

2024

NEEDS AND ASSETS REPORT



 **FIRST THINGS FIRST**

Hualapai Tribe Region

HUALAPAI TRIBE REGIONAL PARTNERSHIP COUNCIL 2024 NEEDS AND ASSETS REPORT

Funded by the
First Things First Hualapai Tribe Regional Partnership Council

Prepared by
Community Research, Evaluation & Development (CRED)

John & Doris Norton School of Human Ecology
College of Agricultural, Life and Environmental Sciences

The University of Arizona

PO Box 210078

Tucson, AZ 85721-0462

Phone: (520) 621-2983

<https://norton.arizona.edu/cred>

INTRODUCTION

Ninety percent of a child's brain growth occurs before kindergarten and the quality of a child's early experiences impacts whether their brain will develop in positive ways that promote learning. First Things First (FTF) was created by Arizonans to help ensure that Arizona children have the opportunity to 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 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. An overview of this information is provided in the Executive Summary and documented in further detail in the full report.

The report is organized by topic areas pertinent to young children in the region, such as population characteristics or educational indicators. Within each topic area are sections that set the context for why the data found in the topic areas are important (Why it Matters), followed by a section that includes available data on the topic (What the Data Tell Us).

The FTF Hualapai Tribe Regional Partnership Council recognizes the importance of investing in young children and ensuring that families and caregivers have options when it comes to supporting the healthy development 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 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.

ACKNOWLEDGEMENTS

The 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; and the U.S. Census Bureau. We are especially grateful for the spirit of collaboration exhibited by all our partners as we, as a state, continue to recover from the COVID-19 pandemic.

We also want to thank parents and caregivers, local service providers and members of the public who 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 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.

TABLE OF CONTENTS

EXECUTIVE SUMMARY	10
ABOUT THIS REPORT	20
THE HUALAPAI TRIBE REGION	22
POPULATION CHARACTERISTICS.....	24
Why It Matters	25
2020 Census data and its limitations.....	25
What the Data Tell Us	26
Population, race and ethnicity	26
Language use	31
Family and household composition	34
ECONOMIC CIRCUMSTANCES.....	38
Why it Matters	39
What the Data Tell Us	39
Income and poverty.....	39
Food security.....	44
Employment.....	48
Housing instability and internet access	51
EDUCATIONAL INDICATORS	55
Why it Matters	56
What the Data Tell Us	56
School attendance and absenteeism	56
Achievement on standardized testing	58
Graduation rates and adult educational attainment.....	61
EARLY LEARNING	65
Why it Matters	66
What the Data Tell Us	66
Access to early care and education	66
High quality early care and education	71
Young children with special needs	73
CHILD HEALTH.....	80
Why it Matters	81
What the Data Tell Us	81
Access to health services.....	81
Maternal age and substance abuse	87
Maternal health and well-being	89
Infant health	91
Childhood infectious disease and immunization.....	94
Infant and child hospitalization and mortality.....	95
FAMILY SUPPORT AND LITERACY	98
Why it Matters	99
What the Data Tell Us	99
Early literacy.....	99
Substance use disorders.....	100
Child removals	101
APPENDIX 1: ADDITIONAL DATA TABLES.....	103
Population Characteristics	103

Economic Circumstances.....	107
Early Learning	112
Child Health.....	117
APPENDIX 2: METHODS AND DATA SOURCES.....	120
APPENDIX 3: ZIP CODES OF THE HUALAPAI TRIBE REGION.....	122
APPENDIX 4: SCHOOL DISTRICTS OF THE HUALAPAI TRIBE REGION	124
APPENDIX 5: DATA SOURCES	126
REFERENCES.....	128

LIST OF FIGURES

Figure 1. The First Things First Hualapai Tribe Region	23
Figure 2. Change in the total population and population of children birth to age 5, 2010 to 2020 Census	28
Figure 3. Children by single year of age in the 2020 Census compared to recent birth numbers in the region (2015 to 2020).....	29
Figure 4. Race and ethnicity of the population of all ages, 2020 Census	30
Figure 5. Race and ethnicity for children birth to age 4, 2020 Census	30
Figure 6. Language spoken at home (by persons ages 5 and older), 2017-2021 ACS	32
Figure 7. English-language proficiency (for persons ages 5 and older), 2017-2021 ACS	33
Figure 8. Share of households that are limited-English-speaking, 2017-2021 ACS	33
Figure 9. Grandchildren birth to age 5 living in a grandparent's household, 2020 Census	36
Figure 10. Percent of grandparents living with their grandchildren birth to age 17 and no parent is present in the household, 2017-2021 ACS	37
Figure 11. Median family income for families with children birth to age 17, 2017-2021 ACS	41
Figure 12. Rates of poverty for persons of all ages and for children birth to age 5, 2017-2021 ACS	42
Figure 13. Rates of poverty for children birth to age 5, 2012-2016 and 2017-2021 ACS	42
Figure 14. Children birth to age 5 living at selected poverty thresholds, 2017-2021 ACS	43
Figure 15. Number of children birth to age 5 and households with children birth to age 5 participating in SNAP, state fiscal years 2018 to 2022	46
Figure 16. Trends in lunches served through school nutrition programs, 2019-20 to 2021-22	47
Figure 17. Unemployment and labor-force participation for the population ages 16 and older, 2017-2021 ACS ..	49
Figure 18. Average annual unemployment rates (not seasonally adjusted), 2017 to 2022	50
Figure 19. Parents of children birth to age 5 who are or are not in the labor force, 2017-2021 ACS	51
Figure 20. Persons of all ages in households with and without computers and internet connectivity, 2017-2021 ACS	54
Figure 21. Children birth to age 17 in households with and without computers and internet connectivity, 2017-2021 ACS	54
Figure 22. Trends in passing rates for 3rd Grade English Language Arts assessments, 2018-19 to 2021-22	60
Figure 23. Trends in passing rates for AzMERIT 3rd Grade Math, 2018-19 to 2021-22	61
Figure 24. Level of education for the adult population (ages 25 and older), 2017-2021 ACS	64
Figure 25. Percent of 3- and 4-year-olds enrolled in school, 2012-2016 and 2017-2021 ACS	69
Figure 26. Median monthly charge for full-time child care, 2022	70
Figure 27. Cost of center-based child care as a percentage of income, 2022	71
Figure 28. Percent of Quality First programs with a 3-5 star rating and children enrolled in quality-level programs, state fiscal year 2023	73
Figure 29. Outcomes for children birth to age 2 referred to AzEIP, federal fiscal year 2022	76
Figure 30. Preschoolers with disabilities receiving services through Local Education Agencies (LEAs) by type of disability, state fiscal years 2018-2022 combined	78
Figure 31. Kindergarten to 3rd grade students enrolled in special education in public and charter schools by primary disability, state fiscal years 2018- 2022 combined	79
Figure 32. Percent of children birth to age 5 without health insurance, 2012-2016 and 2017-2021 ACS	84
Figure 33. Births paid for by AHCCCS or IHS, 2018 to 2022	85
Figure 34. Births to mothers who began prenatal care in the first trimester, 2018 to 2022	86
Figure 35. Births to mothers diagnosed with pre-pregnancy obesity, 2018 to 2022	91
Figure 36. Percent of WIC-enrolled infants ever breastfed, 2017 to 2020	94
Figure 37. Infant mortality rates, 2019-2021 combined	97
Figure 38. Non-fatal emergency department visits due to unintentional injuries for children birth to age 4 by	

selected mechanism of injury, 2016-2020 combined	97
Figure 44. Zip Code Tabulation Areas (ZCTAs) in the Hualapai Tribe Region	122
Figure 45. School Districts in the Hualapai Tribe Region.....	124

LIST OF TABLES

Table 1. Population and households in the 2020 U.S. Census	27
Table 2. Change in the total population and population of children birth to age 5, 2010 to 2020 Census.....	27
Table 3. Hualapai Tribe Enrollment, 2022	28
Table 4. Number of English Language Learners enrolled in all grades, 2020-21 to 2021-22.....	34
Table 5. Living arrangements for children birth to age 5, 2017-2021 ACS	36
Table 6. Selected characteristics of grandparents who are responsible for one or more grandchildren under 18 in their households, 2017-2021 ACS.....	37
Table 7. Families with children birth to age 5 receiving TANF, state fiscal years 2018 to 2022	43
Table 8. Children birth to age 5 receiving TANF, state fiscal years 2018 to 2022	44
Table 9. Enrollment in the Hualapai Tribe WIC program, 2020	46
Table 10. Lunches served through CACFP, 2019-20 to 2021-22	47
Table 11. Unemployment and labor-force participation for the population ages 16 and older, 2017-2021 ACS....	50
Table 12. Households with housing costs of 30% or more of household income by home ownership status, 2017-2021 ACS	53
Table 13. Households with a computer and broadband internet connectivity, 2017-2021 ACS	53
Table 14. Preschool to 3rd grade students enrolled in public and charter schools, 2021-22	57
Table 15. Kindergarten to 3rd grade students with chronic absences, 2020-21 to 2021-22.....	57
Table 16. Assessment results: 3rd Grade English Language Arts, 2021-22	59
Table 17. Assessment results: 3rd Grade Math, 2021-22.....	60
Table 18. 4-year and 5-year graduation rates, 2021 and 2022	63
Table 19. 7th to 12th grade dropout rates, 2019-20 to 2021-22	63
Table 20. Level of education for the mothers of babies born in 2020 and 2021	64
Table 21. Enrollment in Hualapai Day Care Hma:ny Ba Viso:jo', federal fiscal year 2021	69
Table 22. Enrollment in Hualapai Tribe Head Start, federal fiscal year 2023	69
Table 23. Hualapai Day Care parent co-pays, 2022	70
Table 24. Increase in median child care cost by provider type and child age, 2018 to 2022.....	71
Table 25. Quality First child care providers by funding source, state fiscal year 2023	72
Table 26. Children served by Quality First child care providers, state fiscal year 2023.....	72
Table 27. Number of children birth to age 2 receiving services from AzEIP as of October 1, 2018 to 2022	76
Table 28. Number of children (birth to age 5) receiving DDD services, state fiscal years 2019 to 2022.....	77
Table 29. Number of children (ages 0-2) receiving AzEIP and/or DDD services, state fiscal years 2019 to 2022.	77
Table 30. Preschool to 3rd grade students enrolled in special education, state fiscal years 2018-2022 combined	77
Table 31. Health insurance coverage, 2017-2021 ACS	83
Table 32. Insurance coverage for babies born in 2020 and 2021	84
Table 33. Prenatal care for the mothers of babies born in 2020 and 2021	86
Table 34. Selected characteristics of mothers giving birth, 2020 to 2021.....	88
Table 35. Newborns hospitalized because of maternal drug use during pregnancy, 2018-2022 combined	88
Table 36. Births to mothers with gestational diabetes or pre-pregnancy obesity, 2020 to 2021	90
Table 37. Selected birth outcomes, 2020 to 2021	93
Table 38. Confirmed and probable cases of infectious diseases in children birth to age 5, 2019 to 2022	95
Table 39. Number of deaths with opiates or opioids contributing, 2018-2021 combined	101
Table 40. Child welfare services in the Hualapai Tribe Region, 2021.....	102
Table 41. Population of children birth to age 5 by single years of age in the 2020 Census	103
Table 42. Race and ethnicity of the population of all ages, 2020 Census	103
Table 43. Race and ethnicity of children birth to age 4	104
Table 44. Race and ethnicity for the mothers of babies born in 2020 and 2021	104

Table 45. Children birth to age 5 living with parents who are foreign-born, 2017-2021 ACS	105
Table 46. Language spoken at home (by persons ages 5 and older), 2017-2021 ACS	105
Table 47. English-language proficiency (for persons ages 5 and older), 2017-2021 ACS	106
Table 48. Limited-English-speaking households, 2017-2021 ACS	106
Table 49. Grandchildren birth to age 5 living in a grandparent's household, 2020 Census.....	107
Table 50. Median annual family income, 2017-2021 ACS	107
Table 51. Children birth to age 5 living at selected poverty thresholds, 2017-2021 ACS	108
Table 52. Families participating in SNAP, state fiscal years 2018 to 2022	108
Table 53. Children participating in SNAP, state fiscal years 2018 to 2022	108
Table 54. Lunches served through NSLP, 2019-20 to 2021-22.....	109
Table 55. Lunches served through SFSP, 2019-20 to 2021-22.....	109
Table 56. Parents of children birth to age 5 who are or are not in the labor force, 2017-2021 ACS	110
Table 57. Students experiencing homelessness (all grades) enrolled in public and charter schools, 2019-20 to 2021-22.....	110
Table 58. Persons of all ages in households with and without computers and internet connectivity, 2017-2021 ACS.....	111
Table 59. Children birth to age 17 in households with and without computers and internet connectivity, 2017-2021	111
Table 60. School enrollment for children ages 3 to 4, 2017-2021 ACS	112
Table 61. Children receiving DES child care assistance, 2017 to 2022.....	112
Table 62. DCS-involved children receiving DES child care assistance, 2017 to 2022	112
Table 63. Eligible families not using DES child care assistance, 2017 to 2022	113
Table 64. Quality First Programs, state fiscal year 2023.....	113
Table 65. Median monthly charge for full-time center-based child care, 2022.....	113
Table 66. Median monthly charge for full-time home-based child care, 2022.....	114
Table 67. Cost of center-based child care as a percentage of income, 2022	114
Table 68. Preschoolers with disabilities receiving services through Local Education Agencies, state fiscal years 2018 to 2022.....	115
Table 69. Preschoolers with disabilities receiving services through Local Education Agencies by type of disability, state fiscal years 2018- 2022 combined	115
Table 70. Kindergarten to 3rd grade students enrolled in special education in public and charter schools, state fiscal years 2018 to 2022.....	116
Table 71. Kindergarten to 3rd grade students enrolled in special education in public and charter schools by primary disability, state fiscal year 2022.....	116
Table 72. Percent of WIC-enrolled infants ever breastfed, 2017 to 2020	117
Table 73. Children in child care with selected required immunizations, 2022-23	117
Table 74. Kindergarten students with selected required immunizations, 2022-23	118
Table 75. Child care immunization exemption rates, 2018-19 to 2022-23.....	118
Table 76. Kindergarten immunization exemption rates, 2018-19 to 2022-23	119
Table 77. Non-fatal hospitalizations and emergency department visits due to unintentional injuries for children birth to age 5, 2018-2022 combined.....	119
Table 78. Zip Code Tabulation Areas (ZCTAs) in the Hualapai Tribe Region	123
Table 79. School Districts and Local Education Agencies (LEAs) in the Hualapai Tribe Region	125

EXECUTIVE SUMMARY

The Hualapai Tribe Region. The First Things First (FTF) Hualapai Tribe Region has the same boundaries as the Hualapai Indian Reservation. 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 a 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 since then, the Hualapai Tribe has opted to continue to be designated as its own region.

Population Characteristics. According to the 2020 U.S. Census, the total population of the Hualapai Tribe Region was 1,299, of whom 132 were young children (birth to age 5). About one-fifth (22%) of the 345 households in the region had one or more young children. The proportion of households with young children in the region was slightly higher than all Arizona reservations combined (20%), though notably higher than Mohave County (8%) and Arizona (13%). According to the Census, between 2010 and 2020 the overall population of the Hualapai Tribe Region decreased by 3%, matching the trend seen across all Arizona reservations (-3%). The population of young children (birth to age 5) decreased by one-third (-33%) compared to a one-quarter (-26%) decrease seen across all Arizona reservations.

Given that American Indians living on reservations and young children (birth to age 4) were specifically found to be substantially undercounted in the 2020 Census (5.6% and 3-5% nationally), tribal enrollment data is another important source of data for determining population counts in Native communities. Based on data from the Hualapai Tribal Enrollment Department, in 2022 the Hualapai Tribe had a total enrollment of 2,385. This included 1,272 individuals living on-reservation, of whom 105 were young children (birth to age 5). Another way to understand potential undercounting of young children in the Hualapai Tribe Region is to compare 2020 Census data to births by year. Census estimates of the population size of young children by age are, for the most part, lower than the count of births from their likely birth year, with 169 births occurring between 2015 and 2020 compared to 132 children birth to age 5 enumerated by the Census.

Nearly all the population (97%) in the Hualapai Tribe Region, including young children (99%), identified as American Indian, with smaller proportions identified as Hispanic or Latino (5%), Non-Hispanic White (2%), Multiracial (2%), Black or African American (1%) or Asian or Pacific Islander (1%) in 2020.

While about three-quarters (76%) of individuals in the Hualapai Tribe Region speak only English at home, more than one in five (21%) individuals in the region speak a language other than English or Spanish at home, the majority of whom likely speak the Hualapai language. Of those individuals speaking a language other than English at home, the majority also speak English very well, with 17% of the region proficiently bilingual or multilingual. In addition to those who are multilingual, about 5% of households in the Hualapai Tribe Region are considered limited-English-speaking, meaning no one over

the age of 13 speaks English very well. While this is a smaller proportion than what is seen across all Arizona reservations (12%), it points to the need for bilingual or multilingual staff and resources to help support families whose first language is not English.

Very few students attending schools in the Hualapai Tribe Region were English Language Learners; in both the 2020-21 and 2021-22 school years, fewer than 11 students were identified this way in the region. English Language Learners are identified through the Arizona Department of Education (ADE) Home Language Survey, which asks families what language is spoken at home most of the time or what a student's first language was. Statewide, there were 13 students for whom parents or caregivers indicated that the Hualapai language was spoken at home in 2020-21 on this survey, and 12 students with reported Hualapai language use at home in 2021-22. Fewer than 11 of these students attended schools located within the Hualapai Tribe Region.

The majority of young children (birth to age 5) in the Hualapai Tribe Region live in a household with one unmarried parent (63%), similar to young children across all Arizona reservations (65%) but notably higher than rates seen in Mohave County (47%) and the state (37%). A much smaller proportion live with two married parents (28%) and almost one in 10 (9%) live with relatives other than parents (such as grandparents, aunts and uncles). One in three young children (33%) in the region lives in a grandparent's household, a smaller proportion than seen across all Arizona reservations (40%) but a higher proportion than Mohave County and the state (both 14%).ⁱ

In contrast, a larger proportion of grandparents in the region are living with grandchildren (birth to age 17) without a parent also present in the household (36%) compared to all Arizona reservations (17%). According to American Community Survey (ACS) data, grandparents are considered responsible for their grandchildren if they are currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in the grandparent's household. An estimated 57 grandparents in the Hualapai Tribe Region are living with and responsible for their grandchildren under 18 years old. In 61% of these households the parent is not living in the household, a much larger proportion than seen across all Arizona reservations (30%). Most of these grandparents are female (72%) and in the labor force (74%), meaning that they likely need child care for their grandchildren while they are working.

Economic Circumstances. Across all household types for which data are available, the median family income in the Hualapai Tribe Region is lower than that seen at the county and state level. The median annual income for all families with children (birth to age 17) in the region is \$39,000, compared to \$55,700 in Mohave County and \$75,100 in Arizona. Married couple families with children in the region have the highest median annual income (\$54,000) of all family types, which is still just over half of that seen statewide (\$100,000). While data are not available for single-female-headed families with children, the notably lower median annual income of single-male-headed families with children in the region

ⁱ Note that the grandparent may or may not be responsible for raising the child, and that the child's parent(s) may or may not also be living in the household.

(\$31,300) points to the additional financial stress experienced by the large proportion of single parent households in the region.

One-third (33%) of the overall population and more than half (51%) of young children (birth to age 5) in the Hualapai Tribe Region live in poverty,ⁱⁱ rates that are more than twice those seen in Arizona (13% and 20%, respectively) and the U.S. (13% and 18%, respectively). According to ACS five-year estimates, rates of poverty among young children in the Hualapai Tribe Region have increased slightly (+2%) in recent years, from 49% in 2012-2016 to 51% in 2017-2021. This contrasts with declining poverty rates seen among young children during this same period across all Arizona reservations (-6%), Mohave County (-6%), Arizona (-8%) and the U.S. (-6%).

The majority (70%) of young children in the Hualapai Tribe Region live in households with incomes under 185% of the federal poverty level (FPL), a commonly used threshold for safety net benefits such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and reduced-price school meals. In 2021, the 185% FPL threshold for a family of two adults and two children was \$50,836; for a single parent with one child, it was \$34,552. While the proportion of young children living below 185% FPL is comparable between the region and all Arizona reservations (both 70%), a much smaller proportion of young children in the region live in “deep poverty” (defined as below 50% FPL) (3%) compared to young children in all Arizona reservations (27%). The region also has lower rates of deep poverty than those seen at the county (13%), state (9%) and national level (9%).

In the Hualapai Tribe Region, the Temporary Assistance for Needy Families (TANF) program is managed by the Arizona Department of Economic Security (DES). In state fiscal year (SFY) 2022, 16% of families with young children (birth to age 5) and 12% of young children in the region participated in TANF. These participation rates are notably higher than those seen at the county (both 5%) and state level (both 3%), meaning a larger proportion of families with young children experiencing poverty in the region accessed needed financial assistance.

Since SFY 2018, Supplemental Nutrition Assistance Program (SNAP) participation among young children (birth to age 5) and families with young children in the Hualapai Tribe Region has fluctuated but largely declined over time. Participation rates in SFY 2022 seemed to rebound slightly, with 74 young children and 122 families with young children in the region participating. The Hualapai Tribe WIC program is administered by the Inter Tribal Council of Arizona (ITCA). In 2020, a total of 127 individuals were enrolled in the program, including 24 women (19%), 30 infants (24%) and 73 children (ages 2-4; 57%). These proportions are comparable to those seen across all ITCA WIC programs, with children making up the more than half of those enrolled (n=6,247; 51%).

Since 2020, meal service in the Hualapai Tribe Region through the National School Lunch Program has declined notably, from 12,364 meals in 2020 to 259 meals in 2022. This is likely due to the ongoing effects of the United States Department of Agriculture waivers that allow meal service through the Summer Food Service Program year-round, which showed an overall increase during this same time

ⁱⁱ In 2021, the poverty threshold for a family of two adults and two children was \$27,479; for a single parent with one child, it was \$18,677.

period from 33,805 lunches in 2020 to 35,023 lunches in 2022. The number of lunches served through the Child and Adult Care Food Program at Hualapai Day Care Hma:ny Ba Viso:jo' and Hualapai Tribe Head Start nearly tripled over the last three years, from 6,265 to 17,971, meaning this program is a major source of meals for young children in the Hualapai Tribe Region.

The unemployment rate is the proportion of the total number of people in the civilian labor force who are unemployed and looking for work. Unemployment rates do not include people who have dropped out of the labor force entirely, including those who wanted to work but could not find a suitable job and have stopped looking for employment. The ACS estimates that the average unemployment rate for the Hualapai Tribe Region over the five years from 2017 to 2022 was 14%. This corresponds with the unemployment rate for all Arizona reservations (14%), though it is at least double the rates of unemployment for Mohave County (7%), Arizona (6%) and the U.S. (5%). The labor force participation rate in the region (51%) is higher than that seen across all Arizona reservations (45%) and Mohave County (46%). This means that about half of working-age teens and adults in the Hualapai Tribe Region are working (44%) or actively looking for work (7%), while the other half are not (which includes students, retirees, stay-at-home parents and others).

While unemployment rates showed a steadily declining trend nationwide since the end of the Great Recession in 2009, this pattern changed in 2020 with the onset of the COVID-19 pandemic. In recent years, unemployment rates for Mohave County remained consistently at least 1% higher than those seen statewide, peaking at 9.9% in 2020 compared to 7.8% statewide. By 2022, unemployment rates decreased to below pre-pandemic levels, though Mohave County's unemployment rate (4.5%) remained higher than the state rate (3.8%). About three-quarters (73%) of young children (birth to age 5) in the Hualapai Tribe Region live in a household where at least one parent is in the labor force, compared to 65% of young children across all Arizona reservations and 87% of young children in Mohave County. About 47% of young children in the region live in households where all residential parents are in the workforce (that is, are employed or actively seeking paid work), meaning they will likely require some form of child care. This includes children in households with a single-parent in the labor force (41%) and those in dual-earner households (6%).

Traditionally, housing has been deemed affordable for families if it costs less than 30% of annual household income. According to recent ACS estimates, just 14% of households in the Hualapai Tribe Region spent more than 30% of their income on housing, disproportionately impacting renters (22%) over homeowners (5%) in the region. Housing cost burden is notably lower in the region compared to Mohave County and the state, where more than one-quarter of all households are considered housing-cost burdened (26% and 29%, respectively).

Over three-quarters (77%) of households in the Hualapai Tribe Region have both a computer (i.e., a desktop, laptop, tablet or smartphone) and broadband internet connectivity. While this proportion is lower than Mohave County (83%) and Arizona (88%), it is notably higher than seen across all Arizona reservations (44%). At the individual level, 83% of individuals in the Hualapai Tribe Region, including 91% of children (birth to age 17), have access to both a computer and internet in their household. As with household-level access, this is a smaller proportion than seen for Mohave County (88% and 94%,

respectively) and the state (90% and 92%, respectively), though higher than seen across all Arizona reservations (51% and 55%, respectively).

Educational Indicators. In the Hualapai Tribe Region, children attend school at Peach Springs Elementary School, Music Mountain Jr./Sr. High School and Music Mountain Academy, all part of the Peach Springs Unified School District. Children may also attend public schools outside the region such as Cedar Hills School, Owens Elementary School, Valentine Elementary School, Kingman High School, Seligman Elementary School and Seligman High School. In the 2021-22 school year, fewer than 11 children were enrolled in preschool in the Peach Springs Elementary School, with a similar number of American Indian students in preschool in off-region schools serving Hualapai Tribe Region students. Kindergarten through 3rd grade enrollments for Peach Springs Elementary School were slightly higher, ranging from a low of 12 in kindergarten to a high of 20 children enrolled in 3rd grade. There were the same number of American Indian students enrolled in kindergarten in off-region schools serving Hualapai Tribe Region students (n=12), but fewer than 11 in 1st and 2nd grade and 13 in 3rd grade.

Kindergarten through 3rd grade chronic absence rates increased between the 2020-21 (70%) and 2021-22 (82%) school years in the Peach Springs Elementary School. These rates also increased in off-reservation schools serving Hualapai Tribe Region students, but were much lower overall (16% in 2020-21; 37% in 2021-22) and more comparable to chronic absences across Mohave County (26% both years).

In the 2021-22 school year, less than 2% of 3rd grade students in the Peach Springs Elementary School were meeting or exceeding proficiency expectations for the 3rd grade AzM2ⁱⁱⁱ English Language Arts assessment. This was lower than the proportion across off-reservation schools serving Hualapai Tribe Region students and American Indian students in Arizona (16% for both) and Mohave County schools (30%). A similar percentage (<2%) were meeting or exceeding proficiency expectations for Math, again lower than students across off-reservation schools serving Hualapai Tribe Region students and American Indian students in Arizona (16% for both) and Mohave County schools (37%).

In off-reservation schools serving Hualapai Tribe Region students and for American Indian students across Arizona, passing rates for the 3rd grade AzM2 English Language Arts assessment increased slightly between 2020-21 (5% and 12%, respectively) and 2021-22 (16% for both). Passing rates remained at less than 2% in the Peach Springs Elementary School in both years. Third grade Math passing rates also increased in off-reservation schools serving Hualapai Tribe Region students and for American Indian students across Arizona between 2020-21 (5% and 12%, respectively) and 2021-22 (16% for both). Passing rates for the 3rd grade Math assessment remained at less than 2% in the Peach Springs School in both years.

In 2022, the four-year graduation rates for Peach Springs Unified School District schools (43%) and American Indian students in off-region schools serving Hualapai Tribe Region students (47%) were lower than for Mohave County schools (77%) or for American Indian students across Arizona schools

ⁱⁱⁱ Arizona's Statewide Achievement Assessment for English Language Arts and Math

(65%). In 2021 (the most recent year of data available), the five-year graduation rate for American Indian students in off-reservation schools serving Hualapai Tribe Region students was slightly higher at 50%, but still lower than 5-year graduation rates for Mohave County schools (75%) and for American Indian students across Arizona schools (70%). The 7th-12th grade dropout rate for Peach Springs Unified School District schools rose overall from less than 2% in 2019-20 to 10% in 2021-22. This dropout rate decreased slightly from 2020-21 (10%) to 2021-22 (9%) for American Indian students in off-reservation schools serving Hualapai Tribe Region students (2019-20 data was not available).

Among adults in the Hualapai Tribe Region, 79% have at least a high school education. This is a slightly larger proportion than seen across all Arizona reservations (77%), but a smaller proportion compared to the county (87%), state (88%) and national level (89%). While the share of the population in the region with a bachelor's degree or higher (13%) is more comparable to Mohave County (15%), there is a much smaller proportion with an associate degree (3% and 9%, respectively). Given the small number of births each year in the Hualapai Tribe Region, the education level of mothers giving birth can fluctuate considerably. While less than half (44%) of births in 2020 in the region were to mothers with at least a high school diploma or GED, that proportion jumped up to more than two-thirds (68%) in 2021.

Early Learning. According to the ACS, preschool enrollment for children ages 3-4 has remained consistent in the region over the past 10 years between 2012 and 2021, with nearly two out of every three preschool-age children (64%) reported to be enrolled in school. In contrast, preschool enrollment rates declined substantially in Mohave County between 2012-2016 and 2017-2021, likely due to the effects of the pandemic on the early care and education system.

Early childhood care and education programs in the Hualapai Tribe Region are available through the Hualapai Day Care Center Hma:ny Ba Viso:jo' and the Hualapai Tribe Head Start program. Currently, the Hualapai Day Care Hma:ny Ba Viso:jo' is the only center in the region with the capacity to serve infants and toddlers. The Hualapai Day Care Center has been open since spring 2014. During federal fiscal year (FFY) 2021, a total of 50 children (ages 6 months to 5 years) were enrolled at the center, the majority of whom were children ages 3 to 5. As of December 2023, a total of 36 children were enrolled according to Quality First data. The Hualapai Day Care Center is the Hualapai Tribe Region's sole Quality First Provider, with a 4-star Quality First rating that indicates a high-level of quality in early care and education.

Head Start is a comprehensive early childhood education program for children whose families meet Department of Health and Human Services income eligibility guidelines. The 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. In FFY 2023, the Hualapai Tribe Head Start had the capacity to serve up to 57 preschool-aged children (ages 3 to 5) and had a total cumulative enrollment of 51 children, the majority of whom were 3- and 4-year-olds. As of February 2024, the Hualapai Tribe Head Start center is not operating due to structural work that needs to be done on the building. The Hualapai Tribe Head Start will be looking to re-open in April 2024. Currently, children are receiving at-home instruction and have opportunities to engage with other children on field trips.

In 2022, the cost of a full day of child care at the Hualapai Day Care Center ranged from \$1-\$10, with cost based on a sliding scale depending on household income. This translates to a maximum of \$210 per month for child care for one child. Payments are waived for families with children involved in foster care or Tribal Child Protective Services, and the majority of children enrolled at the Hualapai Day Care Center receive child care assistance through the tribe to cover the cost of care.

Some Hualapai Tribe families may use child care providers outside of the region, which could potentially result in significantly higher costs. In Mohave County, the median monthly cost of child care varies based on the type of provider and age of the child. For infant care, often the most expensive, median costs range from \$630 per month at public schools and certified family homes to \$788 per month at licensed centers. The median cost of child care for an infant in Mohave County equates to almost one-quarter (24%) of the median household income in the Hualapai Tribe Region. For the large proportion of single-parent families in the region, this cost burden is even more significant. Across all provider types and child ages, the median cost of child care in Mohave County increased between 2018 and 2022. Certified family homes had the largest increases during this time, increasing by as much as 48% for 3- to 5-year-olds. Very few children and families in the Hualapai Tribe Region received DES child care assistance between 2017 and 2021, and no children received child care assistance in 2022. 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 fully cover the cost of child care.

In Arizona, the Arizona Early Intervention Program (AzEIP), the Division of Developmental Disabilities (DDD) and the ADE Early Childhood Special Education Program are designed to provide services to families with children who have special needs. In the Hualapai Tribe Region, 40% of children birth to age 2 who were referred to AzEIP in FFY 2022 were found eligible and received services, a larger proportion than seen in Mohave County (19%) and Arizona (21%). Notably, all children found eligible in the region in FFY 2022 ultimately received services. About one in five (20%) children referred in the region were assessed and found ineligible, similar to trends seen at the county (20%) and state level (22%). Fewer than 10 children (birth to age 2) in the Hualapai Tribe Region received services from AzEIP each year as of October 1, between 2018 and 2022. The majority (80%) of these referrals were made by a physician, with the remaining 20% made by an audiologist. Similarly, fewer than 10 children (birth to age 5) in the region received services from DDD in SFY 2021 and SFY 2022. Overall, fewer than 10 children birth to age 2 in the Hualapai Tribe Region received services from AzEIP and/or DDD each year between SFY 2018 and SFY 2022.

Between SFY 2018 and SFY 2022, a total of 18 preschoolers, 12 kindergarteners and fewer than 11 1st, 2nd and 3rd graders attending Hualapai Tribe Region schools were enrolled in special education. Off-reservation schools serving Hualapai Tribe Region students had fewer than 11 preschool and kindergarteners and a combined 40 1st through 3rd graders enrolled in special education. Of the preschoolers with disabilities enrolled in Hualapai Tribe Region schools between SFY 2018 and SFY 2022, 39% were diagnosed with a developmental delay, 33% with preschool severe delay, and 28% with a speech or language impairment. Among kindergarten through 3rd grade students enrolled in Hualapai Tribe Region schools during this same period (SFY2018-SFY2022), larger proportions of students were

diagnosed with a developmental delay (50%) and speech or language impairment (38%). 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%).

Child Health. According to ACS estimates, 13% of the overall population and just 3% of young children (birth to age 5) in the Hualapai Tribe Region lack health insurance. These uninsured rates are notably lower than seen across all Arizona reservations (22% and 20%). This difference is likely due to high rates of enrollment in the Arizona Health Care Cost Containment System (AHCCCS) in the Hualapai Tribe Region. Facilitating enrollment in AHCCCS can have positive outcomes for both individuals and communities by increasing access to health care services and increasing funds available for health care provision to all community members. Uninsured rates^{iv} among young children in the Hualapai Tribe Region have also dropped notably in recent years, from 21.3% in 2012-2015 to just 2.9% in 2017-2022 (-18.4%). While Mohave County and Arizona also saw declines in the proportion of uninsured young children during this time, there was an increase in uninsured young children across all Arizona reservations (16.8% to 19.7%).

Insurance coverage for babies born in recent years highlights the high rates of AHCCCS coverage in the Hualapai Tribe Region in 2020 (88%) and 2021 (84%). AHCCCS coverage for births in the region in 2020 (88%) was markedly higher than in Mohave County (65%), all Arizona reservations (71%) and Arizona (48%). Notably, the proportion of births in the Hualapai Tribe Region paid for by AHCCCS dropped to just 64% in 2022, with more than a quarter (27%) of births covered by the Indian Health Service (IHS) compared to smaller proportions in previous years. While 2022 data were not available for all Arizona reservations, data for 2018 to 2020 show that around 70% of births across all Arizona reservations were paid for by AHCCCS in recent years.

Between 2019 and 2022, just under half (45%) of the 91 births in the Hualapai Tribe Region were to mothers who began prenatal care in the first trimester, while about one in 10 (11%) births were to mothers who had no prenatal care. Data for 2020 show notably lower proportions of births with no prenatal care in Mohave County (2%), all Arizona reservations (5%) and Arizona (2%). Positively, the proportion of births in the region to mothers who began prenatal care in the first trimester increased to more than half of births in 2021 (56%) and 2022 (59%), exceeding trends seen before the COVID-19 pandemic in 2020.

Of the 91 births in the Hualapai Tribe Region between 2019 and 2022, 13% were to mothers younger than 20, a higher proportion than seen in Mohave County (5%), all Arizona reservations (9%) and Arizona (5%) in recent years. Between 1.1% and 5.5% of the 91 births in the region in 2019-2022 were to mothers who smoked cigarettes during pregnancy. The Healthy People 2030 target for maternal use of tobacco during pregnancy is no more than 4.3% of females reporting smoking cigarettes during

^{iv} Note that individuals whose only form of health care coverage is the Indian Health Service (IHS) are considered uninsured by the U.S. Census Bureau. The change in uninsured rates for young children likely represents increased AHCCCS enrollment among children who already have access to IHS health care.

pregnancy. Between 2018 and 2022, there were fewer than six newborns hospitalized because of maternal drug use during pregnancy in the Hualapai Tribe Region.

Between 2019 and 2022, 7% of births in the Hualapai Tribe Region were to mothers with gestational diabetes and two-thirds (66%) were to mothers with pre-pregnancy obesity. While this combined rate of gestational diabetes in the region was comparable to Mohave County in recent years, rates of pre-pregnancy obesity were higher in the region compared to the county (25-26%). The proportion of births to mothers with pre-pregnancy obesity in the region has fluctuated quite a bit in recent years, which is common when dealing with small numbers of births each year. In 2022, half (50%) of births in the region were to mothers with pre-pregnancy obesity. Statewide, about one in eight mothers (13.7%) reported experiencing postpartum depressive symptoms, nearly the same rate as that seen nationwide (13.4%). National data show that more than one in five (22%) American Indian and Alaska Native mothers in the U.S. experienced postpartum depressive symptoms in 2018.

Between 2019 and 2022, 11% of births in the Hualapai Tribe region were low birth weight births, a slightly higher proportion than seen in Mohave County (7.9%), all Arizona reservations (8.9%) and Arizona (7.6%) in 2020. The Healthy People 2030 target for the percentage of preterm births is 9.4% or fewer. The Hualapai Tribe Region met this target for the combined 91 births between 2019 and 2022, with 8.8% considered preterm. Between 1.1% and 5.5% of the 91 births in the Hualapai Tribe Region in 2019-2022 resulted in admission to a Neonatal Intensive Care Unit.

From 2017 to 2020, the majority of WIC-enrolled infants in the Hualapai Tribe Region were breastfed at least once. For the most part, the region reflected trends seen across all ITCA WIC Programs, with around two-thirds of WIC-enrolled infants ever breastfed in three of four years. Breastfeeding peaked at 90% of WIC-enrolled infants in the region in 2018.

Childhood immunizations protect against many diseases, including diphtheria, tetanus and pertussis (DTaP); polio; and measles, mumps and rubella (MMR). According to the 2023 Hualapai Tribe Head Start Program Information Report, 98% of children in Hualapai Tribe Head Start were up-to-date on required immunizations. In 2022, there were 10 confirmed and probable cases of RSV and fewer than six cases of influenza among young children (birth to age 5) in the Hualapai Tribe Region.

There were no deaths of infants in the Hualapai Tribe Region between 2019 and 2021. Mohave County's infant mortality rate (5.6 deaths per 1,000 live births) was slightly higher than Arizona's (5.4) and neither met the Healthy People 2030 target (5.0 or fewer). Between 2018 and 2021, there were fewer than six deaths of children birth to age 17 in the Hualapai Tribe Region. The most recent data available on non-fatal emergency department visits due to unintentional injuries among young children (birth to age 4) in the Hualapai Tribe Region show similar trends to those seen statewide. Between 2016 and 2020, the majority of emergency department visits among young children in the region were due to falls (n=36), with smaller numbers due to being struck by or against an object, poisoning, fire or other hot objects or other causes. Data on causes of inpatient hospitalizations among young children in the region during this time were suppressed due to small numbers.

Family Support and Literacy. The Hualapai Early Childhood Home Visitation program is available in the Hualapai Tribe Region to encourage parent involvement and increase awareness of the importance of early childhood learning through the Parents as Teachers home visiting model. The program is one of the First Things First-funded strategies in the region. FTF data for 2022 show that 22 families received home visitation services in the Hualapai Tribe Region.

Another program in the region that aims to increase parent involvement and promote early literacy is the book distribution program implemented by Peach Springs Unified School District. The goal of the book distribution is to recruit 40 children (birth to age 5) to receive books throughout the year. The program also encourages families to access books through the Dolly Parton Imagination Library, which is available in Peach Springs and surrounding areas.

Child welfare services in the Hualapai Tribe Region are provided by the Hualapai Tribe Social Services Department. In 2021, the department received a total of 97 reports and referrals of child abuse and neglect, of which 54 cases were substantiated. In 2021, the department also received 22 Indian Child Welfare Act notifications, notifications issued when an involuntary child custody proceeding involves an Indian child (e.g., involuntary foster-care placements or termination-of-parental-rights proceedings), all of which were acted on.

ABOUT THIS REPORT

There is growing acknowledgement of the role our physical, social, and economic environments play in our day-to-day health and wellbeing.¹ These factors, known as the social determinants of health, have an especially strong effect on the development of young children birth to age 5 and accumulate over time.² ³ Measuring and addressing these conditions can significantly impact not only early health and education outcomes, but also health and economic circumstances later in life.^{4, 5, 6} It is important to acknowledge that structural inequities in access to quality health care, schools and education as well as living, working and leisure conditions lead to disparate outcomes within and between groups of people.⁷ For example, the U.S.'s history of segregation, discriminatory policy and differential investment across communities has created generational disparities in outcomes for people of color.⁸ Tribal communities have additionally experienced periods of genocide, forced relocation and assimilation leading to systemically poorer economics and health compared with other groups.^{9, 10} This Needs and Assets Report covers many structural and social determinants of health including population characteristics, economic characteristics, early learning and educational indicators, child health, and family support and literacy for the First Things First Hualapai Tribe Region.

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 the 2017-2021 American Community Survey (ACS) 5-Year Estimates. Data in this report from the ACS summarize the responses from samples of residents taken between 2017 and 2021. Because these estimates are based on samples rather than the total population, ACS data should not be considered exact. Estimates for smaller geographies, such as smaller tribal communities, are less accurate than estimates for larger geographies, such as the county or state, because they are based on smaller sample sizes. Estimates which are based on very few respondents (fewer than 50) will not be included in the data tables in this report. Additionally, reliable data for some small sub-populations, such as grandparents responsible for their grandchildren, are not available for some regions due to small sample sizes. In cases where data are not available due to sample size limitations, entries will be marked 'N/A' and explained with a table or figure note.

Data were provided to First Things First (FTF) by state agencies including the Arizona Department of Health Services (ADHS), the Arizona Department of Education (ADE) and the Arizona Department of Economic Security (DES). 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 state and counties to supplement data received through specific requests, including from state agencies such as the Arizona Department of Commerce's Office of Economic Opportunity (OEO) and Arizona Department of Child Safety (DCS) semi-annual child welfare reports. When more recent data from public or state agency datasets were not available, this report also cites data from the 2022 FTF Hualapai Tribe Regional Needs and Assets Report.

In most tables in this report, the top rows of data correspond to the FTF Hualapai Tribe Region. Not all data are available at the FTF regional level, because not all data sources analyze their data based on FTF regional boundaries. The other table rows present data that are useful for comparison purposes, including Mohave County, all Arizona reservations combined, the state of Arizona and national estimates or targets where available. Data tables and graphs are as complete as possible. Data which are not available for a particular geography are indicated by the abbreviation “N/A.” State agencies have varying policies about reporting small values. Entries such as “<11” are used when the count is too small to be reported and has been suppressed to protect privacy. In some cases, table entries will indicate a range of values such as “1 to 9” because the suppression policy prevented the vendor from knowing the exact value, but comparison of these ranges of possible values to other values in the table or figure may still be useful. Table entries of “DS” indicate that data have been suppressed and we are unable to provide a useful range of possible values. Additional data tables, beyond those included in the body of the report, can be found in Appendix 1.

THE HUALAPAI TRIBE REGION

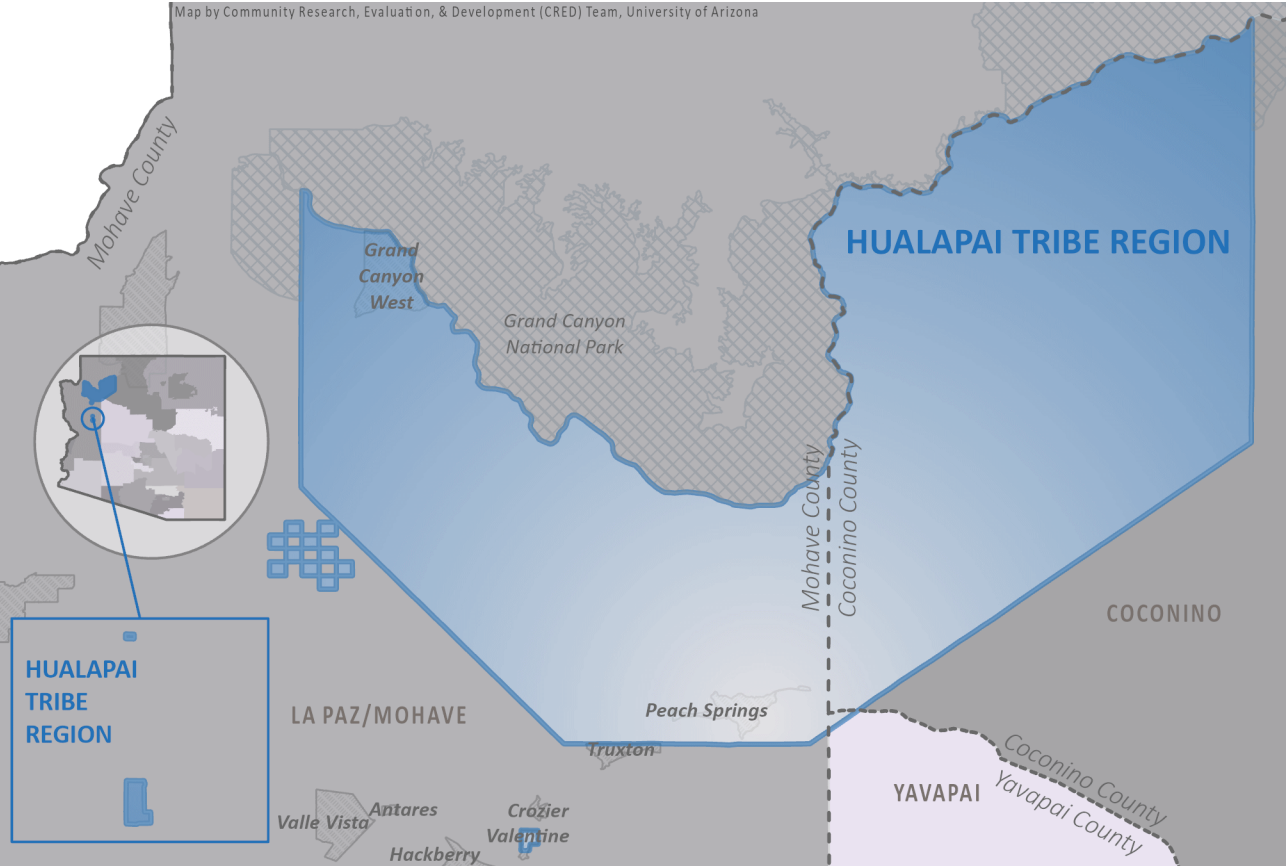
The First Things First (FTF) regional boundaries were initially established in 2007, creating 31 regions which were designed to (a) reflect the view of families in terms of where they access services, (b) coincide with existing boundaries or service areas of organizations providing early childhood services, (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.

