's access to health services. Children who lack health insurance are also more likely to be hospitalized and to miss school.[178] Despite being eligible to receive health care services through IHS facilities and/or tribally-operated facilities, Native communities often struggle to access adequate, high quality care. Services and funding are often limited at IHS facilities,[179] and eligibility for IHS services alone does not meet the minimum essential coverage requirement under the Affordable Care Act.[180] Transportation is a challenge in many rural tribal regions, which can also limit access to care. Close to one in five households on tribal lands do not have a vehicle available (17%), which is more than double the proportion of households without a vehicle statewide (7%).[181]

Maternal, infant, and child health. A number of factors occurring before conception and in utero influence child health, making characteristics of pregnant women important determinants of the birth and developmental outcomes of their children. Pregnancy during the teen years is associated with a number of health concerns for infants, including neonatal death, sudden infant death syndrome, and child abuse and neglect.[182] 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.[183,184,185]

In addition to age, a mother's health status before, during, and after pregnancy influences her child's health. Women who are obese before they become pregnant are at a higher risk of birth

complications and neonatal and infant mortality than women who are normal weight before pregnancy.[186,187] Babies born to obese women are at risk for chronic conditions later in life such as diabetes and heart disease.[188] 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 5 pounds, 8 ounces) are also at increased risk of infant mortality and longer-term health problems such as diabetes, hypertension, and cardiac disease. [189]

Maternal mental health is a factor for children's well-being as well. Maternal depression during and after pregnancy negatively influences the mother's ability to maintain a healthy pregnancy as well as meet the demands of motherhood and form a secure attachment with her baby.[190, 191] Quality preconception counseling and early-onset prenatal care can help reduce some of these risks for poor prenatal and postnatal outcomes by providing information, conducting screenings, and supporting an expectant mother's health and nutrition.[192]

Substance use disorders. A mother's use of substances such as drugs and alcohol also has implications for her baby. Babies born to mothers who smoke are more likely to be born early (pre-term), have low birth weight, die from sudden infant death syndrome (SIDS), and have weaker lungs than babies born to mothers who do not smoke.[193,194] Opiate use during pregnancy, either illegal or prescribed, has been associated with neonatal abstinence syndrome (NAS), a group of conditions that cause infants exposed to these substances in the womb to be born exhibiting withdrawal symptoms.[195] This can create longer hospital stays, increase health care costs, and increase complications for infants born with NAS. Infants exposed to cannabis (marijuana) in utero often have lower birth weights and are more likely to be placed in neonatal intensive care compared to infants whose mothers had not used the drug during pregnancy.[196]

Parental substance abuse also has significant impacts on family wellbeing. According to the National Survey of Children's Health, young children in Arizona are more than twice as likely to live with someone with a problem with alcohol or drugs than children in the U.S. as a whole (9.8 percent compared to 4.5 percent).[197] Children of parents with substance use disorders are more likely to be neglected or abused and face a higher risk of later mental health and behavioral health issues, including developing substance use disorders themselves.[198,199] Substance abuse treatment and supports for parents and families grappling with these issues can help to ameliorate the short and long-term impacts on young children.[200] Because of the impact of historical trauma and adverse childhood experiences (ACEs) in Native American communities, interventions to address substance use among youth and adults are often trauma-informed, culturally-grounded, and community-based.[201]

Nutrition and weight status. 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.[202] The American Academy of Pediatrics recommends exclusive breastfeeding for about 6 months, and continuing to breastfeed as new foods are introduced for one year or longer.[203] American Indians have the lowest breastfeeding rate nationwide. There is a movement to reclaim breastfeeding among Native women to benefit the health of the mother, child, and community. In one example of an effort to address this issue, the Indian Health Service (IHS) has been tasked to make all IHS birthing hospitals baby-friendly, which includes breastfeeding support as part of maternity care.[204]

A child's weight status can have long-term impacts on health and well-being. Nationwide, an estimated 3 percent of children ages 2-19 are underweight, 16.6 percent are overweight, and 18.5 percent are obese.[205,206] Obesity can have negative consequences on physical, social, and psychological well-being that begin in childhood and continue into and throughout adulthood.[207] 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 and increased risk for obesity and metabolic syndrome (which is linked to an increase risk of heart disease, stroke, and diabetes).[208, 209]

Oral health. Oral health and good oral hygiene practices are important to children's overall health. Tooth decay and early childhood cavities can have short- and long -term consequences including pain, poor appetite, disturbed sleep, lost school days, and reduced ability to learn and concentrate.[210] A national study showed that low-income children were more likely than higher income children to have untreated cavities.[211] Despite high percentages of young Arizona children who have preventative dental care visits (68.4%) compared to the national average (57.8%), there is a relatively high percentage who have had decayed teeth or cavities (11.1%) compared to those across the nation overall (7.7%).[212] Low-income children in Arizona, specifically, are more likely to have untreated cavities and less likely to have had an annual dental visit than their higher-income peers.[213] According to a 2015 study, among kindergarteners, American Indian children in Arizona had significantly higher incidences of decay (75% AIAN versus 52% all races), and untreated decay (48% AIAN versus 24% all races), relative to all kindergarteners.[214]

First Things First's Oral Health strategy was able to provide 24,664 children birth to age five with a dental screening, and 16,837 children with a fluoride varnish in the Arizona State Fiscal Year 2019.[215] Many children had untreated tooth decay and other oral health needs identified through the screenings. Further, attempts were made to connect children to dental homes who either did not already have a dental home or who needed dental care.

