

2026

NEEDS AND ASSETS REPORT



 **FIRST THINGS FIRST**

Hualapai Tribe Region

Hualapai Tribe Regional Partnership Council 2026 Needs and Assets Report

Funded by the
First Things First Hualapai Tribe Regional Partnership Council

Prepared by the
Community Research, Evaluation & Development (CRED) Team

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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. Arizonans created First Things First (FTF) to help ensure that Arizona children have the opportunity to start 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 well-being in our communities and our state. This Needs and Assets Report for the FTF Hualapai Tribe Region helps us in understanding the needs of young children, the resources available to meet those needs and gaps that may exist in those resources.

The 2026 report has been redesigned in response to stakeholder feedback. The main report is structured around four domains relevant to young children, their families, and the professionals who support them in the region:

- Child, Family & Community Characteristics
- Early Education
- Education & Workforce
- Child Health & Development

This main report uses an infographic and figure-based approach to analyze regional-level data trends, as well as how these regional trends compare to statewide trends. The FTF Hualapai Tribe Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options in supporting the healthy development and education of young children in their care. It is our sincere hope that this information will help guide community conversations about how we can best support school readiness for all children in the FTF Hualapai Tribe Region. To that end, this information may be useful to local stakeholders 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 age 5 in communities throughout the region.

ACKNOWLEDGMENTS

The First Things First (FTF) Hualapai Tribe Regional Partnership Council wishes to thank all of the federal, state and local partners whose contributions of data, ongoing support and partnership with FTF made this report possible. These partners included the Arizona Departments of Administration (Employment and Population Statistics), Child Safety, Economic Security, Education and Health Services; Child Care Resource and Referral; Arizona Health Care Cost Containment System; and the U.S. Census Bureau. We also want to thank parents and caregivers, local departments and service providers and members of the public who provided local data, attended regional council meetings and voiced their opinions, as well as all the organizations working to transform the vision of the regional council into concrete programs and services for children and families in the FTF Hualapai Tribe Region. Lastly, we want to acknowledge the current and past members of the FTF Hualapai Tribe Regional Partnership Council whose vision, dedication and passion have been instrumental in improving outcomes for young children and families within the region. As we build upon those successes, we move ever closer to our ultimate goal of creating a comprehensive early childhood system that ensures children throughout Arizona are ready for school and set for life.

ABOUT THIS REPORT

The experiences in the first few years of a child's life lay the foundation for their future. Safe and healthy neighborhood environments, accessible educational opportunities, economically stable families and nurturing social contexts for young children have long-term, positive impacts.¹ This Needs and Assets Report examines the current conditions for young children and their families—including social and economic contexts, early learning systems, education and workforce indicators, health outcomes and supports for children with special needs—in the First Things First (FTF) Hualapai Tribe Region.

Sources and Data: The data in this report come from a variety of sources including federal and state agencies and local agencies or service providers. Federal government sources include publicly available data from the 2020 Census and American Community Survey (ACS) 5-Year Estimates (primarily 2019-2023). Data in this report from the ACS summarize the responses from samples of residents taken between 2019 and 2023. Because these estimates are based on samples rather than the entire population, ACS data should not be considered exact. Estimates for smaller geographies, such as regions or sub-regions, are less accurate than estimates for larger geographies, such as the state, because they are based on smaller sample sizes.

Data were provided to FTF by state, federal and Tribal agencies including the Arizona Department of Health Services (ADHS), the Arizona Department of Economic Security (DES), the Indian Health

Service (IHS) and the Inter Tribal Council of Arizona (ITCA). FTF strategy data related to quality early education, professional development and home visiting were also provided. FTF partnered with the Arizona State University Center for Health Information and Research (CHiR) to create custom tabulations of claims data for young children from the Arizona Health Care Cost Containment System (AHCCCS). In most cases, the data in this report were calculated specifically for the Needs and Assets process and are more detailed than the data that are published by these agencies for the general public. Whenever possible, this report will use data tailored to the region, but in some cases, there are only county-level or statewide data available to report. This report also includes publicly available data for the county and state, including from state agencies such as the Arizona Department of Commerce's Office of Economic Opportunity, Arizona Department of Education (ADE), and the Arizona Department of Child Safety (DCS) semi-annual child welfare reports.

Local data were also requested from multiple Hualapai Tribe Departments and programs including: Hualapai Tribe Enrollment Department, Hualapai Tribe Human Services Department, Hualapai Tribe Education & Training Department and Hma:ya Ba Viso:jo' (Hualapai Day Care). When more recent data from public, state agency or Tribal datasets were not available, this report cites data from past Regional Needs and Assets Reports for the region.

The data in this report are as complete as possible, but there are cases when data for specific years were unavailable or unable to be reported. State agencies have varying policies about reporting small values. Labels such as <10, <6 or "DS" indicate that a count has been suppressed to protect privacy. When data were not available for a given year or geography, the label "N/A" is used.

Color-coding: This report uses color-coding to indicate the relevant geography for each number or percentage discussed in the text as follows: **Hualapai Tribe Region**, **all reservation lands located within Arizona**, **Mohave County**, **Arizona**, and the **U.S.** Additional important numbers in the text that do not correspond to one of these geographies have been **bolded**.

Data Interpretation Session: The data compiled in this report reflect one way of knowing about the status of young children and their families, but local perspectives on what works well and what needs improvement from community experts who live, work and care for children in the region provide another vital source of information about the needs and assets in the region. First Things First Regional Partnership Council members and other key community experts participated in a facilitated data discussion in the beginning of 2026 to review the data included in this report. During this session, participants shared local knowledge and perspectives to help interpret the data and add additional context about the region. These insights are included throughout the report, attributed to "local key informants" and "local community experts."

Limitations: It is important to note the limitations of this style of report for Tribal contexts given the kinds of data that are readily available to include. Many indicators of health, educational and

economic wellbeing used in the U.S. are grounded in white Western perspectives and normative baselines that do not reflect Indigenous realities, worldviews or values which are often more holistic and tied to land, culture, language and community. As a result, these indicators may overlook strengths, resilience, and locally defined priorities while emphasizing deficit-based comparisons to non-Indigenous populations.² For example, considerable disparities in which communities reach Healthy People Objectives indicates the need to examine the validity of measures like this for low-income, racially/ethnically diverse and immigrant populations as well as to interpret findings from a sociocultural perspective.³ Wherever possible in this report, locally collected data are included along with publicly available and state agency data, and community interpretation is sought to understand what the data mean within the local context.

Additionally, this report was compiled in the fall of 2025 and spring of 2026 during a time of rapid changes in federal funding and policy. The data presented here reflect a particular moment in time. Where possible, potential impacts of currently known policy decisions grounded in high-quality research have been included, but the full extent of the impact of policies implemented in 2025 and 2026 on early childhood well-being will not be fully clear for years to come.

Throughout this report, state-level data is included to help understand how the region is doing in comparison to Arizona overall. For a more comprehensive discussion of needs and assets at the state level, please see the First Things First 2025 Statewide Needs and Assets Report – Building Bright Futures.^a

Analysis of data and reporting of findings contained in this report were completed by Kara Haberstock Tanoue, Rachel Leih, Madeleine deBlois, Deirdre Avery, Vicki Brown, Terrace Ewinghill, Rachel Gildersleeve, Anvi Bhakta, Beatriz Reyna, Deshawna Yazzie, April Horne, Lauren Moxley, Dora Valencia, Claudia Vega and Felicia Zhang from the Community Research, Evaluation & Development (CRED) team in the John and Doris Norton School of Human Ecology at the University of Arizona.

^a The full report can be found at <https://www.firstthingsfirst.org/wp-content/uploads/2025/12/2025-State-Needs-and-Assets-Report.pdf>

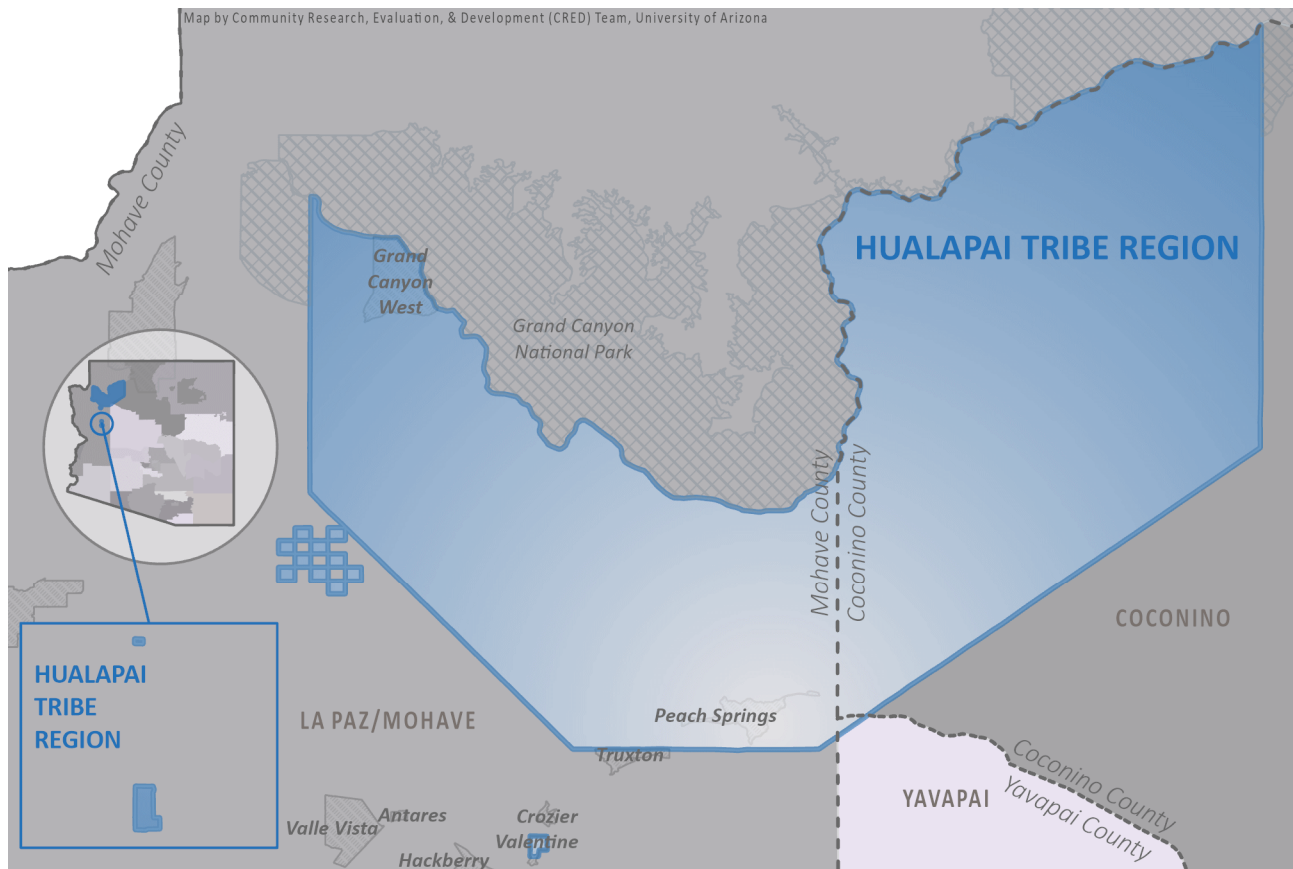
THE HUALAPAI TRIBE REGION

The First Things First (FTF) regional boundaries were initially established in 2007, creating 31 regions which were designed to (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 and facilitate the ability to convene a Regional Partnership Council and (d) allow for the collection of demographic and indicator data. The regional boundaries are reviewed every two years. In state fiscal year 2015, the boundaries were modified using census blocks, creating 28 regions.

When FTF 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 an FTF designated region or elect to be designated as a separate region. The Hualapai Tribe was one of 10 Tribes that chose to be designated as its own region. This decision must be ratified every two years, and the Hualapai Tribe has opted to continue to be designated as its own region.

The boundaries of the FTF Hualapai Tribe Region are defined to be those of Hualapai Indian Reservation. The region covers over 1,000 square miles in northwest Arizona. Most of the region lies within Mohave and Coconino counties, although there is a small, uninhabited section in Yavapai County. The map that follows shows the geographical area covered by the Hualapai Tribe Region. Additional information is available at the end of this report, including a map and table of the region's zip codes and a map of Arizona public school districts in the region in the *Maps & Methods* Appendix.

The First Things First Hualapai Tribe Region



Source: 2020 TIGER/Line Shapefiles prepared by the U.S. Census. Map produced by CRED.

FAMILY, CHILD & COMMUNITY CHARACTERISTICS

Young children in the region

While young children make up a small proportion of the overall population, their well-being has wide-reaching impacts on families, social service systems and the state's future population. Continued investment in children's well-being and the well-being of their families has been deemed by the National Academy of Sciences as "the most efficient strategy" for strengthening the future workforce and supporting a thriving community.^{4, 5} According to the 2020 Census, the Hualapai Tribe Region was home to about **132** young children birth to age 5. Birth certificate data from the Arizona Department of Health Services indicate that **131** babies were born to families with addresses in the region between 2018 and 2023.^b The number of births per year fluctuated between **16** (in 2020) and **28** (in 2019). Statewide, births were also the lowest in 2020.

The 2020 Census faced major challenges during the data collection process, which led to an undercount of the population identifying as American Indian living on reservations and young children birth to age 4.⁶ Tribal enrollment data provide a vital source of information about the population in the region as well as eligibility for certain resources and programs. According to the Hualapai Tribe Enrollment Department, nearly all young children in the region were enrolled as Hualapai Tribe members in 2024 and 2025. Slightly fewer children birth to age 5 were enrolled as members in 2025 (n = **126**) compared with 2024 (n = **135**), due to fewer infants under age 1 being enrolled in 2025 (**11** vs. **18**).

Characteristics of young children and the population

According to the 2020 Census, the Hualapai Tribe Region had a total population of **1,299** people living in **345** households. About one in five households (**22%**) in the region included a young child birth to age 5, a higher proportion of households than across all reservation lands located within Arizona (**20%**), Mohave County (**8%**), Arizona (**13%**) and U.S. (**13%**).

Understanding the racial-ethnic composition of communities can inform efforts to ensure equitable access to services and resources. According to the 2020 Census, most Hualapai Tribe Region residents identified as American Indian (**97%** of the total population, **99%** of young

^b Note that births are assigned to the region based on the address that parents list on the birth certificate form. This means that babies born to families residing in the region should be counted in regional birth numbers regardless of the location of the hospital where they were born

Figure 1.

Young children in the region

The Hualapai Tribe Region is home to

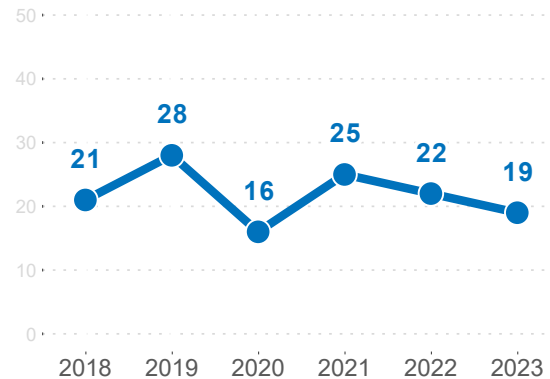
132

children birth to age 5 (2020)¹

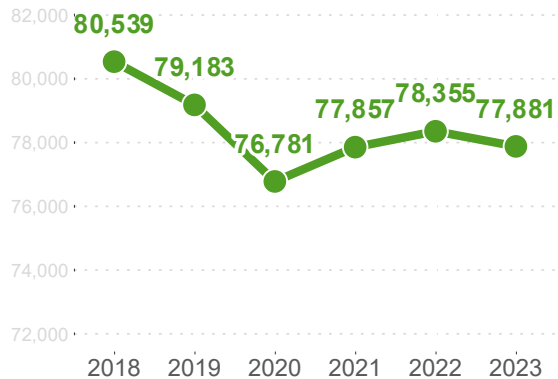


Number of births per calendar year²

Hualapai Tribe Region



Arizona

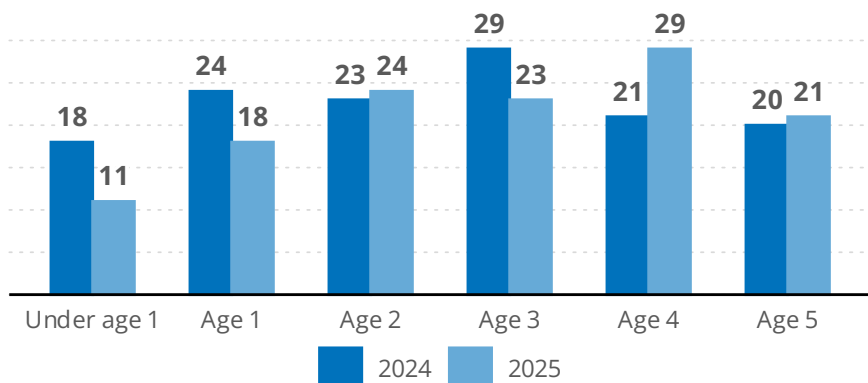


There were

126

enrolled
children birth to
age 5 in 2025³

Hualapai Tribe Enrollment by age, 2025 & 2024³



¹ U.S. Census Bureau. (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC).