Figure 1 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 in Appendix 3 and a map and a list of school districts in the region in Appendix 4.

Figure 1. The First Things First Hualapai Tribe Region



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



POPULATION CHARACTERISTICS

POPULATION CHARACTERISTICS

Why It Matters

Accurate information about the number and characteristics of families allows policy makers and program providers to understand what resources are needed in their communities, including where services should be located and how to tailor offerings to the specific needs of those who are likely to use them.^{11, 12, 13, 14} For example, identifying which communities have high numbers of families with young children can facilitate strategic investments in libraries, playgrounds, health care facilities, social services and educational systems, which can help families with young children thrive.^{15, 16} Program and policy decisions that are informed by data on the composition of children's home and community environments help ensure more effective supports for families and have a greater chance to improve well-being, economic security and educational outcomes for children.

2020 Census data and its limitations

The release of 2020 Census data in 2023 provided updated information on the population of Arizona and the nation as a whole. However, the 2020 Census faced unprecedented challenges in conducting an accurate count of the population, the foremost of which included the COVID-19 pandemic and its related disruptions to institutions such as tribal and local governments, schools and health care facilities.^{17, 18, 19, 20, 21} Overall, data quality reviews of the 2020 Census have concluded that the data are generally reliable and accurate for the overall population; however, specific groups that have been undercounted in the past were again undercounted, this time more severely.²² Nationwide, American Indians living on reservations were estimated to be undercounted by 5.6% (compared to 4.9% in 2010), and Hispanic or Latino individuals were undercounted by an estimated 5.0% (compared with 1.5% in 2010). Young children birth to age 4 were also undercounted by 3-5% nationwide, meaning that as many as one in 20 young children birth to age 4 were missed by the Census.²³ These undercounts are important to keep in mind when using Census data, particularly data for young children and for communities with substantial American Indian and Hispanic or Latino populations. Undercounted communities risk receiving fewer resources for at least the next decade since the decennial census counts are the basis of many federal funding allocations.^{24, 25}

What the Data Tell Us

Population, race and ethnicity

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 was deemed by the National Academy of Sciences as "the most efficient strategy" for strengthening the future workforce and supporting a thriving community.^{26, 27}

Knowing the racial-ethnic composition of communities can inform efforts to ensure equitable access to services and resources. Many racial and ethnic minority groups in the U.S. experience reduced access to health care services, more poverty and housing inequality, poorer living conditions and increased rates of homelessness in comparison to non-Hispanic White Americans.^{28, 29, 30, 31} In Native communities, these disparities have been shaped by decades of inequitable federal policies and underinvestment.³² These inequities result in disproportionately worse overall health as indicated by higher rates of disease and illness, untreated mental and physical health conditions and lower life expectancies within these groups.³³ Understanding a community's racial-ethnic composition is also critical for identifying communities facing higher risks from environmental and public health hazards due to historic underinvestment and other factors—as the COVID-19 pandemic made woefully clear.³⁴

How the Hualapai Tribe Region is faring

- According to the 2020 U.S. Census, the total population of the Hualapai Tribe Region was 1,299, of whom 132 were young children (birth to age 5). About one-fifth (22%) of the 345 households in the region had one or more young children. The proportion of households with young children in the region was slightly higher than all Arizona reservations combined (20%), though notably higher than Mohave County (8%) and Arizona (13%) (Table 1).
- According to the Census, between 2010 and 2020 the overall population of the Hualapai Tribe Region decreased by 3%, matching the trend seen across all Arizona reservations (-3%). The population of young children (birth to age 5) decreased by one-third (-33%) compared to a one-quarter (-26%) decrease seen across all Arizona reservations (Table 2 & Figure 2).
- Given that, as previously mentioned in *2020 Census data and its limitations*, American Indians living on reservations and young children (birth to age 4) were specifically found to be substantially undercounted in the 2020 Census (5.6% and 3-5% nationally), tribal enrollment data is another important source of data for determining population counts in Native communities. Based on data from the Hualapai Tribal Enrollment Department, in 2022 the Hualapai Tribe had a total enrollment of 2,385. This included 1,272 individuals living on-reservation, of whom 105 were young children (birth to age 5) (Table 3).
- Another way to understand potential undercounting of young children in the Hualapai Tribe Region is to compare 2020 Census data to births by year. Census estimates of the population size

of young children by age are, for the most part, lower than the count of births from their likely birth year, with 169 births occurring between 2015 and 2020 compared to 132 children birth to age 5 enumerated by the Census (Figure 3).

- Nearly all of the population (97%) in the Hualapai Tribe Region, including young children (99%), identified as American Indian, with smaller proportions identified as Hispanic or Latino (5%), Non-Hispanic White (2%), Multiracial (2%), Black or African American (1%) or Asian or Pacific Islander (1%) in 2020 (Figure 4 & Figure 5).

Table 1. Population and households in the 2020 U.S. Census

Geography	Total population	Population (ages 0-5)	Total number of households	Number and percent of households with one or more children (ages 0-5)	
Hualapai Tribe Region	1,299	132	345	76	22%
All Arizona Reservations	173,499	15,140	50,362	10,167	20%
Mohave County	213,267	10,596	91,270	7,673	8%
Arizona	7,151,502	480,744	2,705,878	345,601	13%
United States	331,449,281	22,401,565	126,817,580	16,429,111	13%

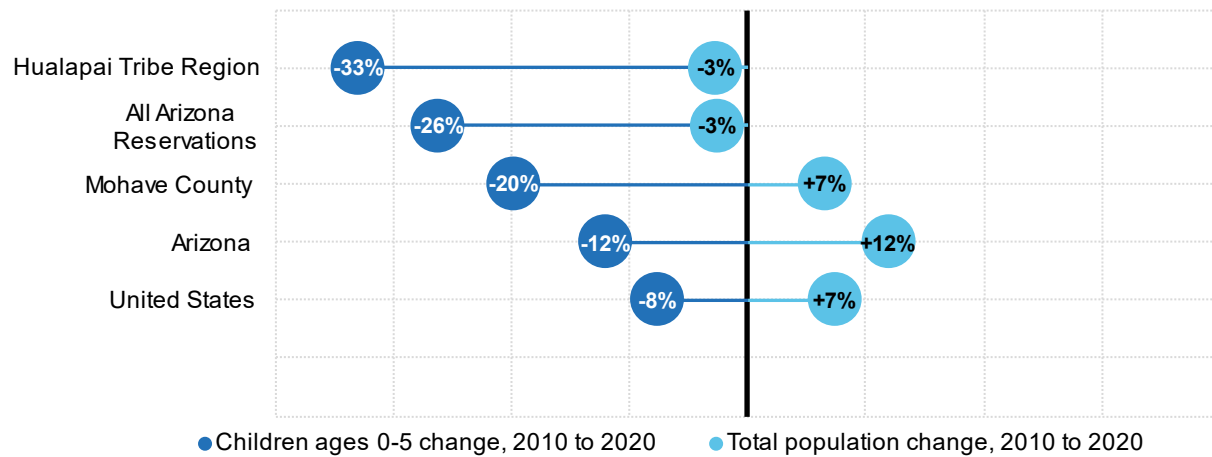
Source: U.S. Census Bureau. (2023). 2020 Decennial Census, Demographic & Housing Characteristics (DHC), Tables P1, P14, P20 & HCT3

Table 2. Change in the total population and population of children birth to age 5, 2010 to 2020 Census

Geography	Total population			Population (Ages 0-5)		
	2010	2020	% Change 2010 to 2020	2010	2020	% Change 2010 to 2020
Hualapai Tribe Region	1,335	1,299	-3%	197	132	-33%
All Arizona Reservations	178,131	173,499	-3%	20,511	15,140	-26%
Mohave County	200,186	213,267	+7%	13,218	10,596	-20%
Arizona	6,392,017	7,151,502	+12%	546,609	480,744	-12%
United States	308,745,538	331,449,281	7%	24,258,220	22,401,565	-8%

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P1, P14, HCT3. U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, P20.

Figure 2. Change in the total population and population of children birth to age 5, 2010 to 2020 Census



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P1, P14, HCT3. U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14, P20.

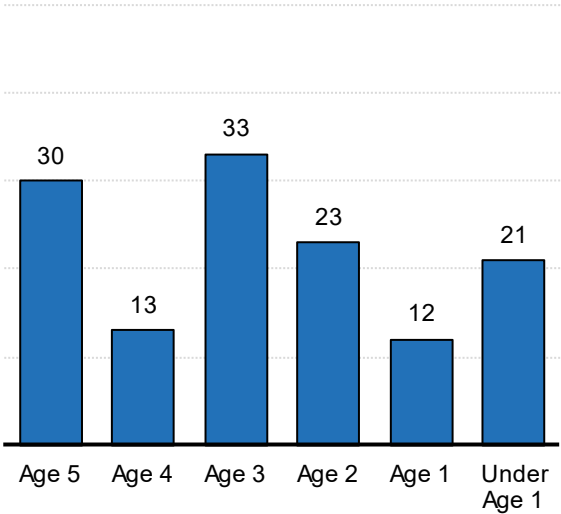
Table 3. Hualapai Tribe Enrollment, 2022

	On-Reservation	Off-Reservation	Total
Children ages 0-5	105	46	151
Under age 1	9	2	11
Age 1	10	4	14
Age 2	12	7	19
Age 3	15	11	26
Age 4	28	12	40
Age 5	31	10	41
Children ages 6-17	316	187	503
Children ages 0-17	421	233	654
Adults ages 18 and older	851	880	1,731
Total membership	1,272	1,113	2,385

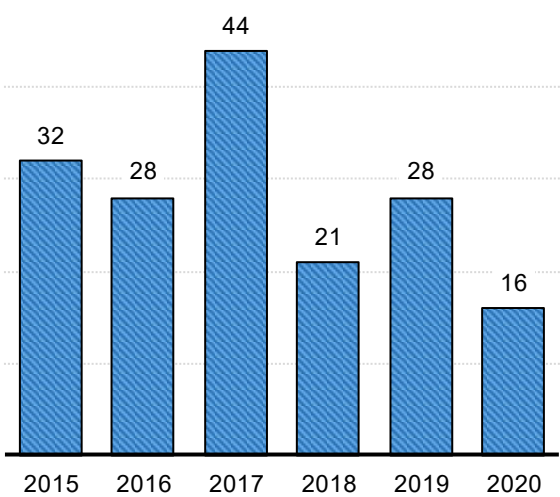
Source: First Things First (2022). Hualapai Tribe Region 2022 Needs and Assets Report. Retrieved on Dec 1, 2023 from <https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Hualapai%20Tribe.pdf>

Figure 3. Children by single year of age in the 2020 Census compared to recent birth numbers in the region (2015 to 2020)

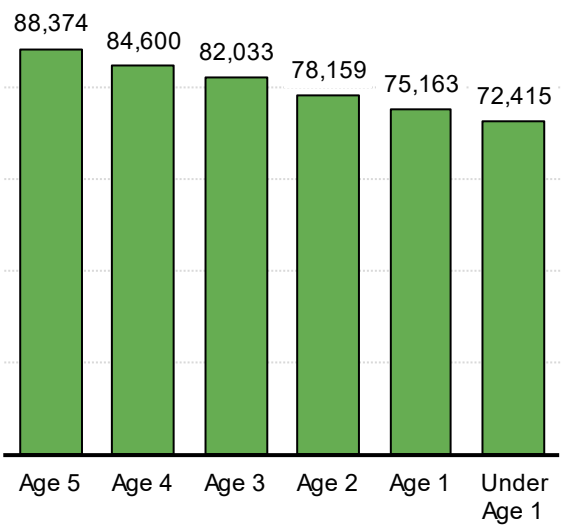
Children by age, Hualapai Tribe Region



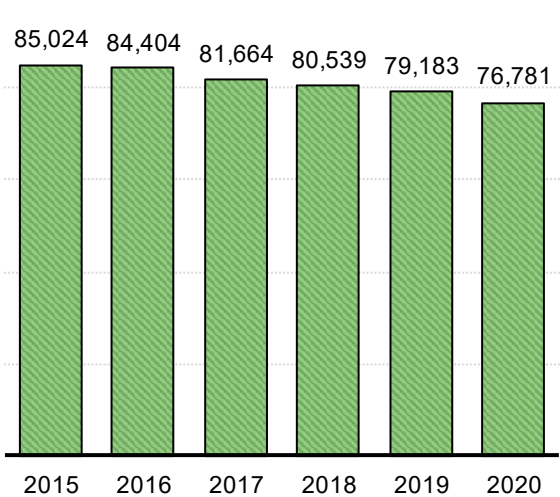
Births by year, Hualapai Tribe Region



Children by age, Arizona



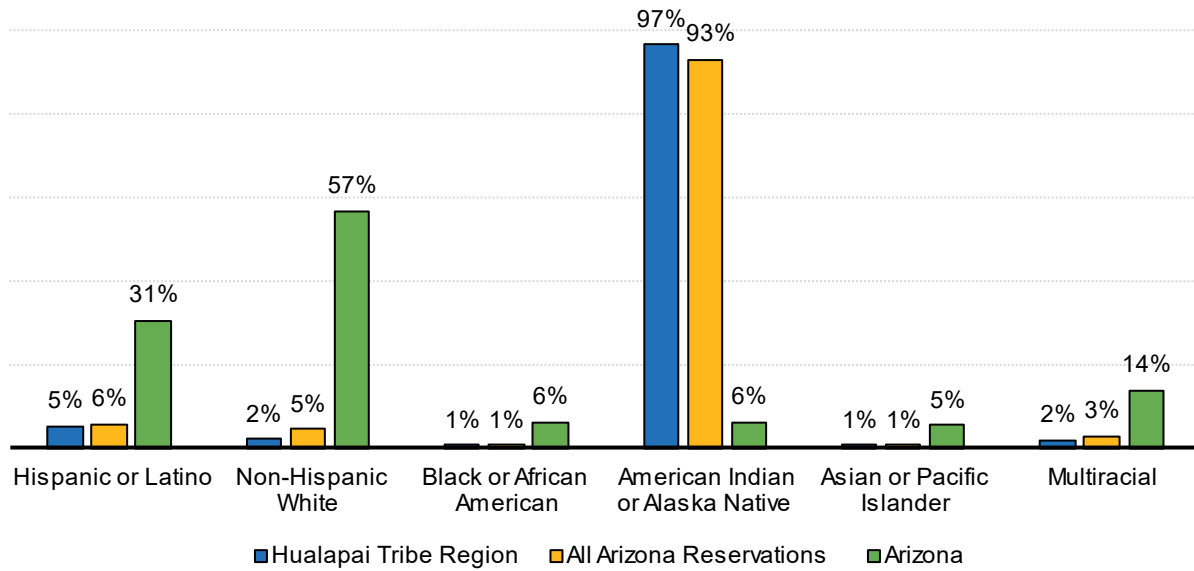
Births by year, Arizona



Source: Arizona Department of Health Services (2021). [Vital Statistics Births dataset]. Unpublished data.

Note: Looking at these two figures allows a comparison of 2020 Census estimates (left) of the population size of young children by age with the count of births from their likely birth year (right) to try to understand further how much the Census may have undercounted young children.

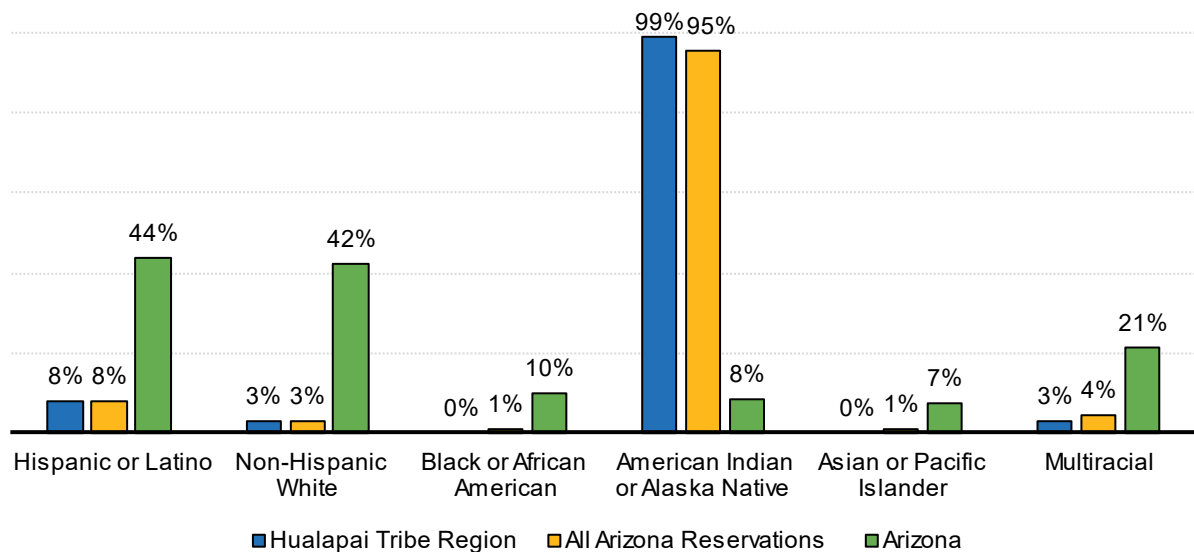
Figure 4. Race and ethnicity of the population of all ages, 2020 Census



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), P6, P7, P8, P9, P12, P12A-W.

Note: The six percentages shown in this figure may sum to more or less than 100% because (a) persons reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) persons reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding.

Figure 5. Race and ethnicity for children birth to age 4, 2020 Census



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), P6, P7, P8, P9, P12, P12A-W.

Note: The six percentages shown in this figure may sum to more or less than 100% because (a) persons reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) persons reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding.

Language use

Language provides an important connection to family, community and culture. Arizona is home to many sovereign tribal nations whose Native languages are a vital cultural strength. Language preservation and revitalization are critical to safeguarding traditional knowledge and promoting Indigenous self-determination, social unity and educational equity.^{35, 36, 37} Unfortunately, the latest estimates for Native language use in Arizona from the American Community Survey (ACS) point to a sharp decline in the number of speakers of native languages between 2019 and 2021. While the population of English-only speakers rose 0.3% between 2019 and 2021, the population of speakers of Native North American languages other than Navajo^v declined by an estimated 27% (from over 30,000 to about 22,500).³⁸ This decrease reflects the devastating losses that Native communities experienced during the COVID-19 pandemic.^{39,40} These deaths, especially among Native elders, signify a loss of life and of traditional knowledge, cultural history and language.^{41,42} Ongoing support for cultural preservation and language revitalization continues to be a critical need for Native communities in Arizona.

Mastery of more than one language is also an asset in school readiness and academic achievement and may offer cognitive and social-emotional benefits in early school experiences and across one's lifetime.^{43, 44, 45, 46, 47} However, families with lower English proficiency may also face barriers to accessing information about health care and other services or engaging with their children's teachers. Children who do not yet have a full grasp of English may also experience difficulties in school, impeding their academic success and resulting in negative health outcomes.^{48, 49} Knowing the languages spoken and level of English proficiency in a region can inform the development of resources and services in multiple languages, ensuring that they are accessible to all families.^{50, 51}

How the Hualapai Tribe Region is faring

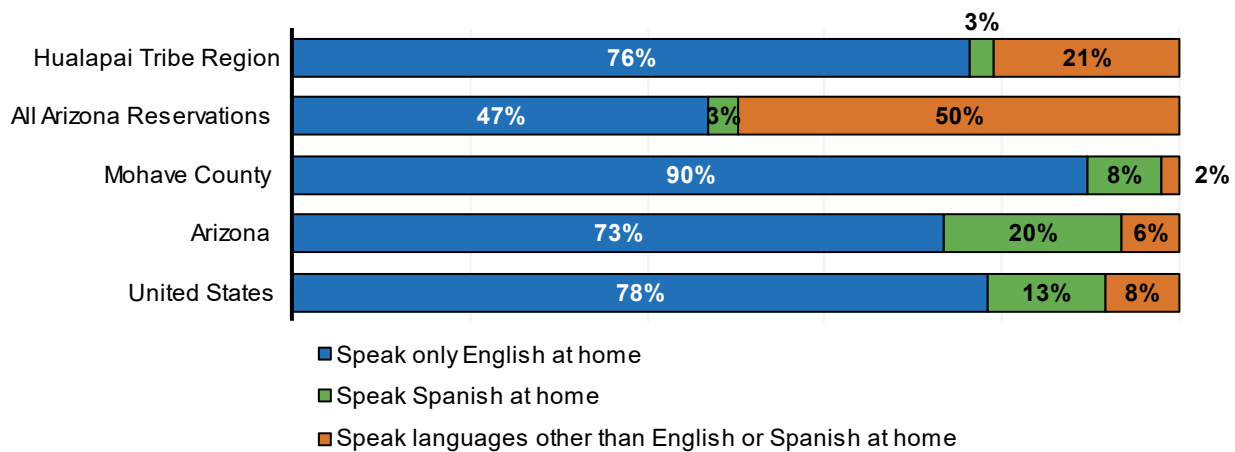
- While about three-quarters (76%) of individuals in the Hualapai Tribe Region speak only English at home, more than one in five (21%) individuals in the region speak a language other than English or Spanish at home, the majority of whom likely speak the Hualapai language (Figure 6).⁵²
- Of those individuals speaking a language other than English at home, the majority also speak English very well, with 17% of the region proficiently bilingual or multilingual (Figure 7).
- In addition to those who are multilingual, about 5% of households in the Hualapai Tribe Region are considered limited-English-speaking, meaning no one over the age of 13 speaks English very well. While this is a smaller proportion than seen across all Arizona reservations (12%), it points to the need for bilingual or multilingual staff and resources to help support families whose first language is not English (Figure 8).^{53, 54}
- Very few students in the Hualapai Tribe Region were English Language Learners; in both the 2020-21 and 2021-22 school years, fewer than 11 students were identified as English Language

^v The population of Navajo speakers declined by an estimated 13% (from over 90,000 to about 78,000) in Arizona between 2019 and 2021

Learners in the region, and less than 2% of students in schools located outside the region were English Language Learners in both years (Table 4).

- English Language Learners are identified through the Arizona Department of Education (ADE) Home Language Survey, which asks families what language is spoken at home most of the time or what a student's first language was. Statewide, there were 13 students for whom parents or caregivers indicated that the Hualapai language was spoken at home in 2020-21 on this survey, and 12 students with reported Hualapai language use at home in 2021-22. Fewer than 11 of these students attended schools located within the Hualapai Tribe Region.⁵⁵

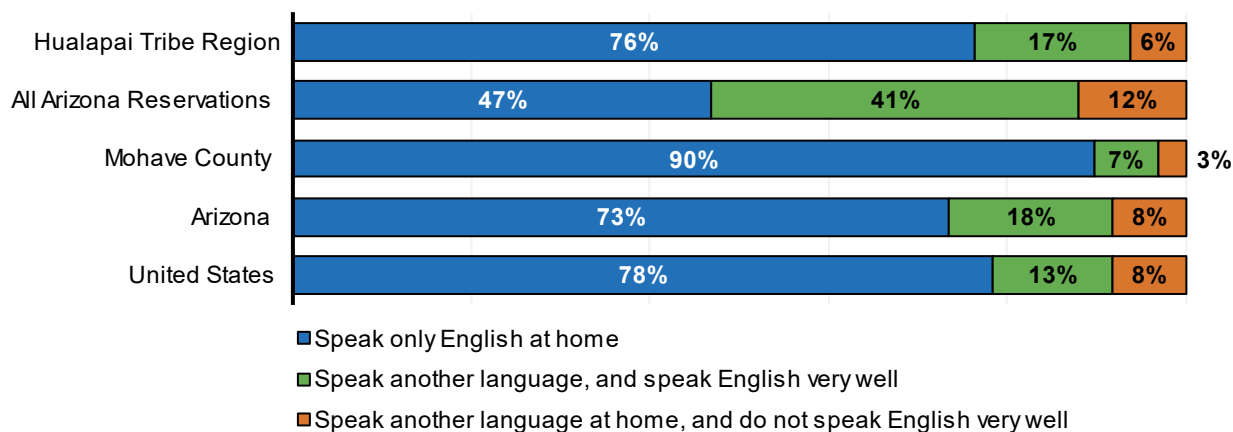
Figure 6. Language spoken at home (by persons ages 5 and older), 2017-2021 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2017-2021, Table C16001

Note: The three percentages in each bar may not sum to 100% because of rounding. 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%).

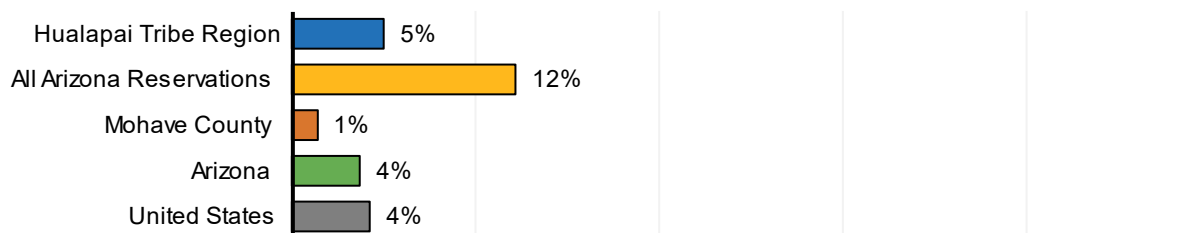
Figure 7. English-language proficiency (for persons ages 5 and older), 2017-2021 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2017-2021, Table C16001

Note: The three percentages in the figure should sum to 100%, but may not because of rounding.

Figure 8. Share of households that are limited-English-speaking, 2017-2021 ACS



Source: U.S. Census Bureau. (2021). American Community Survey five-year estimates 2017-2021, Table C16002

Note: A "limited-English-speaking" household is one in which no one over the age of 13 speaks English very well.

Table 4. Number of English Language Learners enrolled in all grades, 2020-21 to 2021-22

Geography	Number of PS-12 students who were English Language Learners		Percent of PS-12 students who were English Language Learners	
	2020-21	2021-22	2020-21	2021-22
Peach Springs Unified School District schools	<11	<11	<2%	<2%
Off-reservation schools serving Hualapai Tribe Region students	16	26	<2%	<2%
Mohave County schools	550	614	2%	3%
Arizona schools	86,405	91,881	8%	8%

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the Arizona CRED Team.

Notes: In Peach Springs Unified School district, most students who were identified as English Language Learners were in households where parents reported speaking Hualapai or other Native languages at home. The 'Off-reservation schools serving Hualapai Tribe Region students' row includes data from Cedar Hills School, Owens Elementary School, Valentine Elementary School, Kingman High School, Seligman Elementary School, and Seligman High School.

English Language Learners are students who do not score 'proficient' in the English language based on the Arizona English Language Learning Assessment (AZELLA) and thus are eligible for additional supportive services for English language acquisition. Legislation in Arizona requires children in Arizona public schools be taught in English, and English Language Learners to attend English immersion programs. Senate Bill 1014 passed in 2019, increased the flexibility districts have in structuring English Language Learners immersion programs, and lessened the duration required of this instruction. For more information see <https://www.azed.gov/oelas/structured-english-immersion-models>

Family and household composition

Young children in Arizona come from households with many potential compositions, each of which has possible implications for child development.^{56, 57, 58} For example, families with two married parents tend to offer stability that promotes child well-being.^{59, 60, 61} Single-parent households are common and can be linked to levels of poverty, access to health and education resources and the quality of a child's interactions with adult caregivers.^{62, 63, 64, 65, 66, 67, 68} Multi-generational living, particularly arrangement where grandparents live in the home with children and parents, has long been practiced in some cultures and communities but is becoming increasingly common in U.S. families of all backgrounds.^{69, 70, 71, 72} These living arrangements can offer financial and social benefits but also specific stressors, such as managing conflicts in parenting styles and family roles.^{73, 74, 75, 76, 77} It is also increasingly common for children to live in kinship care, defined as the care of children by someone other than their parents, such as relatives or close friends.^{78, 79, 80} These kinship caregivers, especially grandparents who care for their grandchildren, can face unique challenges, including navigating the logistics of informal guardianship (e.g., difficulties in registering children for school), coping with parental absence and addressing the challenges of being an aging caregiver for a young child.^{81, 82, 83, 84}

Though varying from one community to another, multigenerational households and kinship care are common in Native communities.^{85, 86} 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.⁸⁷ Grandparents are often central to these

households and care situations, in many cases sharing and strengthening Native language, history and culture.^{88, 89}

How the Hualapai Tribe Region is faring

- The majority of young children (birth to age 5) in the Hualapai Tribe Region live in a household with one unmarried parent^{vi} (63%), similar to young children across all Arizona reservations (65%) but notably higher than rates seen in Mohave County (47%) and the state (37%). A much smaller proportion live with two married parents (28%) and almost one in 10 (9%) live with relatives other than parents (such as grandparents, aunts and uncles) (Table 5).
- One in three young children (33%) in the region lives in a grandparent's household, a smaller proportion than seen across all Arizona reservations (40%) but a higher proportion than Mohave County and the state (both 14%) (Figure 9). Note that the grandparent may or may not be responsible for raising the child, and that the child's parent(s) may or may not also be living in the household.
- In contrast, a larger proportion of grandparents in the region are living with grandchildren (birth to age 17) without a parent also present in the household (36%) compared to all Arizona reservations (17%) (Figure 10).
- According to ACS data, grandparents are considered responsible for their grandchildren if they are "currently responsible for most of the basic needs of any grandchildren under the age of 18" who live in the grandparent's household. An estimated 57 grandparents in the Hualapai Tribe Region are living with and responsible for their grandchildren under 18 years old. In most of these households the parent is not living in the household (61%), a much larger proportion than seen across all Arizona reservations (30%). The majority of these grandparents are female (72%) and in the labor force (74%), meaning that they likely need child care for their grandchildren while they are working (Table 6).

^{vi} Note that 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 parent' category). New data from the 2020 Census (table P20) for children ages 0-17 shows that in the Hualapai Tribe Region, 19% of the children living in households with an unmarried parent are actually living in cohabitating couple families where there are two parents present but they are not married. This means that for children of all ages living with their parents in 2020, 40% were living in households led by married parents, 37% were living in households led by an unmarried (and not cohabitating) mother, 12% were living in households led by cohabitating parents and 12% were living in households led by an unmarried (and not cohabitating) father.

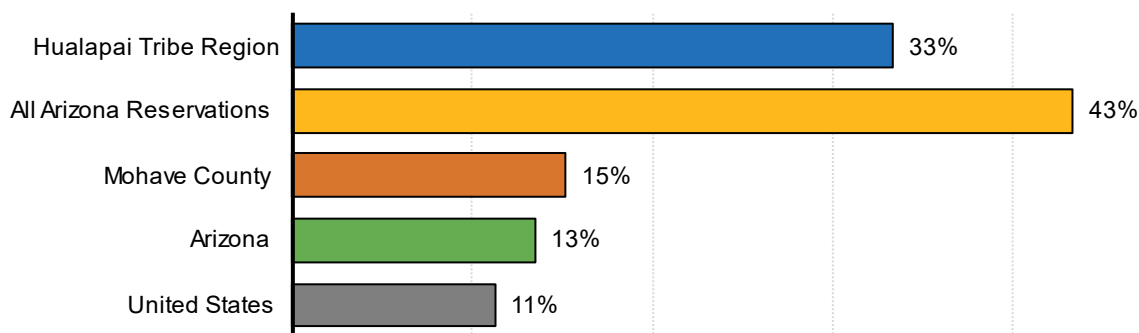
Table 5. Living arrangements for children birth to age 5, 2017-2021 ACS

Geography	Estimated number of children (birth to age 5) living in households	Living with two married parents	Living with one parent	Living not with parents but with other relatives	Living with non-relatives
Hualapai Tribe Region	172	28%	63%	9%	0%
All Arizona Reservations	15,661	25%	65%	8%	2%
Mohave County	10,744	44%	47%	5%	4%
Arizona	496,219	59%	37%	3%	2%
United States	23,353,556	64%	32%	2%	2%

Source: U.S. Census Bureau. (2023). American Community Survey five-year estimates 2017-2021, Tables B05009, B09001, & B17001

Note: The four percentages in each row should sum to 100%, but may not because of rounding. The term “parent” here includes stepparents. Please note that 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 parent’ category).

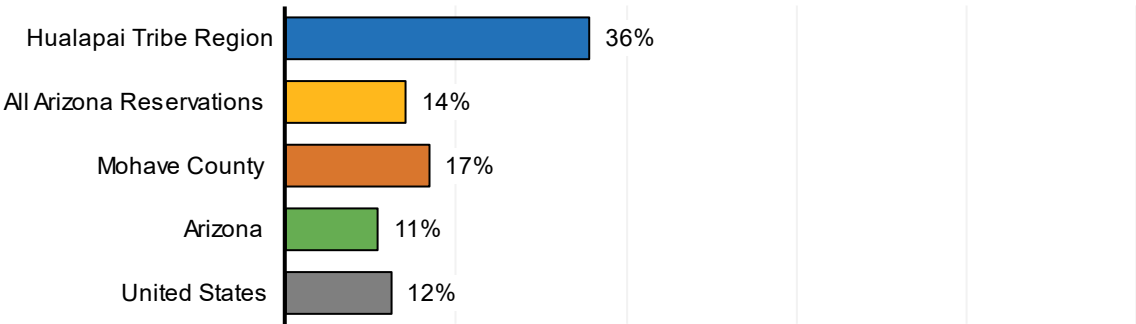
Figure 9. Grandchildren birth to age 5 living in a grandparent’s household, 2020 Census



Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P14, PCT11.

Note: This table includes all children (under 6 years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child’s parent lives in the same household.

Figure 10. Percent of grandparents living with their grandchildren birth to age 17 and no parent is present in the household, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Tables B10051, B10054, B10056, & B10059

Table 6. Selected characteristics of grandparents who are responsible for one or more grandchildren under 18 in their households, 2017-2021 ACS

Geography	Estimated number of grandparents who live with and are responsible for grandchildren under 18 years old	Percent of these grandparents who:					
		Do not have the child's parents in the household	Are 60 years old or older	Are female	Do not speak English very well	In labor force	Have an income below the poverty level
Hualapai Tribe Region	57	61%	40%	72%	N/A	74%	N/A
All Arizona Reservations	5,828	30%	49%	67%	18%	44%	36%
Mohave County	1,832	43%	49%	63%	7%	44%	23%
Arizona	56,079	33%	45%	62%	21%	57%	21%
United States	2,319,443	38%	47%	63%	14%	56%	18%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Tables B10051, B10054, B10056, B10058, & B10059

Note: Grandparents are considered responsible for their grandchild or grandchildren if they are “currently responsible for most of the basic needs of any grandchildren under the age of 18” who live in the grandparent’s household. Reliable estimates for poverty and language use for grandparents responsible for grandchildren were not available for the Hualapai Tribe Region due to wide margins of error.

Additional data tables related to *Population Characteristics* can be found in Appendix 1 of this report.



ECONOMIC CIRCUMSTANCES

ECONOMIC CIRCUMSTANCES

Why it Matters

A family's economic stability impacts children's well-being and predicts a variety of health outcomes.⁹⁰ Children who grow up in poverty and unstable economic conditions are more likely to face negative effects on their cognitive, behavioral, social and emotional development compared to those in stable economic environments.^{91, 92, 93, 94, 95} The challenges they face may continue into adulthood, and such difficulties can be passed on to the next generation.^{96, 97, 98} Poverty also affects children by straining parental well-being and parent-child interactions. Stressors related to poverty, like unemployment, food and housing insecurity and poor mental and physical health, make it difficult for caregivers to provide the necessary support for children's optimal development.⁹⁹ In light of these broad impacts, economic stability is a key social determinant of health and is included as a domain in the Healthy People 2030 Objectives.^{vii}

Economic circumstances in tribal communities have been shaped by a long history of inequitable policies and federal investment.^{100, 101} The resulting economic disparity between Native and non-Native communities affects rates of employment, poverty, food security and housing stability. Especially since the passing of the Indian Self-Determination and Education Assistance Act in 1975, which gave tribes greater autonomy in administering federally-funded programs and services, tribal governments have invested in community and economic development opportunities such as health care, manufacturing, forestry, fisheries, gaming and resorts to strengthen the economic conditions of their people.¹⁰²

What the Data Tell Us

Income and poverty

Poverty is associated with reduced access to nutrition, green space and health care and greater exposure to psychosocial stress and environmental toxins, factors that can both directly and indirectly hinder children's growth and brain development and their lifelong well-being.^{103, 104, 105, 106, 107} Economic hardship is included in some definitions of adverse childhood experiences (ACEs), and children living in poverty experience other non-economic ACEs, such as parental divorce or separation, exposure to violence, parental incarceration and living with someone with mental illness or a substance use disorder, at higher rates than children in higher income households.^{108, 109} Given the many negative effects of poverty on child development, programs that alleviate poverty through providing cash assistance or food, housing or health care assistance can improve child well-being.¹¹⁰

^{vii} For more information on the Economic Stability Healthy People 2030 Objectives please see <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>

The Temporary Assistance for Needy Families Cash Assistance Program (TANF)^{viii} provides temporary cash benefits and supportive services to children and families. Eligibility is based on citizenship or qualified resident status, Arizona residency and limits on resources and monthly income.¹¹¹ In recognition of tribal sovereignty, federally recognized tribes have the option to administer their own TANF programs.

How the Hualapai Tribe Region is faring

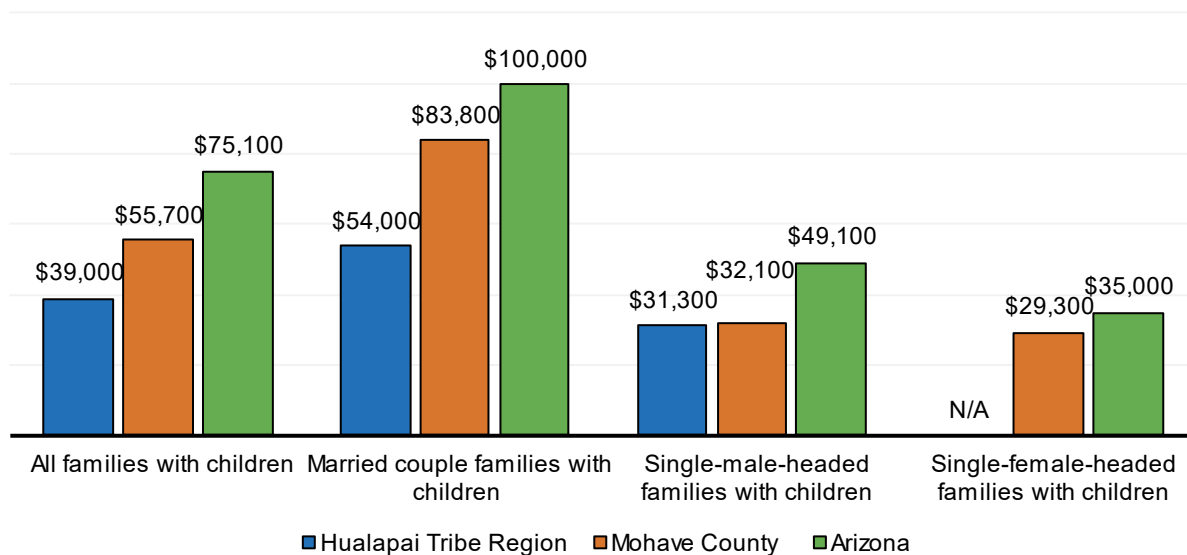
- Across all household types for which data are available, the median family income in the Hualapai Tribe Region is lower than that seen at the county and state level. The median annual income for all families with children (birth to age 17) in the region is \$39,000, compared to \$55,700 in Mohave County and \$75,100 in Arizona. Married couple families with children in the region have the highest median annual income (\$54,000) of all family types, which is still just over half of that seen statewide (\$100,000). While data are not available for single-female-headed families with children, the notably lower median annual income of single-male-headed families with children in the region (\$31,300) points to the additional financial stress experienced by the large proportion of single parent households in the region (Figure 11).
- One-third (33%) of the overall population and more than half (51%) of young children (birth to age 5) in the Hualapai Tribe Region live in poverty, rates that are more than twice those seen in Arizona (13% and 20%, respectively) and the U.S. (13% and 18%, respectively) (Figure 12).
- According to American Community Survey (ACS) five-year estimates, rates of poverty among young children in the Hualapai Tribe Region have increased slightly (+2%) in recent years, from 49% in 2012-2016 to 51% in 2017-2021. This contrasts with declining poverty rates seen among young children during this same period across all Arizona reservations (-6%), Mohave County (-6%), Arizona (-8%) and the U.S. (-6%) (Figure 13).
- The majority (70%) of young children in the Hualapai Tribe Region live in households with incomes under 185% of the federal poverty level (FPL), a commonly used threshold for safety net benefits such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and reduced-price school meals. In 2021, the 185% FPL threshold for a family of two adults and two children was \$50,836; for a single parent with one child, it was \$34,552 (Figure 14).
- While the proportion of young children living below 185% FPL is comparable between the region and all Arizona reservations (both 70%), a much smaller proportion of young children in the region live in “deep poverty” (defined as below 50% FPL) (3%) compared to young children in all Arizona reservations (27%). The region also has lower rates of deep poverty than those seen at the county (13%), state (9%) and national level (9%) (Figure 14). Though income is one important way to measure whether families can meet their basic needs, in Native communities,

^{viii} For more information see: <https://www.acf.hhs.gov/ofa/programs/temporary-assistance-needy-families-tanf> and <https://des.az.gov/ca>

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.¹¹²

- In the Hualapai Tribe Region, the TANF program is managed by the Arizona Department of Economic Security (DES). In state fiscal year (SFY) 2022, 16% of families with young children (birth to age 5) and 12% of young children in the region participated in TANF. These participation rates are notably higher than those seen at the county (both 5%) and state level (both 3%), meaning a larger proportion of families with young children experiencing poverty in the region accessed needed financial assistance (Table 7 & Table 8).

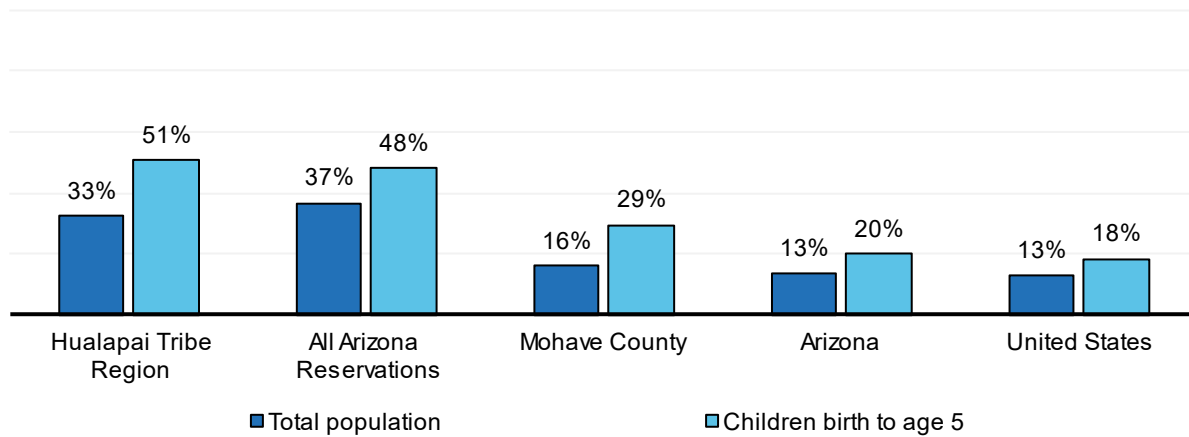
Figure 11. Median family income for families with children birth to age 17, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B19126

Note: Half of the families in the population are estimated to have annual incomes above the median value, and the other half have incomes below the median. The median family income for all families includes families without children birth to age 17. A reliable estimate of median income for single-female-headed households was not available from the ACS due to sample size limitations. Note that median income estimates are not available for All Arizona Reservations.

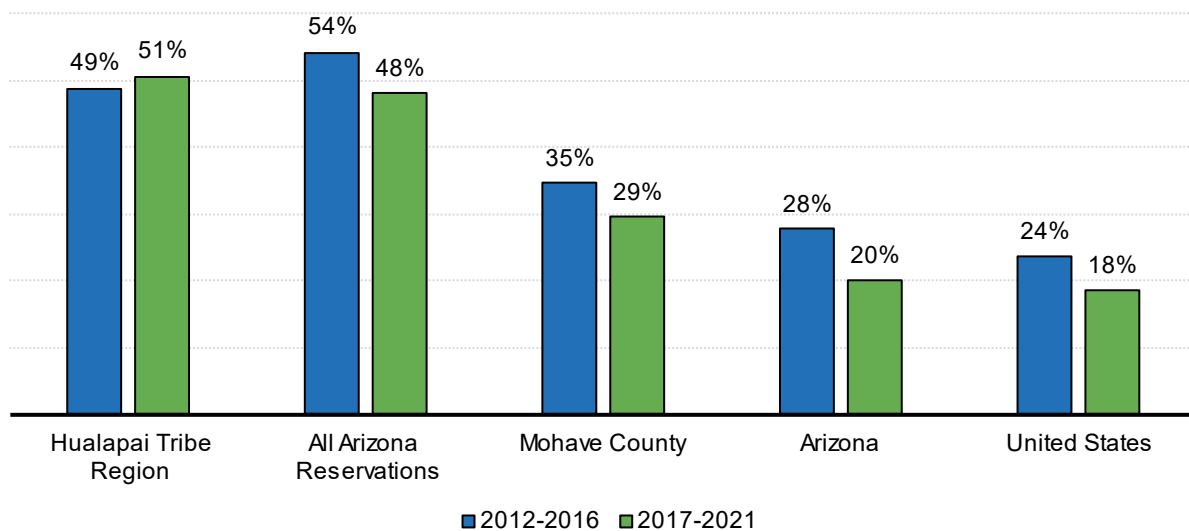
Figure 12. Rates of poverty for persons of all ages and for children birth to age 5, 2017-2021 ACS



Source: U.S. Census Bureau. (2020). American Community Survey five-year estimates 2017-2021, Table B17001

Note: This graph includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2021, the poverty threshold for a family of two adults and two children was \$27,479; for a single parent with one child, it was \$18,677.