Childhood immunizations. Immunization against preventable diseases protects children and the surrounding community from illness and potentially death. In order to ensure community

immunity of preventable diseases, which helps to protect unvaccinated children and adults, rates of vaccination in a community need to remain high.[216]

Illness and injury. Asthma is the most common chronic illness affecting children[217], and it is more prevalent among boys, Black children, American Indian or Alaska Native children, and children in low-income households.[218,219] The total healthcare costs of childhood asthma in the United States are estimated to be between $1.4 billion and $6.4 billion, but these costs could be reduced through better management of asthma to prevent hospitalizations.[220] Unintentional injuries are the leading cause of death for children in Arizona[221] and nationwide.[222] It is estimated that as many as ninety percent of unintentional injury-related deaths could be preventable through better safety practices, such as use of proper child restraints in vehicles and supervision of children around water.[223] Children in rural areas are at higher risk of unintentional injuries than those who live in more urban areas, as are children in Native communities, suggesting that injury prevention is an especially salient need in these areas.[224,225]

One useful metric for evaluating child health in Arizona are the Healthy People objectives. These science-based objectives define priorities for improving the nation's health and are updated every ten years. Understanding where Arizona mothers and children fall in relation to these current national benchmarks (Healthy People 2020) can help highlight areas of strength in relation to young children's health and those in need of improvement in the state. The Arizona Department of Health Services monitors state level progress towards a number of maternal, infant, and child health objectives for which data are available at the county level, including increasing the proportion of pregnant women who receive prenatal care in the first trimester; reducing low birth weight; reducing preterm births; and increasing abstinence from cigarette smoking among pregnant women.[226]

What the Data Tell Us

Access to Health Services

- In the Hualapai Tribe Region, about one in four (23%) people lack health insurance coverage, a percent that is close to that in all Arizona reservations (22%), but higher than the state of Arizona (12%). The proportion of uninsured young children in the region (22%), however, is higher than in all Arizona reservations combined (16%). 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 (Table 46 & Figure 10).
- In 2017, the most recent year for which data are available, AHCCCS paid for 75 percent of the 44 births in the region, while IHS paid for 18 percent of them (Table 47).

Maternal, Infant, and Child Health

- A high proportion of births in the Hualapai Tribe Region in 2017 were to women who did not have adequate prenatal care. Almost two-thirds (64%) of births were to women who had no prenatal care in their first trimester, a percentage that is substantially higher than the Healthy People 2020 target of not more than 22.1 percent. Similarly, almost one-quarter (23%) of births were to women who had fewer than five prenatal visits, compared to seven percent in Mohave County and eight percent in the state (Table 48).
- Almost one in five (18%) births in the region in 2017 were preterm births (i.e. less than 37 weeks), twice the state rate of nine percent. The proportion of preterm births is also substantially higher than the Healthy People 2020 target of not more than 9.4 percent (Table 49).

Child Immunizations

- In school year 2018-2019, vaccination rates among kindergarteners in the Hualapai Tribe Region were high. All the children enrolled in kindergarten in that year had the required immunizations for their age (Table 51).
- There were no personal belief exemptions nor exemptions from all required vaccinations among kindergarteners in school year 2017-2018 (Table 52).

Illness and Injury

- From 2015 to 2018 there were fewer than six non-fatal inpatient hospitalizations for unintentional injuries of young children from the Hualapai Tribe Region (Table 53).
- Similarly, from 2015 to 2017 there were fewer than six inpatient hospitalizations and emergency room visits for asthma among young children from the region (Table 54).

- From 2015 to 2018 there were 84 non-fatal emergency room visits for young children in the region. Reasons for these non-fatal emergency room visits were similar across the region, county, and state, with falls (45%) and being 'struck by or against' an object or person (17%) the most common (Table 55).

Access to Health Services

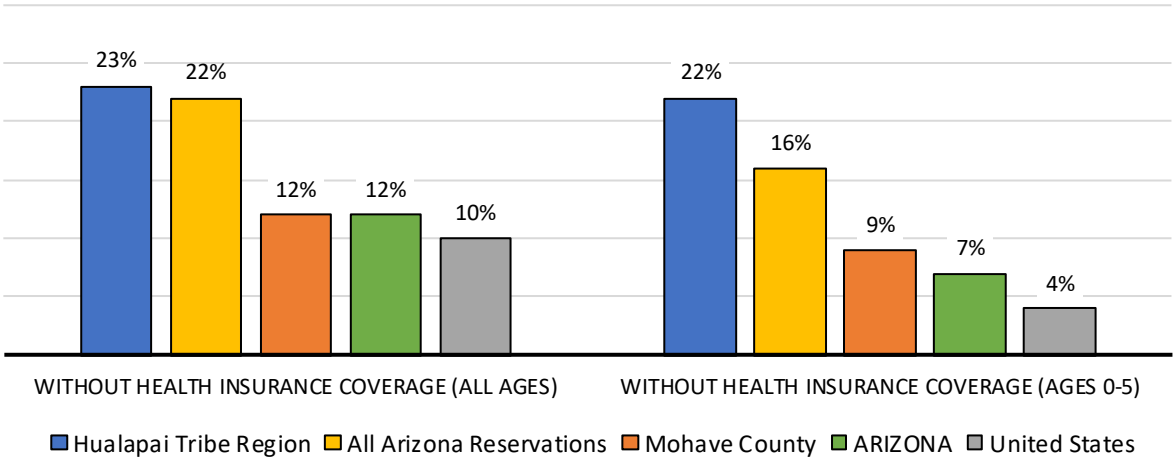
Table 46. Health insurance coverage

GEOGRAPHY	POPULATION (ALL AGES)	PERCENT WITHOUT HEALTH INSURANCE COVERAGE (ALL AGES)	POPULATION OF YOUNG CHILDREN (AGES 0-5)	PERCENT WITHOUT HEALTH INSURANCE COVERAGE (AGES 0-5)
Hualapai Tribe Region	**1,413**	**23%**	**130**	**22%**
All Arizona Reservations	186,018	22%	18,649	16%
Mohave County	200,916	12%	10,940	9%
Arizona	6,701,990	12%	520,741	7%
United States	316,027,641	10%	23,832,080	4%

Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B27001

Note: This table excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" according to the U.S. Census Bureau.