² Arizona Department of Health Services. (2024). [Vital Statistic dataset].

³ Hualapai Tribe Enrollment Department. (2025). [Enrollment dataset].

children birth to age 4). Young children in the region were more likely to be identified as Hispanic or Latino (8%) compared to the overall population (5%). These proportions were very similar to those living on reservation lands located within Arizona (8% of young children and 6% of the total population identified as Hispanic or Latino).⁷

Native languages provide an important connection to family, community and culture. Language preservation and revitalization are crucial for safeguarding traditional knowledge and promoting Indigenous self-determination, social unity and educational equity.^{8,9} According to the 2023 American Community Survey (ACS), nearly one in five (19%) residents ages 5 and older in the Hualapai Tribe Region reported primarily speaking “another language” at home, most likely the Hualapai language.^c Seven percent (7%) reported speaking primarily Spanish at home.

The Hualapai Department of Cultural Resources (HDCR) leads a number of language revitalization efforts in the region, including several focused on children.^d During the school year, community language classes are held twice a week in the evenings at the cultural center, and HCDR gives outreach presentations on Hualapai culture at the schools. In the summer, the department holds a week-long youth Pai Language Immersion Camp. HDCR also sponsors a Cultural Arts and Language Program each Friday as well as the intergenerational Hualapai Ethnobotany Youth Project, both of which provide opportunities for youths and elders to gather and share in different aspects of Hualapai culture and language. Because of the language learning potential of very young children, HDCR has increased its focus on language immersion at Hualapai Head Start, which now offers four hours of language immersion per day.¹⁰ In partnership with First Things First, HDCR hosts Language, Literacy and Culture in Tribal Communities events that include books highlighting the Hualapai language and culture for families to take home.¹¹ Local community experts also noted that a teacher who recently retired from Hma:ya Ba Viso:jo’ (Hualapai Day Care) has been teaching language classes in the community.

^c The American Community Survey (ACS) no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state. In Arizona, Navajo and other Native American languages (including Apache, Hopi, and O’odham) are the most commonly spoken languages (1.4%) besides English (74%) and Spanish (20%)

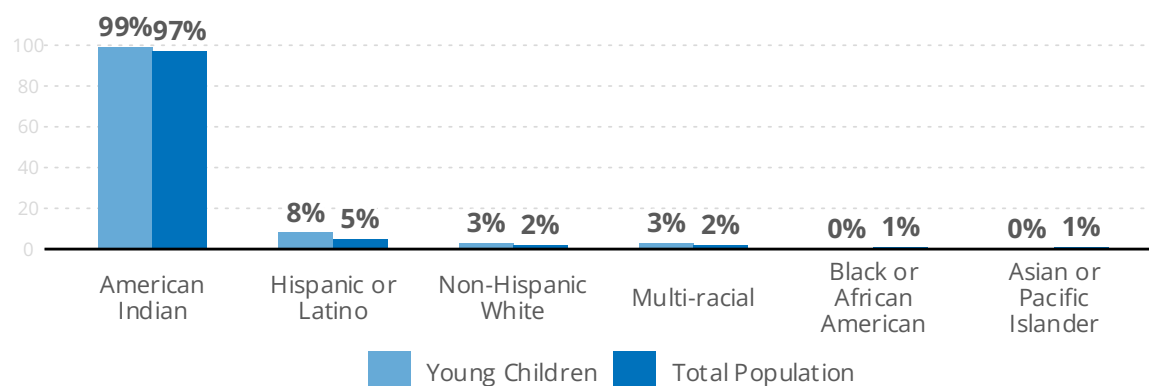
^d For more information about the Hualapai Department of Cultural Resources, see <https://hualapai-nsn.gov/services/cultural.php> and <https://aildi.arizona.edu/content/hualapai-department-cultural-resources>

Figure 2.

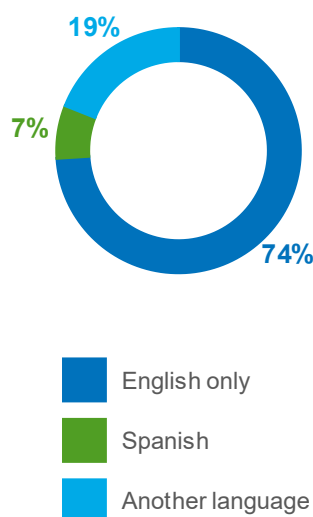
Characteristics of young children and the population

1,299 people live in the Hualapai Tribe Region (2020)¹

Race and ethnicity in the Hualapai Tribe Region (2020)¹

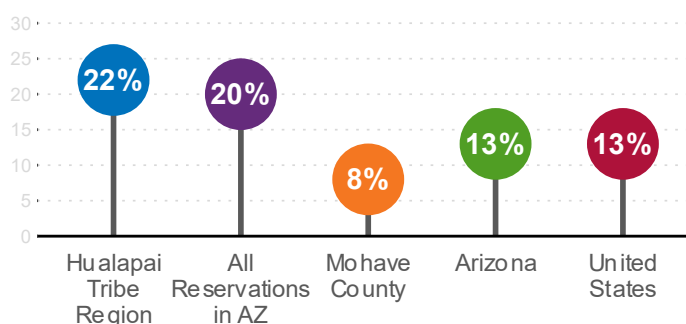


Language spoken at home in the region (2023)²



The Hualapai Tribe Region has 345 households (2020)¹

Households with young children (2020)¹



¹ U.S. Census Bureau. (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC).

² U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.

Notes: Race and ethnicity data are non-exclusive, meaning that individuals are counted in each category in which they identify. Language data are for the population ages 5 and older. The American Community Survey (ACS) no longer specifies the proportion of the population who speak Native North American languages for geographies smaller than the state. In Arizona, Navajo and other Native American languages (including Apache, Hopi, and O'odham) are the most commonly spoken (2%), following English (73%) and Spanish (20%).

Caregivers for young children

According to the 2023 American Community Survey (ACS), all children birth to age 5 in the Hualapai Tribe Region were living with at least one parent.^{e, f} This compares to **11%** of children in all reservation lands in Arizona who were living with non-parental relatives (such as grandparents, aunts or uncles) or unrelated caregivers (such as foster parents). About seven in 10 (**71%**) young children were living with one unmarried parent,^g and three in 10 (**29%**) were living with two married parents (compared with **63%** and **27%** on all reservation lands in Arizona, respectively).¹²

Though varying from one community to another, multigenerational households and kinship care are common in Native communities.^{13, 14} The strengths associated with the extended family structure, including mutual help and respect, can provide family members with a network of support that can be valuable when dealing with socio-economic hardships.^{15, 16} Approximately one out of every three (**33%**) young children in the Hualapai Tribe Region lived in a grandparent's household as of the 2020 Census.^h Grandparents can be central to multigenerational households and vital caregivers for children, in many cases sharing and strengthening Native language, history and culture.^{17, 18, 19} In the Hualapai Tribe Region, there were **36** grandparents who reported that they were responsible for one or more grandchildren age birth to 17 according to the 2023 ACS.

Participation in the labor force can impact families in ways that affect children's health and well-being. For example, unemployment can limit access to resources that support children's physical and mental health.²⁰ An estimated **74%** of young children birth to age 5 in the Hualapai Tribe Region lived in families with at least one parent in the labor force. Nearly two out of every three (**67%**) young children in the region lived with all parents in the labor force, making it likely that these families need some form of child care.

^e The term 'parent' includes stepparents.

^f Data provided by the Hualapai Tribe Human Services Department indicate that fewer than 10 children in the region in 2023 were in relative placements or Tribal foster homes. See the

Child maltreatment response and prevention section for more information.

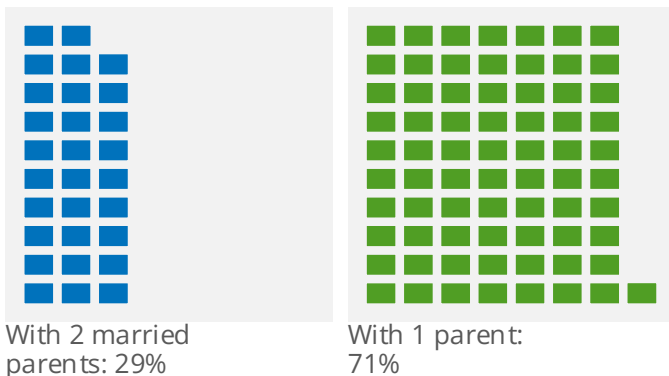
^g Please note that due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are counted in the 'living with one parent' category.

^h The way the Census collects this information accounts for situations where no parents and where one or more parents are present in the grandparent's household. For the Hualapai Tribe Region, the ACS estimates that at least one parent is present in each grandparent household.

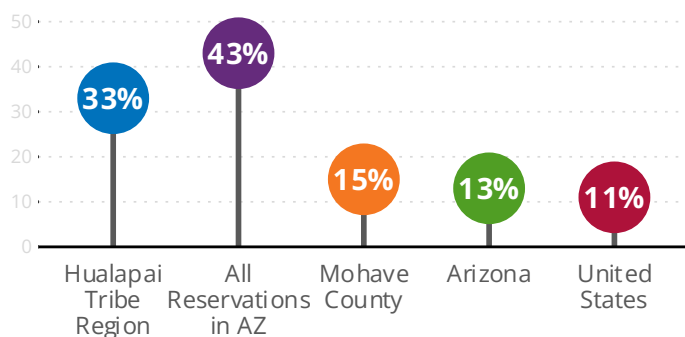
Figure 3.

Caregivers for young children

Living arrangements for children birth to age 5 in the region (2023)¹



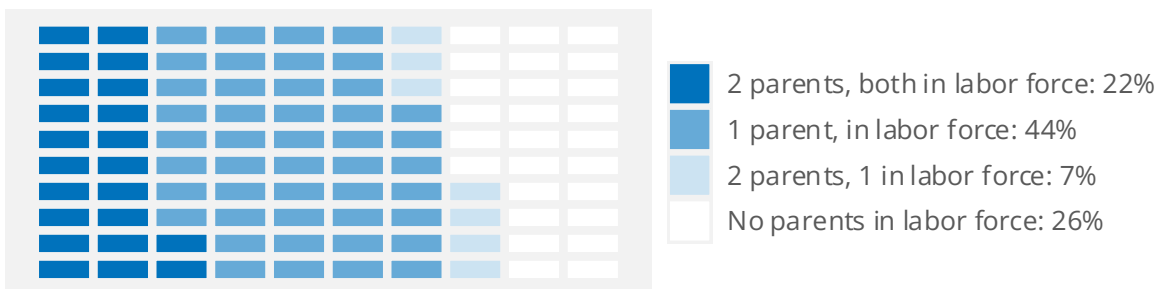
Grandchildren birth to age 5 living in a grandparent's household (2020)²



36

**grandparents in the
Hualapai Tribe Region are
responsible for a grandchild
(birth to age 17)
(2023)¹**

Children birth to age 5 by their parent's employment status in the region (2023)¹



¹ U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.

² U.S. Census Bureau. (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC).

Notes: The 4 percentages for living arrangements and employment status should sum to 100% but may not because of rounding. The term "parent" here includes stepparents. Due to the way the ACS asks about family relationships, children living with two unmarried, cohabitating parents are not counted as living with two parents (these children are counted in the 'one unmarried parent' category).

Income and poverty among families with children

Poverty is associated with reduced access to nutrition, green space and health care and greater exposure to psychosocial stress and environmental toxins; together, these factors may have implications for children's growth and brain development.^{21, 22, 23} Economic circumstances in Tribal communities have been shaped by a long history of inequitable policies and federal disinvestment.^{24, 25} The resulting economic disparity between Native and non-Native communities affects rates of employment, poverty, food security and housing stability. In 2025, a family of two adults and two children was considered to be in poverty if their income fell below \$32,150, while for a single parent with one child it was \$21,150.²⁶ According to 2019-2023 American Community Survey (ACS) estimates, more than three-quarters (**76%**) of children birth to age 5 in the Hualapai Tribe Region lived in poverty, a large increase from the region's poverty rate in the 2014-2018 ACS (**43%**). Notably, young child poverty rates in Mohave County were relatively stable during this time (**26%** to **27%**) and declined markedly across all reservation lands in Arizona (**52%** to **44%**) and statewide (**21%** to **17%**). Local key informants attributed the rise in poverty to lasting economic impacts of the COVID-19 pandemic, which increased unemployment and limited the availability of full-time jobs in the region.

Consistent with these high poverty rates, median incomes in the Hualapai Tribe Region were low. The median income for families with children in the region (**\$29,625**) was about a third of the median income for families statewide (**\$89,366**). Data on median family income for specific types of families was not available for the Hualapai Tribe Region due to small sample sizes in the 2023 ACS. However, data from Mohave County and Arizona show that median incomes for single-parent families were often even lower than that of families overall (**\$31,214** for a single female with children compared to **\$63,652** for all families in Mohave County). Local key informants shared that single parent families may struggle with balancing work and caring for kids, and the part-time jobs that are more available in the region do not pay enough to sustain a family.