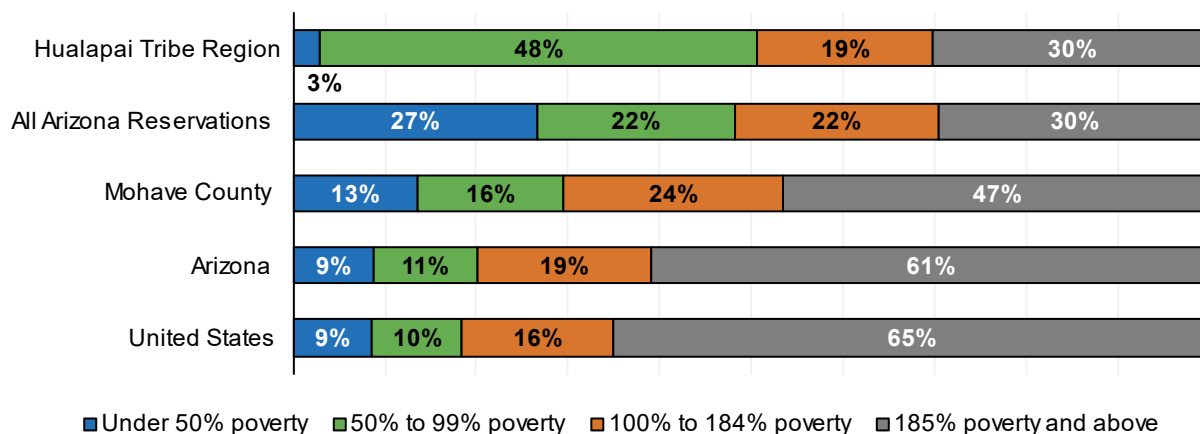
Figure 13. Rates of poverty for children birth to age 5, 2012-2016 and 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B17001. U.S. Census Bureau. (2017). American Community Survey five-year estimates 2012-2016, Table B17001.

Note: This graph includes only persons whose poverty status can be determined. Adults who live in group settings such as dormitories or institutions are not included. Children who live with unrelated persons are not included. In 2021, the poverty threshold for a family of two adults and two children was \$27,479; for a single parent with one child, it was \$18,677.

Figure 14. Children birth to age 5 living at selected poverty thresholds, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B17024

Note: The four percentages in each bar should sum to 100%, but may not because of rounding. In 2021, the poverty threshold for a family of two adults and two children was \$27,479; for a single parent with one child, it was \$18,677. The 185% thresholds are \$50,836 and \$34,552, respectively.

Table 7. Families with children birth to age 5 receiving TANF, state fiscal years 2018 to 2022

Geography	Number of households with one or more children (ages 0-5)	Number of families with children (ages 0-5) participating in TANF					Percent of households with young children (ages 0-5) participating in TANF in SFY 2022
		SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	
Hualapai Tribe Region	76	2 to 18	2 to 18	2 to 18	1 to 9	12	16%
Mohave County	7,673	427	377	378	363	382	5%
Arizona	345,601	10,538	9,360	9,947	9,881	9,884	3%

Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2023). 2020 Decennial Census, DHC, Table P14 & P20.

Table 8. Children birth to age 5 receiving TANF, state fiscal years 2018 to 2022

Geography	Number of young children (ages 0-5) in the population	Number of young children (ages 0-5) participating in TANF					Percent of young children (ages 0-5) participating in TANF in SFY 2022
		SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	
Hualapai Tribe Region	132	26	2 to 18	2 to 18	1 to 9	16	12%
Mohave County	10,596	567	508	485	476	530	5%
Arizona	480,744	14,659	13,029	13,747	13,654	13,592	3%

Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2023). 2020 Decennial Census, DHC, Table P14 & P20.

Food security

Many families struggle with consistent access to “enough food for an active, healthy life,” a problem known as food insecurity.¹¹³ Food insecurity is linked with many aspects of child and parent well-being; it can be a major source of stress for parents and has been linked to health and behavioral problems for children, such as poorer parent-child attachment, decreased social skills and self-control and increased risk of depression.^{114, 115, 116, 117, 118, 119}

The Supplemental Nutrition Assistance Program (SNAP; also referred to as “nutrition assistance” and “food stamps”),^{ix} is administered by DES and aims to support working families who are unable to afford the food necessary to sustain their health with their income alone. Nationally, about one in every five children participates in SNAP, and families on average receive a benefit of up to \$2.61 per person for each meal.¹²⁰ The SNAP program has been shown to reduce hunger and improve access to healthy food options among those who utilize it.¹²¹

The WIC^x program is a federally funded program aimed to support economically disadvantaged women who are pregnant, postpartum, and/or breastfeeding, along with infants and young children. The program’s services include directing participants to health services, nutrition and breastfeeding education and supplemental funding for food. In Arizona, WIC provided an average monthly benefit of \$42 per month in 2022, lower than the national average of \$48 per month.¹²² The WIC program is administered in the state of Arizona by the Arizona Department of Health Services (ADHS) as well as the Inter Tribal Council of Arizona (ITCA) for 20 tribal nations in the state.

School meals provide another important nutritional safety net for children and their families. The National School Lunch Program (NSLP), administered by the Arizona Department of Education (ADE) and funded by the United States Department of Agriculture (USDA), provides meals for students of low-income families at a reduced price. The Summer Food Service Program (SFSP)^{xi}, also funded by the USDA and administered by ADE, works to keep all children birth to age 18 fed when school is out of

^{ix} For more information see: <https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program> and <https://des.az.gov/na>.

^x For more information see: <https://www.fns.usda.gov/wic> and <https://www.azdhs.gov/prevention/azwic/>

^{xi} For more information see: <https://www.azed.gov/hns/sfsp>

session by providing free meals (breakfast, lunch, supper) and snacks at community sites. SFSP unites community sponsors like camps, faith-based organizations and schools with sites like parks, libraries, community centers and apartment complexes in high-need areas to distribute food.¹²³ In March 2020, in response to school closures due to the COVID-19 pandemic, the USDA issued waivers allowing year-round operation of the SFSP to serve meals to children of all ages engaging in remote learning; these waivers remained in effect through June 2022 and led to increased meal service through SFSP compared to NSLP for many schools.¹²⁴ The Child and Adult Care Food Program (CACFP),^{xii} also funded by the USDA, gives reimbursements to participating child care centers, preschools, emergency centers and after-school programs for nutritious meals and snacks served to eligible children. Eligible providers include for-profit child care centers serving at least 25% free or reduced-price lunch participants or any non-profit program.¹²⁵

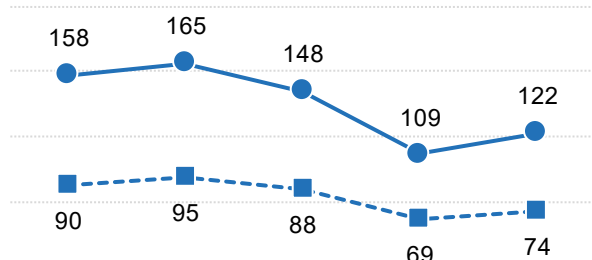
How the Hualapai Tribe Region is faring

- Since SFY 2018, SNAP participation among young children (birth to age 5) and families with young children in the Hualapai Tribe Region has fluctuated but largely declined over time. Participation rates in SFY 2022 seemed to rebound slightly, with 74 young children and 122 families with young children in the region participating (Figure 15).
- The Hualapai Tribe WIC program is administered by ITCA. In 2020, a total of 127 individuals were enrolled in the program, including 24 women (19%), 30 infants (24%) and 73 children (ages 2-4; 57%). These proportions are comparable to those seen across all ITCA WIC programs, with children also making up more than half of those enrolled (n=6,247; 51%) (Table 9).
- Since 2020, meal service in the Hualapai Tribe Region through the National School Lunch Program has declined notably, from 12,364 meals in 2020 to 259 meals in 2022. This is likely due to the ongoing effects of the United States Department of Agriculture waivers that allow meal service through the Summer Food Service Program year-round, which showed an overall increase during this same time period from 33,805 lunches in 2020 to 35,023 lunches in 2022 (Figure 16).
- The number of lunches served through CACFP at Hualapai Day Care Hma:ny Ba Viso:jo' and Hualapai Tribe Head Start nearly tripled over the last three years, from 6,265 to 17,971, meaning this program is a major source of meals for young children in the Hualapai Tribe Region (Figure 16 & Table 10).

^{xii} For more information see: <https://www.azed.gov/hns/cacfp>

Figure 15. Number of children birth to age 5 and households with children birth to age 5 participating in SNAP, state fiscal years 2018 to 2022

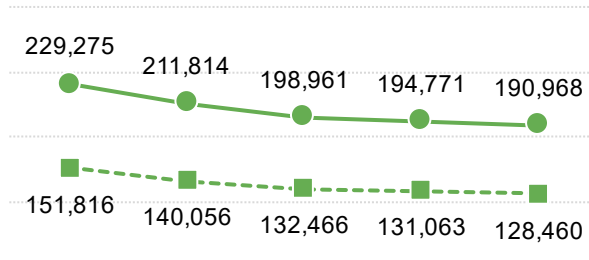
Hualapai Tribe Region



SFY2018 SFY2019 SFY2020 SFY2021 SFY2022

--- Families with children (ages 0-5) participating in SNAP
 — Children (ages 0-5) participating in SNAP

Arizona



SFY2018 SFY2019 SFY2020 SFY2021 SFY2022

--- Families with children (ages 0-5) participating in SNAP
 — Children (ages 0-5) participating in SNAP

Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data.

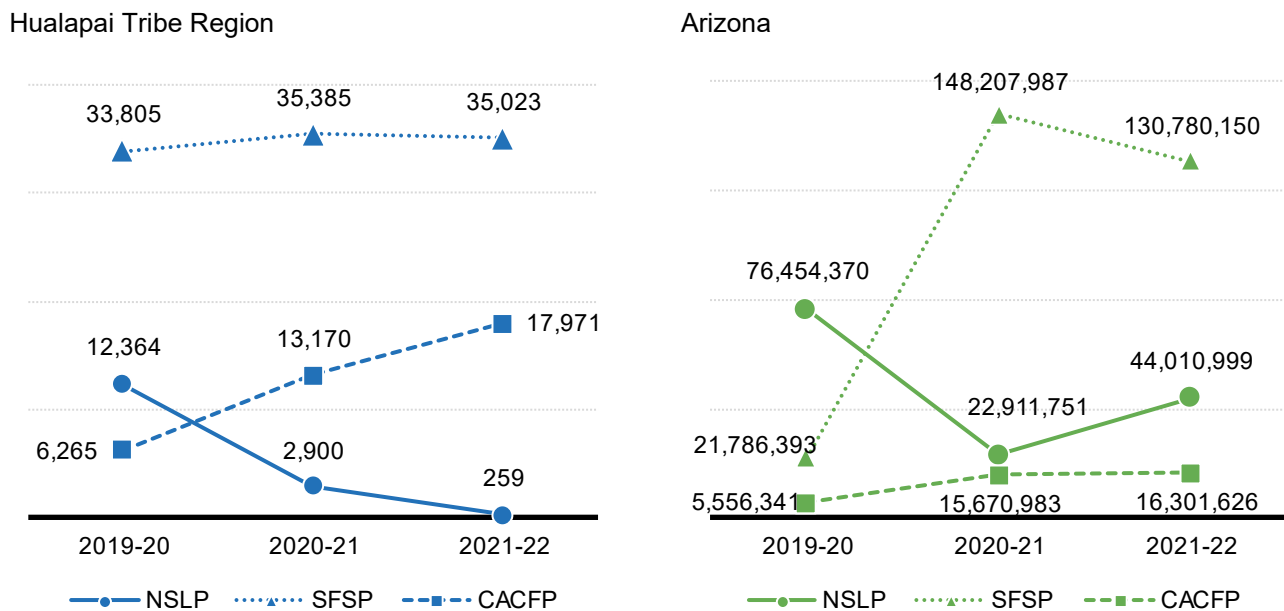
Table 9. Enrollment in the Hualapai Tribe WIC program, 2020

Geography	Total	Women	Infants	Children
Hualapai Tribe WIC Program	127	24	30	73
All ITCA WIC programs	12,207	2,865	3,095	6,247

Source: First Things First (2022). Hualapai Tribe Region 2022 Needs and Assets Report. Retrieved on Dec 1, 2023 from <https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Hualapai%20Tribe.pdf> Data for all ITCA WIC programs sourced from First Things First (2022). San Carlos Apache Region 2022 Needs and Assets Report. Retrieved from <https://files.firstthingsfirst.org/regions/Publications/2022-RNA-SAN-CARLOS-APACHE-FINAL-06.30.2022.pdf>

Note: Data in the original 2022 report were cited as originating from the Arizona Department of Health Services WIC program; however, these data represent enrollment in the Hualapai Tribe WIC program that is administered by the Inter Tribal Council of Arizona.

Figure 16. Trends in lunches served through school nutrition programs, 2019-20 to 2021-22



Source: Arizona Department of Education (2023). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Peach Springs Unified District participated in both NSLP and SFSP in all years, serving NSLP meals at Peach Springs School and SFSP meals through Peach Springs School, Valentine Elementary School, home delivery bus routes (up to four routes in 2020), and community sites in 2020 (Buck & Doe Park, the Tribal Courthouse, Milkweed Fire Station, and the Multipurpose Building). Both Hualapai Tribe Head Start and Hualapai Day Care Hma:ny Ba Viso:jo' participated in CACFP all three years. Due to the COVID-19 pandemic, the USDA issued a substantial number of waivers for school nutrition programs to allow greater flexibility for schools to get meals to students in need. More information on the pandemic's effect on school nutrition can be found on the ADE website: <https://www.azed.gov/hns/covid19>

Table 10. Lunches served through CACFP, 2019-20 to 2021-22

Geography	Number of sites			Number of lunches served		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
Hualapai Head Start	1	1	1	5,333	7,078	8,383
Hualapai Day Care Hma:ny Ba Viso:jo'	1	1	1	932	6,092	9,588
Mohave County Schools	N/A	21	17	111,600	401,884	301,567
Arizona Schools	N/A	715	643	5,556,341	15,670,983	16,301,626

Source: Arizona Department of Education (2023). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Employment

Unemployment and underemployment^{xiii} can impact families in ways that affect children's health and well-being.¹²⁶ 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.^{127, 128} Children with parents who have lost their jobs may also experience poorer school performance and behavioral issues, resulting in grade repetition, suspension or expulsion.¹²⁹ Due to many historical and legal reasons, as well as differences in practical economic structures, employment rates in Native communities can vary greatly from state rates.¹³⁰

Education and employment support programs for parents and caregivers are important for increasing wages and improving the economic stability of families. "Two-generation" or "2Gen" approaches address the needs of both parents and children simultaneously through programs to support children and families together, such as a family literacy program that provides educational support to parents while enrolling children in free high-quality preschool.^{131, 132, 133} These programs have the goal of decreasing the intergenerational effects of poverty by building parental capacity and protective factors within families.^{134, 135, 136}

How the Hualapai Tribe Region is faring

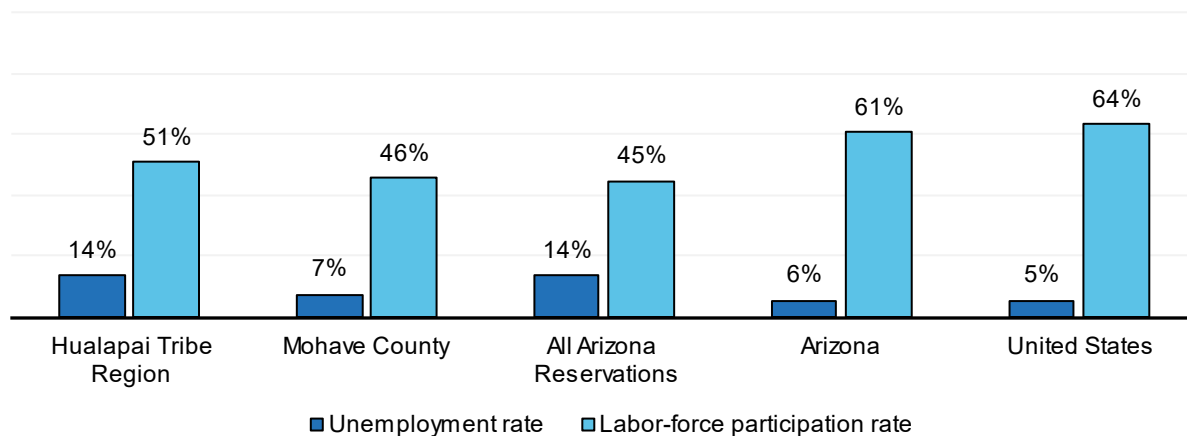
- The unemployment rate is the proportion of the total number of people in the civilian labor force who are unemployed and looking for work. Unemployment rates do not include people who have dropped out of the labor force entirely, including those who wanted to work but could not find a suitable job and have stopped looking for employment.¹³⁷ The ACS estimates that the average unemployment rate for the Hualapai Tribe Region over the five years from 2017 to 2022 was 14%. This corresponds with the unemployment rate for all Arizona reservations (14%), though it is at least double the rates of unemployment for Mohave County (7%), Arizona (6%) and the U.S. (5%) (Figure 17 & Table 11).
- An additional metric of employment is the labor-force participation rate. This rate is the fraction of the population who are in the labor force, whether employed or unemployed. The labor force participation rate in the region (51%) is higher than that seen across all Arizona reservations (45%) and Mohave County (46%). This means that about half of working-age teens and adults in the Hualapai Tribe Region are working (44%) or actively looking for work (7%), while the other half are not (which includes students, retirees, stay-at-home parents and others) (Figure 17 & Table 11).
- While unemployment rates showed a steadily declining trend nationwide since the end of the Great Recession in 2009, this pattern changed in 2020 with the onset of the COVID-19 pandemic. In recent years, unemployment rates for Mohave County remained consistently at

^{xiii} 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.

least 1% higher than those seen statewide, peaking at 9.9% in 2020 compared to 7.8% statewide. By 2022, unemployment rates decreased to below pre-pandemic levels, though Mohave County's unemployment rate (4.5%) remained higher than the state rate (3.8%) (Figure 18).

- About three-quarters (73%) of young children (birth to age 5) in the Hualapai Tribe Region live in a household where at least one parent is in the labor force, compared to 65% of young children across all Arizona reservations and 87% of young children in Mohave County. About 47% of young children in the region live in households where all residential parents are in the workforce (that is, are employed or actively seeking paid work), meaning they will likely require some form of child care. This includes children in households with a single-parent in the labor force (41%) and those in dual-earner households (6%) (Figure 19).

Figure 17. Unemployment and labor-force participation for the population ages 16 and older, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B23025

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. 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 which are unemployed.

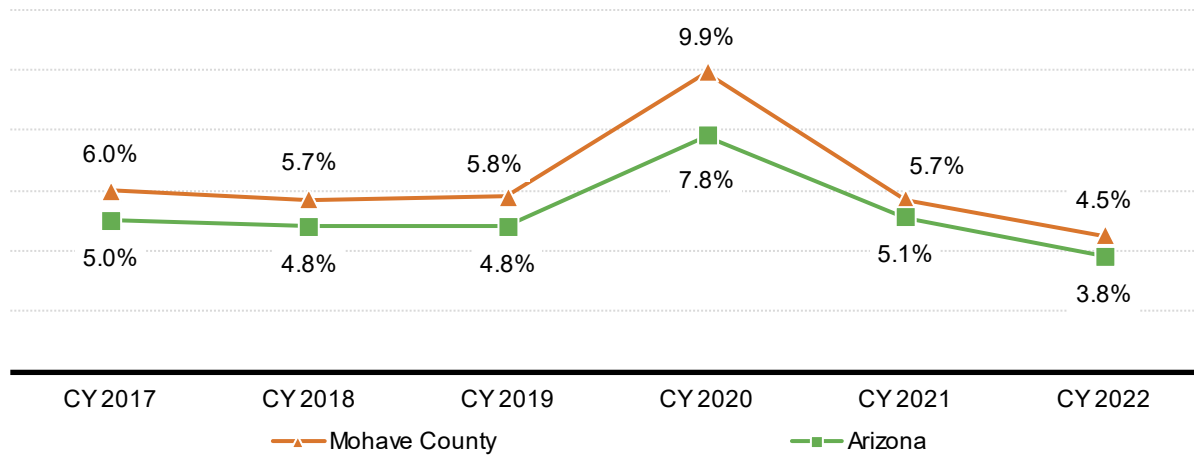
Table 11. Unemployment and labor-force participation for the population ages 16 and older, 2017-2021 ACS

Geography	Estimated working-age population (age 16 and older)	Unemployment rate	Labor-force participation rate	In the labor force and employed	In the labor force but unemployed	In armed forces	Not in the labor force
Hualapai Tribe Region	1,030	14%	51%	44%	7%	0.0%	49%
All Arizona Reservations	132,731	14%	45%	39%	6%	0.0%	55%
Mohave County	179,564	7%	46%	42%	3%	0.1%	54%
Arizona	5,650,624	6%	61%	57%	3%	0.4%	39%
United States	264,087,642	5%	64%	60%	3%	0.5%	36%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B23025

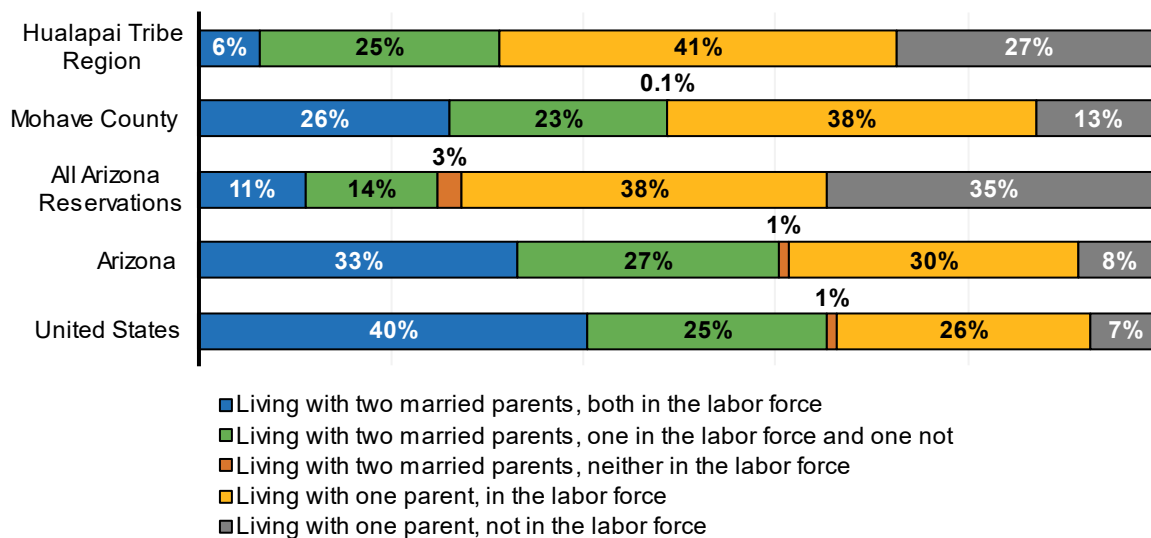
Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The "labor force participation rate" is the fraction of the population who are in the labor force, whether employed or unemployed. The "unemployment rate" is the fraction of the civilian labor force which are unemployed. The last four percentages in each row (employed, unemployed, in armed forces, and not in the labor force) should sum to 100% but may not because of rounding.

Figure 18. Average annual unemployment rates (not seasonally adjusted), 2017 to 2022



Source: Arizona Commerce Authority (2023), Office of Economic Opportunity, Local Area Unemployment Survey (LAUS)

Figure 19. Parents of children birth to age 5 who are or are not in the labor force, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B23025

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The term "parent" here includes step-parents. The five percentages in each row should sum to 100%, but may not because of rounding. Please note that 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 parent' category).

Housing instability and internet access

Housing instability can have harmful effects on the development of young children. High housing costs relative to family income are associated with increased risk for overcrowding, frequent moving, poor nutrition, declines in mental health and homelessness.^{138, 139, 140} High relative housing costs leave inadequate funds for other necessities, such as food and utilities.¹⁴¹ This can negatively affect the physical, social-emotional and cognitive development of children, with severe forms of housing instability associated with poorer performance in school.^{142, 143}

In Native nations, land- and homeownership differs legally from other parts of the state. Native nations have experienced periods of forced relocation and assimilation, as well as complex and changing policies of land ownership, that have significantly reduced the total amount of land under tribal governance as well as the resources on these lands.¹⁴⁴ Tribal housing authorities have worked to build affordable housing options for their people, however housing availability is typically limited by funding and other critical infrastructure issues.¹⁴⁵ The most common housing challenges on tribal lands include overcrowding and physical housing problems such as insufficient kitchen, plumbing, electrical, heating and cooling utilities.¹⁴⁶ A nationwide study found that Native households are 19 times more likely to lack indoor plumbing than White households, meaning that access to safe and reliable drinking water is a major concern for many families.¹⁴⁷

Another increasingly important utility in homes is reliable internet access. Access to broadband (high-speed) internet enables quick access to a far greater number of resources and information, telehealth options and other opportunities that can be critical for education and employment. Internet access has been deemed a “super determinant” of health because of its influence on more traditional social determinants of health such as education, employment, health care access and social connection.¹⁴⁸ Household access to computers and high-speed internet is also important for school-aged children who may need this technology for school assignments and projects, particularly during the later years of primary education and beyond.¹⁴⁹ Lack of access to reliable high-speed internet disproportionately occurs in rural areas and pockets of segregated urban areas, and this disparate access is known as the digital divide. Due to the importance of high-speed internet access, the federal government has instituted several funding initiatives to improve access to and affordability of high-speed internet, including for Native communities in particular, such as the Tribal Broadband Connectivity Project.^{xiv, 150}

How the Hualapai Tribe Region is faring

- Traditionally, housing has been deemed affordable for families if it costs less than 30% of annual household income.¹⁵¹ According to recent ACS estimates, just 14% of households in the Hualapai Tribe Region spent more than 30% of their income on housing, disproportionately impacting renters (22%) over homeowners (5%) in the region. Housing cost burden is notably lower in the region compared to Mohave County and the state, where more than one-quarter of all households are considered housing-cost burdened (26% and 29%, respectively) (Table 12).
- The McKinney-Vento Act definition of homelessness includes children living in shelters, transitional housing, campgrounds, motels, trailer parks and cars, as well as children whose families are temporarily living within another family’s household. Fewer than 11 students were identified as experiencing homelessness in Peach Springs Unified School District schools in any given year between 2019-20 to 2021-22 (Table 57).
- Over three-quarters (77%) of households in the Hualapai Tribe Region have both a computer (i.e., a desktop, laptop, tablet or smartphone) and broadband internet connectivity. While this proportion is lower than Mohave County (83%) and Arizona (88%), it is notably higher than seen across all Arizona reservations (44%) (Table 13).
- At the individual level, 83% of individuals in the Hualapai Tribe Region, including 91% of children (birth to age 17), have access to both a computer and internet in their household. As with household-level access, this is a smaller proportion than seen for seen for Mohave County (88% and 94%, respectively) and the state (90% and 92%, respectively), though higher than seen across all Arizona reservations (51% and 55%, respectively) (Figure 20 & Figure 21).

^{xiv} For more information, please see <https://internetforall.gov/program/digital-equity-act-programs> and <https://www.ntia.gov/page/tribal-broadband-connectivity-program>

Table 12. Households with housing costs of 30% or more of household income by home ownership status, 2017-2021 ACS

Geography	Estimated number of households	Housing costs 30 percent or more of household income	Estimated number of owner-occupied housing units	Housing costs 30 percent or more of household income	Estimated number of renter-occupied housing units	Housing costs 30 percent or more of household income
Hualapai Tribe Region	440	14%	209	5%	231	22%
All Arizona Reservations	52,248	13%	35,840	12%	16,408	16%
Mohave County	93,179	26%	66,782	20%	26,397	42%
Arizona	2,683,557	29%	1,765,658	21%	917,899	45%
United States	124,010,992	30%	80,152,161	22%	43,858,831	46%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B25106

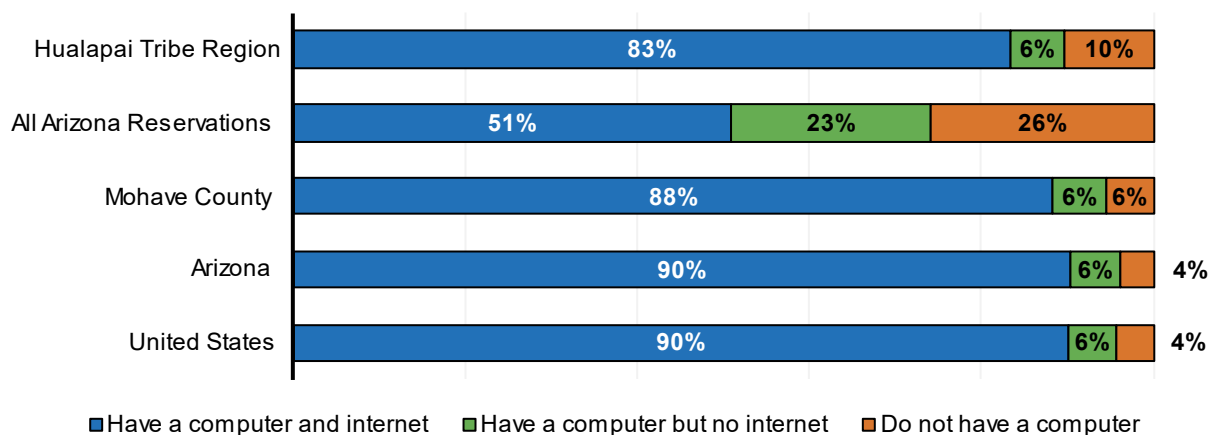
Table 13. Households with a computer and broadband internet connectivity, 2017-2021 ACS

Geography	Estimated number of households	Number and percent of households with a computer and broadband internet connectivity	
Hualapai Tribe Region	440	339	77%
All Arizona Reservations	52,248	22,993	44%
Mohave County	93,179	77,696	83%
Arizona	2,683,557	2,350,265	88%
United States	124,010,992	106,957,995	86%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B28008.

Note: In this table, "computer" includes desktops, laptops, tablets and smartphones.

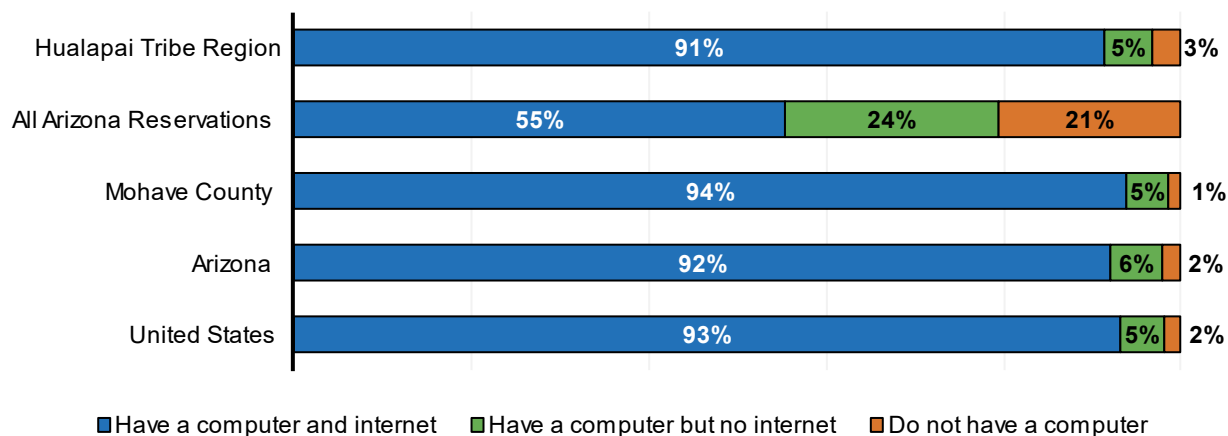
Figure 20. Persons of all ages in households with and without computers and internet connectivity, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B28005

Note: The three percentages in each bar should sum to 100%, but may not because of rounding.

Figure 21. Children birth to age 17 in households with and without computers and internet connectivity, 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B28005

Note: The three percentages in each bar should sum to 100%, but may not because of rounding.

Additional data tables related to *Economic Circumstances* can be found in Appendix 1 of this report.



EDUCATIONAL INDICATORS

EDUCATIONAL INDICATORS

Why it Matters

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.¹⁵² Graduating from high school, in particular, is associated with better health, financial stability and socio-emotional outcomes as well as a lower risk for incarceration compared to dropping out of high school.^{153, 154} Children with parents that have attained higher levels of education are more likely to do well in school, such as score higher in reading, math and science in their first four years of school and attain higher levels of education themselves.^{155, 156, 157} High-quality early learning experiences also set a strong foundation for children's learning in kindergarten, elementary school and beyond.¹⁵⁸ When children participate in high-quality early education, they are more likely to perform better in reading and math in later grades.¹⁵⁹ Given these lifetime and intergenerational impacts of educational attainment, it is critical to provide substantial support for early education and promote policies and programs that encourage the success of Arizona's children.

What the Data Tell Us

School attendance and absenteeism

School attendance is an important factor in predicting the academic performance and future health of children. Chronic absenteeism, defined as missing 10% of school days in a school year, predicts a student experiencing academic difficulties and even dropping out of school entirely.¹⁶⁰ Children who are part of a racial or ethnic minority group, have disabilities or other health conditions or are economically disadvantaged are at increased risk of absenteeism.^{161, 162} These are also the children who are most likely to benefit from resources available through schools. Elementary school absenteeism among Native youth, in particular, 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).^{163, 164, 165}

How the Hualapai Tribe Region is faring

- In the Hualapai Tribe Region, children attend school at Peach Springs Elementary School, Music Mountain Jr./Sr. High School and Music Mountain Academy, all part of the Peach Springs Unified School District. Children may also attend public schools outside the region such as Cedar Hills School, Owens Elementary School, Valentine Elementary School, Kingman High School, Seligman Elementary School and Seligman High School.
- In the 2021-22 school year, fewer than 11 children were enrolled in preschool in the Peach Springs Elementary School, with a similar number of American Indian students in preschool in off-region schools serving Hualapai Tribe Region students. Kindergarten through 3rd grade

enrollments for Peach Springs School were slightly higher, ranging from a low of 12 in kindergarten to a high of 20 children enrolled in 3rd grade. There were the same number of American Indian students enrolled in kindergarten in off-region schools serving Hualapai Tribe Region students (n=12), but fewer than 11 in 1st and 2nd grade and 13 in 3rd grade (Table 14).

- Kindergarten through 3rd grade chronic absence rates increased between the 2020-21 (70%) and 2021-22 (82%) school years in the Peach Springs Elementary School. These rates also increased in off-reservation schools serving Hualapai Tribe Region students but were much lower overall (16% in 2020-21; 37% in 2021-22) and more comparable to chronic absences across Mohave County (26% both years) (Table 15).

Table 14. Preschool to 3rd grade students enrolled in public and charter schools, 2021-22

Geography	Preschool	Kindergarten	1st Grade	2nd Grade	3rd Grade
Peach Springs Elementary School	<11	12	14	11	20
Off-reservation schools serving Hualapai Tribe Region students (American Indian students only)	<11	12	<11	<11	13
Mohave County	494	1,858	1,782	1,753	1,757
Arizona	17,840	79,423	79,202	82,342	82,243

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The 'Off-reservation schools serving Hualapai Tribe Region students' row includes data from Cedar Hills School, Owens Elementary School, Valentine Elementary School, Kingman High School, Seligman Elementary School, and Seligman High School.

Table 15. Kindergarten to 3rd grade students with chronic absences, 2020-21 to 2021-22

Geography	K-3 students with chronic absences, 2020-21	Chronic absence rate, 2020-21	K-3 students with chronic absences, 2021-22	Chronic absence rate, 2021-22
Peach Springs Elementary School	42	70%	46	82%
Off-reservation schools serving Hualapai Tribe Region students	16	16%	43	37%
Mohave County	1,594	26%	1,991	26%
Arizona	56,547	21%	100,955	34%

Source: Arizona Department of Education (2023). [Absenteeism Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Students are considered chronically absent if they miss more than 10% of the school days in a school year. This table includes children who are absent due to chronic illness. The 'Off-reservation schools serving Hualapai Tribe Region students' row includes data from Cedar Hills School, Owens Elementary School, Valentine Elementary School, Kingman High School, Seligman Elementary School, and Seligman High School.

Achievement on standardized testing

All Arizona public schools, including both district and charter schools, are required to administer state and federally mandated standardized tests. Between 2019 and 2022, the statewide English language arts (ELA) and math assessment tool for 3rd through 8th graders in public schools was Arizona's Statewide Achievement Assessment for English Language Arts and Math (AzM2), previously called Arizona's Measurement of Educational Readiness to Inform Teaching (AzMERIT).^{xv,166,167} The *Move on When Reading* policy, enacted by the Arizona legislature in 2010, states that a 3rd grade student shall not be promoted to 4th grade if their reading score falls far below the 3rd grade level, as established by the State Board of Education.^{xvi, 168} These policies are intended to help identify struggling readers who may benefit from more targeted literacy interventions. Children's reading comprehension and proficiency skills when in the 3rd grade can predict their future academic success, such as their likelihood of graduating high school and attending college.¹⁶⁹ Poor reading skills are associated with a six-fold increase in the likelihood of dropping out of high school compared to proficient readers.¹⁷⁰ However, 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.¹⁷¹

How the Hualapai Tribe Region is faring

- In the 2021-22 school year, less than 2% of 3rd grade students in the Peach Springs Elementary School were meeting or exceeding proficiency expectations for the 3rd grade AzM2 English Language Arts assessment. This was lower than the proportion across off-reservation schools serving Hualapai Tribe Region students and American Indian students in Arizona (16% for both) and Mohave County schools (30%). A similar percentage (<2%) were meeting or exceeding proficiency expectations for Math, again lower than students across off-reservation schools serving Hualapai Tribe Region students and American Indian students in Arizona (16% for both) and Mohave County schools (37%) (Table 16 & Table 17).
- In off-reservation schools serving Hualapai Tribe Region students and for American Indian students across Arizona, passing rates for the 3rd grade AzM2 English Language Arts assessment increased slightly between 2020-21 (5% and 12% respectively) and 2021-22 (16% for both). Passing rates remained at less than 2% in the Peach Springs Elementary School in both years (Figure 22).

^{xv} In 2022, AzM2 was replaced by Arizona's Academic Standards Assessment (AASA).

^{xvi} Exceptions exist for students identified with or being evaluated for learning disabilities or reading impairments, English language learners and those who have demonstrated reading proficiency on alternate forms of assessment approved by the State Board of Education. Students who test in the 'far below' proficiency range can also be promoted to 4th grade if they complete summer school and then demonstrate reading at a proficient level. Given these exceptions, historically very few 3rd grade students (<1%) have been retained due to *Move on When Reading*. As of 2022, schools with early elementary grade students are now required to screen all kindergarten and first grade students for dyslexia and have at least one teacher who has complete ADE-approved trainings in reading instruction, intensifying instruction and understanding and recognizing dyslexia.

- Third grade Math passing rates also increased in off-reservation schools serving Hualapai Tribe Region students and for American Indian students across Arizona between 2020-21 (5% and 12% respectively) and 2021-22 (16% for both). Passing rates for the 3rd grade Math assessment remained at less than 2% in the Peach Springs School in both years (Figure 23).

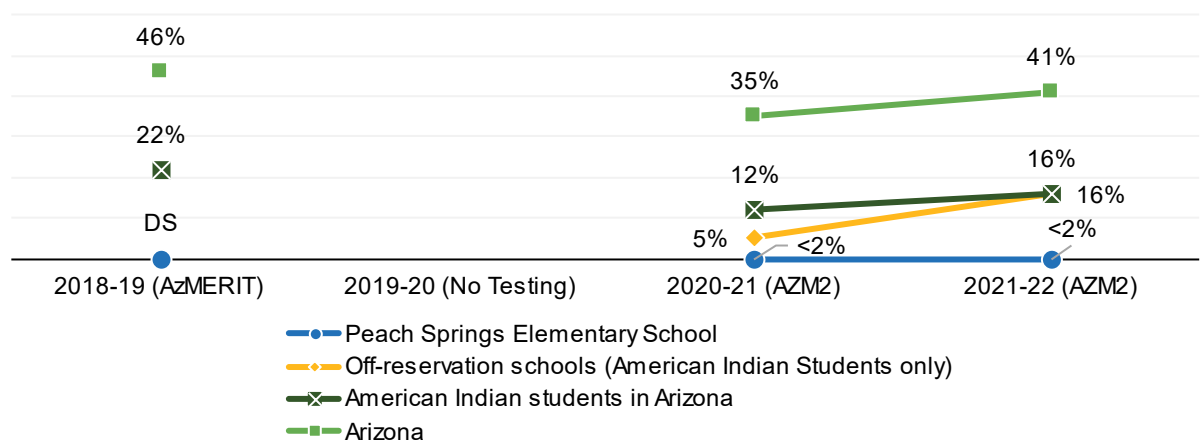
Table 16. Assessment results: 3rd Grade English Language Arts, 2021-22

Geography	Students Tested	Falls Far Below	Approaches	Meets	Exceeds	Passing
Peach Springs Elementary School	DS	>98%	<2%	<2%	<2%	<2%
Off-reservation schools serving Hualapai Tribe Region students (American Indian students only)	DS	79%	5%	13%	3%	16%
Mohave County schools	1,707	29%	41%	30%	<2%	30%
Arizona schools (American Indian students only)	DS	74%	10%	13%	3%	16%
Arizona schools	79,586	47%	12%	26%	15%	41%

Source: Arizona Department of Education (2023). [Assessment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: The 'Off-reservation schools serving Hualapai Tribe Region students' row includes data from Cedar Hills School, Owens Elementary School, Valentine Elementary School, Kingman High School, Seligman Elementary School, and Seligman High School.

Figure 22. Trends in passing rates for 3rd Grade English Language Arts assessments, 2018-19 to 2021-22



Source: Arizona Department of Education (2023). [Assessment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: Data for American Indian students enrolled in off-reservation schools serving the Hualapai Tribe Region were not available for 2018-19. The 'Off-reservation schools serving Hualapai Tribe Region students' line includes data from Cedar Hills School, Owens Elementary School, Valentine Elementary School, Kingman High School, Seligman Elementary School, and Seligman High School.

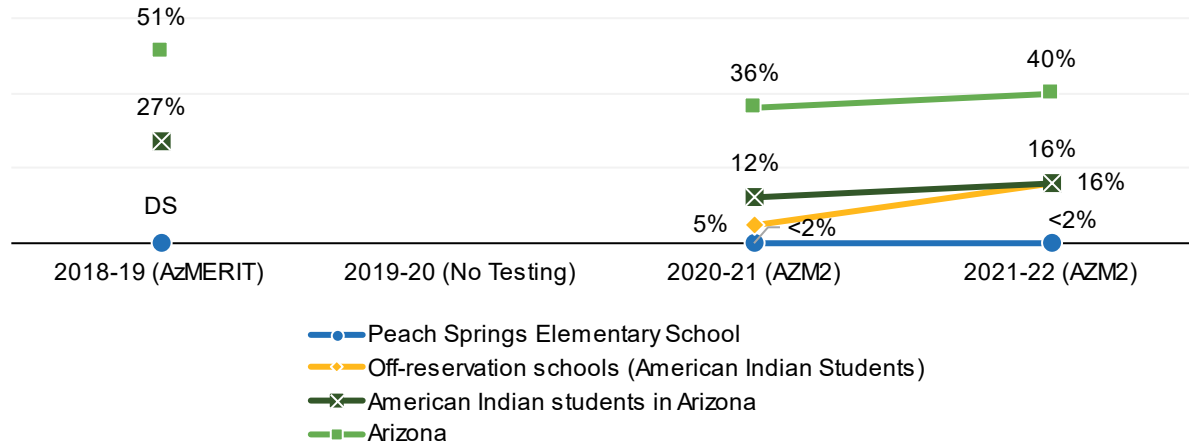
Table 17. Assessment results: 3rd Grade Math, 2021-22

Geography	Students Tested	Falls Far Below	Approaches	Meets	Exceeds	Passing
Peach Springs Elementary School	DS	>98%	<2%	<2%	<2%	<2%
Off-reservation schools serving Hualapai Tribe Region students	DS	61%	24%	13%	3%	16%
Mohave County schools	1,723	34%	29%	26%	11%	37%
Arizona	3,100	57%	27%	13%	3%	16%
Arizona schools	80,445	33%	27%	28%	12%	40%

Source: Arizona Department of Education (2023). [Assessment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: The 'Off-reservation schools serving Hualapai Tribe Region students' row includes data from Cedar Hills School, Owens Elementary School, Valentine Elementary School, Kingman High School, Seligman Elementary School, and Seligman High School. The 'Off-reservation schools serving Hualapai Tribe Region students' row includes data from Cedar Hills School, Owens Elementary School, Valentine Elementary School, Kingman High School, Seligman Elementary School, and Seligman High School.

Figure 23. Trends in passing rates for AzMERIT 3rd Grade Math, 2018-19 to 2021-22



Source: Arizona Department of Education (2023). [Assessment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: The 'Off-reservation schools serving Hualapai Tribe Region students' line includes data from Cedar Hills School, Owens Elementary School, Valentine Elementary School, Kingman High School, Seligman Elementary School, and Seligman High School.

Graduation rates and adult educational attainment

Understanding the current high school graduation and dropout rates within a region provides insight into the assets within and challenges faced by a community and its future workforce. Adults who graduated from high school have higher rates of employment, higher incomes and better overall health compared to adults who dropped out of high school, even if they received a high school equivalency degree (GED).¹⁷² Maternal education is associated with an array of child outcomes starting with infant health,^{173, 174, 175} and both targeted and universal programs serving children from families with lower educational backgrounds can support child development.^{176, 177}

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,^{xvii} which has been linked to negative physical and mental health outcomes and higher rates of unemployment.¹⁷⁸ Native youth, both nationally and in Arizona, are disproportionately disconnected and therefore particularly vulnerable to negative outcomes and may need additional outreach and supports.¹⁷⁹

How the Hualapai Tribe Region is faring

- In 2022, the four-year graduation rates for Peach Springs Unified School District schools (43%) and American Indian students in off-reservation schools serving Hualapai Tribe Region students (47%) were lower than for Mohave County schools (77%) or for American Indian students

^{xvii} 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.

across Arizona schools (65%). In 2021 (the most recent year of data available), the five-year graduation rate for American Indian students in off-reservation schools serving Hualapai Tribe Region students was slightly higher at 50%, but still lower than 5-year graduation rates for Mohave County schools (75%) and for American Indian students across Arizona schools (70%) (Table 18).