Figure 10. Health insurance coverage for the population (all ages) and for young children (ages 0 to 5)



Source: U.S. Census Bureau (2018). American Community Survey five-year estimates 2013-2017, Table B27001

Note: This figure excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" according to the U.S. Census Bureau.

Table 47. Payors for births during calendar year 2017

GEOGRAPHY	TOTAL NUMBER OF BIRTHS IN 2017	BIRTHS PAID BY AHCCCS	BIRTHS PAID BY IHS	BIRTHS SELF-PAY
Hualapai Tribe Region	**44**	**75%**	**18%**	**DS**
Mohave County	1,734	68%	1%	5%
Arizona	81,664	53%	1%	5%

Source: Arizona Department of Health Services (ADHS) Office of Disease Prevention and Health Promotion. (2019). Arizona Health Status and Vital Statistics.

Maternal, Infant, and Child Health

Table 48. Prenatal care for mothers giving birth during calendar year 2017

GEOGRAPHY	TOTAL NUMBER OF BIRTHS IN 2017	MOTHERS WHO HAD NO PRENATAL CARE	MOTHERS WHO HAD NO PRENATAL CARE IN FIRST TRIMESTER	MOTHERS WHO HAD FEWER THAN FIVE PRENATAL VISITS
Hualapai Tribe Region	**44**	**DS**	**64%**	**23%**
Mohave County	1,734	1%	27%	7%
Arizona	81,664	3%	26%	8%
Healthy People 2020 targets			22.1%	

Source: Arizona Department of Health Services (ADHS) Office of Disease Prevention and Health Promotion. (2019). Arizona Health Status and Vital Statistics.

Table 49. Various risk factors for births during calendar year 2017

GEOGRAPHY	TOTAL NUMBER OF BIRTHS IN 2017	LOW BIRTH-WEIGHT	PRETERM (LESS THAN 37 WEEKS)	NICU ADMISSIONS	MOTHER USED TOBACCO	MOTHER YOUNGER THAN 18	MOTHER YOUNGER THAN 20
Hualapai Tribe Region	**44**	**DS**	**18%**	**DS**	**DS**	**DS**	**DS**
Mohave County	1,734	7%	9%	6%	16%	1%	8%
Arizona	81,664	7%	9%	7%	5%	2%	6%
Healthy People 2020 targets		7.8%	9.4%		1.4%		

Source: Arizona Department of Health Services (ADHS) Office of Disease Prevention and Health Promotion. (2019). Arizona Health Status and Vital Statistics.

Oral Health

Table 50. First Things First oral health strategy data, State Fiscal Year 2019

GEOGRAPHY	CHILDREN (AGES 0-5) RECEIVING DENTAL SCREENINGS	CHILDREN (AGES 0-5) RECEIVING FLUORIDE VARNISHES
Hualapai Tribe Region	**N/A**	**N/A**
Arizona	24,664	16,837

Source: First Things First (2019). Oral Health Strategy Data. Unpublished data received by request.
Note: The Hualapai Tribe Regional Partnership Council did not fund the oral health strategy in 2019.

Child Immunizations

Table 51. Kindergarteners with required immunizations, 2018-19

GEOGRAPHY	ENROLLED (2018-19)	DTAP (2018-19)	POLIO (2018-19)	MMR (2018-19)	HEPATITIS B (2018-19)	VARICELLA (2018-19)
Hualapai Tribe Region	**20**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Mohave County	1,856	88.4%	90.5%	88.4%	91.5%	91.8%
Arizona	79,981	92.7%	93.3%	93.0%	94.4%	95.6%

Source: Arizona Department of Health Services (2019). 2018-19 Kindergarten Immunization Data. Custom data tabulation from requested data; Arizona Department of Health Services (2019). Kindergarten Immunization Coverage by County, 2018-2019 School Years. Retrieved from https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage

Table 52. Kindergarten immunization exemption rates, 2016-17 to 2018-19

GEOGRAPHY	PERSONAL BELIEF EXEMPTION (2016-17)	PERSONAL BELIEF EXEMPTION (2017-18)	PERSONAL BELIEF EXEMPTION (2018-19)	EXEMPT FROM EVERY REQUIRED VACCINE (2017-18)	EXEMPT FROM EVERY REQUIRED VACCINE (2018-19)
Hualapai Tribe Region	**DS**	**0.0%**	**0.0%**	**0.0%**	**0.0%**
Mohave County	5.2%	6.8%	10.3%	4.2%	7.9%
Arizona	4.9%	5.4%	5.9%	3.5%	3.8%

Source: Arizona Department of Health Services (2019). 2016-2017 to 2018-19 Kindergarten Immunization Data. Custom data tabulation from requested data; Arizona Department of Health Services (2019). Kindergarten Immunization Coverage by County, 2016-17 to 2018-2019 School Years. Retrieved from https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage

Illness and Injury

Table 53. Non-fatal hospitalizations of young children (ages 0-5) for unintentional injuries, 2015-2018 cumulative

GEOGRAPHY	NUMBER OF NON-FATAL INPATIENT HOSPITALIZATIONS FOR CHILDREN (AGES 0-5), 2015-2018 TOTALS	MOST COMMON REASON FOR HOSPITALIZATION	SECOND MOST COMMON REASON FOR HOSPITALIZATION
Hualapai Tribe Region	**<6**	**DS**	**DS**
Mohave County	30	Falls (33%)	Poisoning (20%)
Arizona	3,015	Falls (33%)	Poisoning (15%)

Source: Arizona Department of Health Services (2019). 2015-2018 Hospital Discharge Data. Unpublished data received by request.