While median family income is a measure of how much families earn, the self-sufficiency standardⁱ attempts to estimate how much families actually need to earn to fully support themselves. These standards vary by family type and differences in costs of housing, transportation, child care and other budget items across counties and states.^{27, 28} The Arizona self-sufficiency standards were updated in 2025 and reflect a significant increase in the cost of basic needs across Arizona since they were first published in 2002.²⁹ In 2025, the self-sufficiency standard for two parents, one preschooler and one infant in Mohave County was **\$82,464**, a 17.6% increase from 2022

ⁱ For more information on the Arizona 2022 Self-sufficiency standard, please see https://womensgiving.org/wp-content/uploads/2022/12/AZ2022_SSS_Web.pdf

(\$70,127).³⁰ The self-sufficiency standard for one parent and one preschooler in Mohave County was **\$53,210**, a 12.2% increase from 2022 (**\$47,415**).³¹ In both cases, the median income in the region was below the self-sufficiency standard, indicating that more than half of single-parent and married-parent families in the county may not be earning enough income to support their families. However, when thinking about the Hualapai Tribe Region, it is important to remember that monetary income is one way that families meet their basic needs. In Native communities, subsistence-based activities such as hunting, gathering, farming and ranching are important cultural practices that can also meet families' basic needs and are not captured in standard poverty measures.³² Reservation economies also differ in that a large portion of households rely on home-based enterprises for cash income, with many businesses related to traditional crafts, artistry and food vending.³³

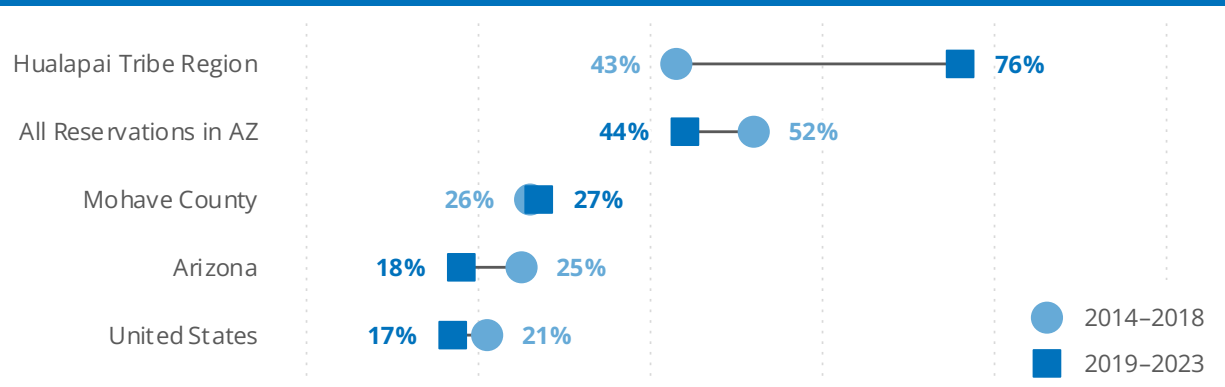
When housing costs consume a large percentage of family income, this can result in limited funds for basic needs, such as food and utilities, and can negatively affect young children's development.^{34, 35, 36} Traditionally, housing has been deemed affordable for families if it costs less than 30% of annual household income. About one out of every five (**22%**) households in the Hualapai Tribe Region was considered housing cost-burdened, according to the 2023 ACS. This was double the 11% of households in the region estimated to experience housing cost-burden in the 2019 ACS.³⁷ It was also notably higher than the proportion across all reservation lands in Arizona in 2023 (**14%**), indicating that affordable housing may be a greater challenge in the region than in other Tribal communities statewide. Local key informants shared that there is a long waiting list to access low-income housing in the region. It is common for families to live "doubled up" to help with costs, and overcrowding in these homes can present challenges for children's social and developmental wellbeing.

Internet access can be a vital utility in homes. Reliable broadband enables access to education, employment, telehealth and social connection, highlighting its importance as a "super determinant" of health.³⁸ In the Hualapai Tribe Region, most (**87%**) households with children under age 18 had access to a computer and internet at home. This proportion was much higher than that for children across all reservation lands in Arizona (**67%**) but still lagged behind access for children in Mohave County (**95%**). Local key informants shared that the Hualapai Tribe is continuing to make efforts to increase internet access within the community by providing public WIFI and computer access in common areas for residents without access at home.

Figure 4.

Income and poverty among families with children

Change in poverty rates for young children birth to age 5^{1,2}



Self-Sufficiency Standard (2022)³

2 parents, 1 preschooler & 1 infant

Mohave County

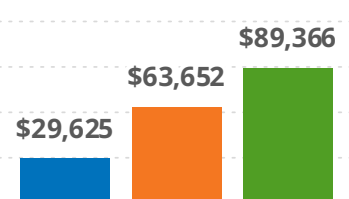
\$70,127

1 parent & 1 preschooler

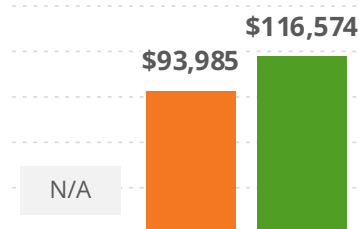
\$47,415

Median family income for families with children birth to age 17 (2023)²

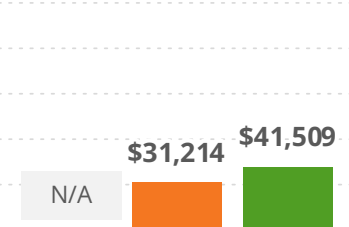
All families with children



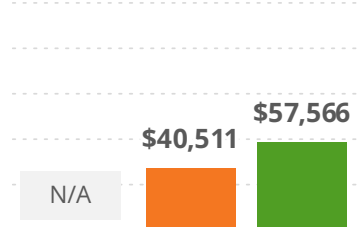
Married couple with children



Single female with children



Single male with children



Hualapai Tribe Region

Mohave County

Arizona



22% 
of households in the region spend 30% or more of their income on housing (2023)²

87% 
of children under age 18 in the region have a computer and internet access at home (2023)²

¹ U.S. Census Bureau. (2020). American Community Survey 5-Year Estimates, 2014-2018.

² U.S. Census Bureau. (2024). American Community Survey 5-Year Estimates, 2019-2023.

³ Kucklick, A., Manzer, L., and Mast, A. (2022). [The Arizona 2022 Self-Sufficiency Standard].

Note: Median income data for specific family types was not available for the region from the ACS due to small sample sizes

Food security among young children and families

The Special Supplemental Nutrition Assistance Program for Women, Infants and Children, known as WIC, provides food assistance, breastfeeding support, nutrition education and referral to other health and community services for women and children, starting in pregnancy until children turn age 5.^j WIC, along with other programs like free and reduced-price school meals, Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP), can be a resource to help low-income families access affordable, nutritious food that promotes well-being.

Families in Arizona are financially eligible for WIC if their income is at or below 185% of the federal poverty level.^{k, 39} In the Hualapai Tribe Region there were **136** children birth to age 5 living in households with qualifying incomes for WIC according to the 2023 American Community Survey (ACS). This equated to more than four out of every 5 (**85%**) young children in the region. The region had a much larger proportion of young children whose households financially qualified for WIC compared to the state (**38%**), Mohave County (**49%**) and even the proportion seen across all reservations in Arizona (**69%**).

The Hualapai Tribe WIC program is administered by the Inter Tribal Council of Arizona. The number of young children (birth to age 4) enrolled in this WIC program was stable from 2021 to 2023 (between **84** and **88**) and then increased sharply in 2024 (n = **103**). Conversely, Hualapai Tribe WIC participation rates declined from **100%** in 2021 to **95%** in 2024. Even with this decline, nearly all children enrolled in WIC were participating in the program through attending appointments and receiving benefits.

Families' neighborhood environments also influence their access to affordable, nutritious food. Low-income, low-access areas, also known as "food deserts," are geographic areas with limited access to supermarkets with fresh food options, a challenge often compounded by limited access to adequate transportation.⁴⁰ The U.S. Department of Agriculture most recently mapped these areas in 2019, and based on these maps, the Hualapai Tribe Region is not located in a food desert.⁴¹ This is due to the presence of Tribally-operated Walapai Market that provides valuable access to fresh produce and other groceries for families in the region. However, given the high rates of poverty and low incomes for families with children in the region, additional support accessing food may be vital to many families. There are currently two sites in the Hualapai Tribe Region that distribute food to families in need: the Hualapai Education and Training Center and

^j For more information see <https://www.fns.usda.gov/wic>

^k In 2026, the 185% FPL threshold was \$61,050 for a family of four and \$40,034 for a family of two. For more information, see <https://aspe.hhs.gov/sites/default/files/documents/b1bfa16b20ae9b89d525bc35de7c1643/detailed-guidelines-2026.pdf>

the Emergency Operations Center. At the Education and Training Center, food was distributed to up to **78** households (representing **306** people) in 2024.^l This would suggest that more than 20% of the **345** households in the region are participating in local food distributions, according to population estimates from the 2020 Census.

Child maltreatment response and prevention

Traumatic or stressful life events experienced in childhood, referred to as Adverse Childhood Experiences or ACEs,^m can have lasting impacts on health and life trajectory beyond childhood, with risk increasing as an individual's number of adverse childhood experiences increases.⁴² In situations where the harm in remaining with their family is determined to be too great to a child, they may be removed from their home, either temporarily or permanently. In accordance with the Indian Child Welfare Act of 1978 (ICWA), nearly all Tribal governments set their own child welfare laws and manage their own child welfare systems.⁴³ Child welfare services in the Hualapai Tribe Region are provided by the Hualapai Tribe Human Services Department. According to data provided by the department, **fewer than 10**ⁿ children birth to age 5 were removed by Tribal Child Protective Services in 2023 and **no** children were removed in 2024. Across children birth to age 17, there were **20** removals in 2023 but **fewer than 10** in 2024. In 2023 and 2024 combined, there were **10** children in ICWA placements, which reflect cases where children from the Hualapai Tribe enter into state custody proceedings, and the Hualapai Tribe Human Services Department is actively involved in decision-making about the child's care.

Among children birth to age 5 involved with Hualapai Tribe Human Services in 2023, three-quarters (**75%**) remained with family, receiving family preservation services. Children birth to age 5 who were not placed with their own families were placed with relatives (**12.5%**) or in Tribal foster homes (**12.5%**). Similar patterns were seen for placements of children birth to age 17 -- **74%** remained with their families, **22%** were placed with relatives and **4%** were placed in a group home or residential facility. Long-term outcomes indicate that in most cases, families were reunified, with **90.9%** of children being re-unified with their families and **9.1%** being adopted within the Tribal community in 2023.

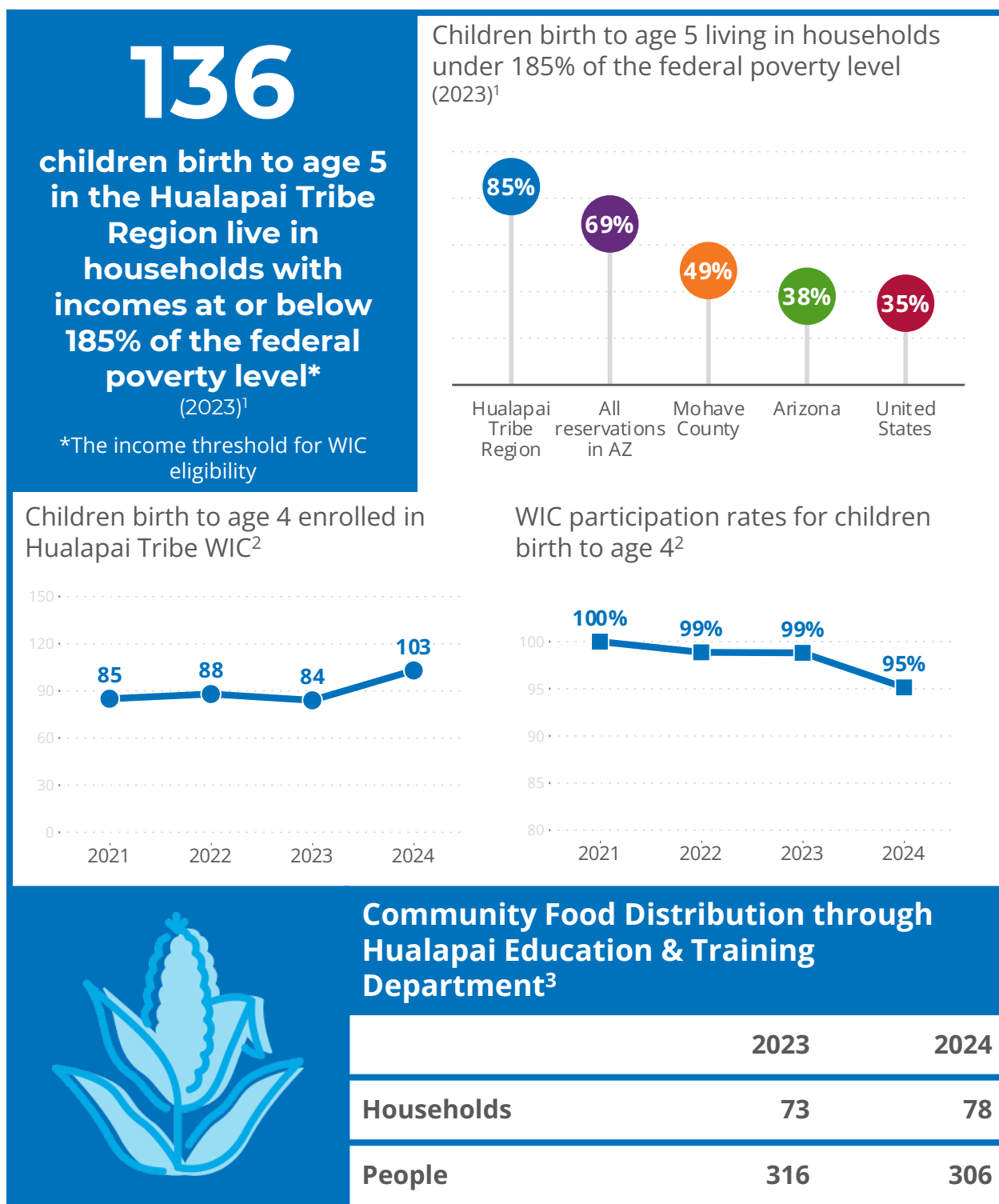
^l Note that these data reflect monthly averages for food distribution throughout the year, not the total number served.

^m Adverse Childhood Experiences (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.

ⁿ Note that numbers less than 10 are suppressed to protect children's privacy.

Figure 5.

Food security among young children and families



¹ U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.

² Inter Tribal Council Arizona. (2025). [WIC dataset].

³ Hualapai Education & Training Department. (2025). [Food Distribution dataset].

Note: WIC participation rates reflect the percent of children already enrolled in WIC who attend visits and receive benefits. These do not reflect the share of potentially-eligible children enrolled in WIC.

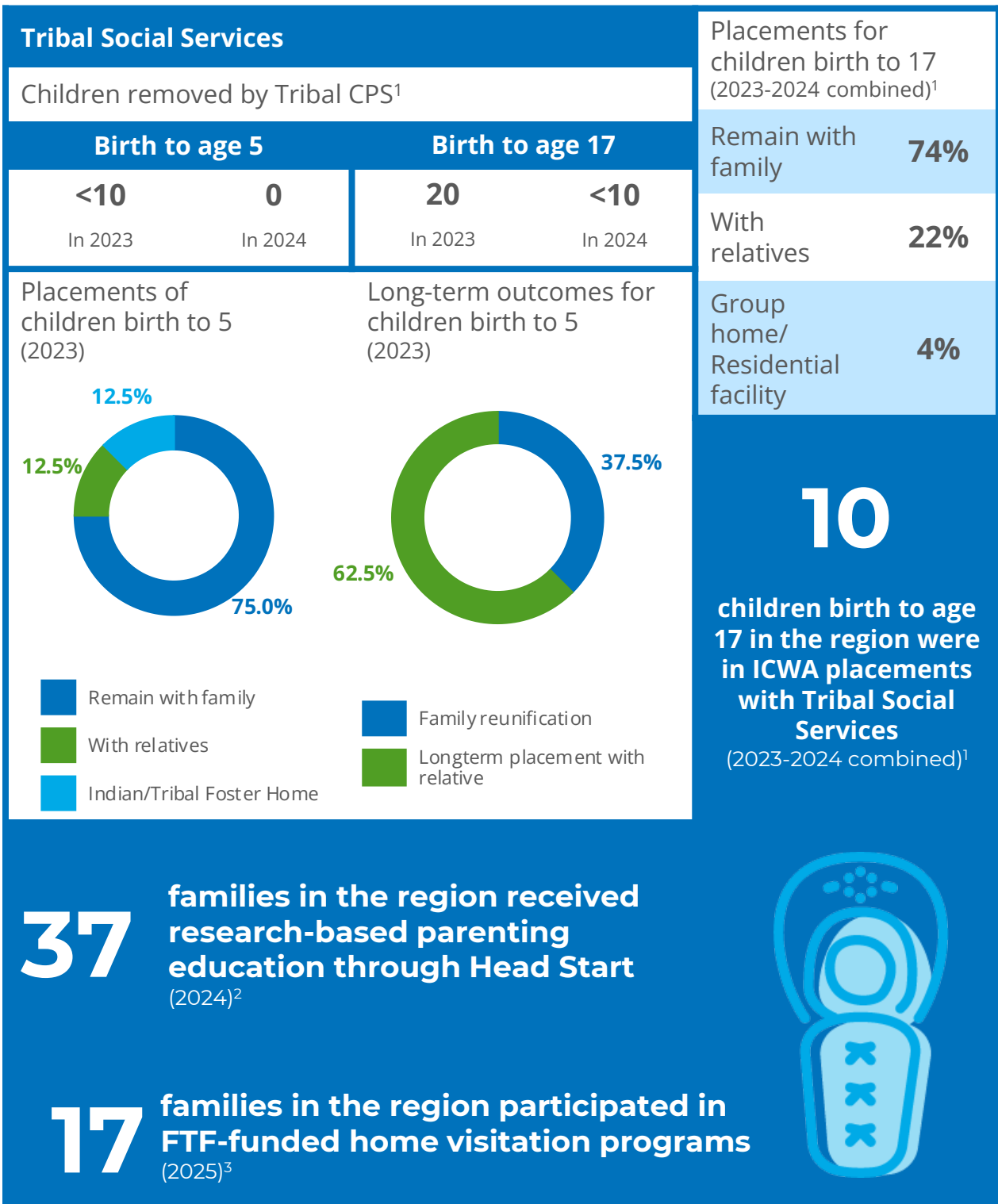
Parenting education and home visitation programs can provide important sources of support for young children and their caregivers. Head Start is a federally funded, locally-managed program that delivers a framework for quality early child care and education services, with programming to assist family members in helping their child reach developmental milestones.⁴⁴ Within Head Start, parenting education programs that include familial engagement plans help boost confidence and parenting skills (e.g., promoting regular attendance, literacy and positive parent-child relationships), which in turn positively impact child development.⁴⁵ In federal fiscal year 2024, **37** families received research-based parenting education through Hualapai Tribe Head Start.