- The 7th -12th grade dropout rate for Peach Springs Unified School District schools rose overall from less than 2% in 2019-20 to 10% in 2021-22. This dropout rate decreased slightly from 2020-21 (10%) to 2021-22 (9%) for American Indian students in off-reservation schools serving Hualapai Tribe Region students (2019-20 data was not available). The 7th -12th grade dropout rate rose overall between the 2019-20 and 2021-22 school years in Mohave County schools (4% to 5%) and for American Indian students across Arizona schools (5% to 9%) (Table 19).
- Among adults in the Hualapai Tribe Region, 79% have at least a high school education. This is a slightly larger proportion than seen across all Arizona reservations (77%), though a smaller proportion compared to the county (87%), state (88%) and national level (89%). While the proportion of the population in the region with a bachelor's degree or higher (13%) is more comparable to Mohave County (15%), there is a much smaller proportion with an associate degree (3% and 9%, respectively) (Figure 24).
- Given the small number of births each year in the Hualapai Tribe Region, the education level of mothers giving birth can fluctuate considerably. While less than half (44%) of births in 2020 in the region were to mothers with at least a high school diploma or GED, that proportion jumped up to more than two-thirds (68%) in 2021 (Table 20).

Table 18. 4-year and 5-year graduation rates, 2021 and 2022

Geography	4-Year senior cohort (2022)	4-Year graduates (2022)	4-Year graduation rate (2022)	5-Year senior cohort (2021)	5-Year graduates (2021)	5-Year graduation rate (2021)
Peach Springs Unified School District Schools	<11	<11	43%	N/A	N/A	N/A
Off-reservation schools serving Hualapai Tribe Region students (American Indian students only)	DS	<11	47%	DS	<11	50%
Mohave County	1,800	1,390	77%	1,789	1,336	75%
Arizona (American Indian Students only)	4,213	2,739	65%	4,072	2,862	70%
Arizona	90,880	69,623	77%	90,453	71,277	79%

Source: Arizona Department of Education (2023). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: No graduation rate data were available for the schools in the Peach Springs Unified School District in 2021, and 2022 5-year graduation rates had yet to be released at the time that ADE data were accessed for this report. The 'Off-reservation schools serving Hualapai Tribe Region students' row includes data from Kingman High School and Seligman High School. The 4-year graduation rate reflects the percentage of students who graduated high school within 4 years of entry; the 5-year graduation rate reflects the percentage of students who graduated high school within five years of entry. See

<https://www.azed.gov/sites/default/files/2017/08/2018%2006%2001%20Graduation%20DO%20and%20Persistence%20Rate%20Tech%20Manual.pdf?id=598a34233217e10ce06647ff>

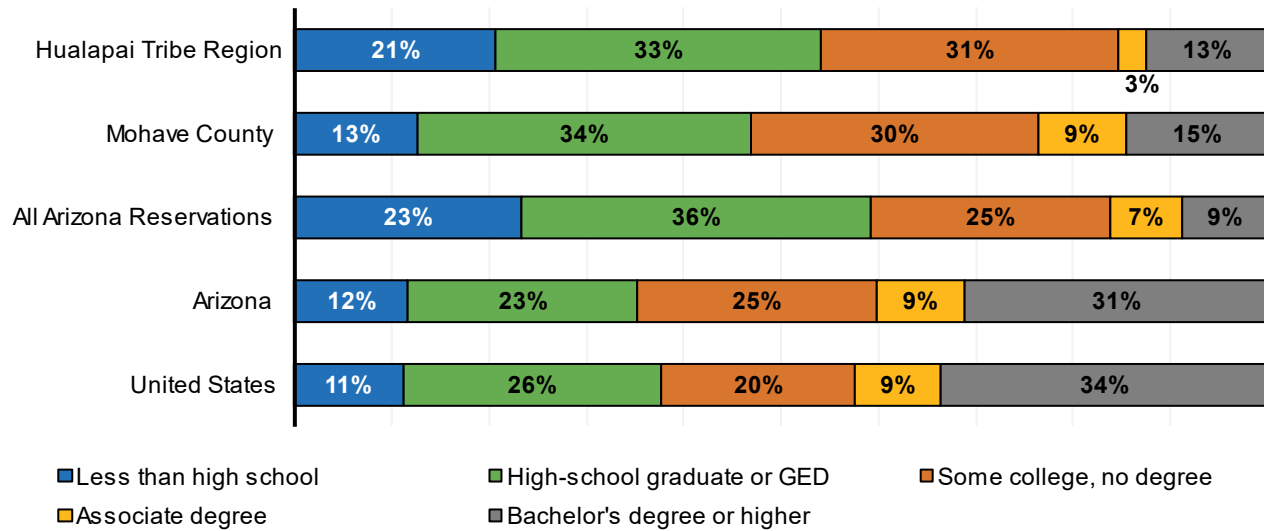
Table 19. 7th to 12th grade dropout rates, 2019-20 to 2021-22

Geography	Dropout Rate, 2019-20	Dropout Rate, 2020-21	Dropout Rate, 2021-22
Peach Springs Unified School District Schools	<2%	<2%	10%
Off-reservation schools serving Hualapai Tribe Region students (American Indian Students only)	N/A	10%	9%
Mohave County	4%	6%	5%
Arizona (American Indian Students only)	5%	10%	9%
Arizona	3%	4%	5%

Source: Arizona Department of Education (2023). [Dropout Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Notes: Data on dropout rates for students in off-reservation schools were not available for 2019-20. The 'Off-reservation schools serving Hualapai Tribe Region students' row includes data from Cedar Hills School, Owens Elementary School, Valentine Elementary School, Kingman High School, Seligman Elementary School, and Seligman High School. Dropouts are defined by ADE as students who were enrolled in school at any time during the school year but were not enrolled at the end of the year and who did not transfer to another school, graduate, or die. Dropout rates are calculated by dividing the number of dropouts by the total enrollment. In many elementary districts, dropout rates reflect students who transferred out and were lost to follow-up.

Figure 24. Level of education for the adult population (ages 25 and older), 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B15002

Note: The five percentages in each bar should sum to 100% but may not because of rounding.

Table 20. Level of education for the mothers of babies born in 2020 and 2021

Geography	Calendar year	Number of births	Mother had less than a high-school education	Mother finished high school or had GED	Mother had more than a high-school education
Hualapai Tribe Region	2020	16	56%	38%	6%
	2021	25	32%	48%	20%
All Arizona Reservations	2020	1,900	27%	38%	35%
	2021	Data for all Arizona reservations not available			
Mohave County	2020	1,696	20%	37%	42%
	2021	1,802	18%	38%	44%
Arizona	2020	76,781	12%	27%	57%
	2021	77,857	12%	27%	58%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data. Arizona Department of Health Services (2022). Health status profile of American Indians in Arizona 2020. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Note: Mothers of twins are counted twice in this table. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health Status Profile of American Indian in Arizona for 2021 has not yet been released. A small number of births are missing data on maternal educational attainment, so percentages in this table may not sum to 100%.

Additional data tables related to *Educational Indicators* can be found in Appendix 1 of this report.



EARLY LEARNING

EARLY LEARNING

Why it Matters

Early childhood is a pivotal time when crucial physical, cognitive and social-emotional skills are built.^{180,181} Early experiences are important for healthy brain development and set the stage for lifelong learning and well-being.^{182, 183, 184} Just as rich, stimulating environments can promote healthy development, early negative experiences can also have lasting effects.^{185, 186} However, considering the major COVID-19 pandemic-related challenges experienced by many Arizona families, including disproportionate numbers of deaths and losses of family member and caregivers in American Indian and Alaska Native communities,¹⁸⁷ it remains important to remember that while these short- and long-term effects may be more likely, they are not inevitable.^{188, 189} Access to quality early care and learning environments can be a powerful protective factor for every child, and the effects can be particularly life-changing for children facing chronic stressors and for children with disabilities.^{190, 191}

Quality early care and educational experiences help children develop into capable learners by supporting many crucial systems in the body.¹⁹² In addition to brain development, positive and adverse experiences in the first few years of life can shape a child's immune functioning, ability to handle stress in a healthy way and capacity to learn and thrive.¹⁹³ Each of these factors contribute to being a skillful learner and well-adjusted person.¹⁹⁴

What the Data Tell Us

Access to early care and education

Early childhood systems play a key role in supporting children, parents, caregivers and communities as a whole.^{195, 196} In Native nations, early care and education services are provided at center-based, home-based and school-based settings that are funded through a combination of tribal, state and federal grants in addition to privately-owned and operated child care facilities.¹⁹⁷ Unfortunately, many Arizona families, both Native and non-Native, continue to face obstacles when seeking quality early care and education. Communities in both urban and rural areas of Arizona face a gap between the number of young children and licensed child care slots.^{198, 199, 200, 201} According to the Center for American Progress, almost half of Arizonans (48%), including the majority of rural, low-income and Hispanic or Latino families, live in a “child care desert,” defined as areas where there are three times as many children as there are available child care opportunities.^{202, 203}

Analyses by the Bipartisan Policy Center indicate that Arizona needed an additional 76,740 licensed or registered early care and education slots to have enough for all young children in working families in 2019.²⁰⁴ Because the COVID-19 pandemic forced many child care centers and home-based providers to close either temporarily or permanently, care has been disrupted for many more families in Arizona and nationwide.²⁰⁵

Availability and cost are especially challenging for parents seeking care for infants and young children in Arizona. For example, a family with one infant and one preschooler can expect to pay about \$1,670 per month for a licensed child care provider. This monthly cost exceeds what many Arizonans pay per month for housing, creating potential financial challenges that are further compounded for families with multiple children under the age of 6.^{xviii, 206, 207} The Arizona Department of Economic Security (DES) provides child care assistance to financially eligible families, including specific funding for families involved with the Arizona Department of Child Safety (DCS).²⁰⁸ However, families that are eligible to receive funding may not have access to child care services in their community that are licensed or that accept child care assistance payments, leaving them unable to utilize the funding.^{209, 210}

How the Hualapai Tribe Region is faring

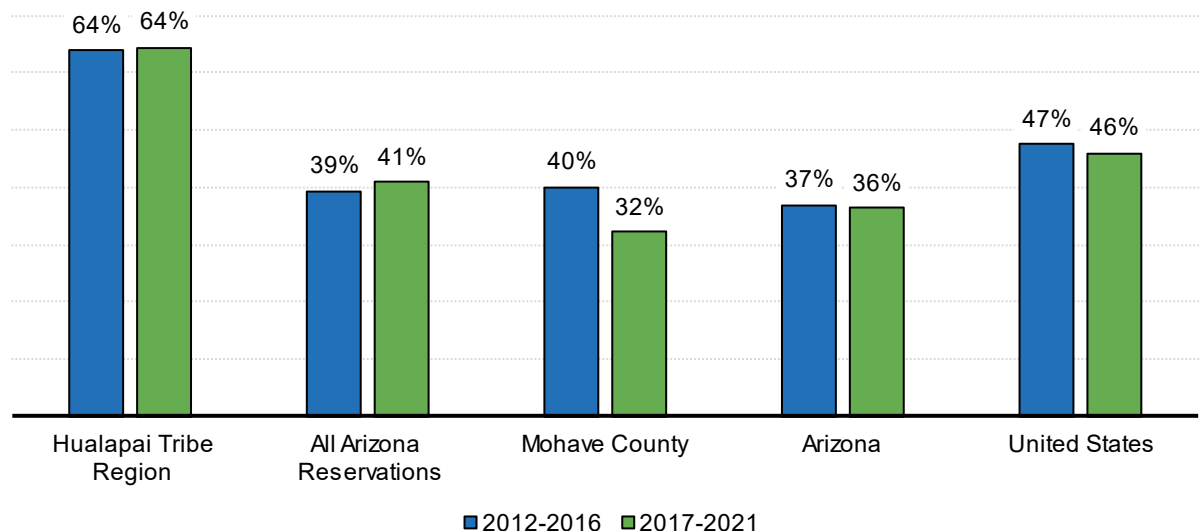
- According to the American Community Survey, preschool enrollment for children ages 3-4 has remained consistent in the region over the past 10 years between 2012 and 2021, with nearly two out of every three preschool-age children (64%) reported to be enrolled in school. In contrast, preschool enrollment rates declined substantially in Mohave County between 2012-2016 and 2017-2021, likely due to the effects of the pandemic on the early care and education system (Figure 25).
- Early childhood care and education programs in the Hualapai Tribe Region are available through the Hualapai Day Care Center Hma:ny Ba Viso:jo' and the Hualapai Tribe Head Start program. Currently, the Hualapai Day Care Hma:ny Ba Viso:jo' is the only center in the region with the capacity to serve infants and toddlers.
- The Hualapai Day Care Center has been open since spring 2014. During federal fiscal year (FFY) 2021, a total of 50 children (ages 6 months to 5 years) were enrolled at the center, the majority of whom were children ages 3 to 5 (Table 21). Based on Quality First data, discussed in more detail in the next section, a total of 36 children were enrolled in December 2023.
- Head Start is a comprehensive early childhood education program for children whose families meet Department of Health and Human Services income eligibility guidelines. The 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. In FFY 2023, the Hualapai Tribe Head Start had the capacity to serve up to 57 preschool-aged children (ages 3-5) and had a total cumulative enrollment of 51 children, the majority of whom were 3- and 4-year-olds (Table 22). As of February 2024, the Hualapai Tribe Head Start center is not operating due to structural work that needs to be done on the building. The Hualapai Tribe Head Start will be

^{xviii} In addition to the financial challenges faced by parents paying for child care, the early care and education workforce is one of the most underpaid fields in the country. Nationally, educators working with infants and toddlers are 7.7 times more likely to live in poverty compared to K-8 teachers. The median hourly wage for a child care worker in Arizona (\$11.97) is \$13.19 less per hour than what is considered a living wage for a single parent with 1 child (\$25.16). For more information on early care and education workforce wages visit <https://cscce.berkeley.edu/workforce-index-2020/the-early-educator-workforce/early-educator-pay-economic-insecurity-across-the-states/>

looking to re-open in April 2024. Currently, children are receiving at-home instruction and have opportunities to engage with other children on field trips.²¹¹

- In 2022, the cost of a full day of child care at the Hualapai Day Care Center ranged from \$1-\$10, with cost based on a sliding scale depending on household income (Table 23). This translates to a maximum of \$210 per month for child care for one child. Payments are waived for families with children involved in foster care or Tribal Child Protective Services, and the majority of children enrolled at the Hualapai Day Care Center receive child care assistance through the tribe to cover the cost of care.²¹²
- Some Hualapai Tribe families may use child care providers outside of the region, which could potentially result in significantly higher costs. In Mohave County, the median monthly cost of child care varies based on the type of provider and age of the child. For infant care, often the most expensive, median costs range from \$630 per month at public schools and certified family homes to \$788 per month at licensed centers (Figure 26).
- The median cost of child care for an infant in Mohave County equates to almost one-quarter (24%) of the median household income in the Hualapai Tribe Region (Figure 27). For the large proportion of single-parent families in the region, this cost burden is even more significant.
- Across all provider types and child ages, the median cost of child care in Mohave County increased between 2018 and 2022. Certified family homes had the largest increases during this time, increasing by as much as 48% for 3- to 5-year-olds, from a median daily cost of \$20 per day in 2018 to \$29 per day in 2022 (Table 24).
- Very few children and families in the Hualapai Tribe Region received DES child care assistance between 2017 and 2021, and no children received child care assistance in 2022. 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 fully cover the cost of child care. Data on DES child care assistance can be found in Appendix 1 under *Early Learning*.

Figure 25. Percent of 3- and 4-year-olds enrolled in school, 2012-2016 and 2017-2021 ACS



Source: U.S. Census Bureau. (2023). American Community Survey five-year estimates 2017-2021, Table B14003

Note: In this table, “school” may include nursery school, preschool, or kindergarten.

Table 21. Enrollment in Hualapai Day Care Hma:ny Ba Viso:jo’, federal fiscal year 2021

	Total enrollment	Infants	Toddlers (ages 1-2)	Preschoolers (ages 3-5)	Afterschool
Hualapai Day Care	50	6	9	28	7

Source: First Things First (2022). Hualapai Tribe Region 2022 Needs and Assets Report. Retrieved on Dec 1, 2023 from <https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Hualapai%20Tribe.pdf>

Table 22. Enrollment in Hualapai Tribe Head Start, federal fiscal year 2023

	Total funded slots	Total Cumulative Enrollment	Enrolled children age 3	Enrolled children age 4	Enrolled children age 5
Hualapai Tribe Head Start	57	51	24	23	<10

Source: Office of Head Start (2023). 2023 Program Information Report. Retrieved on Dec 1, 2023 from <https://hses.ohs.acf.hhs.gov>

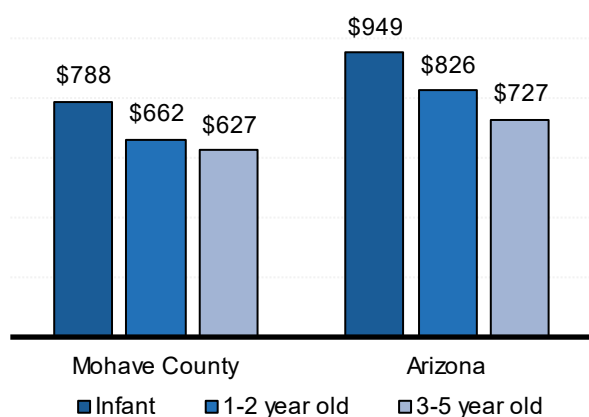
Table 23. Hualapai Day Care parent co-pays, 2022

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

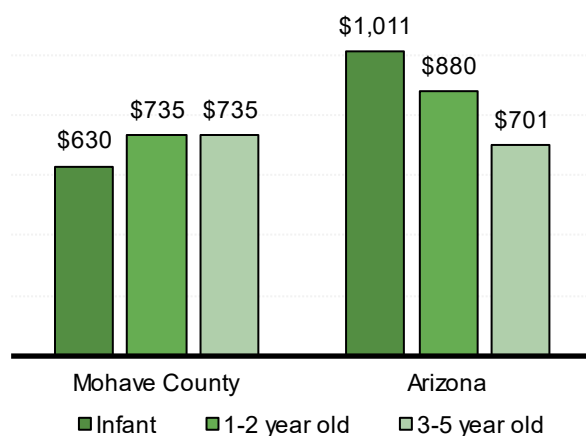
Source: First Things First (2022). Hualapai Tribe Region 2022 Needs and Assets Report. Retrieved on Dec 1, 2023 from <https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Hualapai%20Tribe.pdf>

Figure 26. Median monthly charge for full-time child care, 2022

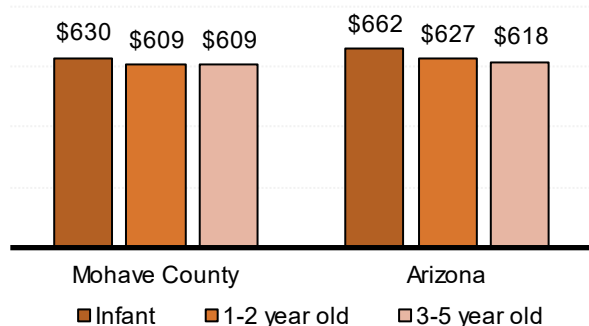
Licensed centers



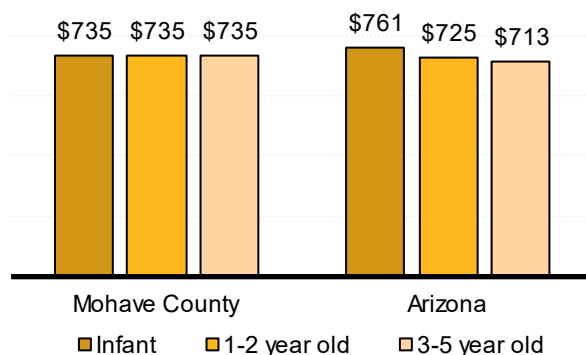
Public schools



Certified family homes



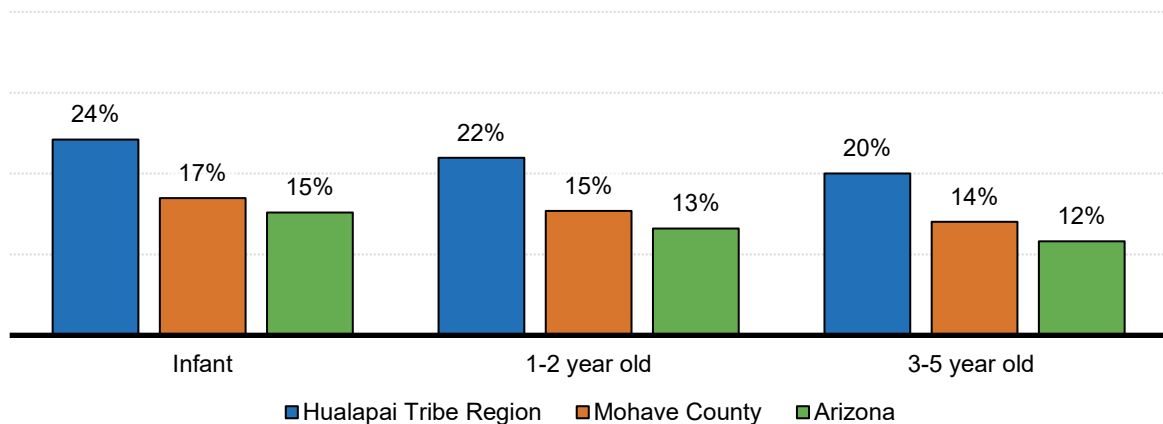
Small group homes



Source: Health Management Associates (2022). 2022 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from <https://des.az.gov/sites/default/files/media/2022-Market-Rate-Survey.pdf?time=1670616239540>

Note: Median monthly charges are calculated by multiplying the daily median cost of care by 21 to approximate a full month of care.

Figure 27. Cost of center-based child care as a percentage of income, 2022



Source: Sources: Health Management Associates (2022). 2022 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from <https://des.az.gov/sites/default/files/media/2022-Market-Rate-Survey.pdf?time=1670616239540> & U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B19126.

Note: Annual costs of care are calculated by multiplying the median daily cost of care by 252 to approximate a full year of care, then dividing by the median income for families with children under the age of 18 in the region. Calculations for the Hualapai Tribe Region compare the median cost of care in Mohave County to the median family income for families with children under age 18 in the Hualapai Tribe Region

Table 24. Increase in median child care cost by provider type and child age, 2018 to 2022

Geography	Certified family homes			Small group homes			Licensed centers		
	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old
Hualapai Tribe Region	Regional data not available								
Mohave County	+33%	+31%	+48%	+25%	+33%	+35%	+25%	+21%	+24%
Arizona	+26%	+23%	+26%	+28%	+28%	+28%	+21%	+19%	+18%

Source: Health Management Associates (2022). 2022 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from <https://des.az.gov/sites/default/files/media/2022-Market-Rate-Survey.pdf?time=1670616239540>

Note: Data for Mohave County is drawn from District IV data, which includes Mohave, La Paz, and Yuma County data. District level data have been used in this table due to the small number of market rate survey respondents in the district in some categories.

High quality early care and education

Children who begin their education in high-quality preschool programs tend to repeat grades less frequently, obtain higher scores on standardized tests, experience fewer behavior problems and are more likely to graduate from high school.²¹³ This provides a return on investment to society through increased educational achievement and employment, reductions in crime and better overall health of children as they mature into adults.^{214, 215} The key ingredients in positive early experiences include responsive relationships, core adaptive skills development, reduced sources of stress and appropriate nutrition – all

things that quality early care and education are in a unique position to provide at the critical time to encourage optimal learning and well-being for years to come.²¹⁶ Early care and education shapes far more than a child’s future academic achievement, and an investment in early childhood can be one of the most productive investments a community can make.²¹⁷

One way that the quality of early child care and education is measured in Arizona is through the Quality First program.²¹⁸ The Quality First program rates the quality of child care providers and preschools on a scale of one to five stars, with providers considered high quality when they have received a three-star rating or higher. Quality First also offers training and funding for participating schools and providers to improve their services.²¹⁹ Quality First providers are supported by regional funding.

How the Hualapai Tribe Region is faring

- The Hualapai Tribe Region has one Quality First child care provider, Hualapai Day Care Center Hma:ny Ba Viso:jo’.
- The Hualapai Day Care Center has a 4-star Quality First rating, indicating a high-level of quality in early care and education, and had 36 children enrolled as of December 2023 (Table 25, Table 26 and Figure 28).²²⁰

Table 25. Quality First child care providers by funding source, state fiscal year 2023

Geography	Child care providers served	Regional Funding	DES Expansion	Buy-In
Hualapai Tribe Region	1	1	0	0
Mohave County	<i>County data not available</i>			
Arizona	1,434	1,045	384	5

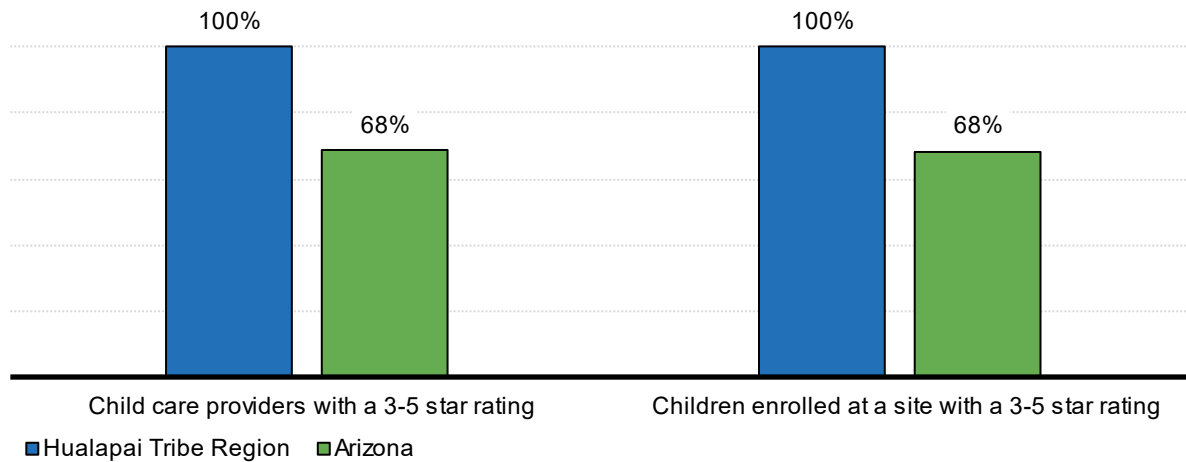
Source: First Things First (2023). Quality First Summary Data. Unpublished data.

Table 26. Children served by Quality First child care providers, state fiscal year 2023

Geography	Children enrolled at a Quality First provider site	Children enrolled at a Quality First provider site with a star rating	Children enrolled at a Quality First provider site with a 3-5 star rating	% of Children in a Quality-Level Setting (3-5 Stars)	Children served by Quality First Scholarships
Hualapai Tribe Region	36	36	36	100%	0
Mohave County	<i>County data not available</i>				
Arizona	70,837	54,155	48,379	68%	8,262

Source: First Things First (2023). Quality First Summary Data. Unpublished data.

Figure 28. Percent of Quality First programs with a 3-5 star rating and children enrolled in quality-level programs, state fiscal year 2023



Source: *First Things First (2023). Quality First Summary Data. Unpublished data.*

Note: *Quality First considers providers with a 3-star rating and above to be 'quality level.'*

Young children with special needs

Timely intervention can improve the language, cognitive and socio-emotional developmental outcomes of young children who have, or are at risk for, developmental delays.^{221, 222, 223} Early intervention also reduces educational costs by decreasing the need for special education.²²⁴ Ensuring that children have access to timely and adequate screening and intervention services from birth to age 5 can be key for preparing children for kindergarten.

In Arizona, the Arizona Early Intervention Program (AzEIP),^{xix} the Division of Developmental Disabilities (DDD)^{xx} and the Arizona Department of Education Early Childhood Special Education Program are designed to provide services to families with children who have special needs.^{xxi} AzEIP is a division of DES that provides early intervention and a variety of supportive services to Arizona children birth to age 2 with disabilities and their families.²²⁵ The goal of these services is to improve the learning and development of children and inform their family members of how they can best support their child.²²⁶ DDD is a division of DES that provides supportive services to people of all ages with a qualifying developmental disability, including cerebral palsy, autism spectrum disorder, down syndrome, epilepsy and cognitive disabilities.²²⁷ Children under the age of 6 that have been assessed by AzEIP to have a qualifying disability may also receive DDD services. At age 3, children with special

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

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

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

needs transition from AzEIP services to their local education agency (LEA), usually a school district. Each Arizona school district is mandated to participate in Child Find^{xxii} and to provide preschool services to children with special needs either through their own schools or through agreements with other programs such as Head Start.

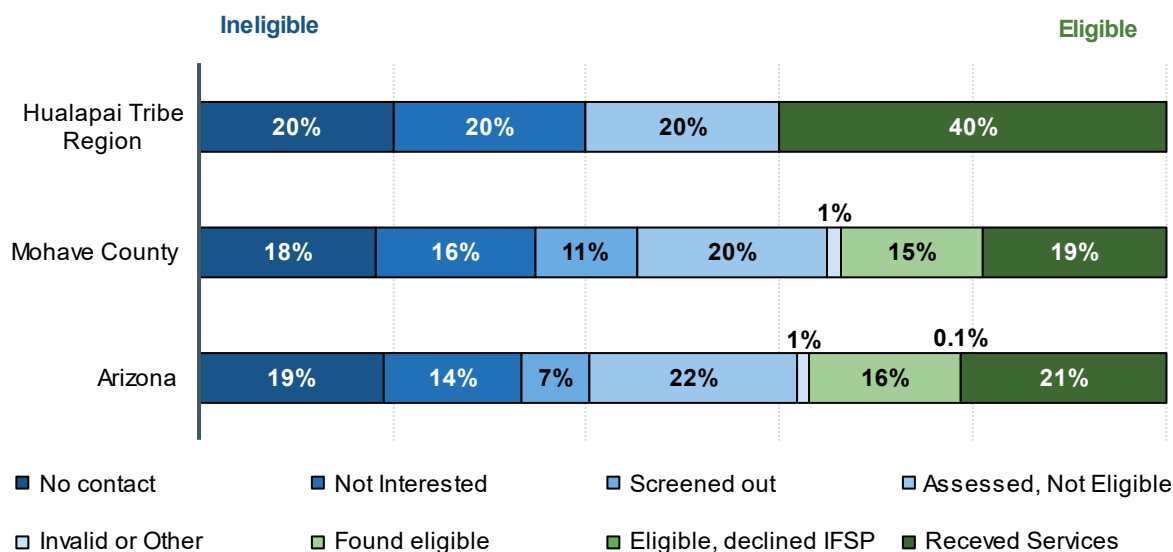
The availability of early learning opportunities and services for young children with special needs is an ongoing concern across the state, particularly in the more geographically remote communities and tribal nations. According to national research, insufficient funding and staffing of these programs are the greatest obstacles to identifying and providing resources for all children who would benefit from early intervention, and Arizona already falls in the bottom 10 states in the nation for early intervention service provision.²²⁸ Fewer children in Arizona are accessing critical early intervention services that can identify disabilities, provide parent-coaching and encourage optimal development at home.²²⁹ This matters because, while early education discussions often center around pre-kindergarten for 4-year-olds, research continues to point to the impact of experiences during the first three years of life as being just as crucial for healthy brain and body development.²³⁰ Positively, Arizona has taken steps toward improving funding for early intervention, including being one of 10 states to cross-reference Medicaid and Early Intervention data to maximize federal Medicaid matching of funds.²³¹

^{xxii} The Arizona Child Find program is a component of the Individuals with Disabilities Education Act (IDEA) that requires states to identify and evaluate all children with disabilities (birth through age 21) to attempt to ensure that they receive the supports and services they need.

How the Hualapai Tribe Region is faring

- In the Hualapai Tribe Region, 40% of children (birth to 2) who were referred to AzEIP in federal fiscal year (FFY) 2022 were found eligible and received services, a larger proportion than seen in Mohave County (19%) and Arizona (21%). Notably, all children found eligible for AzEIP in the region in FFY 2022 ultimately received services. About one in five (20%) children referred in the region were assessed and found ineligible, similar to trends seen at the county (20%) and state level (22%) (Figure 29).
- Fewer than 10 children (birth to age 2) in the Hualapai Tribe Region received services from AzEIP each year as of October 1, between 2018 and 2022 (Table 27). The majority (80%) of these referrals were made by a physician, with the remaining 20% made by an audiologist.²³²
- Similarly, fewer than 10 children (birth to age 5) in the region received services from DDD in state fiscal year (SFY) 2021 and 2022 (Table 28).
- Qualifying children may receive services from AzEIP and/or DDD, a number which can be used to estimate the total number of young children receiving early intervention services in a region. Specifically for children birth to age 2, fewer than 10 children in the Hualapai Tribe Region received services from AzEIP and/or DDD each year between SFY 2018 and SFY 2022 (Table 29).
- Between SFY 2018 and SFY 2022, a total of 18 preschoolers, 12 kindergarteners and fewer than 11 1st, 2nd and 3rd graders attending Hualapai Tribe Region schools were enrolled in special education. Off-reservation schools serving Hualapai Tribe Region students had fewer than 11 preschool and kindergarteners and a combined 40 total 1st through 3rd graders enrolled in special education (Table 30).
- Of the preschoolers with disabilities enrolled in Hualapai Tribe Region schools between SFY 2018 and SFY 2022, 39% were diagnosed with a developmental delay, 33% with preschool severe delay, and 28% with a speech or language impairment (Figure 30).
- Among kindergarten through 3rd grade students enrolled in Hualapai Tribe Region schools during this same time (SFY2018-SFY2022), larger proportions of students were diagnosed with a developmental delay (50%) and speech or language impairment (38%). 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%) (Figure 31).

Figure 29. Outcomes for children birth to age 2 referred to AzEIP, federal fiscal year 2022



Sources: Arizona Department of Economic Security (2023). [Arizona Early Intervention Program dataset]. Unpublished data.

Note: These referral outcomes are recorded by AzEIP service providers. “No contact” means that a service coordinator made multiple attempts to contact a child’s family but was unsuccessful. “Not interested” indicates that when contacted the family of the child did not proceed with screening for eligibility. Children who are “screened out” were not suspected to have a qualifying developmental delay based on an initial developmental screening with a service coordinator; children who are “assessed, not eligible” are those with a formal evaluation who were found to not have a qualifying developmental delay. “Invalid or Other” refers to cases where the child was over-age (age 3 or older) or residing outside Arizona, the referral was a duplicate, the referral was for information-only, or the outcome was listed as “other.”

Table 27. Number of children birth to age 2 receiving services from AzEIP as of October 1, 2018 to 2022

Geography	Oct 2018	Oct 2019	Oct 2020	Oct 2021	Oct 2022
Hualapai Tribe Region	1 to 9	1 to 9	1 to 9	0	1 to 9
Mohave County	135	142	140	148	152
Arizona	5,974	5,828 to 5,836	5,403	5,275	5,473

Sources: Arizona Department of Economic Security (2023). [Arizona Early Intervention Program dataset]. Unpublished data.

Note: These data reflect the Oct 1 snapshot of AzEIP services, not a cumulative total throughout the year.

Table 28. Number of children (birth to age 5) receiving DDD services, state fiscal years 2019 to 2022

Geography	SFY 2019	SFY 2020	SFY 2021	SFY 2022	Percent change from 2019 to 2022
Hualapai Tribe Region	0	0	1 to 9	1 to 9	DS
Mohave County	87	77	52	70	-20%
Arizona	4,005	4,078	2,438	3,691	-8%

Source: Arizona Department of Economic Security (2023). [Division of Developmental Disabilities dataset]. Unpublished data.

Table 29. Number of children (ages 0-2) receiving AzEIP and/or DDD services, state fiscal years 2019 to 2022

Geography	Number of children ages 0-2 receiving services from AzEIP and/or DDD				Population ages 0-2 (Census 2020)	Estimated percent of children (ages 0-2) receiving AzEIP and/or DDD services, SFY 2022
	SFY2019	SFY2020	SFY2021	SFY2022		
Hualapai Tribe Region	1 to 9	1 to 9	1 to 9	1 to 9	56	1.8 to 16.1%
Mohave County	145	157	121	106	4,928	2.2%
Arizona	6,376	5,721	5,916	5,876	225,737	2.6%

Source: Arizona Department of Economic Security (2023). [AzEIP dataset]. Unpublished data.

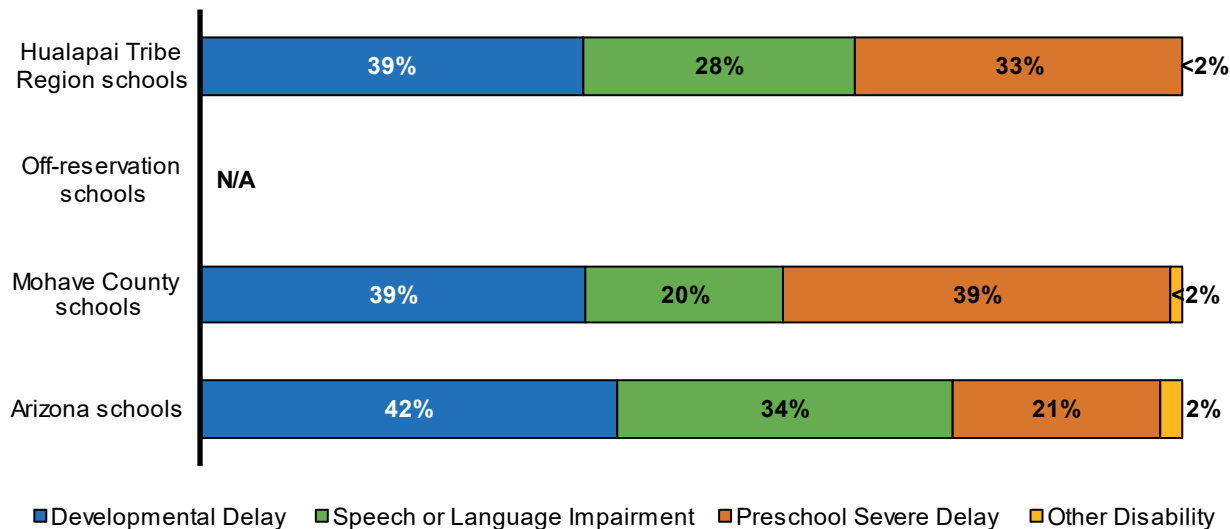
Table 30. Preschool to 3rd grade students enrolled in special education, state fiscal years 2018-2022 combined

	Students enrolled in special education, SFY2018-2022				
	Preschool	Kindergarten	1st Grade	2nd Grade	3rd Grade
Hualapai Tribe Region schools	18	12	<11	<11	<11
Off-reservation schools serving Hualapai Tribe Region students	<11	<11	14	14	12
Mohave County schools	1,302	1,033	1,254	1,297	1,384
Arizona school	47,581	35,592	47,046	50,498	54,448

Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The Off-reservation schools serving Hualapai Tribe Region students row includes data from Cedar Hills School, Owens Elementary School, and Seligman Elementary School.

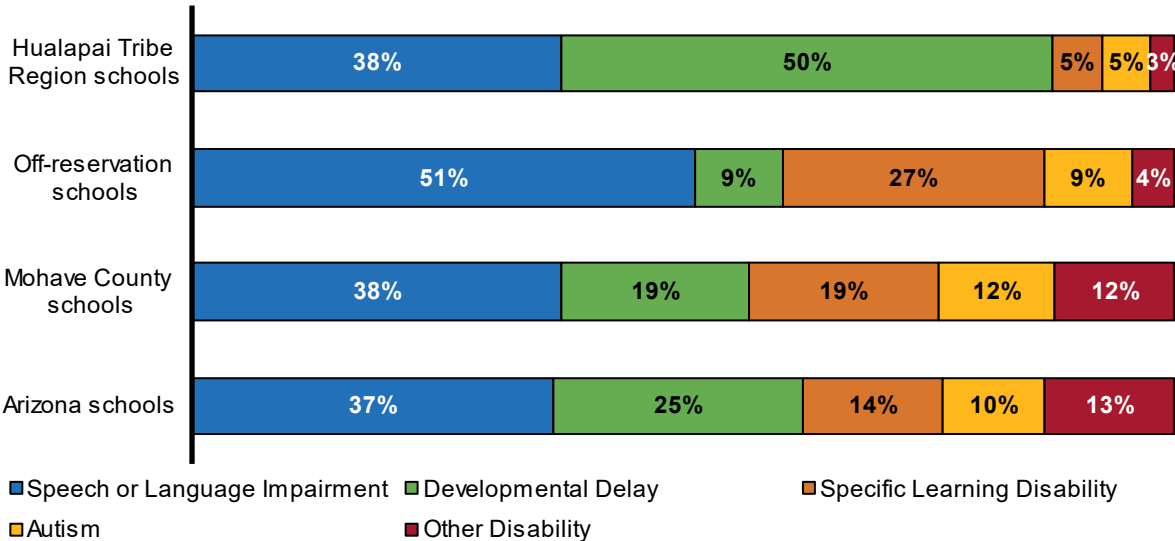
Figure 30. Preschoolers with disabilities receiving services through Local Education Agencies (LEAs) by type of disability, state fiscal years 2018-2022 combined



Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The “Other Disability” category includes children with hearing impairment, visual impairment, or deaf-blindness. The Off-reservation schools serving Hualapai Tribe Region students row includes data from Cedar Hills School, Owens Elementary School, and Seligman Elementary School, where there were not sufficient preschool students enrolled in special education to report data on disability type.

Figure 31. Kindergarten to 3rd grade students enrolled in special education in public and charter schools by primary disability, state fiscal years 2018- 2022 combined



Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The “Other Disabilities” category includes children with emotional disturbance, deafness, deaf-blindness, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairments such as chronic medical conditions that affect a child’s ability to participate in the educational setting, traumatic brain injury, or visual impairment. The Off-reservation schools row includes data from Cedar Hills School, Owens Elementary School, and Seligman Elementary School.

Additional data tables related to *Early Learning* can be found in Appendix 1 of this report.



CHILD HEALTH

CHILD HEALTH

Why it Matters

The physical and mental health of both children and their caregivers are important for optimal child development and well-being. Early childhood health, and even maternal health before pregnancy, has lasting impacts on an individual's quality of life.^{233, 234} Experiences during the prenatal and early childhood periods can result in lifelong impacts on immune functioning, brain development and risk for chronic diseases.^{235, 236} Poor health in childhood can also result in lower educational attainment and socioeconomic status in adolescence, adulthood and even inter-generationally.^{237, 238} Therefore, adequate access to preventive care and treatment services is vital to support a child's long-term health, development and success.^{239, 240, 241} Members of federally-recognized tribes have access to health care services provided through the Indian Health Service (IHS) and/or tribally-administered health care facilities.^{242, 243}

What the Data Tell Us

Access to health services

Health insurance coverage is an important indicator of whether families can access, afford and utilize medical care. In Arizona, children up to 19 years of age can enroll in health insurance through the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program. Children whose families earn too much to qualify for AHCCCS but do not earn enough to afford private health insurance may also be enrolled in KidsCare, Arizona's Children's Health Insurance Program.^{xxiii} During the COVID-19 pandemic, uninsured rates declined due to federal policies prohibiting states from disenrolling people from Medicaid.²⁴⁴ Despite these efforts, uninsured rates in the overall population are still high.²⁴⁵ One primary reason for this is perceived cost, with more than two-thirds (69.6%) of uninsured U.S. adults citing their inability to pay for health insurance as the primary reason they were uninsured.²⁴⁶ Families who qualify for low- or no-cost health insurance may not be aware that they qualify or they may face administrative barriers to enrolling.²⁴⁷

A variety of health outcomes for both mothers and infants depend on access to quality health care and support before, during and after pregnancy. Early initiation of prenatal care reduces the risk of prenatal smoking, pregnancy complications,^{xxiv} premature births and maternal and infant mortality.^{248, 249, 250, 251, 252} Poor access to maternal health care (e.g., hospitals with labor and delivery units, birth centers and obstetric providers) is one factor that can contribute to these outcomes.^{253, 254, 255} Black, Hispanic,

^{xxiii} For more information on AHCCCS and KidsCare see: <https://www.azahcccs.gov/Members/GetCovered/Categories/KidsCare.html>

^{xxiv} One such complication is congenital syphilis, where untreated maternal syphilis is passed to the fetus and can lead to stillbirth or infant death. The number of babies born in Arizona with congenital syphilis increased more than 10-fold in the last 6 years, even though congenital syphilis can be prevented with adequate prenatal care. For more information, see: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/std-control/congenital-syphilis/index.php>

American Indian and Alaska Native mothers experience a disproportionate lack of access to quality health care and support for their pregnancies.^{256, 257} Lack of access to this care has contributed to considerably higher rates of low birth weight births, preterm births and maternal and infant mortality compared to non-Hispanic White Americans.^{258, 259, 260} Efforts to increase the number of women in Arizona with access to early prenatal care, such as expanding access to telehealth care and midwifery care, could improve the health outcomes of the state's mothers and babies, especially in counties with lower access to maternal health care services.²⁶¹

Like many rural communities, Native communities often have lower access to high-quality health care. Hospitals and specialty services are fewer and further-between on reservations and in rural areas than in urban areas, and factors such as poor road conditions and lower transportation and internet access can further worsen access issues. Additionally, a report from 2022 estimated that the IHS, through which many tribal members access services, is chronically underfunded by as much as 50% compared to health care needs.^{262, 263} Significant and sustained investment is needed to reduce this gap in adequate health care services for Native communities.

How the Hualapai Tribe Region is faring

- According to American Community Survey (ACS) estimates, 13% of the overall population and just 3% of young children (birth to age 5) in the Hualapai Tribe Region lack health insurance. These uninsured rates are notably lower than seen across all Arizona reservations (22% and 20%) (Table 31). This difference is likely due to high rates of enrollment in AHCCCS in the Hualapai Tribe Region.²⁶⁴ Facilitating enrollment in AHCCCS can have positive outcomes for both individuals and communities by increasing access to health care services and increasing funds available for health care provision to all community members.²⁶⁵
- Uninsured rates^{xxv} among young children in the Hualapai Tribe Region have also dropped notably in recent years, from 21.3% in 2012-2015 to just 2.9% in 2017-2022 (-18.4%). While Mohave County and Arizona also saw declines in the proportion of uninsured young children during this time, there was an increase in uninsured young children across all Arizona reservations (16.8% to 19.7%) (Figure 32).
- Insurance coverage for babies born in recent years highlights the high rates of AHCCCS coverage in the Hualapai Tribe Region in 2020 (88%) and 2021 (84%). AHCCCS coverage for births in the region in 2020 (88%) was markedly higher than in Mohave County (65%), all Arizona reservations (71%) and Arizona (48%) (Table 32).
- Notably, the proportion of births in the Hualapai Tribe Region paid for by AHCCCS dropped to just 64% in 2022, with more than a quarter (27%) of births covered by IHS compared to smaller

^{xxv} Note that individuals whose only form of health care coverage is the Indian Health Service (IHS) are considered uninsured by the U.S. Census Bureau. The change in uninsured rates for young children likely represents increased AHCCCS enrollment among children who already have access to IHS health care.

proportions in previous years. While 2022 data were not available for all Arizona reservations, data for 2018 to 2020 show that around 70% of births across all Arizona reservations were paid for by AHCCCS in recent years (Figure 33).