Table 54. Asthma hospitalizations and emergency-room visits, 2015-2017 cumulative

GEOGRAPHY	NUMBER OF INPATIENT HOSPITALIZATIONS FOR ASTHMA (AGES 0 TO 5, EXCEPT NEWBORNS), 2015-2017 TOTALS	AVERAGE LENGTH OF STAY (DAYS) FOR ASTHMA HOSPITALIZATION (AGES 0-5 EXCEPT NEWBORNS), 2015-2017	NUMBER OF EMERGENCY ROOM VISITS FOR ASTHMA (AGES 0 TO 5, EXCEPT NEWBORNS), 2015-2017 TOTALS
Hualapai Tribe Region	**<6**	**DS**	**DS**
Mohave County	21	2.0	174
Arizona	2,232	1.9	12,812

Source: Arizona Department of Health Services (2019). 2015-2017 Hospital Discharge Data. Unpublished data received by request.

Table 55. Non-fatal emergency-room visits by young children (ages 0-5) for unintentional injuries, 2015-2018 cumulative

GEOGRAPHY	NUMBER OF NON-FATAL EMERGENCY ROOM VISITS FOR CHILDREN (AGES 0-5), 2015-2018 TOTALS	MOST COMMON REASON FOR EMERGENCY ROOM VISIT	SECOND MOST COMMON REASON FOR EMERGENCY ROOM VISIT
Hualapai Tribe Region	**84**	**Falls (45%)**	**Struck by or against (17%)**
Mohave County	4,467	Falls (43%)	Struck by or against (14%)
Arizona	181,068	Falls (46%)	Struck by or against (14%)

Source: Arizona Department of Health Services (2019). 2015-2018 Hospital Discharge Data. Unpublished data received by request.
Note: "Struck" denotes being struck by or against an object or person, not including vehicles.

Family Support and Literacy

Why it Matters

Families and caregivers play a critical role as their child's first and most important teacher. Positive and responsive early relationships and interactions support optimal brain development during a child's earliest years and lead to better social, physical, academic, and economic outcomes later in life.[227,228,229,230] Parental and family involvement is positively linked to academic skills and literacy in preschool, kindergarten, and elementary school.[231] Children benefit when their families have the knowledge, resources, and support to use positive parenting practices, and support their child's healthy development, nutrition, early learning, and language acquisition. Specifically, knowledge of positive parenting practices and child development has been identified as one of five key protective factors that improve child outcomes and reduce the incidence of child abuse and neglect.[xi,232]

Early literacy. Parental and family involvement is positively linked to academic skills and literacy in preschool, kindergarten, and elementary school.[233] Early literacy promotion, through singing, telling stories, and reading together, is so central to a child's development that the American Academy of Pediatrics has emphasized it as a key issue in primary pediatric care, aiming to make parents more aware of their important role in literacy.[234] A child's reading skills when entering elementary school have been shown to strongly predict academic performance in later grades, emphasizing the importance of early literacy for future academic success.[235,236] Home-based literacy practices between parents and caregivers and young children, specifically, have been shown to improve children's reading and comprehension, as well as children's motivation to learn.[237,238] However, low-income families may face additional barriers to home-based literacy practices, including limited free time with children, limited access to books at home, and a lack of knowledge of kindergarten readiness.[239] Communities may employ many resources to support families in engaging with their children, including through targeted programs like home visitation programs and "stay and play" programs, or participating in larger initiatives like Read On Arizona or the national "Reach Out & Read" program.[240]

Arizona children's reading scores are below the national average. Of all the students in Arizona, Native American students face the biggest need for improved literacy.[241] The Bureau of Indian

[xi] The Center for the Study of Social Policy developed Strengthening Families: A Protective Factors Framework™ to define and promote quality practice for families. The research-based, evidence-informed Protective Factors are characteristics that have been shown to make positive outcomes more likely for young children and their families, and to reduce the likelihood of child abuse and neglect. Protective factors include: parental resilience, social connections, concrete supports, knowledge of parenting and child development, and social and emotional competence of children.

Education (BIE)'s Family and Child Education (FACE) program was developed to address some of the unique early literacy needs of American Indian children. The program includes training for staff at child care centers, parenting education and support, Native American language and cultural learning, and reading and learning practices for the family and child.[242]