Home visitation programs are a proven strategy for equipping families with needed resources and referrals to promote healthy child development, reduce parental stress and prevent future child maltreatment.^{46, 47, 48, 49} In state fiscal year 2025, **17** families in the Hualapai Tribe Region participated in a First Things First-funded home visitation program. Home visiting programs are also available in the region through Health Start and the High Risk Perinatal Program, both operated by the Mohave County Department of Public Health.^{50, °}

[°] For more information about these programs, see <https://strongfamiliesaz.com/program/arizona-health-start/> and <https://strongfamiliesaz.com/program/high-risk-perinatal-programnewborn-intensive-care-program/>

Figure 6.

Child maltreatment response and prevention



¹ Hualapai Tribe Human Services Department. (2025). [Child Welfare & ICWA data].

² Office of Head Start. (2025). [2022-2024 Program Information Report].

³ First Things First. (2025). [Home Visitation & Screenings Reach datasets].

EARLY LEARNING

Availability of quality early care and education

Participating in quality preschool programs can result in between one-third and a full year of additional early learning gains in language, reading and math skills, increasing the academic readiness of children when they enter kindergarten.⁵¹ In 2024 and 2025, a total of **76** young children (birth to age 5) were enrolled in early care and education centers in the region, which have a combined capacity to serve **99** children birth to age 5 with both programs fully staffed.^p Hma:ya Ba Viso:jo' (Hualapai Day Care) has a capacity of **42** total children, including up to **6** infants, **8** toddlers and **28** preschool-age children. In 2025, the Day Care enrolled **12** children birth to age 2 and **23** children ages 3 to 5 (**35**, 83% of total capacity). Hualapai Tribe Head Start has a funded enrollment of up to **57** children and had **fewer than 10** 2-year-olds and **34** young children ages 3 to 5 enrolled in 2025 (**41**, 72% of total capacity).

An area is labeled a child care desert if there are three times as many children as there are available child care slots (a ratio of 3.0 or more).⁵² While many communities in both urban and rural areas of Arizona face a gap between the number of young children and licensed child care slots,^{53, 54, 55} the Hualapai Tribe Region had a low ratio of **1.3** children birth to age 5 per available slot. This was well below the ratio for children birth to age 5 statewide (**2.0**).⁵⁶ Slots were the most available for preschool-age children (ages 3 to 5), with a slot for every child in the region (**1.0** children per slot). Furthermore, according to 2023 American Community Survey (ACS) estimates, **100%** of 3- and 4-year-olds in the Hualapai Tribe Region were enrolled in school, much higher than the proportion across the state (**36%**).⁵⁷ This high availability of, and enrollment in, local early childhood education is a considerable strength. While the region is not considered a child care desert and demonstrates strong enrollment among preschool-age children, local key informants noted that there is still higher demand than slots available, particularly for infants and toddlers (ratio of **2.7** children per slot).

One way that the quality of early child care and education is measured in Arizona is through the Quality First (QF) program.⁵⁸ The QF program rates child care providers and preschools on a scale from one to five stars, with “high quality” providers receiving a 3-star rating or higher.⁵⁹ Hma:ya Ba Viso:jo' (Hualapai Day Care) was enrolled in QF in 2025 and received a 4-star rating. Head Start

^p However, it is important to note that there is some overlap between the children enrolled in Hualapai Tribe Head Start and Hma:ya Ba Viso:jo' (Hualapai Day Care), as some students enrolled in the Head Start Program attend after-care at Hma:ya Ba Viso:jo' (Hualapai Day Care). This means that there are likely less than 76 unique children enrolled in local programs as some of these children may be counted twice if they attend both programs.

programs across the U.S. are also widely acknowledged to meet high quality standards, with rigorous program requirements for curriculum and teacher certification, a research-based national framework for early learning outcomes and regular assessments of quality using the Classroom Assessment Scoring System (CLASS).^{60 61} Head Start programs across the state of Arizona, including those that are Tribally-operated, had average CLASS scores that exceeded both national averages and research-based thresholds for quality.⁶² Combined with the high availability of child care slots, this means that the Hualapai Tribe Region has the capacity for nearly all young children to attend high quality-rated early care and education programs, especially preschool-age children. However, as noted above, demand remains higher for infant and toddler slots, which are more limited in the region.

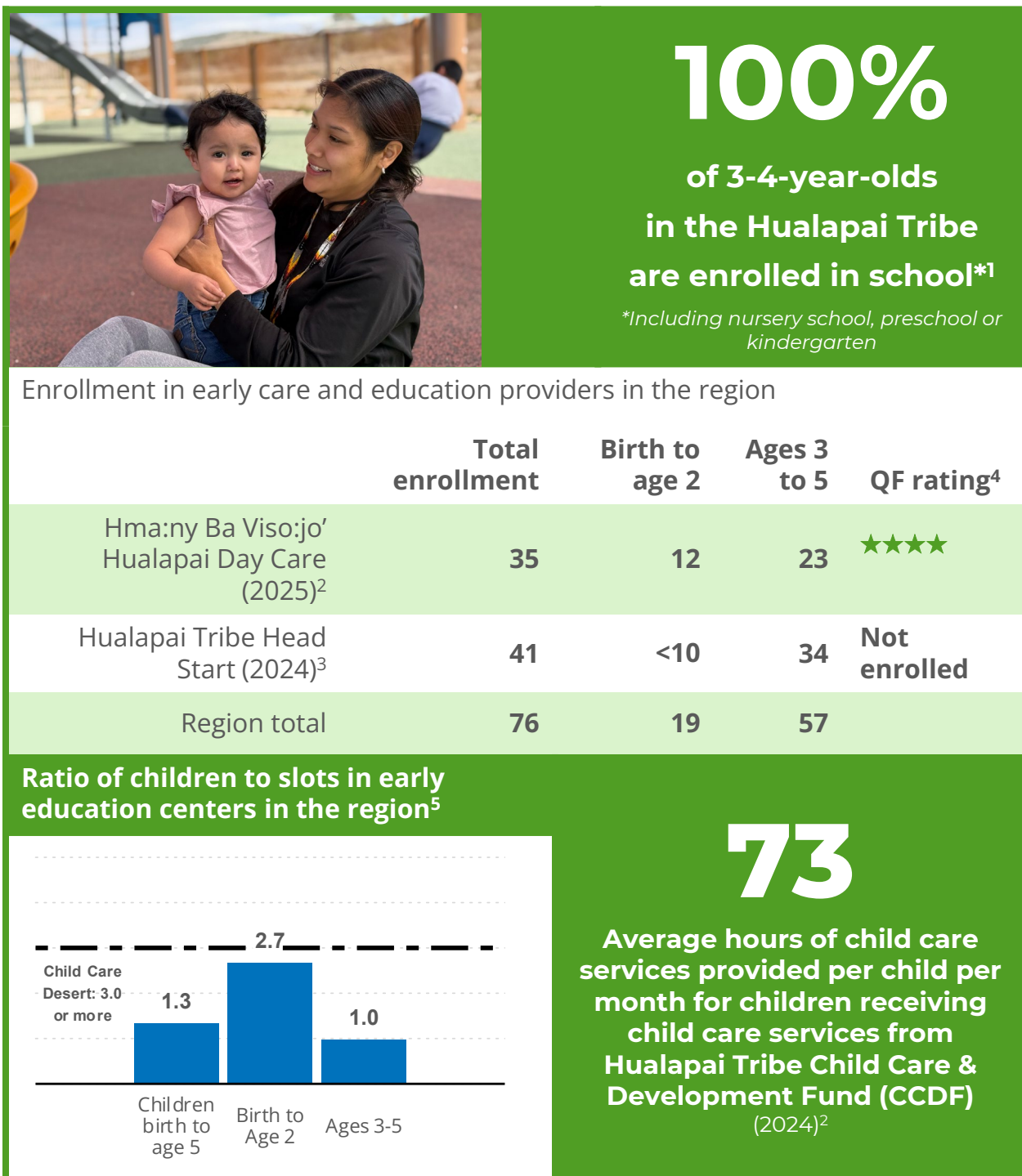
Cost of early care and education

The cost of formal early care and education can be a determining factor in whether families access care for their children. Several factors contribute to the affordability of child care in the Hualapai Tribe Region, including the income-based payment structure of the Hma:ya Ba Viso:jo' (Hualapai Day Care), child care assistance offered through the Hualapai Tribe and free enrollment at the Hualapai Tribe Head Start. The number of families receiving child care assistance from the Tribe increased from **38** in federal fiscal year (FFY) 2022 (**46** children) to **40** in FFY 2024 (**55** children). In FFY 2024, the average co-pay for families receiving child care assistance from the Hualapai Tribe was **\$61** per month, corresponding to only **2.5%** of the region's median family income. This is far lower than the threshold for affordable child care, which is 7% or less of a family's income.⁶³ Payments are also waived for families with children involved in foster care or Tribal Child Protective Services.⁶⁴

The Arizona Department of Economic Security (DES) also provides child care assistance to financially eligible families, including specific funding for families involved with the Arizona Department of Child Safety (DCS).⁶⁵ Eligibility for and receipt of DES child care assistance among non-DCS-involved families across Arizona recently reached record highs due to recent statewide investments.^{66, 67} However, very few children and families in the Hualapai Tribe Region received DES child care assistance in recent years; **no** children birth to age 5 received assistance in state fiscal year (SFY) 2022, and **fewer than 10** children received child care assistance in SFY 2023 and 2024.⁶⁸ This low participation in DES child care assistance is likely related to the child care assistance provided to families by the Hualapai Tribe mentioned above, which covers most of the cost of child care. Local key informants noted that income eligibility thresholds can be barrier for some families, and those who are told they do not qualify may be discouraged from participating

Figure 7.

Availability of quality early care and education



¹ U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.

² Hualapai Day Care. (2025). [Hualapai Tribe Child Care & Development Fund Profile].

³ Office of Head Start. (2025). [2022-2024 Program Information Report].

⁴ First Things First. (2025). [Quality First Dataset].

⁵ Arizona Department of Health Services. (2025). [Child Care Licensing dataset].

in programs altogether. Unfortunately, due to insufficient funding, the DES child care assistance waitlist was reinstituted statewide in August 2024, which may further limit participation.^q

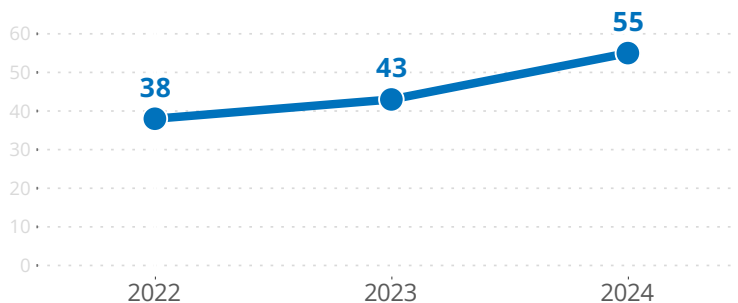
Hualapai Tribe families seeking child care outside of the region may experience significantly higher costs. The average cost of care in Arizona varies by the type of provider and the age of the child, with licensed centers and care for infants having the highest median cost at **\$1,289** per month.⁶⁹ In Western Arizona (Mohave, La Paz and Yuma counties), the median cost of care for an infant in a licensed center was also the most expensive option at **\$892** per month, only slightly more expensive than group home care for infants (**\$840/month**). The least expensive type of care in the county was in family homes, where median charges range from **\$556** to **\$630** per month, based on the age of the child. Families in the Hualapai Tribe Region seeking center-based care outside of the region would pay more than one-third of the median family income (**36%**) for one infant, followed by **32%** for young children ages 1-2 and **30%** of median income for children ages 3-5. Compared to the region, Mohave County families paid a lower proportion of their income for center-based care (**14 - 17%**) as did families across the state (**13 - 17%**). The cost of care in Western Arizona also rose in recent years, with the cost of care for infants and 3-5-year-olds increasing the most (**+13%**) between 2022 and 2024. The cost of care for 1–2-year-olds rose **10%** during the same period. This indicates that care outside the region may be prohibitively expensive for families to afford.

^q As of May 1, 2026, there were more than 12,000 children waitlisted statewide. For more information, see <https://des.az.gov/services/child-and-family/child-care/how-apply-for-child-care-assistance>

Figure 8.

Cost of early care and education

Children and families receiving child care services from Hualapai Tribe Child Care & Development Fund¹

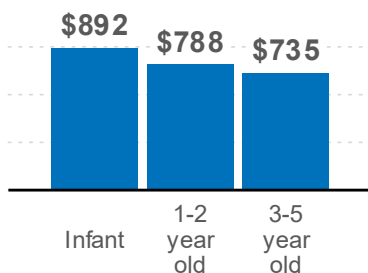


\$61

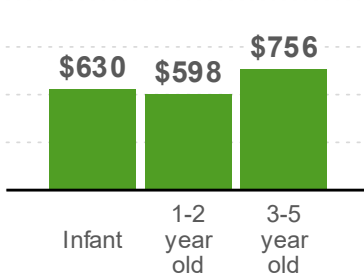
Average monthly co-payment for families receiving child care services from Hualapai Tribe CCDF in 2024¹

Median monthly charge for full-time child care in Western Arizona (2024)²

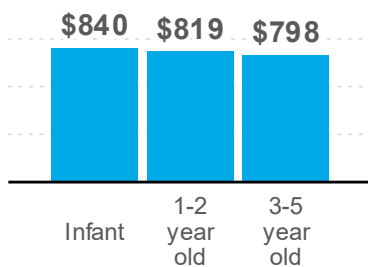
Licensed center



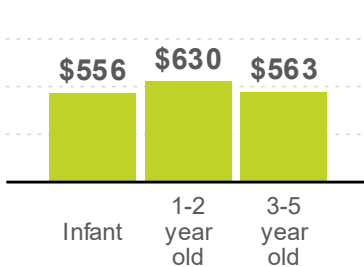
Public school



Group home



Family home



\$129

Average monthly CCDF program subsidy in 2024¹

Change in cost of center-based care from 2022 to 2024 in Western Arizona (2024)²

Infant	+13%
1-2-year-old	+10%
3-5-year-old	+13%

¹ Hualapai Day Care. (2025). [Hualapai Tribe Child Care & Development Fund Profile].

² Health Management Associates. (2024). 2024 Child Care Market Rate Survey. Arizona Department of Economic Security.