- Between 2019 and 2022, just under half (45%) of the 91 births in the Hualapai Tribe Region were to mothers who began prenatal care in the first trimester, while about one in 10 (11%) births were to mothers who had no prenatal care. Data for 2020 show notably lower proportions of births with no prenatal care in Mohave County (2%), all Arizona reservations (5%) and Arizona (2%) (Table 33).
- Positively, the proportion of births in the Hualapai Tribe Region to mothers who began prenatal care in the first trimester increased to more than half of births in 2021 (56%) and 2022 (59%), exceeding trends seen before the COVID-19 pandemic in 2020 (Figure 34).

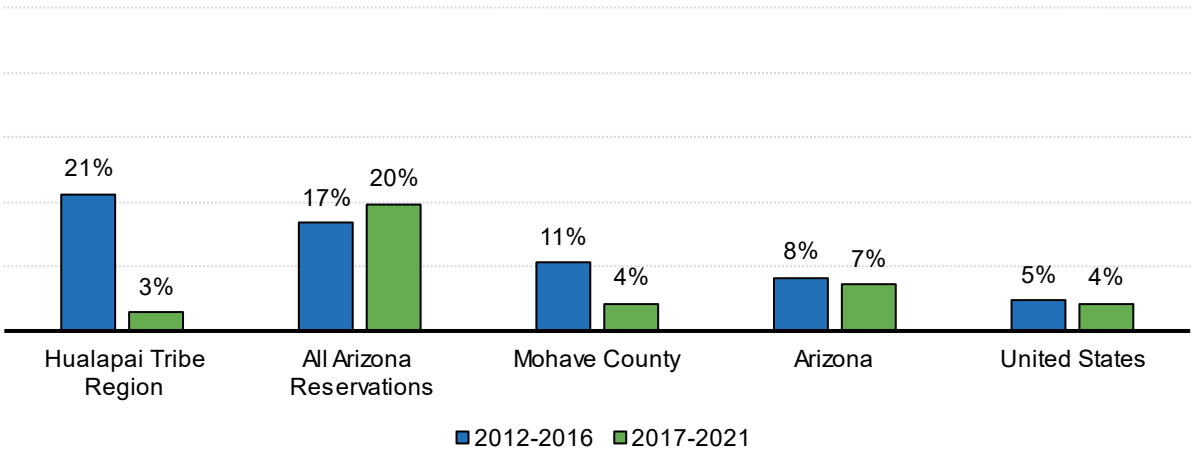
Table 31. Health insurance coverage, 2017-2021 ACS

Geography	Estimated civilian non-institutionalized population (all ages)	Without health insurance (all ages)	Estimated number of children (ages 0-5)	Without health insurance (ages 0-5)
Hualapai Tribe Region	1,547	13%	172	3%
All Arizona Reservations	178,215	22%	15,687	20%
Mohave County	208,429	9%	10,756	4%
Arizona	6,976,512	11%	496,410	7%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B27001

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

Figure 32. Percent of children birth to age 5 without health insurance, 2012-2016 and 2017-2021 ACS



Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B27001

Note: This table excludes persons in the military and persons living in institutions such as college dormitories. People whose only health coverage is the Indian Health Service (IHS) are considered "uninsured" by the U.S. Census Bureau. Please note that the slight differences between bars showing the same number is due to small variations in the percentage of the population without health insurance and the percentage of young children without health insurance that round to the same number (e.g., 9.8% vs. 9.5%).

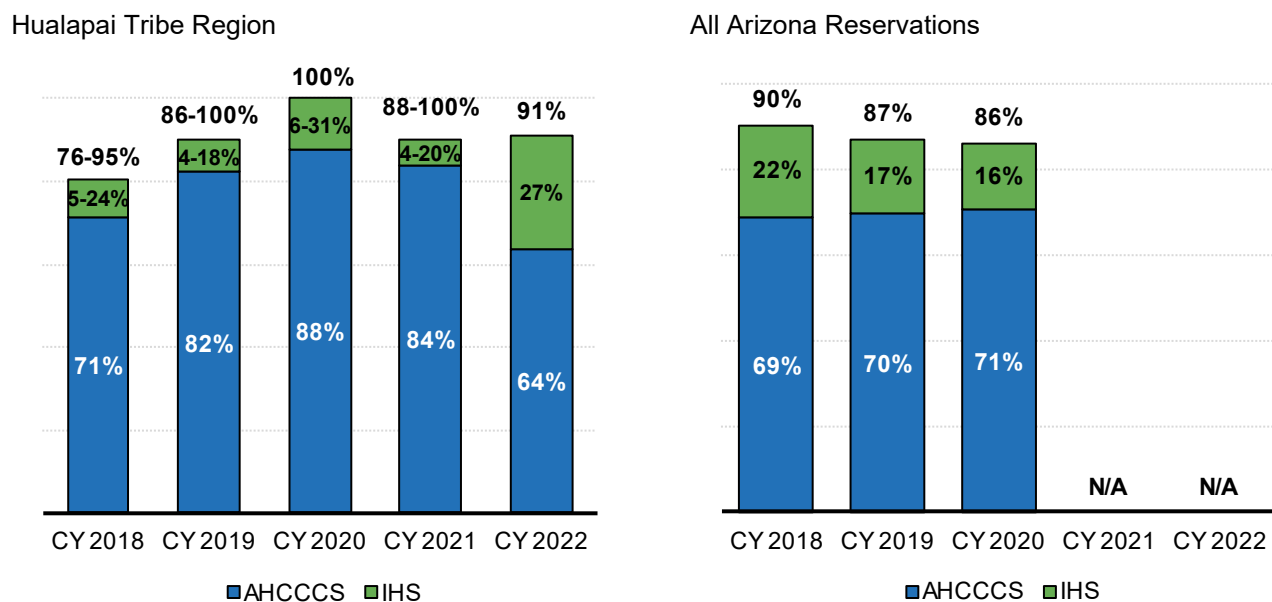
Table 32. Insurance coverage for babies born in 2020 and 2021

Geography	Calendar year	Number of births	Birth was covered by AHCCCS	Birth was covered by IHS	Birth was covered by AHCCCS or IHS
Hualapai Tribe Region	2020	16	88%	13%	100%
	2021	25	84%	4 to 16%	88 to 100%
All Arizona Reservations	2020	1,900	71%	16%	86%
	2021	All Arizona reservations data not available			
Mohave County	2020	1,696	65%	0.4%	65%
	2021	1,802	63%	0.3%	63%
Arizona	2020	76,781	48%	1%	49%
	2021	77,857	46%	1%	47%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. Percentages may not sum to 100% due to rounding. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health status profile of American Indian in Arizona for 2021 has not yet been released. Due to data suppression of counts of births between 1 and 5, some values are shown as a range, with the true value falling somewhere within the range.

Figure 33. Births paid for by AHCCCS or IHS, 2018 to 2022



Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure. 'All Arizona Reservations' figure reflects only births to American Indian mothers residing on Arizona reservations. The Health Status Profiles of American Indian in Arizona for 2021 and 2022 have not yet been released. Due to data suppression of counts of births between 1 and 5, some values are shown as a range, with the true value falling somewhere within the range.

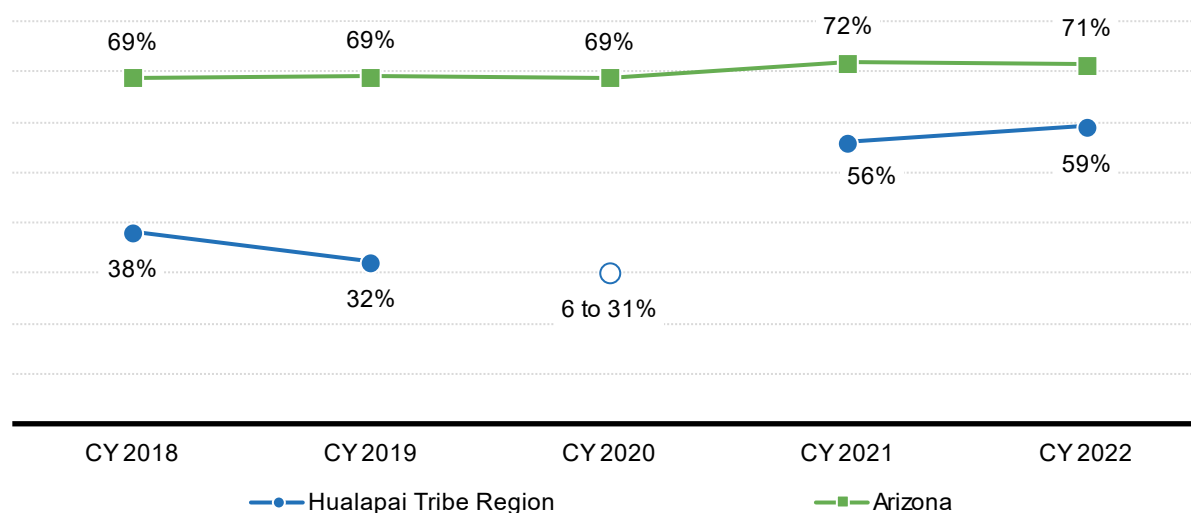
Table 33. Prenatal care for the mothers of babies born in 2020 and 2021

Geography	Calendar year	Number of births	Mother had no prenatal care	Mother had fewer than five prenatal visits	Mother began prenatal care in the first trimester
Hualapai Tribe Region	2020	16	6 to 31%	6 to 31%	6 to 31%
	2021	25	4 to 20%	4 to 20%	56%
	2019 to 2022 combined	91	11%	11%	45%
All Arizona Reservations	2020	1,900	5%	14%	56%
	2021	All Arizona reservations data not available			
Mohave County	2020	1,696	2%	4%	68%
	2021	1,802	1%	4%	69%
Arizona	2020	76,781	2%	5%	69%
	2021	77,857	2%	5%	72%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health Status Profile of American Indian in Arizona for 2021 has not yet been released. Due to data suppression of counts of births between 1 and 5, some values are shown as a range, with the true value falling somewhere within the range.

Figure 34. Births to mothers who began prenatal care in the first trimester, 2018 to 2022



Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure. Due to data suppression of counts of births between 1 and 5, some values are shown as a range, with the true value falling somewhere within the range.

Maternal age and substance abuse

Infants' immediate and long-term health can be influenced by maternal characteristics including age and substance use during or after pregnancy. For example, teenaged parents often experience increased stress and hardship in comparison to older parents and other non-parent teenagers as 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.^{266, 267, 268, 269, 270}

The use of substances during pregnancy can cause negative health complications for fetuses and babies. For example, babies born to mothers who smoked cigarettes during pregnancy are more likely to be born preterm, have low birth weight, die from sudden infant death syndrome (SIDS) and have weak lungs.^{271, 272} The use of opioids, whether prescribed or illicit, during pregnancy also poses health risks to developing fetuses including preterm birth, stillbirth and birth defects.²⁷³ It may also cause infants to experience withdrawal symptoms after birth, which is referred to as neonatal abstinence syndrome (NAS). Symptoms of NAS include sleep problems, seizures, poor feeding, dehydration, loose stool, sweating, tremors and vomiting. In Native communities, substance abuse issues can be linked to historical trauma and adverse childhood experiences (ACEs). Protective factors, which are also important elements of effective substance use interventions, include cultural and family connection and traditional healing.^{274, 275}

How the Hualapai Tribe Region is faring

- Of the 91 births in the Hualapai Tribe Region between 2019 and 2022, 13% were to mothers younger than 20, a higher proportion than seen in Mohave County (5%), all Arizona reservations (9%) and Arizona (5%) in recent years (in 2020) (Table 34).
- Between 1.1% and 5.5% of the 91 births in the region in 2019-2022 were to mothers who smoked cigarettes during pregnancy. The Healthy People 2030 target for maternal use of tobacco during pregnancy is no more than 4.3% of females reporting smoking cigarettes during pregnancy (Table 34).
- Between 2018 and 2022, there were fewer than six newborns hospitalized because of maternal drug use during pregnancy in the Hualapai Tribe Region (Table 35).

Table 34. Selected characteristics of mothers giving birth, 2020 to 2021

Geography	Calendar year	Number of births	Mother was younger than 18	Mother was younger than 20	Mother smoked cigarettes during pregnancy
Hualapai Tribe Region	2020	16	0%	0%	6.3 to 31.3%
	2021	25	4 to 20%	4 to 20%	4.0 to 20.0%
	2019 to 2022 combined	91	1 to 6%	13%	1.1 to 5.5%
Mohave County	2020	1,696	1%	5%	12.6%
	2021	1,802	2%	6%	9.9%
All Arizona Reservations	2020	1,900	4%	9%	11.1%
	2021	All Arizona reservations data not available			
Arizona	2020	76,781	1%	5%	3.6%
	2021	77,857	1%	5%	3.2%
Healthy People 2030 target					4.3%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. The Healthy People 2030 target for maternal use of tobacco during pregnancy is 95.7% of females reporting abstaining from smoking during pregnancy. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health Status Profile of American Indian in Arizona for 2021 has not yet been released.

Table 35. Newborns hospitalized because of maternal drug use during pregnancy, 2018-2022 combined

Geography	Newborns hospitalized	Average length of stay (days)
Hualapai Tribe Region	<6	DS
Mohave County	318	4.2
Arizona	12,939	9.5

Source: Arizona Department of Health Services (2023). [Hospital Discharge dataset]. Unpublished data.

Note: Data on newborns hospitalizations were geocoded to FTF regions using the address provided by parents at the time of hospitalization; however, in cases where the address provided was not valid, hospitalizations could not be assigned to a region. County of residence is captured separately from addresses, meaning that counts in the county often exceed those seen in a particular region because they include all newborns regardless of address validity.

Maternal health and well-being

A pregnant woman's health and well-being are closely linked to infant and child health and development. Gestational diabetes (i.e., diabetes that only presents during the pregnancy) increases the likelihood of an infant having low blood sugar, being born preterm, being larger than average at birth, needing to be delivered through cesarean section and even developing type 2 diabetes and cardiovascular diseases later in life.^{276, 277} Children of mothers categorized as having maternal obesity have increased risk of birth complications, asthma, diabetes, heart disease and neonatal and infant mortality.^{278, 279, 280} A variety of social determinants of health have been linked to the development of diabetes and obesity, including low socioeconomic status, employment struggles, lack of health insurance and living in rural areas with fewer resources.^{281, 282, 283, 284} Risks associated with these conditions can be reduced through increased access to maternal health care before, during and after childbirth as well as planning high-risk deliveries at hospital facilities with more resources and technical expertise.^{285, 286}

Postpartum depression has a clear link to negative outcomes in infant health and development. Untreated postpartum depression can lead to infant sleeping, eating and behavioral problems, issues with maternal and infant bonding and infant developmental delays.^{287, 288} Groups that have higher rates of postpartum depression include American Indian and Alaska Native mothers, mothers who are under the age of 19 and mothers who smoked during or after pregnancy.²⁸⁹ The United States Preventive Services Task Force and the American Congress of Obstetricians and Gynecologists recommend assessing mothers' mental health both during pregnancy and after giving birth to facilitate early identification and intervention.²⁹⁰ In 2022, AHCCCS implemented a policy requiring depression screenings during prenatal and postpartum visits as well as well-child visits within the first 6 months of an infant's life for all enrolled mothers in Arizona.²⁹¹ Mothers who screen positively for depression must be referred to a case manager or treatment services.²⁹² These screenings, as well as the ability to bill AHCCCS for the cost of screenings, will hopefully increase the likelihood that mothers experiencing postpartum depression are referred to appropriate mental health services.

In a recent study, American Indian mothers shared that their experiences of postpartum depression were shaped by their medical experiences just before and after giving birth and a feeling that historical factors and colonized perspectives have limited their ability to birth and mother fully in their culture.²⁹³ Additionally, mothers expressed needing to remain resilient for their families and communities, which may increase the feeling of isolation common in postpartum disorders. Integrating cultural birthing practices into healthcare services and considering cultural-specific factors in follow-up treatment services is a key need to support Native mothers and their families.²⁹⁴

How the Hualapai Tribe Region is faring

- Between 2019 and 2022, 7% of births in the Hualapai Tribe Region were to mothers with gestational diabetes and two-thirds (66%) were to mothers with pre-pregnancy obesity. While this combined rate of gestational diabetes in the region was comparable to Mohave County in

recent years, rates of pre-pregnancy obesity were higher in the region compared to the county (25-26%) (Table 36).

- The proportion of births to mothers with pre-pregnancy obesity in the region has fluctuated quite a bit in recent years, which is common when dealing with small numbers of births each year. In 2022, half (50%) of births in the region were to mothers with pre-pregnancy obesity (Figure 35).
- Statewide, about one in eight mothers (13.7%) reported experiencing postpartum depressive symptoms in 2020, nearly the same rate as that seen nationwide (13.4%).²⁹⁵ National data show that more than one in five (22%) American Indian and Alaska Native mothers in the U.S. experienced postpartum depressive symptoms in 2018, suggesting that Native mothers may be at higher risk of postpartum depression.^{296, 297}

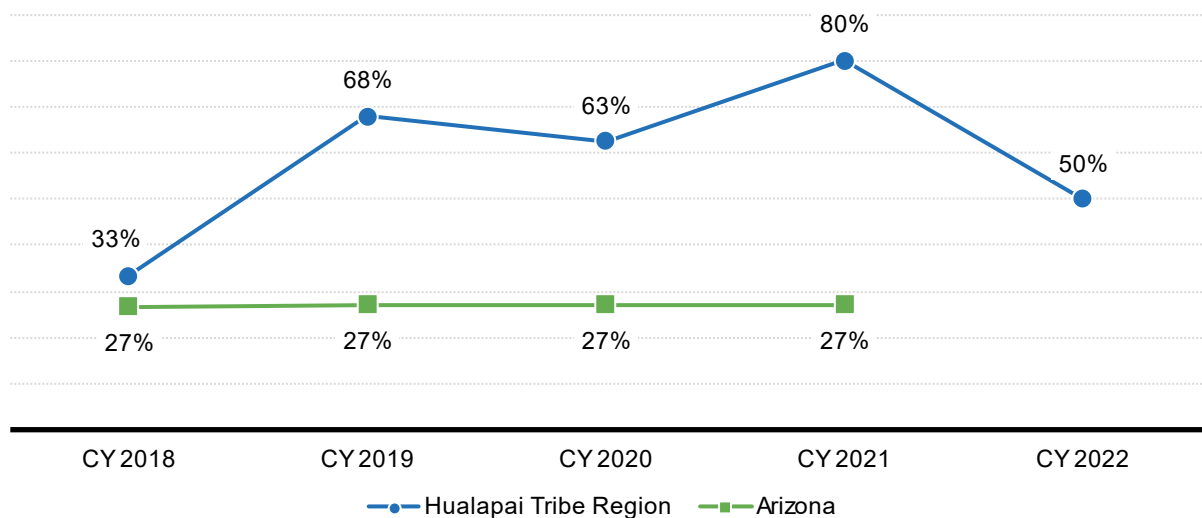
Table 36. Births to mothers with gestational diabetes or pre-pregnancy obesity, 2020 to 2021

Geography	Calendar year	Number of births	Mother had gestational diabetes	Mother had pre-pregnancy obesity
Hualapai Tribe Region	2020	16	6 to 31%	63%
	2021	25	0%	80%
	2019 to 2022 combined	91	7%	66%
All Arizona Reservations	2020	1,900	N/A	N/A
	2021	All Arizona reservations data not available		
Mohave County	2020	1,696	7%	25%
	2021	1,802	5%	26%
Arizona	2020	76,781	10%	27%
	2021	77,857	10%	27%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this table. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations and does not include data on gestational diabetes or obesity. The Health Status Profile of American Indian in Arizona for 2021 has not yet been released.

Figure 35. Births to mothers diagnosed with pre-pregnancy obesity, 2018 to 2022



Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Mothers of twins are counted twice in this figure. Data on pre-pregnancy obesity were not available for Arizona in 2022.

Infant health

Health in early infancy shapes childhood health for many years to come. Infants who are born preterm or at a low birth weight have a higher possibility of short- and long-term health complications. Preterm birth is defined as birth at less than 37 weeks of gestation. Risks related to preterm births include respiratory, immune, neurological, vision, hearing and intestinal developmental issues.²⁹⁸ Infants born preterm also have increased rates of mortality during their first 28 days to 1 year of life, longer hospitalization after birth, more health care costs and physical impairments.^{299, 300} Preterm births are more likely among mothers who are under age 20, over the age of 35, low income, experience infections during pregnancy or engage in substance use.³⁰¹

Low birth weight is defined as weighing less than 5 pounds and 8 ounces (2,500 grams) at birth. Babies born with this condition have a higher risk of infant mortality and long-term health problems such as diabetes, hypertension and cardiac disease.^{302, 303} Low birth weight risk factors include low maternal weight during pregnancy, preterm birth, teen pregnancy, pregnancy over the age of 35, high blood pressure, diabetes, substance use and air pollution.³⁰⁴

Newborns are admitted into neonatal intensive care units (NICUs) in hospitals for numerous reasons that can vary across medical providers and have implications for the short- and long-term health of babies and families.³⁰⁵ NICU stays can take a large emotional and financial toll on families, especially families living far from the hospital. However, although NICU admissions may be an indicator of important health concerns in newborns, including low birth weight, they can also be a site of family-based interventions that can positively impact infant development and parent-child relationships.³⁰⁶

For parents who are able to breastfeed, the American Academy of Pediatrics recommends breastfeeding infants exclusively for the first 6 months after birth, followed by a combination of breastfeeding and other foods for up to 2 years or longer.³⁰⁷ Breastfeeding offers a variety of benefits to infants due to the nutrition and antibodies that human breast milk provides. These benefits include lowering an infant's risk of type 1 diabetes, obesity, ear infections, SIDS, asthma and gastrointestinal infections.³⁰⁸ Robust data on breastfeeding rates are only available for children served through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program.

How the Hualapai Tribe Region is faring

- Between 2019 and 2022, around one in 10 (11%) births in the Hualapai Tribe region were low birth weight births, a slightly higher proportion than seen in Mohave County (7.9%), all Arizona reservations (8.9%) and Arizona (7.6%) in 2020 (Table 37).
- The Healthy People 2030 target for the percentage of preterm births is 9.4% or fewer. The Hualapai Tribe Region met this target for the combined 91 births between 2019 and 2022, with 8.8% considered preterm (Table 37).
- Between 1.1% and 5.5% of the 91 births in the Hualapai Tribe Region in 2019-2022 resulted in admission to a NICU (Table 37).
- From 2017 to 2020, the majority of WIC-enrolled infants in the Hualapai Tribe Region were breastfed at least once. For the most part, the region reflected trends seen across all Inter Tribal Council of Arizona WIC Programs, with around two-thirds of WIC-enrolled infants ever breastfed in three of four years. Breastfeeding peaked at 90% of WIC-enrolled infants in the region in 2018 (Figure 36).

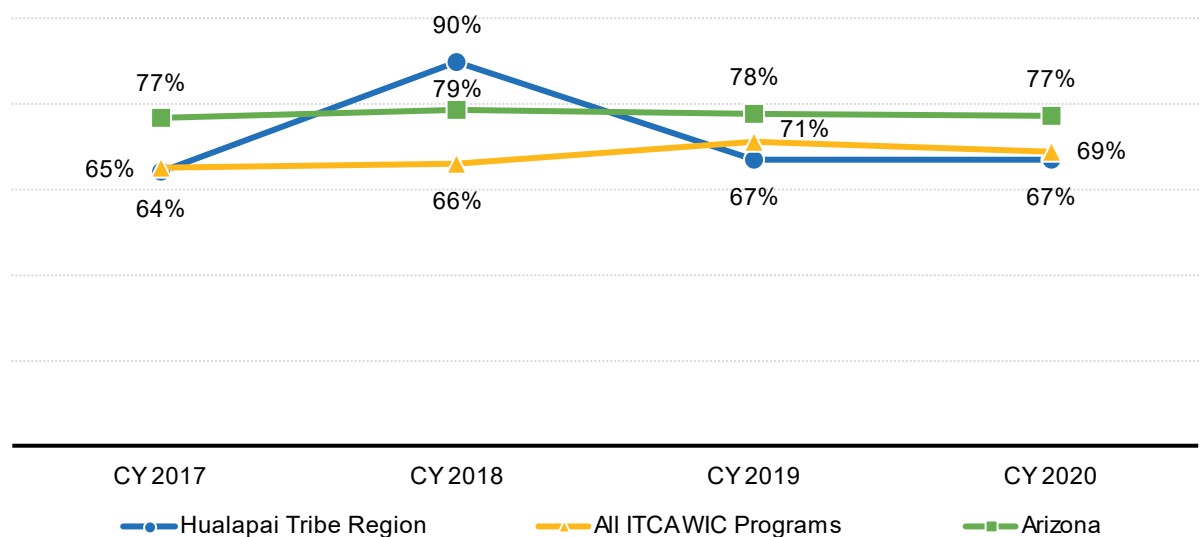
Table 37. Selected birth outcomes, 2020 to 2021

Geography	Calendar year	Number of births	Baby weighed less than 2500 grams	Baby was preterm (less than 37 weeks)	Baby was admitted to a NICU
Hualapai Tribe Region	2020	16	6.3 to 31.3%	6.3 to 31.3%	6.3 to 31.3%
	2021	25	4.0 to 20.0%	4.0 to 20.0%	0%
	2019-2022 combined	91	11.0%	8.8%	1.1 to 5.5%
Mohave County	2020	1,696	7.9%	8.5%	5%
	2021	1,802	6.9%	8.8%	5%
All Arizona Reservations	2020	1,900	8.9%	12.6%	N/A
	2021	All Arizona reservations data not available			
Arizona	2020	76,781	7.4%	9.5%	8%
	2021	77,857	9.6%	10.0%	8%
Healthy People 2030 targets				9.4%	

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: Data for 2019-2022 combined are included for the Hualapai Tribe Region to show longer-term trends given that small numbers of births often lead to single-year numbers being suppressed. 'All Arizona Reservations' row reflects only births to American Indian mothers residing on Arizona reservations. The Health Status Profile of American Indian in Arizona for 2021 has not yet been released.

Figure 36. Percent of WIC-enrolled infants ever breastfed, 2017 to 2020



First Things First (2022). Hualapai Tribe Region 2022 Needs and Assets Report. Retrieved on Dec 1, 2023 from <https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Hualapai%20Tribe.pdf>; Arizona Department of Health Services (2023). [WIC dataset]. Unpublished data. Data for all ITCA WIC programs sourced from First Things First (2022). San Carlos Apache Region 2022 Needs and Assets Report. Retrieved from <https://files.firstthingsfirst.org/regions/Publications/2022-RNA-SAN-CARLOS-APACHE-FINAL-06.30.2022.pdf>

Note: Data in the original 2022 report were cited as originating from the Arizona Department of Health Services WIC program; however, these data represent enrollment in the Hualapai Tribe WIC program that is administered by the Inter Tribal Council of Arizona.

Childhood infectious disease and immunization

Immunization against preventable diseases protects both children and the surrounding community from potential illness and death. Immunization protects not only the vaccinated person but also individuals who are unable to be vaccinated through “community immunity.”³⁰⁹ In order to attend state-licensed child care programs and public or charter schools, children are required to receive specific vaccinations or obtain an official exemption, which can be requested for medical, personal or religious reasons.³¹⁰ Statewide and nationally, childhood immunization rates have been declining in recent years. The COVID-19 pandemic exacerbated disparities in health care access, including routine immunizations, that specifically impacted children who are Black, Hispanic, low-income, live in rural areas or lack health insurance.³¹¹ National survey data from the Pew Research Center also show that declining childhood immunization rates, particularly for the Measles, Mumps and Rubella (MMR) vaccine, can be linked to parents' shifting attitudes towards vaccines. While most U.S. parents continue to express confidence in the value of childhood vaccination for MMR, a sizable proportion expressed concerns about the necessity of vaccines and showed declining support for vaccine requirements for children to attend public schools.³¹²

Respiratory syncytial virus (RSV) and influenza (flu) are leading causes of serious illness in young children, and following the COVID-19 pandemic in 2020, recent flu and RSV seasons have been more

severe nationwide.^{313, 314} RSV is the most frequent cause of hospitalization in children under 1 year of age.³¹⁵ In 2023, two new preventative therapies for RSV were approved—a single-dose antibody medication for infants, and an adult immunization for pregnant people administered in the 3rd trimester of pregnancy.^{316, 317} These new treatments have the potential to prevent severe illness in infants and young children, but shortages of the antibody medication have led the Centers for Disease Control and Prevention (CDC) to recommend prioritizing access for the highest-risk infants. This includes infants under 6 months of age, those with underlying health conditions such as lung or heart disease and American Indian or Alaska Native infants under 8 months of age, as well as older American Indian or Alaska Native infants who live in remote areas with limited access to health care facilities.³¹⁸ The flu can also cause serious illness in young children under age 5, particularly for children birth to age 2, who are the most likely to be hospitalized with flu complications.³¹⁹ The American Academy of Pediatrics recommends that all children ages 6 months and older be vaccinated against influenza each year.³²⁰

How the Hualapai Tribe Region is faring

- According to the 2023 Hualapai Tribe Head Start Program Information Report, 98% of children in Hualapai Tribe Head Start were up to date on required immunizations.³²¹
- In 2022, there were 10 confirmed and probable cases of respiratory syncytial virus (RSV) and fewer than six cases of Influenza among young children (birth to age 5) in the Hualapai Tribe Region (Table 38).

Table 38. Confirmed and probable cases of infectious diseases in children birth to age 5, 2019 to 2022

Geography	Confirmed & probable RSV cases				Confirmed & probable Influenza cases			
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2019	CY 2020	CY 2021	CY 2022
Hualapai Tribe Region	1 to 5	0	1 to 5	10	6	1 to 5	0	1 to 5
Mohave County	86	113	51	356	266	194	1 to 5	251
Arizona	4,840	4,459	4,935	9,606	6,459	6,094	508	7,334

Source: Arizona Department of Health Services (2023). [FTF VPD Flu RSV dataset]. Unpublished data.

Infant and child hospitalization and mortality

Infant mortality refers to the death of infants under 1 year of age. Some of the most common causes of infant mortality in Arizona and the U.S. include congenital abnormalities, low birth weight, preterm birth, pregnancy complications, SIDS and unintentional injuries.^{322, 323, 324} According to provisional CDC data, infant mortality increased between 2021 and 2022 by 3% nationally, 13% in Arizona for all infants and 21% for American Indian or Alaska Native infants nationwide, the highest increase seen for

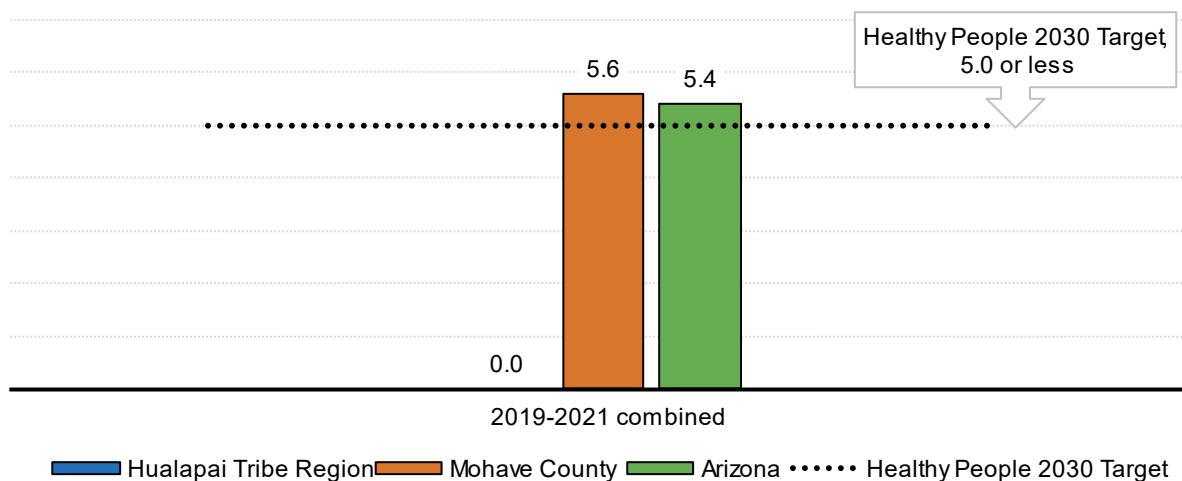
any group.³²⁵ In addition to increasing, the infant mortality rates for American Indian or Alaska Native (9.1 deaths per 1,000 live births) and Black infants (10.9) were also notably higher than White (4.52) or Hispanic (4.9) infants in 2022, racial disparities that have been linked to maternal care deserts, which are particularly prevalent on tribal lands.^{326, 327} This indicates a serious need to increase access to timely prenatal care, newborn screening and home visiting programs in rural and tribal areas to begin to reduce infant mortality rates.³²⁸

The leading cause of death for children birth to age 17 in the United States is unintentional injuries.³²⁹ The most prevalent accidental injuries are car crashes, drowning, falls, suffocation, fires and poisoning.³³⁰ Deaths from unintentional injuries are more common for children living in rural areas, as well as among American Indian and Alaska Native children.^{331, 332} Increased awareness and safety precautions have helped reduce childhood deaths in the last decade, including child swimming lessons, proper infant sleeping position, installing smoke detectors, keeping medications out of reach, practicing gun safety and utilizing seatbelts and helmets.³³³

How the Hualapai Tribe Region is faring

- There were no deaths of infants in the Hualapai Tribe Region between 2019 and 2021. Mohave County's infant mortality rate (5.6 deaths per 1,000 live births) was slightly higher than Arizona (5.4) and neither met the Healthy People 2030 target (5.0 or fewer) (Figure 37).
- Between 2018 and 2021, there were fewer than six deaths of children birth to age 17 in the Hualapai Tribe Region.³³⁴
- The most recent data available on non-fatal emergency department visits due to unintentional injuries among young children (birth to age 4) in the Hualapai Tribe Region show similar trends to those seen statewide. Between 2016 and 2020, the majority of emergency department visits among young children in the region were due to falls (n=36), with smaller numbers due to being struck by or against an object, poisoning, fire or other hot objects, or other causes (Figure 38). Data on causes of inpatient hospitalizations among young children in the region during this time were suppressed due to small numbers.

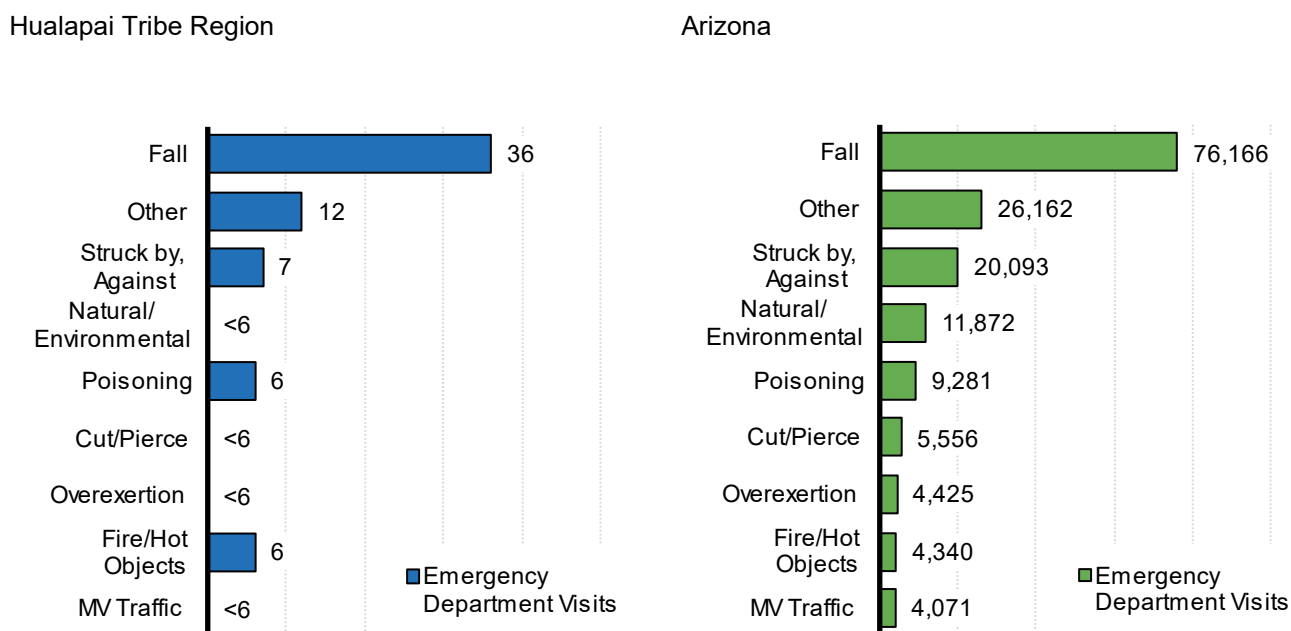
Figure 37. Infant mortality rates, 2019-2021 combined



Source: Arizona Department of Health Services (2023). [Vital Statistics Mortality Report dataset]. Unpublished data.

Note: The infant mortality rate is the number of infant (under age 1) deaths per 1,000 live births.

Figure 38. Non-fatal emergency department visits due to unintentional injuries for children birth to age 4 by selected mechanism of injury, 2016-2020 combined



Source: Arizona Department of Health Services (2023). [Hospital Discharge dataset]. Unpublished data.

Additional data tables related to *Child Health* can be found in Appendix 1 of this report.



FAMILY SUPPORT AND LITERACY

FAMILY SUPPORT AND LITERACY

Why it Matters

Children's long-term well-being and success is tied to their relationships and experiences with their caregivers. Adverse childhood experiences (ACEs) refer to childhood experiences of abuse, neglect and other life events that can negatively impact children's immediate and long-term well-being.^{xxvi, 335} ACEs have been associated with negative effects on development, educational achievement, future employment, mental health, drug and alcohol use and overall increased health care utilization.^{336, 337, 338} ACEs are more prevalent among Arizona children with special health care needs and children living in poverty.³³⁹

Social, physical, academic and economic outcomes are positively influenced by healthy relationships and interactions with family members and caregivers during childhood.^{340, 341, 342, 343, 344} An understanding of, and ability to utilize, positive parenting skills is an important protective factor that reduces the likelihood of abuse and neglect, leading to better childhood and long-term outcomes.³⁴⁵ Positive Childhood Experiences (PCEs), including positive parent-child relationships and feelings of safety and support, have been shown to have positive long term impacts on mental and relational health.³⁴⁶ Even if children have experienced multiple ACEs, if their families show high levels of resilience and connection (e.g., working together to solve problems, staying hopeful in difficult times and talking together about things that matter to their family) they show higher rates of flourishing, characterized by healthy social and emotional development and an open and engaged approach to learning.³⁴⁷ These higher flourishing scores coupled with higher ACE scores point to the reality that childhood flourishing can, and does, exist amid adverse experiences and can potentially help mitigate their negative health effects.³⁴⁸ Supporting families with the knowledge and skills to promote resilience and connection can therefore be critical for ensuring children's long-term well-being.

What the Data Tell Us

Early literacy

Parents and families can play an important role in promoting early academic skills. When families read, sing and tell stories together, it can help young children develop reading and writing fluency as well as their capacity for reading comprehension.^{349, 350, 351} Literacy practices at home have also been found to increase children's motivation to learn.³⁵² These early literacy skills are important because they are linked to durable outcomes including elementary school performance and overall educational achievement.³⁵³

^{xxvi} 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.

Some families may face challenges to implementing literacy practices with their young children, especially when they are low-resourced. Barriers include being unfamiliar with child development benchmarks, having limited free time to spend with children, and lower access to books in the home.³⁵⁴ In Arizona, reading scores have been slowly approaching the national average, however American Indian students still have the lowest scores as a group.³⁵⁵ Community programs, family resources centers, home visitation and larger-scale initiatives can help caregivers implement home-based literacy practices to improve children's reading scores. Recognizing the influence caregivers can have, the American Academy of Pediatrics suggests that pediatricians provide information to families about the benefits of early literacy practices. Doctor's offices and other community locations are also places where initiatives like Read on Arizona and Reach Out & Read may provide books and other materials that families can bring home.³⁵⁶

How the Hualapai Tribe Region is faring

- The Hualapai Early Childhood Home Visitation program is available in the Hualapai Tribe Region to encourage parent involvement and increase awareness of the importance of early childhood learning through the Parents as Teachers home visiting model. The program is one of the First Things First-funded (FTF) strategies in the region.^{357, 358}
- FTF data for 2022 show that 22 families received home visitation services in the Hualapai Tribe Region.³⁵⁹
- Another program in the region that aims to increase parent involvement and promote early literacy is the book distribution program implemented by Peach Springs Unified School District. The goal of the book distribution is to recruit 40 children (birth to age 5) to receive books throughout the year. The program also encourages families to access books through the Dolly Parton Imagination Library, which is available in Peach Springs and surrounding areas.

Substance use disorders

Parental substance use has major implications for children's health and well-being. Children of parents with substance use disorders are frequently referred to child welfare services due to neglect or abuse and face a higher risk of later mental health and behavioral health issues, including developing substance use disorders themselves.^{360, 361} Access to treatment for substance use disorders and supports for parents and families grappling with these issues can help to ameliorate the short and long-term impacts on young children.^{362, 363}

How the Hualapai Tribe Region is faring

- Between 2017 and 2021, there were no deaths with opiates or opioids contributing in the Hualapai Tribe Region (Table 39).

Table 39. Number of deaths with opiates or opioids contributing, 2018-2021 combined

Geography	Number of deaths with opiates or opioids contributing, 2017-2021
Hualapai Tribe Region	0
Mohave County	134
Arizona	6,315

Source: Arizona Department of Health Services (2023). [Vital Statistics dataset]. Unpublished data.

Note: About 35% of overdose deaths statewide were missing address information and thus could not be geocoded to an FTF region, but county assignments were available from death certificates.

Child removals

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.³⁶⁴ ICWA established national standards to prevent unwarranted removals and policies for all state custody proceedings involving Indian children. Under ICWA, an Indian child's family and tribe are able and encouraged to be actively involved in the decision-making that takes place regarding the child, and they may petition for tribal jurisdiction over the custody case.³⁶⁵ ICWA also mandates that states make every effort to preserve Indian family units by providing family services before an Indian child is removed from his or her family and after an Indian child is removed through family reunification efforts.³⁶⁶ Despite being challenged recently by several states, ICWA was upheld by the supreme court.^{367, 368} Groups including the National Indian Child Welfare Association and Uniform Law Commission are investigating whether state laws could be implemented to promote better compliance with ICWA without threatening tribal sovereignty.³⁶⁹

The Family First Prevention Services Act, signed into federal law on February 9, 2018, aims to ensure children are placed in the least restrictive, most family-like setting appropriate to their unique needs when foster care is needed. One effect of the Family First Prevention Services Act has been an increased focus on kinship placements, which are placements of children with relatives or close family friends.³⁷⁰ In recent years, the number of unlicensed kinship homes has even exceeded the number of foster homes in Arizona.³⁷¹ More than half of American Indian and Alaska Native children (55%) in foster care in Arizona were in kinship placements, a much higher rate of kinship placement than that seen nationwide.³⁷²

How the Hualapai Tribe Region is faring

- Child welfare services in the Hualapai Tribe Region are provided by the Hualapai Tribe Social Services Department. In 2021, the department received a total of 97 reports and referrals of child abuse and neglect, of which 54 cases were substantiated (Table 40).

- In 2021, the department also received 22 ICWA notifications, notifications issued when an involuntary child custody proceeding involves an Indian child (e.g., involuntary foster-care placements or termination-of-parental-rights proceedings),³⁷³ all of which were acted on (Table 40).
- Data on foster care placements were not available for the Hualapai Tribe Region.

Table 40. Child welfare services in the Hualapai Tribe Region, 2021

	Number of cases
Child abuse and neglect cases	
Total reports and referrals received	97
Substantiated cases (court-involvement)	54
Unsubstantiated (case closed, no action taken)	35
Pending (case open for services or investigation)	DS
ICWA cases	
ICWA notifications received	22
ICWA notifications acted on	22

Source: First Things First (2022). Hualapai Tribe Region 2022 Needs and Assets Report. Retrieved on Dec 1, 2023 from <https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Hualapai%20Tribe.pdf>

APPENDIX 1: ADDITIONAL DATA TABLES

Population Characteristics

Table 41. Population of children birth to age 5 by single years of age in the 2020 Census

Geography	Population (Ages 0-5)	Population under age 1	Population age 1	Population age 2	Population age 3	Population age 4	Population age 5
Hualapai Tribe Region	132	21	12	23	33	13	30
All Arizona Reservations	15,140	2,183	2,338	2,492	2,570	2,733	2,824
Mohave County	10,596	1,587	1,658	1,683	1,927	1,812	1,929
Arizona	480,744	72,415	75,163	78,159	82,033	84,600	88,374
United States	22,401,565	3,480,117	3,532,512	3,672,703	3,797,741	3,917,162	4,001,330

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P1, P14. U.S. Census Bureau (2010). 2010 Decennial Census, Summary File 1, Tables P1, P14.

Table 42. Race and ethnicity of the population of all ages, 2020 Census

Geography	Estimated population (all ages)	Hispanic or Latino	White, not Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
Hualapai Tribe Region	1,299	5%	2%	1%	97%	1%	2%
All Arizona Reservations	173,499	6%	5%	1%	93%	1%	3%
Mohave County	213,267	16%	79%	2%	5%	3%	10%
Arizona	7,151,502	31%	57%	6%	6%	5%	14%
United States	331,449,281	19%	62%	14%	3%	8%	10%

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), P6, P7, P8, P9, P12, P12A-W.

Note: The six percentages in each row may sum to more or less than 100% because (a) persons reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) persons reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding.

Table 43. Race and ethnicity of children birth to age 4

Geography	Estimated number of children (birth to age 4)	Hispanic or Latino	White, not Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian or Pacific Islander	Two or more races
Hualapai Tribe Region	102	8%	3%	0%	99%	0%	3%
All Arizona Reservations	12,316	8%	3%	1%	95%	1%	4%
Mohave County	8,667	29%	66%	4%	6%	4%	16%
Arizona	392,370	44%	42%	10%	8%	7%	21%
United States	18,400,235	25%	54%	18%	4%	9%	16%

Source: U.S. Census Bureau (2023). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), P6, P7, P8, P9, P12, P12A-W.