Adverse childhood experiences. Unfortunately, not all children are able to begin their lives in positive, stable environments. Experiences early in life can have lasting impacts on an individual's mental and physical health. Adverse Childhood Experiences (ACEs) have been linked to future risky health behaviors (such as smoking, drug use, and alcoholism), chronic health conditions (including diabetes, depression, and obesity), poorer life outcomes (such as lower educational achievement and increased lost work time), and early death.[243] Alternatively, Positive Childhood Experiences (PCEs), including positive parent-child relationships and feelings of safety and support, have been shown to have similarly cumulative, though positive, long-term impacts on mental and relational health.[244] Nationally and in Arizona, very young children are most at risk for child abuse, neglect, and fatalities from abuse and neglect. In 2017, children five years old and younger made up more than half (55%) of child maltreatment victims in Arizona.[245] Future poor health outcomes are also more likely as an individual's ACE score increases.[246] Children in Arizona are considerably more likely to have experienced two or more ACEs (27.3%), compared to children across the country (8.3%).[247] These children and their families may require specific, targeted resources and interventions in order to reduce harm and prevent future risk.[248] In Native American communities, where historical trauma compounds the effects of ACEs, healing may take place through an integration of healthcare-based interventions (physical, behavioral, and mental health), and interventions that build on the strength of culture and community.[249, 250, 251]

Mental and behavioral health. Behavioral health supports, both for children and caregivers, are often needed to address exposure to adverse childhood events. Infant and toddler mental health development involves the young child's developing capacity to "experience, regulate and express emotions; form close interpersonal relationships; and explore the environment and learn."[252] When young children experience stress and trauma they often suffer physical, psychological, and behavioral consequences and have limited responses available to react to those experiences. Understanding the behavioral health of mothers is also important for the well-being of Arizona's young children. Mothers dealing with behavioral health issues such as depression may not be able to perform daily caregiving activities, form positive bonds with their children, or maintain relationships that serve as family supports.[253]

Child removals and foster care. There are situations where the harm in remaining with their family is determined to be too great to a child and they are removed from their home, either temporarily or permanently. Children involved in foster care systems often have physical and

behavioral health issues, in addition to the social-emotional needs brought on by being removed from a parent's care.[254] Foster parents often need education, support and resources to ensure they are able to successfully care for foster children who may have these added health needs. According to a 2015 Arizona Department of Child Safety Independent Review, focusing on evidence-based targeted interventions for families at risk of child removal – including home visitation, positive parenting programs, and family-based therapy – may help lower this risk, thus reducing placements in the foster care system.[255] In accordance with the Indian Child Welfare Act of 1978 (ICWA), many tribal governments manage their own child welfare systems and state systems must work cooperatively with them.[256] 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.[257]

What the Data Tell Us

Home Visitation

- The Hualapai Maternal and Child Health (MCH) program is available in the region to encourage parent involvement and increase awareness of the importance of early childhood learning through the Parents as Teachers home visiting model. The MCH program is one of the First Things First-funded strategies in the region and it is also funded through federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) funds.[258]
- First Things First data for 2019 show that 34 families received home visitation services in the Hualapai Tribe Region.[259]
- Increasing parent involvement and community involvement is one of the top three goals in the plan developed by Peach Springs Elementary to increase student performance. The school aims to achieve this goal by using culture and cultural connections as a way to build a bridge between the school and the community at large.
- Another program in the region that aims to increase parent involvement and promote early literacy is the Hualapai Read On Program, established in May of 2015 with support from the Hualapai Tribal Council. The program coordinates with a number of other local agencies, including the Hualapai Boys and Girls Club, the two home visiting programs, and Peach Springs Elementary School, to provide books and opportunities for families to read together. [260]

Child Removals and Foster Care

- Child welfare services in the Hualapai Tribe Region are overseen by the Hualapai Social Services Department. In calendar year 2015, there were no substantiated cases of child abuse and neglect that involved children birth to five, and fewer than ten that involved all children birth to 17. In that same year, there were 30 children birth to five who were in out-of-home placements. The majority of them were placed with relatives.
- Under the Indian Child Welfare Act (ICWA), tribes must be notified of all minors who are enrolled or are eligible for enrollment and are placed under the custody of the state's child welfare system. Fewer than ten young children in the region were in ICWA placements. In 2015, there were four foster homes available to care for children in foster care in the region, with a combined capacity of seven foster care beds. The majority of these homes were located off-reservation. [261]

Systems Coordination among Early Childhood Programs and Services

Why it Matters

From November 2016 to June 2017, First Things First convened the second Arizona Early Childhood Task Force, comprised of diverse leaders from across the state. The goal of the task force was to create an ambitious, yet attainable, statewide five-year plan for First Things First and Arizona's early childhood system. Building from the model early-childhood system developed in 2010, the task force identified six desired outcomes, one of which is "When the early childhood system is successful, everyone will benefit from living in communities where the early childhood system is high-quality, centered on children and families, coordinated, integrated and comprehensive." First Things First's role in building this system is to foster cross-system collaboration among local, state, federal, and tribal organizations to improve the coordination and integration of programs, services, and resources for young children and their families.

Through system building, First Things First connects various components of the early childhood system to create a more holistic system that promotes shared results for children and families. Agencies that work together are often easier for families to access, and the services they provide are more responsive to those families' needs. Coordination efforts may also increase agencies' capacity to deliver services by identifying and addressing gaps in the service delivery continuum. By supporting a variety of coordination efforts, First Things First aims to create a high quality, interconnected, and comprehensive system of early-childhood service delivery that enhances children's overall development and that is timely, culturally responsive, family driven, and community based. Determining how these efforts are affecting each of the 28 regions and their families can help inform services, programs, and policy decisions to benefit families and young children throughout the state.

What the Data Tell Us

In the Hualapai Tribe Region, coordination efforts are driven by the need to increase access to and awareness of services for families. One effort involves an intricate and coordinated transportation system. This system, Hualapai Transit, was made possible through integrated funding streams including federal and Tribal resources. The transit route was determined based on community, family and service provider input, and allows for free or inexpensive fares for families to access necessary medical, grocery, and other services.