Note: Western Arizona includes Mohave, La Paz & Yuma counties.

EDUCATION & WORKFORCE

K-12 education attendance and achievement

In addition to a quality early childhood education system, a community's K-12 education system can support positive outcomes for children, families and the overall well-being of the community. Individuals who have higher levels of education tend to live longer and healthier lives, and graduating from high school, in particular, is associated with better health, financial stability and socio-emotional outcomes.^{70, 71}

While federal funding makes up a small portion of most U.S. school budgets, school districts on reservation lands rely on additional federal funds to make up for lost local tax revenue, fulfill the U.S. government's obligation to provide Native students with a quality education and close the achievement gap for minority and disadvantaged students.^{72, 73, 74} Despite federal trust responsibility, Tribal education systems have been chronically underfunded compared to non-Tribal schools, resulting in inadequate and poorly maintained infrastructure, un-competitive teacher compensation, an inability to modernize and poorer student outcomes.^{75, 76} The COVID-19 pandemic response substantially increased funding distributed to Native Nations and their school systems; however, current federal policies have cut or delayed the delivery of federal funds for the 2025-26 school year.^{77, 78, 79} For Native Nations in Arizona, this has already resulted in cutting after-school programs, halting needed construction projects and considering letting staff go or borrowing money to pay salaries.⁸⁰

In the Hualapai Tribe Region, enrollment in kindergarten through 3rd grade at Peach Springs Elementary School has been trending downward, decreasing from a recent high of **72** in the 2018-19 school year to a low of **58** in the 2024-25 school year. Based on 2020 Census estimates, this suggests that about two-thirds (**65%**) of the potential kindergarten through 3rd graders in the region were enrolled in Peach Springs Elementary School in the 2024-25 school year.^r Children living in the region may also attend schools in the Hackberry, Kingman, Seligman, and Valentine Districts (specifically Valentine Elementary School in Truxton, serving students in preschool to grade 8).⁸¹

Children's 3rd grade reading comprehension and proficiency skills can predict their future academic success, such as their likelihood of graduating high school and attending college.⁸² Local key informants noted that school readiness is a significant hurdle in the region, leading to many

^r This calculation used the 2020 Census estimated number of children under age 1 through age 3 in the region (89), which equates to the estimated number of 5- through 8-year-olds— or possible kindergarten through 3rd graders— in the 2024-25 school year.

3rd graders missing fundamental skills and failing to meet grade level expectations. Although they remain very low, 3rd grade math assessment passing rates increased for students at Peach Springs Elementary School from **less than 2%** in the 2021-22 school year to **17%** in the 2023-24 school year. In that year, the math assessment passing rate in the Hualapai Tribe Region was 4% lower than for American Indian students across Arizona (**21%**) and 26% lower than for all Arizona students (**43%**). Similarly, **less than 2%** of 3rd graders at Peach Springs Elementary School passed the 3rd grade reading assessment in the 2021-22 school year. In the 2023-24 school year, the total number of students was too small to report on passing rates. It is important to note that standardized tests have been found to have lower cultural relevancy to non-White students, which has contributed to a disparity in achievement on standardized tests across racial and ethnic groups.⁸³

School attendance, particularly in the early grades, is another important factor in predicting academic performance, school engagement and connectedness. Chronic absenteeism, defined as missing 10% of school days in a school year, can result in a student experiencing academic difficulties and even dropping out of school entirely.⁸⁴ Elementary school absenteeism among Native youth may be influenced by a number of factors including a historically-rooted distrust of educational institutions, low use of culturally-relevant teaching methods and curricula as well as infrastructure-related issues (e.g., road conditions, bus availability and distances to schools).^{85, 86, 87} Local key informants indicated that sometimes parents are not invested in their child's education or do not understand how important it is for them to attend school, leading to poor academic outcomes in the region. The Hualapai Tribal Council and the school board have been actively collaborating to engage families and incentivize getting kids to school. Chronic absence rates have declined in the Hualapai Tribe Region in recent years, from **98%** for both kindergarteners and 3rd graders in the 2021-22 school year to **61%** of kindergarteners in the 2022-23 school year and **71%** of 3rd graders in the 2023-24 school year. Across Arizona, chronic absenteeism was much lower (at **26%** of kindergarteners and **24%** of 3rd graders in the 2022-23 school year) but has remained a pressing issue following the COVID-19 pandemic.⁸⁸

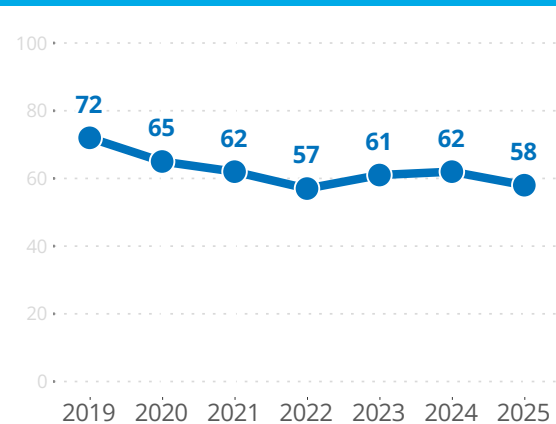
Graduation and adult educational attainment

Understanding current high school graduation and dropout rates provides insight into the assets and challenges faced by a community and its future workforce. In contrast to adults who dropped out of high school and even those that received a high school equivalency (HSE) diploma, adults who graduated from high school have higher rates of employment, higher incomes and better overall health.⁸⁹ In the Peach Springs Unified School District (USD) in the 2021-22 school year, the four-year graduation rate was **43%**, compared with **78%** across the state.⁹⁰ In the 2022-23 school year (the most recent year of data available), the five-year graduation rate was **71%** in Peach Springs USD, compared to **81%** statewide.⁹¹

Figure 9.

K-12 education attendance and achievement

Peach Springs Elementary School K-3rd grade enrollment¹



Students passing 3rd grade assessments¹

Peach Springs Elementary School

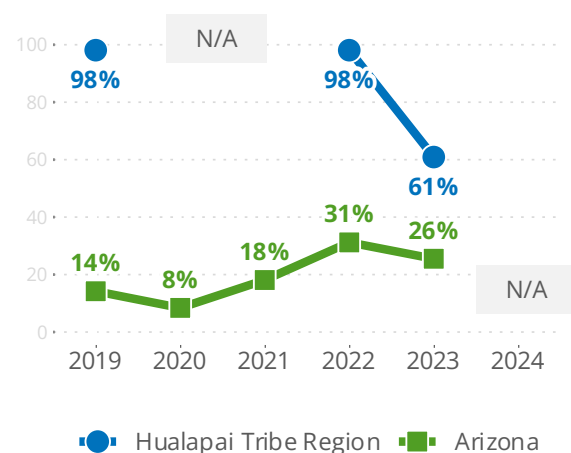
All American Indian students in Arizona

All Arizona students

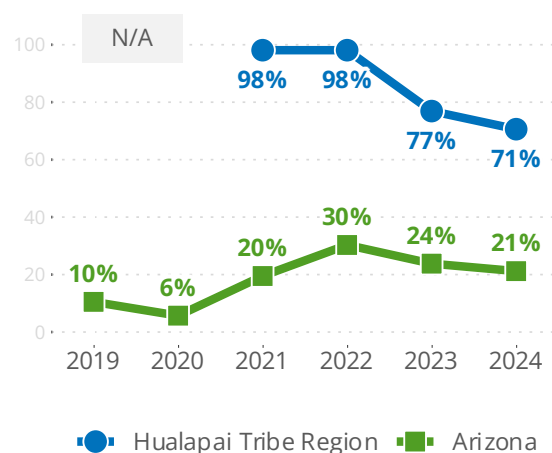
Math			Reading		
2022	2024		2022	2024	
<2%	17%	▲	<2%	DS	-
8%	21%	▲	8%	17%	▲
40%	43%	▲	41%	39%	▼

Chronic absence rates²

Kindergarten



3rd Grade



¹ Arizona Department of Education. (2025). [October 1 Enrollment, Graduation Rates, Dropout Rates, State Assessment dataset].

² Maricopa Association of Governments. (2026). [ReadOn Arizona MapLIT dashboard reports: enrollment, chronic absences, assessments].

Notes: Chronic absences are defined as children missing 10% or more school days. Schools reported absences data very differently in school year 2019-20 due to the onset of the COVID-19 pandemic and the shift to remote learning. Absences data were not available for kindergarteners in school year 2023-24.

In contrast to the U.S. as a whole, Arizona has a larger proportion of disconnected youth, defined as teenagers ages 16 to 19 who are neither attending school nor employed,⁵ which has been linked to negative physical and mental health outcomes and higher rates of unemployment.⁹² Native youth, both nationally and in Arizona, are disproportionately disconnected and therefore particularly vulnerable to negative outcomes and may need additional outreach and supports.⁹³ Dropout rates for 7th to 12th grade students in the Hualapai Tribe Region increased sharply from **0%** in the 2019-20 school year to more than one in 10 (**13%**) students in the 2023-24 school year. Across Arizona, dropout rates also increased from **3%** in the 2019-20 school year to **10%** in the 2021-22 school year but have since decreased to **6%** in the 2023-24 school year. Music Mountain Junior/Senior High School, which originally operated from 2000 to 2008 before closing, recently reopened in 2023. Since the re-opening the school has reportedly graduated a record number of students, and the local community experts in the region expect dropout rates to improve in coming years.

Education is a key mechanism for upward economic mobility. As educational attainment in a population increases, wages increase and rates of unemployment decrease.⁹⁴ Of U.S. adults working full time in 2021, median earnings for those with a bachelor's degree were \$29,000 higher than those with a high school degree.⁹⁵ Of adults ages 25 and older in the Hualapai Tribe Region, **77%** had at least a high school education and **17%** had a bachelor's degree or more, half the rate of Arizona adults with a higher education degree (**33%**).⁹⁶ More than one in four (**28%**) adults in the region had some college but no degree; this includes individuals who received a Child Development Associate (CDA) credential or other similar post-secondary credential. There are a number of barriers to Native American students completing higher education degrees, including academic under-preparation, poor financial assistance options, cultural isolation and invalidation, few Native American staff or faculty to act as mentors and familial conflicts about staying in their home community versus leaving for school and career needs.⁹⁷ The Hualapai Higher Education Program supports Hualapai Tribe members in attending a post-secondary institution including help with school searches, financial aid counseling, completing application materials, course advising and stipends to help with costs.[†]

⁵ Age ranges used for 'disconnected youth' vary by source, with some estimates including both teenagers ages 16-19 and young adults ages 20-24 and others focusing on only teenagers or young adults.

[†] For more information about the Hualapai Higher Education Program, see https://hualapai-nsn.gov/services/education/hualapai_education_program.php

Figure 10.

Graduation and adult educational attainment

Graduation rates

Peach Springs Unified School District

Students who graduated in
4 years
(2022)¹

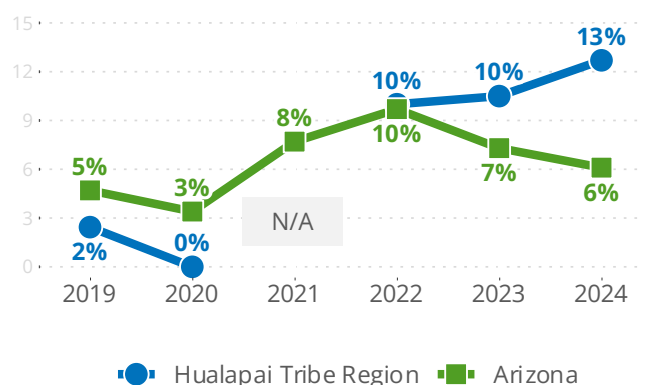
43%

Students who graduated in
5 years
(2023)¹

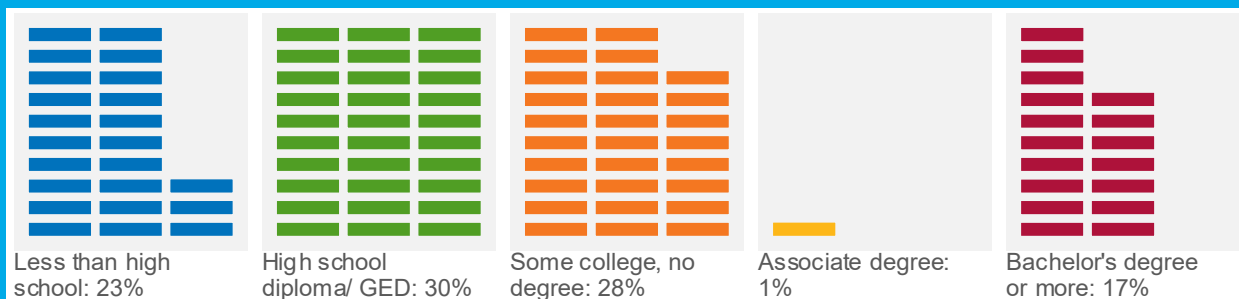
71%



Trends in 7th to 12th grade dropout rates¹



Level of education of adults in the Hualapai Tribe Region (2023)²



¹ Arizona Department of Education. (2025). [October 1 Enrollment, Graduation Rates, Dropout Rates, State Assessment dataset].

² U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.

Notes: Graduation rates are calculated as the percentage of students in a cohort (typically those who enter ninth grade together) who graduate within 4 or 5 years. "Dropouts are defined as students who are enrolled in school at any time during the school year, but are not enrolled at the end of the school year and did not transfer, graduate or die" [State of Arizona Department of Education Graduation, Dropout & Persistence Rate Technical Manual].

Adult employment

Unemployment and underemployment^u can impact families in ways that affect children's health and well-being.⁹⁸ Unemployment can limit access to resources that support children's physical and mental health, like health insurance, and can also contribute to family stress, conflict, homelessness and child abuse.^{99, 100} Children with parents who have lost their jobs may also experience poorer school performance and behavioral issues, resulting in grade repetition, suspension or expulsion.¹⁰¹ In recent years, unemployment rates in Mohave County have followed the same trend as the state, but with a higher peak in 2020 (**10%** compared to **8%**) related to impacts of the COVID-19 pandemic. In 2024, both Mohave County and Arizona had an annual unemployment rate of **4%**. Self-report data from the 2023 American Community Survey (ACS) indicated that unemployment rates for the Hualapai Tribe Region (**21%**) were three times higher than the county rate (**7%**) and even higher than the rate across all reservation lands in Arizona (**13%**).