Note: The six percentages in each row may sum to more or less than 100% because (a) children reporting Hispanic ethnicity are counted twice if their race is Black, American Indian, Asian, Pacific Islander, or any combination of two or more races, (b) children reporting any other race are not counted here unless they have Hispanic ethnicity, and (c) rounding.

Table 44. Race and ethnicity for the mothers of babies born in 2020 and 2021

Geography	Calendar year	Number of births	Mother was non-Hispanic White	Mother was Hispanic or Latina	Mother was Black or African American	Mother was American Indian or Alaska Native	Mother was Asian or Pacific Islander
Hualapai Tribe Region	2020	16	6.3 to 12.5%	6.3 to 12.5%	0%	81%	0%
	2021	25	12%	0%	0%	88%	0%
Mohave County	2020	1,696	72%	23%	1%	2%	2%
	2021	1,802	71%	23%	1%	3%	2%
Arizona	2020	76,781	43%	41%	6%	5%	4%
	2021	77,857	43%	41%	6%	5%	4%

Source: Arizona Department of Health Services (2023). [Vital Statistics Births dataset]. Unpublished data.

Note: The five percentages in each row should sum to 100%, but may not because of rounding. Mothers who report more than one race or ethnicity are assigned to the one which is smaller. Mothers of twins are counted twice in this table.

Table 45. Children birth to age 5 living with parents who are foreign-born, 2017-2021 ACS

Geography	Estimated number of children (birth to age 5) living with one or two parents	Number and percent living with one or two foreign-born parents	
Hualapai Tribe Region	157	0	0%
All Arizona Reservations	14,097	191	1%
Mohave County	9,800	583	6%
Arizona	473,732	115,267	24%
United States	22,399,131	5,504,770	25%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B05009

Note: The term "parent" here includes stepparents.

Table 46. Language spoken at home (by persons ages 5 and older), 2017-2021 ACS

Geography	Estimated population (age 5 and older)	Speak only English at home	Speak Spanish at home	Speak languages other than English or Spanish at home
Hualapai Tribe Region	1,436	76%	3%	21%
All Arizona Reservations	166,148	47%	3%	50%
Mohave County	202,273	90%	8%	2%
Arizona	6,666,597	73%	20%	6%
United States	310,302,360	78%	13%	8%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16001

Note: The three percentages in each row may not sum to 100% because of rounding. 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%).

Table 47. English-language proficiency (for persons ages 5 and older), 2017-2021 ACS

Geography	Estimated population (age 5 and older)	Speak only English at home	Speak another language at home, and speak English very well	Speak another language at home, and do not speak English very well
Hualapai Tribe Region	1,436	76%	17%	6%
All Arizona Reservations	166,148	47%	41%	12%
Mohave County	202,273	90%	7%	3%
Arizona	6,666,597	73%	18%	8%
United States	310,302,360	78%	13%	8%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16001

Note: The three percentages in each row should sum to 100%, but may not because of rounding.

Table 48. Limited-English-speaking households, 2017-2021 ACS

Geography	Estimated number of households	Number and percent of limited-English-speaking households	
Hualapai Tribe Region	440	22	5%
All Arizona Reservations	52,248	6,361	12%
Mohave County	93,179	1,254	1%
Arizona	2,683,557	99,159	4%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table C16002

Note: A "limited-English-speaking" household is one in which no one over the age of 13 speaks English very well.

Table 49. Grandchildren birth to age 5 living in a grandparent's household, 2020 Census

Geography	Estimated number of children (birth to age 5) living in households	Number and percent living in their grandparent's household	
Hualapai Tribe Region	132	44	33%
All Arizona Reservations	15,140	6,558	43%
Mohave County	10,596	1,608	15%
Arizona	480,744	64,792	13%
United States	22,401,565	2,520,305	11%

Source: U.S. Census Bureau (2022). 2020 Decennial Census, Demographic and Housing Characteristics (DHC), Tables P14, PCT11.

Note: This table includes all children (under six years old) living in a household headed by a grandparent, regardless of whether the grandparent is responsible for them, or whether the child's parent lives in the same household.

Economic Circumstances

Table 50. Median annual family income, 2017-2021 ACS

Geography	Median annual income for all families	Median annual income for all families with children under 18 years old	Median annual income for married-couple families with children under 18 years old	Median annual income for single-male-headed families with children under 18 years old	Median annual income for single-female-headed families with children under 18 years old
Hualapai Tribe Region	\$48,100	\$39,000	\$54,000	\$31,300	NA
All Arizona Reservations	<i>All Arizona reservations data not available</i>				
Mohave County	\$59,300	\$55,700	\$83,800	\$32,100	\$29,300
Arizona	\$78,800	\$75,100	\$100,000	\$49,100	\$35,000
United States	\$85,000	\$82,800	\$110,000	\$50,900	\$32,600

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B19126

Note: Half of the families in the population are estimated to have incomes above the median value, and the other half have incomes below the median.

Table 51. Children birth to age 5 living at selected poverty thresholds, 2017-2021 ACS

Geography	Estimated number of children (birth to age 5) who live with parents or other relatives	Percent of children under 50% of the poverty level	Percent of children between 50% and 99% of the poverty level	Percent of children between 100% and 184% of the poverty level	Percent of children at or above 185% of the poverty level
Hualapai Tribe Region	172	3%	48%	19%	30%
All Arizona Reservations	15,304	27%	22%	22%	30%
Mohave County	10,352	13%	16%	24%	47%
Arizona	486,513	9%	11%	19%	61%
United States	22,940,195	9%	10%	16%	65%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B17024

Note: The four percentages in each row should sum to 100%, but may not because of rounding. In 2021, the poverty threshold for a family of two adults and two children was \$27,479; for a single parent with one child, it was \$18,677. The 185% thresholds are \$50,836 and \$34,552, respectively.

Table 52. Families participating in SNAP, state fiscal years 2018 to 2022

Geography	Households with one or more children (ages 0-5)	Number of families participating in SNAP					Percent of households with young children (0-5) participating in SNAP in SFY 2022
		SFY 2018	SFY 2019	SFY 2020	SFY 2021	SFY 2022	
Hualapai Tribe Region	76	90	95	88	69	74	97%
Mohave County	7,673	4,807	4,403	4,079	3,950	3,790	49%
Arizona	345,601	151,816	140,056	132,466	131,063	128,460	37%

Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2023). 2020 Decennial Census, DHC, Table P14 & P20.

Table 53. Children participating in SNAP, state fiscal years 2018 to 2022

Geography	Number of young children (ages 0-5) in the population	Number of children (0-5) participating in SNAP					Percent of young children (0-5) participating in SNAP in SFY 2022
		SFY 2016	SFY 2017	SFY 2018	SFY 2019	SFY 2020	
Hualapai Tribe Region	132	158	165	148	109	122	92%
Mohave County	10,596	7,057	6,571	6,036	5,806	5,642	53%
Arizona	480,744	229,275	211,814	198,961	194,771	190,968	40%

Sources: Arizona Department of Economic Security (2023). [Division of Benefits and Medical Eligibility dataset]. Unpublished data. & U.S. Census Bureau (2023). 2020 Decennial Census, DHC, Table P14 & P20.

Table 54. Lunches served through NSLP, 2019-20 to 2021-22

Geography	Number of sites			Number of lunches served		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
Peach Springs School	1	1	1	12,364	2,900	259
Mohave County Schools	N/A	32	46	1,302,814	159,528	611,929
Arizona Schools	N/A	1,247	1,886	76,454,370	22,911,751	44,010,999

Source: Arizona Department of Education (2023). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Table 55. Lunches served through SFSP, 2019-20 to 2021-22

Geography	Number of sites			Number of lunches served		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
Peach Springs Elementary School	1	1	1	5,559	15,834	21,727
Valentine Elementary School	0	1	1	0	19,551	13,296
P.S.U.D. Bus Routes	4	1	0	15,406	3,332	0
Buck & Doe Park	1	1	1	3,258	0	0
Multipurpose Building	1	1	1	6,474	0	0
Tribal Courthouse	1	1	1	1,452	0	0
Milkweed Fire Station	1	1	1	1,656	0	0
Mohave County Schools	N/A	75	54	366,918	2,960,353	2,069,737
Arizona Schools	N/A	2,926	2,346	21,786,393	148,207,987	130,780,150

Source: Arizona Department of Education (2023). [Health and Nutrition Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Table 56. Parents of children birth to age 5 who are or are not in the labor force, 2017-2021 ACS

Geography	Estimated number of children (birth to 5 years old) living with parent(s)	Living with two married parents, both in the labor force	Living with two married parents, one in the labor force and one not	Living with two married parents, neither in the labor force	Living with one parent, in the labor force	Living with one parent, not in the labor force
Hualapai Tribe Region	157	6%	25%	0%	41%	27%
All Arizona Reservations	14,097	11%	14%	2.6%	38%	35%
Mohave County	9,800	26%	23%	0.1%	38%	13%
Arizona	473,732	33%	27%	1%	30%	8%
United States	22,399,131	40%	25%	1%	26%	7%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B23008

Note: The labor force is all persons who are working (employed) or looking for work (unemployed). Persons not in the labor force are mostly students, stay-at-home parents, retirees, and institutionalized people. The term "parent" here includes step-parents. The five percentages in each row should sum to 100%, but may not because of rounding. Please note that 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 parent' category).

Table 57. Students experiencing homelessness (all grades) enrolled in public and charter schools, 2019-20 to 2021-22

Geography	Number of students experiencing homelessness			Percent of students who were homeless		
	2019-20	2020-21	2021-22	2019-20	2020-21	2021-22
Peach Springs Unified School District schools	<11	<11	<11	DS	<2%	<2%
Off-reservation schools serving Hualapai Tribe Region students	N/A	22	14	N/A	<2%	<2%
Mohave County schools	301	227	225	1%	<2%	<2%
Arizona schools	12,931	8,542	11,161	1%	<2%	<2%

Source: Arizona Department of Education (2023). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

Note: The McKinney-Vento Act provides funding and supports to ensure that children and youth experiencing homelessness have access to education. Under the McKinney-Vento Act, children are defined as homeless if they lack a "fixed, regular, and adequate nighttime address." This includes children living in shelters, cars, transitional housing, campground, motels, and trailer parks, as well as children who are living 'doubled up' with another family due to loss of housing or economic hardship. More information can be found on the ADE website: <https://www.azed.gov/homeless>

Table 58. Persons of all ages in households with and without computers and internet connectivity, 2017-2021 ACS

Geography	Estimated number of persons (all ages) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Hualapai Tribe Region	1,547	83%	6%	10%
All Arizona Reservations	177,201	51%	23%	26%
Mohave County	208,337	88%	6%	6%
Arizona	6,930,677	90%	6%	4%
United States	321,899,278	90%	6%	4%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B28005

Note: The three percentages in each row should sum to 100%, but may not because of rounding.

Table 59. Children birth to age 17 in households with and without computers and internet connectivity, 2017-2021

Geography	Estimated number of children (ages 0-17) living in households	Have a computer and internet	Have a computer but no internet	Do not have a computer
Hualapai Tribe Region	587	91%	5%	3%
All Arizona Reservations	52,122	55%	24%	21%
Mohave County	35,881	94%	5%	1%
Arizona	1,611,069	92%	6%	2%
United States	74,041,861	93%	5%	2%

Source: U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B28005

Note: The three percentages in each row should sum to 100%, but may not because of rounding.

Early Learning

Table 60. School enrollment for children ages 3 to 4, 2017-2021 ACS

Geography	Estimated number of children (3 or 4 years old)	Number and percent enrolled in school	
Hualapai Tribe Region	90	58	64%
All Arizona Reservations	5,701	2,326	41%
Mohave County	3,965	1,274	32%
Arizona	176,033	63,974	36%
United States	8,100,136	3,719,992	46%

Source: U.S. Census Bureau. (2023). American Community Survey five-year estimates 2017-2021, Table B14003

Note: In this table, "school" may include nursery school, preschool, or kindergarten.

Table 61. Children receiving DES child care assistance, 2017 to 2022

Geography	Number of children receiving assistance						Percent of eligible children receiving assistance					
	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Hualapai Tribe Region	1 to 9	0	0	0	0	0	DS	N/A	N/A	N/A	N/A	N/A
Mohave County	453	520	592	562	591	472	91%	90%	91%	79%	90%	89%
Arizona	16,922	19,813	23,155	19,909	22,359	20,099	93%	92%	92%	80%	88%	90%

Source: Arizona Department of Economic Security (2023). [Child Care Administration dataset]. Unpublished data.

Note: N/A indicates that there were no children eligible for assistance in that year, meaning that a percentage could not be calculated. DS indicates that a percentage could not be shown due to data suppression guidelines.

Table 62. DCS-involved children receiving DES child care assistance, 2017 to 2022

Geography	Number of DCS children receiving assistance						Percent of DCS eligible children receiving assistance					
	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Hualapai Tribe Region	0	0	1 to 9	0	1 to 9	0	N/A	N/A	DS	N/A	DS	N/A
Mohave County	359	377	405	326	294	260	87%	81%	79%	51%	77%	76%
Arizona	12,201	12,219	11,808	7,137	8,853	8,268	88%	82%	82%	59%	81%	80%

Source: Arizona Department of Economic Security (2023). [Child Care Administration dataset]. Unpublished data.

Note: N/A indicates that there were no children eligible for assistance in that year, meaning that a percentage could not be calculated. DS indicates that a percentage could not be shown due to data suppression guidelines.

Table 63. Eligible families not using DES child care assistance, 2017 to 2022

Geography	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Hualapai Tribe Region	0.0%	N/A	N/A	N/A	N/A	N/A
Mohave County	8.7%	8.3%	10.0%	18.8%	8.5%	8.6%
Arizona	6.7%	7.6%	7.9%	18.3%	11.7%	9.2%

Source: Arizona Department of Economic Security (2023). [Child Care Administration dataset]. Unpublished data.

Table 64. Quality First Programs, state fiscal year 2023

Geography	Child care providers served	Child care providers with a 3-5 star rating	Percent of child care providers with a 3-5 star rating
Hualapai Tribe Region	1	1	100%
Mohave County	N/A	N/A	N/A
Arizona	1,434	982	68%

Source: First Things First (2023). Quality First Summary Data. Unpublished data.

Table 65. Median monthly charge for full-time center-based child care, 2022

Geography	Licensed centers			Public schools		
	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old
Hualapai Tribe Region	Region data not available					
Mohave County	\$788	\$714	\$651	\$630	\$583	\$630
Arizona	\$949	\$826	\$727	\$1,011	\$880	\$701

Source: Health Management Associates (2022). 2022 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from <https://des.az.gov/sites/default/files/media/2022-Market-Rate-Survey.pdf?time=1670616239540>

Table 66. Median monthly charge for full-time home-based child care, 2022

Geography	Certified family homes			Small group homes		
	One infant	One 1 or 2 year old	One 3 to 5 year old	One infant	One 1 or 2 year old	One 3 to 5 year old
Hualapai Tribe Region	<i>Region data not available</i>					
Mohave County	\$630	\$609	\$609	\$735	\$735	\$735
Arizona	\$662	\$627	\$618	\$761	\$725	\$713

Source: Health Management Associates (2022). 2022 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from <https://des.az.gov/sites/default/files/media/2022-Market-Rate-Survey.pdf?time=1670616239540>

Table 67. Cost of center-based child care as a percentage of income, 2022

Geography	Median family income	Cost for an infant	Cost for a 1 to 2 year old child	Cost for a 3 to 5 year old child
Hualapai Tribe Region	\$39,000	24%	22%	20%
Mohave County	\$55,700	17%	15%	14%
Arizona	\$75,000	15%	13%	12%

Sources: Health Management Associates (2022). 2022 Child Care Market Rate Survey. Arizona Department of Economic Security. Retrieved from <https://des.az.gov/sites/default/files/media/2022-Market-Rate-Survey.pdf?time=1670616239540> & U.S. Census Bureau. (2022). American Community Survey five-year estimates 2017-2021, Table B19126.

Note: Annual costs of care are calculated by multiplying the median daily cost of care by 252 to approximate a full year of care, then dividing by the median income for families with children under the age of 18 in the region. Hualapai Tribe Region data were calculated using Mohave County child care costs and median family income for families with children under age 18 for the Hualapai Tribe Region

Table 68. Preschoolers with disabilities receiving services through Local Education Agencies, state fiscal years 2018 to 2022

Geography	Preschoolers enrolled in special education				
	FY2018	FY2019	FY2020	FY2021	FY2022
Hualapai Tribe Region schools	<11	<11	<11	<11	<11
Off-reservation schools serving Hualapai Tribe Region students	0	0	0	0	0
Mohave County schools	275	250	257	254	266
Arizona school	10,123	10,314	10,521	8,537	8,086

Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The Off-reservation schools serving Hualapai Tribe Region Students row includes data from Cedar Hills School, Owens Elementary School, and Seligman Elementary School (none of these schools had preschoolers enrolled in special education).

Table 69. Preschoolers with disabilities receiving services through Local Education Agencies by type of disability, state fiscal years 2018- 2022 combined

Geography	Total Preschoolers	Developmental Delay	Speech or Language Impairment	Preschool Severe Delay	Other Disability
Hualapai Tribe Region schools	DS	39%	28%	33%	0%
Off-reservation schools serving Hualapai Tribe Region students	0	N/A	N/A	N/A	N/A
Mohave County schools	1,302	39%	20%	39%	<2%
Arizona schools	47,581	42%	34%	21%	2%

Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The “Other Disability” category includes children with hearing impairment, visual impairment, or deaf-blindness. Denominators in this table are suppressed when they could be used to calculate a count of less than 11 students in a disability category. The Off-reservation schools serving Hualapai Tribe Region Students row includes data from Cedar Hills School, Owens Elementary School, and Seligman Elementary School.

Table 70. Kindergarten to 3rd grade students enrolled in special education in public and charter schools, state fiscal years 2018 to 2022

Geography	K-3rd grade students enrolled in special education				
	FY2018	FY2019	FY2020	FY2021	FY2022
Hualapai Tribe Region schools	<11	<11	<11	12	16
Off-reservation schools serving Hualapai Tribe Region students	<11	<11	<11	<11	13
Mohave County schools	937	972	1,028	975	1,056
Arizona school	36,468	37,812	38,791	37,179	37,334

Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The Off-reservation schools serving Hualapai Tribe Region Students row includes data from Cedar Hills School, Owens Elementary School, and Seligman Elementary School.

Table 71. Kindergarten to 3rd grade students enrolled in special education in public and charter schools by primary disability, state fiscal year 2022

Geography	Total K-3rd grade students	Speech or Language Impairment	Developmental Delay	Specific Learning Disability	Autism	Other Disability
Hualapai Tribe Region schools	DS	38%	50%	5%	5%	3%
Off-reservation schools serving Hualapai Tribe Region students	DS	51%	9%	27%	9%	4%
Mohave County schools	4,968	38%	19%	19%	12%	12%

Source: Arizona Department of Education (2023). [Special Needs Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team

Note: The “Other Disabilities” category includes children with emotional disturbance, deafness, deaf-blindness, hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairments such as chronic medical conditions that affect a child’s ability to participate in the educational setting, traumatic brain injury, or visual impairment. Denominators in this table are suppressed when they could be used to calculate a count of less than 11 students in a disability category. The Off-reservation schools serving Hualapai Tribe Region Students row includes data from Cedar Hills School, Owens Elementary School, and Seligman Elementary School.

Child Health

Table 72. Percent of WIC-enrolled infants ever breastfed, 2017 to 2020

Geography	Breastfeeding rate, 2017	Breastfeeding rate, 2018	Breastfeeding rate, 2019	Breastfeeding rate, 2020
Hualapai Tribe Region	64%	90%	67%	67%
All ITCA WIC Programs	65%	66%	71%	69%
Arizona	77%	79%	78%	77%

Source: Arizona Department of Health Services (2023). [WIC Dataset]. Unpublished data.

Table 73. Children in child care with selected required immunizations, 2022-23

Geography	Number Enrolled	DTaP	Polio	MMR	Religious exemption	Medical exemption	Exempt from every required vaccine
Hualapai Tribe Region	<i>Region data not available</i>						
Mohave County	1,909	84.1%	87.4%	86.4%	11.6%	0.2%	9.3%
Arizona	70,690	90.6%	92.2%	93.0%	5.7%	0.2%	4.0%
Healthy People 2030 targets	90.0%						

Source: Arizona Department of Health Services (2023). *Childcare Immunization Coverage, 2022-23 School Year*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2023). *Childcare Immunization Coverage by County, 2022-23 School Year*. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: Data from Hualapai Tribe Head Start or Hualapai Day Care were not available through the ADHS immunization dataset.

Table 74. Kindergarteners with selected required immunizations, 2022-23

Geography	Number Enrolled	DTaP	Polio	MMR	Personal belief exemption	Medical exemption	Exempt from every required vaccine
Hualapai Tribe Region	<i>Region data not available</i>						
Mohave County	1,799	84.1%	84.8%	82.8%	12.2%	0.1%	9.1%
Arizona	78,937	89.6%	90.3%	89.9%	7.3%	0.2%	4.6%
Healthy People 2030 targets	95.0%						

Source: Arizona Department of Health Services (2023). Kindergarten Immunization Coverage, 2022-23 School Year. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2023). Kindergarten Immunization Coverage by County, 2022-23 School Year. Retrieved from <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: Data from Peach Springs Elementary School were not available through the ADHS immunization dataset.

Table 75. Child care immunization exemption rates, 2018-19 to 2022-23

Geography	Children in child care with religious exemptions					Children in child care exempt from all vaccines				
	2018-19	2019-20	2020-21	2021-22	2022-23	2018-19	2019-20	2020-21	2021-22	2022-23
Hualapai Tribe Region	<i>Region data not available</i>									
Mohave County	5.3%	4.6%	5.5%	10.6%	11.6%	3.6%	3.3%	3.8%	7.4%	9.3%
Arizona	4.5%	5.0%	5.1%	5.7%	5.7%	3.0%	3.1%	3.3%	3.4%	4.0%

Source: Arizona Department of Health Services (2023). Childcare Immunization Coverage, 2018-2019 to 2022-23 School Years. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2023). Childcare Immunization Coverage by County, 2018-2019 through 2022-23 School Years. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: Data from Hualapai Tribe Head Start or Hualapai Day Care were not available through the ADHS immunization dataset.

Table 76. Kindergarten immunization exemption rates, 2018-19 to 2022-23

Geography	Kindergarteners with personal belief exemptions					Kindergarteners exempt from all vaccines				
	2018-19	2019-20	2020-21	2021-22	2022-23	2018-19	2019-20	2020-21	2021-22	2022-23
Hualapai Tribe Region	<i>Region data not available</i>									
Mohave County	10.3%	8.3%	8.0%	10.6%	12.2%	7.9%	5.6%	5.2%	6.9%	9.1%
Arizona	5.9%	5.4%	5.4%	6.6%	7.3%	3.8%	3.4%	3.3%	3.7%	4.6%

Source: Arizona Department of Health Services (2023). *Childcare Immunization Coverage, 2018-2019 to 2022-23 School Years*. Unpublished data received by request & aggregated by the Community, Research, & Development Team. Arizona Department of Health Services (2023). *Childcare Immunization Coverage by County, 2018-2019 through 2022-23 School Years*. Retrieved from: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#reports-immunization-coverage>

Note: Data from Peach Springs Elementary School were not available through the ADHS immunization dataset.

Table 77. Non-fatal hospitalizations and emergency department visits due to unintentional injuries for children birth to age 5, 2018-2022 combined

Geography	Non-fatal inpatient hospitalizations for unintentional injuries	Non-fatal emergency department visits for unintentional injuries
Hualapai Tribe Region	1 to 5	71
Mohave County	25	4,597
Arizona	2,811	160,742

Source: Arizona Department of Health Services (2023). [Hospital Discharge dataset]. Unpublished data.

Note: Data on hospitalizations were geocoded to FTF regions using the address provided by parents or caregivers at the time of hospitalization; however, in cases where the address provided was not valid, hospitalizations could not be assigned to a region. County of residence is captured separately from addresses, meaning that counts in the county often exceed those seen in a particular region because they include all hospitalizations regardless of address validity.

APPENDIX 2: METHODS AND DATA SOURCES

U.S. Census and American Community Survey Data. The U.S. Census³⁷⁴ is an enumeration of the population of the United States. It is conducted every 10 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, with an average population of 66 people each. Both the 2010 and 2020 Census data for the Hualapai Tribe Region presented in this report are drawn from the Census Geography for the Hualapai Reservation and trust land.

The American Community Survey (ACS)³⁷⁵ 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 about 1,750 census tracts, with an average of about 3,900 people in each. The ACS data for the Hualapai Tribe Region presented in this report are 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 2017 to 2021. In general, the reliability of ACS estimates is greater for more populated areas. Statewide estimates, for example, are more reliable than county-level estimates.

Education Data from ADE. Education data from the Arizona Department of Education (ADE) included in this report were obtained through a custom tabulation of unredacted data files conducted by the vendor on a secure ADE computer terminal in the fall of 2023. The vendor worked with the regional director to create a list of all public and charter schools in the region based on the school's physical location within the region as well as local knowledge as to whether any schools located outside the region served a substantial number of children living within the region. This list was used to assign schools and districts to the region as well to aggregate school-level data to the region-level. This methodology differs slightly from the methods that ADE uses to allocate school-level data to counties, so county and region totals may vary in some tables. Data were presented over time where available; however, due to changes in the ADE data system as well as the effects of the COVID-19 pandemic on data collection and definitions over the past three years, some indicators could not be presented as a time series.

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 First Things First (FTF) by agency staff through a data request process initiated in May 2023 and extending to January 2024. 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

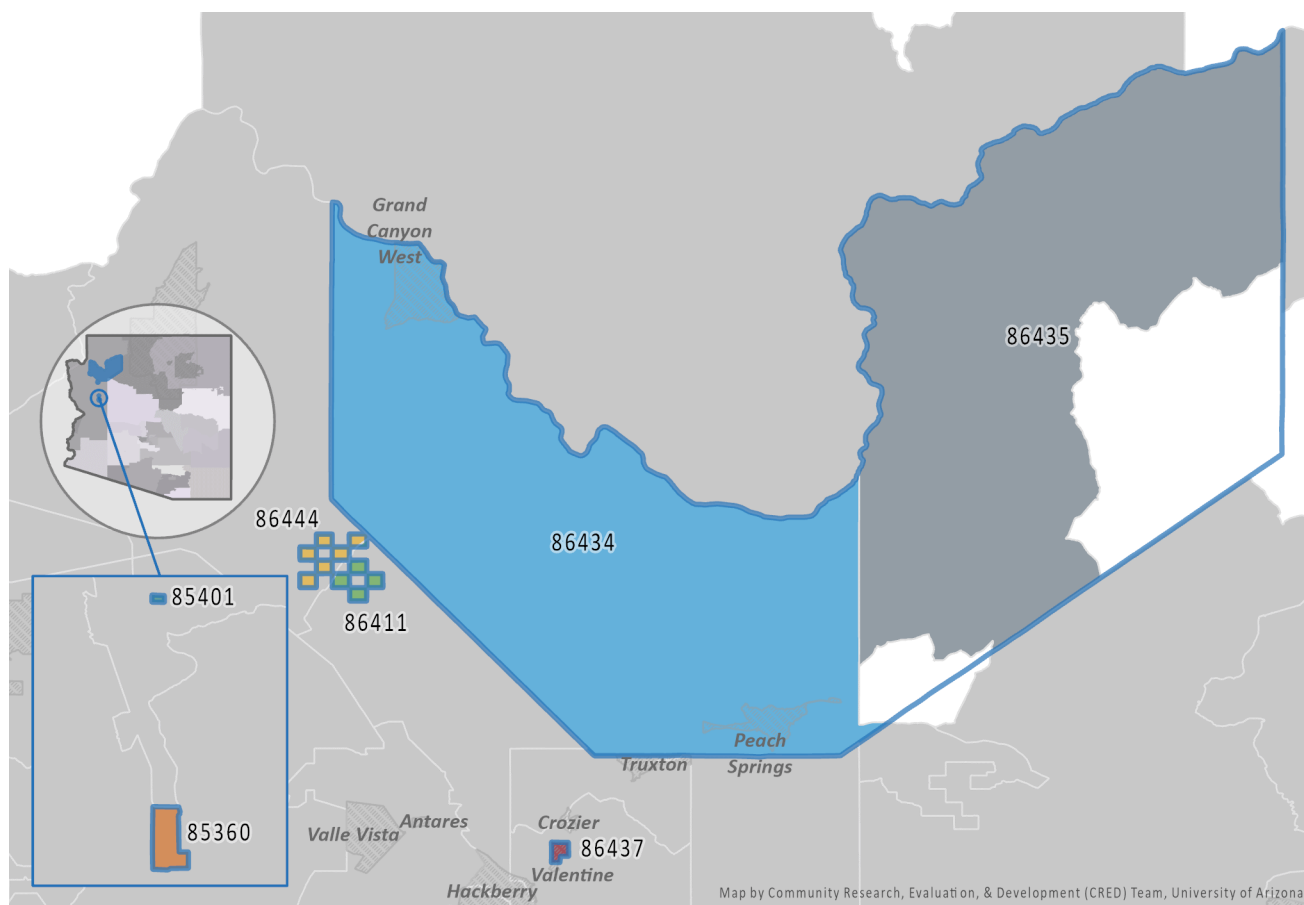
scales. This report attempts to include the most recent and complete data available, with notes indicating where data were not available for particular time periods or geographies.

Data Suppression. To protect the confidentiality of program participants, the FTF Data Dissemination and Suppression Guidelines preclude our reporting of social service and early education programming data if the count is less than 10 and preclude our reporting 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, both ADE and DES require 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 “1-5” or “1-9” 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” or a table row note that states “regional data not available.”

For some data, an exact number was not available because it was the sum of several numbers provided by a state agency, and some numbers were suppressed in accordance with agency guidelines or because the number was suppressed as a second-smallest value that could be used to calculate a suppressed value. In these cases, a range of possible numbers is provided, where the true number lies within that range. For example, for data from the sum of a suppressed number of children enrolled in Child-only Temporary Assistance for Needy Families Cash Assistance Program (TANF) and 12 children enrolled in a household with TANF, the entry in the table would read “13 to 21.” This is because the suppressed number of children in Child-only TANF is between 1 and 9, so the possible range of values is the sum of the known number (12) and 1 on the lower bound to the sum of the known number (12) plus 9 on the upper bound. Ranges that include numbers below the suppression threshold of less than 6 or 10 may still be included if the upper limit of the range is above 6 or 10. Since a range is provided rather than an exact number, the confidentiality of program participants is preserved.

APPENDIX 3: ZIP CODES OF THE HUALAPAI TRIBE REGION

Figure 39. Zip Code Tabulation Areas (ZCTAs) in the Hualapai Tribe 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 2019 TIGER/Line Shapefiles (<https://www.census.gov/cgi-bin/geo/shapefiles/index.php>)

Table 78. Zip Code Tabulation Areas (ZCTAs) in the Hualapai Tribe Region

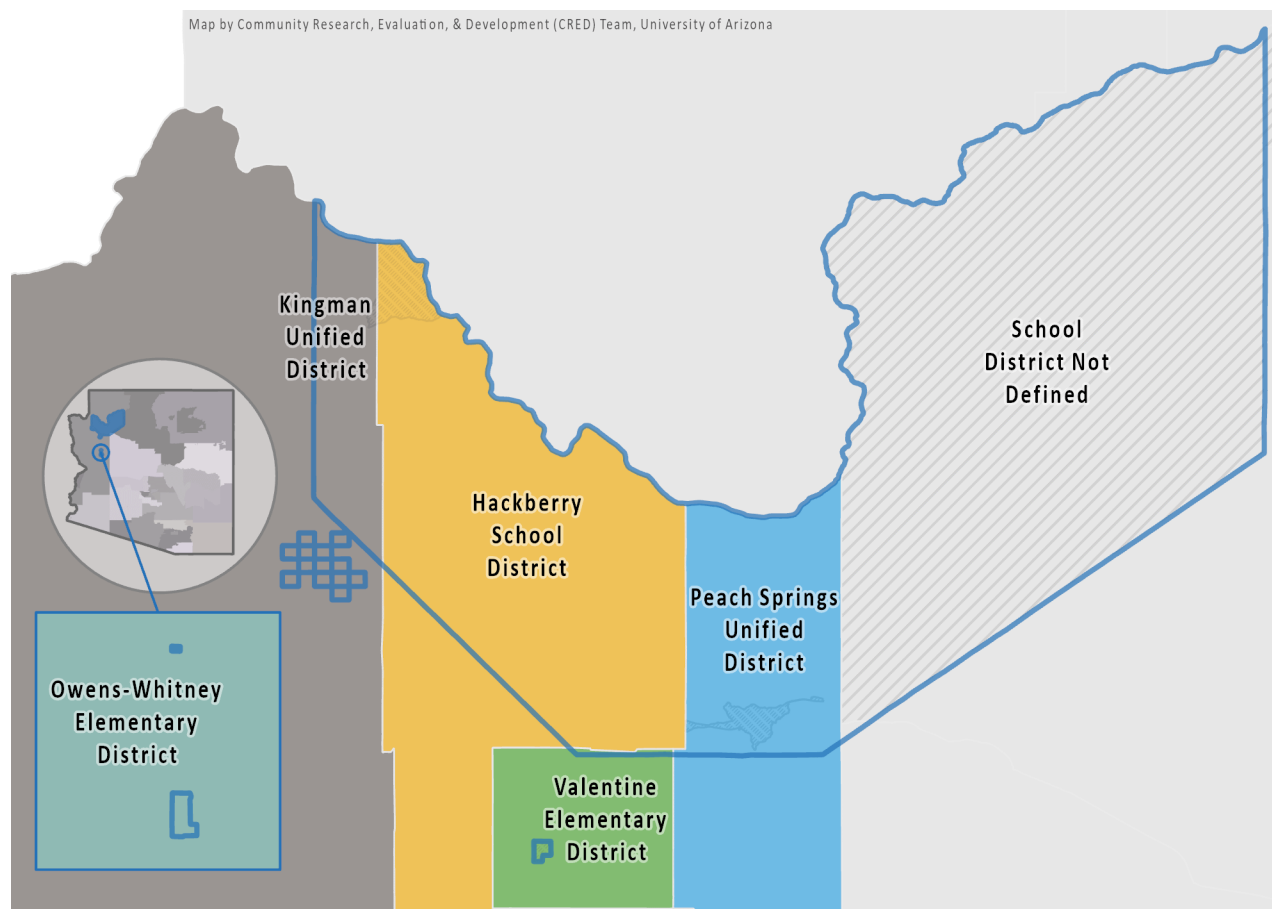
Zip Code Tabulation Area (ZCTA)	Population (all ages)	Percent of this ZCTA's total population living in the Hualapai Tribe Region	This ZCTA is shared with
Hualapai Tribe Region	1,299		
86434	1,251	88%	La Paz/Mohave Region, Yavapai Region, Coconino Region
86435	7	3%	Coconino Region
86437	37	40%	La Paz/Mohave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

APPENDIX 4: SCHOOL DISTRICTS OF THE HUALAPAI TRIBE REGION

Figure 40. School Districts in the Hualapai Tribe 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 2019 TIGER/Line Shapefiles (<https://www.census.gov/cgi-bin/geo/shapefiles/index.php>)

Table 79. School Districts and Local Education Agencies (LEAs) in the Hualapai Tribe Region

Name of district or Local Education Agency (LEA)	School name	Number of schools	Number of students in kindergarten through third grade
Hualapai Tribe Region Schools		3	K-12
Peach Springs Unified District	Peach Springs Elementary School	1	K-12
Peach Springs Unified District	Music Mountain Jr./Sr. High School	1	7-12
Peach Springs Unified District	Music Mountain Academy	1	9-12
Off-reservation schools serving Hualapai Tribe Region students		6	PS-12
Hackberry School District	Cedar Hills School	1	K-8
Owens School District No.6	Owens Elementary School	1	K-8
Valentine Elementary District	Valentine Elementary School	1	PS-8
Kingman Unified School District	Kingman High School	1	9-12
Seligman Unified District	Seligman Elementary School	1	PS-8
Seligman Unified District	Seligman High School	1	9-12

Source: Arizona Department of Education (2021). [Oct 1 Enrollment Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.

APPENDIX 5: DATA SOURCES

Arizona Department of Child Safety (2023). Semi-Annual Child Welfare Reports. Retrieved from <https://dcs.az.gov/DCS-Dashboard>

Arizona Department of Economic Security. (2023). 2022 Child Care Market Rate Survey Report. Retrieved from <https://des.az.gov/sites/default/files/media/2022-Market-Rate-Survey.pdf>

Arizona Department of Economic Security. (2023). [AzEIP Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2023). [Child Care Division Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2023). [DDD Data]. Unpublished raw data received through the First Things First State Agency Data Request.

Arizona Department of Economic Security. (2023). [Division of Benefits and Medical Eligibility data set]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Education (2023). [AzMERIT dataset]. Custom tabulation of unpublished data.

Arizona Department of Education. (2023). [Chronic absence dataset]. Custom tabulation of unpublished data.

Arizona Department of Education. (2023). [Graduation & dropout dataset]. Custom tabulation of unpublished data.

Arizona Department of Education. (2023). [Health & Nutrition dataset]. Custom tabulation of unpublished data.

Arizona Department of Education (2023). [Oct 1 enrollment dataset]. Custom tabulation of unpublished data.

Arizona Department of Education (2023). [Special Education dataset]. Custom tabulation of unpublished data.

Arizona Department of Health Services (2023). [Child unintentional injuries dataset]. Unpublished data received by request.

Arizona Department of Health Services. (2023). [Immunizations dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Health Services. (2023). [Infectious disease dataset]. Unpublished raw data received from the First Things First State Agency Data Request.

Arizona Department of Health Services (2023). [Opioid and Neonatal Abstinence Syndrome dataset]. Unpublished data received by request.

Arizona Department of Health Services (2023). [WIC dataset]. Unpublished data received by request.

Arizona Department of Health Services, Bureau of Public Health Statistics. (2023). [Vital Statistics Dataset]. Unpublished data received from the First Things First State Agency Data Request.

Arizona Department of Health Services, Office of Disease Prevention and Health Promotion. (2022). Health Status Profile of American Indians in Arizona, 2018-2020 Reports. Retrieved from <https://pub.azdhs.gov/health-stats/report/hspam/index.php>

Arizona Department of Health Services, Office of Disease Prevention and Health Promotion. (2023). Arizona Health Status and Vital Statistics, 2016-2021 Annual Reports. Retrieved from <https://pub.azdhs.gov/health-stats/report/ahs/index.php>

Arizona Office of Economic Opportunity. (2023). Local area unemployment statistics (LAUS). Retrieved from <https://www.azcommerce.com/oeo/labor-market/>

First Things First (2022). Hualapai Tribe Region 2022 Needs and Assets Report. Retrieved on Dec 1, 2023 from <https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Hualapai%20Tribe.pdf>

First Things First (2022). San Carlos Apache Region 2022 Needs and Assets Report. Retrieved from <https://files.firstthingsfirst.org/regions/Publications/2022-RNA-SAN-CARLOS-APACHE-FINAL-06.30.2022.pdf>

First Things First (2023). Quality First, a Signature Program of First Thing First. Unpublished data received by request.

Recht, H. (2023). censusapi: Retrieve Data from the Census APIs. R package version 0.8.0, <https://github.com/hrecht/censusapi>, <https://www.hrecht.com/censusapi/>.

Walker, K., Herman, M. (2023). tidycensus: Load US Census Boundary and Attribute Data as 'tidyverse' and 'sf'-Ready Data Frames. R package version 1.5, <https://walker-data.com/tidycensus/>.

U.S. Census Bureau. (2023). 2020 Decennial Census, Tables P1, P4, P11, P12A, P12B, P12C, P12D, P12E, P12F, P12G, P12H, P14, P20, P32, P41. Accessed via API using the TidyCensus and CensusAPI packages.

U.S. Census Bureau. (2012). 2010 Decennial Census, Tables P1, P14, P20. Accessed via API using the TidyCensus and CensusAPI packages.

U.S. Census Bureau. (2023). American Community Survey 5-Year Estimates, 2017-2021, Table B05009, B09001, B10002, B14003, B15002, B16001, B16002, B16005, B17001, B17002, B17006, B17022, B19126, B23008, B23025, B25002, B25106, B27001, B28005, B28008, B28010. Accessed via API using the TidyCensus and CensusAPI packages.