Early identification and intervention are also of great need in the region. In 2019, programs providing services to young children collaborated and agreed to the use of one developmental screening tool. First Things First provided train-the-trainer learning opportunities for the home visiting, child care, and Head Start providers so that children are screened with a common tool. An overall referral system with local and countywide service providers is currently in development to enhance this collaborative approach to screening, identifying, and providing intervention resources to young children.

Communication, Public Information, and Awareness

Why it Matters

Public awareness of the importance of early childhood development and health is critical in building a comprehensive, effective early childhood system in Arizona. Building public awareness and support for early childhood impacts individual behaviors 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 age five. This could include a range of actions—from influencing their personal networks by sharing early childhood information to actively encouraging community leaders to support programs and services for young children. For parents and other caregivers, awareness is the first step to engaging in programs or behaviors that will better support their child's health and development.

There is no 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 paid media advertising to grassroots, community-based tactics such as community outreach—ensures that diverse audiences are reached more effectively across multiple media platforms. A thoughtful and disciplined combination of methods of delivering information is required to ensure multiple messaging touch-points for diverse audiences: families, civic organizations, faith communities, businesses, local leaders, and others.

What the Data Tell Us

Since State Fiscal Year 2011, First Things First (FTF) has led a collaborative, concerted effort to build public awareness and support across Arizona employing integrated communications strategies that now include:

- strategic messaging and branding
- community outreach
- community awareness
- social media
- digital content marketing
- earned media
- paid media advertising

Progress toward building support for children birth to age five can be measured by changes in awareness, attitudes and behaviors, as demonstrated through key results of a periodic statewide survey and through tactical impact measures. The most recent statewide survey was held in September 2018. Key results of this statewide survey – which was comprised of both a general phone survey and an online survey of parents of young children specifically – included the following:

- Those who agree that the state should ensure all children have access to early childhood services increased from 80% in 2012 to 84% in 2018.
    - Among parents, this measure increased from 81% in 2016 (the first available parent survey results) to 87% in 2018.
- Those who agree that a child who received early education and healthcare services before age 5 is more likely to succeed in school and beyond increased from 82% in 2012 to 88% in 2018.
    - Among parents, agreement increased from 85% in 2016 to 87% in 2018.
- Those who agree that the state should put the same priority on early education as it does on K-12 education increased from 62% in 2012 to 72% in 2018.
    - Among parents, agreement increased from 69% in 2016 to 74% in 2018.

While understanding and supporting early childhood in general is critical, it's also important that Arizonans have a trustworthy source of early childhood resources and know about the availability of early childhood resources, programs and tools. For this reason, building awareness of FTF as a credible source is critical. Results of the most recent statewide survey show that, while some progress has been made, there is still more to be done to increase awareness about FTF.

- In the 2018 general survey, 87% of respondents had never heard of FTF, compared to 89% in 2012.
    - Among parents specifically, more had heard of FTF, with 66% stating they had never heard of FTF, compared to 69% in 2016.

While this statewide survey offers a measure of broad changes in attitude and awareness, specific tactical measures of awareness and support-building strategies employed by FTF offer another point of information. These include:

- FTF implemented three annual statewide awareness campaigns since the last regional needs and assets reporting period. The SFY17-SFY18 campaign - Help Them Get There - shared messaging about the importance of the early years to future school and life success and that parents' everyday positive interactions with babies, toddlers and preschoolers promote healthy development. The SFY19 campaign – Givers of Care – focused specifically on the important role of caregivers and quality early learning environments.
- These paid campaigns reached a large number of Arizonans, measured through the total number of impressions, which directly impacts awareness. Traditional media impressions refer to television, radio, cinema and billboard ads while digital media impressions refer to online ads which appear on both desktop and smartphone devices. These statewide impressions – which measure the estimated number of views of FTF ads – are detailed below.

Table 56. First Things First media awareness campaign impressions, SFY2017-SFY2019

	SFY17	SFY18	SFY19
Traditional media impressions	10 million	17 million	11 million
Digital media impressions	66 million	100 million	76 million

Source: First Things First (2019). Communications Strategy Data. Unpublished data received by request

- In addition, targeted digital advertising allows geographically-based targeting of audiences within regions with the ability to measure the number of click-throughs that digital ads garnered. The click-throughs delivered viewers to the FTF website. In SFY19, digital advertising led to a statewide total of 521,652 clicks-throughs to the FTF website where families could access more information and resources.

- In the area of social media, engagement with FTF early childhood online platforms has grown over the years. Particular success has been seen in the growth of Facebook Page Likes for FTF, which grew from just 3,000 in 2012 to 142,600 in 2019. Content is also distributed through Twitter, LinkedIn and Instagram.
- Since inception in SFY17, FTF's digital content marketing strategy which targets parents and families with engaging and informative video and blog posts via website, social media, and email has expanded its reach. In SFY19, 40 original, high-quality content pieces were published.
- In SFY19, an online searchable database of early childhood programs funded by FTF in all the regions launched. In the first six months, over 24,187 visits were logged.

Engaging others is critical to reaching across diverse geographic areas and expanding the reach of early childhood information. FTF specifically works to engage parents' most trusted messengers, including pediatricians. In SFY19, FTF created a toolkit for health providers to help them better understand and share information on the statewide free Birth to 5 Helpline. This toolkit was distributed to attendees of the annual conference of the Arizona Chapter of the American Academy of Pediatrics. Other statewide awareness partnerships included creation and distribution of a grocery list tip pad for parents and caregivers sharing Read On Arizona's Smart Talk tips, a digital content sharing partnership with Expect More Arizona and partnering with the Arizona Association for the Education of Young Children on a social media campaign promoting Week of the Young Child.