The labor force participation rate includes all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are largely students, stay-at-home parents, retirees and people who are institutionalized. According to 2023 ACS estimates, half (**50%**) of the population ages 16 and older was participating in the labor force in the Hualapai Tribe Region, which was 5% higher than the estimates for all reservations in Arizona (**45%**). It is important to note that due to many historical and legal reasons as well as differences in practical economic structures, employment and labor force participation rates in Native communities can vary greatly from state rates.¹⁰² An assessment performed by the National Center for American Indian Enterprise Development indicates that federal actions taken in 2025 will negatively impact economic development and growth on Tribal Nations. Impacts include eliminating, decreasing or deprioritizing programs that support small and Indian Country businesses, increasing operational costs related to tariffs and reducing access to jobs in the clean energy, research and public sectors, among others.¹⁰³

According to the Hualapai Tribe, the main economic activities on the reservation are cattle ranching, arts and crafts and tourism. The majority of full-time employment is in Tribal administration, public schools and state and federal government, with no casino gaming on the Reservation.¹⁰⁴ Grand Canyon Resort Corporation, which is owned and operated by the Hualapai Tribe, is another major employer in the region.¹⁰⁵ Local key informants felt that more opportunities are being developed within the community, including reopening the high school so

^u Underemployment means that someone works fewer hours than they would like or is in a job that does not require the skills or training that they have.

students do not have to leave the community to attend school, building new recreation fields and a Tribal Travel Center and providing new job and training opportunities. The Department of Hualapai Education & Training also offers several “one-stop” workforce training programs, including a youth program to help students complete their high school education or obtain a high school equivalency diploma (GED), explore different career options, improve their work readiness skills and apply to post-secondary education in high-demand career areas.¹⁰⁶ The Native Employment Works (NEW) program supports eligible Tribal members by providing GED tutoring, labor market information, job readiness and skills training, and job search and placement assistance.^v

Quality early care and education programs rely on a strong workforce, but factors like low pay make it difficult to recruit and retain these educators. Early care and education is also a field with notable pay disparities, with those working as a home care provider, in a Head Start program or a public pre-K program getting paid varying amounts despite performing similar work.^w For example, the average kindergarten teacher’s salary in Arizona is about twice that of an early childhood educator.¹⁰⁷ As of federal fiscal year 2024, Hualapai Tribe Head Start employed **18** staff, including **4** classroom teachers, **6** teaching assistants, the center director, and **7** additional staff. At Hma:ya Ba Viso:jo’ (Hualapai Day Care), there were **4** classroom teachers and **4** teaching assistants, one for each classroom, in addition to the center director and assistant director. Many of these early education professionals in the region had Child Development Associate (CDA) credentials. The starting rate of pay was formerly **\$16**/hour for classroom teachers and **\$13.85**/hour for teaching assistants, but this has recently been adjusted to meet market demands. The starting pay is now **\$19**/hour for teachers and **\$16**/hour for assistants. Local key informants noted that recruitment and retention remain ongoing challenges at the school district, although they have significantly improved their training and professional development opportunities since 2020 to better support staff entering the field. The Hualapai WIOA program also serves as a valuable resource, offering free CDA credentialing for Native participants and providing career exploration and workforce training opportunities that support the pipeline of early care and education staff in the community.

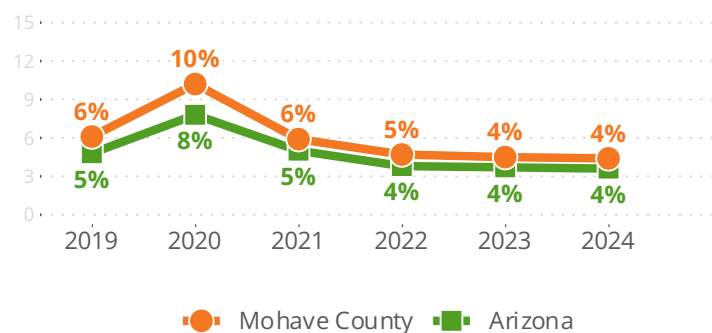
^v For more information about the Hualapai Tribe WIOA Program, see https://hualapai-nsn.gov/services/education/wioa_program.php

^w Programs such as Head Start and public pre-K programs receive federal funding supports that often allow for better wages and compensation in these settings compared to child care settings that don’t receive these funds.

Figure 11.

Adult employment

Average annual unemployment rates (not seasonally adjusted) (2025)¹



Labor force participation (LFP) & unemployment (UE) rates (2023)²

	LFP	UE
Hualapai Tribe Region	50%	21%
Mohave County	44%	7%
Arizona	61%	5%

Major employers in the region³

The Hualapai Tribal Government

Peach Springs Unified District

Grand Canyon Resort Corporation

Early Care & Education Workforce (2024/2025)

Role	#	Pay	Credentials
Hma:ya Ba Viso:jo' Teacher ⁴	4	\$19/hr	CDAs
Hma:ya Ba Viso:jo' Assistant ⁴	4	\$16/hr	CDAs
Head Start Teacher ⁵	4		CDAs
Head Start Assistant ⁵	6		



¹ Arizona Office of Economic Opportunity. (2025). [Local Area Unemployment Statistics & Industry Employment datasets].

² U.S. Census Bureau. (2024). 2023 American Community Survey Five-Year Estimates, 2019-2023.

³ First Things First. (2024). 2024 First Things First Hualapai Tribe Regional Needs & Assets Report & local key informants.

⁴ Hualapai Day Care. (2025). [Hualapai Day Care workforce dataset].

⁵ Office of Head Start. (2025). [2022-2024 Program Information Report].

Notes: The "labor force" is all persons who are working (employed) or looking for work (unemployed). The "labor force participation rate" is the fraction of the population who are in the labor force, whether employed or unemployed. The "unemployment rate" is the fraction of the civilian labor force who are unemployed.

CHILD DEVELOPMENT & HEALTH

Maternal and infant health

Access to quality health care can promote positive health outcomes for mothers and infants.¹⁰⁸ Prenatal care is associated with reduced complications during pregnancy and birth, while also providing expectant parents with an opportunity to engage with health professionals.^{109, 110} In rural Tribal communities, challenges such as hospital closures, staff shortages and transportation may present barriers to receiving timely prenatal care.¹¹¹ The Hualapai Tribe Region saw notable increases in the rate of timely prenatal care (care initiated in the first trimester) between 2020 (**32.1%**) and 2022 (**59.1%**). However, these rates were consistently lower than those in the state (**68.9%** to **71.5%**) over the same period. The proportion of births to mothers in the region with five or more prenatal care visits also increased from 2020-2021 (**75.6%**) to 2022-2023 (**87.8%**), while the statewide rates remained steady in the same time period (**91.0%** to **91.7%**). These increases in the region in timely and adequate prenatal care are encouraging improvements but still indicate an ongoing need for increasing access to prenatal care. Local key informants shared that the Hualapai Parents as Teachers home visitation program collaborates with the Indian Health Service to refer new parents to home visitation services and encourage prenatal care among expectant families in the community.

Outside of access to adequate prenatal care, other risk factors like low birth weight and preterm birth can impact child health outcomes.¹¹² Low birth weight births (weighing less than 5 pounds and 8 ounces or 2,500 grams) and preterm births (those delivered before 37 weeks of pregnancy) can result in cognitive, respiratory, and gastrointestinal issues as well as increased risk of diabetes and are one of the largest drivers of infant mortality in the U.S.¹¹³ Between 2020 and 2023, the Hualapai Tribe Region had a larger proportion of low birth weight births (**17.1%**) and preterm births (**12.2%**) than Arizona (**7.8%** and **9.3%**, respectively). On average between 2020 and 2023, the Hualapai Tribe Region did not meet the Healthy People 2030^x target for preterm births (no more than **9.4%**). There is growing evidence that disparities in birth outcomes can be linked to social, structural, and environmental inequities in Indigenous communities, with disparities growing after the onset of the COVID-19 pandemic specifically.^{114, 115} Maternal health behaviors such as smoking during pregnancy can impair fetal growth and brain development.¹¹⁶ Between 2020 and 2023, **fewer than 6** births in the Hualapai Tribal Region were to mothers who reported smoking pregnancy, an encouraging sign for infant and maternal health.

^x Healthy People identifies science-based targets to guide national health promotion and disease prevention efforts. For more information see https://www.cdc.gov/nchs/healthy_people/index.htm

Teenage parents often experience increased stress and hardship in comparison to older parents and other non-parent teenagers. They are less likely to complete high school or college and more likely to maintain a lower socioeconomic status and require public assistance to make ends meet.^{117, 118, 119, 120, 121} In the Hualapai Tribe Region, births to teenaged mothers rose from 2020-2021 (**7.1%**) to 2022-2023 (**17.1%**),^y higher than the stable statewide trend in the same time period (**4.9%** to **4.5%**). This is consistent with a recent Health Profile of American Indian and Alaska Native population, which shows that births to teenaged mothers are more common among American Indian/Alaska Native populations in Arizona than in the overall population.¹²²

Access to care and service navigation

The Hualapai Tribe's Health Education & Wellness Department has served the community since the 1980s through community health education and preventive services. The Department now provides behavioral health services, health promotion via community health representatives, a diabetes/ fitness program, a Women Infants and Children Program (WIC) clinic and non-emergency medical transportation to local and non-local appointments.^{123, z} Outpatient health care services are available in the region through the Indian Health Service (IHS)-operated Peach Springs Health Center, including public health nursing and primary care along with behavioral health, dental, laboratory, nutrition, optometry, pharmacy and medical imaging services.^{aa} In fiscal year (FY) 2024, **114** children birth to age 5 in Hualapai Tribe Region were served at IHS facilities, or about 86% of young children based on 2020 Census population estimates for the region. In the same year, IHS provided **157** well-care visits for children and adolescents ages 3 to 21 in the region.

Health insurance coverage is an important indicator of whether families can access, afford and utilize medical care. This includes access to well-child visits and developmental screenings at a lower cost. Members of federally-recognized Tribes can access health care services provided through the IHS and/or Tribally-administered health care facilities without needing insurance. However these services are estimated to be underfunded in relation to the per capita need—higher rates of Medicaid enrollment can help supplement funding through services reimbursement and provide members with more care options.¹²⁴ Arizona's Medicaid program, the

^y Please note that the total number of births in the region each year is small (between 16 and 28 from 2018-2023), so percentages may appear to vary more from year to year.

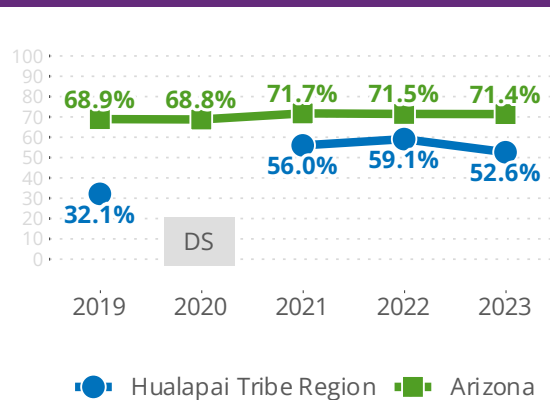
^z For more information about the services provided by Hualapai Health Education and Wellness Department, see <https://hualapai-nsn.gov/services/health/index.php>

^{aa} For more information about the services provided at Peach Springs Health Center, see <https://www.ihs.gov/Phoenix/healthcarefacilities/coloradoriver/>

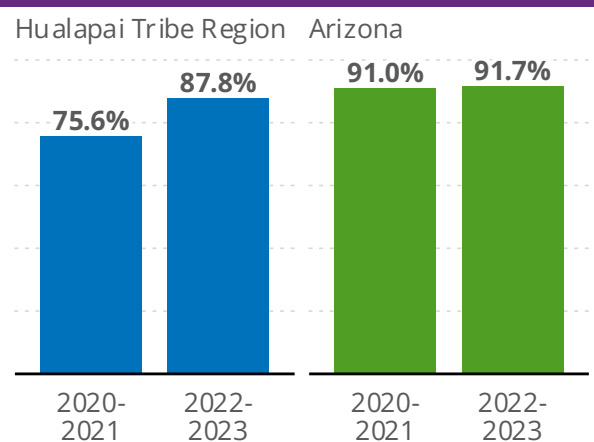
Figure 12.

Maternal and infant health

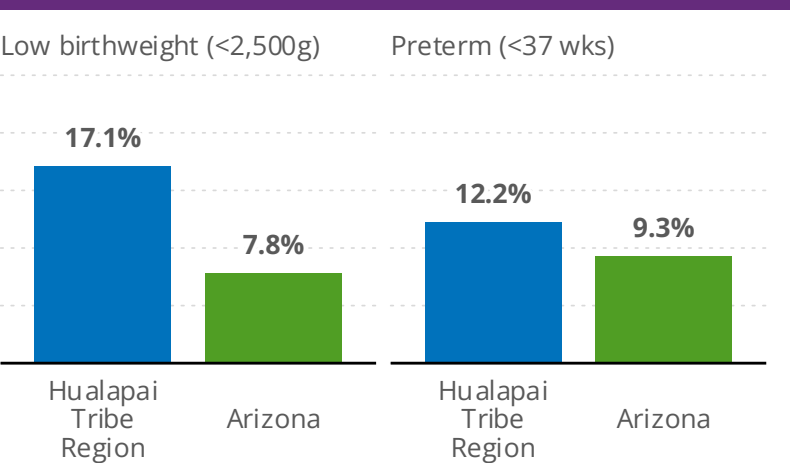
Births to mothers who began prenatal care in the first trimester¹



Births to mothers with 5 or more prenatal care visits¹



Low birth weight and preterm births (2020-2023 combined)¹



Between 2020 and 2023, fewer than 6 births in the region were to mothers who reported smoking in pregnancy¹



Births to teenaged mothers (ages 19 and younger)¹

	2020-2021	2022-2023	
Hualapai Tribe Region	7.1%	17.1%	▲
Arizona	4.9%	4.5%	▼

¹ Arizona Department of Health Services. (2025). [Vital Statistic dataset].

Note: Some values were too small to be reported, so the value "DS" is used to indicate that data have been suppressed to protect privacy.

Arizona Health Care Cost Containment System (AHCCCS) is a major source of health insurance in the Hualapai Tribe Region. In 2023, the majority of births (**79.5%**) in the Hualapai Tribe Region were paid for by AHCCCS.¹²⁵ However, from 2019 to 2024, the number of children birth to age 5 in the region enrolled in AHCCCS decreased from a high of **158** to a low of **103**. Despite this decrease, this means that about **78%** of young children were enrolled in AHCCCS, based on the 2020 Census population estimate. Statewide, the number of children birth to 5 enrolled in AHCCCS also declined over this period, falling by more than 50,000 children between 2022 and 2024. This suggests that changes in AHCCCS enrollment are part of a statewide trend, likely linked to post-pandemic requirements that all AHCCCS members reverify their enrollment starting in April 2023.¹²⁶ Local key informants shared that IHS has a designated AHCCCS Navigator who supports families in the region in understanding their eligibility and enrolling in coverage, likely contributing to this high rate of AHCCCS coverage for young children in the region.

Well-child visits provide scheduled opportunities for pediatricians to monitor growth and development, administer immunizations, observe familial dynamics and provide guidance to caregivers on essential topics and emerging milestones.^{127, 128, 129} In the Hualapai Tribe Region, about one third (**32%**, $n = 56$) of young children birth to age 5 with AHCCCS insurance coverage had a claim for a comprehensive well-child visit in 2024. However, **60** children had at least one appointment with a primary care provider (PCP) billed to AHCCCS. The number of children with PCP visits has declined in the region from a high of **81** in 2022, mirroring declines in the overall number of children with AHCCCS insurance coverage over the past few years.

The American Academy of Pediatrics recommends that providers ask parents about developmental concerns at all infant and well-child visits and have parents complete a standardized developmental screen at the 9-, 18- and 30-month appointments.¹³⁰ Developmental challenges are more frequently undiagnosed and untreated among American Indian and Alaska Native children, partly due to the lack of screening tools that incorporate cultural, economic and geographic context.¹³¹ In the Hualapai Tribe Region, around 30 young children were provided developmental screenings from either the First Things First-funded Home Visitation program (**11** screenings in the 2024-25 school year) or from the Hualapai Tribe Head Start program (**22** screenings in fiscal year 2024). Local key informants shared that both the Hualapai Head Start and Hma:ya Ba Viso:jo' (Hualapai Day Care) conduct developmental screenings using the Ages & Stages Questionnaires (ASQ-3) for all enrolled children, with referrals made to the Arizona Early Intervention Program (AzEIP) as needed.^{bb}

^{bb} For more information about ASQ-3 screenings at Hualapai Head Start, see the *Preschool to 3rd grade students with special needs* section of the report.

Oral health is a fundamental component of overall health, well-being and self-confidence. Children with dental pain and lower oral health-related quality of life have more school absences and worse academic performance.^{132, 133, 134} Preventative dental care services, such as the application of topical fluoride and dental sealants, are recommended for children to prevent tooth decay.^{135, 136} As required for federal agencies, the IHS sets target performance indicators related to oral health, which are aligned with Healthy People 2030 oral health conditions targets.¹³⁷ In the Hualapai Tribe Region, the proportion of children ages 1-5 who were provided topical fluorides at IHS facilities was more than double the IHS target of **21.1%** in FY 2023 (**55.5%**) and FY 2024 (**48.5%**). The proportion of children ages 2-5 who received dental sealants nearly met the IHS target of **9.9%** in these years (**8.6%** and **8.5%**). Local key informants shared that Peach Springs Health Center hired a new dentist in November 2025, which will support continued improvements in oral health service delivery for children in the Hualapai Tribe region.