U.S. Census Bureau. (2023). 2022, 2020, & 2010 Tiger/Line Shapefiles prepared by the U.S. Census. Retrieved from <http://www.census.gov/geo/maps-data/data/tiger-line.html>

REFERENCES

- ¹ Braveman, P., Egerter, S., & Williams, D. R. (2011). The social determinants of health: Coming of age. *Annual Review of Public Health*, 32, 381-398. <https://doi.org/10.1146/annurev-publhealth-031210-101218>
- ² Ibid
- ³ Maggi, S., Irwin, L. J., Siddiqi, A., & Hertzman, C. (2010). The social determinants of early child development: An overview. *Journal of Paediatrics and Child Health*, 46(11), 627-635. <https://doi.org/10.1111/j.1440-1754.2010.01817.x>
- ⁴ Braveman, P., Egerter, S., & Williams, D. R. (2011). The social determinants of health: Coming of age. *Annual Review of Public Health*, 32, 381-398. <https://doi.org/10.1146/annurev-publhealth-031210-101218>
- ⁵ Hertzman, C. (1999). The biological embedding of early experience and its effects on health in adulthood. *Annals of the New York Academy of Sciences*, 896(1), 85-95. <https://doi.org/10.1111/j.1749-6632.1999.tb08107.x>
- ⁶ Karoly, L. A., Kilburn, M. R., & Cannon, J. S. (2006). *Early childhood interventions: Proven results, future promise*. Rand Corporation. Retrieved February 5, 2024 from <https://psycnet.apa.org/record/2006-22532-000>
- ⁷ World Health Organization. (2010). *A conceptual framework for action on the social determinants of health*. Retrieved February 5, 2024 from <https://www.who.int/publications/i/item/9789241500852>
- ⁸ Lynch, E. E., Malcoe, L. H., Laurent, S. E., Richardson, J., Mitchell, B. C., & Meier, H. C. (2021). The legacy of structural racism: Associations between historic redlining, current mortgage lending, and health. *SSM-Population Health*, 14, 100793. <https://doi.org/10.1016/j.ssmph.2021.100793>
- ⁹ Walters, Beltran, R., Huh, D., & Evans-Campbell, T. (2010). Dis-placement and Dis-ease: Land, place, and health among American Indians and Alaska Natives. In *Communities, neighborhoods, and health* (pp. 163–199). Springer New York. https://doi.org/10.1007/978-1-4419-7482-2_10
- ¹⁰ Gracey, M., and King, M. (2009). Indigenous health: Determinants and disease patterns. *Lancet*, 374, 65–75. [https://doi.org/10.1016/S0140-6736\(09\)60914-4](https://doi.org/10.1016/S0140-6736(09)60914-4)
- ¹¹ Keller, S., Lancaster, V., & Shipp, S. (2017). Building capacity for data-driven governance: Creating a new foundation for democracy. *Statistics and Public Policy*, 4(1), 1-11. <https://doi.org/10.1080/2330443X.2017.1374897>
- ¹² Capacity Building Center for States. (2019). *A data-driven approach to service array guide [revised]*. Washington, DC: Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved August 11, 2023 from https://capacity.childwelfare.gov/sites/default/files/media_pdf/data-driven-approach-cp-00016.pdf
- ¹³ Kingsley, G. T., Coulton, C. J., & Pettit, K. L. (2014). *Strengthening communities with neighborhood data*. Washington, DC: Urban Institute. Retrieved August 2, 2023 from https://www.neighborhoodindicators.org/sites/default/files/publications/13805-urban_kingsley.pdf
- ¹⁴ Ravaghi, H., Guisset, A. L., Elfeky, S., Nasir, N., Khani, S., Ahmadnezhad, E., & Abdi, Z. (2023). A scoping review of community health needs and assets assessment: Concepts, rationale, tools and uses. *BMC Health Services Research*, 23(1), 44. <https://doi.org/10.1186/s12913-022-08983-3>
- ¹⁵ Hong, K., Dragan, K., & Glied, S. (2019). Seeing and hearing: The impacts of New York City’s universal pre-kindergarten program on the health of low-income children. *Journal of Health Economics*, 64, 93-107. <https://doi.org/10.1016/j.jhealeco.2019.01.004>
- ¹⁶ Bakken, L., Brown, N., & Downing, B. (2017). Early childhood education: The long-term benefits. *Journal of Research in Childhood Education*, 31(2), 255-269. <https://doi.org/10.1080/02568543.2016.1273285>

-
- ¹⁷ National Congress of American Indians. (2022, March 10). *American Indians and Alaska natives living on reservations have the highest 2020 census undercount*. Retrieved August 7, 2023 from <https://www.ncai.org/news/articles/2022/03/10/american-indians-and-alaska-natives-living-on-reservations-have-the-highest-2020-census-undercount>
- ¹⁸ Associated Press & Schneider, M. (2020, September 30). *Census takers: We're being told to finish early, cut corners*. WHYY. <https://whyy.org/articles/census-takers-were-being-told-to-finish-early-cut-corners/>
- ¹⁹ Del Real, J. A. (2020, December 18). *When it comes to the census, the damage among immigrants is already done*. The New York Times. Retrieved August 7, 2023 from <https://www.nytimes.com/2019/06/27/us/supreme-court-citizenship-census-immigrants.html>
- ²⁰ Cohn, D., & Passel, J. S. (2022, June 8). *2020 census quality: Key facts*. Pew Research Center. Retrieved August 7, 2023 from <https://www.pewresearch.org/short-reads/2022/06/08/key-facts-about-the-quality-of-the-2020-census/>
- ²¹ Schneider, M., & Fonseca, F. (2022, March 9). *Native Americans fret as report card released on 2020 census*. Associated Press News. Retrieved August 7, 2023 from <https://apnews.com/article/covid-health-race-and-ethnicity-racial-injustice-native-americans-3f68d4d1e2b6c70223e99452a1a43be1>
- ²² Khubba, S., Heim, K., & Hong, J. (2022, March 10). *National census coverage estimates for people in the United States by demographic characteristics*. United States Census Bureau. Retrieved August 9, 2023 from <https://www2.census.gov/programs-surveys/decennial/coverage-measurement/pes/national-census-coverage-estimates-by-demographic-characteristics.pdf>
- ²³ United States Census Bureau. (2022, March 10). *Census Bureau releases estimates of undercount and overcount in the 2020 census*. Retrieved August 9, 2023 from <https://www.census.gov/newsroom/press-releases/2022/2020-census-estimates-of-undercount-and-overcount.html>
- ²⁴ United States Census Bureau. (2021, November 23). *Why we conduct the decennial census of population and housing*. Retrieved August 7, 2023 from <https://www.census.gov/programs-surveys/decennial-census/about/why.html>
- ²⁵ Dillingham, S. (2022b, March 22). *2020 census and tribal communities*. United States Census Bureau. Retrieved August 7, 2023 from https://www.census.gov/newsroom/blogs/director/2020/09/2020_census_and_trib.html
- ²⁶ Knudsen, E. I., Heckman, J. J., Cameron, J. L., & Shonkoff, J. P. (2006). Economic, neurobiological, and behavioral perspectives on building America's future workforce. *Proceedings of the National Academy of Sciences - PNAS*, 103(27), 10155–10162. <https://doi.org/10.1073/pnas.0600888103>
- ²⁷ Heckman, J. J., & Mosso, S. (2014). The economics of human development and social mobility. *Annual Review of Economics*, 6(1), 689–733. <https://doi.org/10.1146/annurev-economics-080213-040753>
- ²⁸ Centers of Disease Control and Prevention. (2023, September 18). *Minority health: Racism and health*. Retrieved September 21, 2023 from <https://www.cdc.gov/minorityhealth/racism-disparities/index.html>
- ²⁹ Williams, D. R., & Cooper, L. A. (2019). Reducing racial inequities in health: Using what we already know to take action. *International Journal of Environmental Research and Public Health*, 16(4), 606. <https://doi.org/10.3390/ijerph16040606>
- ³⁰ Olivet, J., Wilkey, C., Richard, M., Dones, M., Tripp, J., Beit-Arie, M., Yampolskaya, S., & Cannon, R. (2021). Racial inequality and homelessness: Findings from the SPARC study. *The ANNALS of the American Academy of Political and Social Science*, 693(1), 82-100. <https://doi.org/10.1177/0002716221991040>
- ³¹ Dean, J., & Cornell Chronicle. (2023, February 16). *'Staggering' disparities: Homelessness risk varies across race*. Cornell University News. Retrieved September 21, 2023 from <https://news.cornell.edu/stories/2023/02/staggering-disparities-homelessness-risk-varies-across-race>

-
- ³² Lofthouse. (2019). Institutions and Economic Development on Native American Lands. *The Independent Review*, 24(2), 227–248. Retrieved February 5, 2024 from https://www.independent.org/pdf/tir/tir_24_2_04_lofthouse.pdf
- ³³ Centers for Disease Control and Prevention. (2023, June 27). *Health Equity: Prioritizing minority mental health*. Retrieved September 21, 2023 from <https://www.cdc.gov/healthequity/features/minority-mental-health/index.html>
- ³⁴ Tai, D. B. G., Shah, A., Doubeni, C. A., Sia, I. G., & Wieland, M. L. (2020). The disproportionate impact of COVID-19 on racial and ethnic minorities in the United States. *Clinical Infectious Diseases*, 72(4), 703–706. <https://doi.org/10.1093/cid/ciaa815>
- ³⁵ United Nations Department of Economic and Social Affairs. (February 2023). *Why Indigenous languages matter: The International Decade on Indigenous Languages 2022-2032. Future of the World Policy Brief No. 151*. Retrieved February 5, 2024 from <https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/PB151.pdf>
- ³⁶ McCarty, T.L. (2021). The holistic benefits of education for Indigenous language revitalisation and reclamation (ELR²). *Journal of Multilingual and Multicultural Development*, 42(10), 927-940. <https://doi.org/10.1080/01434632.2020.1827647>
- ³⁷ U.S. Department of Health & Human Services, Administration for Native Americans. (n.d.). *Native languages*. Retrieved February 5, 2024 from <http://www.acf.hhs.gov/programs/ana/programs/native-language-preservationmaintenance>
- ³⁸ First Things First (2023). *2023 Building brighter futures: Arizona's early childhood opportunities report*. Retrieved February 5, 2024 from <https://www.firstthingsfirst.org/wp-content/uploads/2023/12/State-Needs-and-Assets-Report-2023.pdf>
- ³⁹ Leggat-Barr, K., Uchikoshi, F., & Goldman, N. (2021). COVID-19 risk factors and mortality among Native Americans. *Demographic Research*, 45, 1185-1218. <https://doi.org/10.1101/2021.03.13.21253515>
- ⁴⁰ Akee, R., & Reber, S. (2022, March 9). *American Indians and Alaska Natives are dying of COVID-19 at shocking rates*. Brookings. Retrieved August 7, 2023 from <https://www.brookings.edu/articles/american-indians-and-alaska-natives-are-dying-of-covid-19-at-shocking-rates/>
- ⁴¹ Healy, J., & Blue, V. J. (2021, January 12). *Tribal elders are dying from the pandemic, causing a cultural crisis for American Indians*. The New York Times. <https://www.nytimes.com/2021/01/12/us/tribal-elders-native-americans-coronavirus.html>
- ⁴² Fonseca, F., & Sullivan, T. (2020, May 12). *'The grief is so unbearable': Virus takes toll on Navajo*. PBS NewsHour. Retrieved August 21, 2023, from <https://www.pbs.org/newshour/health/the-grief-is-so-unbearable-virus-takes-toll-on-navajo>
- ⁴³ U.S. Department of Health and Human Services, Administration for Children and Families, & Office of Head Start. (n.d.). *The benefits of bilingualism*. Retrieved from <https://web.archive.org/web/20130228031031/https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/docs/benefits-of-being-bilingual.pdf>
- ⁴⁴ National Academies of Sciences, Engineering, and Medicine. (2017). *Promoting the educational success of children and youth learning English: Promising futures*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24677>
- ⁴⁵ Grote, K. S., Scott, R. M., & Gilger, J. (2021). Bilingual advantages in executive functioning: Evidence from a low-income sample. *First Language*, 41(6), 677–700. <https://doi.org/10.1177/01427237211024220>
- ⁴⁶ van den Noort, M., Struys, E., Bosch, P., Jaswetz, L., Perriard, B., Yeo, S., Barisch, P., Vermeire, K., Lee, S., & Lim, S. (2019). Does the bilingual advantage in cognitive control exist and if so, what are its modulating factors? A systematic review. *Behavioral Sciences*, 9(3), 27. <http://dx.doi.org/10.3390/bs9030027>
- ⁴⁷ Antoniou, M. (2019). The advantages of bilingualism debate. *Annual Review of Linguistics*, 5(1), 395–415. <https://doi.org/10.1146/annurev-linguistics-011718-011820>
- ⁴⁸ Administration for Children & Families. (2016, June 29). *Promoting the development of dual language learners: Helping all children succeed*. U.S. Department of Health and Human Services. Retrieved September 21, 2023 from <https://www.acf.hhs.gov/archive/blog/2016/06/promoting-development-dual-language-learners>

-
- ⁴⁹ Robbins, T., Stagman, S., & Smith, S. (2012, October). *Young children at risk: National and state prevalence of risk factors*. National Center for Children in Poverty. Retrieved September 21, 2023 from <http://www.nccp.org/publication/young-children-at-risk/>
- ⁵⁰ The National Academies of Sciences, Engineering, and Medicine. (2017). *Promoting the educational success of children and youth learning English: Promising futures* (R. Takanishi, & L. Menestrel, Eds.). Washington, DC: The National Academies Press. <https://doi.org/10.17226/24677>
- ⁵¹ Administration for Children & Families. (2016, June 29). *Promoting the development of dual language learners: Helping all children succeed*. U.S. Department of Health and Human Services. Retrieved September 21, 2023 from <https://www.acf.hhs.gov/archive/blog/2016/06/promoting-development-dual-language-learners>
- ⁵² First Things First. (2022). *2022 Hualapai Tribe Region Needs and Assets Report*. Retrieved January 3, 2024 from <https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Hualapai%20Tribe.pdf>
- ⁵³ National Academies of Sciences, Engineering, and Medicine. (2017). *Promoting the educational success of children and youth learning English: Promising futures* (R. Takanishi, & S. Le, Eds.). The National Academies Press. <https://doi.org/10.17226/24677>
- ⁵⁴ National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting matters: Supporting parents of children ages 0-8* (V. L. Gadsen, M. Ford, & H. Breiner, Eds.). The National Academies Press. <https://doi.org/10.17226/21868>
- ⁵⁵ Arizona Department of Education (2021). [PHLOTE Dataset]. Custom tabulation of unpublished data by the UArizona CRED Team.
- ⁵⁶ Taylor, Z. E., & Conger, R. D. (2017). Promoting strengths and resilience in single-mother families. *Child Development*, 88(2), 350-358. <https://doi.org/10.1111/cdev.12741>
- ⁵⁷ Pilkauskas, N. V., Amorim, M., & Dunifon, R. E. (2020). Historical trends in children living in multigenerational households in the United States: 1870–2018. *Demography*, 57(6), 2269-2296. <https://doi.org/10.1007/s13524-020-00920-5>
- ⁵⁸ Gentles-Gibbs, N., & Zema, J. (2020). It's not about them without them: Kinship grandparents' perspectives on family empowerment in public child welfare. *Children and Youth Services Review*, 108, 104650. <https://doi.org/10.1016/j.chilyouth.2019.104650>
- ⁵⁹ Waldfogel, J., Craigie, T., & Brooks-Gunn, J. (2010). Fragile families and child wellbeing. *The Future of Children*, 20(2), 87–112. <https://doi.org/10.1353/foc.2010.0002>
- ⁶⁰ Musick, K., & Meier, A. (2010). Are both parents always better than one? Parental conflict and young adult well-being. *Social Science Research*, 39(5), 814–830. <https://doi.org/10.1016/j.ssresearch.2010.03.002>
- ⁶¹ Liu, S. H., & Heiland, F. (2012). Should we get married? The effect of parents' marriage on out-of-wedlock children. *Economic Inquiry*, 50(1), 17–38. <https://doi.org/10.1111/j.1465-7295.2010.00248.x>
- ⁶² Amato, P. R. (2005). The impact of family formation change on the cognitive, social, and emotional well-being of the next generation. *The Future of Children*, 15(2), 75-96. <https://www.jstor.org/stable/3556564>
- ⁶³ Irvin, K., Fahim, F., Alshehri, S., & Kitsantas, P. (2018). Family structure and children's unmet health-care needs. *Journal of Child Health Care*, 22(1), 57-67. <https://doi.org/10.1177/1367493517748372>
- ⁶⁴ Grafova, I. B., Monheit, A. C., & Kumar, R. (2022). Income shocks and out-of-pocket health care spending: Implications for single-mother families. *Journal of Family and Economic Issues*, 43(3), 489-500. <https://doi.org/10.1007/s10834-021-09780-6>
- ⁶⁵ Taylor, Z. E., & Conger, R. D. (2014). Risk and resilience processes in single-mother families: An interactionist perspective. In Sloboda, Z. & Petras, H. (Eds.), *Defining prevention science* (pp. 195-217). Springer, Boston, MA. https://doi.org/10.1007/978-1-4899-7424-2_9

-
- ⁶⁶ Cabrera, N. J., Volling, B. L., & Barr, R. (2018). Fathers are parents, too! Widening the lens on parenting for children's development. *Child Development Perspectives*, 12(3), 152-157. <https://doi.org/10.1111/cdep.12275>
- ⁶⁷ Coles, R. L. (2015). Single-father families: A review of the literature. *Journal of Family Theory & Review*, 7(2), 144-166. <https://doi.org/10.1111/jftr.12069>
- ⁶⁸ Ellis, R. R., & Simmons, T. (2014). Coresident grandparents and their grandchildren: 2012. *Current Population Reports*, pp. 20-576. U.S. Census Bureau. Retrieved August 29, 2023 from <https://www.census.gov/library/publications/2014/demo/p20-576.html>
- ⁶⁹ Pilkauskas, N. V., Amorim, M., & Dunifon, R. E. (2020). Historical trends in children living in multigenerational households in the United States: 1870–2018. *Demography*, 57(6), 2269-2296. <https://doi.org/10.1007/s13524-020-00920-5>
- ⁷⁰ Amorim, M., Dunifon, R., & Pilkauskas, N. (2017). The magnitude and timing of grandparental coresidence during childhood in the United States. *Demographic Research*, 37, 1695–1706. <https://doi.org/10.4054/DemRes.2017.37.52>
- ⁷¹ Cohn, D., & Passel, J. S. (2018, April 5). *Record 64 million Americans live in multigenerational households*. Pew Research Center. Retrieved August 16, 2023 from <https://www.pewresearch.org/short-reads/2018/04/05/a-record-64-million-americans-live-in-multigenerational-households/>
- ⁷² Cohn, D., Horowitz, J. M., Minkin, R., Fry, R., & Hurst, K. (2022, March 24). *Financial issues top the list of reasons U.S. adults live in multigenerational homes*. Pew Research Center. Retrieved August 16, 2023 from <https://www.pewresearch.org/social-trends/2022/03/24/financial-issues-top-the-list-of-reasons-u-s-adults-live-in-multigenerational-homes/>
- ⁷³ Mustillo, S., Li, M., & Wang, W. (2021). Parent work-to-family conflict and child psychological well-being: Moderating role of grandparent coresidence. *Journal of Marriage and Family*, 83(1), 27-39. <https://doi.org/10.1111/jomf.12703>
- ⁷⁴ Barnett, M. A., Yancura, L., Wilmoth, J., & Sano, Y. (2016). Wellbeing among rural grandfamilies in two multigenerational household structures. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy*, 3(1). Retrieved August 16, 2021 from <http://scholarworks.wmich.edu/grandfamilies/vol3/iss1/4>
- ⁷⁵ Harvey, H., & Dunifon, R. (2023). Why mothers double up: The role of demographic, economic, and family characteristics. *Journal of Marriage and Family*, 85(3), 845-868. <https://doi.org/10.1111/jomf.12903>
- ⁷⁶ Augustine, J. M., & Raley, R. K. (2013). Multigenerational households and the school readiness of children born to unmarried mothers. *Journal of Family Issues*, 34(4), 431–459. <https://doi.org/10.1177/0192513X12439177>
- ⁷⁷ Pilkauskas, N. V., Amorim, M., & Dunifon, R. E. (2020). Historical trends in children living in multigenerational households in the United States: 1870–2018. *Demography*, 57(6), 2269-2296. <https://doi.org/10.1007/s13524-020-00920-5>
- ⁷⁸ Livingston, G. (2018). *The changing profile of unmarried parents*. Pew Research Center. Retrieved August 16, 2021 from <https://www.pewsocialtrends.org/2018/04/25/the-changing-profile-of-unmarried-parents/>
- ⁷⁹ Vandivere, S., Yrausquin, A., Allen, T., Malm, K., & McKlinton, A. (2012, November 30). *Children in nonparental care: A review of the literature and analysis of data gaps*. U.S. Department of Health and Human Services. Retrieved August 16, 2021 from <http://aspe.hhs.gov/basic-report/children-nonparental-care-review-literature-and-analysis-data-gaps>
- ⁸⁰ Rubin, Springer, S. H., Zlotnik, S., Kang-Yi, C. D., Szilagyi, M., Forkey, H., Harmon, D., Jaudes, P., Jones, V. F., Lee, P., Nalven, L., Sagor, L., Schulte, E., & Zetley, L. W. (2017). Needs of kinship care families and pediatric practice. *Pediatrics*, 139(4). <https://doi.org/10.1542/peds.2017-0099>
- ⁸¹ Dolbin-MacNab, M. L., & Stucki, B. D. (2015). *Grandparents raising grandchildren*. American Association for Marriage and Family Therapy. Retrieved August 29, 2023 from https://www.aamft.org/Consumer_Updates/grandparents.aspx
- ⁸² Generations United (2011). *Family matters: Multigenerational families in a volatile economy*. Retrieved October 15, 2021 from <https://www.gu.org/app/uploads/2018/05/SignatureReport-Family-Matters-Multigen-Families.pdf>

-
- ⁸³ Baker, L. A., Silverstein, M., & Putney, N. M. (2008). Grandparents raising grandchildren in the United States: Changing family forms, stagnant social policies. *Journal of Societal & Social Policy*, 7, 53. Retrieved August 29, 2023 from <https://pubmed.ncbi.nlm.nih.gov/20585408/>
- ⁸⁴ Chan, K.L., Chen, M., Lo, K.M.C, Chen, Q., Kelley, S., & Ip, P. (2019). The effectiveness of Interventions for grandparents raising grandchildren: A meta-analysis. *Research on Social Work Practice*, 29(6), 607-617. <https://doi.org/10.1177/1049731518798470>
- ⁸⁵ Harrison, A.O., Wilson, M.N., Pine, C.J., Chan, S.Q., & Buriel, R. (1990). Family ecologies of ethnic minority children. *Child Development*, 61(2), 347-362. <https://doi.org/10.2307/1131097>
- Robbins R., Robbins S., & Stennerson B. (2013). Native American family resilience. In: Becvar D. (Ed.) *Handbook of family resilience*. Springer, New York, NY. https://doi.org/10.1007/978-1-4614-3917-2_12
- ⁸⁶ Red Horse, J. (1997). Traditional American Indian family systems. *Families, Systems, & Health*, 15(3), 243-250. <https://doi.org/10.1037/h0089828>
- ⁸⁷ Conference on Research Issues. (1981). *The American Indian family: Strengths and stresses*. (F. Hoffman, Ed.). Isleta, NM: American Indian Social Research and Development Associates. Retrieved February 5, 2024 from <https://catalog.princeton.edu/catalog/991565993506421>
- ⁸⁸ Mutchler, J.E., Baker, L.A., Lee, S.(2007). Grandparents responsible for grandchildren in Native-American families. *Social Science Quarterly*, 88(4), 990. <https://doi.org/10.1111/j.1540-6237.2007.00514.x>
- ⁸⁹ Byers, L. (2010). Native American grandmothers: Cultural tradition and contemporary necessity. *Journal of Ethnic & Cultural Diversity in Social Work*, 19(4), 305-316. <https://doi.org/10.1080/15313204.2010.523653>
- ⁹⁰ National Academies of Sciences, Engineering, and Medicine. (2019). *A roadmap to reducing child poverty*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25246>
- ⁹¹ Ratcliffe, C., & McKernan, S. (2012). *Child poverty and its lasting consequences*. *Low-Income Working Families Series*. The Urban Institute. Retrieved August 17, 2023 from <https://www.urban.org/sites/default/files/publication/32756/412659-Child-Poverty-and-Its-Lasting-Consequence.PDF>
- ⁹² Duncan, G., Ziol-Guest, K., & Kalil, A. (2010). Early-childhood poverty and adult attainment, behavior, and health. *Child Development*, 81(1), 306-325. Retrieved August 22, 2023 from <https://doi.org/10.1111/j.1467-8624.2009.01396.x>
- ⁹³ Murphey, D., & Redd, Z. (2014, January 8). *5 ways poverty harms children*. Child Trends. Retrieved August 21, 2023 from <https://www.childtrends.org/publications/5-ways-poverty-harms-children>
- ⁹⁴ Healthy People 2030. (n.d.) *Economic stability*. Office of Disease Prevention and Health Promotion. Retrieved August 16, 2023 from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>
- ⁹⁵ Ascend at the Aspen Institute. (2019, April 1). *Family economic stability: Work supports and tax credits*. Robert Wood Johnson Foundation. Retrieved August 22, 2023 from <https://www.rwjf.org/en/insights/our-research/2019/04/family-economic-stability.html>
- ⁹⁶ Wagmiller, R., & Adelman, R. (2009). *Children and intergenerational poverty: The long-term consequences of growing up poor*. National Center for Children in Poverty. Retrieved August 22, 2023 from <http://www.nccp.org/publication/childhood-and-intergenerational-poverty/>
- ⁹⁷ Duncan, G., Ziol-Guest, K., & Kalil, A. (2010). Early-childhood poverty and adult attainment, behavior, and health. *Child Development*, 81(1), 306-325. Retrieved August 22, 2023 from <https://doi.org/10.1111/j.1467-8624.2009.01396.x>
- ⁹⁸ National Academies of Sciences, Engineering, and Medicine (2023). *Reducing intergenerational poverty*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/27058>
- ⁹⁹ Office of Family Assistance. (2016). *TANF-ACF-IM-2016-03 (Strengthening TANF outcomes by developing two-generation approaches to build economic security)*. U.S. Department of Health and Human Services. Retrieved August 18, 2023 from <https://www.acf.hhs.gov/ofa/policy-guidance/tanf-acf-im-2016-03>

-
- ¹⁰⁰ Cornell, S., & Kalt, J.P. (2010). *American Indian self-determination: The political economy of a successful policy*. JOPNA Working Papers. Harvard University. Retrieved February 5, 2024 from <http://nrs.harvard.edu/urn-3:HUL.InstRepos:4553307>
- ¹⁰¹ Lofthouse, J. K. (2019). Institutions and economic development on Native American lands. *The Independent Review*, 24(2), 227–248. Retrieved February 6, 2024 from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3503072
- ¹⁰² Ibid.
- ¹⁰³ Luby, J. L., Constantino, J. N., & Barch, D. M. (2022). Poverty and the developing brain. *Cerebrum*. Retrieved August 22, 2023 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9224364/pdf/cer-04-22.pdf>
- ¹⁰⁴ Murphey, D., & Redd, Z. (2014, January 8). *5 ways poverty harms children*. Child Trends. Retrieved August 21, 2023 from <https://www.childtrends.org/publications/5-ways-poverty-harms-children>
- ¹⁰⁵ Hair, N. L., Hanson, J. L., Wolfe, B. L., & Pollak, S. D. (2015). Association of child poverty, brain development, and academic achievement. *JAMA Pediatrics*, 169(9), 822–829. <https://doi.org/10.1001/jamapediatrics.2015.1475>
- ¹⁰⁶ McLoyd, V. (1998). Socioeconomic disadvantage and child development. *American Psychologist*, 53(2), 185–204. <https://doi.org/10.1037/0003-066X.53.2.185>
- ¹⁰⁷ Ratcliffe, C., & McKernan, S. (2012). *Child poverty and its lasting consequences*. Low-Income Working Families Series. The Urban Institute. Retrieved August 17, 2023 from <https://www.urban.org/sites/default/files/publication/32756/412659-Child-Poverty-and-Its-Lasting-Consequence.PDF>
- ¹⁰⁸ Crouch, Probst, J. C., Radcliff, E., Bennett, K. J., & McKinney, S. H. (2019). Prevalence of adverse childhood experiences (ACEs) among US children. *Child Abuse & Neglect*, 92, 209–218. <https://doi.org/10.1016/j.chiabu.2019.04.010>
- ¹⁰⁹ McEwen, C. A., & Gregerson, S. F. (2019). A critical assessment of the Adverse Childhood Experiences Study at 20 years. *American Journal of Preventive Medicine*, 56(6), 790–794. <https://doi.org/10.1016/j.amepre.2018.10.016>
- ¹¹⁰ National Academies of Sciences, Engineering, and Medicine. (2019). *A roadmap to reducing child poverty*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25246>
- ¹¹¹ United States Government. (n.d.). *Welfare benefits or Temporary Assistance for Needy Families (TANF)*. Retrieved September 27, 2023 from <https://www.usa.gov/welfare-benefits>
- ¹¹² Gall, A., Anderson, K., Howard, K., Diaz, A., King, A., Willing, E., Connolly, M., Lindsay, D., & Garvey, G. (2021). Wellbeing of Indigenous peoples in Canada, Aotearoa (New Zealand) and the United States: A systematic review. *International Journal of Environmental Research and Public Health*, 18(11), 5832. <https://doi.org/10.3390/ijerph18115832>
- ¹¹³ Economic Research Service, U.S. Department of Agriculture. (2021). *Definitions of food security*. Retrieved October 23, 2023 from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>
- ¹¹⁴ Bruening, M., Dinour, L. M., & Chavez, J. B. R. (2017). Food insecurity and emotional health in the USA: A systematic narrative review of longitudinal research. *Public Health Nutrition*, 20(17), 3200–3208. <https://doi.org/10.1017/S1368980017002221>
- ¹¹⁵ Baer, T. E., Scherer, E. A., Flegler, E. W., & Hassan, A. (2015). Food insecurity and the burden of health-related social problems in an urban youth population. *Journal of Adolescent Health*, 57(6), 601–607. <https://doi.org/10.1016/j.jadohealth.2015.08.013>
- ¹¹⁶ Zaslow, M., Bronte-Tinkew, J., Capps, R., Horowitz, A., Moore, K. A., & Weinstein, D. (2009). Food security during infancy: Implications for attachment and mental proficiency in toddlerhood. *Maternal and Child Health Journal*, 13, 66–80. <https://doi.org/10.1007/s10995-008-0329-1>
- ¹¹⁷ Kimbro, R. T., & Denney, J. T. (2015). Transitions into food insecurity associated with behavioral problems and worse overall health among children. *Health Affairs*, 34(11), 1949–1955. <https://doi.org/10.1377/hlthaff.2015.0626>

-
- ¹¹⁸ Knowles, M., Rabinowich, J., Ettinger de Cuba, S., Cutts, D. B., & Chilton, M. (2016). “Do you wanna breathe or eat?”: Parent perspectives on child health consequences of food insecurity, trade-offs, and toxic stress. *Maternal and Child Health Journal*, 20, 25-32. <https://doi.org/10.1007/s10995-015-1797-8>
- ¹¹⁹ Johnson, A. D., & Markowitz, A. J. (2018). Food insecurity and family well-being outcomes among households with young children. *The Journal of Pediatrics*, 196, 275-282. <https://doi.org/10.1016/j.jpeds.2018.01.026>
- ¹²⁰ No Kid Hungry Center for Best Practices. (2022). *Supplemental Nutrition Assistance Program (SNAP) overview*. Retrieved February 5, 2024 from <https://bestpractices.nokidhungry.org/resource/supplemental-nutrition-assistance-program-snap-overview>
- ¹²¹ Food Research and Action Center. (2013). *SNAP and public health: The role of the Supplemental Nutrition Assistance Program in improving the health and well-being of Americans*. Retrieved September 27, 2023 from http://frac.org/pdf/snap_and_public_health_2013.pdf
- ¹²² United States Department of Agriculture (2023). *WIC program: Average monthly benefit per person*. Retrieved December 12, 2023 from <https://fns-prod.azureedge.us/sites/default/files/resource-files/25wifyavgfd-costs-12.pdf>
- ¹²³ United States Department of Agriculture. (n.d.). *How to participate in summer meals*. Retrieved October 26, 2021, from <https://fns-prod.azureedge.net/sites/default/files/resource-files/SFSP-Fact-Sheet.pdf>
- ¹²⁴ United States Department of Agriculture (2022). *Child nutrition COVID-19 waivers*. Retrieved February 6, 2024 from <https://www.fns.usda.gov/disaster-assistance/child-nutrition-covid-19-waivers>
- ¹²⁵ Arizona Department of Education. (2021, June 14). *Introduction to the CACFP* [Video]. Vimeo. <https://vimeo.com/562872764>
- ¹²⁶ Healthy People 2030. (n.d.). *Social determinants of health*. Office of Disease Prevention and Health Promotion. Retrieved August 16, 2023 from <https://health.gov/healthypeople/priority-areas/social-determinants-health>
- ¹²⁷ Berger, R.P., Fromkin, J.B., Stutz, H., Makoroff, K., Scribano, P.V., Feldman, K., Tu, L.C., & Fabio, A. (2011). Abusive head trauma during a time of increased unemployment: A multicenter analysis. *Pediatrics*, 128(4), 637-643. <https://doi.org/10.1542/peds.2010-2185>
- ¹²⁸ Isaacs, J. B. (2013, March 25). *Unemployment from a child’s perspective*. Urban Institute. Retrieved September 14, 2021 from <https://www.urban.org/research/publication/unemployment-childs-perspective>
- ¹²⁹ National Center for Children in Poverty. (2014). *Arizona demographics for low-income children*. Retrieved September 20, 2023 from http://www.nccp.org/profiles/AZ_profile_6.html
- ¹³⁰ Cornell, S., & Kalt, J.P. (2010). *American Indian self-determination: The political economy of a successful policy*. JOPNA Working Papers. Harvard University. Retrieved February 5, 2024 from <http://nrs.harvard.edu/urn-3:HUL.InstRepos:4553307>
- ¹³¹ Ascend at the Aspen Institute. (2019, April 1). *Family economic stability: Work supports and tax credits*. Robert Wood Johnson Foundation. Retrieved August 22, 2023 from <https://www.rwjf.org/en/insights/our-research/2019/04/family-economic-stability.html>
- ¹³² Office of Family Assistance. (2016). *TANF-ACF-IM-2016-03 (Strengthening TANF outcomes by developing two-generation approaches to build economic security)*. U.S. Department of Health and Human Services. Retrieved August 18, 2023 from <https://www.acf.hhs.gov/ofa/policy-guidance/tanf-acf-im-2016-03>
- ¹³³ Ascend at the Aspen Institute. (n.d.) *The 2Gen approach*. Retrieved August 22, 2023 from [https://ascend.aspeninstitute.org/2gen-approach/#:~:text=Two%2Dgeneration%20\(2Gen\)%20approaches,one%20generation%20to%20the%20next](https://ascend.aspeninstitute.org/2gen-approach/#:~:text=Two%2Dgeneration%20(2Gen)%20approaches,one%20generation%20to%20the%20next)
- ¹³⁴ Pina, G., Moore, K. A., Sacks, V., & McClay, A. (2022, December 14). *Two-generation programs may have long-term benefits, according to simulation*. Child Trends. Retrieved August 22, 2023 from <https://www.childtrends.org/publications/two-generation-programs-may-have-long-term-benefits-according-to-simulation>

-
- ¹³⁵ Morgan, A., Champion, E., & Harrison E. (2022, January 7). *How two-generation programs can advance housing stability*. Urban Institute. Retrieved August 22, 2023 from <https://www.urban.org/urban-wire/how-two-generation-programs-can-advance-housing-stability>
- ¹³⁶ Children's Bureau, an Office of the Administration of Children & Families. (2023, March). *Two-generation approaches to supporting family well-being*. Child Welfare Information Gateway. Retrieved August 22, 2023 from <https://www.childwelfare.gov/pubPDFs/bulletins-2gen.pdf>
- ¹³⁷ Uchitelle, L. (2019, July 11). *Unemployment is low, but that's only part of the story*. Retrieved February 5, 2024 from <https://www.nytimes.com/2019/07/11/business/low-unemployment-not-seeking-work.html>
- ¹³⁸ McCoy-Roth, M., Mackintosh, B., & Murphey, D. (2012, February 15). When the bough breaks: The effects of homelessness on young children. *Child Trends*, 3(1). Retrieved September 14, 2021 from <https://cms.childtrends.org/wp-content/uploads/2012/02/2012-08EffectHomelessnessChildren.pdf>
- ¹³⁹ Gabriel, S., & Painter, G. (2017). *Housing affordability: Why does it matter, how should it be measured, and why is there an affordability problem?* American Enterprise Institute. Retrieved April 10, 2017 from <https://www.aei.org/wp-content/uploads/2017/04/CHA-Panel-1.pdf>
- ¹⁴⁰ Federal Interagency Forum on Child and Family Statistics. (2015). *America's children: Key national indicators for well-being, 2015*. Child Stats. Retrieved September 14, 2021 from https://www.childstats.gov/pdf/ac2015/ac_15.pdf
- ¹⁴¹ Schwartz, M., & Wilson, E. (n.d.). *Who can afford to live in a home? A look at data from the 2006 American Community Survey*. United States Census Bureau. Retrieved September 14, 2021 from <https://cdn2.hubspot.net/hubfs/4408380/PDF/General-Housing-Homelessness/who-can-afford.pdf>
- ¹⁴² Enterprise Community Partners. (2014). *Impact of affordable housing on families and communities: A review of the evidence base*. Homes for All San Mateo County. Retrieved August 21, 2023 from <https://homeforallsmc.org/wp-content/uploads/2017/05/Impact-of-Affordable-Housing-on-Families-and-Communities.pdf>
- ¹⁴³ McCoy-Roth, M., Mackintosh, B., & Murphey, D. (2012). When the bough breaks: The effects of homelessness on young children. *Child Health*, 3(1). Retrieved September 20, 2023 from <https://cms.childtrends.org/wp-content/uploads/2012/02/2012-08EffectHomelessnessChildren.pdf>
- ¹⁴⁴ Kunesh, P. (Ed.). (2018). *Tribal leaders handbook on homeownership*. Federal Reserve Bank of Minneapolis and Enterprise Community Partners. Retrieved February 5, 2024 from <https://www.minneapolisfed.org/~media/files/community/indiancountry/resources-education/cicd-tribal-leaders-handbook-on-homeownership.pdf?la=en>
- ¹⁴⁵ Center for Indian Country Development. (2018). *Tribal leaders handbook on homeownership*. Federal Reserve Bank of Minneapolis and Enterprise Community Partners. Retrieved February 5, 2024 from <https://www.minneapolisfed.org/~media/files/community/indiancountry/resources-education/cicd-tribal-leaders-handbook-on-homeownership.pdf?la=en>
- ¹⁴⁶ Pindus, N., Kingsley, T., Biess, J., Levy, D., Simington, J., & Hayes, C. (2017). *Housing needs of American Indians and Alaska Natives in tribal areas: A report from the assessment of American Indian, Alaska Native, and Native Hawaiian housing needs: Executive summary*. US Department of Housing and Urban Development, Office of Policy Development and Research. Retrieved February 5, 2024 from <https://www.huduser.gov/portal/publications/HNAIHousingNeeds.html>
- ¹⁴⁷ Roller, Z., Gasteyer, S., Nelson, N., Lai, W., & Shingne, M.C. (2019). *Dig deep: Closing the water access gap in the United States*. DigDeep. Retrieved from <https://www.digdeep.org/close-the-water-gap/>
- ¹⁴⁸ Turcios, Y. (2023, March 22). *Digital access: A super determinant of health*. Substance Abuse and Mental Health Services Administration. Retrieved August 21, 2023 from <https://www.samhsa.gov/blog/digital-access-super-determinant-health>

-
- ¹⁴⁹ Rideout, V. J. & Katz, V. S. (2016). *Opportunity for all? Technology and learning in lower-income families. A report of the Families and Media Project*. The Joan Ganz Cooney Center at Sesame Workshop. Retrieved August 30, 2023 from <https://files.eric.ed.gov/fulltext/ED574416.pdf>
- ¹⁵⁰ U.S. Department of Commerce National Telecommunications and Information Administration (2023). *Tribal Broadband Connectivity Program*. Retrieved February 5, 2024 from <https://www.ntia.gov/page/tribal-broadband-connectivity-program>
- ¹⁵¹ Herbert, C., Hermann, A., and McCue, D. (2018). Measuring housing affordability: Assessing the 30 percent of income standard. Cambridge, MA: Joint Center for Housing Studies of Harvard University. Retrieved September 14, 2021 from https://www.jchs.harvard.edu/sites/default/files/Harvard_JCHS_Herbert_Hermann_McCue_measuring_housing_affordability.pdf
- ¹⁵² Healthy People 2030. (n.d.). *Education access and quality*. Office of Disease Prevention and Health Promotion. Retrieved July 17, 2023 from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>
- ¹⁵³ National Research Council. (2012). *Key national education indicators: Workshop summary*. The National Academies Press. <https://doi.org/10.17226/13453>
- ¹⁵⁴ Healthy People 2020. (n.d.). *Adolescent health*. Office of Disease Prevention and Health Promotion. Retrieved July 17, 2023 from <https://wayback.archive-it.org/5774/20220413181755/https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>
- ¹⁵⁵ Cataldi, E. F., Bennett, C. T., & Chen, X. (2018). *First-generation students: College access, persistence, and postbachelor's outcomes*. National Center for Education Statistics. Retrieved September 20, 2023 from <https://nces.ed.gov/pubs2018/2018421.pdf>
- ¹⁵⁶ Child Trends Data Bank. (2014, July). *Parental education: Indicators on children and youth*. Retrieved September 7, 2021 from https://web.archive.org/web/20150525195005/http://www.childtrends.org/wp-content/uploads/2012/04/67-Parental_Education.pdf
- ¹⁵⁷ Rathbun, A., & McFarland, J. (2017). *Risk factors and academic outcomes in kindergarten through third grade*. National Center for Education Statistics. Retrieved September 7, 2021 from https://nces.ed.gov/programs/coe/pdf/coe_tgd.pdf
- ¹⁵⁸ The Annie E. Casey Foundation. (2013). *The first eight years: Giving kids a foundation for lifetime success*. Retrieved August 30, 2023 from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCPolicyreport-2013.pdf>
- ¹⁵⁹ DeAngelis, C. A., Holmes Erickson, H., & Ritter, G. W. (2020). What's the state of the evidence on pre-K programmes in the United States? A systematic review. *Educational Review*, 72(4), 495-519. <https://doi.org/10.1080/00131911.2018.1520688>
- ¹⁶⁰ Allison, M. A., Attisha, E., Lerner, M., De Pinto, C. D., Beers, N. S., Gibson, E. J., Gorski, P., Kjolhede, C., O'Leary, S. C., Schumacher, H., & Weiss-Harrison, A. (2019). The link between school attendance and good health. *Pediatrics*, 143(2), e20183648. <https://doi.org/10.1542/peds.2018-3648>
- ¹⁶¹ Allison, M. A., Attisha, E., Lerner, M., De Pinto, C. D., Beers, N. S., Gibson, E. J., Gorski, P., Kjolhede, C., O'Leary, S. C., Schumacher, H., & Weiss-Harrison, A. (2019). The link between school attendance and good health. *Pediatrics*, 143(2), e20183648. <https://doi.org/10.1542/peds.2018-3648>
- ¹⁶² Ready, D. D. (2010). Socioeconomic disadvantage, school attendance, and early cognitive development: The differential effects of school exposure. *Sociology of Education*, 83(4), 271-286. <https://doi.org/10.1177/0038040710383520>

-
- ¹⁶³ Sugrue, E., Zuel, T., & LaLiberte, T. (2016). The ecological context of chronic school absenteeism in the elementary grades. *Children & Schools*, 38(3), 137-145. <https://doi.org/10.1093/cs/cdw020>
- ¹⁶⁴ Grace, S. (2019). Representative bureaucracy: Representation of American Indian teachers and their impact on American Indian student access and performance. *Boise State University Theses and Dissertations*, 1531. <https://doi.org/10.18122/td/1531/boisestate>
- ¹⁶⁵ United States Government Accountability Office. (2017, May 22). *Tribal transportation: Better data could improve road management and inform Indian student attendance strategies*. Retrieved February 6, 2024 from <https://www.gao.gov/assets/gao-17-423.pdf>
- ¹⁶⁶ Arizona Department of Education. (n.d.). *Assessments*. Retrieved August 20, 2021 from <https://www.azed.gov/assessment>
- ¹⁶⁷ Altavena, L. (2021, February 8). *Testing for Arizona students returns in April, with lots of unanswered questions*. AZ Central. Retrieved August 20, 2021 from <https://www.azcentral.com/story/news/local/arizona-education/2021/02/08/arizona-students-take-standardized-tests-april-lots-questions-unanswered/4251118001/>
- ¹⁶⁸ Arizona Department of Education. (2023). *Move on when reading*. Retrieved July 27, 2023 from <http://www.azed.gov/mowr/>
- ¹⁶⁹ Lesnick, J., Goerge, R. M., Smithgall, C., & Gwynne, J. (2010). *Reading on grade level in third grade: How is it related to high school performance and college enrollment?* Annie E. Casey Foundation. Retrieved September 20, 2023 from <https://assets.aecf.org/m/resourcedoc/aecf-ReadingonGradeLevelLongAnal-2010.PDF>
- ¹⁷⁰ Hernandez, J. D. (2011). *How third-grade reading skills and poverty influence high school graduation*. The Annie E. Casey Foundation. Retrieved September 23, 2023 from <https://files.eric.ed.gov/fulltext/ED518818.pdf>
- ¹⁷¹ Jimenez, L., & Boser, U. (2021). *Future of testing in education: The way forward for state standardized tests*. Center for American Progress. Retrieved February 6, 2024 from <https://files.eric.ed.gov/fulltext/ED617055.pdf>
- ¹⁷² Zajacova A., & Everett, B. G. (2013). The nonequivalent health of high school equivalents. *Social Science Quarterly*, 95(1), 221–238. <https://doi.org/10.1111/ssqu.12039>
- ¹⁷³ Blumenshine, P., Egerter, S., Barclay, C., Cubbin, C., & Braveman, P. (2010). Socioeconomic disparities in adverse birth outcomes. *American Journal of Preventive Medicine*, 39(3), 263–272. <https://doi.org/10.1016/j.amepre.2010.05.012>
- ¹⁷⁴ Prickett, K. C., & Augustine, J. M. (2015). Maternal education and investments in children's health. *Journal of Marriage and Family*, 78(1), 7–25. <https://doi.org/10.1111/jomf.12253>
- ¹⁷⁵ Augustine, J. M., Cavanagh, S. E., & Crosnoe, R. (2009). Maternal education, early child care and the reproduction of advantage. *Social Forces*, 88(1), 1–29. <https://doi.org/10.1353/sof.0.0233>
- ¹⁷⁶ Peacock, S., Konrad, S., Watson, E., Nickel, D., & Muhajarine, N. (2013). Effectiveness of home visiting programs on child outcomes: A systematic review. *BMC Public Health*, 13(1). <https://doi.org/10.1186/1471-2458-13-17>
- ¹⁷⁷ Duncan, G. J., & Sojourner, A. (2013). Can intensive early childhood intervention programs eliminate Income-Based cognitive and achievement gaps? *Journal of Human Resources*, 48(4), 945–968. <https://doi.org/10.3368/jhr.48.4.945>
- ¹⁷⁸ Del Campo-Carmona, B. (2022, December 19). *Arizona's disconnected youth*. Making Action Possible for Southern Arizona. Retrieved August 1, 2023 from <https://www.mapazdashboard.arizona.edu/article/arizonas-disconnected-youth>
- ¹⁷⁹ Del Campo-Carmona, B. (2022, December 19). *Arizona's disconnected youth*. Making Action Possible for Southern Arizona. Retrieved August 1, 2023 from <https://www.mapazdashboard.arizona.edu/article/arizonas-disconnected-youth>
- ¹⁸⁰ Camilli, G., Vargas, S., Ryan, S., & Barnett, W. S. (2010). Meta-analysis of the effects of early education interventions on cognitive and social development. *Teachers College Record: The Voice of Scholarship in Education*, 112(3), 579–620. <https://doi.org/10.1177/016146811011200303>
- ¹⁸¹ Center on the Developing Child at Harvard University. (2016). *From best practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families*. Retrieved August 30, 2023 from
- 138 Hualapai Tribe Region

https://harvardcenter.wpunepowered.com/wp-content/uploads/2016/05/From_Best_Practices_to_Breakthrough_Impacts-4.pdf

¹⁸² Center on the Developing Child at Harvard University. (2016). *From best practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families*. Retrieved August 30, 2023 from https://harvardcenter.wpunepowered.com/wp-content/uploads/2016/05/From_Best_Practices_to_Breakthrough_Impacts-4.pdf

¹⁸³ Kuhl, P.K. (2011). Early language learning and literacy: Neuroscience implications for education. *Mind, Brain, and Education*, 5(3), 128-142. <https://doi.org/10.1111/j.1751-228X.2011.01121.x>

¹⁸⁴ Center on the Developing Child at Harvard University. (2016). *From best practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families*. Retrieved August 30, 2023 from https://harvardcenter.wpunepowered.com/wp-content/uploads/2016/05/From_Best_Practices_to_Breakthrough_Impacts-4.pdf

¹⁸⁵ National Scientific Council on the Developing Child. (2020). *Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined: Working paper No. 15*. Center on the Developing Child at Harvard University. Retrieved August 30, 2023 from https://harvardcenter.wpunepowered.com/wp-content/uploads/2020/06/wp15_health_FINALv2.pdf

¹⁸⁶ NICHD Early Child Care Research Network. (2002). Early child care and children's development prior to school entry: Results from the NICHD study of early child care. *American Educational Research Journal*, 39(1), 133–164. Retrieved August 20, 2021 from <http://www.jstor.org/stable/3202474>.

¹⁸⁷ Leggat-Barr, K., Uchikoshi, F., & Goldman, N. (2021). COVID-19 risk factors and mortality among Native Americans. *Demographic Research*, 45, 1185-1218. <https://doi.org/10.1101/2021.03.13.21253515>

¹⁸⁸ Center on the Developing Child at Harvard University. (2016). *From best practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families*. Retrieved August 30, 2023 from https://harvardcenter.wpunepowered.com/wp-content/uploads/2016/05/From_Best_Practices_to_Breakthrough_Impacts-4.pdf

¹⁸⁹ National Scientific Council on the Developing Child. (2020). *Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined: Working paper No. 15*. Center on the Developing Child at Harvard University. Retrieved August 30, 2023 from https://harvardcenter.wpunepowered.com/wp-content/uploads/2020/06/wp15_health_FINALv2.pdf

¹⁹⁰ Center on the Developing Child at Harvard University. (2010, July). *The foundations of lifelong health are built in early childhood*. Retrieved August 20, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>

¹⁹¹ Ibid.

¹⁹² National Scientific Council on the Developing Child. (2020). *Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined: Working paper No. 15*. Center on the Developing Child at Harvard University. Retrieved August 30, 2023 from https://harvardcenter.wpunepowered.com/wp-content/uploads/2020/06/wp15_health_FINALv2.pdf

¹⁹³ Center on the Developing Child at Harvard University. (2010, July). *The foundations of lifelong health are built in early childhood*. Retrieved August 20, 2021 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>

¹⁹⁴ Ibid.