Table 57. FTF Engagement of Early Childhood Supporters and Champions, SFY19

GEOGRAPHY	SUPPORTERS	CHAMPIONS	SUPPORTER AND CHAMPION ACTIONS IN SFY19
Arizona	6,258	1,170	940

Source: First Things First (2019). Communications Strategy Data. Unpublished data received by request

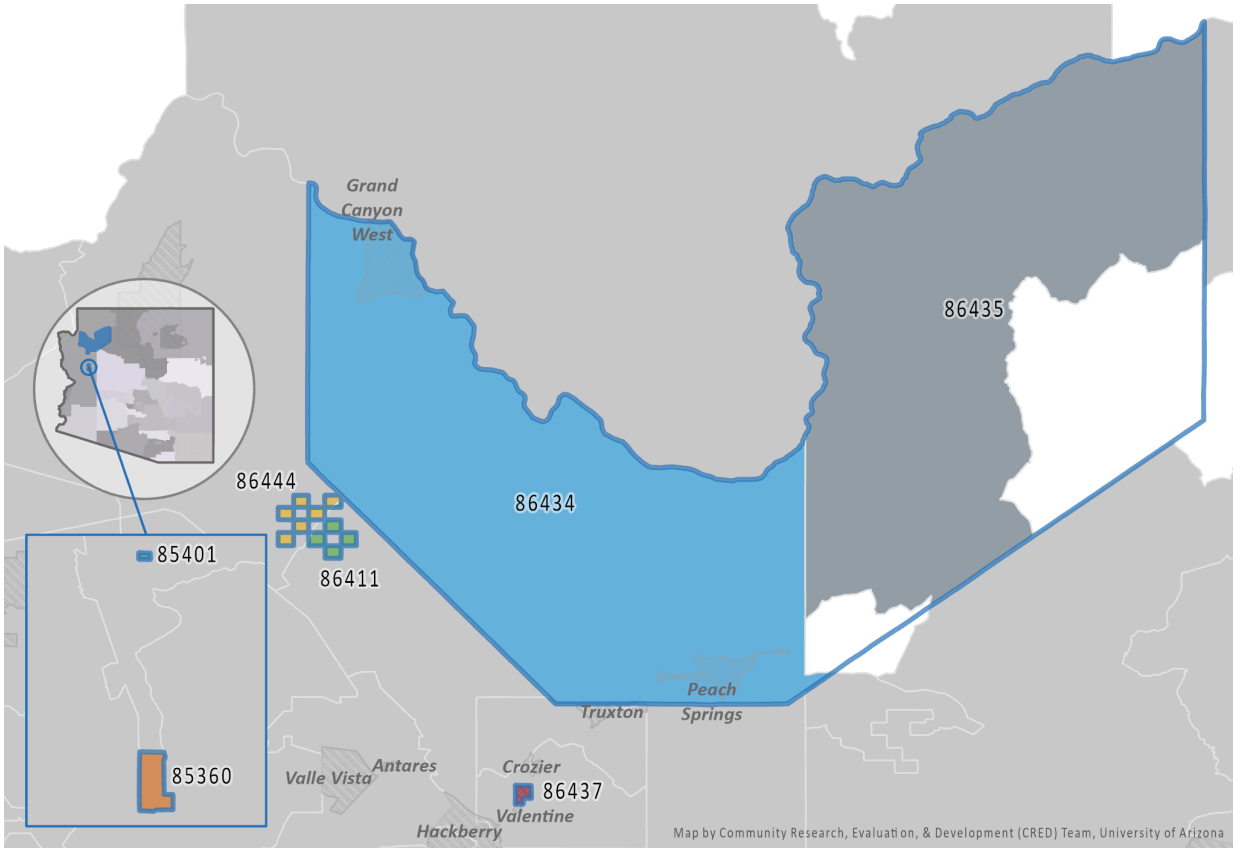
First Things First has also led a concerted effort to build awareness among policymakers at all levels (federal, tribal, state and municipal) of the importance of early childhood. This includes: in-office meetings with elected leaders to provide general information on early childhood, as well as discuss the impact of proposed legislation; regular communication to policymakers with updates on early childhood research and the work of FTF (such as a quarterly email newsletter for policymakers and their staff); and site tours of FTF-funded programs to allow policymakers to see the impact of early childhood investments in their area. In SFY19, FTF also launched

ACT4KIDS, a text-based system that alerts participants to timely developments in early childhood policy and opportunities to engage with policymakers. In its first nine months of implementation, more than 700 Arizonans had signed up to participate in ACT4KIDS.

In addition, FTF actively participates in the Arizona Early Childhood Alliance – comprised of more than 50 early childhood system leaders like the United Ways, the state affiliates of the National Association for the Education of Young Children, 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. For the past three years, the Alliance has also led an annual Early Childhood Day at the Legislature, which have drawn hundreds of Arizonans to the state Capitol to engage with policymakers and show their support for early childhood development and health.

Appendix 1: Map of Zip Codes of the Hualapai Tribe Region

Figure 11. Map of the ZIP codes in the Hualapai Tribe Region



Custom map by the Community Research, Evaluation, & Development (CRED) Team using shapefiles obtained from First Things First and the U.S. Census Bureau 2019 TIGER/Line Shapefiles (https://www.census.gov/cgi-bin/geo/shapefiles/index.php).