Immunization and child mortality

Immunization serves as the best method to prevent communicable childhood diseases in children and their communities. When enough children are immunized, the protection even extends to those who are unable or who choose not to be vaccinated.¹³⁸ In the Hualapai Tribe Region, the proportion of children ages 19-35 months seen at the Indian Health Service (IHS) with all recommended immunizations increased slightly from fiscal year (FY) 2023 (**43.8%**) to FY 2024 (**47.8%**). This trend was similar to immunizations seen by IHS facilities operating throughout the Phoenix Area from FY 2023 (**43.3%**) to FY 2024 (**47.2%**). Notably, **all** children ages 3-4 who were enrolled in Hualapai Tribe Head Start were reported to be fully up to date on all required immunizations in state fiscal year 2025. Because of increased risk of disease spread, children entering child care, Head Start or preschool programs are required to be fully vaccinated (or on a catch-up schedule) or seek exemption.¹³⁹ With these high immunization rates, this means that the region is meeting the Healthy People 2030 target of **95%** or higher immunization rates for measles, mumps and rubella (MMR), one of the required vaccinations for children in preschool.¹⁴⁰ This is especially concerning as Arizona has been experiencing an active measles outbreak, and Mohave County had **285** cases of measles as of June 4, 2026.^{cc}

Healthy People 2030 set a target of no more than **5.0** infant deaths per 1,000 live births, which Mohave County (**5.4**) and the state (**5.7**) just fell short of meeting between 2021 and 2023. Hualapai Tribe Region data were suppressed due to very small numbers of infant deaths (**fewer**

^{cc} For more up-to-date case counts see <https://www.azdhs.gov/preparedness/epidemiology-disease-control/measles/index.php>

Figure 13.

Access to care and service navigation

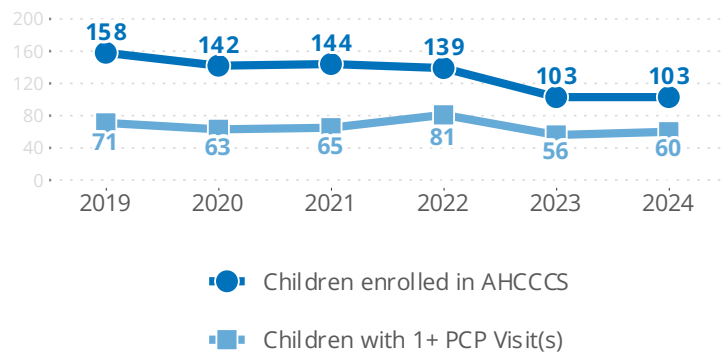
114

children birth to age 5 in the Hualapai Tribe Region were served by IHS (2024)¹
(Peach Springs, Truxton & Valentine areas)

157

well-care visits for children and adolescents ages 3 to 21 in the region at IHS facilities (2024)¹

AHCCCS-enrolled children birth to 5 and children with primary care provider visits billed to AHCCCS²

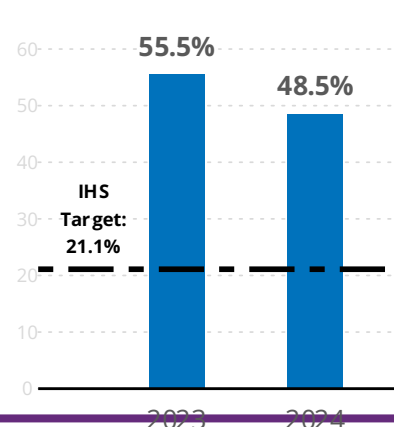


32%

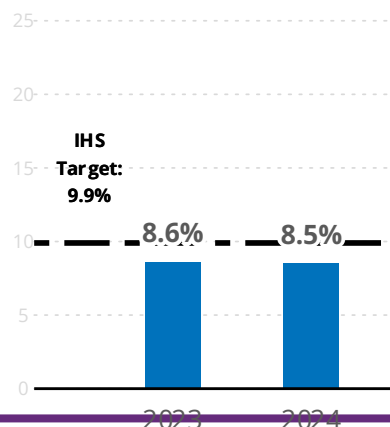
of children birth to age 5 enrolled in AHCCCS in the region had at least one well-child visit (claims data, 2024)²

Oral health services provided at IHS facilities (2023 & 2024)¹

Topical Fluorides (ages 1-5)



Dental sealants (ages 2-5)



Developmental screenings for children birth to age 5 completed in the Hualapai Tribe Region

FTF-funded strategies (2025) ³	11
Head Start (2024) ⁴	22
AHCCCS (claims data, 2024) ²	<10

¹ Indian Health Service. (2025). [Maternal and Child Health dataset].

² ASU CHiR. (2025). [AHCCCS claims dataset].

³ First Things First. (2025). [Home Visitation & Screenings Reach datasets].

⁴ Office of Head Start. (2025). [2022-2024 Program Information Report].

Note: AHCCCS data reflect children birth to age 5 with approved insurance claims– these data may not reflect all care provided in the region. Developmental screenings were provided through the FTF-funded home visitation strategy. Overall, 17 children received developmental, socio-emotional, hearing or vision screenings.

than 6 between 2021 and 2023). In the same time period, young child mortality was higher in Mohave County (40.1 deaths per 100,000 children ages 1-4) compared to the state (29.8).^{dd}

Young children with special needs

Timely connection with early intervention services— such as speech, physical, occupational and behavioral therapy— can shape school readiness and the developmental path of young children with medical conditions, developmental delays and even certain risk factors for delays.¹⁴¹ In Arizona, the Department of Economic Security's (DES) Arizona Early Intervention Program (AzEIP), the Division of Developmental Disabilities (DDD) and the Arizona Department of Education's (ADE) Early Childhood Special Education Program each play a role in providing services to families with children who have special needs. AzEIP^{ee} provides early intervention and a variety of supportive services to families of children birth to age 2 with developmental delays or disabilities.¹⁴²

In state fiscal year (SFY) 2023 and 2024 combined, children birth to age 2 in the Hualapai Tribe Region were referred to AzEIP by three sources with equal frequency: physicians (33%), a hospital or health facility (33%) or schools (33%). One-third (33%) of referred children received services, while the remaining two-thirds of those referred either could not be reached (33%) or their families were not interested in services when offered (33%). Statewide in SFY 2024, 37% of referrals resulted in children receiving services, 19% of referrals resulted in no contact (the family could not be reached), 13% had families who were not interested in services, and 28% were screened out or assessed not eligible for services. This suggests that referrals in the region are more likely to result in no contact or with families not interested in services than referrals statewide. Local key informants noted that AzEIP has not consistently provided in-person services in the community, with most services offered remotely via Zoom. Many families are unfamiliar with the program, and local informants felt that local childcare and home visitation programs could play a bigger role in connecting families with early intervention supports. Recent research on developmental screenings systems in Native communities emphasizes the importance of ensuring parents understand the goals and screening process, building trust between parents and screening providers and ensuring clear communication and cultural competency throughout the screening and referral process.¹⁴³

Overall, in SFY 2024 just under 2% (1.8%) of young children birth to age 2 in the Hualapai Tribe Region were estimated to receive early intervention services from AzEIP. This is lower than that

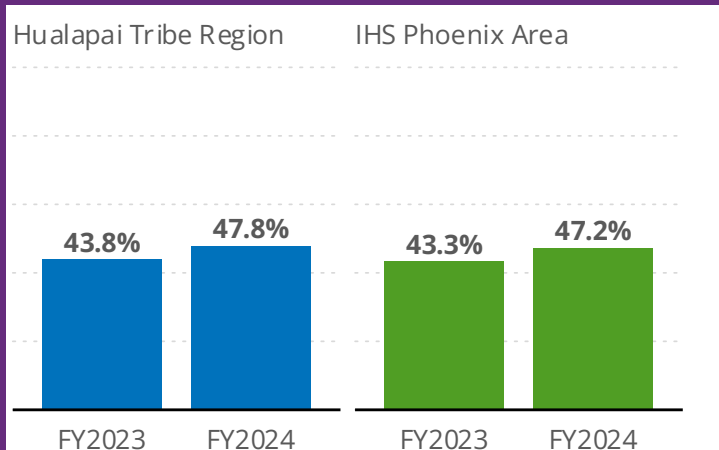
^{dd} Young child mortality rates were not available at the region-level due to the small number of child deaths that occur statewide in any given year.

^{ee} For more information on AzEIP (which is a division of the Department of Economic Security), visit <https://www.azdes.gov/azeip/>

Figure 14.

Immunization and child mortality

Children ages 19-35 months seen at IHS with all recommended immunizations¹

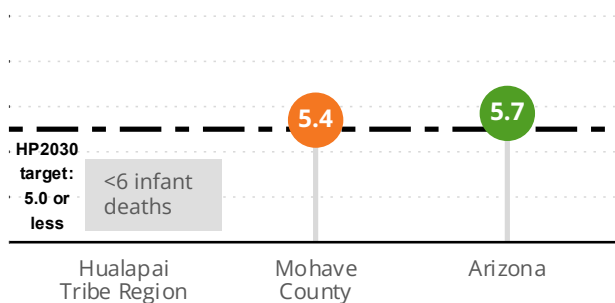


100%

of children (ages 3-4) enrolled in Hualapai Tribe Head Start were reported to be fully up-to-date on all required immunizations

(2025)²

Infant mortality rate per 1,000 live births (2021-2023 combined)^{3,4}



¹ Indian Health Service. (2025). [Maternal and Child Health dataset].

² Office of Head Start. (2025). [2022-2024 Program Information Report].

³ Arizona Department of Health Services. (2025). [Vital Statistic dataset].

⁴ Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. (2025). [Healthy People 2030 Objectives: MICH-02, MICH-07].

seen across the state (**2.5%**) and U.S. (**4.3%**).¹⁴⁴ Research suggests that many more young children would benefit from early intervention than are receiving it (closer to 15%).^{145, 146}

Children who receive a diagnosis of autism, cerebral palsy, epilepsy, cognitive or intellectual disability or down syndrome may also become eligible for services through DDD.^{ff} In SFY 2023 and 2024 combined, **fewer than 10** children birth to age 5 were served by AzEIP and/or DDD in the region.

Preschool to 3rd grade students with special needs

As a child with special needs approaches age 3, they can be transferred from AzEIP to the Early Childhood Special Education Program to receive services through their local education agency (LEA).^{gg} In the Hualapai Tribe Region, children in preschool through 3rd grade can enroll in special education in public and charter schools both inside and outside of the region. Between the 2017-18 and 2021-22 school years, a total of **18** preschoolers, **12** kindergarteners, and **fewer than 11**^{hh} students in 1st, 2nd or 3rd grade were enrolled in special education at Peach Springs Elementary School in the Hualapai Tribe Region. Off-reservations schools serving Hualapai Tribe Region studentsⁱⁱ had **fewer than 11** kindergarteners and a combined total of **40** students in 1st through 3rd grade enrolled in special education. Local key informants shared that families may move to Valentine, Seligman, Kingman and other communities as their kids are getting older due to housing issues.

Of the preschoolers (ages 3-5) with disabilities enrolled at Peach Springs Elementary School between the 2017-18 and 2021-22 school years, **62%** were diagnosed with preschool severe delay (PSD), **25%** with a developmental delay (DD) and **12%** with a speech or language impairment (SLI). Across the state in the 2021-22 school year, developmental delay was the most common disability type among preschoolers ages 3-5 receiving special education services (**43%**), followed by speech or language impairment (**30%**) and preschool severe delay (**24%**).¹⁴⁷

^{ff} For more information on DDD (which is a division of the Department of Economic Security), visit <https://des.az.gov/services/disabilities/developmental-disabilities>

^{gg} For more information on ADE's Early Childhood Special Education program, visit <https://www.azed.gov/specialeducation/early-childhood-special-education> and <https://www.azed.gov/specialeducation/early-childhood-special-education-child-find>

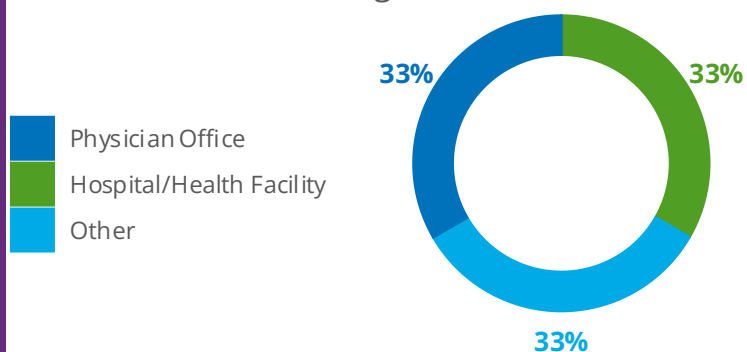
^{hh} Fewer than 11 (<11) is used when the count of students is too small to be reported according to ADE student privacy guidelines.

ⁱⁱ Children living in the region may also attend schools in the Hackberry, Kingman, Seligman, and Valentine Districts (specifically Valentine Elementary School in Truxton, serving students in preschool to grade 8).

Figure 15.

Young children with special needs

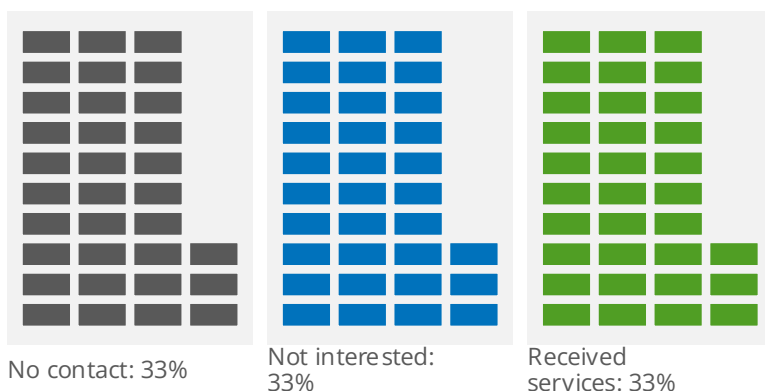
Children birth to age 2 referred to AzEIP by referral source in the region (2023 & 2024)¹



<10

**children birth to age 5
were served by AzEIP
and/or DDD in the
Hualapai Tribe Region
(2023 & 2024 combined)¹**

AzEIP referral outcomes for children birth to age 2 in the region (2023 & 2024)¹



**33% of
children
referred to
AzEIP received
services**



1.8%

**young children birth to age 2 in the
Hualapai Tribe Region were
estimated to have received early
intervention services from AzEIP
(2024)¹**

¹ Arizona Department of Economic Security. (2024). [Arizona Early Intervention Program & Division of Developmental Disabilities datasets].

Among kindergarten through 3rd grade students receiving special education services at Peach Springs Elementary School during this same time (2017-18 to 2021-22 school years), students were most likely to be diagnosed with speech or language impairment (**50%**) or developmental delay (**44%**).^{jj} Smaller proportions of kindergarten through 3rd grade students in special education were diagnosed with a specific learning disability (**6%**), autism (**5%**) or other disabilities (**3%**).^{kk}

The Head Start program offers a broad range of individualized services in the areas of education and child development, special education, health services, nutrition and parent/family development. When new preschool age students enroll in the Hualapai Tribe Head Start program, they receive a developmental screening using the Ages and Stages Questionnaire (ASQ-3), a widely used and validated screening tool for young children.¹⁴⁸ Students identified through this process can be further assessed and enrolled in an individualized education program (IEP) to provide specialized developmental and education supports to help them thrive. In federal fiscal year 2024, **13** children ages 3-5 were referred for evaluation (**32%** of cumulatively enrolled children), **11** received a disability diagnosis (**27%**) and **11** had an IEP (**27%**). These numbers suggest that there may be more children in the region who would benefit from early intervention services but are not receiving services for disabilities until they enroll in Head Start.