¹⁹⁵ Hao, W. (2022, August). *Investing in early childhood workforce recovery. Policy update. Vol. 29, No. 5*. National Association of State Boards of Education. Retrieved August 30, 2023 from <https://eric.ed.gov/?id=ED623572>

-
- ¹⁹⁶ Kashen, J., Cai, J., Brown, H., & Fremstad, S. (2022, March 21). *How states would benefit if congress truly invested in child care and pre-K*. Policy Commons. Retrieved August 13, 2023 from <https://policycommons.net/artifacts/2287927/how-states-would-benefit-if-congress-truly-invested-in-child-care-and-pre-k/3048017/>
- ¹⁹⁷ Fleming, C., Moorea, L., Sarchea, M., Charles, T., McNicholas, D., Rackliff, S., Redbird-Post, M., & Sprague, M. (2016, March). *Tribal grantee plans from the 2014-2015 child care development fund. A Report by The Child Care Community of Learning*. Centers for American Indian and Alaska Native Health at the University of Colorado School of Public Health. Retrieved February 6, 2024 from <https://coloradosph.cuanschutz.edu/docs/librariesprovider205/trc/1-ccdf-2014-2015-report.pdf>
- ¹⁹⁸ Malik, R., Hamm, K., Adamu, M., & Morrissey, T. (2016, October 27). Child care deserts: An analysis of child care centers by ZIP code in 8 states. *Center for American Progress*. Retrieved August 20, 2021 from <https://www.americanprogress.org/issues/early-childhood/reports/2016/10/27/225703/child-care-deserts/>
- ¹⁹⁹ Tanoue, K. H., DeBlois, M., Daws, J., & Walsh, M. (2017, September 14). *Child care and early education accessibility in Tucson (White Paper No. 5)*. Making Action Possible for Southern Arizona. Retrieved October 12, 2023 from <https://mapazdashboard.arizona.edu/article/child-care-and-early-education-accessibility-tucson>
- ²⁰⁰ Child Care Aware® of America. (2018). *Mapping the gap: Exploring the child care supply & demand in Arizona*. Retrieved August 20, 2021 from <http://usa.childcareaware.org/wp-content/uploads/2017/10/Arizona-Infant-Toddler-Brief1.pdf>
- ²⁰¹ Smith, L. K., Bagley, A., & Wolters, B. (2020, October). *Child care in 25 states: What we know and don't know (Rep.)*. Bipartisan Policy. Retrieved August 20, 2021 from https://bipartisanpolicy.org/wp-content/uploads/2020/10/BPC_Working-Family-Solutions_FinalPDFV4.pdf
- ²⁰² Center for American Progress. (2018). *Child care access in Arizona*. Retrieved October 12, 2023 from <https://childcaredeserts.org/2018/>
- ²⁰³ Center for American Progress. (2019). *Early learning factsheet 2019, Arizona*. Retrieved October 12, 2023 from https://americanprogress.org/wp-content/uploads/sites/2/2019/09/Arizona.pdf?_ga=2.124660044.738685272.1697189841-1575343709.1693426880
- ²⁰⁴ Bipartisan Policy Center. (2020). *The supply of, potential need for, and gaps in child care in Arizona in 2019*. Child Care Gap. Retrieved August 20, 2021 from <https://childcaregap.org/assets/onePagers/Arizona.pdf>
- ²⁰⁵ Lee, E. K., & Parolin, Z. (2021). The care burden during COVID-19: A national database of child care closures in the United States. *Socius*, 7. <https://doi.org/10.1177/23780231211032028>
- ²⁰⁶ National Low Income Housing Coalition. (2021). *Out of Reach 2021 – Arizona*. Retrieved September 7, 2021 from <https://reports.nlihc.org/sites/default/files/orr/files/reports/state/az-2021-oor.pdf>
- ²⁰⁷ Knueven, L., & Grace, M. (2020, August 6). *The average monthly mortgage payment by state, city, and year*. Business Insider. Retrieved September 7, 2021 from <https://www.businessinsider.com/personal-finance/average-mortgage-payment>
- ²⁰⁸ Arizona Department of Economic Security. (n.d.). *Child care*. Retrieved October 12, 2023 from <https://des.az.gov/services/child-and-family/child-care>
- ²⁰⁹ Walsh, M., Tanoue, K. H., & deBlois, M. (2018). *Relationship of economic independence and access to childcare for single moms (2018 research brief)*. Women Giving. Retrieved October 12, 2023 from <https://womengiving.org/wp-content/uploads/2022/01/WFSA-2018-Research-Brief.pdf>
- ²¹⁰ Tanoue, K. H., deBlois, M., Daws, J., & Walsh, M. (2017). *Child care and early education accessibility in Tucson (White Paper No. 5)*. Making Action Possible for Southern Arizona. Retrieved October 12, 2023 from <https://mapazdashboard.arizona.edu/article/child-care-and-early-education-accessibility-tucson>
- ²¹¹ Hualapai Tribe Head Start. (n.d.) *Hualapai Tribe Head Start mission statement*. Retrieved January 5, 2024 from <https://hualapai-nsn.gov/community/head-start/>

-
- ²¹² First Things First. (2022). *2022 Hualapai Tribe Region Needs and Assets Report*. Retrieved January 3, 2024 from <https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20-%202022%20-%20Hualapai%20Tribe.pdf>
- ²¹³ The Annie E. Casey Foundation. (2013). *The first eight years: Giving kids a foundation for lifetime success*. Retrieved August 20, 2021 from <http://www.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>
- ²¹⁴ White House Council of Economic Advisors. (2015, January). *The economics of early childhood investments*. Obama White House Archive. Retrieved August 20, 2021 from https://obamawhitehouse.archives.gov/sites/default/files/docs/early_childhood_report_update_final_non-embargo.pdf
- ²¹⁵ Campbell, F., Conti, G., Heckman, J., Moon, S., Pinto, R., Pungello, L., & Pan, Y. (2014). *Abecedarian & health: Improve adult health outcomes with quality early childhood programs that include health and nutrition*. The Heckman Equation. Retrieved August 20, 2021 from https://heckmanequation.org/wp-content/uploads/2017/01/F_Heckman_AbecedarianHealth_062615.pdf
- ²¹⁶ National Scientific Council on the Developing Child. (2020). *Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined: Working paper No. 15*. Center on the Developing Child at Harvard University. Retrieved August 30, 2023 from https://harvardcenter.wpenginpowered.com/wp-content/uploads/2020/06/wp15_health_FINALv2.pdf
- ²¹⁷ Hahn, R. A., & Barnett, W. S. (2023). Early childhood education: Health, equity, and economics. *Annual Review of Public Health*, 44(1), 75–92. <https://doi.org/10.1146/annurev-publhealth-071321-032337>
- ²¹⁸ First Things First. (n.d.). *About Quality First*. Retrieved October 12, 2023 from <https://www.firstthingsfirst.org/resources/quality-first/about-quality-first/>
- ²¹⁹ First Things First. (n.d.). *About Quality First*. Retrieved October 12, 2023 from <https://www.firstthingsfirst.org/resources/quality-first/about-quality-first/>
- ²²⁰ First Things First (2023). *Enrolled Quality First providers* [dataset]. First Things First Data Center. Retrieved December 21, 2023 from <https://datacenter.azftf.gov/quality-first>
- ²²¹ Prenatal-to-3 Policy Impact Center. (2022). *Prenatal-to-3 policy clearinghouse evidence review: Early intervention services (ER 11C.0922)*. Retrieved August 30, 2023 from <http://pn3policy.org/policy-clearinghouse/early-intervention-services>
- ²²² Prenatal-to-3 Policy Impact Center. (2022). *Prenatal-to-3 policy clearinghouse evidence review: Early intervention services (ER 11C.0922)*. Retrieved August 30, 2023 from <http://pn3policy.org/policy-clearinghouse/early-intervention-services>
- ²²³ Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A. A., Mallik, S., Simeonsson, R. J., Marnie, S., & Nelson, L. (2007, January). *Early intervention for infants and toddlers with disabilities and their families: Participants, services, and outcomes*. Research Connections. Retrieved August 30, 2023 from <https://researchconnections.org/childcare/resources/13407>
- ²²⁴ Diefendorf, M., & Goode, S. (2005). *The long term economic benefits of high quality early childhood intervention programs*. National Early Childhood Technical Assistance Center. Retrieved August 20, 2021 from <http://ectacenter.org/~pdfs/pubs/econbene.pdf>
- ²²⁵ Arizona Department of Economic Security. (n.d.). *Arizona early intervention program*. Retrieved October 12, 2023 from <https://des.az.gov/AzEIP/>
- ²²⁶ Arizona Department of Economic Security. (n.d.). *About early intervention in Arizona*. Retrieved October 12, 2023 from <https://des.az.gov/services/disabilities/early-intervention/about-early-intervention-arizona>
- ²²⁷ Arizona Department of Economic Security. (n.d.). *Developmental disabilities*. Retrieved October 12, 2023 from <https://des.az.gov/ddd/>

-
- ²²⁸ Prenatal-to-3 Policy Impact Center. (2022). *Prenatal-to-3 state policy roadmap: Arizona*. Retrieved February 5, 2024 from <https://pn3policy.org/pn-3-state-policy-roadmap-2021/az/early-intervention>
- ²²⁹ Prenatal-to-3 Policy Impact Center. (2022, September). *Prenatal-to-3 policy clearinghouse evidence review: Early intervention services (ER 11C.0922)*. Retrieved August 31, 2023 from <http://pn3policy.org/policy-clearinghouse/early-intervention-services>
- ²³⁰ Prenatal-to-3 Policy Impact Center, LBJ School of Public Affairs, & The University of Texas at Austin. (2021, January 6). *Why do we focus on the prenatal-to-3 age period? Understanding the importance of the earliest years*. Retrieved August 30, 2023 from <https://pn3policy.org/resources/why-do-we-focus-on-the-prenatal-to-3-age-period-understanding-the-importance-of-the-earliest-years/#:~:text=Our%20health%20and%20wellbeing%20prenatally%20and%20during%20the,many%20families%20face%20substantial%20challenges%20during%20these%20years.>
- ²³¹ Prenatal-to-3 Policy Impact Center. (2022). *Prenatal-to-3 policy clearinghouse evidence review: Early intervention services (ER 11C.0922)*. Accessed August 30, 2023 from <http://pn3policy.org/policy-clearinghouse/early-intervention-services>
- ²³² Arizona Department of Economic Security (2023). [Arizona Early Intervention Program dataset]. Unpublished data.
- ²³³ The Future of Children. (2020). Three trimesters to three years: Promoting early development. *The Future of Children*, 30(2). Retrieved July 18, 2023 from https://futureofchildren.princeton.edu/sites/g/files/toruqf2411/files/foc_vol_30_no_2_compiled.pdf
- ²³⁴ National Scientific Council on the Developing Child. (2020). *Connecting the brain to the rest of the body: Early childhood development and lifelong health are deeply intertwined. Working Paper no. 15*. Harvard University Center on the Developing Child. Retrieved July 18, 2023 from https://futureofchildren.princeton.edu/sites/g/files/toruqf2411/files/foc_vol_30_no_2_compiled.pdf
- ²³⁵ Shonkoff, J. P., Boyce, W. T., Levitt, P., Martinez, F. D., & McEwen, B. (2021). Leveraging the biology of adversity and resilience to transform pediatric practice. *Pediatrics*, 147(2), e20193845. <https://doi.org/10.1542/peds.2019-3845>
- ²³⁶ The Future of Children. (2020). Three trimesters to three years: Promoting early development. *The Future of Children*, 30(2). Retrieved July 18, 2023 from https://futureofchildren.princeton.edu/sites/g/files/toruqf2411/files/foc_vol_30_no_2_compiled.pdf
- ²³⁷ Harvard University Center on the Developing Child. (2020). *An action guide for policymakers: Health and learning are deeply interconnected in the body*. Accessed July 18, 2023 from https://harvardcenter.wpenginpowered.com/wp-content/uploads/2020/10/2020_WP15_actionguide_FINAL.pdf
- ²³⁸ Haas, S. A., Glymour, M. M., & Berkman, L. F. (2011). Childhood health and labor market inequality over the life course. *Journal of Health and Social Behavior*, 52(3), 289-313. <https://doi.org/10.1177/0022146511410431>
- ²³⁹ Eunice Kennedy Shriver National Institute of Child Health and Human Development. (2017, January 31). *What is prenatal care and why is it important?* National Institutes of Health. Retrieved August 23, 2021 from <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>
- ²⁴⁰ Patrick, D. L., Lee, R. S., Nucci, M., Grembowski, D., Jolles, C. Z., & Milgrom, P. (2006). Reducing oral health disparities: A focus on social and cultural determinants. *BMC Oral Health*, 6(1), S4. Retrieved August 23, 2021 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2147600/>
- ²⁴¹ Council on Children with Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, & Medical Home Initiatives for Children with Special Needs Project Advisory Committee. (2006). Identifying infants and young children with developmental disorders in the medical home: An algorithm for developmental surveillance and screening. *Pediatrics*, 118(1), 405-420. <https://doi.org/10.1542/peds.2006-1231>

-
- ²⁴² Rainie, S., Jorgensen, M., Cornell, S., & Arsenault, J. (2015). The changing landscape of health care provision to American Indian Nations. *American Indian Culture and Research Journal*, 39(1), 1-24.
<https://doi.org/10.17953/aicr.39.1.jlu030g668113403>
- ²⁴³ Zuckerman, S., Haley, J., Roubideaux, Y., & Lillie-Blanton, M. (2004). Health service access, use, and insurance coverage Among American Indians/Alaska Natives and Whites: What role does the Indian Health Service play? *American Journal of Public Health*, 94(1), 53-59. <https://doi.org/10.2105/ajph.94.1.53>
- ²⁴⁴ Tolbert, J., Drake, P., & Damico, A. (2022). *Key facts about the uninsured population*. KFF. Retrieved August 8, 2023 from <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>
- ²⁴⁵ Healthy People 2030. (n.d.). *Increase the proportion of people with health insurance – AHS-01*. Office of Disease Prevention and Health Promotion. Retrieved August 8, 2023 from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/increase-proportion-people-health-insurance-ahs-01>
- ²⁴⁶ Tolbert, J., Drake, P., & Damico, A. (2022). *Key facts about the uninsured population*. KFF. Retrieved August 8, 2023 from <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>
- ²⁴⁷ Ibid.
- ²⁴⁸ Centers for Disease Control and Prevention. (2023, January 11). *Before pregnancy: Preconception health*. Retrieved August 9, 2023 from <https://www.cdc.gov/preconception/overview.html#PreconceptionHealthCare>
- ²⁴⁹ Centers for Disease Control and Prevention. (2006, April 21). Recommendations to improve preconception health and health care—United States: A report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. *MMWR*, 55(RR-06), 1-23. Retrieved August 9, 2023 from <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm>
- ²⁵⁰ Partridge, S., Balayla, J., Holcroft, C. A., & Abenheim, H. A. (2012). Inadequate prenatal care utilization and risks of infant mortality and poor birth outcome: A retrospective analysis of 28,729,765 U.S. deliveries over 8 years. *American Journal of Perinatology*, 29(10), 787–793. <https://doi.org/10.1055/s-0032-1316439>
- ²⁵¹ U.S. Department of Health and Human Services, Office of the Surgeon General. (2020). *The Surgeon General's call to action to improve maternal health*. Retrieved September 7, 2021 from <https://www.hhs.gov/sites/default/files/call-to-action-maternal-health.pdf>
- ²⁵² Osterman, M. J. K., & Martin, J. A. (2018, May 30). Timing and adequacy of prenatal care in the United States, 2016. *National Vital Statistics Reports*, 67(3), 1–14. Retrieved August 9, 2023 from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_03.pdf
- ²⁵³ March of Dimes. (2023). *Maternity care desert: Data for Arizona. Maternity care desert: Arizona, 2020*. Retrieved August 17, 2023 from <https://www.marchofdimes.org/peristats/data?top=23&lev=1&stop=641®=04&sreg=04&obj=9&slev=4>
- ²⁵⁴ March of Dimes. (2023). *Maternity care desert: Data for Arizona. Access to hospitals or birth centers: Arizona, 2019*. Retrieved August 17, 2023 from <https://www.marchofdimes.org/peristats/data?top=23&lev=1&stop=644®=04&sreg=04&obj=9&slev=4>
- ²⁵⁵ March of Dimes. (2023). *Maternity care desert: Data for Arizona. Distribution of obstetric providers: Arizona, 2019*. Retrieved August 17, 2023 from <https://www.marchofdimes.org/peristats/data?top=23&lev=1&stop=642®=04&sreg=04&obj=9&slev=4>
- ²⁵⁶ Fryer, K., Munoz, M. C., Rahangdale, L., & Stuebe, A. M. (2020). Multiparous Black and Latinx women face more barriers to prenatal care than White women. *Journal of Racial and Ethnic Health Disparities*, 8, 80-87.
<https://doi.org/10.1007/s40615-020-00759-x>

-
- ²⁵⁷ National Partnership for Women and Families. (2019, October). *American Indian and Alaska Native women's maternal health: Addressing the crisis*. Retrieved December 15, 2023 from <https://nationalpartnership.org/wp-content/uploads/2023/02/american-indian-and-alaska.pdf>
- ²⁵⁸ Hill, L., Artiga, S., & Ranji, U. (2022, November 01). *Racial disparities in maternal and infant health: Current status and efforts to address them*. KFF. Retrieved December 15, 2023 from <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>
- ²⁵⁹ U.S. Commission on Civil Rights. (2021, September 15). *Racial disparities in maternal health*. Retrieved November 15, 2023 from <https://www.usccr.gov/reports/2021/racial-disparities-maternal-health>
- ²⁶⁰ Fryer, K., Munoz, M. C., Rahangdale, L., & Stuebe, A. M. (2020). Multiparous Black and Latinx women face more barriers to prenatal care than White women. *Journal of Racial and Ethnic Health Disparities*, 8, 80-87. <https://doi.org/10.1007/s40615-020-00759-x>
- ²⁶¹ March of Dimes. (2022). *Nowhere to go: Maternity care deserts across the U.S.* Retrieved August 3, 2023 from https://marchofdimes.org/sites/default/files/2022-10/2022_Maternity_Care_Report.pdf?mc_cid=87ad97824f&mc_eid=UNIQID
- ²⁶² Sequist, TD. (2021). Improving the health of the American Indian and Alaska Native Population. *JAMA*, 325(11),1035–1036. <https://doi.org/10.1001/jama.2021.0521>
- ²⁶³ Office of the Assistant Secretary for Planning and Evaluation. (2022). *How increased funding can advance the mission of the Indian Health Service to improve health outcomes for American Indians and Alaska Natives (Report No. HP-2022-21)*. U.S. Department of Health and Human Services. Retrieved February 5, 2024 from <https://aspe.hhs.gov/sites/default/files/documents/1b5d32824c31e113a2df43170c45ac15/aspe-ihs-funding-disparities-report.pdf>
- ²⁶⁴ First Things First. (2022). *2022 Needs and Assets Supplement Report: Children's access to and use of public health services | Hualapai Tribe Region*. Retrieved January 12, 2024 from <https://files.firstthingsfirst.org/regions/Publications/Regional%20Needs%20and%20Assets%20Supplemental%20Health%20-%202022%20-%20Hualapai%20Tribe.pdf>
- ²⁶⁵ Artiga, S., Ubri, P., & Foutz J. (2017). *Medicaid and American Indians and Alaska Natives*. Retrieved December 27, 2023 from <https://www.kff.org/medicaid/issue-brief/medicaid-and-american-indians-and-alaska-natives/>
- ²⁶⁶ Centers for Disease Control and Prevention. (2021, November 15). *Reproductive health: Teen pregnancy. About teen pregnancy*. Retrieved August 9, 2023 from <https://www.cdc.gov/teenpregnancy/about/index.htm>
- ²⁶⁷ Diaz, C., & Fiel, J. (2016). The effect(s) of teen pregnancy: Reconciling theory, methods, and findings. *Demography*, 53(1), 85-116. <https://doi.org/10.1007/s13524-015-0446-6>
- ²⁶⁸ Youth.gov. (2016). *Pregnancy prevention: Adverse effects*. Retrieved September 10, 2021 from <http://youth.gov/youth-topics/teen-pregnancy-prevention/adverse-effects-teen-pregnancy>
- ²⁶⁹ McClay, A., & Moore, K. A. (2022, November 22). Preventing births to teens is associated with long-term health and socioeconomic benefits, according to simulation. *Child Trends*. <https://doi.org/10.56417/2270z3088p>
- ²⁷⁰ Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy (2nd ed.)*. Urban Institute Press. Retrieved February 6, 2024 from <https://searchworks.stanford.edu/view/7778651>
- ²⁷¹ U.S. Department of Health and Human Service. (2010). *A report of the Surgeon General: How tobacco smoke causes disease: What it means to you*. National Institutes of Health. Retrieved September 10, 2021 from https://www.ncbi.nlm.nih.gov/books/NBK53017/pdf/Bookshelf_NBK53017.pdf
- ²⁷² Anderson, T. M., Lavista Ferres, J. M., Ren, S. Y., Moon, R. Y., Goldstein, R. D., Ramirez, J. M., & Mitchell, E. A. (2019). Maternal smoking before and during pregnancy and the risk of sudden unexpected infant death. *Pediatrics*, 143(4), e20183325. <https://doi.org/10.1542/peds.2018-332>

-
- ²⁷³ Centers for Disease Control and Prevention. (2022, November 28). *About opioid use during pregnancy*. Accessed September 8, 2023 from <https://www.cdc.gov/pregnancy/opioids/basics.html>
- ²⁷⁴ Herron, J. L., & Venner, K. L. (2023). A systematic review of trauma and substance use in American Indian and Alaska Native individuals: Incorporating cultural considerations. *Journal of Racial and Ethnic Health Disparities*, 10, 603–632. <https://doi.org/10.1007/s40615-022-01250-5>
- ²⁷⁵ Lechner, A., Cavanaugh, M., & Blyler, C. (2016, August 24). *Addressing trauma in American Indian and Alaska Native youth*. U.S. Department of Health and Human Services. Retrieved February 5, 2024 from <https://aspe.hhs.gov/reports/addressing-trauma-american-indian-alaska-native-youth>
- ²⁷⁶ Centers for Disease Control and Prevention. (2022, July 14). *Pregnancy: Gestational diabetes and pregnancy*. Retrieved August 1, 2023 from <https://www.cdc.gov/pregnancy/diabetes-gestational.html>
- ²⁷⁷ Daneshmand, S. S., Stortz, S., Morrissey, R., & Faksh, A. (2019). Bridging gaps and understanding disparities in gestational diabetes mellitus to improve perinatal outcomes. *Diabetes Spectrum*, 32(4), 317–323. <https://doi.org/10.2337/ds19-0013>
- ²⁷⁸ Declercq, E., MacDorman, M., Cabral, H., & Stotland, N. (2016). Prepregnancy body mass index and infant mortality in 38 U.S. States, 2012–2013. *Obstetrics and Gynecology*, 127(2), 279–287. <https://doi.org/10.1097/AOG.0000000000001241>
- ²⁷⁹ Tyrrell, J., Richmond, R. C., Palmer, T. M., Feenstra, B., Rangarajan, J., Metrustry, S., ... Freathy, R. M. (2016). Genetic evidence for causal relationships between maternal obesity-related traits and birth weight. *JAMA*, 315(11), 1129–1140. <https://doi.org/10.1001/jama.2016.1975>
- ²⁸⁰ Godfrey, K. M., Reynolds, R. M., Prescott, S. L., Nyirenda, M., Jaddoe, V. W., Eriksson, J. G., & Broekman, B. F. (2017). Influence of maternal obesity on the long-term health of offspring. *The Lancet: Diabetes & Endocrinology*, 5(1), 53–64. [https://doi.org/10.1016/S2213-8587\(16\)30107-3](https://doi.org/10.1016/S2213-8587(16)30107-3)
- ²⁸¹ Hill-Briggs, F., Adler, N. E., Berkowitz, S. A., Chin, M. H., Gary-Webb, T. L., Navas-Acien, A., Thornton, P. L. & Haire-Joshu, D. (2021). Social determinants of health and diabetes: A scientific review. *Diabetes Care*, 44(1), 258. <https://doi.org/10.2337/dci20-0053>
- ²⁸² Centers for Disease Control and Prevention. (2018, June 14). *More obesity in U.S. rural counties than in urban counties*. Retrieved August 3, 2023 from <https://www.cdc.gov/media/releases/2018/s0614-obesity-rates.html>
- ²⁸³ Siega-Riz, A. M. (2012). Prepregnancy obesity: Determinants, consequences, and solutions. *Advances in Nutrition*, 3(1), 105–107. <https://doi.org/10.3945/an.111.001081>
- ²⁸⁴ March of Dimes. (2022). *Nowhere to go: Maternity care deserts across the U.S.* Retrieved August 3, 2023 from https://marchofdimes.org/sites/default/files/2022-10/2022_Maternity_Care_Report.pdf?mc_cid=87ad97824f&mc_eid=UNIQID
- ²⁸⁵ Ibid.
- ²⁸⁶ The American College of Obstetricians and Gynecologists. (2019). Obstetric care consensus: Levels of maternal care. *Obstetrics & Gynecology*, 134(2), e41–e55. Retrieved August 3, 2023 from <https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care>
- ²⁸⁷ Bauman, B. L., Ko, J. Y., Cox, S. D'Angelo, D. V., Warner, L., Folger, S., Tevendale, H. D., Coy, K. C., Harrison, L., & Barfield, W. D. (2020) Vital Signs: Postpartum depressive symptoms and provider discussions about perinatal depression – United States, 2018. *Morbidity and Mortality Weekly Report*, 69(19), 575–581. Retrieved August 3, 2023 from <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919a2.htm>
- ²⁸⁸ Slomian, J., Honvo, G., Emonts, P., Reginster, J., & Bruyere, O. (2019). Consequences of maternal postpartum depression: A systematic review of maternal and infant outcomes. *Women's Health*, 15, 1745506519844044. <https://doi.org/10.1177/1745506519844044>

- ²⁸⁹ Bauman, B. L., Ko, J. Y., Cox, S., D'Angelo, D. V., Warner, L., Folger, S., Tevendale, H. D., Coy, K. C., Harrison, L., & Barfield, W. D. (2020). Vital Signs: Postpartum depressive symptoms and provider discussions about perinatal depression – United States, 2018. *Morbidity and Mortality Weekly Report*, 69(19). Retrieved October 12, 2023 from <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6919a2-H.pdf>
- ²⁹⁰ Bauman, B. L., Ko, J. Y., Cox, S., D'Angelo, D. V., Warner, L., Folger, S., Tevendale, H. D., Coy, K. C., Harrison, L., & Barfield, W. D. (2020). Vital Signs: Postpartum depressive symptoms and provider discussions about perinatal depression – United States, 2018. *Morbidity and Mortality Weekly Report*, 69(19), 575-581. Retrieved August 3, 2023 from <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919a2.htm>
- ²⁹¹ Thompson, V. (2023, April 17). *Medicaid coverage of maternal depression screenings during well-child visits: Case study of Alaska and Arizona*. National Academy for State Health Policy. Retrieved September 20, 2023 from <https://nashp.org/Medicaid-coverage-of-maternal-depression-screenings-during-well-child-visits-case-study-of-alaska-and-arizona>
- ²⁹² Ibid.
- ²⁹³ Maxwell, D., Mauldin, R., Thomas, J., & Holland, V. (2022). American Indian motherhood and historical trauma: Keetoowah experiences of becoming mothers. *International Journal of Environmental Research and Public Health*, 19(17), 7088. <https://doi.org/10.3390/ijerph19127088>
- ²⁹⁴ Ibid.
- ²⁹⁵ First Things First. (2023). *2023 Building brighter futures: Arizona's early childhood opportunities report*. Retrieved February 6, 2024 from <https://www.firstthingsfirst.org/wp-content/uploads/2023/12/State-Needs-and-Assets-Report-2023.pdf>
- ²⁹⁶ Bauman, B. L., Ko, J. Y., Cox, S., D'Angelo, D. V., Warner, L., Folger, S., Tevendale, H. D., Coy, K. C., Harrison, L., & Barfield, W. D. (2020). Vital Signs: Postpartum depressive symptoms and provider discussions about perinatal depression – United States, 2018. *Morbidity and Mortality Weekly Report*, 69(19), 575-581. Retrieved August 3, 2023 from <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919a2.htm>
- ²⁹⁷ Heck. (2021). Postpartum Depression in American Indian/Alaska Native Women: A Scoping Review. *MCN, the American Journal of Maternal Child Nursing*, 46(1), 6–13. <https://doi.org/10.1097/NMC.0000000000000671>
- ²⁹⁸ Institute of Medicine (US) Committee on Understanding Premature Birth and Assuring Healthy Outcomes. (2007). *Preterm birth: Causes, consequences, and prevention* (R. E. Behrman & A. S. Butler, Eds.). National Academies Press. <https://doi.org/10.17226/11622>
- ²⁹⁹ Beam, A. L., Fried, I., Palmer, N., Agniel, D., Brat, G., Fox, K., Kohane, I., Sinaiko, A., Zupancic, J. A. F., & Armstrong, J. (2020). Estimates of healthcare spending for preterm and low-birthweight infants in a commercially insured population: 2008-2016. *Journal of Perinatology*, 40(7), 1091–1099. <https://doi.org/10.1038/s41372-020-0635-z>
- ³⁰⁰ Luu, T. M., Rehman Mian, M. O., & Nuyt, A. M. (2017). Long-term impact of preterm birth: Neurodevelopmental and physical health outcomes. *Clinics in Perinatology*, 44(2), 305–314. <https://doi.org/10.1016/j.clp.2017.01.003>
- ³⁰¹ Centers for Disease Control and Prevention. (2022, November 1). *Reproductive health: Preterm birth*. Retrieved August 8, 2023 from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>
- ³⁰² Petrou, S., Sach, T., & Davidson, L. (2001). The long-term costs of preterm birth and low birth weight: Results of a systematic review. *Child: Care, Health and Development*, 27(2), 97–115. <https://doi.org/10.1046/j.1365-2214.2001.00203.x>
- ³⁰³ Goldenberg, R. L., & Culhane, J. F. (2007). Low birth weight in the United States. *The American Journal of Clinical Nutrition*, 85(2), 584S–590S. <https://doi.org/10.1093/ajcn/85.2.584S>
- ³⁰⁴ March of Dimes. (2021, June). *Low birthweight*. Retrieved August 8, 2023 from <https://www.marchofdimes.org/find-support/topics/birth/low-birthweight>

-
- ³⁰⁵ Harrison, W., & Goodman, D. (2015). Epidemiologic trends in neonatal intensive care, 2007–2012. *JAMA Pediatrics*, 169(9), 855–862. <https://doi.org/10.1001/jamapediatrics.2015.1305>
- ³⁰⁶ Lean, R. E., Rogers, C. E., Paul, R. A., & Gerstein, E. D. (2018). NICU hospitalization: Long-term implications on parenting and child behaviors. *Current Treatment Options in Pediatrics*, 4(1), 49–69. <https://doi.org/10.1007/s40746-018-0112-5>
- ³⁰⁷ Meek, J., & Noble, L. (2022). Policy statement: Breastfeeding and the use of human milk. *Pediatrics*, 150(1), 1. <https://doi.org/10.1542/peds.2022-057988>
- ³⁰⁸ Centers for Disease Control and Prevention. (2023, July 31). *Breastfeeding: Why it matters*. Accessed September 12, 2023 from <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html>
- ³⁰⁹ Committee on Practice and Ambulatory Medicine, Committee on Infectious Diseases, Committee on State Government Affairs, Council on School Health, & Section on Administration and Practice Management. (2016). Medical versus nonmedical immunization exemptions for child care and school attendance. *Pediatrics*, 138(3), e20162145. <https://doi.org/10.1542/peds.2016-2145>
- ³¹⁰ Arizona Department of Health Services. (2023, July). *The Arizona immunization handbook for school and childcare programs*. Retrieved August 8, 2023 from <https://azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/school-childcare/nofollow/school-childcare-immunization-guide.pdf>
- ³¹¹ Williams, E., Rudowitz, R., & Moreno, S. (2023). *Headed back to school in 2023: A look at children's routine vaccination trends*. KFF. Retrieved September 28, 2023 from <https://www.kff.org/coronavirus-covid-19/issue-brief/headed-back-to-school-in-2023-a-look-at-childrens-routine-vaccination-trends/>
- ³¹² Lopes, L., Shumacher, S., Sparks, G., Presiado, M., Hamel, L., & Brodie, M. (2022). *KFF COVID-19 vaccine monitor: December 2022*. KFF. Retrieved September 28, 2023 from <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-december-2022/>
- ³¹³ Garg, I., Shekhar, R., Sheikh, A. B., & Pal, S. (2022). Impact of COVID-19 on the changing patterns of respiratory syncytial virus infections. *Infectious Disease Reports*, 14(4), 558–568. <https://doi.org/10.3390/idr14040059>
- ³¹⁴ Mondal, P., Sinharoy, A., & Gope, S. (2022). The influence of COVID-19 on influenza and respiratory syncytial virus activities. *Infectious Disease Reports*, 14(1), 134–141. <https://doi.org/10.3390/idr14010017>
- ³¹⁵ Centers for Disease Control & Prevention. (2023). *RSV in infants and young children*. Retrieved February 5, 2024 from <https://www.cdc.gov/rsv/downloads/RSV-in-Infants-and-Young-Children.pdf>
- ³¹⁶ Amelia Templeton, Oregon Public Broadcasting. (2023, November 9). *A new RSV shot could help protect babies this winter — If they can get it in time*. KFF Health News. <https://kffhealthnews.org/news/article/a-new-rsv-shot-could-help-protect-babies-this-winter-if-they-can-get-it-in-time/>
- ³¹⁷ Eisenstein, M. (2023). Vaccines could offer fresh hope against respiratory syncytial virus. *Nature*, 621(7980), S52–S54. <https://doi.org/10.1038/d41586-023-02956-0>
- ³¹⁸ Centers for Disease Control & Prevention. (2023, Oct 23). *Limited availability of Nirsevimab in the United States—Interim CDC recommendations to protect infants from Respiratory Syncytial Virus (RSV) during the 2023–2024 respiratory virus season*. CDC Health Alert Network, CDCHAN-00499. Retrieved February 5, 2024 from <https://emergency.cdc.gov/han/2023/han00499.asp>
- ³¹⁹ Centers for Disease Control & Prevention. (2023). *Flu vaccines are important for children*. Retrieved February 5, 2024 from <https://www.cdc.gov/flu/highrisk/children.htm>
- ³²⁰ Committee on Infectious Diseases. (2022). Recommendations for prevention and control of Influenza in children, 2022–2023. *Pediatrics*, 150(4). <https://doi.org/10.1542/peds.2022-059274>

-
- ³²¹ Office of Head Start. (2023). *2023 Program Information Report*. Retrieved on Dec 1, 2023 from <https://hses.ohs.acf.hhs.gov>
- ³²² Arizona Department of Health Services. (2020). *Number of deaths for selected leading causes of infant mortality by year. Population Health and Vital Statistics*. Retrieved October 11, 2021 from <https://pub.azdhs.gov/health-stats/menu/info/trend/index.php?pg=infant-deaths>
- ³²³ Ely, D. M., & Driscoll, A. K. (2020, July 16). Infant mortality in the United States, 2018: Data from the period linked birth/infant death file. *National Vital Statistics Reports*, 69(7). Retrieved October 11, 2021 from <https://www.cdc.gov/nchs/data/nvsr/nvsr69/NVSR-69-7-508.pdf>
- ³²⁴ Kochanek, K., Xu, J., & Arias, E. (2020, December). *Mortality in the United States, 2019 (No. 395)*. Center for Disease Control and Prevention. Retrieved September 10, 2021 from <https://www.cdc.gov/nchs/data/databriefs/db395-H.pdf>
- ³²⁵ Ely, D. M., & Driscoll, A. K. (2023). *Infant mortality in the United States: Provisional data from the 2022 period linked birth/infant death file. Vital Statistics Rapid Release 33*. Centers for Disease Control and Prevention. Retrieved February 5, 2024 from <https://www.cdc.gov/nchs/data/vsrr/vsrr033.pdf>
- ³²⁶ Ibid.
- ³²⁷ Landman, K. (November 9, 2023). *It's getting increasingly dangerous to be a newborn in the US*. Vox. Retrieved February 5, 2024 from <https://www.vox.com/23952456/syphilis-mortality-death-infant-newborn-congenital-babies-prenatal-maternity-pregnancy-desert>
- ³²⁸ Bellazaire, A., & Skinner, E. (2019, July 3). *Preventing infant and maternal mortality: State policy options*. National Conference of State Legislatures. Retrieved October 12, 2021 from <https://www.ncsl.org/research/health/preventing-infant-and-maternal-mortality-state-policy-options.aspx>
- ³²⁹ National Center for Health Statistics. (2023, July 25). *Child health*. Centers for Disease Control and Prevention. Retrieved September 12, 2023 from <https://www.cdc.gov/nchs/fastats/child-health.htm>
- ³³⁰ Centers for Disease Control and Prevention. (2020, January 29). *Vital signs: Child injury*. Retrieved September 12, 2023 from <https://www.cdc.gov/vitalsigns/childinjury/index.html>
- ³³¹ Garnett, M. F., Spencer, M. R., & Hedegaard, H. (2021, October). *Urban-rural differences in unintentional injury death rates among children aged 0-17 years: United States, 2018-2019*. Centers for Disease Control and Prevention. Retrieved September 12, 2023 from <https://www.cdc.gov/nchs/products/databriefs/db421.htm>
- ³³² Sarche, M., & Spicer, P. (2008). Poverty and health disparities for American Indian and Alaska Native children: Current knowledge and future prospects. *Annals of the New York Academy of Sciences*, 1136, 126–136. <https://doi.org/10.1196/annals.1425.017>
- ³³³ DeGeorge, K. C., Neltner, C. E., & Neltner, B. T. (2020). Prevention of unintentional childhood injury. *American Family Physician*, 102(7), 411-417. Retrieved September 12, 2023 from <https://pubmed.ncbi.nlm.nih.gov/32996759/>
- ³³⁴ Arizona Department of Health Services (2023). [Vital Statistics Mortality Report dataset]. Unpublished data.
- ³³⁵ Centers for Disease Control and Prevention. (2023, June 29). *Fast facts: What are Adverse Childhood Experiences?* Retrieved July 18, 2023 from <https://www.cdc.gov/violenceprevention/aces/fastfact.html>
- ³³⁶ Jones, C. M., Merrick, M. T., & Houry, D. E. (2020). Identifying and preventing Adverse Childhood Experiences: Implications for clinical practice. *JAMA*, 323(1), 25–26. <https://doi.org/10.1001/jama.2019.18499>
- ³³⁷ Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse & Neglect*, 69, 10-19. <https://doi.org/10.1016/j.chiabu.2017.03.016>

-
- ³³⁸ Kalmakis, K. A., & Chandler, G. E. (2015). Health consequences of adverse childhood experiences: A systematic review. *Journal of the American Association of Nurse Practitioners*, 27(8), 457-465. <https://doi.org/10.1002/2327-6924.12215>
- ³³⁹ Mantina N, Celaya M, Indatwa A., Davis V., & Madhivanan P. (2021). *Adverse Childhood Experiences in Arizona*. Arizona Department of Health Services. Retrieved August 10, 2023 from <https://www.azdhs.gov/documents/prevention/womens-childrens-health/assessment-evaluation/aces-brief-az-may-2021.pdf>
- ³⁴⁰ Evans, G., & Kim, P. (2013). Childhood poverty, chronic stress, self-regulation, and coping. *Child Development Perspectives*, 7(1), 43-48. <https://doi.org/10.1111/cdep.12013>
- ³⁴¹ Shonkoff, J., & Fisher, P. (2013). Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy. *Development and Psychopathology*, 25, 1635-1653. <https://doi.org/10.1017/S0954579413000813>
- ³⁴² Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved October 12, 2023 from <http://developingchild.harvard.edu/wp-content/uploads/2010/05/Foundations-of-Lifelong-Health.pdf>
- ³⁴³ Van Voorhis, F., Maier, M., Epstein, J., & Lloyd, C. (2013). *The impact of family involvement on the education of children ages 3 to 8: A focus on the literacy and math achievement outcomes and social-emotional skills*. MDRC: Building Knowledge to Improve Social Policy. Retrieved October 12, 2023 from http://www.p2presources.com/uploads/3/2/0/2/32023713/family_outcomes.pdf
- ³⁴⁴ Magnuson, K. A., & Duncan, G. J. (2002). Parents in poverty. In M. H. Bornstein (Ed.), *Handbook of parenting: Social conditions and applied parenting* (pp. 95-121). Lawrence Erlbaum Associates Publishers. Retrieved October 12, 2023 from <https://psycnet.apa.org/record/2002-02522-005>
- ³⁴⁵ Browne, C. (2014). *The strengthening families approach and protective factors framework: Branching out and reaching deeper*. Center for the Study of Social Policy. Retrieved October 12, 2023 from <https://cssp.org/wp-content/uploads/2018/11/Branching-Out-and-Reaching-Deeper.pdf>
- ³⁴⁶ Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across Adverse Childhood Experiences levels. *JAMA Pediatrics*, 173(11), E193007. <https://doi.org/10.1001/jamapediatrics.2019.3007>
- ³⁴⁷ Bethell, C. D., Gombojav, N., & Whitaker, R. C. (2019). Family resilience and connection promote flourishing among US children, even amid adversity. *Health Affairs*, 38(5), 729-737. <https://doi.org/10.1377/hlthaff.2018.05425>
- ³⁴⁸ Ibid.
- ³⁴⁹ Van Voorhis, F., Maier, M., Epstein, J., & Lloyd, C. (2013). *The impact of family involvement on the education of children ages 3 to 8: A focus on the literacy and math achievement outcomes and social-emotional skills*. MDRC: Building Knowledge to Improve Social Policy. Retrieved February 7, 2024 from http://www.p2presources.com/uploads/3/2/0/2/32023713/family_outcomes.pdf
- ³⁵⁰ Duncan, G.J., Dowsett, C.J., Claessens, A., Magnuson, K., Huston, A.C., Klebanov, P., ... Sexton, H. (2007). School readiness and later achievement. *Developmental Psychology*, 43(6), 1428. <https://doi.org/10.1037/0012-1649.43.6.1428>
- ³⁵¹ Bernstein, S., West, J., Newsham, R., & Reid, M. (2014). Kindergartners' skills at school entry: An analysis of the ECLS-K. *Mathematica Policy Research*. Retrieved February 7, 2024 from <https://www.mathematica.org/publications/kindergartners-skills-at-school-entry-an-analysis-of-the-ecls-k>
- ³⁵² Ibid.
- ³⁵³ Ibid.
- ³⁵⁴ Peterson, J., Bruce, J., Patel, N., & Chamberlain, L. (2018). Parental attitudes, behaviors, and barriers to school

readiness among parents of low-income Latino children. *International Journal of Environmental Research and Public Health*, 15(2), 188. <https://doi.org/10.3390/ijerph15020188>

³⁵⁵ U.S. Department of Education. (2022). *2022 Reading State Snapshot Report, Arizona*. Retrieved February 5, 2024 from <https://nces.ed.gov/nationsreportcard/subject/publications/stt2022/pdf/2023010AZ4.pdf>

³⁵⁶ Reach Out and Read. (n.d.). *Programs near you*. Retrieved February 5, 2024 from <http://www.reachoutandread.org>

³⁵⁷ Hualapai Tribe. (n.d.). *Hualapai early childhood home visitation*. Retrieved January 16, 2024 from <https://hualapai-nsn.gov/services/hualapai-health-department/maternal-child-health-program/>

³⁵⁸ A. Pascual, personal communication, February 7, 2020.

³⁵⁹ First Things First. (2022). *First Things First Hualapai Tribe Region – 2022 Impact Report*. Retrieved January 16, 2024 from <https://files.firstthingsfirst.org/regions/Publications/Impact-Report-2022-Hualapai.pdf>

³⁶⁰ Young, N.K., Boles, S.M., & Otero, C. (2007). Parental Substance Use Disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment*, 12(2), 137-149. <https://doi.org/10.1177/1077559507300322>

³⁶¹ Smith, V., & Wilson. R. (2016). Families affected by parental substance use. *Pediatrics*, 138(2). <https://doi.org/10.1542/peds.2016-1575>

³⁶² Straussner, S., & Fewell, C. (2018). A review of recent literature on the impact of parental Substance Use Disorders on children and the provision of effective services. *Current Opinion in Psychiatry*, 31(4), 363-367. <https://doi.org/10.1097/YCO.0000000000000421>

³⁶³ Smith, V., & Wilson. R. (2016). Families affected by parental substance use. *Pediatrics*, 138(2). <https://doi.org/10.1542/peds.2016-1575>

³⁶⁴ Children's Bureau. (April 2021). *The Indian Child Welfare Act: A primer for child welfare professionals*. Office of Administration for Children and Families. Retrieved February 5, 2024 from <https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/icwa.pdf?VersionId=7yuNb.FbjYhQIyZp2QWJ768uU0UEzamk>

³⁶⁵ Orrantia, R.M., Lidot, T., & Echohawk, L. (October 2020). *Our children, our sovereignty, our choice: ICWA guide for tribal government and leaders*. Capacity Building Center for Tribes. Retrieved February 5, 2024 from <https://tribalinformationexchange.org/files/products/ICWAGuide2020FINAL01062021.pdf>

³⁶⁶ Children's Bureau. (April 2021). *The Indian Child Welfare Act: A primer for child welfare professionals*. Office of Administration for Children and Families. Retrieved February 5, 2024 from <https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/icwa.pdf?VersionId=7yuNb.FbjYhQIyZp2QWJ768uU0UEzamk>

³⁶⁷ Fort, K. E. (2023). After Brackeen: Funding Tribal Systems. *Family Law Quarterly*, 56(2/3), 191-230. Retrieved February 7, 2024 from <https://ssrn.com/abstract=4404078>

³⁶⁸ United States Supreme Court. (2023). *Haaland v. Brackeen*, 599 U.S. Retrieved February 5, 2024 from https://www.supremecourt.gov/opinions/22pdf/21-376_7148.pdf

³⁶⁹ National Institute for Child Welfare Association. (October 2023). *Child and family policy update: Uniform law commission considers developing uniform state ICWA law*. Retrieved February 5, 2024 from <https://www.nicwa.org/policy-update/>

³⁷⁰ Children's Defense Fund. (2020, February). *Implementing the Family First Prevention Services Act: A technical guide for agencies, policymakers and other stakeholders*. Retrieved September 10, 2021 from <https://www.childrensdefense.org/wp-content/uploads/2020/07/FFPSA-Guide.pdf>

³⁷¹ Arizona Department of Child Safety. (2023, March 31). *Semi-annual child welfare report Mar 2023*. Retrieved October 12, 2023 from <https://dcs.az.gov/content/semi-annual-child-welfare-report-mar-2023>

³⁷² Around Him, D., Williams, S.C., Martinez, V., and Jake, L. (2023). Relative foster care is increasing among American Indian and Alaska Native children in foster care. *Child Trends*. <https://doi.org/10.56417/4808o7175w>

³⁷³ U.S. Department of the Interior – Indian Affairs. (n.d.). *ICWA Notice*. Retrieved January 16, 2024 from <https://www.bia.gov/bia/ois/dhs/icwa/icwa-notice>

³⁷⁴ U.S. Census Bureau. (May, 2000). Factfinder for the Nation. Retrieved from <http://www.census.gov/history/pdf/cff4.pdf>

³⁷⁵ U.S. Census Bureau. (2017). American Community Survey Information Guide. Retrieved from https://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS_Information_Guide.pdf