Appendix 2: Zip Codes of the Hualapai Tribe Region

Table 58. Zip Code Tabulation Areas (ZCTAs) of the Hualapai Tribe Region

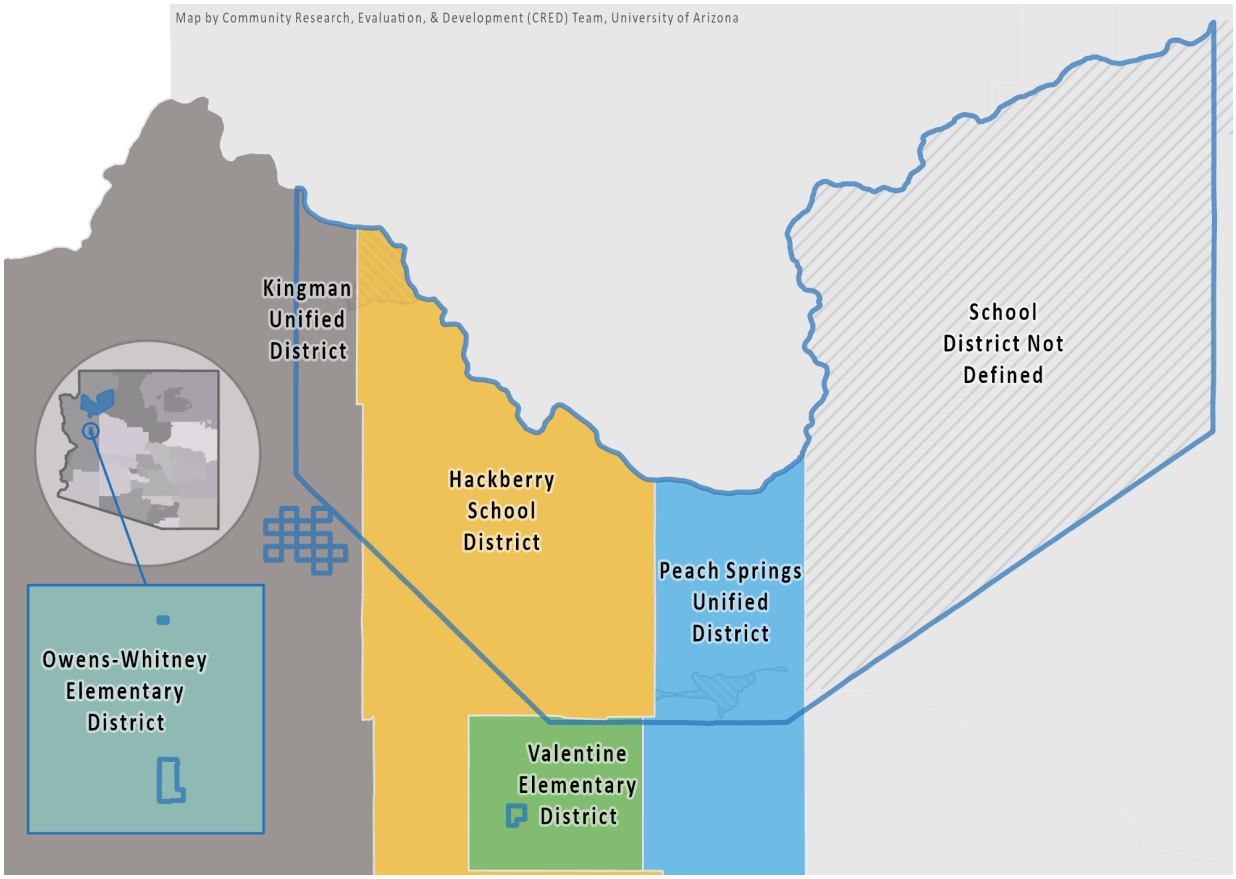
ZIP CODE TABULATION AREA (ZCTA)	TOTAL POPULATION	POPULATION (AGES 0-5)	TOTAL NUMBER OF HOUSEHOLDS	HOUSEHOLDS WITH ONE OR MORE CHILDREN (AGES 0-5)	PERCENT OF ZCTA'S TOTAL POPULATION LIVING IN THE HUALAPAI REGION	THIS ZCTA IS SHARED WITH
Hualapai Tribe Region	**1,335**	**197**	**362**	**123**		
85360	4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

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

Note: Zip Code Tabulation Areas with no population living in the Hualapai Tribe Region include 86444, 86411, and 85401. These ZCTAs are shared with the La Paz/Mohave Region

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

Figure 12. Map of the school districts in the Hualapai Tribe Region



Custom map by the Community Research, Evaluation, & Development (CRED) Team using shapefiles obtained from First Things First and the U.S. Census Bureau 2019 TIGER/Line Shapefiles (https://www.census.gov/cgi-bin/geo/shapefiles/index.php).

Table 59. School Districts in the Hualapai Tribe Region

ZIP CODE TABULATION AREA (ZCTA)	SCHOOLS IN DISTRICT	K-3RD GRADE STUDENTS IN DISTRICT	PERCENT OF K-3RD GRADES STUDENTS IN REGION
Hualapai Tribe Region	**2**	**116**	
Peach Springs Unified District	1	72	100%
Valentine Elementary District	1	44	100%

Source: Arizona Department of Education (2019). FY 2018 & FY 2019 Enrollment Data. Custom tabulation facilitated by agency staff.
Note: These represent districts with schools physically located within the Hualapai Tribe Region. These are the districts from which data on preschool to 3rd grade students were drawn for the tables and figures presented in this report. Other districts that Hualapai Tribe Region students may attend include: Hackberry School District, Owens-Whitney Elementary District, the Seligman Unified School District, and the Kingman Unified School District.

Appendix 4: Data Sources

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