^{jj} The proportion of children diagnosed with a developmental delay in the region (**50%**) was notably larger than seen in schools off-reservation serving the region (**9%**), Mohave County (**19%**) and Arizona (**25%**) during this period.

^{kk} The most common disabilities in the "Other" category are other health impairments (these are usually chronic health conditions that affect a child's ability to attend or participate in school), intellectual disabilities, emotional disturbance, hearing or vision impairment, multiple disabilities, orthopedic impairments and deaf-blindness.

Figure 16.

Preschool to 3rd grade students with special needs

Children enrolled in special education in public and charter schools

(2018 - 2022 combined)¹

	Peach Springs USD	Out-of-region school
Preschool	18	0
Kindergarten	12	<11
Grade 1	<11	14
Grade 2	<11	14
Grade 3	<11	12

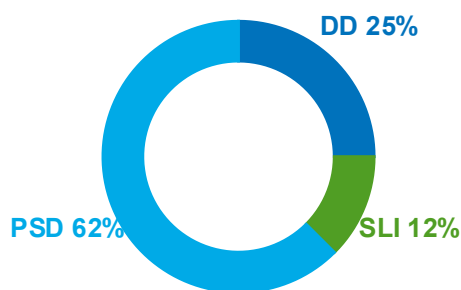
Children in Hualapai Head Start with special needs (2024)²

	Number	%
Student referred for evaluation	13	32%
Children diagnosed with disability	11	27%
Children with IEP	11	27%

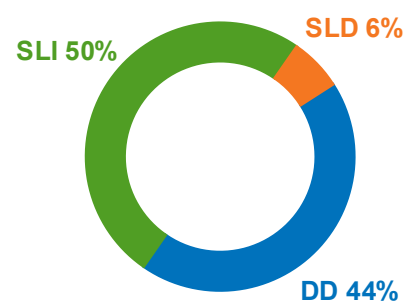
Primary disability for children receiving services in the region

(2018-2022 combined)¹

Children ages 3-5



K-3rd grade students



Developmental Delay (DD)

Speech Language Impairment (SLI)

Preschool Severe Delay (PSD)

Specific Learning Disability (SLD)

Autism

Other Disabilities

¹ Arizona Department of Education (2023). [Exceptional Student Services dataset].

² Office of Head Start (2025). [2022-2024 Program Information Report].

Note: The "Other disabilities" category includes children with hearing impairment, visual impairment, or deaf-blindness for preschool and chronic medical conditions, intellectual disabilities, or multiple disabilities for children in K-12 settings. Schools outside the region include schools in the Hackberry, Kingman, Seligman and Valentine school districts.

MAPS & METHODS

Methods

U.S. Census and American Community Survey Data. The U.S. Census^{ll} is an enumeration of the population of the United States conducted every ten years, and includes information about housing, race, and ethnicity. The 2020 U.S. Census data are available by census block. There are about 108,000 inhabited blocks in Arizona, each with an average population of 66 people. The 2020 U.S. Census data for the region presented in this report were drawn from the Census Geography for the Hualapai Reservation and trust land.

The American Community Survey (ACS)^{mmm} 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. ACS data are available by census tract. Arizona is divided into approximately 1,750 census tracts, each with an average population of 3,900 people. ACS data for the region were drawn from the Census Geography for the Hualapai Reservation and trust land. 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 from 2019 to 2023. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates.

First Things First (FTF) strategy data. Data related to FTF-funded strategies were provided for this report by FTF staff. These data included regional estimates of oral health indicators and hearing, vision, socio-emotional and developmental screening reach, zip code-level service data for home visitation programs, statewide workforce registry wage data and provider-level Quality First participation and enrollment data. The vendor used an apportioning file provided by FTF to create regional estimates of home visitation services from the zip-code level file.

Early education and service data from the Arizona Department of Economic Security (DES). Data related to child care assistance, Arizona Early Intervention Program (AzEIP) referrals, outcomes and services, and Division of Developmental Disabilities services were provided by DES. These data were geocoded to regions and sub-regions by staff at DES using a custom shapefile provided by the vendor.

Health data from the Arizona Department of Health Services (ADHS). Data related to births, infant and maternal health, immunization rates at child care and school facilities, infant and child mortality and enrollment and participation in the Special Supplemental Nutrition Program for

^{ll} For more information, see <https://www.census.gov/programs-surveys/decennial-census.html>

^{mmm} For more information, see <https://www.census.gov/programs-surveys/acs.html>

Women, Infants and Children (WIC) were provided by ADHS. All data apart from immunization data were geocoded to regions and sub-regions by staff at ADHS using a custom shapefile provided by the vendor. The vendor geocoded child care and school facilities to regions using addresses or coordinates provided in the immunization datasets to create custom immunization coverage estimates.

Health data from the Arizona Health Care Cost Containment System (AHCCCS). FTF partnered with the Arizona State University Center for Health Information and Research (CHiR) to create custom tabulations of health claims data for young children birth to age 5 enrolled in AHCCCS health care plans. These estimates, at the state, county, regional and sub-regional levels, were provided to the vendor for inclusion in this report.

Health data from the Indian Health Service (IHS). Data related to active users of IHS services and performance on select Government Performance and Results Act indicators related to child health were provided by the Indian Health Service Phoenix Area Office. Data for each region reflect the population seeking services in specific service units, clinics and service areas; these data do not reflect affiliation or membership with a particular Tribe (e.g., any individual identified as American Indian or Alaska Native descent and belonging to the community served by IHS seen within the last three years at a specific health facility or a facility within a specific service area or service unit was counted as an active user).

Service data from the Inter Tribal Council of Arizona. Data related to enrollment and participation in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) were provided by the Inter Tribal Council of Arizona for each local WIC program. These data were sent to local WIC program directors, who then shared the data with the vendor.

Employment and industry data from the Arizona Office of Economic Opportunity (OEO). Data for unemployment ratesⁿⁿ were obtained from the OEO for counties and multi-county areas (which combine 2-4 small counties to produce a more reliable estimate).

Education data from the Arizona Department of Education (ADE). For past FTF Regional Needs and Assets reports, regional estimates for education data were obtained through a custom tabulation of unredacted data files provided by ADE. Access to unredacted data files was not available for this report. Instead, publicly-available data files published by ADE^{oo} were used to examine trends in enrollment, assessment results, graduation and dropout rates, and data on chronic absenteeism were obtained via the Maricopa Association of Governments and ReadOn Arizona MAPLit data tool.^{pp} Due to the frequency of data suppression in these files to protect

ⁿⁿ For more information, see <https://o eo .az.gov/labor-market/unemployment>

^{oo} For more information, see <https://www.azed.gov/accountability-research/data>

^{pp} For more information, see <https://geo.azmag.gov/maps/readonaz/>

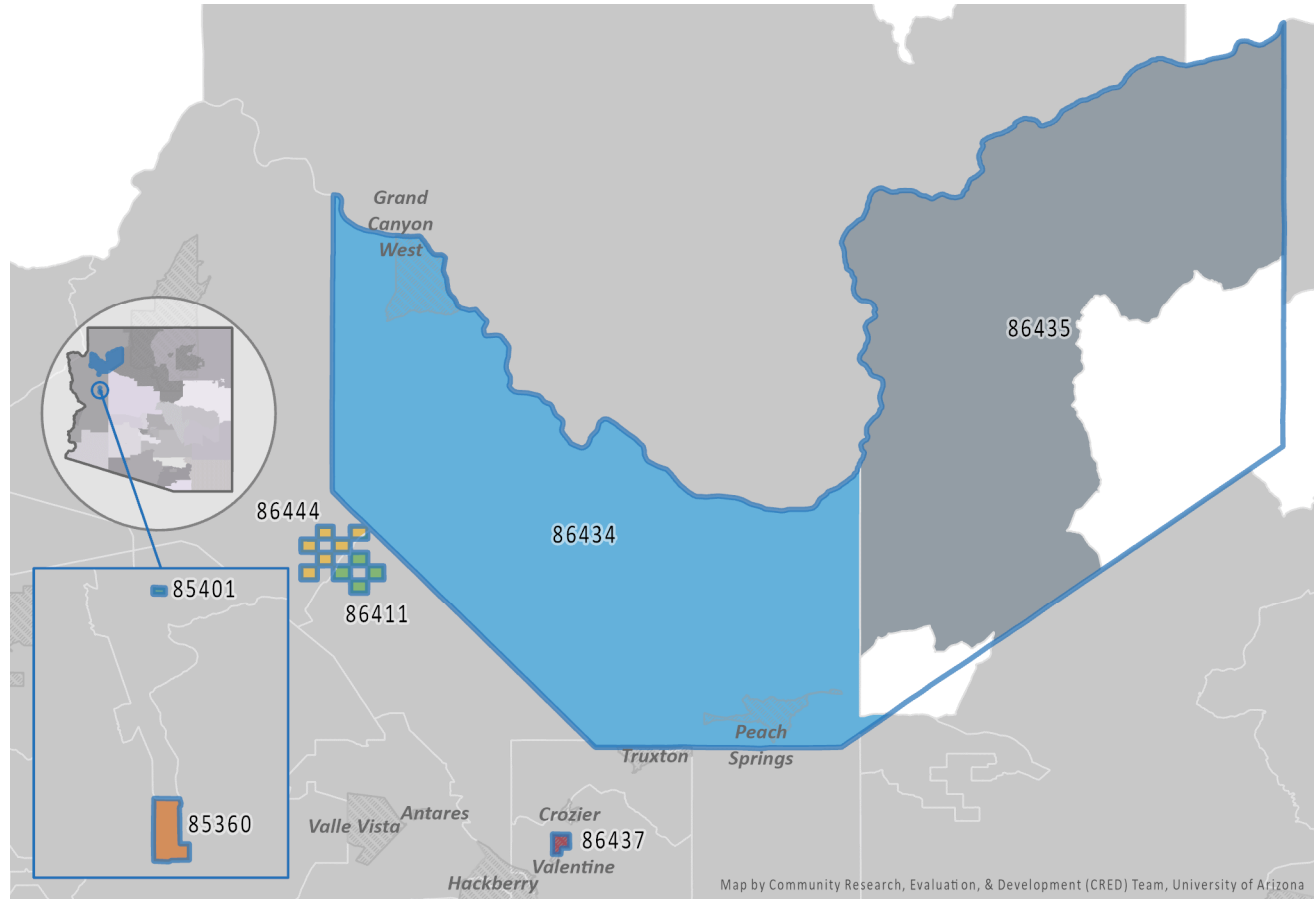
student privacy, data could not be reliably aggregated across schools or districts to create regional estimates. Data on services for students with disabilities by grade are not publicly available for geographies smaller than the state, so custom regional estimates from the 2024 Regional Needs and Assets reports were used in this report.

Change calculations. Unless otherwise specified, changes in counts of data over time (i.e., percent increase or decrease) are calculated by subtracting the earlier number (e.g., a 2010 count) from the later number (e.g. the 2020 count) and dividing the result by the earlier number (e.g. the 2010 count). This calculation provides the percent change between the most recent count and the prior count, relative to the prior count.

Data availability. State agency data in this report were provided to FTF by agency staff through a data request process initiated in February 2025 and extending to March 2026. Wherever possible, data were requested for multiple years to allow for the visualization of trends as well as for the most recent year available. However, due to both the constraints of agency staff and agency-maintained datasets as well as the timing of requests, not all data were available on the same time and geographic scales. This report attempts to include the most recent and complete data available, with notes indicating where data were not available for particular time periods or geographies.

Data suppression. To protect the confidentiality of program participants, the FTF Data Dissemination and Suppression Guidelines preclude reporting of social service and early education programming data if the count is less than 10 and data related to health or developmental delay if the count is less than 6. In addition, some data received from state agencies are suppressed according to their own guidelines. ADHS does not report counts between 1 and 5; DES does not report counts between 1 and 9; ADE does not report counts less than 11. Additionally, ADE requires suppression of the second-smallest value or the denominator in tables where a reader might be able to use the numbers provided to calculate a suppressed value. Throughout this report, information which is not available because of suppression guidelines is indicated by entries of "<6" or "<10" or "<11" for counts, or "DS" (data suppressed) for percentages. Data are sometimes not available for particular regions, either because a 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", "NA" or a note that states "data not available."

Map of Zip Codes in the Region



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

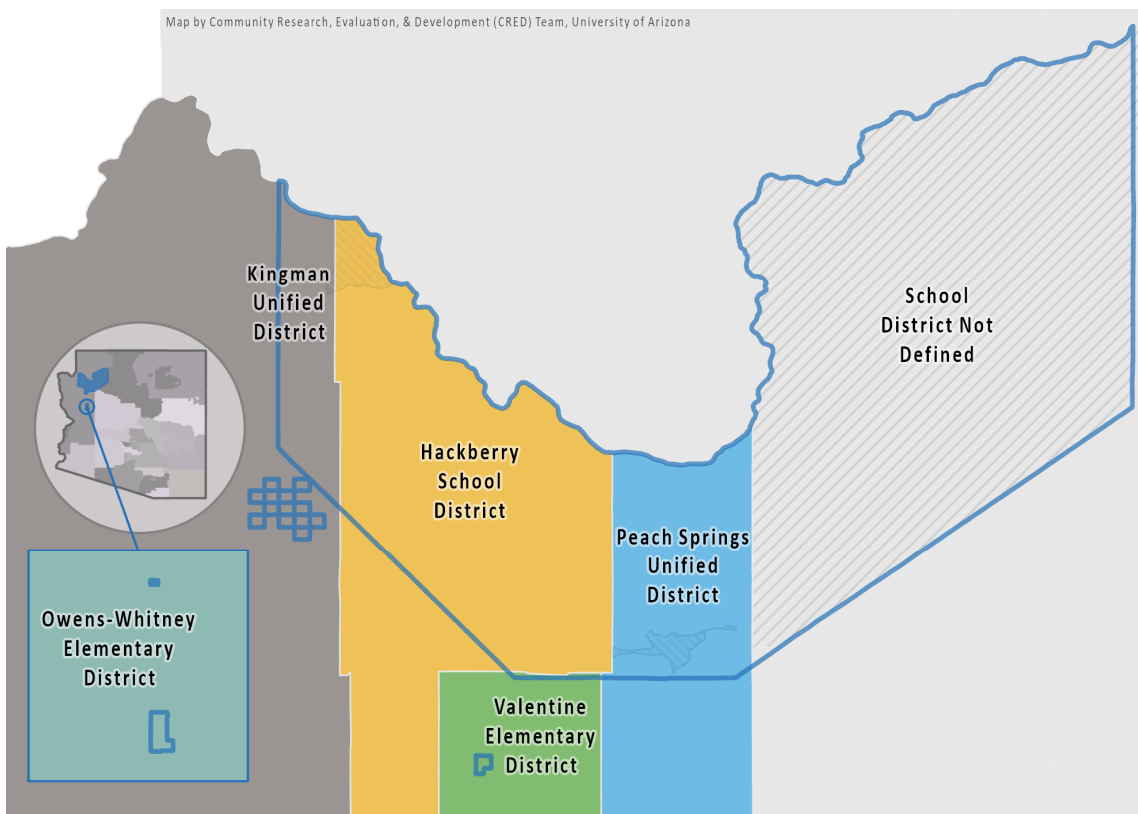
Zip Code Tabulation Areas (ZCTAs) in the Hualapai Tribe Region

Zip Code Tabulation Area (ZCTA)	Population (all ages)	Percent of this ZCTA's total population living in the Hualapai Tribe Region	This ZCTA is shared with
Hualapai Tribe Region	1,299		
86434	1,251	88%	La Paz/Mohave Region, Yavapai Region, Coconino Region
86435	7	3%	Coconino Region
86437	37	40%	La Paz/Mohave Region
85360	4	2%	La Paz/Mohave Region

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics, Table P1.

Note: ZCTAs 86411 and 8644 also overlap the region but all parts of these ZCTAs within the Hualapai Tribe Region are unpopulated

Map of School Districts in the Region



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

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